

Keynote address
WHO Regional Committee for the Eastern Mediterranean
Islamabad, Pakistan
Monday, 9 October 2017

Your Excellency Mr Mamnoon Hussain, President of Pakistan,

Honourable Vice-Chair Dr Feroz Ferozuddin, Minister of Public Health of
Afghanistan

My brother Dr Mahmoud Fikri, Regional Director for the WHO Eastern
Mediterranean Regional Office,

Your Excellency Ms Saira Afzal Tarar, Federal Minister for National
Health Services, Regulations and Coordination in Pakistan,

Honourable ministers, heads of delegation, ladies and gentlemen,

Good afternoon.

I am very proud to be with you as Director-General for the first time.

We are all painfully aware of the challenges you face.

Almost two thirds of your countries are either directly or indirectly
affected by emergencies.

We are confronted daily with the haunting images and stories of human
suffering from this region.

And I have seen it with my own eyes.

My first mission to a WHO country programme was to Yemen. I will
never forget the woman we met who had travelled for hours to bring her
malnourished child to the clinic, begging the medical staff to care for her
child.

The woman herself was skin and bone, but her only concern was for the
life of her child.

Her story is just one among millions.

It was a truly heartbreaking experience.

But at the same time, I was inspired and proud to see the difference that WHO and our partners are making.

Almost 800,000 people have now been treated for cholera. The caseload is declining. With our partners, we have set up more than 1000 treatment centres and ensured safe drinking water for some 3.5 million people. Hundreds of health workers have been trained. WHO has been coordinating the efforts of more than 40 partners.

But the situation remains dire. Ultimately, there will be no health security in Yemen until there is peace in Yemen. We call once again for an end to the senseless violence that is achieving nothing except the destruction of families, communities and an entire nation.

We call once again for the health workers of Yemen to be paid their dues.

We repeat that health workers and health facilities are not a target, and we express our outrage that anyone would consider it a legitimate military tactic to bomb a hospital or clinic.

Tragically, Yemen is not the only country to suffer. Attacks on health care have also been reported in Afghanistan, Iraq, Libya, Pakistan, Sudan, the Syrian Arab Republic, and the West Bank and Gaza Strip.

We must not accept this as the new normal.

Thank you. Please be seated.

Ladies and gentlemen,

Despite the many difficulties you face, there are reasons for cheer.

We are closer than ever to wiping polio from the face of the earth. Only 11 cases of Wild Polio Virus have been reported globally so far this year.

We must stay the course and finish the job.

President Mamnoon, I know that eradicating polio is a priority for you, and I thank you for your leadership and commitment to making polio history.

And as we heard yesterday, there is good progress in the fight against viral hepatitis, with more people than ever before getting access to life-saving drugs.

I thank the ten countries that have signed the Protocol to Eliminate Illicit Trade in Tobacco Products: Iran, Iraq, Kuwait, Libya, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia and Yemen, and the two who have ratified it so far, Iraq and Saudi Arabia.

We urgently need another nine countries to ratify the protocol for it to come into force. I urge those of you have not yet ratified the protocol to do so.

It is of concern that although tobacco use is declining globally, it appears to be increasing in the Eastern Mediterranean region. Without strong leadership to curb this worrying trend, it will cost you dearly for many years to come.

Ladies and gentlemen,

Yesterday marked my one-hundredth day in office.

Since I started in July, I have made a priority of listening. To staff, to Member States, to global health leaders, partners, civil-society organizations, donors, young people, and more.

In my first 100 days I have met some of the richest and the poorest people in our world. I have met the most powerful, and the most disenfranchised.

And in the course of all of those conversations, I have come to realise that the world expects WHO to do three things:

To keep the world safe, improve health, and serve the vulnerable. Let me repeat that: the world expects WHO to keep the world safe, improve health, and serve the vulnerable.

This is our mission.

And in many ways, we already do all three. But we can and must do better.

What I have discovered is that many of the best ideas for how to transform WHO already exist within the organization.

One of my first initiatives was to put out a call to staff for crazy, creative ideas, to stimulate fresh thinking.

The response was inspiring. Some of the ideas were indeed crazy!

But many others were exciting, and are now being taken forward.

We are now moulding those ideas into our next General Programme of Work for 2019 to 2023.

As you know, I have taken the decision to bring forward the process of shaping the next GPW by 12 months.

Our work is too urgent to wait.

After a period of consultation at the six regional committee meetings, we plan to hold a special session of the Executive Board in November, at which we hope to agree on a form of the GPW to be taken to the World Health Assembly for adoption next year.

The concept note on the new GPW has already been discussed at the AFRO, SEARO, EURO and AMRO-PAHO regional committee meetings.

