

**Opening speech****65th session of the WHO Regional Committee for the Eastern Mediterranean****Khartoum, Sudan****15 October 2018**

Your excellency Dr Mohamed Abu Zeid Mostafa, Federal Minister of Health of Sudan  
My brother Dr Ahmed Al-Mandhari, Regional Director,  
Excellencies, heads of delegation, honourable delegates, colleagues and friends,

I'm delighted to be with you in Khartoum today.

Once again I'd like to thank the Government of Sudan for their warm hospitality in hosting this Regional Committee meeting.

I'd also like to congratulate Dr Al-Mandhari once again on his election as Regional Director.

The untimely passing of Dr Fikri was a great shock to me personally, and an enormous loss to WHO, the region and his family.

I'd like to pay tribute to Dr Mahjour for standing in so ably as acting Regional Director.

A lot has happened since I stood before you in Islamabad a year ago.

It's been a busy but productive year.

Let me give you a few highlights.

Most significantly, we've approved the General Programme of Work – our new 5-year strategic plan to make WHO more focused on delivering a measurable impact, with the ambitious “triple billion” targets at its heart.

We've continued to overhaul our work on emergencies, and have responded quickly and effectively to numerous outbreaks and other crises in this region and around the world.

We've launched a transformation project to make WHO more agile.

We established a high-level commission to identify new solutions for noncommunicable diseases.

Last month we hosted not one, but two high-level meetings at the UN General Assembly, on tuberculosis and noncommunicable diseases.

We've launched a new initiative on climate change in small island developing states.

We've committed to eliminating cervical cancer.

We've committed to eliminating trans fats from the global food supply.

We're in the process of launching a new initiative to end malaria.

The Protocol to Eliminate Illicit Trade in Tobacco Products has entered into force.

We've worked with Google to launch a new version of the Google Fit app based on WHO guidelines.

Germany, Ghana and Norway have asked us to develop a Global Action Plan to deliver SDG3, which is almost ready.

We have continued to build political commitment for universal health coverage all over the world.

And we've launched WHO's first investment case, which estimates that a properly-resourced WHO could save 30 million lives and add 100 million years of healthy living to the world's population over the next five years.

I would like to say thank you to all of you for your support over the past 15 months.

Let me remind you of the "triple billion" targets we have committed to:

1 billion more people benefiting from universal health coverage;

1 billion more people better protected from health emergencies;

And 1 billion more people enjoying better health and well-being.

These are not new targets. They are simply what we need to achieve by 2023 to stay on track for the Sustainable Development Goals.

And they're not a task for the Secretariat alone. They're a task for all of us as one WHO family: the Member States, our partners, our donors, civil society, the private sector and the Secretariat.

I'm delighted to see the way you have embraced the GPW here in the Eastern Mediterranean.

It's clear from the three technical papers on each of the "triple billion" targets that you are giving careful thought to how this Region can play its part in achieving our ambitious goals and the SDGs.

And the paper on putting countries at the centre shows that you understand clearly not only **what** must be done, but also **how** it must be done.

Neither the GPW nor the SDGs will be delivered in Geneva, or New York, or in Cairo. They will be delivered in every country, every community and every family.

Your agenda this week paints a perfect snapshot of the challenges you are facing across the Region.

We are all painfully aware that the Eastern Mediterranean bears a heavy burden of the world's emergencies.

During 2017 and 18, this Region faced 10 graded emergencies, including 3 grade 3 emergencies – the most of any Region.

As a result, your Region is also home to almost half of the world's internally displaced persons and two-thirds of its refugees.

This poses major challenges for all of your health systems.

I wish to thank all of you who have so generously opened your hearts and your borders to people seeking a safe haven from chaos and destruction.

I'm proud of the way WHO is now working in harmony at all three levels of the Organization to respond to emergencies in this Region and around the world.

We are saving lives and alleviating suffering.

Importantly, we are not only involved in the humanitarian response to emergencies; in every crisis we're also looking at how we can strengthen the health system to make it more resilient.

Yemen is a perfect example. Through the DARES partnership between WHO, the World Bank, the World Food Programme and UNICEF, we've been able to address acute humanitarian needs, while keeping what's left of Yemen's health system functioning.

Earlier this year I had the honour of visiting Shifa Hospital in Gaza to deliver medical supplies. I toured a dialysis clinic and a neonatal unit and was humbled and impressed by the standard of care being delivered in extremely difficult circumstances.

WHO will continue working every day with neutrality and impartiality to ensure people suffering in both acute and protracted crises get the health care they deserve.

That's because we believe that universal health coverage is not just a luxury for countries that enjoy peace, stability and prosperity.

It's a vital line of defence against the impact of emergencies. Strong health systems can mitigate suffering, save lives and provide a buffer against the turmoil and chaos of crisis.

Political commitment to universal health coverage, backed up by investments in stronger health systems, are therefore key to the long-term stability, security and prosperity of the Region.

But I must be honest with you: across the Region, we have a lot of work to do.

Government health expenditure remains very low, while some countries in the Eastern Mediterranean have the world's highest rates of out-of-pocket health spending.

Currently, only 53% people in the Region have access to basic health services, below the global level of 64%.

The technical paper on universal health coverage makes concrete recommendations and charts a clear path for closing this gap.

