Good morning, and good afternoon to some of our reporters who will be calling in. Welcome to the WHO press conference, introducing Dr Tedros Adhanom Ghebreyesus as our newly elected Director General of the World Health Organisation.

My name is Marsha Vanderford at WHO, and we want to welcome journalists here in the press room in Geneva. A special warm welcome to journalists who have travelled a long way to be here at the World Health Assembly.

We want to also acknowledge our reporters who are on the phone, and we will be calling on you during the question and answer period. Just a reminder, if you’d like to ask a question when we get to that question and answer session, we ask for journalists on the phone to dial 01.

So, please, if you have a question and you’re on the phone, dial 01. We will put you in the queue to ask a question.
We will open with a statement from Dr Tedros, and then open the floor to questions from journalists, first here in the room, and then on the phone, alternating those places. Dr Tedros, please begin.

TAG  Okay. Thank you very much. I would like to thank the press for joining us today. First of all, I will just make a brief statement. It will not be long. So that we can have as many questions as possible from you.

First of all, I would like to start by thanking my colleagues, Sania and David. It has been a very wonderful campaign. A roller coaster, almost one year. And also I’m now the DG, but Sania and David have really a huge experience, big time, and I will work with them, and their experience is very important. But I would like to thank them, actually, for their extraordinary cooperation during the campaign.

And I would also like to thank Margaret for her leadership the last ten years. I have seen last week when I was in the Democratic Republic of Congo - as you know, an Ebola outbreak was reported from DRC. And I saw, actually, the new Emergency Response Programme reform, that Margaret started, really working.

Because they detected cases immediately, and not only that, they responded swiftly. And I was very impressed, actually, by how the Minister of Health and also the partners on the ground are really working on to address, or to manage the outbreak.

I think that’s a very good start, but we see also challenges, and we need to build on this, and implement the Emergency Response Programme as a sense of urgency. I think it is very important for the whole world, as you know, but there are already progresses.

And the other one was in Liberia, which I also have been communicating on with Dr Peter Salama. Outbreak of unknown cause. Of course Ebola was ruled out, but the cases were detected as early as possible in Liberia and reported to WHO swiftly. And the response was also swift. These are very good signs that
the new emergency response is working, and I thank Margaret for that. But we need to also work on other areas that need to be improved for WHO.

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Then, as you know, I have been travelling almost all over the world. As I have been saying yesterday in my acceptance speech, I found our world to be more beautiful than I actually perceived before. Travelling every corner.

And it’s very humbling, the experience. It even gave me more energy to serve this beautiful, you know, people we have everywhere you go. And you see the challenges, and you see the beauty also. And you see the diversity, which makes it even very beautiful.

And the diversity, really, a message is, you know, situations are different on the ground, and that our solutions to the challenges, to the diverse challenges we face should also be tailored to the needs. Be it at the country level, or sub-regional or regional levels.

So it can help you to really listen to people, and was very important for me to travel to visit, meet as many people as possible from all over the world.

And the messages were very clear. I think something that was coming very, very clearly was people identifying health as a rights issues.

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Wherever you go, that’s true. And what the world has promised in 1948, Health For All, when WHO was constituted, is true today. But still, half of our population doesn’t have access to healthcare and universal health coverage.

Not only in 1948, in 1978, you know, we have also recommitted, and now in 2015 with SDGs, another commitment. I think it’s time to walk our talk, and the world is asking for that. Health is a rights issues. An end in itself.

And also health as a means to development. It’s not actually a waste - it’s the smartest thing to invest in. And wherever I have been travelling, that was very visible, and that’s why I said yesterday, all roads should lead to universal health coverage. And it should be the centre of gravity of our movement.

And when you say universal health coverage, it’s addressing the financial barrier. It’s addressing the challenge we are facing with regard to access to
drugs. Addressing the barriers to equality, access to quality of care and diagnosis.

