Geneva, Switzerland, 25 January 2016

Madam Chair, distinguished members of the Executive Board, Excellencies, colleagues in the UN system, ladies and gentlemen,

Fifteen months ago, Guinea, Liberia, and Sierra Leone were together reporting more than 950 cases of Ebola every week. Today, the three countries have interrupted all chains of transmission from the original outbreak that began more than two years ago.

This is a monumental achievement that needs to be acknowledged. Please join me in honouring the leadership of the three governments, the heroic sacrifices of health care workers and communities, and the unwavering support from a host of partners.

However, WHO has not yet declared the outbreak in West Africa over. As we now know, the virus can hide in the bodies of fully recovered survivors for as long as a year.

Since March of last year, WHO has documented 11 small flare-ups of infection following reintroduction of the virus from survivors. All were rapidly detected and quickly contained.

On 14 January, WHO declared that the outbreak in Liberia, the last country reporting cases, was over, but warned that the risk of further flare-ups would persist. The warning was well-founded. The next day, Sierra Leone confirmed its first new case since September of last year.

Let me put this setback in perspective.

First, these countries promptly report new cases. Vigilance is intense. Our view of the situation is sharp and transparent.

Second, these countries have the world's largest pool of expertise in responding to Ebola. They know exactly what to do.

Third, I still have more than 1000 staff in West Africa to assist in detecting and responding to flare-ups like this one. I thank them for their skill and dedication.

Finally, thanks to a WHO-led clinical trial, we have a vaccine that can be used to confer a back-up ring of protection.

The Ebola virus is stubborn. I have no doubt that further flare-ups will occur. I have no doubt that all will be quickly contained.

The outbreak lingers in a second sense as well. Well over 10,000 survivors face persistent health problems together with continuing stigmatization. They need care.

Ebola delivered an extremely severe and shattering blow to societies and economies. Recovery will take some time.

While the job is by no means finished, no one anticipates that the situation will return to what we were seeing 15 months ago.

The determination is fierce. International solidarity has been extraordinary. The many steps taken at national and international levels have had a decisive impact.

No one will let this virus take off and run away again.

In the wake of Ebola, health officials are more alert to alarming signals coming from the microbial world.

Last year's MERS outbreak in the Republic of Korea showed the devastation a new disease can cause, even in a country with an advanced health system.

The explosive spread of Zika virus to new geographical areas, with little population immunity, is another cause for concern, especially given the possible link between infection during pregnancy and babies born with small heads.

Although a causal link between Zika infection in pregnancy and microcephaly has not been established, the circumstantial evidence is suggestive and extremely worrisome. An increased occurrence of neurological syndromes, noted in some countries coincident with arrival of the virus, adds to the concern.

I thank all newly affected countries for detecting the virus quickly, and promptly and transparently notifying WHO in line with the International Health Regulations.

I have asked Dr Carissa Etienne to brief the Board later this week on the current Zika situation and our response.

Yet another alarming signal was China's detection last year, in animal and human samples, of a mechanism of drug resistance, involving the mcr-1 gene, that is easily transferred from one bacterial strain to others, including some with epidemic potential.

That finding, which raised the spectre of bacteria that are resistant to nearly all antibiotics, has since been replicated in several other countries.

Ladies and gentlemen,

In my address to last year's Health Assembly, I announced my intention to create a new programme for responding to outbreaks and humanitarian emergencies.

I expressed my desire to design the programme for effectiveness, speed, flexibility, and rapid impact, with administrative procedures and business processes fit to support its operational

platform.

In July, I appointed a group of very senior experts to advise me on the programme's functions, structure, administration, and lines of managerial accountability. The advisory group provided this guidance with great diligence, and in great detail. The group was frank, critical, and thorough.

The experts looked at all independent assessments of the Ebola response issued to date and analysed the experiences of some effective emergency operations, like those run by the World Food Programme and UNICEF.

The group held eight meetings, beginning in July, and delivered its final report to me last week.

The experts in the advisory group called for profound transformational changes in the way we respond to outbreaks and emergencies.

This is what was needed. This is what I wanted. This is what is widely regarded as the right direction to take.

Let me reassure you, our Member States, that the Regional Directors and I are determined to change the way we respond to outbreaks and emergencies. The lessons from Ebola must be applied.

We are committed to implementing a single programme, with a single line of accountability, a single budget, a single set of business processes, a single cadre of staff, and a single set of performance benchmarks that cut across all three levels of WHO.

These changes will make WHO much stronger, at all levels, in supporting countries and building national and global capacity to prevent, detect, and respond to emergencies with health consequences.

The new programme for health emergency management will have an operational arm, complementing WHO's established functions in setting norms and standards.

As with outbreaks, the complexity of humanitarian emergencies underscores the need for transformational changes in our response capacity.

Ongoing armed conflicts and protracted crises have left an unprecedented 77 million people in urgent need of essential health care. Some 60 million of these people have been uprooted from their homes, the largest number since the Second World War.

Their health expectations are not high. They just want to survive.

I join others in deploring the attacks on health care workers and facilities that are becoming almost routine in the Middle East, including the recent bombing of a polio vaccination centre in Pakistan.

I join others, including the UN Secretary-General, in deploring the use of siege tactics as a method of warfare. Such tactics target civilians and violate international humanitarian law.

Has the world lost its moral compass? Even wars have laws. Forcing civilians to starve to death breaks those laws.

