

**“Together for
a healthier world”**

Dr Tedros Adhanom Ghebreyesus

Director-General



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ABOUT DR TEDROS ADHANOM GHEBREYESUS

Elected by the Member States of WHO at the World Health Assembly in May 2017, Dr Tedros is the first WHO Director-General from Africa in the Organization's nearly 70-year history.

Dr Tedros has first-hand experience improving health outcomes in a country and region hardest hit by many of the world's biggest health challenges. As Ethiopia's Minister of Health, his comprehensive agenda of reform dramatically transformed the country's health system, positively improving the lives of millions of Ethiopians. His global leadership on malaria, HIV/AIDS and maternal and child health has also been immensely impactful.

It is through Dr Tedros' inclusive, engaging and decisive leadership – as well as his community and hands-on experience – that he has been able to bring health care closer to communities, respond to health outbreaks and emergencies, improve the health and well-being of women and children, invest in people, and spearhead innovative reforms to finance infrastructure and data systems.

International health initiatives

- 2009 – 2011 Board Chair, Global Fund to Fight AIDS, Tuberculosis and Malaria
- 2007 – 2009 Board Chair, Roll Back Malaria Partnership
- 2005 - 2009 Board Co-Chair, Partnership for Maternal, Newborn & Child Health
- 2009-2010 Chair, UNAIDS Programme Coordinating Board
- Board member, GAVI Alliance
- Board member, Institute of Health Metrics and Evaluation
- Coordinating Board member, Stop TB Partnership

Education, research and scholarship

- Doctorate of Philosophy (PhD) in Community Health, University of Nottingham
- Master of Science (MSc) in Immunology of Infectious Diseases, University of London (UK).
- 2016 Received the Women Deliver Award for Perseverance
- 2015 Named one of the '100 Most Influential Africans' by New African Magazine
- 2012 Named as one of the '50 People Who Will Change the World' by UK Wired Magazine
- 2011 First non-American to receive the Jimmy and Rosalynn Carter Humanitarian Award

More on Dr Tedros: <http://www.who.int/dg/tedros/en/>

VISION STATEMENT

I envision a world in which everyone can live healthy, productive lives, regardless of who they are or where they live. I believe the global commitment to sustainable development – enshrined in the Sustainable Development Goals – offers a unique opportunity to address the social, economic and political determinants of health and improve the health and well-being of people everywhere.

Achieving this vision will require a strong, effective WHO that is able to meet emerging challenges and achieve the health objectives of the Sustainable Development Goals. We need a WHO – fit for the 21st century – that belongs to all, equally. We need a WHO that is efficiently managed, adequately resourced and results driven, with a strong focus on transparency, accountability and value for money.

Putting people first

The right of every individual to basic health services will be my top priority. I will champion mechanisms to meaningfully listen to, learn from and engage people and communities - including migrant, displaced and disabled individuals; people living in rural, urban slum and low-income areas; and other vulnerable populations.

Placing health at the centre of the global agenda

When people are healthy, entire communities and nations thrive – indeed, the whole world benefits. I will engage with Heads of State, Ministers across a wide range of portfolios, multilateral institutions, the UN system, civil society and the private sector to make access to health care and protection from infectious disease outbreaks a central component of the world's security, economic and development agendas.

Engaging countries and strengthening partnerships

Improving global health requires effective engagement with all Member States and across multiple sectors. Under my leadership, an enhanced and independent WHO will take a science-led and innovation-based approach that is results-oriented and responsive, maximizes inclusive partnerships, and ensures collective priority setting with all stakeholders. In particular, I will champion country ownership, so that countries are at the table, as full and equal partners, to guide and make the decisions that will affect the health of their populations.

Vision statement by Dr Tedros: <http://www.who.int/dg/vision/en/>

ANTIMICROBIAL RESISTANCE

KEY FACTS

- ✓ Antimicrobial resistance (AMR) threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi.
- ✓ AMR is an increasingly serious threat to global public health that requires action across all government sectors and society.
- ✓ Without effective antibiotics, the success of major surgery and cancer chemotherapy would be compromised.
- ✓ Health care for patients with resistant infections requires longer hospital stays, additional tests and use of more expensive drugs.
- ✓ Globally, 480 000 people develop multi-drug resistant TB each year, and drug resistance is starting to complicate the fight against HIV and malaria as well.

What is antimicrobial resistance?

Antimicrobial resistance happens when micro-organisms (such as bacteria, fungi, viruses, and parasites) change when they are exposed to antimicrobial drugs (such as antibiotics, antifungals, antivirals, antimalarials and anthelmintics). Microorganisms that develop antimicrobial resistance are sometimes referred to as “superbugs”.

As a result, the medicines become ineffective and infections persist in the body, increasing the risk of spread to others.

Why is antimicrobial resistance a global concern?

New resistance mechanisms are emerging and spreading globally, threatening our ability to treat common infectious diseases, resulting in prolonged illness, disability and death.

Without effective antimicrobials for prevention and treatment of infections, medical procedures such as organ transplantation, cancer chemotherapy, diabetes management and major surgery (for example, caesarean sections or hip replacements) become very high risk.

Antimicrobial resistance increases the cost of health care with lengthier stays in hospitals and more intensive care required. Antimicrobial resistance is putting the gains of the Millennium Development Goals at risk and endangers achievement of the Sustainable Development Goals.

