Madame President, Excellencies, honourable ministers, ambassadors, distinguished delegates, friends and colleagues, ladies and gentlemen,

I thank Member States for the trust shown when you appointed me as your Director-General more than ten years ago. I promised to work tirelessly, and have done so, but never got tired of the job, in the best and worst of times.

When I took office, I also promised that I would hold myself accountable for the Organization's performance. This month, I have issued a report tracking how public health evolved during the ten years of my administration.

The report sets out the facts and assesses the trends, but makes no effort to promote my administration. The report goes some way towards dispelling the frequent criticism that WHO has lost its relevance. The facts tell a different story.

The report covers setbacks as well as successes and some landmark events. Above all, it is a tribute to the power of partnerships and the capacity of public health to take solutions found for one problem and apply them to others.

As just one example, it took nearly a decade to get the prices for antiretroviral treatments for HIV down. In contrast, thanks to teamwork and collaboration, prices for the new drugs that cure hepatitis C plummeted within two years.

This is the culture of evidence-based learning that improves efficiency, gives health efforts their remarkable resilience, and keeps us irrepressibly optimistic.

We falter sometimes, but we never give up.

Excellencies, ladies, and gentlemen,

As I speak to you, the political and economic outlook is much less optimistic than it was when I took office in 2007.

That was before the 2008 financial crisis changed the economic outlook from prosperity to austerity almost overnight, with effects on economies and health budgets that are still being felt.

That was before acts of international terrorism and violent extremism became commonplace, before the word "mega-disaster" entered the humanitarian vocabulary, before seemingly endless armed conflicts caused the largest population displacements and flights of refugees seen since the end of World War II.

That was before the alarming frequency of attacks on health facilities and aid convoys made a mockery of international humanitarian law. We condemn all these attacks on health care facilities and workers. According to reports consolidated by WHO, more than 300 attacks on health care facilities occurred in 2016 in 20 countries, with the majority documented in the Syrian Arab Republic.

We are also seeing how a world full of threats can toss out deadly combinations, like the dual threats from drought and armed conflict that have brought famine to parts of Africa and the Middle East on a scale never experienced since the United Nations was founded in 1945.

The world was fortunate that the 2009 influenza pandemic was so mild. The world is fortunate that the new viruses that emerged to cause MERS in 2012 and human cases of H7N9 avian influenza in 2013 are not yet spreading easily from person to person. But they have the potential to do so and we dare not let down our guard.

The world was less fortunate with Zika, an outbreak that WHO continues to monitor closely. The world was not at all fortunate with the 2014 Ebola outbreak that utterly devastated the populations of Guinea, Liberia, and Sierra Leone. This was West Africa's first experience with Ebola, and the outbreak took everyone, including WHO, by surprise.

WHO was too slow to recognize that the virus, during its first appearance in West Africa, would behave very differently than during past outbreaks in central Africa, where the virus was rare but familiar and containment measures were well-rehearsed.

But WHO made quick course corrections, brought the three outbreaks under control, and gave the world its first Ebola vaccine that confers substantial protection. This happened on my watch, and I am personally accountable.

I saw it as my duty, as your Director-General, to do everything possible to ensure that a tragedy on this scale will not happen again. History will judge whether the new emergencies programme has given the world a stronger level of protection.

Ultimately, health systems with International Health Regulations core capacities must be strengthened in your countries to detect unexplained deaths much earlier. This is critical for improving global health security to protect our common vulnerability.

Last week, the Democratic Republic of Congo confirmed a new Ebola outbreak near the border with the Central African Republic. This is the country's eighth Ebola outbreak. In its last outbreak, which coincided with the West Africa outbreak, DRC interrupted transmission within six weeks. Despite enormous logistical challenges, discussions engaging DRC continue about possible use of the new vaccine to augment the response.

The Ebola outbreak in West Africa had a number of spillover effects which can be judged more immediately. During the outbreak, WHO acquired extensive experience in facilitating R&D for new medical products, but poor coordination lost too much time. To speed things up, WHO and its partners finalized an R&D blueprint in 2016.

