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**OPENING REMARKS BY THE WHO DIRECTOR-GENERAL AT THE SEVENTY-
SECOND SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA, LOMÉ,
REPUBLIC OF TOGO, 22 AUGUST 2022**

Your Excellency President Faure Gnassingbe,
Right Honourable Prime Minister Victoire Tomegah Dogbé,
Honourable Speaker of the National Assembly, Yawa Djigbodi Tségan,
Honourable Minister Mijiyawa Moustafa,
Your Excellency Madam Minata Samaté Cessouma,
Honourable Ministers and Heads of delegation,
Regional Director, Dr Moeti,
Dear colleagues and friends,

Good morning to you all; bonjour à tous; bom Dia a todos.

I thank Your Excellency the President, as well as the Government and people of Togo, for your hospitality in hosting this meeting,

I also join my sister Dr Moeti in congratulating you for your achievements in health here in Togo in recent years. The liberation of Togo from Dracunculiasis, Human African Trypanosomiasis, lymphatic filariasis and trachoma is a stunning achievement that will free many people from the threat of these devastating diseases.

I also congratulate you for the progress you have made in improving the management and efficiency of hospitals, and for increasing access to services for the population.

Excellencies,

Last week marked the beginning of my second term as Director-General. I deeply appreciate the trust and support of African Member States during my re-election. I can think of no better place to begin my second term than at home, here in Africa.

I'm absolutely delighted to be with you today. After two years of virtual meetings, the fact that we are able to meet once again face-to-face is a testament to your efforts as leaders to protect your people from COVID-19.

WHO is proud to have supported you with shipments of supplies including tests, masks, PPE and more. As part of our commitment to enhanced health security in the Region, just last month we

announced the construction of a new Africa logistics hub in Kenya, to be better prepared for future epidemics and pandemics.

It is very pleasing to see that reported cases and deaths in the Region are now at their lowest levels since the pandemic began. And despite the appalling inequity in access to vaccines that you have faced; despite misinformation and disinformation; and despite the many competing priorities you face, we are now seeing encouraging progress in vaccination coverage in the Region, supported by the COVID-19 Vaccine Delivery Partnership we established with UNICEF and Gavi to accelerate vaccine coverage in the 34 countries that were below 10% coverage at the beginning of this year – all but six of which are in Africa.

Just six months later, only 10 countries still have less than 10% coverage, most of which are facing humanitarian emergencies. It is especially pleasing to see that coverage of high-priority groups is improving, with 10 Member States having now reached 100% vaccination coverage of health workers.

This is very encouraging progress. However, we still have a lot of work left ahead of us. Our continent is by no means out of the woods.

As we all know, capacities for surveillance and testing are weak throughout the Region, and 75% of the Region's people are yet to receive a single dose of vaccine, including half the Region's health workers, and two-thirds of those aged over 60.

We continue to urge all Member States to commit to vaccinating 100% of health workers and 100% of people aged over 60. This is the best way to save lives and drive a truly sustainable recovery.

At the same time, I am acutely aware that many Member States are working hard to restore many essential health services, which were severely disrupted by the pandemic. In particular, immunization coverage has been badly affected, leaving 11 million infants unvaccinated or under-vaccinated in the region.

We are now witnessing disturbingly large measles outbreaks in many Member States. I urge all Member States to prioritize the rapid restoration of immunization services, as the cornerstone of your recovery efforts. This is essential to protect Africa's children – the future of our continent – from a range of diseases, including polio.

Just two years ago, the Region was declared free of wild polio virus. And yet, in the past year, two Member States have reported six cases of wild polio, and 16 have reported more than 500 cases of vaccine-derived polio – a disturbing reminder that until polio is eradicated everywhere, it remains a threat anywhere.

Meanwhile, the world is waking up to a disease that has long afflicted many African Member States: monkeypox. Although just 1 percent of all cases reported this year are from Africa, the region accounts for 7 of the 12 reported deaths.

As countries in Europe and the Americas clamour for vaccines, WHO is working with countries and manufacturers to avoid a repeat of the inequity we witnessed with access to COVID-19 vaccines last year.

And of course, WHO is deeply concerned about the health and humanitarian crisis unfolding in the Greater Horn of Africa, where millions of people are facing starvation due to a confluence of drought, climate change, conflict and increasing prices for food, fuel and fertilizer.

WHO is working on the ground, and through our headquarters and country and regional offices, to respond to prevent, detect and control outbreaks, to treat malnutrition and to provide essential health services and medicines.

We have already released more than 16 million US dollars from the WHO Contingency Fund for Emergencies, but more is needed. Two weeks ago, we launched an appeal for 123.7 million US dollars to support our work.

The overlapping crises in the Greater Horn of Africa highlight the complex and diverse range of challenges faced by all Member States in the region, and which are reflected by your agenda this week. They also reflect the five priorities I outlined in my address to the World Health Assembly three months ago:

- Promoting health;
- Providing health;
- Protecting health;
- Powering health;
- And performing and partnering for health.

Allow me to discuss each one briefly.

First, promoting health.

Realising our vision for the highest attainable standard of health starts not in the clinic or the hospital, but in schools, streets, supermarkets, households and cities.