I have been very encouraged by the feedback we have received.

Now it's your turn.

Tomorrow you will hear more about our ideas for the next five years, and we are looking forward to getting your input. But allow me take a few moments just to give you the outline.

First, it is important to say that the Sustainable Development Goals will be the foundation for all our work. They are the priorities on which the world has agreed, and must also be our priorities. There is no need to reinvent the wheel.

In order to drive progress towards the SDGs, we have identified four key priorities that will define our work.

Let me summarise them like this: health coverage, health security, health targets, and health leadership.

First, WHO's core business is to help countries progress towards universal health coverage.

I believe that health is a human right, and that universal health coverage is the best way to give people that right.

But providing the health services that people need, when and where they need them, without exposing them to financial hardship, is not only an investment in better health.

It's also an investment in reducing poverty, creating jobs, driving inclusive economic growth, promoting gender equality, and strengthening health security.

It enables families, communities and nations to thrive.

The road to universal health coverage will be different for different countries. There is no one-size-fits-all solution.

But for all countries, it must be built on the foundation of delivering health services that are built around the needs of people, not providers, through strong primary care networks.

The second priority is to strengthen global health security. When an outbreak becomes an epidemic, the world looks to WHO.

We must accelerate our evolution towards being more responsive to emergencies. When disaster strikes, our partners expect us to be shoulder-to-shoulder with them on the frontlines, not just shouting instructions from the sidelines.

That is exactly what we have done and are doing in many countries in this region.

The third priority is to drive progress towards the specific SDG health targets. As I have said, the SDGs are the foundation for all our work, but we will focus our attention on four specific areas:

improving the health of women, children and adolescents;

ending the epidemics of HIV, tuberculosis, malaria and hepatitis;
preventing premature deaths from noncommunicable diseases, including mental health;
and protecting against the health impacts of climate change and environmental problems.

Finally, WHO must provide health leadership. The global health architecture is increasingly complex, and WHO has a crucial role to play in convening and coordinating the global health community to achieve shared goals.

These are the four key priorities.

But in order to fulfil our mission and mandate, I believe that WHO needs to make several big shifts in the way we work.

First, we must become far more focused on outcomes and impact. WHO must be results-oriented.

Too often we are focused simply on outputs and processes, without thinking carefully enough about whether we are truly making a difference to public health.

This must change. In order to make progress, we must be able to measure progress.

To that end, I was very pleased to announce last week the appointment of Professor Lubna Al-Ansary, of Saudi Arabia, as Assistant Director-General for Metrics and Measurement. She will be an essential part of my new senior leadership team.

The second major shift we must make is that WHO will become more operational, especially in fragile, vulnerable and conflict states.

I believe that WHO must be relevant in all countries. No country's health system is perfect. There is always room for improvement. So in all countries, we will engage in regular policy dialogue to identify gaps and solutions.

In addition to policy dialogue, some countries will require our technical assistance, in the form of the practical tools, experience and know-how we offer.

A third group of countries will also require operational support to deliver services where nobody else will or can.

At the same time, we will continue to play our normative, standard-setting role -- and indeed we will strengthen those functions.

The third shift is that we must put countries at the centre of WHO's work. This seems obvious, but it bears repeating. Results don't happen in Geneva or in regional offices; they happen in countries, in the frontlines. Our role is to support you, our Member States, and to enable you to strengthen your health systems, achieve universal health coverage for your people and protect against epidemics in your countries. To do that, you must be in the driver's seat.

And fourth, WHO must provide leadership by advocating for health at the highest political levels. The importance of mobilising political commitment for health is clear to all of us. Our technical work may be excellent, but it will not bear fruit unless we engage politically to create the demand for it. A balance of technical and political interventions will bring better results.

I know, and you know, that political will is the key ingredient for change. It is not the only ingredient, but without it, change is much harder to achieve. For a paradigm shift, we need political intervention.

From the G20 in Hamburg to the General Assembly in New York last month, I have been very encouraged by the support I see for health at the highest political level.

WHO should not be shy about engaging with world leaders. Our cause is too important; the stakes are too high.

Meaningful change happens when political leaders are engaged. WHO must therefore not be afraid to go beyond the technical to the political in pursuit of its mission.

My friends,

I am excited about the work we have ahead of us, and the difference we can make to individuals, families, communities and entire nations.

We are all here because fundamentally, we care about the health of the world's people.

We are not prepared to accept a world in which people get sick and die just because they are poor.

But it is within our power to change that world. I look forward to working with you closely to make our shared vision a reality.

Thank you so much. Shukraan. Merci beaucoup.