

**REGIONAL COMMITTEE FOR AFRICA****ORIGINAL: ENGLISH**Seventy-fourth sessionBrazzaville, Republic of Congo, 26–30 August 2024**OPENING REMARKS BY DR TEDROS ADHANOM GHEBREYESUS, WHO DIRECTOR-  
GENERAL AT THE OPENING OF THE SEVENTY-FOURTH SESSION  
OF THE REGIONAL COMMITTEE FOR AFRICA**

Your Excellency President Nguesso,  
Honourable Minister Gilbert Mokoki,  
Honourable Minister Dr Edwin Dikoloti,  
Regional Director, my sister Dr Tshidi Moeti,  
Honourable Ministers and heads of delegation,  
Dear colleagues and friends,

Good morning, bonjour, it's an honour to be back in Brazzaville.

I thank Your Excellency, your Government, and the people of the Republic of the Congo for your continued hospitality in hosting the WHO Regional Office for Africa.

I also congratulate you for your leadership on health, regionally and at home.

When I was here five years ago, we discussed the importance of prioritizing primary health care, as the foundation of universal health coverage.

I am very encouraged that under Your Excellency's leadership, that is exactly what you have done.

District health systems have been strengthened; access to essential medicines is improving; the capacity of the health workforce is increasing, and Community Health Committees are functioning effectively.

As a result, service utilization is improving, and maternal and infant mortality are going down.

WHO is proud that we have been able to support you on this journey, and we will continue to support you, just as we will continue to support every Member State of the region.

The people of our great continent face many threats to health, both communicable and noncommunicable.

The most recent of those is the outbreak of mpox, over which I declared a public health emergency of international concern less than two weeks ago.

So far this year, more than 18 000 suspected cases of mpox, with 615 deaths, have been reported in the Democratic Republic of the Congo alone, already exceeding last year's total, which was itself a record.

Of particular concern is the rapid spread of a new strain of the virus that causes mpox, called clade 1b, in the country's east.

In the past month, more than 220 cases of clade 1b have also been confirmed in four countries neighbouring DRC which had not reported mpox before: Burundi, Kenya, Rwanda and Uganda.

Last week, cases of clade 1b were also reported in Sweden and Thailand, in people with a travel history from affected countries in Africa.

But clade 1b is not our only concern. Cases of other clades have also been reported this year in western DRC, as well as in Cameroon, the Central African Republic, Côte d'Ivoire, Liberia, Nigeria, the Republic of the Congo, and South Africa.

It is a complex and dynamic picture, and responding to each of these outbreaks, and bringing them under control, will require a complex, comprehensive and coordinated international response.

That is why I decided to declare a public health emergency of international concern.

Since my declaration on 14 August, WHO has been working with the affected countries, and others at risk, through our country and regional offices, as well as with partners including the Africa CDC, NGOs, civil society and more.

Last Monday, I issued temporary recommendations under the International Health Regulations for countries affected by, and at risk of mpox.

Together with our partners we have developed a Global Mpox Strategic Preparedness and Response Plan, which we shared with all Member States on Friday, and will publish today.

The plan requires US\$ 135 million over the next six months to bring these outbreaks under control, through comprehensive surveillance and response;

Minimizing zoonotic transmission;

Empowering communities to participate actively in outbreak prevention and control;

And advancing research and equitable access to medical countermeasures, including vaccines.

On Friday we received the information we needed from one of the manufacturers to evaluate its vaccine.

We expect to issue an Emergency Use Listing within the next three weeks.

In the meantime, I have given the green light to Gavi and UNICEF to proceed with procurement of vaccines, pending the EUL decision.

We will provide more information during the mpox session on Wednesday.

I am confident that with the leadership of the affected countries, the support of WHO at all three levels, and the partnership of the Africa CDC and others, we can bring these outbreaks under control quickly, just as we have with many other outbreaks in recent years.

We have learnt valuable lessons from our experiences with Ebola, COVID-19, and more.

Indeed, improvements in health emergency preparedness and response have been a defining feature of the transformation of the Regional Office for Africa under the leadership of my sister Dr Tshidi Moeti.