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And universal health coverage should be at the centre to address these barriers. And universal health coverage cannot be the same, and I will relate it with the diversity I have told you [about]. Some countries want to use private services to achieve universal health coverage. Others use public services only. They don’t want private. They say, we don’t want to commercialise it. And yet others use a mix of private and public.

And some countries use general tax, others use insurance. Others use a mix. There is no one way or one means of achieving universal health coverage. You see based on the country’s situation, different ways of achieving universal health coverage. We have to respect that. We don’t need to impose on the ways, but at least we need to have a consensus and agree health as a rights issue, but whatever means you use to achieve that goal.

But there are many ways of achieving it. But we have to agree that health is a rights issue, an end in itself. And universal health coverage should be at the centre, and it has to be tailored to the needs of the countries, and the countries themselves can do it based on their situation. And we have to respect their diversity we see, or their difference in doing things in a different way.

00:08:35

And the other thing that came out clearly during my visit, and all the engagement, which is also in the vision statement, is the emergency response. We have a new programme, I said it early.

The issue now is we have to implement it with a sense of urgency, but when we implement the Emergency Response Programme, with a sense of urgency, it has to be geared towards implementing the International Health Regulations in full. That has to be the, at the end of the day, the bottom line.

And we can do many of the things we’re doing now, like the Global Health Security Agenda that many countries are willing to have a joint external
evaluation. And identifying the gaps they’re facing, or the challenge their facing, or the gaps they have in implementing the International Health Regulations.

And then based on the outcome of that joint external evaluation, to address the gaps and help countries to move into implementing the International Health Regulations.

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I think this is very central, and the whole world, it is now saying we have to be prepared. Epidemics can strike any time, but we have to be prepared. We can prepare for any eventualities. And some countries were even proposing simulations, to start doing simulations. So people can be trained on a regular basis.

And not only that, you have that attitude of, really, you can develop that attitude of responding to epidemics when you do simulations. Even the mind prepares, not only the logistics. By simulations, you can prepare the mind, you can prepare the logistics. You can refine your processes. Simulation is important. That’s what some countries are saying, and willing also to help.

But the emergency response was very important, almost to the whole world. They don’t want to see another epidemic striking again. And if there is anything that’s going to start that, it has to be managed as early as possible.

00:10:48

Then maybe the other set of issues I would like to raise before I give you the floor was reforming WHO. I think that’s very important, and we have seen the benefits of reforming the Emergency Response Programme. And the reform that has already been started by the outgoing leadership should really continue.

And also, if there are new areas we need to consider, we should. But one thing that’s clear in the reform is, I think, re-engineering the process is important. And the re-engineered process, assembling them into systems and then maybe identifying new programmes is important. And then identifying, maybe structures that can support the process and systems is important.

But more importantly, and many of the staff I have spoken to it, they are raising the alignment of the vision. And they’re saying it’s all in the mind. Are we
really thinking likewise? Do we have the same understanding? Do we belong to the same vision?

And based on that vision, do we have similar priorities? And is the whole organisation understanding the vision and these priorities crafted based on the vision?

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And do we have concrete goals based on these priorities, and are we measuring it on regular basis? And do we have the right mind also to accept measurement? Both internal and external scrutiny. And are we prepared to accept when there are weaknesses, and address them, and take the organisation into continuous improvement?

I think this is very powerful. I agree with the staff that, at the end of the day, it’s the mind-set which is very important. Without the right mind-set, whatever processes or programmes you introduce, it doesn’t work. It won’t.

So, do we belong to the same vision? And we have the right mind-set to address the challenges we’re facing, I think is key.

And then that takes me to the reform, what should be central, which is the human resources. Do we have, you know, motivated staff? What do we do? What does the leadership do to really inspire and motivate the staff?

00:13:20

I think for leaders one main task should be to motivate and inspire, and create work environment. If there are problems with governance, to address it. I think working with the staff is not one way. Not like just telling them what to do. You have to also listen to them and address the challenges they are facing, and make sure that the environment is conducive for them to also work in this organisation.

