Mister President, Excellencies, honourable ministers, ambassadors, distinguished delegates, ladies and gentlemen,

This is a time of transitions and transformations.

WHO is currently responding to the devastating earthquakes in Nepal, where we are coordinating the work of more than 150 humanitarian organizations and 130 self-sufficient foreign medical teams.

But out biggest emergency response is concentrated in West Africa, where we currently have about 1,000 staff on the ground. In late 2013, the Ebola virus expanded its geographical range, utterly devastating the populations and economies of Guinea, Liberia, and Sierra Leone.

The world was ill-prepared to respond to an outbreak that was so widespread, so severe, so sustained, and so complex. WHO was overwhelmed, as were all other responders. The demands on WHO were more than ten times greater than ever experienced in the almost 70-year history of this Organization.

With support from many partners and numerous Member States, the three countries have made tremendous progress in recent months. On 9 May, WHO declared an end to the Ebola outbreak in Liberia. I want to commend President Ellen Johnson Sirleaf for her outstanding leadership throughout this crisis.

WHO staff will remain in the three countries until the job, including the recovery of essential health services, is done.

The Ebola outbreak has pushed the process of WHO reform into high gear, giving top priority to changes in WHO emergency operations.

I have made some decisions. These decisions were guided by the resolution adopted by the January Special Session of the Executive Board on Ebola, and by the first report of the Ebola interim assessment panel.

I have heard what the world expects from WHO. I have heard calls for clear lines of command and control, for streamlined administrative procedures that support speedy action, for effective coordination with others, and for stronger community engagement and better communications.

Concerning command and control, I have an excellent cabinet in my six Regional Directors. They advise. I listen. I decide.

As Director-General of WHO, I am committed to building an Organization with the culture, systems, and resources to lead the response to outbreaks and other health emergencies. The

Organization you want. The Organization the world needs.

I am making some fundamental changes to enable WHO to do this job well. I am creating a single new programme for health emergencies, uniting all our outbreak and emergency resources across the three levels of the Organization.

The new programme is designed for speed, flexibility, and rapid impact. It reports directly to me, and I am accountable to you. The programme will have performance benchmarks showing what must happen within 24, 48, and 72 hours, not months.

Strengthening national response capacity is a major aim of this initiative. Partnerships with key UN agencies and other international responders is a core feature. These include the Office for the Coordination of Humanitarian Affairs, UNICEF, the World Food Programme, the International Federation of Red Cross and Red Crescent Societies, and Doctors without Borders, or MSF.

As requested in the January resolution, I have developed plans for a global health emergency workforce drawn from the Global Outbreak Alert and Response Network, the Global Health Cluster, foreign medical teams, and others. Their work will be coordinated by the new programme.

Many governments have established rapid response teams that can be deployed quickly to respond to national or international crises. I am grateful for their offers of support to WHO. We are making good use of this support in our response to the earthquakes in Nepal.

I am strengthening the skills base of my emergency staff, adding logisticians, medical anthropologists, and experts in risk communication. This additional capacity is reflected in the increase I have proposed in the programme budget 2016–2017.

The programme will have a roster of experienced and competent emergency coordinators from across the entire Organization who can be deployed quickly to lead field operations.

The programme will have its own business rules and operational platforms. I am developing streamlined administrative and managerial procedures, including procedures for logistics, procurement, and staff recruitment.

With the support of Member States, I am establishing a $100 million contingency fund, financed by flexible voluntary contributions, to ensure we have the necessary resources available to immediately mount an initial response.

In summary, I am making the following five changes:

I am creating a unified WHO programme for health emergencies, accountable to me.

I am establishing clear performance metrics for the programme, built on partnerships with other responders.

I am establishing a global health emergency workforce, and I am strengthening our core and surge capacity of trained emergency response staff.

I am developing new business processes to facilitate a rapid and effective response.

And I have proposed options for a new $100 million contingency fund.

