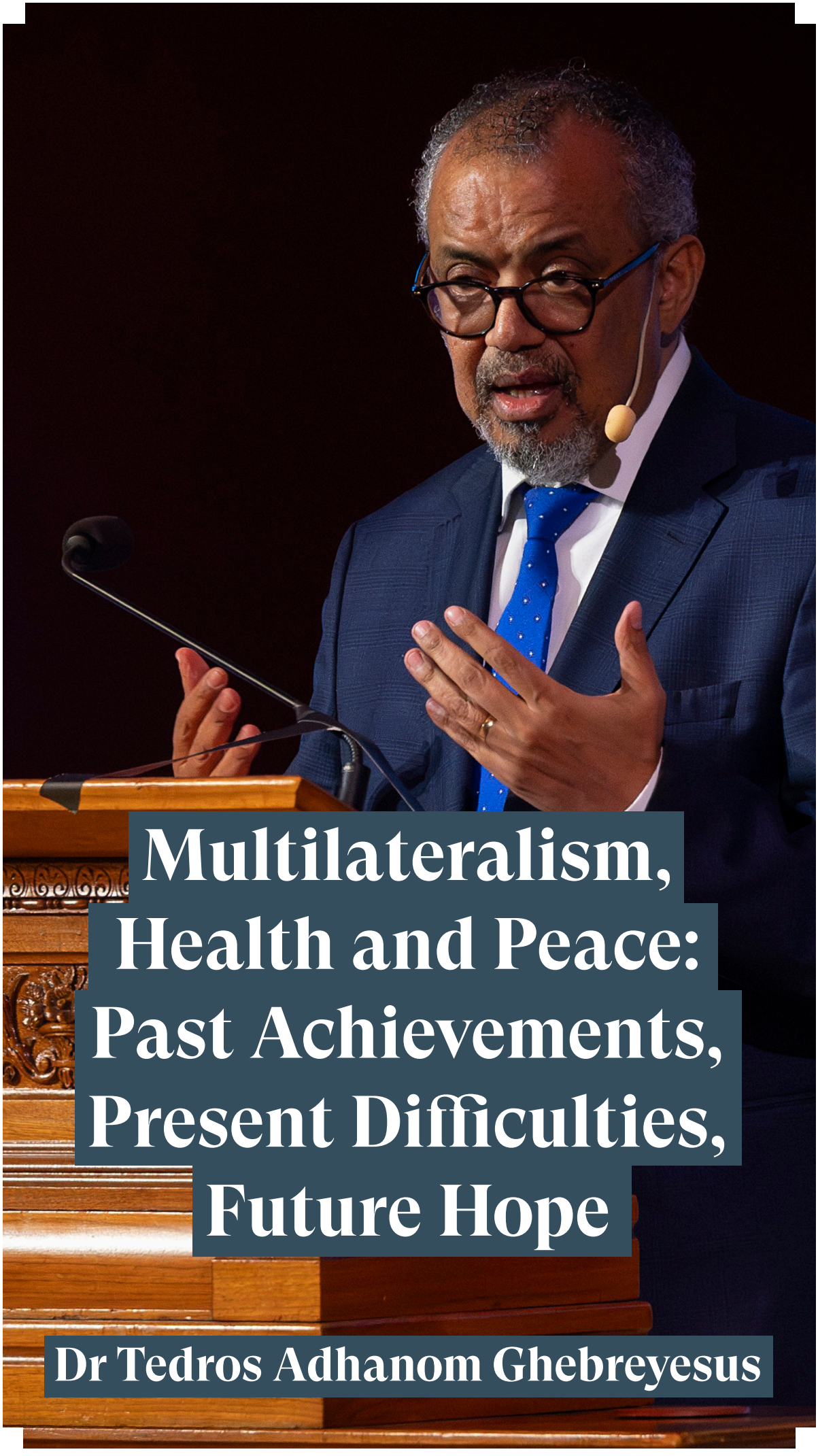
THE 2025 DAG HAMMARSKJÖLD LECTURE



Multilateralism, Health and Peace: Past Achievements, Present Difficulties, Future Hope

Dr Tedros Adhanom Ghebreyesus

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This text was delivered by Dr Tedros Adhanom Ghebreyesus for the 2025 Dag Hammarskjöld Lecture at Uppsala University Aula on 28 November 2025.

