WHA61/2008/REC/2

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

SIXTY-FIRST WORLD HEALTH ASSEMBLY

GENEVA, 19–24 MAY 2008

**VERBATIM RECORDS
OF PLENARY MEETINGS
AND LIST OF PARTICIPANTS**

SOIXANTE ET UNIÈME ASSEMBLÉE MONDIALE DE LA SANTÉ

GENÈVE, 19–24 MAI 2008

***COMPTES RENDUS IN EXTENS0
DES SÉANCES PLÉNIÈRES
ET LISTE DES PARTICIPANTS***

GENEVA
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2009

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PREFACE

The Sixty-first World Health Assembly was held at the Palais des Nations, Geneva, from 19 to 24 May 2008, in accordance with the decision of the Executive Board at its 121st session. Its proceedings are issued in three volumes, containing, in addition to other relevant material:

Resolutions, decisions and annexes – document WHA61/2008/REC/1

Verbatim records of plenary meetings, list of participants – document WHA61/2008/REC/2

Summary records of committees, reports of committees – document WHA61/2008/REC/3

For a list of abbreviations used in these volumes, the officers of the Health Assembly and membership of its committees, the agenda and the list of documents for the session, see preliminary pages of document WHA61/2008/REC/1.

In these verbatim records, speeches delivered in Arabic, Chinese, English, French, Russian or Spanish are reproduced in the language used by the speaker; speeches delivered in other languages are given in the English or French interpretation. The texts include corrections received up to 7 November 2008, the cut-off date announced in the provisional version, and are thus regarded as final.

AVANT-PROPOS

La Soixante et Unième Assemblée mondiale de la Santé s'est tenue au Palais des Nations à Genève du 19 au 24 mai 2008, conformément à la décision adoptée par le Conseil exécutif à sa cent vingt et unième session. Ses actes paraissent dans trois volumes contenant notamment :

les résolutions et décisions et les annexes qui s'y rapportent – document WHA61/2008/REC/1

les comptes rendus in extenso des séances plénières et la liste des participants – document WHA61/2008/REC/2

les procès-verbaux et les rapports des commissions – document WHA61/2008/REC/3.

On trouvera dans les pages préliminaires du document WHA61/2008/REC/1 une liste des abréviations employées dans la documentation de l'OMS, l'ordre du jour et la liste des documents de la session ainsi que la présidence et le secrétariat de l'Assemblée de la Santé et la composition de ses commissions.

Les présents comptes rendus in extenso reproduisent dans la langue utilisée par l'orateur les discours prononcés en anglais, arabe, chinois, espagnol, français ou russe, et dans leur interprétation anglaise ou française les discours prononcés dans d'autres langues. Ces comptes rendus comprennent les rectifications reçues jusqu'au 7 novembre 2008, date limite annoncée dans leur version provisoire, et sont donc considérés comme finals.

ПРЕДИСЛОВИЕ

Шестьдесят первая сессия Всемирной ассамблеи здравоохранения проходила во Дворце Наций в Женеве с 19 по 24 мая 2008 г. в соответствии с резолюцией, принятой Исполнительным комитетом на своей Сто двадцать первой сессии. Материалы сессии публикуются в трех томах, в которых, помимо других документов, содержатся:

Резолюции, решения и Приложения – документ WHA61/2008/REC/1

Стенографический отчет о пленарных заседаниях, список участников – документ WHA61/2008/REC/2

Протоколы заседаний комитетов, доклады комитетов – документ WHA61/2008/REC/3

Список сокращений, используемых в этих изданиях, перечень должностных лиц Ассамблеи здравоохранения, а также членский состав комитетов, повестка дня и список документов для данной сессии, приводятся в начале документа WHA61/2008/REC/1.

В стенограммах заседаний выступления на английском, арабском, испанском, китайском, русском и французском языках приводятся в оригинале; выступления на других языках даны в переводе на английский или французский языки. Указанные тексты включают исправления, полученные Секретариатом до 7 ноября 2008 г., как о том было объявлено в предварительных протоколах, и потому настоящая редакция считается окончательной.

INTRODUCCIÓN

La 61ª Asamblea Mundial de la Salud se celebró en el Palais des Nations, Ginebra, del 19 al 24 de mayo de 2008, de acuerdo con la decisión adoptada por el Consejo Ejecutivo en su 121ª reunión. Sus debates se publican en tres volúmenes que contienen, entre otras cosas, el material siguiente:

Resoluciones y decisiones, y anexos: documento WHA61/2008/REC/1

Actas taquigráficas de las sesiones plenarias y lista de participantes:
documento WHA61/2008/REC/2

Actas resumidas de las comisiones e informes de las comisiones: documento WHA61/2008/REC/3.

En las páginas preliminares del documento WHA61/2008/REC/1 figuran una lista de las siglas empleadas en estos volúmenes, la composición de la Mesa de la Asamblea y de sus comisiones, el orden del día, y la lista de documentos de la reunión.

En las presentes actas taquigráficas los discursos pronunciados en árabe, chino, español, francés, inglés o ruso se reproducen en el idioma utilizado por el orador. De los pronunciados en otros idiomas se reproduce la interpretación al francés o al inglés. Las actas contienen las correcciones recibidas hasta el 7 de noviembre de 2008, fecha límite anunciada en la versión provisional, y por consiguiente se consideran definitivas.

مقدمة

انعقدت جمعية الصحة العالمية الحادية والستون في قصر الأمم بجنيف في الفترة من ١٩ إلى ٢٤ أيار /مايو ٢٠٠٨ ، طبقا لما قرره المجلس التنفيذي في دورته الحادية والعشرين بعد المائة، وتنشر محاضرها في ثلاثة مجلدات تتضمن، بالإضافة إلى بعض المواد الأخرى ذات الصلة، ما يلي:

/٢٠٠٨ /القرارات والمقررات الإجرائية والملاحق وقائمة المشتركين العرب - الوثيقة ج ص ع ٦١ سجلات /١

٢٠٠٨ / سجلات /٢ / المحاضر الحرفية للجلسات العامة وقائمة بأسماء المشتركين - الوثيقة ج ص ع ٦١

٢٠٠٨ / سجلات /٣) النص الإنكليزي / (المحاضر الموجزة - الوثيقة ج ص ع ٦١

وللاطلاع على قائمة الاختصارات المستخدمة في وثائق المنظمة وأعضاء مكتب جمعية الصحة وعضوية لجانها وجدول أعمال الدورة وقائمة بوثائقها، انظر الصفحات التمهيدية للوثيقة ٢٠٠٨. / سجلات /١ / ج ص ع ٦١

وترد الكلمات التي ألقيت بالعربية أو الصينية أو الإنكليزية أو الفرنسية أو الروسية أو الأسبانية في هذه المحاضر الحرفية باللغة التي تكلم بها المتحدث؛ أما الكلمات التي ألقيت بلغات أخرى فترد ترجمتها الإنكليزية أو الفرنسية . وهي تتضمن التصويبات التي تم تلقيها حتى ٧ تشرين الثاني /نوفمبر ٢٠٠٨ ، وهو الموعد النهائي المعلن في النسخة المؤقتة، وهي بالتالي تعتبر نهائية.

