**WORLD HEALTH ASSEMBLY**
**SECOND SPECIAL SESSION** **SSA2/5**
**Agenda item 1.1** **29 November 2021**

# Opening remarks by Dr Tedros Adhanom Ghebreyesus, Director-General

Your Excellency, Vice-President of the Assembly, Professor Benjamin Hounkpatin, Your Excellency Dr Hanan Al Kuwari, Honourable Ministers, Excellencies, dear colleagues and friends, I thank His Excellency President Tokayev for his participation and message this morning, and I thank each of our distinguished guests for their messages: Federal Councillor Alain Berset of Switzerland; Chancellor Merkel of Germany; President Piñera of Chile; His Royal Highness Prince Salman bin Hamad of Bahrain; President Aingimea of Nauru; President Michel of the European Council; President von der Leyen of the European Commission; Dr Hatchett of the Coalition for Epidemic Preparedness Innovations and Dr Fisher of the Global Outbreak Alert and Response Network.

"Everybody knows that pestilences have a way of recurring in the world… There have been as many plagues as wars in history, yet always plagues and wars take people equally by surprise." Those words were written by the French writer Albert Camus in his classic novel La Peste – The Plague – in 1947. Seventy-four years later, they have a disturbing prescience.

Outbreaks, epidemics and pandemics are a fact of nature, and a recurring feature of recorded history, from the Plague of Athens in 430 BCE, to the Black Death, the 1918 influenza pandemic, and now coronavirus disease (COVID-19). But that does not mean we are helpless to prevent them, prepare for them or mitigate their impact. We are not prisoners of fate or nature.

More than any humans in history, we have the ability to anticipate pandemics, to prepare for them, to unravel the genetics of pathogens, to detect them at their earliest stages, to prevent them spiralling into global disasters, and to respond when they do. And yet here we are, entering the third year of the most acute health crisis in a century, and the world remains in its grip.

This pestilence – one that we can prevent, detect and treat – continues to cast a long shadow over the world. Instead of meeting in the aftermath of the pandemic, we are meeting as a fresh wave of cases and deaths crashes into Europe, with untold and uncounted deaths around the world. And although other regions are seeing declining or stable trends, if there's one thing we have learned, it's that no region, no country, no community and no individual is safe until we are all safe.

The emergence of the highly-mutated Omicron variant underlines just how perilous and precarious our situation is. South Africa should be thanked for detecting, sequencing and reporting this variant, not penalized. Indeed, Omicron demonstrates just why the world needs a new accord on pandemics: our current system disincentivizes countries from alerting others to threats that will inevitably land on their shores.

We don't yet know whether Omicron is associated with more transmission, more severe disease, more risk of reinfections, or more risk of evading vaccines. Scientists at WHO and around the world are working urgently to answer these questions.

We shouldn't need another wake-up call; we should all be wide awake to the threat of this virus. But Omicron's very emergence is another reminder that although many of us might think we are done with COVID-19, it is not done with us. We are living through a cycle of panic and neglect. Hard-won gains could vanish in an instant. Our most immediate task, therefore, is to end this pandemic.

Indeed, our ability to end this pandemic is a test of our collective ability to prevent and respond effectively to future pandemics, because the same principles apply: courageous and compassionate leadership; fidelity to science; generosity in sharing the fruits of research; and an unshakeable commitment to equity and solidarity. If we cannot apply those principles now to tame COVID-19, how can we hope to prevent history repeating?

And we cannot end this pandemic unless we solve the vaccine crisis. In less than a year, almost 8 billion vaccines have been administered around the world – the largest vaccination campaign in history. More than a year ago, before the first vaccines were approved, WHO and our partners established the Access to COVID-19 Tools (ACT) Accelerator, COVID-19 Vaccines Global Access Facility (COVAX) and COVID-19 Technology Access Pool (C-TAP) to facilitate equitable access to vaccines, tests, treatments and personal protective equipment.