Nevertheless, weaknesses remain in the health security architecture, in Africa and globally, so I am pleased to see that your agenda this week includes consideration of an innovative approach to strengthening that architecture.

As you know, Member States made significant steps towards strengthening health emergency preparedness, prevention and response at this year's World Health Assembly.

The adoption of a set of amendments to the International Health Regulations, and the agreement to conclude negotiations of the WHO Pandemic Agreement before next year's Assembly, or sooner, are major achievements.

I urge all Member States of the African Region to continue to engage actively in those negotiations, to ensure a strong agreement that truly makes the Region safer.

Strengthening WHO's support for countries to prevent, prepare for and respond to health emergencies has been a key part of our transformation over the past seven years.

Based on ideas from Member States, partners and our own staff, we launched the most ambitious reforms in the Organization's history, with more than 50 initiatives.

We have made significant changes to our business processes, our operating model, our approach to partnerships, our culture and more.

The transformation has been focused on making WHO more efficient, effective and results-oriented.

That approach was embodied in a bold new strategy, the Thirteenth General Programme of Work.

GPW 13 was the first of its kind in the history of WHO, with measurable targets and clear indicators, to support countries on the road towards the health-related SDGs.

Although we have made progress down that road together, it has not been far enough, or fast enough.

Even without the impact of the COVID-19 pandemic, we would have been well short of our goals.

The lessons learnt from GPW 13 have now been incorporated into GPW 14, which Member States adopted at this year's World Health Assembly.

GPW 14 incorporates lessons from the past, the realities of the present, and our aspirations for the future.

It is based on a clear mission to promote, provide and protect health and well-being for all people, in all countries.

To mobilize the resources we need to implement GPW 14, we have launched the first WHO Investment Round.

The Investment Round is itself part of the WHO Transformation, as the fourth pillar of our long-term plan to make WHO more sustainably financed.

It is about ensuring WHO is fully funded, and that the funding we receive is more flexible, predictable, and resilient.

I thank Member States from the African Region for the exceptional leadership you have demonstrated in advocating for sustainable financing for WHO, and for the Investment Round.

I would especially like to thank His Excellency President Mohamed Ould Ghazouani for his support for the Investment Round as Chair of the African Union, and for honouring us with his presence at this year's World Health Assembly.

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Excellencies, dear colleagues and friends,

I leave you with two requests:

First, I urge all Member States to engage actively in negotiations for the Pandemic Agreement, and to ensure negotiations are completed by the end of this year.

And second, I urge all Member States and partners to participate in the Investment Round.

Every Member State can contribute something, within its means.

And every contribution makes a difference, whatever the amount.

I urge all of you to continue to advocate for the Investment Round, because ultimately, the Investment Round is about you, our Member States, and the people you serve.

Investments in a strong and sustainably financed WHO are investments in a healthier Africa.

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As always, you have an important agenda this week.

You will consider important frameworks on diabetes, health data, climate-resilient and sustainable health systems, local production and food safety.

And tomorrow, you will elect a new Regional Director.

Whoever you choose faces one of the most difficult but rewarding jobs in global health.

It is a position that demands principled leadership, unflinching determination, clear vision, genuine innovation, technical expertise and political acumen.

It is a tall order. Whomever you elect will need your full and ongoing support.

And whomever you choose has big shoes to fill, and a hard act to follow.

Dr Tshidi Moeti exemplifies all of the qualities I just listed.

She is one of the most formidable health professionals I have ever had the privilege to call my colleague.

She is not afraid to tell you exactly what she thinks.

But she does it because she cares. She cares deeply about the people of this continent, and the people of the Regional and Country Offices.

She believes that the people of Africa deserve nothing but her best, and that is what she has given for the past 10 years.

My sister Tshidi, we all owe you an immense debt of gratitude for everything you have done, but also for who you are.

Thank you for the example you have set, and the legacy you have left.

We will all miss you. But as we say, once WHO, always WHO.

I wish you every blessing for the next chapter of your life, and much joy wherever life's journey leads.

Excellencies, dear colleagues and friends,

Please join me in standing to express your appreciation for our sister and your Regional Director, Dr Tshidi Moeti.