序 言

根据执行委员会第一二一届会议的决定，第六十一届世界卫生大会于2008年5月19日至24日在日内瓦万国宫举行。会议记录分三卷出版。除刊载其它有关材料外，还刊载：

决议，决定和附件 — 文件WHA61/2008/REC/1

全体会议逐字记录，与会人员名单 — 文件WHA61/2008/REC/2

各委员会摘要记录，委员会报告— 文件WHA61/2008/REC/3

各卷中使用的缩写清单、卫生大会的官员及其各委员会的组成、议程及会议文件清单，见文件WHA61/2008/REC/1先行页。

阿拉伯文、中文、英文、法文、俄文或西班牙文发言的逐字记录，用发言人使用的语言刊载；其它语言的发言用英文或法文译文刊载。这些记录只采纳了2008年11月7日以前收到的更正，这是临时文本中宣布的截止日期，因而它们是最后的文本。

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VERBATIM RECORDS OF PLENARY MEETINGS

COMPTES RENDUS IN EXTENSO DES SEANCES PLENIERES

FIRST PLENARY MEETING

Monday, 19 May 2008, at 10:15

President: Ms J. HALTON (Australia)
later: Dr L. RAMSAMMY (Guyana)

PREMIERE SEANCE PLENIERE

Lundi 19 mai 2008, 10h15

Président: Mme J. HALTON (Australie)
puis: Dr L. RAMSAMMY (Guyana)

1. OPENING OF THE ASSEMBLY
OUVERTURE DE L'ASSEMBLEE

The PRESIDENT:

Good morning, the Health Assembly is called to order. Distinguished delegates, ladies and gentlemen, in my capacity as President of the Sixtieth World Health Assembly, I have the honour to open the Sixty-first World Health Assembly, with what I am told is a record number of delegates.

Ladies and gentlemen, we meet here, at the Sixty-first World Health Assembly, with the health of the world in mind and with a very heavy programme of work dedicated to that cause. I would like to reflect for a moment, as we commence our business. Here in this building in the warmth and comfort of this place with the resources of the world available to us, I would ask you to reflect, both now and also as we do our work, on the circumstances of others. As we all know, the people of Myanmar have been devastated by Cyclone Nargis – who could not be affected by their plight? Our thoughts must be with them. And as we were all coming to terms with that tragedy, and struggling to comprehend its size, scale and impact on so many of our fellow citizens of the world, then, in what can only be described as a very cruel twist of fate, the earthquake which has devastated the Chinese province of Sichuan struck with such terrible impact. It is hard to comprehend the scale of these events, the tens of thousands of lives that have been lost, families shattered and the huge task of responding, of preventing further loss of life and then of rebuilding both hope and physical infrastructure. So, ladies and gentlemen, I ask that you think about all those people, as we meet here in Geneva; I ask that you think about the people responding. We will start our business, with your agreement, with a minute's silence for all those who have lost their lives. Would you please stand?

The Health Assembly stood in silence for one minute.
L'Assemblée de la Santé observe une minute de silence.

The PRESIDENT:

Thank you, ladies and gentlemen. Before we commence our official agenda, I have had a request to hear from two of our delegations affected by those recent tragedies. Can I please hear from the Chinese delegation, Professor Chen Zhu?

Professor CHEN Zhu (China)

主席，各位同事：

一周之前，中国四川发生了特大地震灾害。顷刻之间，数万人失去了生命，美丽的城镇夷为平地，道路、电力、通讯中断。

中国政府和中国各族人民迅速行动起来，展开抗震救灾工作。国家主席胡锦涛、国务院总理温家宝亲赴灾区第一线现场指挥，要求将保护人民生命安全放在第一位。卫生部立刻启动一级卫生应急响应机制，动员全国各地的临床医护人员、公共卫生人员组成医疗队奔赴灾区，与当地卫生人员并肩作战，争分夺秒，抢救生命，防控疫情。抗震救灾得到了包括香港、澳门、台湾同胞在内的全体华夏儿女的倾力支持。目前各项救灾工作正在紧张、有序、高效地进行。

同时，许多国家和包括世界卫生组织在内的国际组织向中国政府发来慰问电，提供了人力、技术和物资支持。在此，我谨代表中国政府，感谢世界卫生组织的成员国，感谢世界卫生大会，感谢国际社会所给予的各方面的支持。

灾难压不倒中国人民，只能使我们更坚强，只能使我们和国际社会的合作更加紧密，只能使我们未来将卫生、健康放到更加重要的位置，推动包括灾难医学在内的卫生事业的全面发展。

再次感谢主席，各位同事。

谢谢大家。

The PRESIDENT:

Thank you Professor Chen. Our thoughts and prayers are with you. Can I now ask the Ambassador from Myanmar to speak please?

Mr WUNNA MAUNG LWIN (Myanmar):

Excellencies, ladies and gentlemen. Earlier this month Myanmar faced the most severe natural disaster in its history. The severe cyclone Nargis crossed the coast of Myanmar at 119 to 153 kilometres per hour and hit Ayeyarwady and Yangon Divisions on 2 and 3 May. It was the worst cyclone that had ever hit our country and the effect was devastating. Bogale, Labutta, Ngaputaw (Haingyi Kyun) and Malawmyinegyun townships in the Division of the Delta Region were the worst hit. Forty townships in Yangon Division, including the former capital, Yangon, were also severely affected by the storm.

About two days before the natural disaster, national television and radio continuously warned the people about the possible disaster. However, the magnitude of the storm was very severe and the 12-foot-high sea tide prevented some local people from moving from their areas. As a result of the storm, 77 738 people were reported dead, 55 917 people were missing and 19 359 were injured.

Immediately after the storm, the national disaster preparedness central committee, chaired by His Excellency General Thein Sein, Prime Minister of the Union of Myanmar, visited the storm-hit

areas and relief measures were taken in those areas in cooperation with nongovernmental organizations. Relief supplies were provided to the disaster-hit regions and steps are continuously being taken to further provide relief aid to storm victims. The Ministry of Health has sent rapid response teams, fully equipped with medical supplies, to the storm-hit areas. Public health measures have also been taken to prevent disease outbreaks such as diarrhoea, dysentery and dengue haemorrhagic fever. Sanitary measures have been taken at emergency relief camps and disease surveillance is being carried out continuously. As a result, the situation in storm-hit regions is now improving. Victims have been removed to nearby townships in a phased manner and are being taken care of at relief centres. Simultaneously, arrangements are being made for timely distribution of construction materials in order to rebuild damaged structures in anticipation of the rainy season.

At a time when the Government is taking relief and reconstruction measures in every way possible, the international and local social organizations and well-wishers are providing the storm victims with food, medicines, clothing, tents and cash and in-kind contributions. Foreign countries have sent chartered aircraft loaded with emergency provisions that landed in Myanmar. Authorities of Myanmar, for their part, have been making their best efforts to forward and distribute the donated provisions to the victims in a timely manner by using helicopters, motor vehicles and boats.

The Government and the people of Myanmar are grateful to the friendly nations, the United Nations, international organizations, nongovernmental organizations, private individuals and all friends far and near for their sympathy and condolences and their kind generosity in donating emergency relief provisions as well as financial support for relief and resettlement of the victims in cyclone-hit areas. On this occasion we would especially like to express our sincere thanks to WHO for its tremendous support to the health of our people in managing this disaster. We firmly believe that with the aid and goodwill of the international community the entire population will be able to overcome the hardships in the near future.

Before I conclude I should like to share some of the latest relief efforts undertaken by the Government of the Union of Myanmar in cooperation with the international community. From 6 to 16 May, a total of 64 aircraft and two naval ships from donor countries transported relief items to Myanmar. In addition to that, the international community, including United Nations agencies and international nongovernmental organizations, is also providing relief supplies by air. From 6 to 15 May there were 20 cargo planes from the international community loaned to Myanmar. A total of US$ 1.62 million in cash and 2096.71 tons of relief supplies were received from foreign donors up to 16 May. Relief supplies donated from abroad as well as the international community have been arriving continuously by air, sea and land.

