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**ADDRESS BY DR MARGARET CHAN, WHO DIRECTOR-GENERAL**

Mister chairman,  
Excellencies,  
Honourable ministers,  
Distinguished delegates,  
Representatives of the African Union,  
Dr Moeti,  
Ladies and gentlemen.

I thank the government of Ethiopia for so graciously hosting this Sixty-sixth session of the Regional Committee for Africa.

In health, Ethiopia is best known for its training and massive deployment of a new cadre of health extension workers, who brought basic preventive and curative services to the doorsteps of the country's vast rural population.

Ethiopia also made headlines when it reached the Millennium Development Goal for reducing childhood mortality two years ahead of schedule.

Earlier this year, Addis Ababa hosted the African Development Week, a high-level meeting attended by ministers of finance and economy.

They looked, in particular, at how the 2030 Agenda for Sustainable Development and Africa's Agenda 2063 can shape African development well into the future.

Within this context of bold ambitions, your discussions during this session can take guidance from a third agenda, specific to health in Africa: The Africa Health Transformation Programme.

This five-year framework for WHO leadership, with universal health coverage as its vision, aims to capitalize on a number of encouraging trends, which your Regional Director refers to as a "once-in-a-generation opportunity to transform the future of health on this continent."

The region's recent economic growth has been unprecedented. The birth of a solid middle class is expected to sustain and deepen this growth.

Diseases that kept life expectancy low and sapped productivity are gradually being defeated.

A vibrant and innovative younger generation has created an entrepreneurial drive unmatched anywhere else in the world. In the coming years, the largest generation of youth in history will be born here in Africa, another boost to an economic boom.

The ubiquitous availability of mobile phones has revolutionized commerce and broadened access to bank accounts, savings accounts, and loans.

Mobile phones have given pastoralists and smallholder farmers access to market prices and instant weather information.

At the same time, a dramatic increase in the use of social media helps keep elections fair and governments honest.

I fully agree with your Regional Director. This is a unique opportunity to transform the health and well-being of the African people.

Africa still bears the world's heaviest burden from infectious diseases at a time when its overstretched health systems and budgets are grappling with the rise of costly and complex noncommunicable diseases.

Weak health systems and inadequate human and financial resources remain huge barriers.

Africa, which had the longest distance to travel, is still catching up with the rest of the world.

The fact that so much has been achieved despite these constraints is truly remarkable.

When I first addressed this committee in 2007, the dual epidemics of HIV and tuberculosis were rampant, devastating lives and livelihoods.

AIDS, then the leading cause of death in both children and adults, was responsible for a drop in African life expectancy from 62 years to 47 years.

Only around half of all TB cases were being detected, and the first reports of bacteria resistant to second-line drugs were emerging.

Efforts to control malaria were having no significant impact on morbidity and mortality in most countries.

The costs of insecticide-treated nets and artemisinin-based combination therapy were judged unaffordable, and no agreement had been reached on whether these products should be distributed free, at subsidized prices, or by commercial for-profit enterprises.

Polio eradication was floundering after a serious setback. Intense transmission of wild poliovirus in northern Nigeria made that country responsible for more than 80% of the global polio burden and seeded reintroduction of the virus into several African countries that had been polio-free.

The situation on all these fronts is dramatically different today.

In July of this year, Nigeria celebrated two years without a single case of wild poliovirus. On the heels of this success came reports of two children paralyzed by polio in Nigeria's difficult Borno State.

This setback in no way undermines the tremendous job done by the government in getting down to zero cases. You will get there again. We will get this job done.

Since I first addressed this Committee, deaths from AIDS dropped from 1.6 million in 2007 to 800,000 last year.

In 2007, only 5% of pregnant women were covered by programmes for preventing mother-to-child transmission of the virus. Today, that figure is 75%.

Altogether, more than 12 million Africans are receiving antiretroviral therapy.

From 2000 to 2015, interventions to control TB in Africa saved more than 10 million lives. The Stop TB target of an 85% rate for treatment success was met in 21 countries, with the regional average standing at 79%.

From 2000 to 2015, malaria mortality declined by an astonishing 66%.

Over the same period, the proportion of children sleeping under a treated net increased from 2% to 68%. In just four years between 2010 and 2014, the proportion of malaria cases receiving a diagnostic test before treatment increased from 41% to 65%.

WHO estimates that reductions in malaria cases in this region saved an estimated \$900 million in case management costs between 2001 and 2014.

They said it could not be done. But Africa did it.

These results provide powerful evidence of what can be achieved in resource-constrained settings, and an equally powerful incentive for further investment of domestic and foreign resources.

They also provide a reason for optimism as the world moves into the era of sustainable development.

Ladies and gentlemen,

In my view, Africa stands to benefit the most from implementation of the SDG agenda. Four realities support this view.

The first is poverty. Nothing holds health development back in this region so much as the firm grip of poverty.

This is poverty that undermines the health of populations, and poverty that cripples the performance of health systems.

Every single regional strategy or implementation plan before this committee cites lack of resources and weak health systems as the biggest barriers to progress.