Much of the work that you do as Ministries of Health is dealing with the consequences of poor diets, polluted environments, unsafe roads and workplaces, inadequate health literacy, and the aggressive marketing of products that harm health.

That is why we are calling on all Member States to make an urgent paradigm shift, towards promoting health and well-being and preventing disease by addressing its root causes, and creating the conditions for health to thrive.

The updated Regional strategy for the management of environmental determinants of health that you will consider this week is an important step in that direction.

Likewise, the PEN-Plus regional strategy to address NCDs is centred on addressing the risk factors for NCDs and avoiding the suffering and costs they bring.

The second priority is providing health, by reorienting health systems towards primary health care as the foundation of universal health coverage. We know that 90% of essential health services can be delivered at the primary health care level.

As a Region, you face the twin challenges of the need to dramatically expand access to health services, while dramatically reducing the financial hardship that so many people face when they pay for care out of their own pockets.

So, I welcome the paper before you this week on financial risk protection for universal health coverage, and I urge you to implement the actions it includes for reducing out-of-pocket spending.

Likewise, the frameworks you will consider this week on mental health and vector-borne diseases are important, evidence-based tools for addressing these major causes of morbidity and mortality.

The third priority is protecting health, by strengthening the global architecture for health emergency preparedness, response and resilience.

The global monkeypox outbreak is yet more evidence – if any were needed – that the world’s collective failure to address neglected diseases in neglected communities puts us all at risk.

As you know, Member States are now negotiating a new international accord on pandemic preparedness and response, and at its last meeting, the International Negotiating Body agreed that this instrument would be legally binding.

I urge all African Member States to engage actively in this process. Of all Regions, you have the most to gain from it.

I also welcome the Regional strategy for health security and emergencies, which sets out a clear and much-needed plan for making the Region safer from outbreaks and other health crises.

The fourth priority is powering health, by harnessing science, research, innovation, data, and digital technologies;

And the fifth is performing and partnering for health, by building a stronger WHO that delivers results, and is reinforced to play its leading role.

The pandemic has demonstrated not only why the world needs WHO, but why the world needs a stronger, empowered and sustainably financed WHO.

I thank all Member States for the historic commitment you made at this year’s World Health Assembly to gradually increase assessed contributions to 50% of the base budget over the next decade. As African Member States, you played a key role in this achievement – your voices were heard powerfully in the Working Group on Sustainable Financing.

This commitment will transform the Secretariat’s ability to deliver results where it matters most – in the lives of the people we all serve. Maintaining momentum is vital, as the first step towards sustainability comes with the proposed 20% increase on assessed contributions in the 2024-25 budget.

As you know, even before the pandemic, we had already made major improvements in effectiveness and efficiency through the transformation journey that we have been on over the past five years.

Building on the lessons of the pandemic, we are committed to continuing that journey, and to making WHO even more effective and efficient.

In particular, our focus in the coming years is to significantly strengthen our country offices to support greater country capacity and greater country ownership – especially by strengthening the health workforce of every Member State.

One of the ways we are doing that is through the WHO internship programme, where we are now offering interns a stipend, to facilitate greater diversity and greater participation from low- and middle-income countries.

More recently we have also launched the Young Professionals Programme, to give more junior professionals from Least Developed Countries the opportunity to become the next generation of public health experts and leaders.

These young professionals will receive a two-year staff contract, and will work on some of the most important health issues faced by least developed countries.

Earlier this year we selected our first cohort of 14 young professionals from 14 developing countries, including eight from the African region.

I thank the Buffett Foundation for its generous support for this programme.

We are also fully committed to supporting stronger regional institutions, including the Africa CDC, which is why we are supporting it both technically and financially, with a contribution of US\$ 10 million.

If you will allow me to boast for a moment, the Africa CDC was an idea I proposed as Foreign Minister of Ethiopia in 2013, and I am very pleased to see how far it has come.

In the same way, we are also continuing to provide technical and financial support to the African Medicines Agency, to support greater regulatory capacity on the continent.

This work goes hand-in-hand with our commitment to supporting enhanced local manufacturing, as we are doing with the establishment of the mRNA Technology Transfer Hub in South Africa, which now has 15 country recipients around the world.

Finally, we remain completely committed to building a more accountable WHO.

As Member States, you also rightly expect a WHO with zero tolerance for sexual exploitation, abuse and harassment, or inaction against it.

All 92 victims of sexual exploitation and abuse during the 2018 to 2020 Ebola response in DRC are being offered comprehensive services through a Memorandum of Understanding we have set up with UNFPA.

We have also established a Survivor Assistance Fund, which has so far invested almost half a million US dollars in providing support services to survivors.

More broadly, we have established a dedicated team within the WHO Health Emergencies Programme to ensure that measures to prevent sexual exploitation, abuse and harassment are embedded in every emergency response.

We have made significant progress, but we have more much more to do. I assure you of my complete personal commitment to this issue.

Excellencies,

Thank you once again for your commitment to promoting, providing, protecting and powering the health of your people.

And I give you my assurance that I and my colleagues remain committed to performing, by supporting you in our shared mission to promote health, keep the world safe and serve the vulnerable.

I thank you. Mercia beaucoup. Muito obrigado.