I do not ever again want to see this Organization faced with a situation it is not prepared, staffed, funded, or administratively set up to manage.

We will move forward on an urgent footing. I plan to complete these changes by the end of the year.

Ladies and gentlemen,

Countries need well-functioning health systems that can withstand shocks, whether these are caused by a changing climate, a runaway virus, or an overload of patients with noncommunicable diseases.

As a defence against the infectious disease threat, countries also need the core capacities required to implement the International Health Regulations. Doing so is critical to the global health security agenda.

The IHR are not performing with the effectiveness envisioned for this legal instrument that aids preparedness and promotes an orderly rules-based response. Changes are needed here as well. As many of you have noted, self-assessment of core capacities to implement the IHR is not enough. Independent peer-review is needed to ensure that these capacities meet international standards.

Many appreciated the way WHO moved to unite scientists, the R&D community, and the pharmaceutical industry to develop vaccines, medicines, therapies, and rapid diagnostic tests with record-breaking speed.

Concerning new medical products, a high-level Ebola R&D forum was held last week. That meeting translated experiences with Ebola into a new model for the accelerated development, testing, and approval of medical products during emergencies caused by any emerging or re-emerging infectious disease.

This is a ground-breaking achievement. Ebola is not the only epidemic-prone disease that has no vaccines or treatment. Nor has the world seen its last new human pathogen.

Ladies and gentlemen,

This is a year of transition.

The world has changed dramatically since the start of this century, when the Millennium

Development Goals were put forward as the overarching framework for development cooperation.

World leaders at the Millennium Summit sought to create what they called "a more peaceful, prosperous, and just world". That did not happen as planned.

Terrorist attacks that deliberately targeted civilians became more deadly, daring, and common. Armed conflicts emerged to become the largest and longest experienced since the end of the second World War.

The phrase "mega-disaster" entered the humanitarian vocabulary following record-breaking earthquakes, tsunamis, tropical cyclones, droughts, and floods.

Warnings about the consequences of climate change got louder.

Food and fuel crises that spread internationally revealed the costs of living in a world of radically increased interdependence. A financial crisis rocked the global economy, moving the outlook from prosperity to austerity virtually overnight.

The consequences of these crises proved highly contagious and profoundly unfair, hurting countries that had nothing to do with the causes.

The world population got bigger, more urban, and a lot older, adding dementia to the list of top priorities.

It also got richer. Countries like China and India lifted millions of their citizens out of poverty. In many other countries, the benefits of growing wealth went to the privileged few.

The number of rich countries full of poor people grew. The demography of poverty changed. Today, 70% of the world's poor live in middle-income countries.

Unfairness and social injustice were documented in statistics showing the number of forced teenage marriages, the births that never got registered, the estimated 212 million children who are stunted or wasted, and the millions of people driven below the poverty line by the costs of health care they could not live without.

Hunger persisted, but the world as a whole got fat.

The globalized marketing of unhealthy products opened wide the entry point for the rise of lifestyle-related diseases. Noncommunicable diseases overtook infectious diseases as the principal driver of global mortality, changing the very foundations of how public health operates.

This is a unique time in history where economic progress is actually increasing threats to health instead of reducing them.

Social media rose as a new voice with considerable force, yet few safeguards governing the accuracy of its content. Rumours got propagated as facts, undermining public compliance with health policies, like childhood immunization, rooted in impeccable science.

The proliferation of front groups and lobbies, protecting commodities that harm health or the environment, created arguments that further muddled public thinking and challenged the authority of scientific evidence.

As the century progressed, more and more first- and second-line antimicrobials failed. The pipeline of replacement products ran dry, raising the spectre of a post-antibiotic era in which common infections will once again kill. A draft global action plan on antimicrobial resistance is on your agenda. I urge you to adopt it.

Three new human pathogens emerged: SARS, H7N9 avian influenza, and the MERS coronavirus. The threat from H5N1 avian influenza persisted. In December 2013, the Ebola virus began to spread, unsuspected and undetected for three months.