As with the MDGs, the alleviation of poverty is an overarching SDG objective, but with a difference.

As an integrated and interactive agenda, the SDGs aim to tackle poverty, not superficially through hand-outs, but fundamentally, by addressing its root causes.

For example, the SDGs include a target for doubling the agricultural productivity and incomes of small-scale food producers.

Think of what this can do in a region where nearly 70% of the food supply is produced by smallholder farmers.

Think of the food security needed to cope with the continent's weather extremes of drought and floods that are already increasing as a result of climate change.

Second, the SDG agenda, with its emphasis on policies that promote sustainable improvements and make the fair distribution of benefits an explicit objective, provides a foundation for more effective aid.

This region has suffered disproportionately from ineffective aid, often focused on a single problem or disease, which encouraged fragmentation, duplication, high transaction costs, the creation of parallel procurement and distribution systems, and a heavy reporting burden on ministries of health.

The new emphasis on sustainability encourages the channelling of assistance in ways that build fundamental capacities. In my experience, most countries want capacity, not charity.

Third, the SDGs formally embrace the necessity of multisectoral collaboration. What they do especially well is to recognize that today's complex health challenges can no longer be addressed by the health sector acting alone.

Curbing the rise of antimicrobial resistance requires policy support from agriculture. Abundant evidence shows that educated mothers have the healthiest families.

Access to modern energy fuels economic growth, but it also reduces millions of deaths from chronic lung disease associated with indoor air pollution.

Finally, the inclusion of a target for reaching universal health coverage, including financial risk protection, gives health the power to build fair, stable, and cohesive societies while also furthering the overarching objective of ending poverty.

Ensuring that all people receive essential health care without risking financial hardship can have a significant impact on poverty.

WHO estimates that out-of-pocket expenditures on health services push 100 million people into poverty and cause 150 million to experience financial catastrophe every year.

Though health is only one of 17 goals, it occupies pride of place in the 2030 agenda. Health is an end-point that reflects the success of multiple other goals.

Because the social, economic, and environmental determinants of health are so broad, progress in improving health is a reliable indicator of progress in implementing the overall agenda.

In the final analysis, the ultimate objective of all development activities, whether aimed at improving food and water supplies or making cities safe, is to sustain human lives in good health.

Ladies and gentlemen,

The reforms already introduced by your Regional Director put this office in a strong position to directly shape health conditions in Africa.

The five-year transformation programme provides a powerful strategic framework for doing so, with its analysis of the greatest needs and barriers to progress, its identification of priority actions, and its articulation of time-bound deliverables that hold WHO leadership accountable for producing results.

Health security and emergencies are understandably a top priority for this region. The frequency and magnitude of outbreaks and other health emergencies in the recent past are the greatest ever recorded. The worst may be yet to come.

WHO has introduced organization-wide reforms, covered in your documents, to improve our performance during health emergencies.

The new single programme marks a fundamental change for WHO, in which our traditional technical and normative functions are augmented by operational capacities. Implementation of this change has moved forward quickly.

I have read many reports, and attended many conferences, workshops, and summits, that have assessed the WHO response to the Ebola outbreak in West Africa.

One conclusion is widely shared.

A well-functioning health system is the best defence against the threat from emerging and re-emerging diseases. More and more, I see this conclusion ingrained in thinking about the future of health development.

In this SDG era, universal health coverage stands a good chance of serving as a platform for both fair and inclusive health development and increased global health security.

Ladies and gentlemen,

This is the last time I will address this committee.

I am extremely proud of what ministries of health, and their partners, have achieved, with solid guidance and support from this Regional Office and the African Union.

Your Regional Director brings great capability, especially in the control of infectious diseases, and great compassion, especially for the health of Africa's women and children.

You are in good hands.

As I conclude, let me offer three brief pieces of advice.

First, be patient. Take your cue from Africa's 2063 agenda, which adopts a very long-term view.

Donors want quick results, but it takes time to build well-functioning health systems, to develop pharmaceutical manufacturing capacity, and to implement the business plan for the African Medicines Agency.

Hold fast to the long-term view and negotiate assistance on your own terms.

Second, understand that changes that contribute to economic growth or follow in its wake can introduce new threats to health. Economic benefits do not always offset detrimental impacts.

For example, some economists interpret increased consumption of fast and processed foods as a positive sign of the purchasing power of Africa's growing middle class.

But for health, this is not a positive sign. Not at all.

Industrialized food production, including the use of factory farms, puts meat on the table, but it also introduces a host of health and environmental problems.

In 2008, the World Food Programme began sourcing its food supplies from smallholder farmers. A few large food companies are doing the same, bringing in technology and infrastructure, yet sustainably using Africa's traditional agricultural resources.

This is an approach to food security that better matches the African brand and narrative, especially in a continent where small-scale agriculture remains the backbone of many economies.

Finally, stay optimistic. The future of Africa depends on its people, and not on commodity prices or oil and mineral reserves.

Put your people first.

Take good care of their health.

And set their talents loose.

Thank you.