Chair, Excellencies, distinguished members of the Executive Board, dear colleagues and friends,

First of all, I would like to say good morning and welcome once again.

Thank you for your moving tributes to our late friend and colleague, Dr Pete Salama, and for all those we have lost in the past year.

It's clear from what you have said that he enjoyed as much trust and respect from Member States as he did from his colleagues in the Secretariat. I shared my reflections on Pete at the PBAC – many of you were here, and I don't think it's necessary to repeat now, you have said it all, and I fully concur with all the things you said about Pete.

The expressions of sorrow over the past week – and of admiration for everything Pete did, and everything he was – say it all.

We miss Pete now, and we will always miss him.

The other thing I would like to share with you is the four deaths in Biakato, which I haven't said in my PBAC speech. They were killed in cold blood while saving lives. They were facing Ebola, and they were facing bullets – so bullets killed them.

Immediately after the attack I went to visit the wounded ones – there were seven seriously wounded colleagues too. The stories the wounded colleagues told me were horrifying. I just want you to imagine the conditions in which our colleagues are working, our responders are working – not just in WHO, but all organizations, be it UN, civil society, NGOs, but more importantly including the government, because it's strong government leadership which is helping us to get results. Many of the losses, by the way, are from government.

Working in those conditions, you know how difficult it is, and the stories are terrifying. But despite that, they went back again, because they said the death of their colleagues strengthens their resolve, and that they will go back to finish the job. That's why Ebola is almost zero, the last 16 days are almost done. We had one case again yesterday, but I hope we will finish it as soon as possible.

For the Ebola situation to be what it is now, we paid life, and we have to give them our due respect.

Thank you so much, Chair, for doing that.

Excellencies, dear colleagues and friends,

2019 was a year of unprecedented challenges, unprecedented achievements, and unprecedented transformation.

It was a very rewarding year, and a very tough year, as we pushed hard to finalize the design phase of transformation – which touched every corner of the organization – while fighting emergencies, launching new initiatives and striving towards the “triple billion” targets.

Allow me to summarize some of last year’s key achievements according to each of those targets.

First, 2019 was the year our new division of healthy populations was born, reflecting the new emphasis we are putting on health promotion and disease prevention, by addressing the root causes of ill-health.

We reached a historic agreement with the International Food and Beverage Association, which has committed to eliminate industrially-produced trans-fat from the global food supply by 2023.

Together with the Food and Agriculture Organization of the United Nations, we launched a new tool which allows countries to analyze the strengths and weaknesses of national food safety systems, and prioritize interventions.

We published new guidelines to help frontline health workers to recognize children who have suffered sexual abuse, and to provide evidence-based first line support.

We worked with civil society and other partners to improve road safety in Chile, Kazakhstan, Malaysia, Slovenia, Trinidad and Tobago and more.

We established a new department on the social determinants of health, and convened a meeting of international experts to identify ways to strengthen and deepen WHO’s work in this area over the next four years.

More than 80 cities in more than 50 countries have committed to WHO’s air quality guidelines.

And we began implementing the initiative on Climate Change and Health in Small Island Developing States, following its approval at the World Health Assembly.

Our vision is that by 2030, every island in the Pacific will have a health system that is resilient to climate change.

The urgency of this challenge was brought home to me during my trip to Tahiti, Tonga, Tuvalu and Fiji last year.

In Tonga, I planted a mangrove in an area which used to be a rugby field, where Tonga and Fiji played each other in 1924, but it’s now fully consumed by salt water. You can see the gravity of the problem. The minister was with me – and great hospitality when I visited Tonga and the other islands, Tahiti, Tuvalu and Fiji.

Now let me turn to progress on universal health coverage.

We saw many countries making progress – South Africa and the Philippines both passed new laws on UHC, while Greece, India and Kenya rolled out ambitious programmes to expand coverage.

Our Global Monitoring Report on UHC showed that while access to health services has expanded in all regions and across all income groups,
we're going backwards on financial protection.

In 2015, 930 million people spent 10% or more of their household consumption on health, and we know that number is growing every year.

This trend can be turned around.