In recent days we have been distributing water purification machines as well as 1.4 million water purification tablets to the victims. The Government of the Union of Myanmar, with the assistance of United Nations agencies on the ground, as well as some 10 000 National Red Cross volunteers and personnel from national and international nongovernmental organizations, is taking timely and effective action in the relief efforts. To give an update on cooperation with the international community, the Government has requested a number of 200 medical doctors and nurses from Myanmar's five immediate neighbours – Bangladesh, China, India, the Lao People's Democratic Republic and Thailand. Among them, medical teams from Thailand and India arrived in Myanmar on 17 May and the rest of the country teams are expected to arrive a few days from now. In order to observe the true situation on the ground and to witness effective distribution of relief supplies donated from the international community, the Government of the Union of Myanmar arranged visits to the relief camps in Yangon and Ayeyarwady Divisions for diplomats, resident representatives from the ASEAN secretariat and United Nations agencies on 17 May. Furthermore, visits for donors representing governments, nongovernmental organizations and private individuals will be carried out this week. I thank you.

The PRESIDENT:

Thank you Ambassador, our thoughts are with the people of Myanmar.

On behalf of the Health Assembly and WHO I have pleasure this morning in welcoming our special guests, Mr Sergei Ordzhonikidze, Director-General of the United Nations Office at Geneva

and representative of the Secretary-General of the United Nations, and Mr Pierre-François Unger, Counsellor of State, Head of the Department of Social Action and Health of the Republic and Canton of Geneva and officials of the Republic, Canton and University of Geneva and of United Nations organizations. I also welcome the representatives of the Executive Board.

2. ADDRESS BY THE REPRESENTATIVE OF THE SECRETARY-GENERAL OF THE UNITED NATIONS
ALLOCUTION DU REPRESENTANT DU SECRETAIRE GENERAL DE L'ORGANISATION DES NATIONS UNIES

The PRESIDENT:

I would like now to give the floor to Mr Sergei Ordzhonikidze, Director-General of the United Nations Office at Geneva.

Mr ORDZHONIKIDZE (Under-Secretary-General of the United Nations, Director-General of the United Nations Office at Geneva):

Thank you very much. Madam President, Madam Director-General, Mr Counsellor of State, excellencies, ladies and gentlemen. Allow me first of all to express my most sincere condolences to the people and Governments of China and Myanmar on the recent natural disasters which have caused tremendous loss of life and destruction and which have had a very negative impact on well-being and health in the two countries. The Secretary-General of the United Nations has made statements several times on that issue and he declared that the United Nations is providing help and assistance in various forms to both countries and stands ready to do more.

It is my pleasure to welcome you to the Palais des Nations and it is my privilege to convey to you the best wishes of the Secretary-General, Mr Ban Ki-moon, for a successful and productive Health Assembly. I greatly appreciate this opportunity to congratulate the Health Assembly and the Organization particularly on its sixtieth anniversary. This year's Health Assembly is an excellent occasion to mark WHO's significant achievements over the past 60 years and to chart the course ahead.

Improving global public health is an objective directly connected to the United Nations' wider efforts to achieve peace, security and development. The issues on your comprehensive agenda are among the key priorities identified by the United Nations and showcase just how closely disease, slow development and instability in the world are inter-linked. Securing better health and adequate, affordable access to primary care are key components of the Millennium Development Goals. Better public health is an important prerequisite for the realization of all the Goals. Despite progress in some regions and on some of the targets, overall we are not on track to meet the Goals within the deadline of 2015. Long-standing and newly-emerged diseases, from malaria and tuberculosis to HIV/AIDS and now, more recently, enteroviruses, claim millions of lives every year. The human and economic toll is simply not acceptable, and now, soaring food prices have intervened to not only create additional obstacles on our way to the Goals, but perhaps even to undo some of the gains already made in the fight against hunger and malnutrition.

The Secretary-General has therefore called 2008 a year to be devoted to addressing the needs of the poorest – "the bottom billion" – and he will convene a special high-level event in September in New York on the Millennium Development Goals, bringing together world leaders, private sector representatives and civil society partners. The year 2008 should mark a turning point in progress towards the Goals, but it can only do so if we can scale up efforts to achieve them, not least in the area of public health. Adequate investment in health systems, provision of long-term predictable aid and the integration of health considerations in broader social and economic development planning are urgently called for. It is my sincere hope that this Health Assembly will send a strong signal in this regard and provide impetus towards the Millennium Development Goals.

Climate change constitutes a major threat to public health and has the potential to put already vulnerable populations further at risk through malnutrition and climate-related infectious diseases. As our planet warms even further, extreme weather events are expected to become more frequent, with severe implications for health. Mitigation and adaptation strategies are essential, particularly for the poorest communities, to alleviate the negative consequences on health, and I commend WHO's efforts in this area. The protection of human health must be one of the cornerstones of the global climate change agenda. As I mentioned at the outset, the recent humanitarian emergencies in Myanmar and China are, sadly, only the latest examples of the tremendous challenges to health care caused by natural disasters. They are a call to action for bolstering our humanitarian action strategies, including as concerns health.

This year, we also mark the sixtieth anniversary of the Universal Declaration on Human Rights. Promoting health and respecting human rights are inextricably linked. The right to health has been enshrined in numerous international and regional human rights treaties. WHO has, over the years, been at the forefront of a human rights-based approach to health and has considerably strengthened Member States' capacity in this regard. These two anniversaries provide a useful framework for reinforcing the human rights perspective in public health.

Consistent, coherent and coordinated efforts are indispensable if we are to deliver for those who need us the most. The Secretary-General therefore places particular emphasis on efforts to improve system-wide coherence, and the focus on the United Nations reform process at this Health Assembly is very timely and welcome. For its part, the United Nations values the wide-ranging, cross-disciplinary collaboration with WHO, which is a necessary foundation for confronting the challenges before the international community. I am pleased to note that WHO has played an active role in the implementation of the "Delivering as One" pilot initiative in eight countries. The first feedback indicates that the initiative has resulted in a greater alignment of United Nations system activities in national programmes and plans and has enhanced the principles of national ownership and governmental leadership in developmental partnerships. We need to build on this initial, positive experience. The challenge is now to ensure that this greater coherence in the field is matched and supported by better coordination at the level of headquarters. I trust that your debates here may help to move efforts forward in this regard.

It is the hope of the United Nations that WHO, with its extensive expertise in developing innovative financing mechanisms and establishing pioneering partnerships with stakeholders, could contribute in a practical way to the ongoing discussions on system-wide coherence with Member States and within the United Nations system. The United Nations Office at Geneva, as the representative office of the Secretary-General, will continue to facilitate collective efforts in Geneva in this critical area. We have the know-how and the resources to control, lessen and eliminate the impact of disease, as well as to care for those affected. Global health is one of the greatest challenges of our time, but it is also an area with great scope for solutions. Continued political commitment is indispensable if we are to translate the promise of technological and scientific advances into the reality of improved health for all. I know you have that commitment. In that spirit, I wish you a most productive Health Assembly.

3. ADDRESS BY THE REPRESENTATIVE OF THE CONSEIL D'ETAT OF THE REPUBLIC AND CANTON OF GENEVA
ALLOCUTION DU REPRESENTANT DU CONSEIL D'ETAT DE LA REPUBLIQUE ET CANTON DE GENEVE

The PRESIDENT:

Thank you, and we wish to extend our thanks to the United Nations for your traditional hospitality.

I now give the floor to Mr Pierre François Unger, Counsellor of State, Department of Social Action and Health of the Republic and Canton of Geneva.

M. UNGER (représentant du Conseil d'Etat de la République et Canton de Genève :

Madame le Directeur général, Excellences, Mesdames et Messieurs les Ministres, Ambassadeurs et délégués, Mesdames et Messieurs et chers amis, à l'occasion de la Soixante et Unième Assemblée mondiale de la Santé, j'ai le plaisir et l'honneur de vous souhaiter, au nom des autorités fédérales, des autorités cantonales et des autorités municipales, une très cordiale bienvenue en Suisse et à Genève.