The Dag Hammarskjöld Lecture is organised by Uppsala University and the Dag Hammarskjöld Foundation in memory of the second Secretary-General of the United Nations. It is given in recognition of the values that inspired Dag Hammarskjöld personally and as Secretary-General, particularly compassion, humanism and a commitment to international solidarity and cooperation.

Each year, the lecture is offered to an outstanding international personality who, in significant and innovative ways, contributes to a more just, peaceful and environmentally sustainable world through their contributions to politics or research.

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Uppsala, Sweden, 2026
Photos by Mikael Wallerstedt: Cover page, page 4, 16, 21
Photos by Sandra Jakobsson: Page 20
Layout: Eva Ericsson

Left to right: Isak Svensson, Dag Hammarskjöld Professor, Peace and Conflict Research at Uppsala University, Farah Aly, Student Peace and Conflict Research at Uppsala University, Dr Tedros Adhanom Ghebreyesus, Elsa Almersson, Student in Veterinary Medicine at the Swedish University of Agricultural Sciences and Simon-Fredrik Schell, Student in Medicine at Uppsala University.

Multilateralism, Health and Peace: Past Achievements, Present Difficulties, Future Hope

Dr Tedros Adhanom Ghebreyesus

Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO), speaking on the occasion of the 2025 Dag Hammarskjöld Lecture, Uppsala, 28 November 2025.

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Your Excellencies Ambassadors,
Governor of Uppsala County, Stefan Attefall,
Vice-chancellor Anders Hagfeldt,
Director of the Dag Hammarskjöld Foundation, Björn Holmberg,
And my dear friend, former Deputy Secretary-General, Jan Eliasson,
Faculty and students of the university, dear colleagues and friends,
God eftermiddag.

I thank Uppsala University and the Dag Hammarskjöld Foundation for the invitation to deliver this lecture today.

It's an honour for me to be back in Sweden. You may not know this, but Sweden played a very important part in my career.

Although I did my PhD in the UK, it was funded by the Swedish International Development Association, and I also did some coursework at Umeå University.

So I am living proof of Sweden's commitment to capacity building, and I owe Sweden a debt of gratitude for investing in me.

It's also an honour for me to come to Uppsala University, which has such a rich history, and has made many contributions to health.

Of course, we are here to pay tribute to Dag Hammarskjöld, but I would also like to use this opportunity to honour one of Uppsala's other most famous sons, my friend the late Hans Rosling, who studied statistics and medicine at this university.

Given he made such a significant contribution to global health, it's perhaps fitting that Professor Rosling was born the same year WHO was founded, in 1948.

Uppsala University played a central role in his life and work, as it has done in so many other areas.

I was impressed to discover that the Celsius thermometer, the pregnancy test, medicines to treat Alzheimer's disease, and rapid diagnostic tests for antibiotic resistance all derive from research here at Uppsala University.

And of course you have many Nobel Prize winners to be proud of:
Svante Pääbo, who sequenced the genome of Neanderthals;
Allvar Gullstrand, for his contributions to improving eye health;
And of course, perhaps Uppsala's most famous son, and the reason we are here today, Dag Hammarskjöld.

I am reminded of him every time I visit the World Health Organization office in New York, which is on the 26th floor of One Dag Hammarskjöld Plaza.

In fact, the Permanent Mission of Sweden to the United Nations is 20 floors above us in the same building.

So it's a real privilege for me to deliver this lecture in honour of Dag Hammarskjöld's memory and legacy.

The values he advanced, of peace and multilateralism, are just as important now – or even more so – than when he served as Secretary-General of the United Nations.

And indeed, he saw that health and peace are connected.

