I am proud to continue to be a patron of the World Health Summit alongside Chancellor Olaf Scholz and President Emmanuel Macron. WHO is honoured to join the Charité – Universitätsmedizin Berlin and the World Health Summit as a co-organizer this year.

The world is at a critical juncture. The COVID-19 pandemic is not over, but the end is in sight. We face a great risk that the world moves on to the next crisis – of which there are plenty – and forgets the painful and costly lessons the pandemic has taught us. One of the most obvious of those is that when health is at risk, everything is at risk. The pandemic has been much more than a health crisis; it has affected societies, businesses, economies, schools and politics. Health is therefore central to development, and to social, economic and political stability.

This year’s World Health Summit addresses the five priorities for global health that I outlined for countries and for WHO at this year’s World Health Assembly, as together we recover, rebuild and renew our commitment to the Sustainable Development Goals.

The first is promoting health, by making an urgent paradigm shift to addressing the root causes of disease and creating the social, economic and environmental conditions in which health can thrive. Making this shift begins with recognising that health starts not in the clinic or the hospital, but in schools, streets, supermarkets, households and cities. Much of the work that Ministries of Health do 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, and the existential threat of climate change. Such a shift could cut the global disease burden in half, but it would also offer massive economic gains, by reducing the burden on health systems and increasing the productivity of populations.

The second priority is providing health, by reorienting health systems towards primary health care as the foundation of both universal health coverage and health system resilience. The pandemic has demonstrated that a resilient health system is not the same thing as an advanced medical care system. Some countries with the most sophisticated medical care were overwhelmed by COVID-19. By contrast, some middle-income countries with fewer resources fared much better, thanks to investments in public health after outbreaks of SARS, MERS, H1N1 and others. The backbone of public health is robust primary health care, for detecting outbreaks at the earliest possible stage, as well as for preventing disease and promoting health at the community level.

The third priority is protecting health, by strengthening the global architecture for health emergency preparedness, response and resilience. The pandemic has exposed serious vulnerabilities in the world’s defences against epidemics and pandemics, while the collective failure to address neglected diseases in neglected communities puts us all at risk. In May, WHO published a White Paper with 10 key proposals for making the world safer, in the areas of governance, financing and systems and tools, under the umbrella of a new legally-binding international instrument on pandemic preparedness.
and response, which WHO’s Member States are now negotiating.

The fourth priority is powering health through science, research, innovation, data, and digital technologies. Advances in science and research are constantly pushing back the boundaries of the unknown and the impossible; innovations in health products and service delivery give us hope of overcoming challenges that once seemed insurmountable; developments in big data and machine learning are helping us to see who is being left behind, and to track progress against our targets; and digital technologies offer huge potential for delivering health services in new ways, to more people, especially in hard-to-reach areas. At the same time, one of the lessons of this pandemic is that the fruits of science and technology must be shared equitably.

The fifth priority is performing for health, by building a stronger, empowered and sustainably financed WHO. At this year’s World Health Assembly, our Member States made a historic decision to increase assessed contributions (the membership dues countries pay) to 50% of WHO’s base budget over the next decade. This will give WHO the flexibility and predictability to plan for long-term programming in countries, and to attract and retain the people we need to deliver those programmes. Of course, it is incumbent on us to return the trust our Member States have put in us with strong governance, accountability, transparency and efficiency. Even before the pandemic, we had already made major progress in these areas, and we are committed to further improvements. In particular, our focus in the coming years is to significantly strengthen our country offices to support greater country capacity and greater country ownership.

The world must heed the lessons of this pandemic. One of the most important of those is the power of hope: that with science, solidarity and a commitment to equity, we can avoid unnecessary deaths and illness, and create stronger, more equitable and resilient health systems and societies that are able to deal with the crises of the future.

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