Right now, Niger is experiencing a very large meningitis outbreak, with nearly 6,000 cases and more than 400 deaths. We are running out of vaccines.

In just the past three years, the diversity and geographical distribution of influenza viruses circulating in wild and domestic birds reached levels never seen since the advent of modern tools for virus detection and characterization. The situation is now unprecedented. The world needs to be on high alert.

All of these transitions, shifts, shocks, and challenges shape the context in which health and development operate.

We must never forget: all these new threats in our increasingly dangerous world affect people, their health, their livelihoods, their lives. Whatever we do, we must always remember the people.

I extend my deepest condolences to the families of the many who have died in recent natural disasters and conflicts, outbreaks, large and small, and from NCDs detected and treated too late.

Ladies and gentlemen,

As the world transitions to the post-2015 era, three high-level meetings over the coming months are expected to guide the future of development.

In July, an international conference on Financing for Development will be held in Addis Ababa, Ethiopia. In September, a summit at the United Nations in New York will finalize the post-2015 development agenda. In December, Paris will host the 21st Conference of the Parties of the UN Framework Convention on Climate Change.

The July event will explore the financing needed to implement both the post-2015 development agenda and the anticipated climate accord. The outcome is expected to change existing patterns of financing, drawing on broader and more diverse funding sources.

This is a fundamental reshaping of the financing landscape. The SDGs are ambitious. Financing plans must likewise be ambitious, but credible.

The post-2015 development agenda, which will be finalized in September, is the product of the largest consultative process in the history of the UN.

The proposed agenda for sustainable development currently has 17 goals and 169 targets. Health forms the focus of goal three. The health-related MDGs are part of that goal. New and most welcome targets are set for NCDs and injuries, and for universal health coverage.

Health is regarded as a desirable outcome in its own right, an input to other goals, and a reliable measure of how well sustainable development is progressing. Its place on the agenda is solid. I encourage you to make sure it stays that way, strong and bold.

Eight other goals are explicitly related to health as they address its root causes and social determinants.

The inclusion of NCDs gives the health goal relevance to rich and poor countries alike. The inclusion of universal health coverage expresses the very spirit of the new agenda, with its emphasis on equity and social inclusion that leaves no one behind.

UHC serves the health goal well as a unifying concept, a platform for the integrated delivery of health services, and one of the most powerful social equalizers among all policy options.

France will be hosting and presiding over the December conference on climate change. It is reassuring to see how seriously France has taken on these responsibilities.

It is reassuring to see that human beings are now recognized as the most important species threatened by climate change. Human health has been side-lined in climate talks far too long. New WHO estimates of deaths associated with air pollution and last year’s conference on health and climate helped drive this point home. We are beginning to see a lot more attention to healh in talks about the consequences of climate change

The event in Paris is regarded by many as the last chance to avert the most catastrophic consequences of climate change. As UN Secretary-General Ban Ki-moon has noted, there is no Plan B. There is no Planet B.

The emerging agenda has been further shaped by last year’s international conference on nutrition, which addressed the health consequences of both undernutrition and over-nutrition. That conference also underscored the impact of climate change on food security and nutrition.

Ladies and gentlemen,

Will the new agenda that is now emerging take us closer to that “more peaceful, prosperous and just world” envisioned 15 years ago?

We have good reason to expect great things from public health, with the value it places on equity and the contribution it makes to social stability and cohesion. We have good reason to be ambitious. The health sector enters the new development era with a number of distinct advantages.

Progress in health is readily and reliably measured. In fact, health measures are among the best measures of progress in the overall SDG agenda.

In June, WHO and the World Bank will jointly issue the first global monitoring report on universal health coverage. The report shows that UHC is quantifiable, and that progress towards its key objectives, namely coverage with health services and financial protection, can be measured and tracked over time.

