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Director-General

Report by the Director-General to the Executive Board at its 140th Session Geneva, Switzerland, 23 January 2017

Mister Chairman, distinguished members of the Executive Board, Excellencies, colleagues in the UN system, ladies and gentlemen,

You have an especially heavy agenda plus the added responsibility of shortlisting and nominating candidates for the post of Director-General.

Last week's World Economic Forum identified rising income and wealth inequality as the most significant trend that will shape global development over the next ten years.

In a world facing considerable uncertainty, international health development remains a unifying force and a solid reference point for delivering fair social outcomes under the 2030 Agenda for Sustainable Development.

Key WHO achievements over just the past few months illustrate the range of our work and its impact on the lives of people, especially vulnerable groups.

At the start of this year, WHO and the US National Cancer Institute published a landmark report on the economics of tobacco and tobacco control. At nearly 700 pages, this is a definitive assessment, prepared by more than 60 authors and peer-reviewed by an additional 70 experts.

You will have seen the headlines. "Smoking costs the global economy more than $1 trillion yearly." "Smoking will soon kill more than 6 million people worldwide each year."

The report shows how tobacco control, including significant tax increases on tobacco products, can save lives while also generating revenues for health and development.

As documented, the economic losses caused by smoking far outright global revenue from tobacco taxes, estimated at nearly $270 billion in 2013-2014.

If all countries raised cigarette taxes by about 80 cents per pack, annual tax revenues could increase by 47%, amounting to an additional $140 billion per year.

The overarching conclusion is stark: tobacco control makes good economic sense and does not harm economies. The evidence is abundant and compelling. It ought to put an end to one of the tobacco industry's most frequent and effective arguments.

Ministers of health are convinced by the evidence. I ask you to be vocal in persuading ministers of finance, trade, foreign affairs, and others not to be swayed by industry's false claims.

It takes courage to issue reports that antagonize powerful economic operators. Economic power readily translates into political power.
It falls to WHO to do this. If we fail to accept this responsibility, we will never make sufficient progress against lifestyle-related noncommunicable diseases.

Health inequalities are often aggravated by the high price of medical products.

In September 2016, WHO and industry groups announced new financing arrangements, in line with industry practices, that will sustainably finance the WHO Prequalification Programme from now into the future.

The programme is one of our most successful initiatives. It has transformed the market for public health vaccines and other medical products, making supplies more abundant and predictable, and prices affordable.

In addition, the new financing model is designed to ensure equity among manufacturers, with provisions included to enable small manufacturers that meet qualityÂÂ safety and efficacies standards to enter the market on an equal footing with large companies.

More good news for affordable medicines came the next month, when WHO released a report documenting dramatic price reductions for a revolutionary cure for hepatitis C infections. Strategies used include price negotiations, local production, and licensing agreements that promote competition among generic manufacturers.

As noted in the report, price reductions have made treatment possible for more than 1 million people living with chronic hepatitis C infection in the developing world.

WHO is widely respected as a source of authoritative data, a watchdog of evolving trends, and a force that can shape these trends through partnership.

Last September, WHO released country air quality estimates showing that 92% of the world's population lives in places where air pollution levels exceed WHO limits.

That same month, WHO announced an end to the largest emergency vaccination campaign against yellow fever ever undertaken in Africa. A crisis was averted.

More good news came in November, when WHO statistics showed that measles immunization over the past 15 years has spared more than 20 million young lives. That good news contrasts sharply with the hundreds of measles deaths that are still occurring every day.

Last December, WHO revealed the full impact of devastated health services in northeastern Nigeria, where 35% of all health facilities in Borno state have been completely destroyed. Of

those that still function, 60% have no access to safe water. These and other data were quickly gathered by a new online data system, with operators trained by WHO.

Right now, we are in the midst of a two-week mass vaccination campaign to protect more than 4.7 million children from measles in Borno and other conflict-affected states.

Also in December, the Regional Office for Africa issued research documenting a steep rise in risk factors for NCDs. For example, the prevalence of hypertension in the region is now the highest in the world, and 35% of the adult population is overweight.

And, of course, our annual reports on the HIV, tuberculosis, and malaria situations made headlines, with the best news coming from the shrinking malaria map.

