Address by Dr Tedros Adhanom Ghebreyesus, Director-General

HIGH-LEVEL WELCOME (First plenary session, 27 May 2024)

Your Excellency Mohamed Ould Cheikh El Ghazouani, President of Mauritania and Chairperson of the African Union, our guest of honour and keynote speaker, Excellency Elisabeth Baume-Schneider, Federal Councillor of the Swiss Confederation, Honourable Dr Edwin Dikoloti, President of the Seventy-seventh World Health Assembly, Mr Thomas Bach, President of the International Olympic Committee,

I would like to thank the leaders who have shared their messages via video: Secretary-General António Guterres, President Ursula von der Leyen, Prime Minister Srettha Thavisin, and Prime Minister Anwar Ibrahim.

Deputy Director-General Mike Ryan, Our guest, Nobel Laureate Professor Katalin Karikó, and President of the International Paralympic Committee, Andrew Parsons, and recognizing Susie Rodgers, and also Olympic champions David Rudisha and Pau Gasol, so very glad to have you all and so very glad to have all of these legends as well.

Excellencies, Ministers, Ambassadors, Heads of Delegation, dear colleagues and friends, Good morning and welcome to this Seventy-seventh World Health Assembly.

Let me begin by offering my deepest condolences to the people and government of Papua New Guinea for the many lives lost in Friday’s landslide. WHO has offered support and stands ready to help in any way we can.

My thanks to Councillor Baume-Schneider for Switzerland’s continued support for WHO, and your continued hospitality in hosting our headquarters here.

My thanks also to Your Excellency President El Ghazouani for being with us today, and for your commitment to health. I applaud your determination to achieve universal health coverage by establishing the National Insurance Solidarity Health Fund to provide cover for vulnerable people throughout the country, and your political commitment to integrate refugees from Mali into the health system in the south-east of Mauritania. I thank you also for your commitment to co-host the first WHO Investment Round, in your capacity as Chair of the African Union – and we look forward to strengthening our partnership with the African Union during your tenure. We remain committed to supporting the Africa Centres for Disease Control and Prevention and the African Medicines Agency. Thank you for your leadership, your example, and for honouring us with your participation and presence today.

My congratulations to you, Minister Dikoloti on being elected President of this Health Assembly.
My thanks to you, President Bach, for your partnership; I fully endorse all that you have said with regard to the partnership between WHO and the International Olympic Committee. Since we signed our memorandum of understanding a few years ago, the partnership between the two organizations has grown significantly. So my thanks to you, Thomas.

And my thanks to Farrah El Dibany for sharing with us the gift of your voice – and what a gift. Shukran jazeelan.

Excellencies,

There are few gatherings like the World Health Assembly. Although we do this every year and we take it for granted, we must not lose sight of what this is, and what it represents. The theme of this Health Assembly is “All for Health, Health for All”.

This room, right now, embodies that theme. All for Health – almost every nation of the world is represented here, along with dozens of partners. And why are we here? For the same reason the nations of the world established WHO 76 years ago: to work together towards our shared goal of health for all.

This Organization, like the United Nations of which it is part, was born from the ashes of the Second World War. It was born of the recognition that the only alternative to global conflict was global cooperation.

The Constitution of the World Health Organization was – and remains – a visionary statement, ahead of its time. It was the first instrument of international law to affirm that the highest attainable standard of health is a fundamental right of all people, without distinction.

Today, at least 140 countries recognize the right to health in their own constitutions. And yet, around the world, that right is often unrealized, or under threat. At least 4.5 billion people – more than half of the world’s population – are not fully covered by essential health services, and two billion people face financial hardship due to out-of-pocket health spending. Outbreaks, disasters, conflicts and climate change are all causing death and disability, hunger and psychological distress.

The Constitution was also visionary in recognizing – in a world less connected than ours – that promoting and protecting health in any country benefits all countries. So cooperation is in the interest of each and every nation. It does it for its own sake. It also recognized the reverse: that unequal development in promoting health and controlling diseases is a common danger.

