



REGIONAL COMMITTEE FOR AFRICA

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**STATEMENT BY DR TEDROS ADHANOM GHEBREYESUS,
DIRECTOR-GENERAL OF WHO**

Your Excellency Victoire Tomegah Dogbé, Prime Minister of the Republic of Togo,
Professor Mijiyawa Moustafa, my brother, Honourable Minister of Health and Public Hygiene
and Universal Access to Health Care of Togo,
My brother Professor Benjamin Hounkpatin, Honourable Minister of Health of Benin,
Dr Margaret Agama-Anyetei, Acting Director of Health and Humanitarian Affairs for the African
Union,
Honourable ministers and heads of delegation,
My Regional Director and my sister, Dr Moeti,
Excellencies, dear colleagues and friends,

Good morning to all of you, bonjour à tous, bom dia a todos, sabah alkhayr, habari za asubuhi.

I would like to thank His Excellency Faure Gnassingbé, the President of the Republic of Togo,
for hosting this meeting of the Regional Committee, although virtually.

I deeply regret that for the second year, we are not able to meet in person. But as Minister
Benjamin said, hopefully we will meet in person next year.

When I addressed you a year ago, the African region had just experienced its first large wave of
COVID-19 cases and deaths.

In the year since then, the region has seen two more large waves, each worse than the last.

More than 5.4 million cases have now been reported from the region, and we have lost almost
130 000 of our brothers and sisters.

We know that these numbers are under-reported.

I am pleased to see that cases and deaths in the region have now been declining for several weeks.

But as the experience of the last year shows, no country can let down its guard. We have to
continue to be vigilant.

WHO continues to call for a comprehensive approach, including the tailored and consistent use of
public health and social measures, in combination with equitable vaccination.

One year ago, we were still waiting for, and hoping that, a safe and effective vaccine would be developed, and that if it was, it would be available equitably to all countries.

The first part of that hope was realized – the development and approval of several safe and effective vaccines in record time has given the world real hope of bringing the pandemic under control.

But I don't need to tell you that the distribution of vaccines has been terribly unfair. We're all disappointed by the injustice.

More than 4.8 billion doses of vaccine have been administered globally.

Just 87 million doses have been administered in the African region – less than 2 percent of the global total.

Globally, 140 countries have vaccinated at least 10% of their populations, but in our continent, only four countries have been able to reach that target, owing to the shocking disparity in access to vaccines.

WHO's global targets are to support every country to vaccinate at least 10% of its population by the end of September, at least 40% by the end of this year, and 70% of the world's population by the middle of next year.

WHO and our partners are doing everything we can to find ways of scaling up production as much as possible, as fast as possible, as Tshidi said.

More than 44 million doses have been distributed to 40 AFRO countries through COVAX, and we're pleased to see that COVAX is picking up speed. More doses were shipped in July than in the previous 5 months. COVAX aims to deliver around 475 million more doses in the region by the end of December.

I also recognize and congratulate the African Union's African Vaccine Acquisition Trust, AVAT, which was established under the leadership of President Ramaphosa.

This will be a very innovative and important complement to COVAX for achieving our targets, and we are committed to working with African Union Special Envoy Strive Masiyiwa to make AVAT a success. Africa should invest in this continental initiative.

I'm pleased that the first shipments started this month, using Johnson & Johnson vaccines that were filled in Africa.

We have also made progress towards increasing production in Africa, through the recent establishment of a technology transfer hub for mRNA vaccines in South Africa, and through our work with many countries including Rwanda and Senegal to boost local production.

Between now and the end of the year, we expect the volume of vaccines coming to Africa to increase substantially. That makes it crucial that all countries step up their preparations to roll out vaccines.

The vaccine crisis illustrates the fundamental weakness at the root of the pandemic: the lack of global solidarity and sharing – sharing of information and data, biological samples, resources, technology and tools.

That's why there is now an emerging global consensus for the idea of an international treaty or other legal instrument, to provide the basis for improved international cooperation to prepare for, detect and respond to epidemics and pandemics.

At the World Health Assembly in May, Member States agreed to discuss this idea at a Special Session of the Assembly in November.

We seek the support of all African Member States for this very important initiative.