Permettez-moi d'associer à cet accueil l'expression de l'émotion des autorités qui sont les nôtres face aux drames récents auxquels il a été fait référence, qu'il s'agisse du tremblement de terre dramatique vécu dans une province de Chine ou du typhon effroyable vécu au Myanmar.

Plus spécifiquement, permettez-moi aujourd'hui de vous rappeler que, au cours de vos travaux, vous allez vous pencher spécialement sur l'état de la réalisation des objectifs du Millénaire pour le développement définis en l'an 2000. Les thèmes centraux de santé publique que vous aborderez font aussi l'objet de grands travaux dans la politique sanitaire suisse et genevoise. Vous le voyez, nous sommes unis autour des thèmes et des préoccupations qui sont ceux de la santé au niveau mondial. Je me permettrai donc modestement, en tant que Ministre de la Santé, d'évoquer l'action du Canton de Genève dans certains de ces domaines.

Vous allez parler, entre autres, des maladies non transmissibles qui, en Europe notamment, causent 86 % des décès et se comportent, depuis une ou deux décennies, en véritables maladies épidémiques. Ce sont surtout, comme vous le savez, les maladies cardio-vasculaires qui sont à l'origine de ces décès. Près de 60 % de la charge de morbidité est due à huit facteurs de risque que vous connaissez : l'hypertension artérielle ; la consommation de tabac ; l'excès d'alcool ; l'excès de cholestérol ; le diabète ; l'excès de poids ; la consommation insuffisante de fruits et de légumes ; le manque d'activité physique. En Suisse, le nombre de personnes en excès de poids augmente de 50 000 chaque année. A Genève, pour lutter contre ces risques, nous nous sommes fixé comme objectif de promouvoir une alimentation saine et une activité physique régulière. Pour paradoxal que cela puisse paraître, dans l'un des pays les plus riches du monde, les gens mangent mal et les gens ne bougent pas. Le programme que nous avons défini correspond aux objectifs de l'OMS, de l'Office fédéral de la santé publique et de Promotion Santé suisse. Si l'on ne fait rien, c'est un tiers de la population qui souffrira dans 20 ans d'obésité et des maladies qui lui sont associées. A titre indicatif, en 2001, les coûts engendrés par cette problématique de santé se sont élevés à 2,7 milliards de francs, soit la cause la plus importante de dépenses de santé et, en plus, de dépenses facilement évitables.

A Genève, nous avons aussi décidé de nous rallier à la démarche Alliance contre la dépression , programme européen auquel participent 25 régions. Son but est d'apporter des solutions pour améliorer la prise en charge et les conditions de vie des personnes dépressives, mais surtout d'anticiper le diagnostic. En cela, nous rejoignons également une des grandes préoccupations de l'OMS : la santé mentale. Ce problème est d'autant plus actuel que les chiffres sont impressionnants : 121 millions de personnes souffrent de dépression dans le monde, et ce chiffre est probablement largement sous-estimé ; 15 % d'entre elles se suicident et plus de la moitié tente une fois au moins de mettre fin à leurs jours. Selon les prévisions européennes, d'ici à 2020, cette maladie constituera soit la première soit la deuxième cause de morbidité en Europe.

Permettez-moi aussi de faire allusion quelques instants à la pandémie et au rôle particulier que Genève tiendrait en cas de déclenchement d'une aussi terrible catastrophe. En effet, ayant la chance d'abriter le Siège de l'OMS en nos murs, nous nous trouvons réellement au centre stratégique d'une éventuelle pandémie qui marquerait le monde. Nous pourrions dès lors bénéficier d'expériences et de connaissances de premier plan. Mais aussi, en raison des nombreux déplacements auxquels seraient astreints les membres tant de l'OMS que de certaines organisations internationales gouvernementales ou non, nous nous trouverions exposés à des risques de contagion beaucoup plus grands que dans d'autres régions ! Tenant compte de cette situation particulière, Genève a développé son propre plan répondant aux recommandations de l'OMS et de l'Office fédéral de la santé publique.

Et puis j'aimerais encore mettre l'accent sur le fait que Genève s'engage particulièrement en faveur des objectifs du Millénaire pour le développement par le renforcement de la solidarité internationale. Le Canton contribue à plusieurs programmes et projets destinés à lutter contre la pauvreté. Depuis sa création en 2003, le Service de la solidarité internationale a accordé plus de

6 millions de francs à des projets destinés à améliorer la santé et les conditions d'accès aux services de santé de pays à faible revenu. Au moment où Genève, grâce aux organisations internationales qu'elle abrite, est en passe de devenir un très grand centre mondial de la santé, les hôpitaux universitaires de la ville ont une belle carte à jouer. Ils ont d'ailleurs acquis ces dernières années une grande expérience dans le domaine de la médecine humanitaire. Nos hôpitaux et la faculté de médecine ont mis sur pied des partenariats institutionnels dans plusieurs pays émergents, à l'image de celui qui existe depuis plus de 30 ans entre la faculté de médecine de Genève et celle de Yaoundé. De plus, du 25 au 28 mai 2008 aura lieu – et je vous y donne rendez-vous – la deuxième édition du grand forum international « Geneva Forum: Towards Global Access to Health » qui a connu un énorme succès en 2006. Parmi les grands projets qui bénéficient de l'appui du Canton de Genève, je citerai encore ceux bénéficiant de financements de l'ordre de 2 millions pour la lutte contre le sida. Ce qui a notamment permis de soutenir la mise en place de programmes d'accès aux traitements antirétroviraux au Honduras ou au Guatemala, de programmes de sensibilisation au Togo et au Bangladesh, et de programmes spécifiques aux enfants orphelins du VIH/sida en Ouganda ou en Zambie. Toujours grâce au soutien du Canton de Genève, une campagne de sensibilisation contre les mutilations sexuelles féminines a pu être mise sur pied récemment en Mauritanie. Dans le même ordre d'idées, plusieurs services de l'Etat participent en ce moment à un programme de sensibilisation contre ces mutilations s'adressant prioritairement aux populations migrantes soudanaises, éthiopiennes, somaliennes et érythréennes de notre Canton.

En conclusion, j'aimerais dire qu'il existe un lien étroit – et cela a déjà été dit ce matin – entre la santé et les changements climatiques. Notre responsabilité est grande pour maîtriser ce que nous pouvons maîtriser. Nombre de problèmes de santé ou d'affections comme la malnutrition, la diarrhée, le paludisme, qui tuent des millions de personnes et particulièrement des enfants, sont liés à ces changements. Il ne faut pas se voiler la face. Il nous appartient donc de mettre sur pied toutes les mesures efficaces pour limiter les changements climatiques, afin de prévenir les nombreux risques sanitaires liés à ces changements.

Mesdames et Messieurs, chers hôtes, vous le voyez, Genève est particulièrement fière de vous accueillir une nouvelle fois pour l'Assemblée mondiale de la Santé. Je vous souhaite mes meilleurs voeux pour la réussite de vos travaux et vous remercie de votre attention.

4. ADDRESS BY THE PRESIDENT OF THE SIXTIETH WORLD HEALTH ASSEMBLY ALLOCUTION DU PRESIDENT DE LA SOIXANTIEME ASSEMBLEE MONDIALE DE LA SANTE

The PRESIDENT:

Madam Director-General, Vice-Presidents of the Health Assembly, honourable ministers, Regional Directors, distinguished delegates, excellencies, ladies and gentlemen and friends. It has been a privilege to hold the position of President of the Sixtieth World Health Assembly for the past year. I thank you personally and on behalf of the Government of Australia for the honour of having elected me to a role of such importance to the world's people. However, it is not the President but all of the participants here who provide this institution with its influence. I thank all of those involved in the Sixtieth World Health Assembly – the Vice-Presidents, ministers and their delegations, Chairpersons of committees, and of course the WHO Secretariat, the Director-General and her team – for their hard work in making the Sixtieth World Health Assembly a success.