That is what the COVID-19 pandemic illustrated so brutally. And that is why you, the nations of the world, agreed two-and-a-half years ago to develop a legally binding agreement on pandemic prevention, preparedness and response, and to strengthen the International Health Regulations. The task before you was immense, technically, legally and politically. And you were operating on a very ambitious timeline.

I thank all Member States for the way you have engaged in this process over the past two-and-a-half years. You have demonstrated a clear commitment to reaching agreement. You have approached your task with determination and good faith. You have worked long days and nights – sometimes until 04:00. If you did not have commitment, you would not do that.
You have operated amid a torrent of misinformation and disinformation. You have come a very long way and found much common ground. And you have demonstrated that multilateralism is alive and well.

Of course, we all wish that we had been able to reach consensus on the Agreement in time for this Health Assembly and cross the finish line. But I remain confident that you still will, because where there is a will, there is a way. I know that there remains among you a common will to get this done. So there must always be a way.

It is now for this World Health Assembly to decide what that way is. The solution is in your hands. No one said multilateralism was easy, but there is no other way.

The threat of future pandemics is just one threat among many. Our world is facing so many other challenges: conflict and insecurity in Gaza, Haiti, Sudan and Ukraine; climate change, displacement, poverty, inequality and polarization; women dying from preventable complications of pregnancy and childbirth; children dying because they miss out on vaccines; outbreaks of cholera, dengue and more; the increasing burden of noncommunicable diseases and mental health conditions; I could go on and on.

Even before the COVID-19 pandemic, the world was off-track for the health-related targets of the Sustainable Development Goals. Now we’re even further behind. Between now and 2030, we must do all we can to get as far as we can towards the Sustainable Development Goals.

This week, you will consider – and hopefully adopt – the Fourteenth General Programme of Work – our collective strategy to accelerate progress towards the Sustainable Development Goals, enhance equity and build resilience. It’s not a plan for what the Secretariat will do; it’s a plan for what we will do together, as Member States, supported by the Secretariat and partners.

The Fourteenth General Programme of Work incorporates lessons from the past, the realities of the present, and our aspirations for the future. It’s anchored in our shared mission to promote, provide and protect health.

If we are to achieve that mission, WHO must be empowered and equipped, and I know you agree with me. That’s what the first WHO investment round, which we launched last night, is about – and I would like to thank Prime Minister Mia Mottley of Barbados, and former Prime Minister Gordon Brown of the United Kingdom for joining us last night, and for their strong support for the investment round.

Brazil confirmed that the investment round will be hosted through the G20, and Germany, France, and Norway confirmed that they will co-host. Thank you very much.

As you all know, WHO’s financing is fragmented and unpredictable. Assessed contributions, which are predictable, flexible, and from every Member State, account for 17% of our total budget, only 17%. The rest comes from voluntary contributions, which are mostly unpredictable, inflexible and come from a few donors.

By the way, when WHO was founded more than 70 years ago, it was the reverse. Assessed contributions were more than 80% and voluntary contributions were less than 20%. Now it is the reverse. We don’t know when they will come, or how much they will be. This imbalance makes it very difficult to make long-term plans, or to attract and retain the people to implement them.
Almost one quarter of our global workforce operates on short-term contracts. No organization can function effectively when many of its programmes operate on a hand-to-mouth existence. Very volatile.

I thank Member States for the historic decision you made two years ago to increase assessed contributions to 50% of the base budget by 2030, and for the first increase of 20%, which you approved last year. But for the foreseeable future, voluntary contributions will continue to make up the majority of WHO’s funding. It’s a long time. It took us seven years. We will need more years to have significant progress in sustainable financing. We know that.

If we are to fulfil the mandate you have given us, those contributions must become more flexible, more predictable and more sustainable. Of course, WHO must be a good investment. It must deliver value for money. It must deliver results. That’s what the transformation that we started six years ago is about.

