Geneva, Switzerland, 23 May 2016 - Mister President, Excellencies, honourable ministers, ambassadors, distinguished delegates, ladies and gentlemen,

Public health constantly struggles to hold infectious diseases at bay, to change lifestyle behaviours, and to find enough money to do these and many other jobs.

But sometimes we need to step back and celebrate.

Commitment to the Millennium Development Goals brought focus, energy, creative innovation, and above all money to bear on some of the biggest health challenges that marred the start of this century.

We can celebrate the 19,000 fewer children dying every day, the 44% drop in maternal mortality, and the 85% of tuberculosis cases that are successfully cured.

Africa in particular can celebrate the 60% decline in malaria mortality, especially since the African Leaders Malaria Alliance did so much to make this happen.

We can celebrate the fastest scale-up of a life-saving treatment in history. More than 15 million people living with HIV are now receiving antiretroviral therapy, up from just 690,000 in 2000.

A culture of measurement and accountability evolved to make aid more effective. Greater transparency brought the voice of civil society to bear in holding governments and donors accountable for their promises.

The profile of health changed, from a drain on resources to an investment that builds stable, prosperous, and equitable societies.

Everyone in this room can be proud of these achievements.

You have saved many millions of lives. Your strategic and technical innovations have left us well-prepared to set our sights even higher. You deserve an applause.

Ladies and gentlemen,

In an interconnected world characterized by profound mobility of people and goods, few threats to health are local anymore.

Air pollution is a transboundary hazard that affects the global atmosphere and contributes to climate change.

Drug-resistant pathogens, including the growing number of “superbugs”, travel well

internationally in people, animals, and food.

The marketing of unhealthy foods and beverages, especially to children, is now a global phenomenon.

Safeguarding the quality of pharmaceutical products has become much harder, with complex manufacturing procedures and supply chains spanning multiple companies and countries.

Ensuring the quality of the food supply is also much harder when a single meal can contain ingredients from all around the world, including some potentially contaminated with exotic pathogens.

The refugee crisis in Europe taught the world that armed conflicts in faraway places will not stay remote.

The Ebola outbreak in three small countries paralyzed the world with fear and travel constraints.

Last year, a business traveller returning home to the Republic of Korea, infected with the MERS coronavirus, disrupted the country's economy as well as its health system.

The rapidly evolving outbreak of Zika warns us that an old disease that slumbered for six decades in Africa and Asia can suddenly wake up on a new continent to cause a global health emergency.

This year's long-feared appearance of urban yellow fever in Africa, now confirmed in the capital cities of Angola and the Democratic Republic of Congo, is yet another serious event with potential for further international spread.

Ladies and gentlemen,

For infectious diseases, you cannot trust the past when planning for the future.

Changes in the way humanity inhabits the planet have given the volatile microbial world multiple new opportunities to exploit. There will always be surprises.

The possibility that a mosquito bite during pregnancy could be linked to severe brain abnormalities in newborns alarmed the public and astonished scientists.

Confirmation of a causal link between infection and microcephaly has transformed the profile of Zika from a mild disease to a devastating diagnosis for pregnant women and a significant threat to global health.

Outbreaks that become emergencies always reveal specific weaknesses in affected countries and illuminate the fault lines in our collective preparedness.

For Ebola, it was the absence of even the most basic infrastructures and capacities for surveillance, diagnosis, infection control, and clinical care, unaided by any vaccines or specific treatments.

For Zika, we are again taken by surprise, with no vaccines and no reliable and widely available diagnostic tests. To protect women of childbearing age, all we can offer is advice. Avoid mosquito bites. Delay pregnancy. Do not travel to areas with ongoing transmission.

Zika reveals an extreme consequence of the failure to provide universal access to sexual and family planning services. Latin America and the Caribbean have the highest proportion of unintended pregnancies anywhere in the world.

Above all, the spread of Zika, the resurgence of dengue, and the emerging threat from chikungunya are the price being paid for a massive policy failure that dropped the ball on mosquito control in the 1970s.

The lesson from yellow fever is especially brutal. The world failed to use an excellent preventive tool to its full strategic advantage.