You will recall that during last year's Health Assembly, we reached important agreements on major communicable and noncommunicable disease issues as well as key health systems issues such as health research and essential medicines for children. We also agreed, as the 193 Member States of the World Health Organization, to its six-year medium-term strategic plan of work and its biennial budget. That agenda has been acted on by WHO in its first full year under the excellent leadership of our Director-General, Dr Margaret Chan. Much hard work has taken place behind the scenes on new programmes and on technical guidance, such as the new standard for documenting the health of

children and youth, as well as refinements to the Organization's structure and senior management. I am sure all of this work will assist WHO in delivering its agenda efficiently.

In line with the theme for World Health Day 2007, the Sixtieth World Health Assembly had a heavy focus on improving international health security by tackling the potential influenza pandemic and the challenge of other vector-borne diseases. Over the past year, we have continued to see sporadic cases in a number of countries of humans infected with H5N1 avian influenza as a result of exposure to infected birds, usually domestic poultry. While some limited human-to-human transmission may have occurred, there is no evidence of efficient or ongoing human-to-human H5N1 transmission. However, we must not be complacent. There have been some encouraging gains in both surveillance and control activities in south-east Asia. Early detection remains a vital ingredient in preventing the spread of the disease to humans. A very important step in our defences against this disease was the coming into effect of the new International Health Regulations (2005) shortly after the last Health Assembly in June 2007.

As outgoing President, I am pleased by the large number of countries that have worked to implement these new Regulations, with assistance from the WHO regional offices and often from neighbouring countries. The new requirements under the Regulations relating to national alert and response systems, international travel and transport, global alert and response and specific public health issues will be implemented over the next four years and will contribute very significantly to national, regional and global health security. In the coming years, WHO needs to ensure that the International Health Regulations (2005) are implemented to prevent the spread of diseases of international concern.

A key resolution of the Sixtieth Health Assembly on sharing of influenza viruses and access to vaccines and other benefits drew Member States' attention to two key issues critical to pandemic influenza preparedness: firstly, the vital work on influenza surveillance, pandemic risk assessment and candidate vaccine virus development work which relies on Member States providing virus samples from human influenza cases for analysis; and secondly, the constraints on global capacity to produce effective vaccines in an influenza pandemic and the difficulty developing countries face in accessing and affording these vaccines. The resolution provided a framework for balancing, on a multilateral basis, the provision of virus samples with the provision of the resulting benefits. As many of you know, I have taken a particular interest in implementation of this resolution, as Chair of the intergovernmental meeting and the subsidiary open-ended working group. The WHO Secretariat has also been tasked with a heavy programme of work which will help resolve this issue and improve global pandemic preparedness. I believe these negotiations are leading us to redefine, in a very constructive way, how we work collaboratively to meet global public health imperatives. Our discussions on this key issue will continue in November.

Another key resolution which was passed at the previous Health Assembly was the agreement by Member States to actively support the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property. In the past year, WHO has followed up on this resolution and Member States continue to have an active role in negotiations on a draft global strategy and plan of action on public health, innovation and intellectual property. These multilateral negotiations have provided a welcome impetus to consideration of the full range of issues relating to research and development and the production and delivery of health products for developing countries. These problems are as complex as they are important. As with other issues before the Health Assembly, the strategy and plan can provide a framework for cross-sectoral cooperation, particularly with the World Intellectual Property Organization and the World Trade Organization.

Much work has also been done in the past year on communicable diseases, such as extensively drug-resistant tuberculosis which is a growing problem for the world, including many Western Pacific nations. The Stop TB strategy is more important than ever. Measles, malaria, HIV/AIDS and other communicable diseases also require our attention. Many developing and intermediate countries lack the adequate laboratory support to be able to detect and manage communicable diseases effectively. We must not forget about common diseases which are vaccine preventable. Despite the gains made on poliomyelitis, further efforts are required to completely eradicate this disease. Importations and possible reinfections with poliomyelitis are a constant threat for all countries.

Another important issue that has been addressed over the past 12 months is female genital mutilation. This practice is internationally recognized as a violation of human rights. I am hopeful that the interagency statement on eliminating female genital mutilation, developed by WHO and 20 other United Nations agencies and launched earlier this year, will have a significant impact.

This is an important and historic year for WHO. As you know, this is not only the sixtieth anniversary of WHO but also the thirtieth anniversary of Alma-Ata. While these anniversaries provide an opportunity for celebration, they also provide a reason for reflection on the challenges and opportunities ahead for global health. At the top of the list of challenges is meeting the Millennium Development Goals. As this is the theme for this year's Health Assembly, we should take the opportunity to refocus efforts on achieving these important goals.

As you are all aware, the world remains off target to meet Millennium Development Goal 4 on reducing the mortality rate among children under five and Goal 5 on reducing maternal mortality. We must remain committed to these Goals. Reducing preventable deaths before, during and after childbirth should be a priority for every nation. For Australia it is a particular priority for our Aboriginal and Torres Strait Islander peoples to work together to achieve equality in health status and life expectancy. Health promotion should be used as an effective and highly cost-efficient tool, in addition to trained health workers, clean water and sanitation and better education, in combating communicable and noncommunicable diseases in all populations. The Call to Action on the MDGs and the International Health Partnership led by WHO and the World Bank are both very positive initiatives that should garner widespread support. Meeting the Millennium Development Goals is not just a matter for some countries, it would benefit the whole of humanity. We must remain engaged with all key players including the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF, UNFPA and UNAIDS.

Another imperative that faces us in 2008 is of course the issue of climate change and health, which was the theme for World Health Day this year. Climate change will have an increasingly negative impact on human health. As WHO has noted, more frequent extreme weather events as a result of climate change can affect some of the most fundamental determinants of health, including air, water, food, shelter and freedom from disease. This is a major issue for all Member States, especially in the South-East Asia and Western Pacific regions. Australia is committed to working with the United Nations and directly with vulnerable States, especially the island States, to address the challenges associated with climate change.

In closing, I would like to urge all of our Member States to make national, regional and global health a top priority. Health technology and medical science are advancing at a rapid pace, yet ill-health, poverty, hunger, gender inequality, lack of education, lack of access to clean water and environmental degradation continue in many countries – even those that are not poor. WHO and its Health Assembly provide a vital mechanism for our nations to work together to improve the present and the future for all of our world's people. With this in mind, I wish the Sixty-first World Health Assembly every success. I am sure that you will extend to your incoming President the same excellent support and spirit of commitment, compromise and friendship that you showed to me during my Presidency.

5. VIDEO PRESENTATION TO MARK THE SIXTIETH ANNIVERSARY OF WHO PROJECTION D'UNE VIDEO MARQUANT LE SOIXANTIEME ANNIVERSAIRE DE L'OMS

The PRESIDENT:

Ladies and gentlemen, many of you are familiar with the format of the opening session. We are now going to break with a small amount of tradition and, as a consequence of the very particular anniversary that we celebrate today, the sixtieth anniversary, I would like you to remain seated while we watch a special video to mark this anniversary.

A video presentation was given.
Projection d'une vidéo.

The PRESIDENT:

My congratulations to the Secretariat for what I think is a very fitting tribute to the sixtieth anniversary of WHO, bringing together leading health figures, ambassadors and WHO staff to give real expression to our Constitution. I would also like to thank our special guests and the children from the International School of Geneva for their participation and their inspiring wishes and aspirations for health. Ladies and gentlemen, we now need to start with the first two items on our provisional agenda.

