

## **Address by Mr Bill Gates to the Sixty-fourth World Health Assembly**

**Geneva, Tuesday, 17 May 2011**

Mr President, Prime Minister Sheikh Hasina, Director-General Dr Margaret Chan, Excellencies, ladies and gentlemen.

The World Health Organization and this assembly have set the standard for global cooperation in pursuit of better health. For decades, you have established ambitious goals, such as eradicating smallpox. And you have rallied the world to accomplish those goals. It is an honour to join you today.

I had the privilege of addressing this assembly in 2005, when my wife Melinda and I were new to global health. At that time, I shared my optimism about the future of global health. The world was finally starting to use all of its power to innovate to solve its most difficult problem – the fact that billions of people still don't have the chance to lead a healthy, productive life.

In the past six years, my optimism has continued to grow.

A recent important book called *Getting Better* by the economist Charles Kenny shows that life is getting better. It's getting better even faster than economic figures show us. To build his argument, he looks carefully at a series of key quality-of-life indicators, including child survival, life expectancy, school enrolment, and levels of violence.

I hope this book gets the acclaim it deserves. It proves that the work this assembly has been leading is having an enormous impact. We need the people who make funding decisions and set policy to understand the success being achieved. I believe that as they understand it, they will make it possible to make even more progress for more people.

The opportunity for progress is the reason I devoted my full-time work to the Gates Foundation. Health and development is the most rewarding work I can imagine, and my wife Melinda and I will devote the rest of our lives to it.

When I was a teenager, I was captivated by computers because I believed they would change the world. I couldn't predict the exact future, but I was amazed at this sense of possibility to improve and empower.

Over the years, as I saw a lot of change taking root, I also saw glimpses of things that hadn't changed. In 1994, visiting sub-Saharan Africa, I could see that disease and poverty were still holding back millions of people.

In 1998, my wife and I read about rotavirus. I learned that it was the leading cause of diarrhoea in young children – and that it caused 500 000 deaths every year. Our first child had been born, but we didn't have to worry about rotavirus because in the United States, children don't die from diarrhoea. We took for granted that this was the case on a worldwide basis, but that wasn't true.

We'd never had to learn about rotavirus – we'd never heard of it – because our daughter was not at risk from it.

It was sobering to realize that the innovation and health care that we took for granted were not available for everyone. When I began to understand how billions of people are deprived of these benefits, it made me angry. And that's when I decided to use not only my time but also all the wealth I'd acquired to confront that inequity.

Thirty years ago, in starting Microsoft, we had a very ambitious vision: a computer for everyone. Now, I join you in seeking an even more important vision, which is good health for every human being.

One special role of the Gates Foundation is to help spur innovation on these health problems.

Our priorities are your priorities – to make motherhood safer; to ensure that newborns survive their first 30 days; to provide children with a nutritious diet.

We see what you see everyday – that diseases like HIV, tuberculosis, and malaria can destroy communities. Along with great partners like the Global Fund, we want to help you diagnose, treat, and – above all – prevent disease.

As we think about how to deploy our resources most effectively, one intervention in particular stands out: vaccines.

Today, I would like to talk to you about how you can provide the leadership to make this the Decade of Vaccines.

Vaccines are an extremely elegant technology. They can be inexpensive, they are easy to deliver, and they are proven to provide lifelong protection from disease. At Microsoft, we dreamed about powerful and simple technologies. Well, vaccines are such a technology, and now I dream about what the world will look like as we take full advantage of vaccines.

During this decade, we can achieve a lot.

- Early in this decade, we can achieve the eradication of polio.
- By the end of the decade, we'll have five or more new vaccines available to all the children of the world.
- And, finally, by the end of this decade, every country can have a delivery system to make sure those vaccines are getting out to every single child.

To achieve these goals, we need to focus on strong immunization systems.

In January of last year, I talked about accelerating the progress on vaccines. Now there is strong momentum. I'm excited that global health leaders are now collaborating to put together a specific global vaccine action plan.

That plan will be the blueprint for the Decade of Vaccines, and its success will depend on all of us doing our best work.

### **Vaccines and immunization**

The greatest asset of every country is the energy and talent of its people. Disease saps that energy and squanders that talent. Repeated intestinal infections stunt children's growth and reduce their cognitive development. Meningitis causes permanent neurologic disability. Malaria prevents people from being productive; over a lifetime, high rates of malaria cause substantially reduced earnings.

That's why vaccines are one of the best investments we can make – healthy people can drive thriving economies. As we free billions of people from this burden of sickness we will unleash more human potential than ever before.

Let me give you an example of the difference vaccines make.

