

Keynote address
WHO Regional Committee for the Americas
Washington DC, USA
Monday, 24 September 2017

Thank you, Madam President. Dr Tom Price, Secretary of Health and Human Services, Excellencies, honourable ministers, my sister Carissa Etienne, Regional Director, colleagues, ladies and gentlemen,

Let me start by expressing my heartfelt condolences to the nations of the Caribbean and the United States, who have suffered so much at the hands of Hurricane Irma and Hurricane Maria, and to the people of Mexico as you recover from last week's earthquake. Our hearts are with you.

These hurricanes are a tragic reminder that our world's climate is changing, with devastating consequences for human health.

It is a timely reminder, if we needed one, that we must take action both to mitigate and to adapt to the health effects of climate change.

For that reason, I have initiated an initiative to support small island developing states, who are the least responsible for climate change, but the most at-risk.

Yesterday I had a very positive meeting with representatives from the Caribbean Community to discuss this initiative, and to listen to their needs and ideas.

I am very proud to be with you as Director-General for the first time.

The Americas are home to more than 1 billion people. That's a billion reasons for all of us to get out of bed in the morning and do everything we can to protect and promote their health.

And you have a proud record of accomplishments.

Large gains in life expectancy. Major reductions in infant and child mortality. Significant improvements in health coverage for poor and vulnerable populations. The elimination of maternal and neonatal tetanus.

These are all cause for celebration.

But challenges remain.

You know only too well that as populations get older, the number of people needing long-term care – and the cost of providing that care – will only increase.

No country, however wealthy, can simply sit back and wait for those people to turn up in its hospitals. The cheapest and most effective interventions are those that promote health and prevent disease, from tobacco taxation, to better food labelling, and even measures as simple as speed bumps.

I thank the six countries that have signed the Protocol to Eliminate Illicit Trade in Tobacco Products, and the five who have ratified it so far.

But six countries out of 52 is not many. If we are serious about addressing the harm caused by tobacco, we must all walk the talk.

I thank in particular Uruguay for your leadership in addressing the threat of non-communicable diseases. I am looking forward to joining you in Montevideo next month for the Global Conference on NCDs.

Ladies and gentlemen,

Clarity of mission is always important. So what is ours? I believe it has three elements: to keep the world safe, improve health and serve the vulnerable. Let me repeat that: keep the world safe, improve health and serve the vulnerable.

Let me take a few moments to describe how I view our work developing during the coming weeks and months.

Some changes have already begun. Others will take longer to bear fruit, but we must plant their seeds now.

What I have discovered is that many of the best ideas for how to transform WHO already exist within the organization.

One of the first things I did was to put out a call to staff for crazy, creative ideas to stimulate fresh thinking at all levels of the organization.

The response was inspiring. Some of the ideas were indeed crazy. But many others were exciting, and hold real promise.

We are now moulding those ideas into our next General Programme of Work, which will guide the strategy of WHO between 2019 and 2023.

The concept note on the new General Programme of Work has already been discussed at the AFRO, SEARO and EURO regional committee meetings. I have been very encouraged by the feedback we have received.

Now it's your turn.

On Wednesday you will have the opportunity to hear more about our ideas for the next five years, and to provide input. But allow me take a few moments just to give you the outline.

Our guiding light is the Sustainable Development Goals. The SDGs are the lens through which we see all work. If an area of work helps countries make progress towards the SDGs, then it must continue with even more vigour. If it doesn't, we must ask why we're doing it.

So what is WHO going to do differently to achieve the SDGs? We propose five strategic priorities. Let me summarise them like this: health security, health services, health systems, health targets, and health leadership.

First, health security. When an outbreak becomes an epidemic, the world looks to WHO.

We must accelerate our evolution towards becoming more responsive to emergencies. We are on the right track. The new WHO emergencies programme is already producing encouraging results.

Second, health services. This is linked closely to the first priority: when disaster strikes, our partners expect us to be shoulder-to-shoulder with them on the frontlines, not just shouting instructions from the sidelines.

And that is exactly what we are doing in Dominica, supplying medicines and other health supplies.

Third, health systems. If you don't already know that universal health coverage is my top priority, you do now.

The road to universal health coverage will be different for different countries. There is no one-size-fits-all solution. But for all countries, it will involve strengthening their health systems.

This will include investments in better health information systems, and a health workforce that has the right numbers and the right skills to meet modern health needs.

The fourth priority is to drive progress towards the specific SDG health targets. As I have said, the SDGs are the lens for all our work, but we will focus our attention on four specific areas:

improving the health of women, children and adolescents;

ending the epidemics of HIV, tuberculosis, malaria and hepatitis;

preventing premature deaths from noncommunicable diseases, including mental health;

and protecting against the health impacts of climate change and environmental problems.

Finally, health leadership. This is one of our key roles; only WHO has the authority and credibility to convene the numerous players in global health and to build consensus towards achieving shared goals.

These are the five priorities. But in addition to the why and what, the concept note also describes the how. It lists several big shifts I would like to highlight.

First, we will focus on outcomes and impact. It's one thing to write an action plan; it's another to put a plan into action.

Too often we are focused simply on outputs, without thinking carefully enough about whether we are truly making a difference to the health of people. This must change. We will bring a much greater focus to measuring the impact of our work to ensure that we maintain our focus on projects and programmes that get results.

Second, we will set priorities. WHO cannot do everything; nor should we try. With your guidance, we will need to make tough decisions about how to invest our finite resources for the greatest impact. Again, the SDGs will be our guide.

Third, WHO will become more operational, especially in fragile, vulnerable and conflict states. At the same time, we will continue to play our normative, standard-setting role -- and indeed we will strengthen those functions. But to do that, we need to better measure how our norms and standards are being used and implemented to improve health and save lives.

Fourth, we must put countries at the centre of WHO's work. This seems obvious, but it bears repeating. Results don't happen in Geneva or in regional offices; they happen in countries. Our role is to support you, our Member States, and to strengthen your health systems, achieve universal health coverage for your people and protect against epidemics in your countries. To do that, you must be in the driver's seat.

Fifth, WHO will provide political leadership by advocating for health with world leaders. The importance of mobilising political commitment for health is clear to all of us. Our technical work may be excellent, but it will not bear fruit unless we engage politically to create the demand.

I know from my own experience that political will is the key ingredient for change. It is not the only ingredient, but without it, change is much harder to achieve. For a paradigm shift, we need political intervention.

As you know, I was at the UN General Assembly in New York last week, meeting with many heads of state, ministers and other health leaders. I was very encouraged by the support I see for health at the highest political level.

WHO should not be shy about engaging with world leaders. Our cause is too important; the stakes are too high. Meaningful change happens

when political leaders are engaged. WHO must therefore not be afraid to go beyond the technical to the political in pursuit of its mission.

My friends, we are here because we care about the health of the world's people. They must be foremost in all our minds this week, and weeks, and months later, and should be our daily thinking.

The challenges we face are great. So must be our ambitions.

Thank you so much. Gracias. Obrigado.

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