Do we have a two way communication? Are we helping them, and are they helping us? As the end of the day, helping each other means serving the people in a better way. Is there that kind of mind-set? That’s what many are asking now.

So, I’m glad that... just one phrase: Let’s do things with the right mind-set. That’s what people are saying. And starting from the vision, the understanding
of the vision. Right mind-set towards the vision, and the rest up to the measurement which I have already said.

00:14:24

And that I will ask… For the leadership, the challenge here is, that the leadership should be very clear about working very closely with the staff. Closer than ever before, and willing to work with the staff very closely and understand the challenges. Address them, inspire, motivate. But at the same time, really move the whole organisation to really serve.

So, these are some of the issues I would like to raise. But in a summary, I’m really grateful and thankful to the member states. The outcome of the voting was very, very clear. And having confidence from majority of member states gives me legitimacy to really implement the vision that I have already outlined.

The visions doesn’t just belong to me. It was crafted after discussing and interacting with as many member states, as many stakeholders, partners in society, and private sector, others. So I think that vote and that confidence, landslide, I believe gives me the legitimacy and involvement of all member states.

It gives me legitimacy and confidence. Their confidence is transferred to me. So it gives me confidence to do as much as possible.

00:16:02

So, the campaign has ended, as you know, officially, but I think more work begins, actually, now. And I know it’s very difficult. It’s going to be tough. It’s not going to be easy. And you know, but I also believe that together we can make a difference. I believe in us. I believe in us when we work together. WE can make a difference.

Of course, we will not agree on everything. There will be areas where we will disagree. It doesn’t matter. As long as we work together on what we agree, and continue to talk and dialogue to narrow the differences we have. But at the end of the day, I’m a strong believer that even if we just focus on what we agree and work hard on those, we can achieve really great things. Thank you so much. Thank you.
Thank you, Dr Tedros. We will now be opening the floor to questions, starting with journalists in the room, and then alternating with callers that may be on the phone.

Again, if reporters on the phone would like to ask a question, we will ask them to please dial 01. So, please, for those on the phone, we will only be taking questions from those who have clearly identified their name and their agency. If you did not at first, but want to ask a question, best to reconnect.

So, let me first take a question from Stephanie, and then we will take a question here, and then Laurie Garrett. And then we will rotate around again. So, please.

Right. Reuters, Stephanie Nebehay. Yesterday the Trump administration issued an outline budget which called for deep cuts in some of the global health agencies worldwide, and peace keeping, and climate change, and other international bodies. What are your concerns going into your position about funding for the WHO? And as part of the transition, will you be involved in talks right away with the administration?

Thank you very much. That’s... Do we do it one by one, or...?

Would you prefer a cluster, or would you like to do one by one?

As you wish. Okay. One by one.

Okay. If it’s one by one, then it will be very difficult to ignore a question. That’s tricky. Okay, one by one.

One the budget issue, I think it’s very important to move really fast in really addressing the budget issue. And when we talk about budget issue, most of the time we raise the WHO budget only.

But that’s not the right way of thinking about financing Global Health Agenda. I always prefer, actually, to think about the bigger envelope, or the finance we need for the Global Health Agenda. It can come through the World Bank, Global Fund, or others, but that should be given more priority.
Then under that, you can have the finance for WHO.

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So, I will help Global Fund, the World Bank and Gavi to really raise funding, which will really be channelled to the countries, and which I believe should be significantly increased. And WHO should believe that even if the money’s not in its cover, it’s money. Because WHO is the leader of the Global Health Agenda, so it should worry about the big envelope, the money we need for Global Health Agenda.

So, I see your question in that line. And the solution now is, one, we need to expand the donor base. While campaigning, I have been talking to some countries and willing to contribute, like what the US, UK and other countries do. You know, the voluntary contribution? There are countries who are willing to contribute.

