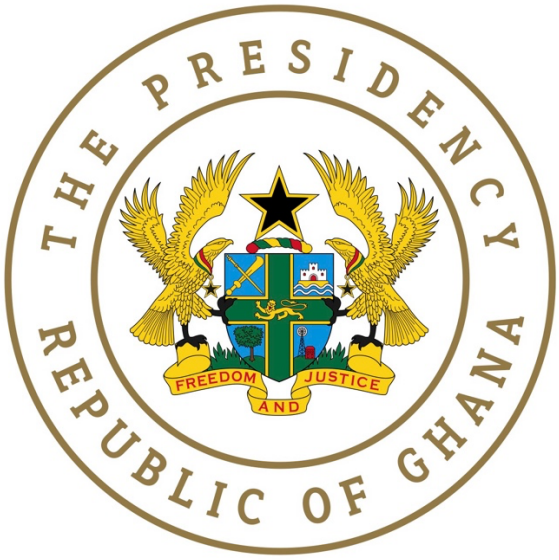

Keynote Address
to the 79th World Health Assembly
of the World Health Organisation
by
H.E. John Dramani Mahama,
President of the Republic of Ghana.

18 May 2026 | Geneva, Switzerland.

Your Excellency Elisabeth Baume-Schneider, Federal Councillor of the Swiss Confederation,
Dr Victor Atallah Lajam, President of the 79th World Health Assembly,
Dr Tedros Adhanom Ghebreyesus, Director-General of the WHO,
Honourable Ministers for Health,
Heads of Delegation,
Distinguished Delegates,

We meet at the 79th World Health Assembly amid uncertainty.

Shifting global geopolitics and deliberate assaults on the world's multilateral system have created doubt about the trajectory of global health cooperation and reform.

Six years after the last global pandemic, COVID-19, the world health architecture is changing rapidly. Overall, humanitarian assistance is reported to have declined by 40%. Some of the largest Western economies have significantly cut their overseas development assistance.

The World Health Organisation's budget has been gutted by the withdrawal of US assistance, forcing the organisation to scale down programmes and undertake steep staff retrenchments.

In Ghana, health financing from bilateral and multilateral partners has significantly decreased since 2025. Ghana lost $78 million following the closure of USAID programmes.

This money went mainly into malaria programmes, maternal and child health, nutrition, HIV/AIDS programmes, including testing and delivery of antiretroviral drugs.

In South Africa, the abrupt withdrawal of PEPFAR funding shuttered clinics, terminated gender-based violence programmes, and left 1.4 million people living with HIV uncertain about their treatment continuity.

We are told that by 2030, nine million preventable deaths could occur due to these shifts. It is estimated that the direct consequences of this aid suspension could push about 5.7 million Africans into poverty by the end of 2026.

It is this gloomy outlook for the future of global health that prompted the convening of the African Health Sovereignty Conference, famously known as the Accra Reset, in August 2025.

It is against this backdrop that we meet at the 79th World Health Assembly. These dire statistics are known, and we are not here to lament and wring our hands over them.

We are here, among others, to decide whether the architecture we supervise is still fit for purpose. We are here to discuss how we can continue to save lives even in the face of adversity.

I stand before you today in the second year of my new tenure as President, mindful that the mandate given to me by my people is not merely to administer, but to transform.

I come from a continent that has too often been the subject of global health policy, rather than its author.

Today, I speak to you as one of the advocates of the Accra Reset Initiative, a movement born from the conviction that the old paradigms of dependency must give way to a new era of Health Sovereignty.

These cuts in humanitarian assistance and ODA, as painful as they are, serve as the final, clear signal that the old system of donor-dependency is past its sell-by date.

We are witnessing the end of an era, and we must have the courage to build the next one.

We are contending with an international architecture that was under strain long before these cuts. We have more global health organisations than ever, yet country-level fragmentation has worsened.

We do not come to Geneva to mourn the past. We come to build a future where a country's health is not a byproduct of charity, but a result of sovereign capability.

This desire to take our health destinies into our hands imposes important responsibilities on us as African leaders.

We must see health spending as an investment rather than just a social obligation. A healthy population is indispensable to economic progress.

As an advocate for African health sovereignty, I am obliged to demonstrate its practicality at home.

In Ghana, we have moved beyond rhetoric to implement calculated, aggressive policies that place the citizen at the centre of the clinical encounter.

With one of the more successful National Health Insurance Schemes in Africa, Ghana has an insurance coverage estimated at 66% as of the end of 2025. This leaves about 34% without cover.

Besides, the NHIS has been focused principally on curative care, with very little attention to preventive care.

To mop up the remaining population not covered by the NHIS, we have recently successfully begun implementing our Free Primary Health Care Programme.