The world spends almost 10% of global GDP on health. But we could and should be getting much better value for money.

Too many countries spend too much of their health budgets on managing disease, instead of promoting health and preventing disease, which is far more cost-effective.

That's why WHO is calling for all countries to increase public spending on primary health care by at least 1% of GDP, either through new investments, reallocation, or both.

As you have heard me say many times, health is a political choice. But it's a choice we see more and more countries making.

At the United Nations General Assembly last year, all 193 UN Member States approved the political declaration on universal health coverage, the most comprehensive international health agreement in history. Thank you to you all for fighting to have that historic resolution.

Then at the Inter-Parliamentary Union Congress in Belgrade, legislators adopted a resolution on universal health coverage, committing to leverage the power of parliaments to translate political commitment into policies.

The commitment of the MPs I met there was very, very strong, and we hope we will get all the support we need from the MPs – they're crucial and central in pushing the UHC agenda forward, [which is] also my experience as a former member of parliament.

And just as countries are coming together, so the international health community is also coming together to support them.

Together with 11 other global health agencies, WHO launched the Global Action Plan for Healthy Lives and Well-Being for All.

The 12 signatory agencies are now moving from commitment to action, laying the foundation

for the UN Decade of Action for the SDGs and beginning to demonstrate the path to results in countries, in four ways:

We're engaging countries to identify priorities – we're working with Mali, for example, as it strives to provide free access to 100% of its population through a package of essential services.

We're establishing joint working groups to accelerate our support for countries; for example, to mobilize more resources for health in Ghana, and to spend them better.

We're aligning our ways of working by institutionalizing the plan within the agencies and becoming a pathfinder for UN reform;

And we're developing a joint monitoring framework to keep account of progress, with the first joint progress report to be presented around the World Health Assembly in May 2020.

I would like to use this opportunity to thank Germany, Norway and Ghana for being the pathfinders for this, and for bringing the idea of the Global Action Plan, that culminates in the signing of the 12 agencies to work jointly.

In addition to these significant milestones, WHO also signed a Memorandum of Understanding with the African Union to develop the African Medicines Agency, and an agreement with France to establish the WHO Academy.

One of the most important issues for the realization of universal health coverage is improving the accessibility and affordability of medicines.

For the first time last year, WHO prequalified a biosimilar medicine – a cheaper version of the breast cancer drug trastuzumab, making this life-saving therapy more affordable for countries and more accessible for women who need it most. We expect to prequalify more and more of these very effective but very expensive medicines in the coming years.

We have started the first step; we will continue to invest in prequalifying biosimilar medicines. That will increase accessibility and affordability.

We also launched a pilot procedure for the prequalification of biosimilar human insulin, published a cancer medicines pricing report and held our second Fair Pricing forum.

You can imagine when we do the human insulin how it will benefit many of those who are using it regularly, in terms of affordability.

As you know, health workers are also vital to achieving universal health coverage, and especially nurses and midwives.

The Year of the Nurse and the Midwife gives us a wonderful opportunity to highlight the incredible role nurses and midwives play, and to draw attention to the shortfall of 9 million

nurses and midwives the world is facing between now and 2030.

We're calling on all countries to invest in nurses and midwives as part of their commitment to universal health coverage.

This year, WHO will also publish its first report on The State of the World's Nursing, to provide a "snapshot" of the global nursing workforce.

We hope that countries will use the data from this report to make evidence-based decisions on how and where to invest in the nursing and midwifery workforce.

I assure you, many countries have serious challenges in this area, and I hope the report will benefit them.

On noncommunicable diseases, there is plenty of good news.

Globally, the number of men using tobacco has finally started to decline.

At the same time, we have seen growing evidence about the threat posed by e-cigarettes. This is an increasing area of focus for WHO.

12 countries scaled up hypertension management using the WHO HEARTS technical package, and more than 700,000 people globally are now on protocol-based treatment. As a result, hypertension control has improved in all countries.

This is our priority because globally we have more than 1.2 billion people with hypertension, and only 200 million of them managing it, a billion – as Tom Frieden calls them – walking bombs. This is serious and it's why we have started to invest in this. It's not too late. Please give it attention.

