Excellencies, distinguished guests, global citizens. Good afternoon, all, and welcome. I understand that today we bring together over 300 speakers representing 100 plus countries across the globe as we collaborate and, yes, contemplate and how to make meaningful strides towards the ever elusive Sustainable Development Goal Three: Good health and well-being for all. Of course, I'd like to thank the World Health Summit for hosting this incredibly timely forum under the theme “A Defining Year for Global Health Action” in a world of mounting crises every day.

We must confront the hard questions and the harsh realities affecting our global community. Indeed, the concurrent and consecutive crises and calamities appear never ending, with each one further demonstrating the depths of our interconnectedness. The pandemic, in many ways could have and should have been the great equalizer. It should have been a moment of intense international cooperation. A true test of those very esteemed post-World War two institutions that were built to foster sincere linkages across borders.

Instead, at best, it threw into sharp contrast the large disparities that exist between nations and at worst, exacerbated them. COVID 19 has indeed served as a harsh reminder of our disproportionate susceptibility to world events vaccine inequality, travel bans, supply shocks and the resulting strain on our economies. Demonstrated that while the world's challenges are global in scope, our individual nations have varying capacities to respond efficiently to them.

Because what my friends we are seeing unfold before our very eyes is the rapid pace at which local becomes global. Most recently, I saw Paris is in the midst of a bedbug crisis, which has quickly cross borders to the United Kingdom. As Barbados, for instance, approaches a high demand tourist season, I am acutely aware that Britain represents one of our key source markets, and we therefore understand the implications that this may have for our country as well as other Caribbean countries, as we welcome visitors as part of our business of tourism and hospitality.

It seems like such a small issue in the grand scheme of things. But what might be a blip for larger, more developed countries might become something much more unwieldy and costly for nations like ours. There is a cost attached to health care, and inevitably stronger economies have the fiscal space, the robust infrastructure to respond in ways that smaller economies might not.

We will recall that during the pandemic, persons literally had the benefit of quantitative easing printing of money by central banks to be able to allow them to carry expenditure as governments that they were forced to carry because of the impact of the pandemic on households and businesses. Small states did not have that. Developing countries in many instances did not have that option.

So my friends, when I say that today, it might be bedbugs. Tomorrow, once again, it might be something else much larger. Equally, antimicrobial resistance, for example, continues to pose
a major threat to our current global public health systems, increasingly affecting our ability to treat common infectious diseases and effectively threatening to reverse a century of medical progress. This means that the next pandemic or the next public health crisis might present further unprecedented challenges for us to confront.

And I don't say this to sound ominous. In fact, quite the contrary. As a leader, I must believe deeply in the resilience of humanity to respond and overcome whatever comes our way. But I do believe that it is naive and inefficient to attempt to confront these complex, layered challenges without an aligned community response and indeed without an aligned international response.

The World Bank defines the extreme poor as those living on less than $2.15 per day based on 2017 purchasing power parity. The past three decades, the global community has successfully made significant strides to reduce this figure up. My friends, until the COVID-19 pandemic, the defining global health crisis of our lifetime managed to reverse decades of earnest progress in a quick time with the number of people living in extreme poverty increasing by a staggering 70 million.

To leave it, no more than 700 million people are so affected. World Bank again has told us that the global extreme poverty rate reached 9.3%, up from 8.4% in 2019. The song like arbitrary figures. But each one of these figures represents a story of hardship and of suffering and of real, real difficulties. And the aftermath of the pandemic.

The world's poorest experienced twice as high income losses as the world's richest, demonstrating the steep financial burden borne by those who could least afford it. There are disparities that are only further illustrated when doing inter-country comparisons as well. Ultimately, if we want to achieve better health outcomes for the world's poor, which includes just about half of the population, then we need to develop more effective financing mechanisms that help the Global South build up its public health systems and to create robust and responsive domestic infrastructure before we are plunged into another global pandemic.

This needs to become a priority item on our development agenda if we are indeed serious about creating a healthier future for all. That is why in the Bridgestone Initiative we talk about the importance of being able to ensure that we can provide the finance for global public goods, because we all know that if we don't secure these global public goods, we put not just one country at risk, but all of our countries across the planet at risk.

Today's forum is important and the need for it is urgent. I imagine that at this stage we are all a little tired of living through these unprecedented times, all of these chaotic, chaotic difficulties that we face. But that is precisely why we need to align our goals, to aptly respond to our rapidly changing global landscape. In this room, both physically and virtually, there is a potential for deep collaboration and open science dialog that can help move the global health debate forward.

These are the kinds of discussions that we need to be having with more frequency because it is what the current global moment demands. We need to see how countries from the South can align their procurement practices for pharmaceuticals to ensure that we do not find
ourselves as victims again in the next pandemic, or even indeed, as we fight the battles to be able to minimize the incidence of chronic NCDs in our populations.

That level of collaboration among the Global South, both in terms of procurement and also coordinated manufacturing, is absolutely critical if we are going to make that difference. So, my friends, I'd like to wish everyone a very productive session. I am deeply appreciative of your commitment to not only strengthening our global health systems, but improving the quality of life for us all.

But these noble goals will only happen if we make the individual decisions to be able to strengthen our systems, to be able to expand our collaboration, and to be able to benefit from international agencies such as the WHO that can help bridge the gap when we do not have the level of expertise or knowledge, or indeed, in some instance, financial support.

So to do so, my friends, I say to you, I regret that I'm not there. But thank you. Thank you. Thank you.