We have shown that these mechanisms work. COVAX has now shipped more than 550 million vaccine doses, including almost 250 million doses in the last two months, more than it shipped in the first seven months of this year. Last week, C-TAP and the Medicines Patent Pool finalized its first licensing agreement with the Spanish National Research Council; a transparent, global and non-exclusive licence for a serological antibody test. My thanks go to the President of Spain, President Pedro Sánchez, and to His Excellency President Carlos Alvarado Quesada of Costa Rica for his leadership in initiating C-TAP.

Earlier this year, we also established a technology transfer hub for mRNA vaccines in South Africa, to facilitate local production and regional self-reliance. But a year ago, as we began to see some countries striking bilateral deals with manufacturers, we warned that the poorest and most vulnerable would be trampled in the global stampede for vaccines. And that is exactly what has happened. More than 80% of the world's vaccines have gone to G20 countries; low-income countries, most of them in Africa, have received just 0.6% of all vaccines.

We understand and support every government's responsibility to protect its own people. It's natural. But vaccine equity is not charity; it's in every country's best interests.

No country can vaccinate its way out of the pandemic alone. The longer vaccine inequity persists, the more opportunity this virus has to spread and evolve in ways we cannot predict nor prevent. We are all in this together.

We call on every Member State to support the targets to vaccinate 40% of the population of every country by the end of this year, and 70% by the middle of next year. Still 103 countries have not reached the 40% target; more than half of them are at risk of missing it by the end of the year, mainly because they cannot access the vaccines they need, and most of them are in Africa.

Even as some countries are now beginning to vaccinate groups at very low risk of severe disease, or to give boosters to healthy adults, just one in four health workers in Africa has been vaccinated. This is unacceptable. With emerging evidence of some waning vaccine immunity against infection, it's clear that in the future, countries will need tailored booster strategies. WHO's position remains that health workers, older people and other at-risk groups must be vaccinated first in all countries before those at low risk of serious disease, and before boosters are given to already-vaccinated healthy adults.

There is no doubt that vaccines have saved many lives and helped to quell the pandemic in many countries. Countries that have achieved the highest vaccination rates are now seeing a decoupling between cases and deaths. But in too many countries and communities, the bright light of vaccines has also become a blinding light to the continued need for other tools to stop this virus spreading, to stop it overwhelming our health systems, and to stop it killing.

Vaccines save lives, but they do not fully prevent infection or transmission. Until we reach high levels of vaccination in every country, suppressing transmission remains essential. This doesn't mean lockdowns, which are a last resort in the most extreme circumstances. This means a tailored and comprehensive package of measures that strike a balance between protecting the rights, freedoms and livelihoods of individuals, while protecting the health and safety of the most vulnerable members of communities. Ending this pandemic is not about "vaccines or…", it's about "vaccines and…".

COVID-19 has now killed more than 5 million people. And they're just the reported deaths. The excess deaths caused by the virus, and by disruption to essential health services, are far higher. An unknown number of people live with post-COVID condition, or long-COVID, a condition we are only beginning to understand.

Health systems continue to be overwhelmed. Millions have missed out on essential life-saving health services for noncommunicable diseases and mental health. Progress against HIV, tuberculosis, malaria and many other diseases has stalled or gone backwards. Millions of children have missed out on vaccinations for other life-threatening diseases, and months of education. Millions of people have lost their jobs, or been plunged into poverty. The global economy is still clawing its way out of recession. Political divisions have deepened, nationally and globally. Inequalities have widened. Science has been undermined. Misinformation has abounded. And it will all happen again unless you, the nations of the world, can come together to say with one voice: never again.