With the International Telecommunications Union, we launched standards for safe listening, to reduce the risk of hearing loss among users of personal audio devices. These standards have already been integrated in the health application on iPhones.

We launched the Global Initiative for Childhood Cancer in six countries, and we have developed a draft strategy on eliminating cervical cancer, which you will consider at this Executive Board.

We also launched the WHO Special Initiative for Mental Health, with the aim of increasing access to quality and affordable care for mental health conditions to 100 million more people.

We have held a consultation with the first six countries: Bangladesh, Jordan, Paraguay, the Philippines, Ukraine and Zimbabwe. Thank you to Switzerland and the United States for their generous support for this programme.

We trained 6,000 heath workers in Ghana on mental health through the QualityRights e-training

platform;

And we issued new guidelines on reducing the risk of dementia.

The High-Level Commission on Noncommunicable Diseases has also been working on the second phase of its work, and I look forward to receiving its final report and recommendations.

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On infectious diseases, there is more good news.

By the end of 2019, 77 countries had national policies that support HIV self-testing, helping to reach people at higher risk from HIV, including those who are most marginalized and not accessing health services.

Egypt, which has one the world's highest burden of hepatitis C, is now on track to be one of the first countries to eliminate it.

Beginning with strong political commitment, Egypt has provided screening for 60 million people and treatment for 3.7 million, largely through primary health care, integrated with screening and care for noncommunicable diseases such as hypertension and diabetes, along with a national initiative on cervical and breast cancer. This is a truly stunning achievement, which could be a good lesson for other countries.

Australia, France, Georgia and Mongolia are also moving towards hepatitis C elimination, enabled by dramatic reductions in the price of direct-acting antivirals.

On malaria, the WHO Strategic Advisory Group on Malaria Eradication and the Lancet Commission on Malaria Eradication both published their reports on what we need to do to realize our shared vision of a malaria-free world.

Argentina and Algeria were certified as malaria-free.

And we launched a pilot program for the world's first malaria vaccine in three countries – Ghana, Malawi and Kenya.

Despite these gains, we continue to see more than 200 million cases of malaria annually. More than 400 000 people die each year from this preventable and treatable disease.

In recent years, progress in reducing new malaria infections has leveled off. Most worrying of all, malaria is on the rise across many high-burden countries in Africa.

In response, WHO and the RBM Partnership to End Malaria have launched "High burden to high impact." This is a targeted new approach to accelerate progress in the countries hit hardest by the disease – 11 countries that carry 70% of the malaria burden globally.

With WHO support, these countries are pioneering smarter use of their data, which when coupled with top-quality guidance from WHO, will lead to a more targeted malaria response.

On tuberculosis, 7 million people were diagnosed and treated for TB in 2018, up from 6.4 million in 2017. Our aim for this year is 8 million.

The WHO Multisectoral Accountability Framework for TB was launched and is already being adapted and implemented in countries.

WHO has also developed new policies and guidelines to ensure better outcomes for those affected, including strong recommendations for the first time for fully oral regimens for the treatment of multi-drug resistant TB.

On neglected tropical diseases, Yemen and Kiribati eliminated lymphatic filariasis, and Mexico eliminated rabies.

And for the first time, the number of human African sleeping sickness cases reported globally fell below 1000.

On antimicrobial resistance, 135 countries have now developed multisectoral AMR national action plans.

90 countries have enrolled in GLASS - the global surveillance platform that will provide the data for the newly-approved SDG indicator on AMR.

159 counties have provided data to track progress in the implementation of their AMR national action plans.

We have established a standing tripartite Joint Secretariat to consolidate cooperation between WHO, FAO and OIE. The Secretariat will facilitate the implementation of the recommendations of the UN Interagency Coordination Group, whose report was submitted to the Secretary General last April.

Thanks to the support from the Governments of the Netherlands and Sweden we have also launched the Multi-Partner Trust Fund on AMR, to catalyse action in countries.

One of the crucial barriers we are facing is the lack of new treatment options in the pipeline.

