Excellencies, distinguished parliamentarians, ladies and gentlemen,

It is a great honour to address this assembly of parliamentarians. You make the laws. You control the purse strings.

You are the watchdogs that hold governments accountable for their behaviours and their promises.

You know the public’s expectations, their hopes, dreams, and griefs. You take up the cause of the vulnerable and marginalized, and give them a political voice.

You make a significant contribution to health as a nation-building strategy and an engine of economic progress. Since the start of this century, IPU engagement reduced preventable maternal and childhood deaths and helped turn the AIDS epidemic around.
WHO collaboration with IPU has been especially strong and systematic in the area of women’s, children’s, and adolescents’ health.

You have shown how legislation can help prevent violence against women, reduce forced early marriage, uphold the right to inherit property, and remove barriers to health care, including family planning services.

In so doing, you have carved out channels of engagement and set up springboards of action that are vitally needed as the world enters the new era of sustainable development.

The health challenges are far more complex than they were fifteen years ago. Their solutions are more political than biomedical.

Above all, they will test the ethical values that are so apparent in IPU commitments.

Ladies and gentlemen,
The world has changed dramatically since the start of this century, when the Millennium Development Goals became the focus of international efforts to reduce human misery.

At that time, human misery was thought to have a discrete set of principal causes, like poverty, hunger, poor water and sanitation, several infectious diseases, and lack of essential care during pregnancy, childbirth, and childhood.

The results of that focus, and all the energy, resources, and innovations it unleashed, exceeded the wildest dreams of many. It demonstrated the power of international solidarity and brought out the best in human nature.

Maternal and child mortality fell at the fastest rate in history. Each day, 17,000 fewer children die than in 1990. AIDS reached a tipping point in 2014, when the number of people newly receiving antiretroviral therapy surpassed the number of new infections.

Since the start of this century, an estimated 37 million lives were saved by effective diagnosis and treatment of tuberculosis.
Over the same period, deaths from malaria declined by 60%. An estimated 6.2 million lives were saved.

Drug donations by the pharmaceutical industry allowed WHO to reach more than 800 million people each year with preventive therapy for the neglected tropical diseases.

These blinding, disfiguring, and crippling diseases anchor more than a billion people in extreme poverty. By reaching so many with preventive treatment, WHO and its partners are paving the way for a mass exodus from poverty.

Last month, the United Nations General Assembly finalized a new agenda for sustainable development.

The number of goals has grown from 8 to 17, including one for health. The related targets increased 8-fold, from 21 to 169.

The factors that now govern the well-being of the human condition, and the planet that sustains it, are no longer so discrete. The new agenda will try to shape a very different world.
This is a world that is seeing not the best in human nature, but the worst: international terrorism, senseless mass shootings, bombings in markets and places of worship, ancient and priceless archaeological sites reduced to rubble, and the seemingly endless armed conflicts that have contributed to the worst refugee crisis since the end of the second World War.

Ladies and gentlemen,

Since the start of this century, newer threats to health have gained prominence.

Like the other problems that cloud humanity’s prospects for a sustainable future, these newer threats to health are much more complex than the problems that dominated the health agenda 15 years ago.

Chronic noncommunicable diseases, like heart disease, cancer, and diabetes, have overtaken infectious diseases as the world’s biggest killers.

The world is ill-prepared to cope. Few health systems were built to manage chronic if not life-long conditions.
**Even fewer doctors were trained** to prevent these lifestyle related diseases. And even fewer governments can afford to treat them.

The climate is changing, with consequences for health ranging from a wider geographical distribution of infectious diseases to excess deaths from air pollution, heatwaves, and other extreme weather events.

Medicine is losing more and more mainstay antimicrobials as pathogens develop resistance. With few replacement drugs in the pipeline, the world is heading towards a post-antibiotic era in which common infections will once again kill.

Ladies and gentlemen,

I do not need to remind you that health has deep personal relevance for everyone on this planet. Well-planned and socially-accepted health reforms win votes.

But I do need to warn you: do no underestimate the health challenges that lie ahead.
These newer challenges do not neatly fit the technology-driven biomedical model that has historically guided public health responses. Their root causes lie outside the traditional domain of public health.

The health sector acting alone cannot protect children from the marketing of unhealthy foods and beverages, persuade countries to reduce their greenhouse gas emissions, or get industrialized food producers to reduce their massive use of antibiotics.

The newer threats to health also lie beyond the traditional domain of sovereign nations accustomed to governing what happens in their territories. In a world of radically increased interdependence, all are transboundary threats.

The globalized marketing of unhealthy products respects no boundaries. By definition, a changing climate affects the entire planet.

Drug-resistant pathogens are notorious globe-trotters. They travel well in infected air passengers and profit greatly from medical tourism.
Our world is profoundly interconnected and this, too, has consequences.

The refugee crisis in Europe shattered the notion that wars in faraway lands will stay remote.

The Ebola outbreak in West Africa shattered the notion that a disease of poor African nations will have no consequences elsewhere.

Ladies and gentlemen,

Last month, 267 prominent economists from 44 countries published a declaration in the Lancet, a leading medical journal.

That declaration called on global leaders to prioritize a pro-poor pathway to universal health coverage as an essential pillar of sustainable development.

The economic arguments for doing so are compelling. UHC transforms livelihoods as well as lives, and works as a poverty-reduction strategy.
The economic benefits of investing in UHC are estimated to be more than ten times greater than the costs.

UHC cushions shocks on communities when crises occur, whether these arise from a changing climate or a runaway virus.

Under normal conditions, UHC builds cohesive and stable societies and underpins economic productivity. These are valued assets for every country in the world.

This is my first challenge to you. Do everything you can to get governments to introduce reforms that move health systems closer to universal coverage.

UHC is one of the most powerful social equalizers among all policy options.

UHC is not cheap but, with the right policies in place, it is affordable. In your position as watchdogs, look for ways to reduce waste and inefficiency in the delivery of health services.
Sometimes the incentives are wrong: they encourage overuse of tests, overprescribing and longer-than-needed hospitals stays.

Watch the costs of medicines. Watch trade agreements that make it harder for lower-priced generic medicines to enter the market. When the price of a new drug costs $1,000 a pill, challenge the manufacturer to reveal the actual production costs.

Sometimes changing unhealthy human behaviours means changing the behaviours of powerful economic operators, including multinational corporations. Watch their behaviours.

If they promise to stop marketing unhealthy foods and beverages to children, hold them accountable.

Get your governments to raise taxes on tobacco products. Doing so is unquestionably the most effective demand-reduction strategy set out in the WHO Framework Convention on Tobacco Control. Remarkably, it is also the least used, largely because of interference from the tobacco industry.
What about labels on food? Do they help consumers make healthy choices, or do they confuse them? Can the mother of a diabetic child easily determine how many spoonfuls of sugar are in a cereal or a snack?

Above all, fight against tax policies, or trade policies, or insurance policies that punish the poor.

Most elected representatives operate on short-term agendas, always aware of the need to win the next election. Sustainability means taking a long-term view that balances the need for immediate and measurable results with the duty to serve posterity.

If drug resistance causes doctors to lose more mainstay antibiotics, this will mean the end of modern medicine as we know it.

Efforts to reduce greenhouse gas emissions boil down to efforts to prevent the next generation from inheriting a ruined planet.
As we move into the new era of sustainable development, WHO wants to strengthen its collaboration with IPU, also through structured technical support to your advisory bodies.

Parliamentarians are uniquely well-positioned to tackle complex health problems across multiple sectors of government and through multilateral agreements, resolutions, and other legislative tools.

Thank you.