WHO's work on antimicrobial resistance: <http://www.who.int/antimicrobial-resistance/en/>

UNIVERSAL HEALTH COVERAGE

KEY FACTS

- ✓ All 193 Member States of the United Nations have agreed to work towards achieving universal health coverage (UHC) by 2030, as part of the Sustainable Development Goals.
- ✓ UHC means that all people have access to quality essential health services; safe, effective, and affordable essential medicines and vaccines; and protection from financial risk.
- ✓ At least 400 million people worldwide lack access to one or more essential health services.
- ✓ Every year 100 million people are pushed into poverty and 150 million people suffer financial catastrophe because of out-of-pocket expenditure on health services.
- ✓ On average, about 32% of each country's health expenditure comes from out-of-pocket payments.
- ✓ Ensuring equitable access requires a transformation in how health services are funded, managed and delivered so that services are centred around the needs of people and communities.
- ✓ More than 18 million additional health workers will be needed by 2030 to meet the health workforce requirements of the Sustainable Development Goals and UHC targets, with gaps concentrated in low- and lower-middle-income countries.

What is universal health coverage?

UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

Protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that people will be pushed into poverty because unexpected illness requires them to use up their life savings, sell assets or borrow – destroying their futures and often those of their children.

UHC is firmly based on the 1948 WHO Constitution, which declares health a fundamental human right and commits to ensuring the highest attainable level of health for all.

WHO is supporting countries to develop their health systems to move towards and sustain UHC, and to monitor progress.

More on WHO's work on universal health coverage:

http://www.who.int/universal_health_coverage/en/

WHO'S HEALTH EMERGENCIES PROGRAMME

What is WHO's role in emergencies?

Worldwide, a record 130 million people are in need of humanitarian assistance, and disease outbreaks are a constant global threat.

WHO is committed to saving lives and reducing suffering during times of crisis – whether caused by conflict, disease outbreak or a disaster. WHO works with countries and partners to prevent and prepare for emergencies, to support a rapid and effective response and to strengthen health services for the long term long after the event is over.

What is the new WHO Health Emergencies Programme?

Requested and approved by Member States, the new WHO Health Emergencies Programme is a profound change for WHO, adding operational capabilities to WHO's traditional technical and normative roles. The Programme leads and coordinates the international health response to emergencies of all kinds.

How does WHO work with partners?

During a crisis, WHO works with the local ministry of health and partners to identify where health needs are greatest and to coordinate efforts to ensure that these areas are covered by both medical supplies and personnel.

No organization can act alone in emergencies. WHO regularly collaborates with partner networks to leverage and coordinate the expertise of hundreds of partner agencies.

How does WHO support countries?

- ✓ assesses health emergency preparedness and helps address critical capacity gaps
- ✓ develops strategies and capacities to prevent and control high-threat infectious hazards
- ✓ monitors new and ongoing public health events to assess, communicates and recommends action for public health risks
- ✓ ensures countries with high vulnerability are prepared for health risks
- ✓ provides life-saving health services to affected populations in countries with ongoing emergencies.

WHO's work on emergencies: <http://www.who.int/emergencies/en/>

CLIMATE CHANGE AND HEALTH

What is the impact of climate change on health?

Although global warming may bring some localized benefits, such as fewer winter deaths in temperate climates and increased food production in certain areas, the overall health effects of a changing climate are likely to be overwhelmingly negative. Climate change affects social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter.

What are some of the impacts of climate change on health?

- ✓ Extreme high air temperatures contribute directly to deaths from cardiovascular and respiratory disease, particularly among elderly people.
- ✓ Increasingly variable rainfall patterns are likely to affect the supply of fresh water. A lack of safe water can compromise hygiene and increase the risk of diarrhoeal disease.
- ✓ Floods contaminate freshwater supplies, heighten the risk of water-borne diseases, and create breeding grounds for disease-carrying insects such as mosquitoes. Malaria, for example, is strongly influenced by climate.
- ✓ Floods also cause drowning and physical injuries, damage homes and disrupt the supply of medical and health services.
- ✓ Rising sea levels and increasingly extreme weather events will destroy homes, medical facilities and other essential services.

Policies and individual choices matter

Many policies and individual choices have the potential to reduce greenhouse gas emissions and produce major health co-benefits. For example, cleaner energy systems and promoting the safe use of public transportation and active movement – such as cycling or walking as alternatives to using private vehicles – could reduce carbon emissions and cut the burden of household air pollution.

What does WHO's response include?

- ✓ Partnerships: to coordinate with partner agencies within the UN system and ensure that health is properly represented in the climate change agenda.
- ✓ Awareness raising: to provide and disseminate information on the threats that climate change presents to human health and opportunities to promote health while cutting carbon emissions.
- ✓ Science and evidence: to coordinate reviews of the scientific evidence on the links between climate change and health and develop a global research agenda.
- ✓ Support for implementation of the public health response to climate change: to assist countries to build capacity to reduce health vulnerability to climate change and promote health while reducing carbon emissions.

MEDIA CONTACTS

Dr Marsha Vanderford, Director of the Department of Communications, will be in Hamburg from Thursday 6 – Saturday 8 July.

For more information and interview requests, please contact:

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More information about WHO's activities: <http://www.who.int/en/>