6. APPOINTMENT OF THE COMMITTEE ON CREDENTIALS
CONSTITUTION DE LA COMMISSION DE VERIFICATION DES POUVOIRS

The PRESIDENT:

We start with provisional agenda item 1.1, Appointment of the Committee on Credentials. The Health Assembly is required to appoint a Committee on Credentials in accordance with Rule 23 of the Rules of Procedure of the World Health Assembly. In conformity with this Rule, I propose for your approval the following 12 Member States: Equatorial Guinea, Indonesia, Israel, Kenya, Libyan Arab Jamahiriya, Montenegro, Panama, Philippines, Saint Kitts and Nevis, Senegal, Solomon Islands and Ukraine.

Is this proposal acceptable?

As I see no comments, I declare the Committee on Credentials, as proposed by me, appointed by the Health Assembly.

7. ELECTION OF THE COMMITTEE ON NOMINATIONS
ELECTION DE LA COMMISSION DES DESIGNATIONS

The PRESIDENT:

We shall now proceed with item 1.2 of our provisional agenda, “Election of the Committee on Nominations”. This item is governed by Rule 24 of the Rules of Procedure of the World Health Assembly. In accordance with this Rule, a list consisting of 24 Member States and the President ex officio has been drawn up. I shall submit this list to the Health Assembly for its consideration. May I explain that, in compiling this list, the following distribution by region has been applied: Africa: 6 members; the Americas: 5; Eastern Mediterranean: 3; Europe: 6; South-East Asia: 2; and Western Pacific: 2. I therefore propose to you the following Member States: Antigua and Barbuda, Bahrain, Belarus, Bolivia, Burundi, Chad, People’s Republic of China, Democratic People’s Republic of Korea, Ethiopia, France, Guinea-Bissau, India, Islamic Republic of Iran, Liberia, Malaysia, Mexico, Nicaragua, Oman, Romania, Russian Federation, South Africa, Sweden, United Kingdom of Great Britain and Northern Ireland and Bolivarian Republic of Venezuela.

Is this proposal acceptable?

In the absence of comments, I declare the Committee on Nominations elected.

As you know, Rule 25 of the Rules of Procedure, which defines the mandate of the Committee on Nominations, also states that the proposals of the Committee on Nominations shall be forthwith communicated to the Health Assembly.

I shall now suspend the meeting so that the Committee on Nominations may meet in Room 12. As soon as the Committee on Nominations has completed its deliberations, we shall resume in plenary. This is expected to take approximately half an hour.

The meeting was suspended at 11:25 and resumed at 12:10.
La séance est suspendue à 11h25 et reprend à 12h10.

8. FIRST REPORT OF THE COMMITTEE ON NOMINATIONS[1] PREMIER RAPPORT DE LA COMMISSION DES DESIGNATIONS[1]

The PRESIDENT:

We shall now consider the first report of the Committee on Nominations. I shall read this report.

The Committee on Nominations, consisting of delegates of the following Member States: Antigua and Barbuda, Bahrain, Belarus, Bolivia, Burundi, Chad, People's Republic of China, Democratic People's Republic of Korea, Ethiopia, France, Guinea-Bissau, India, Islamic Republic of Iran, Liberia, Malaysia, Mexico, Nicaragua, Oman, Romania, Russian Federation, South Africa, Sweden, United Kingdom of Great Britain and Northern Ireland and Bolivarian Republic of Venezuela and Ms Jane Halton (Australia) (ex officio) met on 19 May 2008.

In accordance with Rule 25 of the Rules of Procedure of the Health Assembly and respecting the practice of regional rotation that the Health Assembly has followed for many years in this regard, the Committee decided to propose to the Health Assembly the nomination of Dr Leslie Ramsammy (Guyana) for the office of President of the Sixty-first World Health Assembly.

Is this proposal from the Committee on Nominations acceptable?

Election of the President
Election du président

The PRESIDENT:

In the absence of any observations, and as it appears that there are no other proposals, I suggest, in accordance with Rule 80 of the Rules of Procedure, that the Health Assembly approve the nominations submitted by the Committee and elect its President by acclamation.

(*Applause/Applaudissements*)

Dr Leslie Ramsammy of Guyana is thereby elected President of the Sixty-first World Health Assembly and I invite him to take his seat on the rostrum.

Dr Ramsammy (Guyana) took the presidential chair.
Le Dr Ramsammy (Guyana) prend place au fauteuil présidentiel.

9. SECOND REPORT OF THE COMMITTEE ON NOMINATIONS[2] DEUXIEME RAPPORT DE LA COMMISSION DES DESIGNATIONS[2]

The PRESIDENT:

I now invite the Health Assembly to consider the second report of the Committee on Nominations, an advance copy of which has been distributed to you. I shall now invite the Health Assembly to decide, in order, on the nominations proposed. We shall begin with the election of the five Vice-Presidents of the Health Assembly. I shall read this report.

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[1] See reports of committees in document WHA61/2008/REC/3.

[1] Voir les rapports des commissions dans le document WHA61/2008/REC/3.

[2] See reports of committees in document WHA61/2008/REC/3.

[2] Voir les rapports des commissions dans le document WHA61/2008/REC/3.

At its first meeting held on 19 May 2008, the Committee on Nominations decided to propose to the Health Assembly, in accordance with Rule 25 of the Rules of Procedure of the World Health Assembly, the following nominations: Vice-Presidents of the Health Assembly: Mrs E. Raoul (Congo), Ms M. Maripuu (Estonia), Dr Ponmek Dalalloy (Lao People's Democratic Republic), Dr A.A. Yoosuf (Maldives) and Dr K. Abdelgadir (Sudan). I therefore ask that these nominations be approved. In the absence of any suggestions, I propose that the Health Assembly declare the five Vice-Presidents elected by acclamation.

(*Applause/Applaudissements*)

On all of our behalf, I extend congratulations to each one of them. I shall now determine by lot the order in which the Vice-Presidents shall be requested to serve should the President be unable to act in between sessions. The names of the five Vice-Presidents have been written down on five separate sheets of paper and I am going to draw by lot the names of these Vice-Presidents. First, Dr Ponmek Dalaloy (Lao People's Democratic Republic). The Vice-President who will take the second turn is Ms M Maripuu (Estonia), the third Vice-President is Dr A.A. Yoosuf (Maldives), fourthly, we will have Mrs E. Raoul (Congo) and the Vice-President who will take the fifth turn is Dr K. Abdelgadir (Sudan). It is therefore my pleasure to request the Vice-Presidents to come and join us at the rostrum.

Election of the Chairmen of the main committees
Election des présidents des commissions principales

The PRESIDENT:

We now come to the election of the Chairman of Committee A. The Committee on Nominations has suggested Dr Francesco Cicogna (Italy) and I therefore place Dr Cicogna's name before you for approval. Since there are no other proposals, I invite the Health Assembly to declare Dr Francesco Cicogna of Italy elected Chairman of Committee A by acclamation.

(*Applause/Applaudissements*)

Dr Cicogna, our congratulations.

The person nominated for the position of Chairman of Committee B is Dr Anástacio Ruben Sicato (Angola).

It is my pleasure therefore to propose Dr Sicato's name for your consideration. Is this proposal acceptable? There being no other proposals, I invite the Health Assembly to declare Dr Anástacio Ruben Sicato of Angola elected Chairman of Committee B by acclamation.

(*Applause/Applaudissements*)

Congratulations, Dr Sicato.

Establishment of the General Committee.
Constitution du Bureau de l'Assemblée.