If we have as many countries as possible who can contribute, could be, you know, any amount, I think that will help. So, expanding the donor base is like countries who are struggling now, oil dependent, their revenue base is really narrow. And then the shock is serious when oil prices go down.

And the same thing happening, actually, with financing. Dependent on traditional donors only, and then when there is some challenges from traditional donors, then the shock is serious.

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So, by expanding the donor base, we help, you know, the health financing to have a kind of shock absorber. So, it’s just a like a country situation. Countries expand their revenue base, and WHO should also expand its donor base. Not only WHO, but the Global Health Agenda. The funding we need for Global Health Agenda, I think its base should be really expanded.

And then the other thing is… I don’t want to go into details. I have outlined it, actually, many times. But the fundraising unit in WHO is really small. Be it in terms of number, or the skillsets you have in that unit. We need to strengthen the capacity of the fundraising unit in WHO. Both in terms of numbers of people involved in that, and also their skills also.
UNICEF have very strong capacity, actually. The issue is that what can we learn from UNICEF and other sister, similar UN agencies? And then build the capacity of, you know, our fundraising.

And then on, specifically to come back to your question. You know, I wouldn’t take it, like, as a final issue. I have always seen contribution from the US, actually, always as a bipartisan position. I have worked with both republicans and democrats. And if we can communicate with them the right way, and know how to effectively communicate, I think we can also address that.

So, I don’t take it as a closed issue, and I will continue to engage and, you know, use that bipartisan position that I have already experienced while working as Minister of Health in my own country, but also when I was chairing the Global Fund. Also when we were raising funds in 2010, that was when I had opportunity to engage, and I saw the bipartisan position on financing Global Health.

Thank you. You’re next, please.

Thank you very much. Zhang He from CCTV. First of all, congratulations, Dr Tedros. We know that China and WHO have stepped up their health cooperation under the One Belt, one Road initiative. So, under your leadership, how will WHO and China work together to improve the healthcare in those countries along the One Belt, one Road? Thank you.

No, thank you very much. I think there is already opportunity. As you remember, there is a memorandum of understanding signed between China and WHO last January. Then another action plan was signed in May. These are very important agreements. So the issue is now to implement those.

Using the multilateral organisation like WHO is very, very important. The world is getting smaller, and I think China understands that. And strengthening our multilateral organisations is very important.

But in addition to that, through the One Belt, one Road, or bilateral also contributions of China to countries in the health sector is very important. I’m
one of the witness when I was Health Minister, benefiting a lot from Chinese support. So I will also encourage them to boost the bilateral also.

I wouldn’t just say everything should come through the multilateral. We have to focus on the increased flow of support that goes to countries.

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As long as it countries, it can come through bilateral or multilateral. And China can be involved in both, and it’s doing it, and we have to continue to strengthen that. And there is a meeting in August, August 18, One Belt, one Road, maybe countries will be involved in there. That will be a very good opportunity also, to see how China can really help in that One Belt, one Road initiative, especially the health sector. Thank you.

MV Thank you. Laurie, you’re next.

LG Thank you very much, and thank you for giving me the floor. Congratulations, Dr Tedros. I wanted to partly follow up on the first question. Because the announced cut to US aid is 32%. The announced cut to Global Health is 17%. The announced cuts to our NIH, all of our scientific research institutes, will be so dramatic that we were looking at anywhere from 20-30% cuts.

Whatever our Congress will do, it’s hard to say right now. But likely we are going to end up with a greatly reduced United States commitment to global affairs at large, and specifically Global Health affairs.

00:26:29

I know that your region has consistently supported attempts to raise the basic assessment, and been overruled every time it’s come up. When I say your region, I realise now you’re a man of the world, but I’m speaking of Africa.

Can we, first of all, revisit the notion of assessments? And do you have a plan for encouraging, after, what, 40 years, for the governments that are members of WHO to consider putting in larger share?

