Mr Chairman, distinguished members of the Executive Board, ladies and gentlemen,

Welcome to this special session of the Executive Board devoted to WHO reform. The next three days are an unprecedented opportunity for you, the Member States, to shape the future of WHO and, implicitly, our ability to improve health and reduce some of the misery in this complex, interdependent world.

But with this opportunity comes a heavy weight of responsibility on the shoulders of each and every one of us, as Member States and the Secretariat.

From the outset, you wanted WHO reforms to be fully inclusive and fully driven by Member States. As set out in the document on WHO reforms for a healthy future, we need your guidance. We need your views on suggested options and your creative thinking about possibly better options.

Where the reform process has advanced furthest, we need your decisions, right now, on concrete proposals and actions.

For several reasons, I believe we are embarking on reform from a position of multiple strengths, and I personally believe we should be careful not to compromise these strengths.

First, as I have been told repeatedly by ministers of health, as I have seen with my own eyes, WHO has staying power. The developing world is littered with the debris of short-lived projects. But not from this Organization, not from your WHO.

Second, WHO has respect. Our name carries clout. The world's top scientific, medical and health experts give us their time and their wisdom with pride.

The WHO logo on a technical document is a stamp of trustworthy authority. If we publish a treatment guideline, countries can introduce this guidance with confidence.

If we prequalify a manufacturer or a national regulatory authority, their medical products can be procured with confidence.

Third, we fight for prevention, and this includes population-wide prevention, and we fight for equity, across the board, because this is the right thing to do.

Prevention is the heart of public health. But equity is its soul.

In the interest of safeguarding public health, we are not afraid to speak out against entities that are far richer, more powerful, and better connected politically than health will ever be. In addition, we need to maintain vigilance against any real or perceived conflicts of interest.

We will speak out to make sure that developing countries, and health, get a square deal in international negotiations.

Finally, our functions, taken in their entirety, are genuinely unique. The world needs a global health guardian, a custodian of values, a protector and defender of health, including the right to health.

This function has become all the more vital at a time when the differences, within and between countries, in life expectancy, in access to care, and in health outcomes are greater now than at any time in recent history.

Ladies and gentlemen,

Much is expected of you, and much hangs in the balance.

The economic downturn has deepened, and this has added urgency to the reform process.

But let me assure you. The need for fundamental programmatic, governance, and managerial reforms dates back well before 2010 when the world was reeling under the effects of devastating fuel, food, and financial crises.

These crises are still very much with us. We must do our job with our eyes and minds wide open to the reality of a new era of financial austerity. As we have seen in just the very recent past, this is a world beset by one global crisis after another, where the health of millions of people hangs in the balance.

Money is tight. Countries and development partners want value for money. They want results that they can measure, and show to taxpayers and parliamentarians. And they want a quick return on their investments. This is the second reality we must face.

Our job as public health officials is to demonstrate a thirst for efficiency and an intolerance of waste. Many of the proposed reforms are driven by this keen desire for efficiency and for measurable results, especially at the country level.

As set out in the document, some radically different ways of interlinking responsibilities at headquarters, regional, and country levels share the same objective: a measurable impact on health outcomes in countries, whether through direct technical assistance, the alignment of partners behind clear national priorities and plans, or the development of norms, standards and treatment guidelines.

We must become a more integrated, networked organization.

At WHO, we learned how rigid and unresponsive our management systems have become. This has to change. This Organization needs to sail, streamlined, swift on course, and quick to shift as new threats to health emerge.

Ladies and gentlemen,

Some of you wanted to move very quickly. Others advised caution. Given the diversity of reforms being proposed, I believe both views are entirely appropriate.

But all of you insisted on an inclusive process driven by Member States. Let me briefly review that process.

At the January 2010 consultation on financing, we were looking at ways to match expectations for WHO's contribution to health with the resources needed to realize these expectations.

What began as a debate largely about money evolved into a much more profound discussion about the areas and priorities where WHO is best equipped to have an impact.

The discussion further expanded to consider the specific changes needed to create a more flexible and responsive WHO in a world of rapidly changing and extremely complex threats to health.

You expressed concern about how WHO positions itself in a landscape crowded with global health initiatives. You wanted to see WHO in a better position to measure and show results and do a better job of communicating the nature and impact of its work.

Given the nature of our work, you saw this as far more difficult than communicating the impact of single-disease initiatives that can readily measure the quantities of vaccines, medicines, or bednets delivered, and the number of lives saved.

Above all, you wanted WHO to retain its leadership role in global health, and you wanted concrete proposals for management systems that support enhanced performance, especially at the country level.

This past May, I presented to the World Health Assembly an analysis of global health challenges and opportunities, and set out the rationale and main elements of reform.

At the subsequent meeting of the Board, you asked us to circulate three concept papers, on governance, on independent evaluation, and on the proposed World Health Forum.

These three papers were discussed among Member States here in Geneva and, as requested, at each of the six Regional Committees.

We also circulated an overview paper. In September, we put out a more detailed set of proposals specifically focused on managerial reform. You asked for more detail, and we responded.

The document you received in mid-October brings all of the elements of the reform programme together again. It reflects all the inputs we have received on the three concept papers and on the first draft of the managerial reforms.

As I mentioned, some reforms can move forward quickly. Others need to be considered with great care.

For example, in the section on governance, the document presents options that may need further discussion and further elaboration.

The section on managerial reforms has progressed more rapidly and is at the stage of making

specific proposals for your consideration and agreement.

We have solicited your views and listened carefully. You made it very clear that the issue of independent evaluation needs more discussion.

The proposal for a World Health Forum received little support. Therefore we will not pursue this any further.

Ladies and gentlemen,

As I said, much hangs in the balance. And let me repeat my conviction that the reform process starts from a position of multiple strengths and extensive experience, expertise, authority, and that famous staying power.

At a time of global turmoil, we need to remember the people, the people who depend on WHO as a route to better, and more equitable health.

We need to remember the importance of continuity as public health struggles to maintain its striking recent progress in a world increasingly beset by crises, turmoil, civil unrest, and growing demands for greater equality, also in access to health care.

On top of enduring fuel, food, and financial crises, the challenges of climate change, conflicts, emerging and epidemic-prone diseases, ageing populations, bulging cities, noncommunicable diseases, mental disorders, disabilities, and rapidly rising health care costs will certainly aggravate inequities in both health determinants and outcomes within and between countries.

The case for reform is clear. The world needs a strong WHO to lead global efforts to improve health.

The world needs a WHO that has a broad and wise vision, is quick to act, and never afraid to act in the interests of public health. That is part of safeguarding and protecting health. And that requires a WHO that is effective, efficient, transparent, and accountable.

Stronger leadership from WHO will promote greater coherence in the actions of multiple health partners to maximize their impact.

Stronger leadership will align these actions with priorities and capacities in recipient countries in ways that build self-reliance, and add value to investments in health.

As I said, the case for reform is clear. We are looking at reforms for a healthy future.

This is a future where the gaps in health outcomes have narrowed and access to universal health care has expanded.

This is a future where many more developing countries have the resilient health systems, based on primary health care, needed to address the MDGs, prevent noncommunicable diseases, and cope with disease outbreaks, natural disasters, and the health hazards of a changing climate.

I am grateful to all of you, and my dedicated staff, as we collaborate to reform this Organization, to ensure its unique and vital role in making this picture of the future a workable and noble reality.

Thank you.