Based on ideas from Member States, partners and our own staff, we launched the most ambitious reforms in the Organization’s history, with more than 50 initiatives. The transformation was based on a new and bold strategy – the Thirteenth General Programme of Work – which was a major strategic shift for the Organization, with a data-driven focus on delivering a measurable public health impact in countries.

To support that strategy, we decided to invest significantly in science, data and digital technology. Thanks to the European Union, especially for investing in our digital technology, and that helped us to strengthen our new department. We overhauled many of our business processes, including our supply chain process, and we’re rolling out our new enterprise resource management system, the Business Management System, to make our human resources, administrative and finance processes more efficient and modernized.

We also knew that to truly transform our Organization, we would need to transform the way it was financed.

We have started to expand our donor base and to access new sources of funding; Member States have begun increasing assessed contributions, in line with their historic commitment; and we are now launching the investment round. We’ve also engaged in a range of innovative new partnerships, including with the International Olympic Committee. And we have made significant progress in building a diverse, motivated, empowered and fit-for-purpose workforce – our most important asset.

Many of the issues on your agenda this week result from, or have been shaped by, the transformation. And while many transformation initiatives have been fully implemented, there is still much more to be done.

In particular, our focus in the coming years is on strengthening our country offices. To establish a core predictable presence in each country office, we have prioritized 400 positions for recruitment. We have committed US$ 200 million to fund these posts until the end of 2025. And we’re delegating authority to country representatives, empowering them to provide more responsive and timely support to our Member States. The WHO Academy will play a significant role in strengthening the capacity of our country offices. All of this work is about delivering an impact where it matters most – in the countries and communities we serve.
Excellencies, dear colleagues and friends,

It’s often said that if WHO didn’t exist, it would need to be created – as former British Prime Minister Gordon Brown said yesterday – but it’s far from certain that in the current geopolitical climate, it could be. This is a unique organization, with a unique constitutional mandate, unique expertise, a unique global footprint, unique global legitimacy, and a unique role at the centre of the global health architecture.

I ask you to empower it, enable it and equip it to play that role. I ask you to adopt the Fourteenth General Programme of Work. I ask you to join those Member States who have committed to making the investment round a success, and fully fund the general programme of work with predictable and flexible financing. The investment round is open for all our Member States to support.

I ask you to chart a path forward for the Pandemic Agreement and amendments to the International Health Regulations (2005), so we can bring both to a conclusion as soon as possible. I ask all of you – governments, partners, civil society, youth organizations – to speak up for the Agreement, and to speak out against misinformation.

I ask you to consider and approve the many important items on your agenda this week. I ask you to show the world that in these divided and divisive times, nations can still come together to find a common approach to common challenges. And I ask you to once again embody the same ideal on which WHO was founded 76 years ago: All for Health, Health for All.

Merci beaucoup. I thank you.

OPENING ADDRESS (Second plenary session, 27 May 2024)

Honourable Dr Edwin Dikoloti, President of the Seventy-seventh World Health Assembly, Excellencies, dear colleagues and friends, Good afternoon.

I am pleased to present to you my report on your Organization’s work last year. 2023 was a year of many challenges, but also of many achievements.

These achievements are captured in the WHO Results Report, a comprehensive and interactive report available on the WHO website. It provides a detailed overview of the Secretariat’s work, supported with data, charts, maps, country stories and more. The report shows where our funding comes from, where it’s going, and what it’s doing. I commend it to you. Today I can only offer a few highlights, according to each of the “triple billion” targets of the Thirteenth General Programme of Work.

First, healthier populations. This is the only one of the three targets that we estimate will be met, with 1.5 billion people expected to be enjoying better health and well-being by 2025. This has been achieved by Member States working across sectors to address the root causes of ill health: unclean air, unhealthy diets, unsafe water, polluted environments, and products that harm health.