And secondary, if indeed the United States ceases to be a significant donor, you’ve laid out the idea of a diverse donor pool, and the idea of creating a special office that will be enhanced like the UNICEF office. But how in the
world are you going to close a $2.2 billion gap, and whatever billions it turns out to be is lost with the United States leaving the field?

TAG Yes. By the way, if the 32% or 17% you said that goes to multilateral organisations, when it comes, the surprise like this, it’s not right.

00:27:47

For anything that has been going on, I’m a strong believer that there should be an exit strategy. Means gradual exit that avoids any shocks. Because when there is finance cut like this, the most affected are the poor, by the way. Most of the money goes to those who need the services.

And, you know, terminating it like that, I think is, has its ramifications. And I hope this should be, you know, will be understood because finalising the proposal. I believe that this will be taken into consideration.

But on the other hand, you know, sometimes it might also help. Because hoping that I will win this election, while campaigning I was asking countries, you know, what we should do. And the contribution from everybody is very important, I think mobilising.

We have to learn from this and do something to really address, so we prevent any future shocks because of surprises. I think that’s important.

Then on assessed contribution, what we should do first is, the world wants to see result also. Confidence is low. I will give you one example. When I was chairing Global Fund from 2009 to 2011 there was some problem with regard to fund disbursement from Global Fund, and donor or partner confidence was down.

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And then we started internal assessment, very candid assessment, and at the same time we installed independent panel. I remember of that time was led by the former Secretary of Health of the US, Secretary Leavitt, Mike Leavitt. And very prominent people representing all corners of our world were members of that independent panel.
And then the partner confidence really increased significantly. We regained that. But not only that, we raised $11.6 billion on 2010. This is immediately after the economy crisis hit, actually, in 2008.

So, the issue now is, how do we regain confidence of member states and other partners in WHO? And you cannot do it by talking, but we have to act. We can do what we have already done with... You know, it may not be the same thing, but we can do something that helps regain confidence too.

00:30:56

Whatever funding we have, we have to start using it in a way that adds value and focus on the priorities. And that can help us also to save some unnecessary, you know, expenses. And we have to still continue to ask from the voluntary contribution, for WHO to make it more flexible.

Some projects or programmes are over funded, and while others are under-funded. So, how do we make use of the funding we have already, very wisely? And then the strengthening the internal capacity is important. And advocating for increased assessed contribution it important.

On assessed contribution, I think one thing what we haven’t tried before, and what we should try, is assessed contribution should be just assessed at the World Health Assembly stage. We should start discussing at the sub-regional, regional, political organisations.

Why it’s important to really increase the assessed contribution. We have to make our case, of course, if we’re going to convince anybody. So we have to put together our, you know, stories why. Why it should increase, bring that compelling story to these political organisations. It could be in AFRO, it could be in the Asian countries. It would be EMRO, or it could be the Caribbean community, or it could be in the Pacific community.

00:32:27

And then there are buy-ins, by the way, from corners, and we use those champions to really help countries to understand its benefits to everybody. And then when we come to the World Health Assembly, I think it will not be very difficult.
So, the job is done at the lower level, by the way. Not here. So, I will do everything to make sure that the assessed contribution gets some traction at the country, sub-regional, regional levels first, and understanding of it.

Instead of, like, giving, give me money. No money. Give me money. It has to go into why. Why it’s important, and are we asking that question in the right place? Why do we ask it in Geneva? Are we asking it in the right place? And have we really articulated enough why we are asking that? Why?

So we have to be prepared, I think, just like a court case. And we need to have the issues at hand properly. Why? Thank you.

00:33:30

MV Before we go to the phone for questions, I’d like to recognise the President of the Association of UN Accredited Correspondents, Jan-Dirk Herbermann, and ask if you have a question, please.

JH Yes. Good morning, Dr Tedros. First of all, on behalf of ACNU, our Association of Accredited Correspondents here at the United Nations in Geneva, a very warm welcome to you. And we hope that we can have you many more times in the press room three for any topic you like to discuss, or we like to discuss with you.