We shall now look at establishing the General Committee. In accordance with Rule 31 of the Rules of Procedure, the Committee on Nominations has proposed the names of 17 countries, the delegates of which, added to the officers just elected, would constitute the General Committee of the Health Assembly. These proposals provide for an equitable geographical distribution of the General Committee. The countries proposed are: Argentina, Cameroon, China, Costa Rica, Cuba, France, Mozambique, Nepal, Niger, Nigeria, Papua New Guinea, Qatar, Russian Federation, Slovenia, United Kingdom of Great Britain and Northern Ireland, United Sates of America, Yemen. Is this proposed list acceptable? I see that there are no other proposals. Those countries are therefore elected.

The members of the General Committee are the President and the Vice-Presidents of the Health Assembly, the Chairmen of the main committees and the delegates of the 17 countries you have just elected.

May I remind you that, according to Rule 32 of the Rules of Procedure, attendance at the General Committee is limited to its members I have just listed, and by not more than one member of each delegation to the Health Assembly not represented thereon.

The meeting rose at 12:30.
La séance est levée à 12h30.

SECOND PLENARY MEETING

Monday, 19 May 2008, at 14:45

President: Dr L. RAMSAMMY (Guyana)

DEUXIEME SEANCE PLENIERE

Lundi 19 mai 2008, 14h45

Président: Dr L. RAMSAMMY (Guyana)

1. PRESIDENTIAL ADDRESS
DISCOURS DU PRESIDENT

The PRESIDENT:

The Health Assembly is called to order. The first item on the agenda gives me the opportunity to address you. Madam Director-General, Vice-Presidents of the Sixty-first World Health Assembly, ministers, excellencies, distinguished delegates, ladies and gentlemen, to lead the Sixty-first Health Assembly is a personal honour and a great privilege for me. I am from Guyana, from the Caribbean Community, the nations of CARICOM. In assuming the presidency of this august body, I do so not only as a representative of my country, but of the region I come from. I also have the distinct privilege of representing my region of the WHO, the Region of the Americas.

Join me this afternoon and for the rest of this week as we celebrate the sixtieth anniversary of WHO. I eagerly look forward to leading the Sixty-first World Health Assembly, which I hope will be a smooth and successful Health Assembly. One thing is certain, there are enormous challenges facing us over the next year and the coming years. Excellencies, over the next six days I will be listening to you very attentively; this afternoon, however, I have a chance to speak to you. And I ask you to indulge me with your patience, but I caution you, I am a dreamer. As we celebrate this sixtieth anniversary, we have much to celebrate in public health. And, as I address you, it is not merely on the business of the Sixty-first World Health Assembly, but on our future.

We meet at this sixtieth anniversary at a time when too many of our sisters and brothers have lost their lives because of natural disasters and leave their loved ones to cope with great tragedies. And, as we have heard this morning, in more recent times, the peoples of China and Myanmar have had to endure great tragedies. Even as we speak, these countries are coping with the death and disappearance of thousands of their citizens and untold sufferings and destruction. As we did this morning, I would like, on behalf of us all and on behalf of the citizens of all our countries, to express our heartfelt solidarity with the people, our sisters and brothers, in China and Myanmar, and indeed of other countries that have experienced natural disasters large and small.

There are, still, also, far too many of our sisters and brothers suffering from human conflicts. All human conflicts are ultimately public health challenges. These conflicts not only inflict great suffering on millions of people, but diminish humanity, and diminish our global aspiration for better and decent lives for all humanity. Health for all is not possible in a world with conflicts. I believe we have the capacity to achieve peace and harmony. We must find the courage to choose peace over conflicts, to choose health for all over political, ethnic, religious and other divisions. I have the audacity to believe that everyone of the 6.7 billion persons living on our earth today can live in peace

and harmony. I contend that each of us, citizens sharing the earth, has the same right to live in freedom and in peace no matter where we live and no matter what circumstances we come from.

Globally, today our peoples are struggling with increasing cost of living, escalating food costs and even shortages of food. The global food crisis constitutes a grave global public health challenge, or rather a public health crisis, coming at a time when the link between good nutrition and health is unequivocal. WHO has made good nutrition a pillar in promoting healthy lifestyles. The food crisis is now pushing more people into lifestyles of poor nutrition. We are well aware of the reasons for the present global food crisis. WHO and this Sixty-first World Health Assembly cannot be silent onlookers. WHO would have lost all moral grounding should it chose to be a bystander in this crisis. This is a public health crisis and I would hope that we find strength and some time to place the global food crisis centre stage on our public health agenda.

I am convinced we must find alternatives for fossil fuels as part of our interventions to slow or reverse global warming. I am convinced the pursuit of biofuel is a reasonable response and can contribute to the reduction of global warming and climate change. But I am equally convinced that conversion of land from food production to biofuel production is a real threat to public health and we need an agreement to ensure conversion of land from food production to biofuel does not precipitate a further food crisis and, thus, a public health crisis. WHO must take a lead in advocating a prudent way forward. Whenever land for biofuel replaces food production, we must demand vigorous examination to ensure the global food supply is unaffected by such conversions.

Global warming and climate change are only too real for many of us, particularly from developing countries, and particularly from small vulnerable states like those in the Caribbean. We do not find this fact an inconvenient truth. We are dismayed at the continuing lack of agreement among countries on a way forward. Our collective future is at stake and more needs to be done to stem the tide and prevent greater climate change-related tragedies. Guyana is one country with a net carbon sink, and countries like Guyana must be encouraged to preserve such carbon sinks.

Chronic noncommunicable diseases are steadily increasing the disease burden, accounting for more than half of global mortality and global morbidity. One of my colleagues, Sir George Alleyne, calls it the silent tsunami. I have often referred to it as a festering sore. But, indeed, noncommunicable diseases have transformed themselves into violent tornadoes bringing death and disability to every country. None of us comes from a country that has been spared. WHO must take its natural place in leading the fight against noncommunicable diseases, in ensuring that they are properly placed as a high priority on the global public health agenda. WHO has, indeed, played a significant role in highlighting the problem. It is my considered view, however, that we need to catapult our efforts and our advocacy into a more urgent and robust crusade against noncommunicable diseases.

In this regard, I want to highlight again the glaring omission of noncommunicable diseases in the Millennium Development Goals. The Millennium Development Goals failed to identify noncommunicable diseases, in spite of the fact that these diseases account for fully 60% of global mortalities and in spite of the fact that most of the morbidity and mortality caused by them are preventable. I believe that this is a serious omission and this anomaly should be corrected. It is in this light that I again propose we seriously consider an MDG+, which would set goals for noncommunicable diseases, as we have done for other public health challenges. The 2015 target date for the Millennium Development Goals is not far away and I am certain pressures will be mounting on countries to achieve the goals established. Unless we include goals for noncommunicable diseases now, we are likely to face circumstances which would force neglect of noncommunicable diseases as we try to ensure we achieve those goals already identified. My country has decided to proceed with setting an MDG+ for noncommunicable diseases, as a voluntary addition to the Millennium Development Goals. I want to extend my congratulations to the Heads of State in the Caribbean Community who last September held a summit to address the issue of noncommunicable diseases, underlining their recognition of the problem and their willingness to collectively tackle the issue of noncommunicable diseases. These Heads of State clearly recognize that noncommunicable disease goals are as critical as those in the Millennium Development Goals. It is for this reason that CARICOM, the countries of the Caribbean, through an edict from the Heads of State, will be observing the first CARICOM Health Day on the second Saturday of September and thereafter every

year at the same time. As we address the issues of noncommunicable diseases, we recognize the importance of lifestyles.

