Many external experts and analysts believe that Africa is at crossroads.

As I speak to you, Africa shows the world two prominent public faces that are strikingly different.

One face shows Africa rising, undergoing an economic and social transformation that is unparalleled in any other region of the world, at any time in recent history.

This is the face that showcases Africa’s abundant natural resources, its increasingly educated, peaceful, and healthy populations, and the Region’s resilience, creativity, and boundless energy.

This is the face of beginnings: of prosperity, well-being, and a healthy future.

But this bright future depends on whether governments make equity in the distribution of benefits an explicit policy goal.

As the latest Progress Panel and Report on Africa, headed by Kofi Annan, notes:

“The ultimate measure of progress in Africa is not to be found in GDP numbers and growth rates, but in the well-being of people, and in prospects for enabling people to improve their lives”.

As you all know, much of Africa’s growth has been concentrated in sectors, such as mining and petroleum, that favour the elite but do little to improve living conditions and health status in the rural areas where most of the poor and sick reside.

All nations benefit from an Africa that is prosperous, stable, and fair.

This view was underscored in September during an emergency session of the UN Security Council, which considered the Ebola outbreaks in West Africa as a threat to international security.
In Guinea, Liberia, and Sierra Leone, Ebola has set back hard-won political stability and economic recovery, and is reversing some striking recent gains in health outcomes.

Let me give you just one statistic to think about.

In 2012, WHO estimated that 21 000 people, 95% of them children, died in the three West African countries combined.

This figure was a marked improvement over the 34 000 deaths estimated in 2000.

This is just one of many positive trends that is now under threat.

Ladies and gentlemen,

The Ebola outbreak that is ravaging parts of West Africa is the most severe acute public health emergency seen in modern times.

It has many unprecedented dimensions, including its heavy toll on frontline domestic medical staff.

I extend my deepest sympathy to the people of West Africa who have seen so many of their fellow countrymen fall ill and die.

I extend my deepest sympathy to the families, the loved ones, the neighbours, and entire villages and communities.

I can tell you one thing: every one of these West Africans who died from Ebola was beloved.

All of us must respect the compassion and courage of so many health workers who selflessly risked their lives, and lost them.

The three countries have lost some of their greatest humanitarian heroes.

In the midst of these alarming trends, two WHO arguments that have fallen on deaf ears for decades are now out there with consequences that all the world can see, every day, on prime-time TV news.

The first argument concerns the urgent need to strengthen long-neglected health systems, an argument long-championed by your Regional Director.

When Heads of State in non-affected countries talk about Ebola, they rightly attribute the outbreak’s unprecedented severity to the “failure to put basic public health infrastructures in place.”

Without fundamental public health infrastructures in place, no country is stable. No society is secure.

No resilience exists to withstand the shocks that our 21st century societies are delivering with ever-greater frequency and force, whether from a changing climate or a runaway killer virus.

The second argument is this: Ebola emerged nearly four decades ago. Why are clinicians still empty-handed, with no vaccines and no cure?
Because Ebola has historically been confined to poor African nations.

The Research and Development incentive is virtually non-existent. A profit-driven industry does not invest in products for markets that cannot pay.

WHO has been trying to make this issue visible for ages. Now people can see for themselves.

- Ladies and gentlemen,

I will leave it to an African medical correspondent to comment on the two faces of today’s Africa.

He has written eloquently about how outbreaks of diseases which, like Ebola, make Africa’s neglected health systems and impoverished populations highly visible.

He cites the importance of the recent economic transformation of Africa’s international reputation as a continent of hope.

But he is quick to ask the related question. “What good does it do,” he asks, “to cover the ceiling of your house with golden paint when the walls and foundation have cracks?”

I will end my Ebola comments here.

You have a heavy agenda to get through. You need to approve a regional strategic plan for immunization, with highly ambitious targets.

Like the rest of the world, you will be transitioning from the Millennium Development Goals to a post-2015 development agenda.

Africa needs to seize this new agenda on its own terms. Frankly, this region has, in the past, suffered from some bad development advice. Future solutions to Africa’s problems must be uniquely African solutions.

In the past, Africa has followed in line with the priorities and strategies defined by global health initiatives, and not always as defined by your own governments and perceived health needs.

Now Africa needs to lead.

In April, African Ministers of Health, at their gathering in Luanda, endorsed universal health coverage as a means to achieve and sustain the health MDGs and recognized it as an essential part of the post-2015 development agenda.

This is what I mean by leadership.

Among the items on your agenda is the nomination of your next regional director.

I thank Dr Luis Sambo for his years of dedication to WHO and to the health of the African people.

Thank you.