This year, over 20 million children will have severe pneumonia, and over a million will die. But even when the disease doesn't take a child's life, it can affect the child's and its family's future.

For the survivors, the sickness reduces their chances of growing up healthy and strong. For the parents, it means going into debt. Now that we have two vaccines against the leading cause of pneumonia, it's possible for us to reduce this burden and allow countries to tap into people's full energy and nurture their talent.

### **Product development**

The pneumonia vaccines are a symbol of one of the most exciting trends in global health, the drive toward full equity in delivering innovations.

In the past, innovations were developed first for the rich countries, and it often took a decade or two before they were introduced to the poor countries that need them the most. But that is changing.

These new pneumonia vaccines were available in developing countries only a few years after they were approved for use in developed countries. The same is true of the new rotavirus vaccine. Now we need to move forward from approval to full delivery. And it's the GAVI Alliance partnering with all of you in this room that can help make sure that's possible.

We have a wonderful recent success story on this. Last December, Burkina Faso, Mali, and Niger made history when they introduced a brand new vaccine for meningitis A that was developed specifically for use in Africa.

This all started back in 1996, when the deadliest meningitis epidemic in memory tore through 25 countries in Africa, infecting over a quarter of a million people. Meningitis strikes with frightening speed. A perfectly healthy child can be playing with friends one minute and be dead literally a few hours later.

In 1996, the only weapon against meningitis was barely useful at all – it was a short-lasting vaccine that wasn't effective with young children. Health officials used it after outbreaks, so they called it “medicine after death”. They demanded a better vaccine that could prevent outbreaks.

The WHO worked with our foundation and PATH to create the Meningitis Vaccine Project. The partners set a target price of 50 cents that would make the vaccine affordable.

But producing a vaccine at that low price required a new approach. The Project worked with a Dutch biotech company to get key materials, arranged a technology transfer from the United States, and then partnered with the Serum Institute of India to provide the low-cost manufacturing.

We've already seen great results from the use of this vaccine. In Burkina Faso, in the first 16 weeks of this year, there has only been a single case, which is a dramatic reduction.

It's too soon to declare victory, but this early data makes me very hopeful. For centuries, meningitis terrorized a region of 400 million people. And as we use this vaccine and get full coverage, we can end the terror.

We need to continue to create and deliver more vaccines, but finally, for the first time, we can see a bright future.

## **Vaccine coverage**

To keep the promise of equitable health access, we need these vaccines to be priced low enough so that all countries can afford them. Our foundation is working with a number of manufacturers to make sure that this happens. I believe that we can take the combined price of critical vaccines, particularly the pentavalent, pneumococcus, and rotavirus vaccines, to half by 2016.

Now, delivering these vaccines takes a huge commitment.

Many developing countries are already doing a great job. Bangladesh, whose great health story you just heard; Nicaragua; Rwanda; and Viet Nam routinely reach about 90% of their infants. But there are many places where vaccination rates are very low. Almost every country can do better – and a number of countries must do better to achieve the potential of the Decade of Vaccines.

I know that as a leader of a health ministry, you have a very difficult job. You face many different challenges, all of which relate to life and death.

But I do believe that as you look at your priorities, running your immunization system well will emerge as a priority. And it will emerge as an area where your leadership will be decisive. The best immunization systems work because the leaders of the health ministry hold themselves accountable for results and create a system that tracks results on an ongoing basis. There are efforts to diagnose problems as they arise, to innovate to solve them, and to spread the best ideas.

Let me give an example. Just a few years ago, Bihar State in India had one of the lowest vaccination rates in the world, under 30%. Then its political leader, Chief Minister Nitish Kumar made it clear that he expected change.

Even though Bihar is still a very challenging place, it's no longer one of the least vaccinated. The vaccination rate has now more than doubled to over 60%, and there is a plan to take it much higher.

I visited Chief Minister Kumar a few months ago, and his understanding of where the immunization system was working and where it wasn't was impressive. He had high expectations of everybody who worked for him.

I was glad to see that this work led to the chief minister being very popular. People understood the impact of a leader who takes such a basic system and makes it work very well. Examples like this should inspire us all to provide more leadership.

Back in 2005, you set two critically important immunization goals that we have yet to reach.

Let us renew our pledge that no country should be below 90% coverage. Let us rededicate ourselves to the idea that no district should be below 80% coverage. We can meet those goals with your leadership, and doing so will be critical to making this the Decade of Vaccines.

As a global health community, we need to shine light on the countries doing the best work. We need to know who the innovators are, so those ideas can spread.

Starting next year, our foundation will bestow an award on the individual or organization that makes the most innovative contribution to the Decade of Vaccines. We'll look at people who are innovating in science, who are innovating in delivery, who are innovating in funding. And every January in my foundation annual letter, I'll talk about that winner to make sure that pioneering global health leaders get the credit they deserve.