Just last month, WHO published a new report which shows that the 60 antimicrobials currently in development bring little benefit over existing treatments, and few target the most critical resistant bacteria.

To stimulate research and development into new and much-needed medicines, we are working with the European Investment Bank on a new investment fund, and we will have more news about that in the coming months.

At the same time, we're striving to protect the antibiotics we have by working with countries to strengthen infection prevention, stewardship, hygiene and water and sanitation.

WHO continues to prioritize the health of those who are most disadvantaged, including women, children and adolescents.

Last year we revised our recommendations for contraceptive use by women at high risk of HIV, and published new global estimates of maternal mortality.

We also launched Survive and Thrive, a new report drawing attention to the plight of vulnerable newborns, and identifying key interventions for transforming care for small and sick babies.

Let me now turn to emergencies.

As you know, it was an extremely busy year for WHO's Emergencies Programme.

During 2019, WHO responded to 58 emergencies in 50 countries. You only hear about a few of them.

We must be honest, it was a difficult year in our fight to eradicate polio.

There were 173 cases of wild poliovirus last year, the most since 2014, and many outbreaks of vaccine-derived poliovirus, mostly in Africa.

But there were also several reasons for cheer. We certified the global eradication of wild poliovirus type 3, and no wild poliovirus has been detected in the African region for over three years.

We also launched the new strategy for the Global Polio Eradication Initiative, with 2.6 billion U.S. dollars pledged by donors at the Reaching the Last Mile Forum in the UAE.

Despite last year's setback, I am confident that with a strong new strategy, backed by strong financial support and strong political commitment in Pakistan and Afghanistan, we are on the right track for realizing our vision of a polio-free world.

Last July, I declared the Ebola outbreak in the Democratic Republic of the Congo a public health emergency of international concern.

Since the outbreak began in August 2018, there have been 3421 cases and 2242 deaths.

But thanks to the incredible efforts of thousands of frontline responders, and the solidarity of the international community, and the leadership of the government above all, the outbreak has been steadily declining.

The rapid approval and prequalification of the Ebola vaccine after a trial involving 250,000

people, and the advent of experimental therapeutics, have also helped us to save lives.

This is an incredible public health triumph. Five years ago, we had no vaccine and no therapeutics for Ebola. Now we can say Ebola is preventable and treatable.

Last week there were just five new cases, the smallest number since the beginning of the response.

This is a very encouraging trend. But until we get to zero, there is always the risk that the outbreak could flare up again.

The insecurity of the region continues to pose a threat to our ability to extinguish the outbreak.

That is exactly what happened in November, when several security incidents undermined the progress we had made – the horror story I told you.

And just in the last few days, more civilians were killed by armed rebels in the Beni region – that was on Thursday.

WHO currently has about 630 staff in DRC to support the Ebola response, and we will continue to work with full determination until we can celebrate the end of this outbreak.

But even as we focus on ending this outbreak, we must also think beyond Ebola to strengthening DRC's weak health system.

We've already prepared a road map with the government and are planning a meeting later this month with the President and senior ministers to identify how WHO and others can support the DRC in this process.

Strengthening health systems in fragile and conflict-afflicted states is something we must prioritize if we are to achieve our 2030 goals.

As you know, last week I declared another public health emergency of international concern – this time over the outbreak of novel coronavirus.

As of this morning, there are 17,238 confirmed cases in China, and 361 deaths.

Outside China, there are 151 confirmed cases in 23 countries, and one death, which was reported from the Philippines yesterday.

During my visit to Beijing last week, I was so impressed in my meeting with President Xi at his detailed knowledge of the outbreak, and for his personal leadership, but also at his commitment from the words he told me, which I will share with you: "We will take serious measures at the epicenter, at the source, in order to protect our people, and also to prevent the spread of the virus to other countries. We have the obligation to do that, and that's what we will do."

That's exactly the strategy we discussed with him.

If we invest in fighting at the epicenter, at the source, then the spread to other countries is minimal and also slow. If it's minimal and slow, what is going outside can also be controlled easily. So the number of cases we have now, 151, it's actually small, and it's coming only slow.