If you take these steps, more than 100 million more people could benefit from universal health coverage in five years' time.

That's 100 million more people with better health and better prospects.

I urge you to take hold of this vision.

Of course, all countries are different. Each of you must chart your own path to UHC, in the context of your own political, economic and social circumstances.

Each of you has different dynamics to address. Some will need a greater emphasis on noncommunicable diseases. Some need to ensure essential services critical infectious diseases.

But there is one thing in common for all countries – the centrality of primary health care.

In just 10 days we will gather in Astana, Kazakhstan to celebrate the 40<sup>th</sup> anniversary of the Alma-Ata declaration. This is a vital moment for reaffirming the importance of primary health care for achieving health for all.

Which is why I'm glad to see a progress report on family practice on your agenda this week.

In most cases, tertiary hospitals should not be the entry point to the health system.

Family practice is the best way to promote health, prevent disease and diagnose and treat illness at the earliest stage. It helps to keep people out of hospitals, where the costs are higher and the outcomes can be worse.

That's why the best investments are in strengthening local clinics and in educating and training of health workers to provide high-quality services at the community level.

Of course, we cannot ignore the fact that in many countries in this Region, the private sector is a major provider of health services.

There's nothing wrong with that, but there is something wrong when a lack of regulation or integration means that those services are either poor quality, or a cause of large out-of-pocket spending.

It needn't be that way.

Many high-functioning health systems harness the private sector to complement the public sector in delivering high-quality services.

But it's essential that the role of private providers is clearly defined in national health plans with clear public health objectives.

The framework for action to engage the private sector that you are considering this week is therefore an important step forwards.

Its five strategies offer a range of tools that all countries can use to maximise the potential of private health providers for delivering quality health services that don't expose people to financial hardship.

You have several other matters on your agenda this week, including the regional strategy and action plan for tobacco control, improving access to assistive technology, strengthening laboratory services, improving blood safety and availability, eradicating polio and more.

Each of these issues represents a unique challenge requiring unique solutions and programmes. Action on each of them will contribute to reaching the "triple billion" targets and the SDGs.

But all of them come together under the umbrella of universal health coverage. That must be your overarching goal.

As I said earlier, achieving that goal can only happen by making countries the centre of WHO's work.

Our transformation project is about exactly that. We're changing the way WHO operates to make sure everything we do is focused on delivering results in countries.

That includes our Programme Budget for 2020 and 2021.

The budget has been developed based on country priorities, and is designed to strengthen the capacity of our country offices to deliver impact.

As you will hear, we are proposing an almost 30% increase in technical capacity for country offices, while the headquarters budget will stay flat.

We have also committed to almost \$100 million of savings at headquarters for 2020 and 21.

This is what it means to put countries first. This is part of our commitment to leaving no one behind.

Some Member States have expressed a concern that our increasing focus on countries means a decreasing focus on our normative and technical work.

Not at all.

It just means we are focused on developing normative and technical products that countries want, and that countries use.

There's no use writing a guideline if no one wants it. And there's no use writing a guideline if no one informs the health ministry it's available.

WHO must do better than that. We have excellent products, so we must do better at promoting them and making sure countries use them.

That's why we're strengthening country offices – to make sure that we're more effective in translating political commitment at the global level to tangible results on the ground.

Of course, we understand that WHO must be worth the investment; we understand that we must good value for money.

That's why three weeks ago we began a process of reviewing and prioritising all of our activities globally.

We're asking every department and office at headquarters and in our regional offices to submit a plan for the normative and technical products they plan to produce during 2020 and 21, and why they're doing it.

Our aim is to review and analyse everything we're doing to ensure we're doing the right things, and to identify gaps.

That's also why we've been working hard for the past year on our WHO Impact Framework – to keep ourselves and our Member States accountable for the commitments we've made.

Because to **make** progress, we must **measure** progress.

Ladies and gentlemen,

Let me leave you with a few final thoughts.

First, as I said, political commitment is the key ingredient for making progress towards universal health coverage.

In the Salalah Declaration, you have made that commitment.

This is very encouraging. Now it's time to implement it. Practical steps are needed to increase service coverage and financial protection.

Second, urgent action is needed to increase government expenditure on health.

As you are discussing this week, the private sector is an important player, and will remain so. But increased government spending is necessary to reduce out-of-pocket spending.

Please remember that this expenditure is not a cost, it is an investment in the future. And there are steps you can take to generate new revenues.

Third, the most important area in which to make those investments is not in big new hospitals – it's in strengthening primary health care.

Whether it's for noncommunicable diseases or infectious diseases, the answer is primary care, with a strong emphasis on health promotion and disease prevention.

Fourth, even as we respond to alleviate the acute impact of emergencies, our focus must be on strengthening health systems to make them more resilient.

UHC is a vital way to bridge the humanitarian-development nexus.

Thank you all for your commitment and support for realizing the vision of the “triple billion” targets.

WHO stands ready to support every country on this journey.

This week, I urge you to look beyond the challenges of today and imagine the future.

Imagine the healthier, safer, fairer world we all want.

Let that be your dream. Let that be your ambition. Let that be your driving force.

Thank you so much. Shukraan jazeelan. Merci beaucoup.