By setting up collaborative models, standardized protocols for clinical trials, and pathways for accelerated regulatory approval in advance, the blueprint cut the time needed to develop and manufacture candidate products from years to months.

The expert consultations that designed the blueprint led to the establishment of the Coalition for Epidemic Preparedness Innovations, announced in January 2017 with initial funding of nearly $500 million.

The Coalition is building a new system to develop affordable vaccines for priority pathogens, identified by WHO, as a head-start for responding to the next inevitable outbreak.

The world is better prepared but not nearly well enough.

Excellencies, ladies, and gentlemen,

The relevance of WHO's work is demonstrated in many ways, some more visible than others.

The chronology of the HIV**,** tuberculosis, and malaria epidemics shows direct links between WHO changes in technical strategies and turning points in the disease situation.

WHO also made scientific breakthroughs more democratic by translating findings into a public health approach that works everywhere, even in extremely resource-constrained settings.

Relevance is readily apparent when WHO endorses a new medical product, and partners find ways to fund it, or issues a position paper on a new vaccine.
Many national immunization programmes will not introduce a new vaccine until WHO has issued its formal seal of approval. Such approval triggers actions by Gavi, the Vaccine Alliance, to scale up access dramatically.

The prequalification programme is now firmly established as a mechanism for ensuring that the quality, safety, and efficacy of low-cost generic products match those of originator products. For example, by the end of 2016, WHO had prequalified more than 250 finished pharmaceutical products for treating HIV-related conditions. This stretches the impact of funding agencies, like the Global Fund, in significant ways.

The relevance of WHO was most dramatically demonstrated during last month's global partners meeting on the neglected tropical diseases.

Participants assessed, and celebrated, ten years of record-breaking progress that promises to eliminate many of these ancient diseases in the very near future. This is one of the most effective global partnerships, also with industry, in the modern history of public health.

The fact that, in 2015, nearly one billion people received free treatments that protect them from diseases that blind, maim, deform, and debilitate has little impact on the world's geopolitical situation.

The people being protected are among the poorest in the world. But judging from the massive amount of media coverage, which included entry into the Guinness World Records for the most medication donated, this was a success story that the world was hungry to hear.

Less visible relevance comes from the way WHO has built a safety net that encircles the globe in the form of thousands of laboratories specialized in the surveillance and diagnosis of priority pathogens, hundreds of collaborating centres, and a vast network of scientific boards and strategic advisory groups. I thank the scientific institutions in your countries for contributing to the work of WHO.

No other health agency has this degree of technical expertise ready-to-hand.

Excellencies,

The resolutions you adopt also shape the health situation, especially by raising the profile of neglected problems. For example, the comprehensive mental health action plan, adopted in 2013, definitively took mental health out of the shadows and into the spotlight.

Likewise, beginning in 2010, viral hepatitis appeared as a stand-alone agenda item at three sessions of the World Health Assembly, contributing greatly to the international priority now given to this disease.

But the strongest call for action comes from high-level political commitment. This happened in 2011, when the United Nations General Assembly adopted a political declaration on noncommunicable diseases and again in 2016, when a political declaration gave full attention to antimicrobial resistance.

Both political declarations responded to a crisis in ways that triggered broad-based urgent action to find solutions.

Excellencies, ladies, and gentlemen,

I regard the 2010 World Health Report, on Health systems financing: the path to universal coverage, as the most influential publication issued during my administration.

It launched what is now a movement towards universal health coverage and inspired the 2012 UN General Assembly resolution that paved the way for inclusion of UHC in the Sustainable Development Goals. Our actions under the 2030 Agenda for Sustainable Development must be guided by the 5 Ps: people, planet, peace, prosperity, and partnership.

The recommendations that I most want to see implemented are those made by the Commission on Ending Childhood Obesity.

Childhood obesity is the most visible, and arguably the most tragic, expression of the forces that are driving the rise of NCDs. It is the warning signal that bad trouble, in the form of more heart disease, cancer, and diabetes, is on its way.