By removing financial barriers to the most basic and essential services at the rural level, we have ensured that our citizens in the remotest regions of our country also enjoy access to quality health care, on par with their urban counterparts.

We are grateful that the WHO, led by Dr Tedros Ghebreyesus, was among the first to congratulate us on achieving this significant milestone.

We have revitalised our National Health Insurance Scheme (NHIS). By removing the cap on the health insurance fund, we immediately freed up an additional GHS 3 billion, equivalent to $300 million, for healthcare investment.

We have also streamlined NHIS operations by eliminating bottlenecks, utilising digital tools, including AI, to detect fraudulent claims, and, most importantly, prioritising prompt refunds to service providers.

A health insurance scheme is only as strong as the trust between the state and the hospitals that provide the care. By ensuring our providers are paid on time, we ensure our citizens are treated with dignity.

We have also confronted the rising tide of non-communicable diseases by launching the Ghana Medical Trust Fund, also known as MahamaCares.

This fund is a lifeline for those suffering from NCDs—cardiovascular conditions, cancers, liver disease and renal failures—that were previously a death sentence for the poor.

MahamaCares is ensuring that specialised, high-cost care is not a privilege for just a few, but a right for all.

Ghana is also on track to exit GAVI funding for vaccines by 2030 and hopes to transition into a donor in the not-too-distant future.

These domestic achievements are the foundation of my leadership of the Accra Reset Initiative.

Ladies and gentlemen, this Assembly is set to consider a proposal for a joint process to reform the global health architecture. Ghana, having co-chaired the working group for the Lusaka Agenda, welcomes this.

But as a committed apostle of reform of world health architecture, I am concerned about whispers I have heard that the current draft resolution seeks to protect existing "organisational mandates" and "prohibit" the recommendation of mergers or consolidations.

In Mali, the Dogon people warn that “Do not let the sight of those eating roasted maize force you to cook your seeds.”

If we launch a reform process that is prohibited from recommending actual reform, we are merely performing a ritual. We cannot prioritise institutional comfort over human survival.

The WHO’s legitimacy is not served by protecting silos. It is served by a fearless analysis of what works.

When I hosted Director General Tedros, President Obasanjo and many others in Accra in 2025, we firmed up a vision for Health Sovereignty.

To us, sovereignty is the practical capacity to finance core functions predictably, regulate quality at the regional level, and produce critical inputs locally.

A continent that manufactures less than one per cent of its vaccines while carrying twenty-five per cent of the global disease burden is not sovereign; it is vulnerable. It is at best a ward of the international system.

By sovereignty, we do not mean isolationism. We are advocating the practical capacity of a nation to finance its own core functions, regulate its own quality, produce its own medicines, and govern its own data.

Ministers of Health in the Global South often spend more time writing donor reports than designing primary care. This is a system that has confused the multiplication of institutions with the multiplication of impact.

To move beyond rhetoric, the Accra Reset, supported by a Presidential Council of leaders from the Global South, is implementing three operational pillars.

The High-Level Panel on Reform is an independent body of global experts scrutinising the global health architecture.

The Reform Interlock and Observatory is a coherence mechanism to ensure that the strategies of the WHO, GAVI, and the Global Fund don’t clash on the desk of a district health officer in rural Africa.

And there is HINGE (Health Investment National Gateways Enabler). That will serve as the operational engine that converts political will into bankable, executable investments in local manufacturing and bio-innovation.

In Ghana, we are leading by example. Our 2026 budget committed GHS 34 billion to health and expanded coverage to 20 million people.

We are not lecturing from theory. We are building the evidence of what a sovereign health system looks like.

As I prepare to join many of you at our side event later today to discuss Health Sovereignty in depth, I leave this Assembly with three asks:

First, do not let "reform" be a ceiling. If we are to fix the system, we must be brave enough to look at institutional mandates and mergers without fear.

Second, invest in execution. The world does not need more communiqués; it needs deal rooms, local factories, and resilient supply chains.

Third, measure success by the clinic, not the conference. The only metric that matters is whether a child in the Global South has a reasonable chance of survival as a child in the Global North.

Colleagues, the old global health order, built in the aftermath of a different century, is tottering. But a new order is rising.

It is an order defined by agency, not aid, and by partnership, not paternalism, and it is being built for the mother in the global south who, even as we speak, will be delivering her child under the light of a lamp this evening.

In Africa, we have a saying that the one who plants a tree does not always sit in its shade. The reforms we discuss today are for the generations we may never meet. Let our seriousness today be the shade they rest in tomorrow.

I thank Dr Tedros and the WHO for your leadership and thank you for this invitation.

I thank you for your partnership.

Thank you very much.