On the positive side, the world showed its solidarity before a shared threat last December in Paris, when 195 countries adopted a climate treaty. But more needs to be done to address the root causes of other crises that profoundly threaten health.

It is easier to deliver humanitarian assistance than to work out political solutions to the root causes of protracted conflict, violent extremism, terrorism, and the forced displacement of millions.

The world has rallied in support, delivering unprecedented levels of humanitarian assistance. But the costs of doing so are unsustainable.

Ebola taught the world that an outbreak in any part of the world can have global repercussions. The refugee crisis in Europe taught the world that wars in faraway places will not stay remote.

In a profoundly interconnected world, there is no such thing as a local outbreak. There is no such thing as a faraway war.
As some assessments of the Ebola response have concluded, having strong public health infrastructures and capabilities in place in vulnerable countries is the first line of defence against the infectious disease threat.

Universal health coverage, based on the principles of primary health care, is an instrument for improving the resilience of health systems and the resilience of communities. It tackles the root causes of conditions that let outbreaks hide undetected for months and run out of control.

Universal health coverage is also the most efficient way to respond to the rise of noncommunicable diseases. It is a pillar of sustainable development that supports multiple goals and targets in the 2030 development agenda.

Development that is inclusive and sustainable is by far the best way to build resilience to the shocks our world keeps delivering with ever-greater force.

Ladies and gentlemen,

The Sustainable Development Goals, the SDGs, respect the way that all dimensions of life on this planet shape human health. The agenda is unprecedented in its scope and breath-taking in its ambition.

Health is the focus of goal three, but multiple other goals and targets address the social, economic, and environmental determinants of health.

The thirteen targets under the health goal continue the unfinished business of the Millennium Development Goals and respond to some additional health threats, namely NCDs and mental health, substance abuse, road traffic crashes, and hazardous environmental chemicals.

The inclusion of universal health coverage is the target that underpins all others and is key to their achievement. Health benefits greatly from the agenda's broad and integrated approach, especially when it comes to the target set for NCDs.

The SDGs easily accommodate recent global strategies and plans of action approved by our Member States. In fact, all 13 health targets are reflected in your agenda for this EB session.

However, the new agenda has profound implications for the way WHO operates, not supplying health services but delivering what countries and their people need and expect.

The SDGs call for stronger country offices, a firm emphasis on innovation, and greater collaboration with partners and multiple sectors of government.

Our programmes that contributed so much to the MDGs for reducing maternal and child mortality, and turning around the epidemics of HIV, tuberculosis, malaria, and the neglected tropical diseases are mature.

They are well-placed to support even more ambitious targets, aligned with the SDG principles of integrated and inclusive approaches that deliver country-level results.

The culture of measurement and accountability, introduced during the MDG era, will continue. Determination to address the health needs of women and adolescents is strong.

Initiatives for the eradication of polio and guinea worm disease have moved forward greatly over the past year. These efforts must continue.

Ladies and gentlemen,

The future is clouded by some major threats to health that encircle the globe. They define some top priorities for urgent and collaborative action in the months ahead.

The volatile microbial world is an ever-present threat. As underscored during last year's Health Assembly, too many countries lack the core capacities needed to implement the International Health Regulations.

This must change. These countries must be supported to build IHR core capacities to prevent, detect, and respond to outbreaks.

The Global Policy Group has endorsed the Joint External Evaluation tool for the assessment of gaps so that technical support to the countries, from WHO and partners, can be provided.

Noncommunicable diseases are a growing threat with major risk factors that can be modified.

Later today, the Commission on Ending Childhood Obesity will present its final report to me.

The report uses the latest cutting-edge science to deliver a series of policy recommendations with teeth. Implementing the recommendations will take political will, and courage, as some go against the interests of powerful economic operators.

Antimicrobial resistance is a danger of the utmost urgency. This year will be a pivotal one, culminating in a UN high level meeting on AMR later this year. We have a global action plan. What we need now is the action.

A top priority is to fully engage ministers responsible for agriculture and food. We will explore ways to do so during next month's European Union ministerial conference on antimicrobial resistance in Amsterdam.

Climate change is another defining issue for health. While the Paris climate accord is a most welcome step forward, it will not prevent a number of immediate and severe health consequences.

We need to sharpen our programmes for dealing with these consequences, like outbreaks of cholera and dengue, the disruptions in food security that follow droughts and floods, the ill health linked to indoor and outdoor pollution, and the need for emergency assistance following extreme weather events.

The priority dearest to my heart is, of course, universal health coverage. Packed into that commitment are a host of issues that are important for you and all Member States: like access to safe and effective medicines, an adequate health workforce, finding ways to make health products more affordable, and the challenge of caring for ageing populations, especially people with dementia.

By stressing people instead of diseases, universal health coverage provides a much needed, compassionate, and more responsive platform for delivering coherent and integrated health services. By honouring the human right to health, and providing protection against financial ruin, it helps alleviate the root cause of significant human misery.

It embodies that commitment to fairness that I believe is at the heart of what WHO does best.

We must always remember the people. People seeing their families and communities devastated by an outbreak. Children trapped in obesogenic environments.

People with a common infection whose doctors say, "Sorry, there is nothing I can do." People forced to leave their homes by war or weather.

People driven into poverty by the costs of a disease like cancer or a car crash.

These are the people, and their needs, that must drive our commitment.

Thank you.