For more than a decade, WHO has been warning that changes in demography and land use patterns in Africa have created ideal conditions for explosive outbreaks of urban yellow fever. Â Africa's urbanization has been rapid and rampant, showing the fastest growth rates anywhere in the world.

Migrants from rural areas, and workers from mining and construction sites, can now carry the virus into urban areas with powder-keg conditions: dense populations of non-immune people, heavy infestations with mosquitoes exquisitely adapted to urban life, and the flimsy infrastructures that make mosquito control nearly impossible.

The world has had a safe, low-cost, and effective vaccine that confers life-long protection against yellow fever since 1937. That's nearly 80 years. Yellow fever vaccines should be used more widely to protect people living in endemic countries. Yellow fever is not a mild disease.

Let me give you a stern warning. What we are seeing now looks more and more like a dramatic resurgence of the threat from emerging and re-emerging infectious diseases. The world is not prepared to cope.

High-level assessments of the Ebola response have consistently called for more resilient health systems as a first line of defence. This is also the position taken at the G7 summit being held later this week in Japan.

I welcome the current joint external evaluations that are looking at preparedness and response capacities in several countries. The evaluations need to continue with the utmost urgency, as a tool under WHO authority and coordination.

WHO is the organization with universal legitimacy to implement the International Health

Regulations. The evaluations must be accompanied by well-resourced efforts to fill the gaps.

Given what we face right now, and the next surprises that are sure to come, the item on your agenda with the most sweeping consequences, for a danger that can quickly sweep around the world, is the one on the reform of WHO's work in health emergency management.

The Secretariat's report gives you an overview of the design, oversight, implementation plan, and financing requirements of the new health emergencies programme.

Setting this up marks a fundamental change for WHO, in which our traditional technical and normative functions are augmented by operational capacities needed to respond to outbreaks and humanitarian emergencies. Implementation of this change has moved forward quickly.

The programme's design is aligned with the principles of a single programme, with one clear line of authority, one workforce, one budget, one set of rules and processes, and one set of standard performance metrics.

In March, I established an Independent Oversight and Advisory Committee. This eight-member committee is monitoring the development and performance of the programme. The Committee will report its findings through the Executive Board to the Health Assembly.

I urge you to give this item the serious consideration it deserves. Anything short of full political and financial support for the programme will handicap the WHO response, right now and into the future.

Ladies and gentlemen,

Few health threats are local anymore. And few health threats can be managed by the health sector acting alone.

As the international community enters the era of sustainable development, the global health landscape is being shaped by three slow-motion disasters: a changing climate, the failure of more and more mainstay antimicrobials, and the rise of chronic noncommunicable diseases as the leading killers worldwide.

These are not natural disasters. They are man-made disasters created by policies that place economic interests above concerns about the well-being of human lives and the planet that sustains them.

This is the way the world works. The burning of fossil fuels powerseconomies.
Medicines for treating chronic conditions are more profitable than a short course of antibiotics.
Highly processed foods that are cheap, convenient, and tasty gain a bigger market share than fresh fruits and vegetables.

Unchecked, these slow-motion disasters will eventually reach a tipping point where the harm done is irreversible.

This is best documented by the 2^0 C limit for catastrophic climate change. For antimicrobial resistance, we are on the verge of a post-antibiotic era in which common infectious diseases will once again kill. If you want to know the future consequences of markets saturated with unhealthy foods and beverages, read the report of the Commission on Ending Childhood Obesity.

The 2030 agenda for sustainable development wants to make sure these and many other disasters are averted. The agenda aims to do nothing less than transform the way the world, and the international systems that govern it, work. Â

The goals and targets are broad, visionary, and supremely ambitious. They have been criticized by some as utopian, unaffordable, out of touch, and out of reach.

I disagree. The vision inspires optimism and hope, but it is also firmly anchored in the realities of a world that desperately needs to change.

The ambition of the agenda is to tackle the root causes of the world's many woes, from the degrading misery to poverty to the consequences of terrorism and violence, in an integrated and interactive way.

The agenda puts the people left behind first. We know what this implies.