Just one month after he became Secretary-General in April 1953, the first specialized U.N. agency Hammarskjöld visited was the World Health Organization in Geneva, where he addressed the closing of the World Health Assembly.

He said this: "The work of the World Health Organization and the other specialized agencies for the improvement of the social and economic standards of mankind is

part of the political work for the maintenance of international peace and security."

So today I would like to reflect on these themes of multilateralism, health and peace, through the lens of WHO: its past achievements, present difficulties, and future hope.

First, past achievements.

Like the UN of which we are a part, WHO was born in the aftermath of the Second World War, and the realization that the only alternative to global conflict was global cooperation.

For more than 77 years, WHO has been where the world meets to discuss shared health threats, and find shared solutions.

WHO's most famous achievement is the eradication of smallpox.

The WHO Smallpox Eradication Programme began officially in 1959, but suffered from lack of funds, personnel and political commitment. Sounds familiar, doesn't it?

Eight years later, in 1967, the Intensified Smallpox Eradication Programme began, with renewed political commitment, vaccine donations, and the efforts of hundreds of thousands of local surveillance officers and health workers.

It was a stunning success. Smallpox was eliminated from Latin America in 1971, Asia in 1975 and Africa in 1977.

In 1980, the World Health Assembly declared "that the world and all its people have won freedom from smallpox".

Smallpox remains the only human disease to be eradicated.

But today we stand on the threshold of eradicating two more diseases: polio and Guinea worm.

When the Global Polio Eradication Programme was launched in 1988, there were an estimated 350 000 cases a year. So far this year there have been just 39 cases in two countries.

And when the Guinea Worm Eradication Program began in 1986, there were an estimated 3.5 million human cases in 21 countries. So far this year, just 10 cases

have been reported from three countries.

The success of smallpox eradication showed what could be achieved with vaccines.

So in 1974, WHO established the Expanded Programme on Immunization – known as EPI – to expand the lifesaving power of vaccines to other diseases including measles, tetanus, diphtheria and pneumonia.

At the time, less than 5% of the world's children were immunized. Today, that figure stands at 83%.

We estimate that over the past 50 years, EPI has helped to save an estimated 154 million lives. This is how vaccines made a huge difference in the last few years, helping our children to survive.

For most of the first 50 years of its history, WHO's work was focused mainly on infectious diseases afflicting low-income countries.

But throughout those decades, a new pandemic was spreading almost unchecked, fuelled by the deadliest non-infectious agent in history – tobacco.

The link between smoking and lung cancer was proved in 1952, but smoking prevalence continued to climb for decades.

Indeed, some of the photos from WHO's early years show men in offices – and yes, they were mostly men – sitting at their desks, smoking.

It was not until 1988 that the Director-General at the time, Dr Halfdan Mahler, banned smoking inside WHO buildings and smashed his own ashtray with a hammer in the WHO lobby.

After years of discussions, in the mid-1990s the World Health Assembly finally adopted a resolution calling for an international treaty on tobacco control.

But it was not until 2000 that negotiations began on the WHO Framework Convention on Tobacco Control, it was not until 2003 that it was adopted, and not until 2005 that it finally entered force as international law.

The WHO FCTC is a perfect example that multilateralism can be hard, slow work, but it's worth it.

In the 20 years since it entered force, tobacco use has dropped by one third globally.

The adoption of the WHO FCTC coincided with the first of a series of outbreaks, epidemics and pandemics that have marked the first two decades of the 21st century, and that have been significant in shaping the WHO of today.

In February 2003, the first cases were reported of a strange new respiratory disease caused by an unknown pathogen that later proved to be a coronavirus. Sound familiar? It was the SARS outbreak.

Around the same time, the first human cases of H5N1 avian influenza were reported, sparking fears of an influenza pandemic caused by a virus that killed 6 in 10 it infected.

Although SARS and H5N1 both caused global panic, neither caused a global pandemic.

But in 2009, a new influenza virus emerged that did: H1N1.