Tobacco use is declining in 150 countries, and there are now 19 million fewer smokers globally than there were two years ago. More than 90 countries increased their tobacco excise tax between 2020 and 2022. In December, WHO published a call to action to prevent the uptake of e-cigarettes, along with a technical note on the evidence of the harm they do.
We also see positive trends in our efforts to improve nutrition and healthy diets. Last year, another 13 countries passed or implemented best-practice policies to eliminate trans fat from their food supply. Almost half the world’s population is now protected by such policies, compared with just 7% in 2018, when we launched the WHO call for action. We estimate these policies have cut the number of annual deaths caused by trans fats by two thirds.

With support from WHO, more and more countries are taking action to tackle obesity and child wasting, and to scale up breastfeeding; and 28 countries increased taxes on alcohol, tobacco or sugary drinks.

We’re also working to make the world’s roads safer. Over the past decade, 45 countries have reduced road traffic deaths by at least 30%, and 10 have achieved a reduction of 50% or more: Belarus, Brunei Darussalam, Denmark, Japan, Lithuania, Norway, the Russian Federation, Trinidad and Tobago, the United Arab Emirates and Venezuela.

We’re increasing our work on behavioural science, to understand better why people make decisions about their health. Following the Health Assembly’s adoption last year of a resolution on behavioural science, we worked with the World Bank to produce a new report showing that while some countries are using behavioural science in policies and planning, it is often fragmented, ad hoc, and not connected to national health strategies.

While health is a state of complete physical, mental and social well-being, social health has received little attention. I have therefore launched a Commission on Social Connection to highlight the impact of social isolation and advise me and the world on how to address it. So there are many reasons for optimism in our work against the determinants of health, even though much more work is required.

Perhaps the greatest threat to health of our time comes from our changing climate. At the 28th Conference of the Parties to the United Nations Framework Convention on Climate Change, COP28, in the United Arab Emirates last year, an entire day of the programme was dedicated to health for the first time. My thanks to the United Arab Emirates for its leadership. At least 149 countries signed the COP28 UAE Declaration on Climate and Health, and donors committed more than US$ 1 billion to address the health impacts of climate change. WHO and the global health community also played a part in keeping a commitment to transition away from fossil fuels in the final agreement.

Meanwhile, we are supporting countries to build more climate-resilient and climate-friendly health systems. Last year, we supported the electrification of health facilities with solar energy in Somalia, and with UNICEF and Gavi, the Vaccine Alliance, we started supporting other countries including Ethiopia, Pakistan, Uganda, Yemen and Zambia.

We are also continuing to work with our partners in the Quadripartite to support countries to translate a One Health approach into policy and action. And at least 63 countries are making progress in the delivery of care to refugees and migrants, and tackling the root causes of ill health. For example, Colombia has enacted policies that have enabled 3.5 million migrants to receive health services.

Now to the second of the “triple billion” targets: to see one billion more people benefiting from universal health coverage. Here, the news is less encouraging. We estimate that 585 million more people will be covered by essential health services without catastrophic health spending by 2025 – only a little over halfway towards our target of 1 billion.
Although 30% of countries have made progress since 2000 on both service coverage and financial protection, at the global level we’re going backwards on financial protection. Two billion people face financial hardship due to out-of-pocket health spending. And half the world’s population is not fully covered by essential health services. This is staggering.

At the second high-level meeting of the General Assembly on universal health coverage, countries made more than 50 commitments to progressively expand access to essential health services, and to improve financial protection. To support countries to realize those commitments, WHO is working in more than 120 countries through the UHC Partnership. We also joined a consortium of multilateral development banks to launch the Health Impact Investment Platform, with funds of 1.5 billion euros to support primary health care projects in countries. We aim to start making disbursements from September.

Last year, we supported 23 countries to strengthen their health and care workforce. For example, we are preparing to train nurses and midwives to use a set of basic emergency care tools that can reduce hospital mortality by up to half. And with support from WHO, 95 countries made significant progress on infection prevention and control last year, with exceptional examples in Azerbaijan, Kazakhstan, Somalia and Ukraine.

