

World Leaders Summit - Dialogue I
Global vulnerabilities - Call from a
vulnerable place

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Statement by

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Speech (Q&A)**World Leaders' Dialogue - United Nations Conference on Trade and Development
(UNCTAD 15): From Equality and Vulnerability to Prosperity for All****Government of Barbados****4 October 2021****[Question 1: *What role can trade play to control the COVID-19 pandemic, and to protect and promote health around the world?*]**

Thank you for the opportunity to join you for this important discussion.

The COVID-19 pandemic has exposed the fragility of global supply chains, hampering the transport of essential supplies, including vital components for manufacturing vaccines.

More than 6 billion vaccine doses have now been administered globally, and almost one-third of the world's population is fully vaccinated against COVID-19.

But those numbers mask a horrifying inequity.

More than 75% of vaccines have gone to high- and upper-middle income countries.

Low-income countries have received less than one half of one percent of the world's vaccines.

This global failure of collaboration has led to 56 WHO Member States being unable to meet our September target of vaccinating 10% of their populations against COVID-19.

That is not the fault of those countries, most of whom have readied their systems and have rolled out the few vaccines they have received.

But because manufacturers have prioritised or been legally obliged to fulfil bilateral deals with higher-income countries, low-income countries have been deprived of the tools to protect their people.

This is not just ethically abhorrent, it's also epidemiologically and economically self-defeating.

Essentially, the pandemic has been fuelled by the fragility of global supply chains, and by the fact that a handful of countries and companies have controlled the global supply of vaccines.

Having an uninterrupted supply chain to move vaccines from manufacturing to delivery is critical.

In June, WTO Director-General Dr Ngozi and I joined forces with the heads of the IMF and the World Bank Group.

Together, we made an extraordinary call to government leaders to begin addressing these issues with a 50 billion US dollar roadmap for health, trade and finance.

Further, in May, Member States at the World Health Assembly called for de-linking travel from trade restrictions during public health emergencies of international concern.

We must work to maximize the effectiveness of public health measures while minimizing their negative economic impacts, while facilitating the manufacture and movement of critical medical supplies.

Investing in multi-sectoral public health supply chains for essential goods can help ensure emergency preparedness, robust response, and affordable access to global medical supplies and equipment.

To end the pandemic, we need to remove unnecessary trade and travel constraints, in particular export bans, so that we can make vaccines and other vital tools available to those most in need.

More broadly, the pandemic has shown that global manufacturing capacity and supply chains are not sufficient to deliver vaccines and other essential health products quickly and equitably to where they are needed most.

Having know-how, data and technologies in the hands of a few is limiting, and risky.

Investing in sustainable and secure domestic manufacturing capacity and national regulatory authorities is critical for pandemic preparedness, but also for ensuring a reliable supply of medicines and other health technologies.

The problem of access to vaccines, medicines and other health tools is much older than COVID-19.

It was there before the pandemic, and it will still be there after the pandemics, unless we do something about it now.

Ramping up global manufacturing of health tools will require long-term commitment from all stakeholders.

It will require an all-of-government approach and collaboration between countries, companies, financial institutions and the industrial development sectors.

It will also require political will and a change in mindset.

Earlier this year, the World Health Assembly adopted a landmark resolution on strengthening local production of medicines and other health technologies.

Already we have made progress in our efforts to establish local production in Africa, including a technology transfer hub for mRNA vaccines in South Africa, and we are working with other countries including Rwanda and Senegal to boost local production.

[607 words]

[Question 2: From your perspective, what are the two actions we urgently need to take to reduce the climate and health vulnerabilities that compromise our development aspirations?]

First, the pandemic has demonstrated the need for a One Health approach that addresses the intimate links between the health of humans, animals and the planet that sustains us.

About 75 percent of emerging infectious diseases enter human populations from animal populations.

At the same time, human activities including deforestation and intensive agriculture that encroach on wildlife habitats can create opportunities for contact with previously unknown pathogens.

And of course, many of these same activities also contribute to climate change. The same unsustainable choices that are killing our planet are killing people.

So we cannot see these issues in isolation – we need a joined-up One Health approach that protects the health of humans, animals and the planet.

To support countries, WHO has published a Manifesto for a healthy recovery from COVID-19, with more than 80 concrete actions in six policy areas.

At the COP26 climate conference in Glasgow at the end of this month, WHO and the global health community will deliver a special report with recommendations on how to maximize the health benefits of tackling climate change, while avoiding the worst health impacts of the climate crisis.

Second, the pandemic has demonstrated that when health is at risk, everything is at risk.

Health is not a luxury item, or simply an outcome of development; it's a fundamental human right, and the foundation of social, economic and political stability.

Many of the communities that have suffered most from the pandemic also suffer most from the effects of climate change, as a result of inequalities and inequities.

The core of WHO's work is supporting countries to move towards universal health coverage, based on resilient health systems.

Strong primary health care is especially important for promoting health and preventing disease – whether that's the effects of epidemics and pandemics, or diseases of all types, from malaria to cancer to mental health problems.

Universal health coverage is so important because equity is at its heart: the idea that no one should miss out on the health services they need simply of who they are, or where they live, or because they are poor.

Countries that invest in strong primary health care are not only investing in health, they're investing in reducing inequalities, and in more resilient, more productive and more stable societies.

[378 words]