While H5N1 was highly pathogenic but not highly transmissible, H1N1 was the other way round. Although it spread rapidly around the world, it caused largely mild disease and, for a pandemic, relatively few deaths.

Nevertheless, H1N1 exposed a dangerous breach in the world's defences against pandemics.

Vaccines were developed rapidly, but by the time the world's poor got access, the pandemic was over.

That experience led to the development of the Pandemic Influenza Preparedness Framework – a historic commitment between Member States to work together in the face of a flu pandemic to share virus samples and vaccines.

But the ink was barely dry on the PIP Framework when a new and deadly epidemic erupted, caused not by influenza, but by one of the most feared viruses on earth – Ebola.

For more than two years, the world watched in horror as Ebola laid siege to West Africa.

And although it never became a global pandemic, the West African Ebola outbreak highlighted the need for substantial reforms of WHO's work to prepare for and respond to emergencies.

That led, in 2015, to the creation of the WHO Health Emergencies Programme.

Each of these outbreaks, epidemics and pandemics taught the world new lessons and resulted in new agreements and new tools to keep the world safer.

But even so, the world was taken by surprise and found unprepared for the COVID-19 pandemic, the most severe health crisis in a century.

COVID-19 turned our world upside down.

Officially, it killed 7 million people, but we know the true toll is several times higher – at least 20 million.

The pandemic caused severe economic, social and political upheaval, wiping an estimated US$ 10 trillion from global GDP.

COVID-19 also exposed and exacerbated gaps in the world's health security defences.

In response WHO and our Member States have taken many measures to ensure a more coordinated, coherent and collective response to future pandemics.

Most significantly, in 2021 the nations of the world agreed to negotiate a new international accord on pandemic prevention, preparedness and response.

Just as the world has international treaties against shared threats such as nuclear weapons, climate change and tobacco, nations agreed they needed a similar instrument of international law to ensure a common response to the common threat of pandemics.

For three and a half years, our Member States engaged in difficult negotiations. There were those who said they could not succeed, and those who did not want them to succeed.

But in May this year, they reached consensus and at the World Health Assembly, they adopted the historic WHO Pandemic Agreement.

They are now negotiating an annex to that Agreement, the Pathogen Benefit and Access Sharing system, which aims to ensure faster sharing of pathogens with pandemic potential, and equitable access to the medical products needed to respond to them.

We expect these negotiations to be concluded in time for next year's World Health Assembly in May.

After that, the Pandemic Agreement will be open for ratification by countries, and for its ultimate entry into force as international law.

The adoption of the Agreement was truly historic, not only because of what's in it, but also because of the context in which it was negotiated.

In a divided, divisive and fractured world, countries demonstrated they can still find common ground for a common purpose.

They showed that multilateralism is alive and well and that – to borrow an expression from Mark Twain – reports of its death are greatly exaggerated.

And yet there is no denying that multilateralism is under threat, which brings me to present difficulties.

As you all know, this year has been one of the most difficult in WHO's history.

The announcement by the United States of its intention to withdraw from WHO, combined with funding cuts from other countries, left us with no choice but to significantly reduce the size of our workforce.

Of course, WHO is not alone. Many other multilateral agencies, within and outside the United Nations system, have also been impacted.

Most worryingly, many countries have been severely impacted by cuts in bilateral aid.

At the same time, we are all painfully aware of the extent to which our world is riven by conflict and displacement, in Gaza, Sudan, Ukraine and elsewhere.

And where war goes, disease follows.

It's no coincidence that polio reemerged in Gaza last year, 25 years after the last

case was seen there.

It's no coincidence that there are outbreaks of measles, dengue, malaria, diphtheria and cholera in Sudan;

It's no coincidence that the final frontier for eradicating polio is in the most insecure regions of Afghanistan and Pakistan.

And this is not a new trend. Indeed, war and disease are old friends.

In both the Napoleonic wars and the American Civil War, more soldiers died from disease than in battle.

The 1918 influenza pandemic – the greatest pandemic – erupted during what was then the greatest war the world had known – the First World War.