2023 was a productive year in WHO’s work supporting access to medicines and other health products. We prequalified 120 medicines, vaccines, diagnostics and other products last year for HIV, malaria, multidrug-resistant tuberculosis, Ebola virus disease, polio and COVID-19, as well as the first long-acting insulin analogues; we issued eight alerts for substandard or falsified medical products; and we standardized nomenclature for more than 300 cell and gene therapies – it sounds boring, but it’s one of those things that WHO does that no one notices, but which makes a huge difference to researchers, manufacturers and prescribers.

We also continue to support Member States to strengthen their regulatory systems. We recognized Türkiye’s system as having achieved maturity level 3, and Saudi Arabia’s as level 4. Singapore, the Republic of Korea and Switzerland were the first three countries to become WHO-Listed Regulatory Authorities, making them “regulators of reference”. And just last week we listed a further 33 national and regional regulators.

With WHO leadership, opportunities for technology transfer and geographically diversified manufacturing continue to expand. Fifteen partners joined the mRNA Technology Transfer Programme, and with WHO support, have started expanding the technology pipeline to include new vaccines of regional and global interest. We also established the Global Traditional Medicine Centre in India, and hosted the first global summit on traditional medicine.

One of the biggest disruptions caused by the COVID-19 pandemic was to routine immunization programmes in many countries, resulting in backsliding coverage and outbreaks of measles, diphtheria, polio, yellow fever and more. In April last year, we launched “The Big Catch Up” with UNICEF and Gavi, to support countries to shut down outbreaks and restore immunization programmes at least to pre-pandemic levels.

This year, most of the 20 countries with the most children who missed out completely on vaccines during the pandemic are launching and implementing their plans to reach those children. Meanwhile, the Strategic Advisory Group of Experts on Immunization, SAGE, last year recommended new vaccines for dengue, meningitis, and a second vaccine for malaria, the R21-Matrix M vaccine.
On maternal, newborn and child care, we have supported 43 countries to develop acceleration plans to reduce mortality. At the other end of life, we supported 18 countries to strengthen care for older people; and 20 more countries adopted legislation on various aspects of age-related health issues.

On sexual and reproductive health, we supported 23 priority countries to facilitate access to quality, survivor-centred services for sexual violence. And we published a new report that shows that globally, one in six people of reproductive age suffer from infertility.

Of course, the point of all this work to strengthen health systems is to improve health outcomes – and on that score there is plenty of reason for cheer. Last year was particularly significant for our fight against malaria. Azerbaijan, Belize and Tajikistan were certified as malaria free, and Cabo Verde joined that list earlier this year.

More than 2 million children in Ghana, Kenya and Malawi have received the first malaria vaccine, RTS,S, resulting in a drop of 13% in all-cause mortality among children. At least 30 countries intend to introduce the vaccine, and 22 have already been approved for Gavi support and plan to roll it out this year or next.

However, demand far outstrips supply, so the approval of the new R21 vaccine will help to close that gap, and could save tens of thousands of young lives, especially in Africa. Just this past Friday, the first shipment of the new R21 malaria vaccine was made to the Central African Republic, and preparations are under way for shipments to seven more countries.

On tuberculosis, about 8 million people – more than ever before – received access to diagnosis and treatment last year. Since 2015, 47 countries, mostly in Africa and in Europe, have reduced tuberculosis deaths by more than a third. In addition, the high-level meeting of the General Assembly on the fight against tuberculosis agreed new targets to end TB, and we launched the TB Vaccine Accelerator Council, to facilitate the development, licensing and equitable use of new tuberculosis vaccines.

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. Nineteen countries have been certified for the elimination of mother-to-child transmission of HIV and/or syphilis; and Egypt became the first country to achieve “gold tier” status on the path to elimination of hepatitis C.