So it can be managed – when I say this, don't make a mistake, it can get even worse. But if we give it our best, the outcome could be even better.

Because of this strategy, if it weren't for China's efforts, the number of cases outside China would have been very much higher. And it could still be, but we have the opportunity now to work aggressively to prevent that from happening.

The decision to declare a PHEIC was taken primarily because of the signs of human-to-human transmission outside China, and our concern of what might happen if the virus were to spread in a country with a weaker health system.

WHO has made several recommendations for all countries to prevent and limit the further spread of the virus.

First, there is no reason for measures that unnecessarily interfere with international travel and trade.

We call on all countries to implement decisions that are evidence-based and consistent. WHO stands ready to provide advice to any country that is considering which measures to take.

Second, we must support countries with weaker health systems.

Third, accelerate the development of vaccines, therapeutics and diagnostics.

Our global connectedness is a weakness in this outbreak, but it is also our greatest strength. We need strong public-private partnership to find solutions.

Fourth, combat the spread of rumours and misinformation.

To that end, we have worked with Google to make sure people searching for information about coronavirus see WHO information at the top of their search results. Social media platforms including Twitter, Facebook, Tencent and Tiktok have also taken steps to limit the spread of misinformation.

Fifth, review preparedness plans, identify gaps and evaluate the resources needed to identify, isolate and care for cases, and prevent transmission.

Sixth, we call on all countries to share data, sequences, knowledge and experience with WHO and the world.

And seventh, the only way we will defeat this outbreak is for all countries to work together in a spirit of solidarity and cooperation. We are all in this together, and we can only stop it together.

The rule of the game is solidarity, solidarity, solidarity. But we see this missing in many corners, and that has to be addressed.

I am taking advice from a wide range of experts in this field, as a complement to the Emergency Committee, to ensure we understand the evolution of the outbreak and respond accordingly.

Both the coronavirus and Ebola outbreaks underscore once again the vital importance for all countries to invest in preparedness, not panic.

So far, more than 1 billion U.S. dollars has been spent trying to stop the Ebola outbreak in DRC. By comparison, just 18 million dollars was spent on preparedness in Uganda. But when Ebola did cross the border, they were ready, and stopped it.

This must be a lesson for the rest of the world.

Last year the Global Preparedness Monitoring Board published its first report, which concluded the world remains dangerously unprepared for a global pandemic.

For too long, the world has operated on a cycle of panic and neglect. We throw money at an outbreak, and when it's over, we forget about it and do nothing to prevent the next one.

Even in the context of the current Ebola outbreak, although we now have sufficient funding for the response, funding for preparedness in surrounding countries has remained grossly inadequate throughout the outbreak.

This is dangerously short-sighted, and frankly difficult to understand. If we fail to prepare, we are preparing to fail.

That's exactly why WHO has established a new division of Emergency Preparedness.

In March, we will bring together ministers of health, finance and foreign affairs at the Marrakech Meeting on Health Diplomacy, to discuss what can be done to improve preparedness globally.

Both Ebola and coronavirus also illustrate that the current binary PHEIC-or-no-PHEIC system is too blunt an instrument for dealing with complex emergencies. We have a green light, a red light, and nothing in between. We need a yellow light, maybe other mechanisms, but the yes-no binary is not really suitable for emergencies.

It's too restrictive, too simplistic, and not fit for purpose. We need to improve it.

We are therefore exploring options for tools that would allow us to signal an intermediate level

of alert, without reopening negotiations on the text of the International Health Regulations. And we will seek your support.

As you can see, 2019 was an extremely challenging yet productive year.

2020 promises to be no different.

To maximize the opportunities and rise to the challenges before us, the world needs a WHO that is agile, responsive and fit for purpose.

And in our era of fake news and misinformation, more than ever the world needs a WHO that brings reliable science and evidence to bear on the decisions we make about health.

For each of the “triple billion” targets, we need to invest in WHO’s core business, norms and standards.

Our new Science Division at headquarters reflects our commitment to being at the forefront of science, and to producing the world-class and evidence-based norms and standards the world expects of us.