We have much to build on. The MDG era left a legacy of innovative mechanisms and collaborations, like GAVI, the Global Fund, and a host of global health initiatives. It created a new breed of public-private partnerships for developing affordable new products for diseases of the poor. It introduced frameworks for accountability and new mechanisms for the independent monitoring of results. We have seen this very clearly in the Every Woman, Every Child initiative and many others.

Success is another advantage. Recent experience tells us this: if the world really wants to improve health, it can do so, no matter what the odds.

Maternal and childhood deaths are falling faster than ever before, with some of the fastest drops recorded in sub-Saharan Africa. In 2013, 17,000 fewer children died each day than in 1990.

AIDS reached a tipping point last year, when the number of people newly receiving antiretroviral therapy surpassed the number of new infections. Keep in mind: at the start of this century, many experts predicted that AIDS would depopulate the African region, raising the prospect of state failure in the hardest-hit places. This did not happen. Leaders in Africa have shown the way.

For malaria, a major expansion of WHO-recommended interventions contributed to a 47% reduction in mortality between 2000 and 2013. An estimated 4.3 million deaths were averted.

Over that same period, an estimated 37 million lives were saved by effective diagnosis and treatment of tuberculosis.

Since 2006, more than 5 billion anti-parasitic treatments have been delivered to combat the neglected tropical diseases. More than 800 million people received these treatments in 2012 alone.
These are diseases that anchor more than one billion, women, children, and men in dire

poverty. We are defeating these ancient companions of the poor, paving the way for a mass exodus from poverty.

In other developments, we are now closer than ever to polio eradication. The situation in Nigeria looks extremely encouraging, with no cases reported for the past nine months. Afghanistan and Pakistan have both made great strides despite severe challenges. This is one initiative that must not fail.

The march to eradicate guinea worm disease has passed another milestone. Ghana, which once had 180,000 cases, was certified free of this disease in January.

I thank Member States for recently approving so many far-sighted global strategies and action plans. Experience tells us that their highly ambitious goals and targets, unthinkable at the start of this century, are feasible. Achieving them will unquestionably contribute to the vision of a better world.

Goals and targets really do make a difference. At the end of April, the Region of the Americas became the first in the world to interrupt rubella transmission, eliminating this disease and the related congenital rubella syndrome. Doing so meets a target set out in the Global Vaccine Action Plan.

Lessons from recent experiences are another advantage. Here are some. Commitment and ownership at the highest level of government are the first prerequisite for success. The engagement of women is the second.

Countries want capacity, not charity. Effective aid is channelled through existing health systems and infrastructures, not around them. Doing so builds self-reliance. Self-reliance is the best exit strategy for development assistance.

No global health initiative, no matter how large or rich, can achieve lasting improvements in the absence of a well-functioning health system. The world’s defence against the infectious disease threat will be secure only when more countries include disease surveillance, laboratory, and response capacities as an integral part of their health systems.

Disease surveillance is further needed to detect NCDs early, when patient management has the best chance of success at the lowest cost.
Accountability means counting. Strong information systems must be in place.

Ladies and gentlemen,

The threats to health have multiplied, but so has our capacity to respond. For some reason, health brings out the very best in human creativity and determination.

We enter the post-2015 era blessed with a host of new initiatives, instruments, interventions, including new vaccines, and precise strategies with time-bound goals. The momentum behind the MDGs will continue. WHO has mature programmes, with strong track records of success,

to guide this work.

Above all, our work is driven by a fierce commitment to equity, social justice, and the right to health. As the number of countries aiming for universal health coverage grows, we are in a position to change the mindset that poor people living in poor places will inevitably have poor health care. This is no longer true.

The Ebola outbreak shook this Organization to its core. As noted in the interim assessment report, this was a defining moment for the work of WHO and an historic political moment for world leaders to give WHO new relevance and empower it to lead in global health.

I urge you to make this happen. I will do my part.

Thank you.