War and violence lead to direct injuries, but they also create an environment where healthcare systems collapse, diseases spread, and mental health deteriorates.

Communities torn apart by violence face obstacles in accessing basic health services, leading to higher rates of mortality and suffering.

The scars of conflict can persist long after the fighting has ceased, creating a cycle of despair that is difficult to break.

In recent years we have also seen a disturbing new trend in conflicts around the world: the intentional targeting of health workers and health facilities in conflict.

So far this year, WHO has verified 1200 attacks on health care in 16 countries and territories, resulting in more than 1800 deaths and 1000 injuries to health workers and patients.

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Sometimes the troubles of our world seem overwhelming. They can cause us to lose heart, and to lose hope.

Which brings me to my conclusion: future hope.

Albert Einstein said, "In the middle of adversity there is great opportunity."

Although many countries are facing a health financing crisis, many leaders from developing countries have told me they see this crisis as an opportunity to leave behind the era of aid dependency and transition to a new era of health sovereignty.

And many developing countries, especially in Africa, said that what they need are fair terms, not charity.

Likewise, although WHO is facing a very difficult situation, I also see it as an opportunity to make it stronger, sharper, more independent, more focused on our core mandate, and more empowered to serve the nations and people of the world.

Since WHO was founded in 1948, the health of the world's people has improved dramatically.

Global life expectancy has increased from 46 to 71 years, with the greatest gains in the poorest countries.

Smallpox has been eradicated, polio is on the brink, and the epidemics of HIV, malaria and tuberculosis have been pushed back.

In the past 25 years alone, maternal mortality has fallen by 40% and child mortality has more than halved.

Of course, WHO cannot claim sole credit for any of these achievements.

And that's the point: all of the achievements I have described were only possible because of cooperation between countries, under the umbrella of the World Health Organization.

Smallpox was eradicated because at the height of the Cold War, the Soviet Union and U.S. worked together to pursue a common goal.

The Framework Convention on Tobacco Control was adopted because countries came together to find a shared solution to the shared threat of tobacco.

The WHO Pandemic Agreement was adopted this year only because countries saw that a global threat demands a global response.

WHO itself was created because in 1948, countries came together to recognize that health threats do not respect borders, and that health is one area in which

countries can work together across ideological and geopolitical divides to achieve common goals.

The WHO Constitution was the first instrument of international law to affirm that the highest attainable standard of health is a fundamental right for all people, without distinction. It is also a means to development and prosperity.

Not health for some; health for all.

But the writers of the Constitution went further, in affirming that the health of all peoples is fundamental to the attainment of peace and security, and is dependent on the fullest co-operation of individuals and States.

They knew that there is no health without peace, and no peace without health.

In other words, the best medicine is peace.

Like health, peace is always at risk, and must always be defended, protected and fought for.
Dag Hammarskjöld said it best, in 1954:

“The pursuit of peace and progress cannot end in a few years in either victory or defeat. The pursuit of peace and progress, with its trials and its errors, its successes and its setbacks, can never be relaxed and never abandoned.”

I ask you all to take those words to heart. We may face setbacks and disappointments, but we are never defeated in our quest for peace, health and a better world.

That is the vision for which I continue to strive each day.

Tack ska du ha. Tack så mycket.

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After the Lecture, Dr Björn Holmberg, Executive Director of the Dag Hammarskjöld Foundation, presented the medal:

Excellencies
(Mr. County Governor)
Vice-Chancellor
Colleagues and Students
Ladies and Gentlemen

Dr Tedros

You are the 25th person to have delivered a Dag Hammarskjöld Lecture at Uppsala University.

The University has instituted a special medal, which is bestowed upon the Dag Hammarskjöld Lecturers.

The medal was created by the artist Annette Rydström and is cast in bronze.

Its obverse side shows a portrait of Dag Hammarskjöld and the reverse, a handshake, the symbol of Concordia, representing collaboration and Hammarskjöld's legacy in diplomacy.