Six countries eliminated one or more neglected tropical disease last year: Benin, Iraq and Mali eliminated trachoma; Ghana eliminated African trypanosomiasis; and Bangladesh and Lao People’s Democratic Republic 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 UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

There is also much to be proud of in our work on noncommunicable diseases, including on hypertension – a major cause of premature mortality that demands attention in all countries. Last year, 10 new countries implemented the HEARTS package on hypertension, covering 7 million more people. We published our first global report on hypertension, which estimates the disease affects one in three adults globally, but four in five are not adequately treated.
The Global Initiative for Childhood Cancer is now active in 76 countries in all regions, providing technical and financial support to improve service delivery in dozens of paediatric cancer centres. Eleven more countries introduced the human papillomavirus vaccine for cervical cancer last year. We supported more than 80 countries to integrate services for noncommunicable diseases into their health systems. And just two months ago, partners pledged almost US$ 600 million to eliminate cervical cancer.

Through the WHO Special Initiative for Mental Health, we supported 9 countries to expand access to mental health services for almost 20 million more people, and 12 countries with complex emergencies received deployments of mental health and psychosocial support experts. We updated our guidelines on mental, neurological, and substance use disorders, which more than 100 low- and middle-countries are using to scale up provision of mental health care at primary health care level.

Meanwhile, we continue to support countries to respond to the growing crisis of antimicrobial resistance, which kills at least 1.3 million people every year. Since 2016, the number of countries reporting data on bacterial infections to the Global Antimicrobial Resistance and Use Surveillance System has more than tripled. And with WHO support, 11 more countries developed multisectoral national action plans on antimicrobial resistance last year, bringing the total to 178, and we supported countries to secure new funding for antimicrobial resistance from the Pandemic Fund and the Global Fund.

This week you will consider an important resolution on antimicrobial resistance; and this year’s high-level meeting of the General Assembly on antimicrobial resistance will be another important opportunity to secure concrete commitments for this urgent global threat.

Now to the third of the “triple billion” targets, emergencies. On current trends, we estimate that 777 million people will be better protected from health emergencies by 2025, three quarters of the way to our target of 1 billion. Of course, “better protected” does not mean completely protected, and as the COVID-19 pandemic demonstrated, all Member States have much work to do, individually and together.

In May last year, I declared an end to both COVID-19 and mpox as global health emergencies. We continue to call on all countries to maintain and reinforce the capacities for surveillance, detection and response that they built during the pandemic. These investments must not go to waste. 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.

In all, WHO responded to 65 graded emergencies last year: earthquakes in Türkiye and the Syrian Arab Republic; conflict and insecurity in the Democratic Republic of the Congo, Ethiopia, Gaza, Haiti, Myanmar, Sudan and Ukraine; outbreaks of cholera, dengue, diphtheria, hepatitis E, Marburg virus disease, measles, mpox and more; while the global spread of avian influenza in new animal species remains a constant threat.

In response, WHO supported dozens of countries to access vaccines and treatments. For the first time, we supported the deployment of a new vaccine against five strains of meningitis in response to a large outbreak in west Africa. And we helped to protect 60 million people against yellow fever for life, including high-risk groups such as forest workers in the Central African Republic.

Emergency medical teams played a vital role in our response to 19 emergencies around the world, including in Gaza. Made up of health professionals from around the world, we have supported the deployment of 18 teams in Gaza, who have provided almost 400 thousand consultations, performed more than 18 thousand surgeries, and added more than 500 additional hospital beds. They are working at all levels of care, in the north and south, providing trauma stabilization, delivering babies, supporting early warning for disease outbreaks, and so much more.
In addition, WHO and our partners have carried out missions to support patient transfers, and we have delivered US$ 15 million in food, water, and medical supplies to health facilities, with another US$ 13 million in supplies on the way. WHO was in Gaza before the conflict began and will stay to support the health system until this conflict ends, and to help rebuild it afterwards.

