



**Pan American  
Health  
Organization**



**World Health  
Organization**  
REGIONAL OFFICE FOR THE  
**Americas**

**29th PAN AMERICAN SANITARY CONFERENCE**  
**69th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS**

*Washington, D.C., USA, 25-29 September 2017*

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**OPENING REMARKS BY DR. TEDROS ADHANOM GHEBREYESUS**  
**DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION**

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**25 September 2017  
Washington, D.C.**

**29th Pan American Sanitary Conference  
69th Session of the WHO Regional Committee for the Americas**

Honourable President Dr. Nikolas Steele,  
Regional Director, my sister Dr Carissa Etienne,  
Honourable Secretary of Health and Human Services, Dr. Thomas Price,  
Honourable Assistant Secretary-General of the Organization of American States,  
Ambassador Nestor Mendez,  
Distinguished delegates, colleagues, ladies and gentlemen,

Let me start by expressing my heartfelt condolences to the people of Mexico, as you recover from the recent earthquakes that have robbed you of so much. And my 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. 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 begun 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. Just a few weeks ago I also met with representatives from the Pacific Islands, who were very appreciative of the idea.

Ladies and gentlemen, I am very proud to be with you as Director-General for the first time. I look forward to learning more over the next few days about the specific needs of this region, and how WHO can best respond to those needs.

The Americas are home to more than 1 billion people. That's one 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.

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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 rubella and measles; and this region is home to the first country in the world to eliminate mother-to-child transmission of HIV.

These are all cause for celebration. But challenges remain.

Non-communicable diseases are responsible for 3 out of every 4 deaths in this region.

Many of your countries are confronting epidemics of obesity that will have consequences long into the future.

Mental illness, substance abuse and suicide are all on the rise.

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. We have to turn off the tap, rather than try to mop up a flood.

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 35 is not many. If we are serious about addressing the harm caused by tobacco, we must all walk the talk.

I thank Uruguay in particular 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.

But to do that, WHO must change. We must earn your trust. Some of those 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 for 2019 to 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 hear more about our ideas for the next five years, and we are looking forward to getting your input. But allow me take a few moments just to give you the outline.

First, our guiding light is the Sustainable Development Goals. The SDGs are the lens through which we see all our work.

If something we do helps countries to 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 are we going to do? We propose five strategic priorities. Let me summarize 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 being more responsive to emergencies. And 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.

That is exactly what we are doing in Dominica, where we are supplying medicines and other health supplies to those in need.

Third, health systems. As you know, universal health coverage is my top priority for WHO.

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 health systems.

This will include investments in better health information systems, and a health workforce with the right numbers and the right skills, in the right places.

It means guaranteeing access to essential medicines, and finding innovative solutions to ensure the sustainability of health financing. And it means providing services that are people-centred, through strong primary care networks.

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, let me also talk about the how. I believe WHO needs to make several big shifts.

First, we must become more focused 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 public health.

This must change. We will bring a much greater focus to measuring the impact of our work, to ensure that we invest in 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.

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 enable you 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 for it.

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, I am excited about the work we have ahead of us, and the difference we can make to individuals, families, communities and entire nations.

We are all here because fundamentally, we care about the health of the world's people.

We are not prepared to accept a world in which people get sick and die just because they are poor.

But it is within our power to change that world. I look forward to working with you closely to make our shared vision a reality.

Thank you so much. *Gracias. Obrigado. Merci.*

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