We wish you all the best. Good luck and loads of success in the next five years. Probably the next years. Who knows? And we hope that we can establish very good, successful and healthy relationship, you and us.

I have a question on the topic of universal health coverage, you mentioned quite a lot of times. I guess in order to achieve this goal, you have to cooperate with the pharmaceutical companies. What will be your strategy towards, and vis a vis the pharmaceutical companies in order to achieve this goal of universal health coverage of drugs for all? Thanks.

00:34:44

TAG Yes. Thank you very much. As I said early, one of the barriers in access to drugs. Very important component of universal health coverage, and that has to be addressed. But it’s not just engagement with the pharmaceutical companies also which will bring a solution. We need to have a very
comprehensive approach to it. And of course it needs, as you rightly said, engagement with the pharma company as well.

I think one important development is the whole world, it is now taking it seriously. You know the independent panel report last September, their recommendations. We can start from there.

Of course WHO’s role in that assessment was not really strong. We have to be, WHO’s presence should be really felt. And we have to start from the recommendations outlined there. And there are some important recommendations in that document. I don’t want to go into details, but it should be a comprehensive approach. Including the engagement of the pharma.

But at the end of the day, I think access to drugs should be a very important component of addressing universal health coverage.

Then on the media, by the way, I want to be close also, and I hope we will have very good and healthy relationships. At the end of the day, I think both of us work for the people. And as long as the goal is that, then we have to communicate regularly and make sure that there is no surprise to the world. Thank you.

Thank you, Dr Tedros. We will now go to the phone, where I think we actually have time for a couple of questions. We will start with Anne Galland, and then to Maria Cheng.

Oh, hello. It’s Anne Galland from the BMJ here. Thanks so much for taking my questions. You talked earlier about starting new programmes at WHO, and I wondered if you’ve had any idea of what kind of new programmes you might start? And also, is there anything you might stop doing? You think that WHO shouldn’t be doing. Thank you.

I wonder if you can repeat your question. We were just putting on earphones and so we missed the first part.

Oh, sorry. Yes, sorry. It’s Anne Galland from the BMJ. My first part of the question was, you talked about starting, you might start some new
programmes. I wondered if there were,.. what you had in mind to set-up that WHO isn’t doing at the moment.

And also, is there anything that WHO is doing that you think it shouldn’t be doing? Thank you.

MV And so let me say what the question is before DR Tedros answers is.

TAG I got it.

MV You got it? Okay. Please.

TAG So, on the start of the new programme, I think I have the vision statement. The five priorities, I think I will focus on that what I will, you know, what we can do with regard to that.

00:38:09

But I think the first thing I will focus now is on really listening to staff, listening to member states, listening to partners, all partners, and see what, you know, proposals come actually from that dialogue, or from that engagement.

And what do I stop doing? Anything that contradicts universal health coverage. I think it will stop. Anything that affects universal health coverage, it will stop. Thank you.

MV And so our next question comes from Maria Cheng. And after Maria asks her question, we will repeat it so everyone in floor here knows what the questions was.

MC Hi. Thank you very much for taking my question. I guess given the discussion this morning about financial pressures on WHO, I’m wondering, Dr Tedros, if you could comment on if you think it’s appropriate that WHO spends more on something like travel costs every year than on major disease programmes, like AIDS, malaria and tuberculosis.

And I wonder if in cutting costs at WHO, you would consider outlawing something like business class travel and stays in these five star hotels. Does it seem a bit misplaced that WHO staffers are able to travel business class when they are actually working for the poor?

00:39:31
I can see that everyone has their earphones on. So everyone has been able to hear. Dr Tedros, please, go ahead.

Yes. No, thank you. That’s a very important question. In any organisation, by the way, reducing the overhead cost as much as possible is important. So you can save from there and use it for programmes. I remember my late prime minister used to call these same costs as fat in some organisations.

So, we need to cut those fats and make it as lean as possible. But when it comes to the travel cost, by the way, it has to be seen in relation to the programme, because any travel expenses or other costs, as long as they can be justified because of the programme, it’s fine.

