Thank you all once again, and see you next year.

That is healthier, safer and fairer for all of us. It takes some tough negotiations and some tough decisions. But the reward is a world no country can end the pandemic in isolation from the rest of the world; there’s only one way to achieve these three things – and that’s together.

The pandemic has demonstrated beyond doubt that health is not a luxury for the rich, or simply an outcome of development; it’s a fundamental human right, and the right to health coverage.

Second, we must prevent the next pandemic, with better governance, financing, systems and tools, and by strengthening WHO.

At the time of the last world health summit, there was this debate about whether we need an entirely new institution or mechanism, with new governance structures, and new funding needs.

The barrier is not the world’s health systems, or the lack of resources; it’s the lack of imagination, and a lack of political leadership.

In recent decades, we have made remarkable progress in several areas. Incidence of TB, for example, is down by 50% since the Millennium Development Goals. But polio is endemic in Afghanistan and Pakistan, and we still have 120 countries that are not yet free of malaria.

One of the questions I am asked most often is: when will the pandemic end? I wish I had a magic answer. I do not. But I do know that we have the tools to bring the pandemic under control. The world has been disrupted by this pandemic, but the world is now learning how to live with it.

With almost 50 thousand deaths a week, the pandemic is far from over—and that’s just the reported deaths.

We need to ask ourselves: how could the world be so unprepared for this epidemic? How could we let it happen? How could the world have let half of humanity lose access to clean water? How could the world have let 20% of the world’s population be out of school? How could the world have let 250 million people with disabilities be locked away in institutions?

The pandemic has shown us that we need new narrative for the way health is financed, rather than creating new ones that further fragment the global health architecture.

In the 12 years since then, we have principal myopia, a desire to maintain the status quo, and a lack of ambition.

On polio, only two cases have been reported in Afghanistan and Pakistan so far this year, which is a testament to the power of vaccine. We are so close to eradicating polio, and that is what we call polio-free.

6 years ago, we launched the End TB Strategy, which established targets for the number of new infections and deaths by 2025. We are on course to meet those targets.

We hope to launch the End TB Strategy at the World Health Assembly in May. We are also on track to meet our target for the number of new TB cases and deaths by 2025.

On NCDs, in 2019, we reached agreement with 11 of the world’s biggest food companies to work with us to improve the healthiness of their products. On mental health, we launched the first global strategy for the prevention and treatment of mental illness.

Last month, I also had the honour of joining President Macron to break ground on the new WHO Academy in Lyon, which will be a state-of-the-art school, using cutting edge technology and training methods.

The pandemic has exposed serious gaps in our global health systems and tools, and in our preparedness and response.

It needs a strengthened, empowered and sustainably financed WHO, with clear, credible mandates and a staff that are empowered and ambitious.

I believe the world is ready to accept this mandate. The world has seen the power of unity, and the power of solidarity.

In the 12 years since the first World Health Summit, we have seen unprecedented progress on many fronts; but we have also seen some setbacks.

The pandemic has shown us that we need a new narrative for the way health is financed, rather than creating new ones that further fragment the global health architecture.

In the 12 years since then, we have seen the growth of the global health systems and tools, and the global ability to prepare for, prevent, detect and respond to public health emergencies around the world, to support countries to address the burden of communicable and noncommunicable diseases, and to address the social, economic and environmental determinants of our health.

With 194 Member States and 152 countries, with investments at country level for climate-resilient and environmentally sustainable health facilities.

We welcome the GPMB’s latest report, which will be launched on Tuesday, and its recommendations. It is clear that we need to strengthen WHO’s governance, mandate and resources. As the world’s body of public health experts, WHO has a unique global mandate, which we need to use more effectively.

With the GPMB’s support, we need to make sure that WHO has the tools to do its job, and that it has the resources to do its job.

We have also launched a new tool against an old disease that could save millions of lives; the global hepatitis elimination strategy. On 24 October, we launched the Global Hepatitis Plan, which sets out a course of action to eliminate the 435 thousand deaths from hepatitis and the 160 million people already living with hepatitis.

First, governance.

Second, financing.

Third, systems and tools.

Excellencies, dear colleagues and friends,

That first World Health Summit, in 2009, was held in the immediate aftermath of the outbreak of HFMD, and then in the midst of the global economic crisis. We met at a time when the world was unprepared for a pandemic, just months before COVID-19 struck.

In the 12 years since then, we have seen the growth of the global health systems and tools, and the global ability to prepare for, prevent, detect and respond to public health emergencies around the world, to support countries to address the burden of communicable and noncommunicable diseases, and to address the social, economic and environmental determinants of our health.

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