The initiatives we all most want to succeed are those for the eradication of polio and guinea worm disease. For both, the world has never been so close. We must keep up our efforts to make eradication a reality.

The trend that most profoundly reshaped the mind-set of public health was the rise of chronic noncommunicable diseases. This shift in the disease burden called for a move away from the biomedical model of health and its emphasis on curing diseases to a much broader approach based on prevention.

I regard Every Woman Every Child as the most game-changing strategy during my administration.

Its adoption by the UN in 2010 captured financial support in the billions of dollars and launched a number of initiatives aimed at implementing its recommendations. Maternal and child deaths dropped dramatically.

The related WHO Commission on information and accountability for women's and children's health added greatly to the culture of measurement and accountability. As set out in this year's World Health Statistics report, nearly half of all deaths worldwide now have a recorded cause of death. This is huge progress. I thank all countries that have made a special effort on this front.

The most contentious issue was access to medicines, especially when intellectual property and the patent system were perceived as barriers to both affordable prices and the development of new products for diseases of the poor.

The negotiations that led to the establishment of the Pandemic Influenza Preparedness Framework were tense, to say the least, but ultimately successful, as were those that led to the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.

Fortunately, several new initiative and public-private partnerships are contributing to both objectives. One example is the new Global antibiotic research and development partnership, launched last year by WHO and the Drugs for neglected diseases initiative (DNDi).

This is a needs-driven R&D initiative initially focused on the development of new antibiotics for treating sepsis and sexually transmitted infections, most notably gonorrhoea. The partnership aims to promote access and to ensure that prices are affordable.

Earlier this month, WHO announced the launch of a pilot project for prequalifying biosimilar medicines, a step towards making expensive cancer treatments more widely available.

WHO is also working with partners on a model for the fair pricing of pharmaceuticals. The rationale is obvious: universal health coverage depends on affordable medicines. No country on this planet can hope to treat its way out of all the diseases affecting their populations.

Excellencies, ladies, and gentlemen,

I will conclude with some brief advice that you may wish to consider as you continue to shape the future of this Organization.

WHO stands for fairness. Continue to make reductions in inequalities a guiding ethical principle.

What gets measured gets done. Continue to strengthen systems for civil registration and vital statistics and continue to make accountability frameworks an integral part of global health strategies.

Scientific evidence is the bedrock of policy. Protect it. No one knows whether evidence will retain its persuasive power in what many now describe as a post-truth world.

Vaccine refusals are at least one reason why the tremendous potential of vaccines is not yet fully realized. The current measles outbreaks in Europe and North America should never have happened.

Push for innovation. Meeting the ambitious health targets in the Sustainable Development Goals depends on innovation. Innovation that uses country experiences can be frugal and transformative. For example, the R&D partnership that gave Africa its meningitis A vaccine has transformed the lives of millions of people.

Safeguard WHO's integrity in all stakeholder engagements. The Framework for engagement with non-state actors is a prime instrument for doing so. Many other UN agencies are following WHO's lead with this framework.

While ministries of health are our principle partners, the multiple determinants of health demand engagement with non-health sectors, communities, and partners, businesses, and civil society organizations.

Listen to civil society. Civil society organizations are society's conscience. They are best placed to hold governments and businesses, like the tobacco, food, and alcohol industries, accountable. They are the ones who can give the people who suffer the most a face and a voice.

Above all, remember the people. Behind every number is a person who defines our common humanity and deserves our compassion, especially when suffering or premature death can be prevented.

Excellencies, ladies, and gentlemen,

This is the last time I will address the World Health Assembly. I thank Member States for the privilege and honour of serving this Organization. I have done so with humility, but also with great pride.

I thank my Regional Directors for their wise counsel and their support for WHO reform, and my

wonderful staff at headquarters, in the regional offices, and in countries, where the impact of our work matters most.

Last but not least, I thank my husband, David, and my family for love and support. David, thank you for listening.

Thank you.