WHO also remains committed to further scientific studies to understand the origins of the COVID-19 pandemic.

Recently, we announced our proposal for a permanent International Scientific Advisory Group for Origins of Novel Pathogens, or SAGO, to establish a more systematic way of identifying the source of new outbreaks.

Last week we shared the draft terms of reference with Member States, and we have now issued an open call for experts to join SAGO. We urge experts from Africa to apply.

I wish to emphasise that SAGO is not only about the next phase of studies into the origins of SARS-CoV-2; it is a long-term initiative to support studies into the origins of all future emerging pathogens.

We know that COVID-19 is just one challenge you face, as the recent cases of Marburg in Guinea and cholera in Niger and Nigeria illustrate.

I thank the governments of both countries and their health workers, as well as those from WHO and our partners, who have responded rapidly to these outbreaks.

Indeed, Africa has much to share with the world about outbreak preparedness and response, but we need to do more.

Tomorrow marks one year since the WHO AFRO region was certified free of wild poliovirus.

However, COVID-19 has put this success at risk.

Last year, millions of children missed out on vaccines against polio and other preventable diseases because of disruptions to essential health services.

As a result, we have seen increasing cases of circulating vaccine-derived polio.

Even while we respond to the pandemic, it's critically important that routine immunization and other essential health services are restored as quickly as possible

Excellencies,

As always, your agenda this week reflects the wide range of challenges you face as a region, from ageing to immunization, from cervical cancer to meningitis, health systems strengthening, and the importance of an integrated, multisectoral approach to TB, HIV, STIs and hepatitis.

You will also be discussing the challenges facing our organization, including the challenge of sustainable financing.

The pandemic has shown that the world needs an empowered and sustainably financed WHO at the centre of the global health architecture.

WHO has a unique global mandate, unique global reach and unique global legitimacy. We should avoid the creation of competing institutions and structures.

But a strong WHO demands that we face up to the longstanding challenge of sustainable financing.

Currently, only 16% of our funds come through assessed contributions. Adjusted for inflation, our assessed contributions today are US\$340 million less than they were in 1980. By the way, in 1980, assessed contributions were more than 80%, while voluntary contributions were less than 20%, so the reverse of what's happening now.

And of WHO's remaining funds, about 80% now are earmarked.

This imbalance effectively makes WHO a contractor for donors and means we cannot do the long-term programming at the country level that the biggest health challenges require. Let me put it bluntly that way: a contractor.

It also means we have an over-reliance on consultants and temporary contracts, which destabilizes our workforce and makes it difficult for us to train and retain the experts we need.

Dr Moeti made this point clearly when she spoke to the Member State working group on sustainable finance in June.

This Working Group will make its recommendations to the Executive Board in January.

You have a historic opportunity to put WHO's finances on a new track and I urge you to seize it.

This formula has been damaged since 1980 and we have to at least reverse it to its original formula.

Excellencies,

WHO is committed to supporting each of your countries to respond to the pandemic, and to build forward better.

And we will leave no stone unturned in our efforts to dramatically increase the equitable production and distribution of vaccines through COVAX and AVAT.

I would like to leave you with five specific requests:

First, we seek your commitment to stay the course with the proven public health and social measures that we know work. We can work with you to tailor these measures to your context.

Second, we urge you to invest in local production of vaccines and other health products, as part of your investment in pandemic preparedness and response. You have seen the injustice and the unfairness in vaccine equity, and there should be a strategic solution in our continent.

Third, we urge you to continue your work to build and strengthen continental institutions, including the Africa Centres for Disease Control and Prevention and the African Medicines Agency, and AVAT is another one that has to be strengthened.

We are pleased that enough countries have now ratified the AMA to bring it into force, and we encourage those who have not yet ratified the African Medicines Agency Bill to do so as soon as possible.

Fourth, we seek your support for the idea of a treaty or other international instrument on pandemic preparedness and response.

And fifth, we seek your support for building a stronger WHO that is empowered and financed sustainably.

Thank you all once again for your hard work and support for WHO at this critical time.

And we look forward to your continued support as we work together to promote health, keep the world safe and serve the vulnerable.

Thank you. Merci beaucoup. Obrigado. Shukran jazeelan. Asante sana.