At its heart, the pandemic is a crisis of solidarity and sharing. The lack of sharing of information and data by many countries in the early days of the pandemic hindered our collective ability to get a clear picture of its profile and trajectory. The lack of sharing of biological samples hindered our collective ability to understand how the virus was evolving. The lack of sharing of personal protective equipment, tests, vaccines, technology, know-how, intellectual property and other tools hindered our collective ability to prevent infections and save lives. And the lack of a consistent and coherent global approach has resulted in a splintered and disjointed response, breeding misunderstanding, misinformation and mistrust. The fabric of multilateralism has been frayed.

COVID-19 has exposed and exacerbated fundamental weaknesses in the global architecture for pandemic preparedness and response: complex and fragmented governance; inadequate financing; and insufficient systems and tools.

Voluntary mechanisms have not solved these challenges. The best way we can address them is with a legally binding agreement between nations; an accord forged from the recognition that we have no future but a common future. Nations coming together to find common ground is the only way to

make sustainable progress against common threats. It's not perfect, and it's not a panacea. It takes compromise – no one gets everything they want – but that's better than so many missing out on what they need.

In 2005, the WHO Framework Convention on Tobacco Control (FCTC) came into force, the first international treaty negotiated under WHO. An independent impact assessment of the FCTC in 2016 found it has contributed to significant and rapid progress in protecting people from exposure to tobacco smoke; in regulating the packaging and labelling of tobacco products; in education, communication, training and public awareness; in banning sales to and by minors; and in reporting and exchange of information.

The WHO FCTC is the legal bedrock of tobacco control, which countries have used to implement new measures and to defend those measures from legal challenges. The bottom line is that the implementation of the FCTC has helped to save more than 37 million lives and counting, and global prevalence of tobacco use has declined from almost 33% in 2000 to 22% today.

The impact assessment found that without the FCTC, it is unlikely that all these tobacco control measures would have taken place in such a comprehensive, coordinated and effective manner.

Comprehensive. Coordinated. Effective.

These are three words that history will not use to describe the global response to the COVID-19 pandemic.

If countries can unite to negotiate a treaty against the human-made threat of tobacco; against the destructive potential of nuclear, chemical and biological weapons; against the existential threat of climate change; and against so many other threats to our shared security and well-being; then surely – very surely – the time has come for countries to agree on a common, binding approach to a common threat that we cannot fully control or prevent – a threat that comes from our relationship with nature itself.

I thank and congratulate all Member States for the spirit of solidarity and the inclusive process that has resulted in the agreed text of the decision that is before you at this Assembly. I thank Indonesia and the United States of America for their leadership of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, as well as the other members of the bureau: Botswana, France, Iraq and Singapore. I also thank Australia and Chile for their leadership in developing the decision that you will consider at this Assembly. And I thank President Charles Michel of the European Council for proposing the idea of a binding agreement on pandemics, and for his leadership and tireless advocacy. Thank you, my friend.

This is a historic moment. But it is just the end of the beginning. We still have a long road to travel together. Reaching our destination will take negotiation, compromise, and time. The task is urgent, but it also requires patience. The stakes are high, but so are the rewards.

A convention, agreement or other international instrument will not solve every problem. But it will provide the overarching framework to foster greater international cooperation, and provide a platform for strengthening global health security in four key areas.

First, better governance. The governance of global health security is complex, fragmented and has failed to ensure effective collective action and equitable access to vaccines and other tools.

High-level threats need high-level political engagement, which is why we support the idea of a heads of state council, proposed by the Independent Panel on Pandemic Preparedness and Response, anchored in WHO, to provide high-level political leadership for rapid and coordinated action. Such a council could be supported by a ministerial standing committee under the Executive Board, which has already been proposed and is awaiting – hopefully – approval during the upcoming meeting of the Board.

Second, better financing. Cycles of panic and neglect have created an unstable and unpredictable financing ecosystem for global health security.

Strengthening the world's defences demands financing that is truly additional, predictable, equitable and aligned with national, regional and global priorities. A mechanism funded solely from voluntary development assistance will only increase competition for already scarce resources. WHO supports the idea of a financial intermediary fund supported by a Secretariat based at WHO, housed at the World Bank, and financed by countries and regional organizations on a burden-sharing basis.