The achievement that brought the most joyful headlines came at the end of last year, when WHO published final trial results demonstrating that the new Ebola vaccine confers nearly 100% protection. Several media outlets covered the vaccine results as the year's most uplifting news.

We have by no means defeated this re-emerging disease, but when the next outbreak inevitably occurs, responders will not be empty-handed. I thank our many partners, countries who supported that clinical trial, including the government and people of Guinea, for making this happen.

Ladies and gentlemen,

Many items on your agenda show how far WHO has come in strengthening its response to outbreaks and emergencies.

In the first nine months of 2016, WHO responded to major emergencies in 47 countries. The Mosul humanitarian operation in Iraq has been the largest and most complex.

WHO has given the research community a shortlist of especially worrisome pathogens with epidemic potential.

The R&D blueprint, developed in response to lessons learned during the Ebola outbreak, has been immediately applied to expedite the development of new medical products for Zika virus disease. It aims to cut the time needed to develop and manufacture candidate products from years to months.

A new $500 million coalition to develop vaccines ahead of epidemics was announced during the World Economic Forum. It draws on the WHO list of priority pathogens, and benefits from the normative support and expedited procedures set out in the R&D blueprint. In this way, WHO's work catalyses targeted priority investments.

As a contribution to the global health emergency workforce which is very important to many countries, the initiative for building up a strike force of emergency medical teams has moved

forward quickly. Through this initiative, international preparedness to provide clinical care during emergencies has been structured and standardized.

The requirements for WHO verification and registration are high. Having the competence of an emergency team peer-reviewed and verified is a source of great national pride. Many countries have already done that and many countries have registered. This is life-saving capacity building at its best. It is rapidly making order out of a situation historically prone to chaos.

The best-documented success story is the Pandemic Influenza Preparedness, or PIP, Framework. The Framework was set up in 2011 as a bold and innovative preparedness tool that puts virus sharing and benefit sharing on an equal footing.

To date, legally binding agreements have secured access to around 350 million doses of vaccine to be delivered, as they roll off the production line, during the next influenza pandemic.

Partnership financial contributions from industry for which I am grateful have been invested to build surveillance, laboratory, regulatory, and other capacities in developing countries.

This is a ground-breaking model for partnership with the private and non-governmental sectors to ensure greater fairness in global public health. It is also a model for global solidarity that addresses critical policy, operational, and capacity barriers ahead of an emergency.

The world is better prepared for the next influenza pandemic, but not at all well enough.

I am asking all countries to keep a close watch over outbreaks of avian influenza in birds and related human cases. Just since November of last year, nearly 40 countries have reported fresh outbreaks of highly pathogenic avian influenza in poultry or wild birds.

The rapidly expanding geographical distribution of these outbreaks and the number of virus strains currently co-circulating have put WHO on high alert. For example, the H5N6 virus causing severe outbreaks in Asia is a new strain created by gene-swapping among four different viruses.

Since 2013, China has reported seasonal epidemics of H7N9 infections in humans, now amounting to more than 1,000 cases, of which 38.5% were fatal.

The latest epidemic, which began in late September 2016 and since December has shown a sudden and steep increase in cases.
In two clusters, WHO could not rule out limited human-to-human transmission, though no sustained transmission has been detected to date.

As required by the International Health Regulations, all countries must detect and report human cases promptly. We cannot afford to miss the early signals.

Ladies and gentlemen,

Every item on your agenda is important and, like your Chair, I am worried about time constraints, especially as you will be looking at some new draft global action plans, reviewing the impact of others, and guiding our response to several pressing issues.

As I close, I ask you to join me in paying tribute to two iconic public health leaders who left us last year.

Dr DA Henderson was most strongly identified with the eradication of smallpox, a WHO campaign which he led to a spectacular success. This was only one achievement in his stellar career. Most recently, he contributed to the design of the ring vaccination approach used to test the Ebola vaccine in Guinea.

Smallpox eradication was achieved during Dr Halfdan Mahler's long tenure as WHO Director-General. He is best remembered for his commitment to primary health care and the Alma-Ata Declaration that launched the Health for All movement.

He argued that Health for All was a value system, with primary health care as the strategic component. The same can be said for universal health coverage, which gives the agenda for sustainable development a compelling moral dimension that can also be measured.

In this and many other ways, Dr Mahler's achievements live on.

I ask you to join me in a minute of silence.

Thank you.