So, if that, whether it’s travel cost or any other costs related to the programme is justifiable, it’s fine. If it’s not justifiable, you know, it has to be addressed.

So we shouldn’t make a mistake in just seeing the travel expense in isolation from, you know, the programme or the goals we’re trying to achieve. It has to be seen in that respect, and see if it’s really unnecessary expense, then it has to be stopped. If it’s necessary, it’s fine. So we have to see it that way.

But we have to really take as a principle on minimising expenses, unnecessary expenses, which I agree with the, you know, the journalist who really asked me this question. Thank you.

So, I think we have time for one more question. Let me take the gentleman here. Please, go ahead.

Congratulation, Dr. So, Bodi Hugger from China. Simple question. After election, some media made the translation of your name like Dr Adhanom. So, could you explain then, the tradition of Ethiopian name, and also tell us which name you prefer that we call you? Thank you.

Yes. By the way, the issue is in Ethiopia we don’t have surnames, and also my wife or my partner doesn’t take my name.

I think this is in our tradition, actually. So, if we don’t have surnames, then what we use in Ethiopia is as a name, our given names. So, my given name it Tedros,
and everybody knows me in Ethiopia by my given name, by Tedros. If you ask saying Adhanom or Ghebreyesus, they will take time to remember, you know, who is this guy?

So, call me Tedros. That’s, I think, better use the Ethiopian way because that’s what I, many people know me actually. Even now in the campaign, that’s why I was using Tedros only. And easier, also. Tedros is easier than the other two names I have. It’s long and difficult.

MV Thank you very much to everyone who has called in, and for everyone who has come.

UM [Inaudible].

MV We very much apologise. Let us take one more. And, Sir, please go ahead.

00:43:15

UM [Inaudible].

MV We know there is limited time and we apologise.

UM No. I think the spokesperson for the WHO must recognise that this is a universal press conference, and it cannot be limited to few American journalists and few Chinese journalists. There are developing countries. I suppose Tedros comes from a developing country, and you should respect that.

MV We do. No intention to offend anyone. Please, go ahead.

UM Mr Tedros, I want to come back to your emphasis on health to be acknowledge and recognised as rights goal. And we are facing a problem that most of the countries which are currently having neo-liberal economic policies, including my own country, India, are definitely neglecting health on a large scale.

And because of age, the health budgets are going down, and also the access to primary healthcare is dramatically reduced. You’re suggesting that WHO should not interfere, intervene and interfere in this because you want this to be left to the states and to the governments.

00:44:32
Don’t you recognise that there is a responsibility as a head of the WHO to intervene in this debate? To say that public health investments have to keep up with the kind of disease burden that is growing in these countries? Thank you.

TAG Yes. Thank you very much. That’s a very important question. As I said earlier, we should... If we’re going to ask commitment from countries, the commitment should be to the goals. That’s what I have observed, by the way, throughout the world.

As long as we agree on the goal, any government agrees on, you know, achieving universal health coverage, the means could be private, public, or a mix. There are countries who have very robust private, and who have achieved better outcome in terms of universal health coverage.

So, that’s why WHO should be more, you know, should really advocate for the outcome, rather than the means.

00:45:44

Because there are many ways of really achieving universal healthcare. That was what I was saying. So, the issue, the central point is the outcome. And if we agree on the outcome, then we should advocate. WHO should really advocate.

Then on the public health investment, there are public health issues that the government should actually be responsible for. Everything cannot be in the private hands.

If you’re talking about those, then of course WHO should really advocate for some of the public health areas or interventions to be entirely done by the government itself. So we have to differentiate the two, so we can do both. Thank you.

MV Thank you, Dr Tedros. This brings us to the end of our session. We will be posting within a couple of hours, the audio file of this. And we want to thank all of the journalists on the phone and in the room. Thank you very much,

TAG Thank you.