## **Polio**

Our fight against polio proves just how powerful vaccine technology can be, but it also demonstrates that it's only as effective when the effort to deliver it is also effective.

Twenty-three years ago, here in this building, you resolved to wipe polio off the planet. And now we're 99% of the way there. We have a 13-cent vaccine that is so easy to administer that even I have done it many times – and we have one of the most impressive delivery efforts global health has ever seen.

It's fantastic that over 100 countries no longer have polio. Even in very difficult conditions, like those in Afghanistan, immense progress has been made. So far we've only had one case in Afghanistan this year.

But our progress has not taken us all the way, and eradication is not guaranteed. We have tools that can be improved. We need to avoid virus spreading back into countries where it had been eliminated. And we have countries where we have virus continuing to circulate, despite all the many campaigns over the years. We also have a challenge to make sure the programme is assured of funding to do all the campaigns and improve vaccination systems.

These challenging facts do raise the question of whether we have the full commitment to eradicate polio?

Are donor countries ready to close the funding gap and see the job through to the very end?

Are the countries where polio still exists ready to take extraordinary action to reach every child with the vaccine?

We have a choice. We can keep doing what we've been doing, but that would mean continuing to miss a lot of the children who are vulnerable. Or we can do more. We can step up our fundraising, we can intensify our campaigns, and we can do what it takes to get to zero cases. By making that choice, we will prove that people are capable of coming together to solve complex, worldwide problems.

The eradication of polio will be a great victory for this assembly. You started the courageous fight against this disease. And with your leadership, we will be able to finish it. And that will allow us to move on to other very ambitious goals.

There are a great number of wonderful leaders in this polio campaign. One who I respect a great deal is Dr Muhammad Pate, who directs Nigeria's effort. A few years ago, Nigeria was one of the most troublesome spots on the polio map. It had hundreds of cases. But Dr Pate, along with the global polio partners, President Goodluck Jonathan, the minister of health and other leaders of the ministry, rallied government and traditional leaders around the cause. Dr Pate told me that his agency makes a point of identifying poor-performing states publicly. That's the kind of accountability that leads to results. Last year, thanks to this nationwide effort, polio cases were down over 90%. Nigeria's leaders still have a lot of work ahead of them, but clearly they have turned the polio programme around.

During my last visit to Nigeria, Dr Pate asked me a small favour. He hoped I'd be willing to sign his daughter's school yearbook. I was more than willing, of course, and I want Dr Pate's daughter to know this: I admire her father very much, someday I will introduce my children to him, and I hope that when I do we will be celebrating that there is no longer any more polio in Nigeria.

### **Call to action/conclusion**

We have a great opportunity in this campaign, and we need to seize it. If we don't seize it in the years ahead, we will have setbacks. This entire decade is an opportunity; we can achieve the ambitious goals for the Decade of Vaccines. Everybody will have to do their part.

- Donor countries will have to increase investment in vaccines and immunization systems, even as they cope with budget crises. The GAVI Pledging meeting coming up in June gives you and your governments the opportunity to show strong support. With generosity, we will have the chance to prevent 4 million deaths by 2015 and 10 million deaths by 2020.
- The pharmaceutical industry must make sure that we have new vaccines and that they're affordable for poor countries through a commitment to tiered pricing.
- And all 193 Member States, you must make vaccines a high priority in your health systems, in order to ensure that all your children have access to existing vaccines now – and to new vaccines as they become available.

Our foundation is committed to working with all our partners – civil society, donors, drug companies, and national governments – to help you to do these difficult but necessary things.

I feel optimistic about this because we've seen many examples of leadership.

For example, British Prime Minister David Cameron, while passing the toughest austerity budget in his country's history, maintained his commitment to development spending. He made a commitment to double the UK's contribution to the polio campaign.

Another example is the Serum Institute of India, led by Dr Cyrus Poonawalla. It's really made huge advances in providing low-cost vaccines. They developed that meningitis vaccine, they provide more measles vaccines than anyone else, they are driving down the price of pentavalent vaccines, and in the years ahead, they have plans to provide inexpensive diarrhoea and pneumonia vaccines.

So leaders like these, along with Nitish Kumar and Muhammad Pate and so many others, have demonstrated that leadership can overcome tough challenges.

With your involvement, we can make this the decade in which we take full advantage of the technology of vaccines. By doing that, we will build an entirely new future based on the understanding that global health is the cornerstone of global prosperity.

It will be a great challenge, but it will be one of the most important and impactful things we've ever done.

Thank you.

= = =