R&D market failures punish the poor. User fees punish the poor. User fees discourage people from seeking care until a condition is severe and far more difficult and costly to manage. Diabetes is a prime example. User fees waste resources as well as lives.

The agenda is indeed broad, but so are the social, economic, and environmental determinants of health. The advantage of addressing these broad determinants is well-reflected in the operational framework for implementing the Global strategy for women's, children's and adolescents' health.

Health holds a prominent and central place that benefits the entire agenda. In the final analysis, the ultimate objective of all development activities, whether concerning the design of urban environments or the provision of modern energy to rural areas, is to sustain human lives in good health.

In an interactive agenda, the broad determinants of health, coupled with methodologies that let us track progress with confidence, make improvements in health a reliable marker of overall progress.

Member States have approved roadmaps of strategic actions for taking forward work on individual health targets. Nearly all these strategies and plans map out priority R&D innovations that will boost the prospects of reaching ambitious goals.

Innovations help, but ambitious goals are feasible and affordable only if we cut out waste and inefficiency.

We do so through integrated, people-centred care that spans the life course, from pre-conception through ageing, and brings prevention to the fore. The target for universal health coverage moves us in that direction.

UHC is the target that underpins all others. It is the ultimate expression of fairness that leaves no one behind. It also has the best chance of meetings people's expectations for comprehensive care that does not drive them below the poverty line.

And we have other resources to tap. The Women Deliver conference, held last week in Copenhagen, provides evidence of the energy unleashed when women are freed from the constraints of violence, discrimination, and unintended pregnancies.

It also falls to the health sector to show some principled ethical backbone in a world that, for all practical appearances, has lost its moral compass. We must express outrage at the recent bombings of hospitals and refugee camps in Syria and Yemen, the use of rape and starvation as weapons of war, and the killing of innocent civilians in the pursuit of terrorist goals.

Ladies and gentlemen,

We need to celebrate not only the wealth of achievements and lessons learned during the MDG era, but also every victory that permanently eliminates a health threat.

Earlier this month, WHO declared that India has eliminated yaws from its vast population. Last year, human cases of sleeping sickness reached the lowest level seen since data collection began 75 years ago. This year, only 2 cases of guinea worm disease have been detected, both in Chad.

After Cuba was validated as the first country in the world to eliminate mother-to-child transmission of HIV and syphilis, a second wave of countries will be considered by the global validation committee this week.

Polio eradication has never been so close to the finish line, with Africa now free of wild poliovirus for nearly two years.

During the short span of two weeks in April, 155 countries successfully switched from trivalent to bivalent oral polio vaccine, marking the largest coordinated vaccine withdrawal in history. This is another milestone towards a world permanently free of a crippling disease.

We have victories on other fronts. More countries are exercising their legal right to mandate plain packaging for tobacco products, with the UK being the latest. These are critical victories. No country can hope to bring down the burden of noncommunicable diseases in the absence of strong legislation for tobacco control.

World leaders are fully aware of the major challenges affecting health in general and this Organization in particular.

Many recent meetings have focused on the crisis caused by antimicrobial resistance. I thank Member States for taking this crisis so seriously, including the pressing need for incentives to get new products into the pipeline.

World leaders are concerned about the world drug problem and the need to broaden and balance the response by adopting a public health approach. They are concerned about a humanitarian system that is overwhelmed and badly needs reform.

They are concerned about the costs, to economies as well as to health, incurred by noncommunicable diseases. Thanks to last year's successful event in Paris, the world now has a climate treaty.

I thank Member States for recognizing the critical importance of strengthening health systems and embracing the vision of universal health coverage. You have approved many resolutions that contribute to this end.

You are also on the verge of delivering a solid framework for engagement with non-state actors that will mainstream a major area of reform.

This Health Assembly, with its record-breaking number of agenda items and participants, tells me how much you expect from WHO.

We have entered an ambitious new era for health development. We have a solid foundation of success to build on.

WHO, together with its multiple partners, is poised to save many more millions of lives. I ask you to remember this purpose as we go through an agenda that can mean so much for the future.

Thank you.