Third, we need better systems and tools to predict, prevent, detect and respond rapidly to outbreaks with epidemic and pandemic potential.

Already, the Secretariat has taken steps to start building some of those systems and tools. In September, we opened the WHO Hub for Pandemic and Epidemic Intelligence in Berlin, a new centre designed to enhance global surveillance by harnessing the power of collaborative and artificial intelligence and other cutting-edge technologies.

Other initiatives are in development, including the WHO BioHub System, intended to provide a reliable, safe, predictable and transparent mechanism for countries to share novel biological materials. Several Member States are now piloting the Universal Health and Preparedness Review, a peer-review mechanism for enhancing national preparedness, modelled on the Universal Periodic Review used by the United Nations Human Rights Council. This idea was suggested by my friend, Ambassador Sambo of the Central African Republic. Thank you, Ambassador Sambo; it's going well.

Last week, the Scientific Advisory Group for the Origins of Novel Pathogens, or SAGO, held its first meeting – a new, permanent body to establish a more systematic way of identifying the source of new outbreaks. At the same time, we must also use and enhance the tools we already have, including the Global Outbreak Alert and Response Network, known as GOARN, the Global Influenza Surveillance and Response System, or GISRS, and the Pandemic Influenza Preparedness Framework.

Fourth, the world needs a strengthened, empowered and sustainably financed WHO, at the centre of the global health architecture.

With 194 Member States and 152 country offices, WHO has unique expertise, a unique global mandate, unique global reach and unique global legitimacy. But over several decades, WHO has been progressively weakened by a debilitating imbalance between assessed contributions and voluntary, earmarked contributions that distorts our budget and constrains our ability to deliver what you, our Member States expect of us.

The widening mismatch between the expectations of WHO and its resources is well-known. COVID-19 must be the catalyst to rectify it. If not now, when? I ask all Member States to support the proposals in the draft report of the Working Group on Sustainable Financing, when it meets again in two weeks' time. And I thank Björn Kümmel, the Chair of the Working Group, for his leadership.

One of the greatest risks to global health security now is to further weaken WHO or to further fragment the global health architecture. The COVID-19 pandemic is a powerful demonstration that health is not a luxury, but a human right; not a cost, but an investment; not simply an outcome of development, but the foundation of social, economic and political stability and security.

In the coming months and years, other crises will demand our attention, and distract us from the urgency of taking action now. Now is the time for all countries to make the choice to invest in a healthier, safer and fairer future.

Global health security is too important to be left to chance, or goodwill, or shifting geopolitical currents, or the vested interests of companies and shareholders. That means a continuing commitment to universal health coverage, built on the foundation of primary health care. I once again thank President Tokayev and the Government of Kazakhstan for that country's leadership in primary health care, from Alma-Ata in 1978, to Astana in 2018.

Albert Camus published his novel in 1947, the year before the Constitution of the World Health Organization came into effect. The WHO Constitution is, of course, itself a treaty: a binding pact between nations; a vision that recognizes that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human. But more than that, it affirms that the health of all peoples is fundamental to the attainment of peace and security, and is dependent upon the fullest co-operation of individuals and States.

Camus said that, "What's true of all the evils in the world is true of the plague as well. It helps men (and women) to rise above themselves."

In the aftermath of the Second World War, our forebears rose above themselves to found the United Nations and this World Health Organization. Now is our moment to rise above this pandemic; to rise above the impulses of isolationism; to rise above rivalry, suspicion and mistrust; to rise above the near-sightedness of election cycles and media cycles; to build on the legacy from which we have all benefited; and to leave a new legacy for the generations who will follow.

Let it be said, decades from now when each of us is nothing more than photographs and memories, that we left the world a healthier, safer, fairer place than we found it.

I thank you.

= = =