In the Latin inscription, Uppsala University dedicates the medal in memory of his outstanding achievements.

It is an honour for the University and the Dag Hammarskjöld Foundation to award the lecturer with the medal and we sincerely thank you and congratulate you for your achievements.

As a Dag Hammarskjöld lecturer, you are invited to join the International Honorary Committee of the Dag Hammarskjöld Foundation, where leaders in international cooperation and development can gather to reflect and drive debate and progress on global challenges and solutions.

The Dag Hammarskjöld Lecture Committee's is comprised of representatives of Uppsala University and the Dag Hammarskjöld Foundation.

Please allow me to state the Committees motivation for the selection of the lecturer:

Dr Tedros Adhanom Gebreyesus was chosen by the Lecture Committee to deliver the 2025 Dag Hammarskjöld Lecture for his exceptional dedication to fostering multilateral collaboration, international solidarity and shared responsibility in addressing global health challenges.

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Dr Tedros, I now invite you to accept the 25th medal, with your name engraved on the rim, from the Vice Chancellor.

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Dr Tedros Adhanom Gebreyesus holding up the Dag Hammarskjöld Medal after receiving it from Anders Hagfeldt, Vice-Chancellor of Uppsala University.

Dr Tedros Adhanom Ghebreyesus

Dr Tedros Adhanom Ghebreyesus is globally recognised as a health scholar, advocate and diplomat with first-hand experience in research, operations, and leadership in public health. In May 2017, he became the first African to be elected Director-General of the World Health Organization (WHO).

Under his leadership, WHO led the global response to the COVID-19 pandemic and outbreaks of Ebola and mpox, strengthened global health security, supported countries to expand universal health coverage, raised the profile of health in climate change negotiations, and mobilized political, technical and financial commitment to address mental health and noncommunicable diseases. He also led the most significant reforms in WHO's history, aimed at increasing the organisation's effectiveness and efficiency.

As Ethiopia's Minister of Foreign Affairs (2012-2016), Dr Tedros elevated health as a political priority and played a key role in developing the Addis Ababa Action Agenda, where 193 countries committed to financing the Sustainable Development Goals. Earlier, as Ethiopia's Minister of Health (2005–2012), he spearheaded major reforms to strengthen the national health system, advancing universal health coverage and extending services to even the most remote communities.

Photo: WHO / Violaine Martin

Dag Hammarskjöld

Dag Hammarskjöld (1905-1961) served as Secretary-General of the United Nations with the utmost courage and integrity from 1953 till his death in 1961, creating standards against which his successors continue to be measured. He stood firmly by the UN Charter and lost his life in pursuit of dialogue and peace. Hammarskjöld died in a plane crash on a mission to mediate in the 1960's Congo crisis. For his service, he was posthumously awarded the Nobel Peace Prize.

Hammarskjöld's most notable achievements while serving as the world's top international civil servant include restructuring the UN to make it more effective, creating the basis for peacekeeping operations, and successfully implementing his 'preventive diplomacy' in crises from the Middle East to China. Before he was appointed UN Secretary-General, Hammarskjöld held several senior positions in the Swedish civil service and became a non-partisan member of the Swedish Cabinet.

Hammarskjöld also had many cultural interests and served as a member of the Swedish Academy, the body that awards the Nobel Prize for Literature. Another testament to this literary side is his journal of personal and spiritual reflections which was published posthumously as Markings in 1963. Hammarskjöld spent much of his childhood, adolescence, and student life in Uppsala, which also became his final resting place.

Uppsala University

Photo: Wikipedia Commons

Uppsala University, founded in 1477, is the oldest and best-known university in Scandinavia. Famous scholars such as Rudbeck, Celsius and Linnaeus were professors here, as well as eight Nobel Prize laureates, among them Archbishop Nathan Söderblom, who was also the University's Vice-Chancellor. He received the Nobel Peace Prize in 1930. Dag Hammarskjöld got his degree 1925 at Uppsala University in different subjects including history, linguistics and literature. Further studies led to degrees in economics, law and a doctoral degree in economics in 1934.