In Sudan, more than a year of fighting has left almost 15 million people in need of health assistance. More than three quarters of hospitals, and almost 90% of primary care facilities are not functioning. WHO has delivered US$ 19 million in supplies to support continuity of health services for those most in need, and to prevent and respond to outbreaks.

In Ukraine, we continue to support the health system, which has remained resilient but faces continued challenges. An estimated 7.8 million people will require health assistance in 2024.

In all three situations – and others – we continue to see attacks on health care. Last year, WHO verified 1510 attacks on health care in 19 countries, with 749 deaths and more than 1200 injuries. Attacking or militarizing health care is a violation of international humanitarian law.

And in all three situations, the only solution is peace. We call for a ceasefire in Gaza; a ceasefire in Sudan; and a ceasefire in Ukraine. Peace in all three. Now.

We continue to move towards our goal of eradicating poliomyelitis. Last year, six cases due to wild poliovirus were reported in Pakistan and six in Afghanistan, the second-lowest number of cases reported in a calendar year. So far this year, three cases have been reported in Afghanistan, and two in Pakistan. We have intensified our efforts to reach unvaccinated children in a handful of districts in both countries, and we welcome the recent restart of house-to-house immunization in southern Afghanistan after almost six years.

While our work responding to emergencies often makes the headlines, our work supporting countries to prevent and prepare for emergencies is less visible, but equally important. For example, the Pandemic Fund is now up and running, and the demand is huge. For its first round, the Fund made disbursements of US$ 338 million to 37 countries – but received applications from over 120 countries, with requests for financing of over US$ 2 billion. The application for the second round has just closed, and demand remains strong.

We continue to support many Member States to strengthen their core health emergency capabilities – including laboratory capacity, with support from our office in Lyon. We also launched i-MCM-net, an interim coordination mechanism to facilitate timely and equitable global access to quality, safe, effective and affordable medical countermeasures. The WHO Hub for Pandemic and Epidemic Intelligence launched the International Pathogen Surveillance Network, which has expanded to 94 organizations in 43 countries. The WHO BioHub System now houses 30 biological samples, and more than 100 materials have been exchanged between Member States.

After the successful pilot phase of the Universal Health and Preparedness Review, 10 countries in five regions have enrolled for the next phase. We also launched the Preparedness and Resilience for Emerging Threats Initiative, an integrated approach to pandemic planning. And we’ve been supporting France and the International Olympic Committee to prepare for this year’s Olympic Games in Paris.

The fourth pillar of the Thirteenth General Programme of Work is to build a more effective and efficient WHO, including through science, data, research and digital technologies. Since last year’s Assembly, we have published over 8000 new publications and documents; quality assured about
500 normative technical products; approved 28 new evidence-informed clinical and public health guidelines; supported 26 countries to put in place mechanisms to adapt and implement our guidelines, norms and standards; and supported 50 countries with a data-driven “Delivery for Impact” approach to implementation.

In addition, the World Health Data Hub now includes the world’s largest databases on inequality and mortality; more than 120 countries have now implemented the 11th revision of the International Classification of Diseases (ICD-11); we launched the Global Digital Health Certification Network, the Global Initiative on Digital Health, and issued guidance on artificial intelligence for health; 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. I thank France for its continued support, and I welcome the launch of a Group of Friends of the WHO Academy.

All of this is supported by our continued implementation of the WHO transformation, as I described this morning.

Excellencies, dear colleagues and friends,

I have given you a long list, but as always, it doesn’t even begin to do justice to the breadth and depth of work that your WHO is doing all over the world. It’s just a scratch on the surface. Some of it makes the headlines; most of it doesn’t. Some of it attracts the attention of donors; and some of it doesn’t.

As we approach the end of the Thirteenth General Programme of Work, we have much to be proud of, but we face mounting challenges. I and my colleagues remain committed to serving you as best we can, as we work together for a healthier, safer, fairer world.

I thank you.