In the past year, this new division has convened expert advisory committees on human genome editing and digital health.

As part of our new process for assuring the quality, timeliness and impact of norms and standards, we’ve created a new quality assurance department, to standardize and optimize the planning, methods, design and dissemination of 180 normative products.

To keep us accountable for delivering the GPW, we are also creating a new delivery unit, which will track progress towards the “triple billion” targets. That will help us to be accountable to you.

As I said at the Member State briefing last week, transformation is a journey.

We have come to the end of one part of that journey – the design period.

But we have not come to the end of the road. The road ahead is now to focus on implementation, and on delivering results in countries.

As you know, transformation involves 5 major areas of work:

A new strategy;

New processes;

A new operating model;

A new approach to partnerships;

And a new culture.

In addition, there are two cross-cutting areas of work that enable the other five: sustainable financing and a fit-for-purpose workforce – capacity building.

As Member States, you have been closely involved in shaping the first major area of work – our new strategy – which is the foundation for everything else.

You have also shaped the Programme Budget and the Results Framework that are fundamental to its delivery.

This is the first GPW in the history of WHO that is impact and outcome-based.

The other areas of work flow from the strategy and reflect the internal work we need to do as the Secretariat to deliver your priorities.

Our new planning process is a perfect example.

This new process has resulted in the development of WHO's first set of country support plans and our first list of Global Public Health Goods. This is a set of more than 300 technical products – distilled from more than 1000 proposals – that WHO will produce this year and next, based on what countries told us they needed.

We're already rolling out our new resource mobilization process, building on the launch of WHO's first investment case, our first Partner's Forum in Sweden, and our new resource mobilization strategy. You have often called on us to diversify our funding base, and we are working hard to do that.

Many other processes are now being rolled out, including for performance management, norms and standards, communications, data, research and more.

Our new operating model took full effect as of the first of January this year. It brings new clarity to the roles of each level of the organization, new alignment in our structures, and new ways of working to help us operate as one WHO.

We've also introduced cross-cutting teams to break down silos and foster integrated delivery of results in key areas like primary health care and antimicrobial resistance.

We've strengthened in the areas you asked us to strengthen – in data, emergency preparedness, norms and standards and science.

Our regions have also announced new structures that reflect the four pillars of the operating model. Deep functional reviews have been conducted in 81 countries across four regions.

Last year we made real progress on implementing our new approach to partnerships.

First, we strengthened our relationship with traditional partners through the Global Action Plan for Healthy Lives and Well-Being for All, and our engagement with civil society.

Second, we brought a new approach to building high-level political commitment at international and national levels – for example through the UN General Assembly and the G20 & G7.

And third, we embarked on innovative partnerships that can help us reach groups we haven't reached before, for example with FIFA and GoogleFit.

We're also working with Facebook and Pinterest to ensure their billions of users get reliable information about vaccines and other health issues.

And finally, we launched our new Values Charter, which defines five values that underpin and guide our day-to-day work:

Trust;

Professionalism;

Integrity;

Collaboration;

And care.

We're now working to embed these values into everything we do.

As Member States, you will continue to be involved intimately in transformation by keeping us accountable for the results we deliver.

Thank you for your hard work on the Results Framework. The balanced scorecard is ground-breaking within the United Nations system.

We've asked a lot of you, but that's because we're asking a lot of ourselves.

We're holding ourselves to high standards trying to do things that have never been done before at WHO.

We're committed to continued transparency and continued accountability as the Regional Directors and I work together to realize the bold ambition of the "triple billion" targets.

Excellencies, dear colleagues and friends,

You have a full agenda this week, so it's time for me to stop and let you get on with your work.

I look forward to answering your questions.

All of the issues you are considering will contribute to our pursuit together of the “triple billion” targets and the Sustainable Development Goals.

I wish to thank all Member States – and all our other partners – for your support for WHO, as we work together to promote health, keep the world safe, and serve the vulnerable.

The most important thing, especially at this difficult time is solidarity, solidarity, solidarity.

Thank you. Merci beaucoup. Shukraan jazeelan. Xie xie. Muchas gracias. Spasiba. Arigato.