The University's international studies library is named after Dag Hammarskjöld and, in 1981, the Swedish Parliament established the Dag Hammarskjöld Chair of Peace and Conflict Research at Uppsala University.

The Dag Hammarskjöld Foundation

The Dag Hammarskjöld Foundation is a non-governmental organisation established in 1962 in memory of the second UN Secretary-General, which aims to advance dialogue and policy for sustainable development and peace. The Swedish parliament took the initiative to set up the Foundation shortly after Hammarskjöld's tragic death and UN General Assembly Resolution 1757 welcomed its establishment.

The Foundation is an autonomous institution and is unaffiliated with any political, religious or ideological groups; its work is guided by respect for and alignment to the principles outlined in the UN Charter.

www.daghammarskjold.se

The Dag Hammarskjöld Lecture

The Dag Hammarskjöld Lecture is given in memory of Dag Hammarskjöld, the second Secretary-General of the United Nations, and in recognition of the values that inspired him personally and as Secretary-General – compassion, humanism and commitment to international solidarity and cooperation.

The invited speaker should be and outstanding international personality who in significant and innovative ways contributes to a more just, peaceful an environmentally sustainable world through valuable achievements in politics or research.

Kofi Annan (1938-2018), delivering the 2001 Dag Hammarskjöld Lecture.

Previous Dag Hammarskjöld Lectures:

2024: Jan Egeland, *The Lessons from Dag Hammarskjöld for Conflict Resolution Today*

2023: Rena Lee, *Reaching Shore - Multilateralism and the Value of International Law*

2022: Amina J. Mohammed, *Strength in Our Common Humanity*

2021: Agnès Callamard, *A Global Compact for a World Beyond COVID*

2019: Christina Figueres, *Leadership for the Decisive Decade*

2018: António Guterres, *Twenty-first Century Challenges and the Enduring Wisdom of Dag Hammarskjöld*

2016: Ban Ki-moon, *Evolving Threats, Timeless Values: The United Nations in a Changing Global Landscape*

2015: José Ramos-Horta, *Preventing Conflicts, Building Durable Peace*

2014: Helen Clark, *The Future We Want - Can We Make it a Reality?*

2013: Margot Wallström, *Sexual Violence in Armed Conflict*

2012: Tarja Halonen, *Women's Participation in the Sustainable World*

2011: Jan Eliasson, *Peace Development and Human Rights – The Indispensable Connection*

2010: Francis Deng, *Idealism and Realism – Negotiating Sovereignty in Divided Nations*

2009: Karen Koning AbuZayd, *Rights, Justice and United Nations Values – Reflections through a Palestine Refugee Prism*

2008: Martti Ahtisaari, *Can the International Community Meet the Challenges Ahead of Us?*

2007: Sture Linnér and Sverker Åström, *UN Secretary-General Hammarskjöld – Reflections and Personal Experiences*

2005: Hans Blix, *UN Reform and World Disarmament – Where Do We Go?*

2004: Noeleen Heyzer, *Woman, War and Peace – Mobilising for Peace and Security in the 21st Century*

2002: Lakhdar Brahimi, *Rule of Law at Home and Abroad*

2001: Kofi Annan, *Dag Hammarskjöld and the 21st Century*

2001: Joseph Rotblat, *The Nuclear Age – A Curse and a Challenge: The Role of Scientists*

2000: Brian Urquhart, *Between Sovereignty and Globalisation. Where does the United Nations fit in?*

1998: Mary Robinson, *Human Rights – Challenges for the 21st Century*

The medal which Uppsala University has produced in memory of Dag Hammarskjöld is awarded to the Dag Hammarskjöld Lecturers. It is designed by Annette Rydström and cast in bronze. The obverse shows a portrait of Dag Hammarskjöld and on the reverse a handshake and a text in Latin which reads: 'Uppsala University to its disciple in memory of his outstanding achievements.'

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