Lifestyle choices have led to a crisis in population health. We must address the crisis of lifestyle. We must address the problem of substance dependency, including the use of tobacco and alcohol. The global consumption of both alcohol and tobacco constitutes a global crisis. We made a start with the Framework Convention on Tobacco Control. We need similar actions with alcohol. Our peoples, while consuming too much alcohol and tobacco, do not consume enough fruit and vegetables. Compounding the problem, our peoples are not engaged in enough physical activity. The consequence is a pandemic of overweight and obesity. These lifestyle choices must be reversed now. Your excellencies, our concerns surrounding the increasing number of road accidents must be further heightened. We need to pay sustained attention to this growing public health scourge. We have a chequered record on this score. WHO must be seen as a leading everyday advocate for greater action to prevent disability and death on our roads and highways. I promised my disabled sisters and brothers in Guyana I would ensure I highlighted the public health challenge of disability. The issue of disability has suffered from an orphan status for far too long in our public health agenda. We must correct this anomaly. People living with disabilities cannot be ignored any longer and we need to ensure that public health caters equitably for their needs. I want to think that the technology and tools to prevent blindness and impaired vision are available and we need to ensure that these are more widely accessible to avoid preventable blindness. And, excellencies, noise pollution is causing too many of our children and adults to suffer hearing impairment, thus preventing too many of our children from being able to learn.

I ask all of us here, what has happened since *The world health report 2001. Mental health: new understanding, new hope* brought mental health to centre stage and called upon nations to prioritize mental health as an integral component of health. *The world health report 2001* recommended the following actions: to provide treatment in primary care and the community; to make psychotropic drugs available; to educate and involve the public, communities, families and consumers; to establish national policies, programmes, and legislation; to develop human resources and links with other sectors; to monitor community mental health and to support continued relevant research. Historically, due to stigma and discrimination, those with mental illness have not received the care they needed to support their recovery in order to become valuable contributors to civil society. We have the knowledge we need today to provide cost-effective, evidence-informed mental health care to all those who require it without discrimination and to ensure equal access to all health care for those with mental illness. Although we have made significant strides forward we have a long way to go. I was tempted to include homelessness here. Mental health can no longer be the orphan of the health-care system, it must be integrated into general health services and treatment made available in the communities in which people live and receive other services.

Although I am constrained by time, I would consider it a grave omission and an injustice were I not to address the issues of domestic violence and sexual abuse, particularly of young children. Public health must be visible; we must take our place around the table in tackling these major social issues. Substance abuse, colleagues, is a major determinant of domestic violence and sexual abuse, which are social issues we have been too timid to enter as major players to bring greater attention, greater action and bring about change. Some persons have questioned our legitimacy in the fight against sexual violence and abuse, putting the responsibility upon social services and security sectors. I posit we have strong legitimacy in demanding a place at the table in tackling these social issues. These are health for all issues.

HIV/AIDS continues to defy our best efforts and our best technologies. Last year a major scientist said we are losing the war against HIV/AIDS. It was a cautionary warning. But I am more optimistic and I do not believe losing the battle is inevitable. We must commend those countries that have responded courageously and have made a significant dent in the transmission of HIV. Still, I believe that we need to re-energize the battle against HIV/AIDS. I truly believe that we need to make serious adjustments in our responses to HIV/AIDS. For example, we need to begin treatment earlier for those living with HIV. In this regard, our definition of universal access, taking into consideration restrictions based on CD4 counts, needs re-evaluation. Guyana has moved to earlier treatment of HIV, providing true universal access – an evidence-informed decision. Clearly, the benefits of earlier

treatment greatly outweigh the risk of toxicity from treatment. Guyana is also convinced that we need to promote more provider-initiated testing and that abstinence-only prevention programmes do not work. Prevention of HIV transmission must be the goal and we must pursue all forms of prevention, utilizing all tools, including earlier treatment of people living with HIV/AIDS.

The use of long-lasting insecticide-impregnated nets for the control of malaria has worked and while in itself it is not the total answer, it is an important part of the fight against malaria. There is no excuse for people to be deprived of this simple technology to prevent malaria. We must be heartened by the increasing access to artemisinin-based combination therapy for malaria, even though we must accelerate the efforts to bring universal access to artemisinin-based combination therapy. Yet we must not ignore the fact that our only alternatives for some forms of malaria are old drugs, drugs in use for more than 50 years and which have shown serious limitations for decades. Research in new medications for malaria is still a major priority and this Health Assembly must give voice so that a malaria vaccine becomes a major priority in the pipeline of new vaccines.

We need a war on preventable child deaths. One preventable child death must be considered a calamity. How then do we accept 10 million child deaths per year? The Millennium Declaration has set an ambitious goal for reducing child deaths by 75% by 2015. Sometimes we must be bold and I have a dream that one day soon we will, in partnership with WHO, agree to a global limit for child deaths, regardless of where a child might live. This limit must be our global responsibility, requiring global commitment and resources. We must have the audacity to demand that the Millennium Development Goals be the springboard for the global treaty to eliminate all preventable child deaths by 2025. For this really to happen, we must dare to end poverty by 2025. Dreams these are today; but let these be our realities of tomorrow. With an economy of more than US$ 70 trillion and the global economy doubling every 15 years, we have the global resources. The question is, do we have the will? Do we really share this moral imperative?

There are new vaccines available that could further reduce child mortality. We must ensure rapid rolling out of these new vaccines. In particular, Guyana appeals for wider and more affordable accessibility to rotavirus, pneumococcus and human papillomavirus vaccines. The Health Assembly must demonstrate our gratitude to the GAVI Alliance, which has made possible the acceleration of coverage for most vaccines around the world and the efforts to introduce new vaccines. But I urge the GAVI Alliance and others also to learn from existing mechanisms. As a representative from the WHO Region of the Americas, I want to commend the Revolving Fund Program of the Pan American Health Organization as a way forward in collective procurement to reduce transaction costs. There are many vaccines in the pipeline. We must work in an energized partnership to realize these new vaccines in time to save more lives and attain our 2015 obligations and the elimination of preventable child deaths by 2025.

Access, availability and coverage for vaccines in our immunization programme must not be factors that contribute to the gap between rich and poor countries, between the North and the South and between countries. Vaccines must be seen as a global good. A child born in Africa or Asia or the Caribbean or in South or Central America or in North America or Europe has the same right to a vaccine. There can be no dispute about this. If every child counts, then I cannot fathom a situation where some children are deprived of vaccines, simply because of where they were born. WHO must advocate for greater vaccine productivity to meet the world's demand. Guyana supports the quest for high-quality vaccines, but Guyana also is of the view that existing mechanisms are designed to reduce competition and the result is inequity. Developing countries have proved they have the capacity when given a chance to add to the considerable capacity already existing in developed countries. India, Brazil, Cuba and other countries have demonstrated their capacity and we commend the GAVI Alliance for procuring about 40% of their vaccines from some of these sources. WHO must continue to ensure pre-qualification mechanisms are strengthened to accommodate greater input by fledgling producers.

Coming from Guyana and the Caribbean, from a developing country, I must raise the issue of the migration of health-care workers from many poor developing countries. Surely, we are capable of some equitable solution to this problem. Yet after many conferences and many agreements, migration of health workers has not abated and has even worsened. Developing countries must benefit from their

investment in training, while not limiting freedom of movement. Urgent actions, not more meetings, are needed to mitigate this burdensome problem.

No one can doubt the world has mobilized resources, unprecedented in human history. North America, Europe and the developed countries have responded with solidarity and generosity to the struggles against diseases. Wealthy individuals and foundations have come forward. These efforts have made the world a better place. These efforts are testimony to what we can accomplish together when we see problems as our problems, rather than as problems belonging to some of us. We must at the same time not be timid in realizing that optimal gains are not being realized from these generous flows of resources. Optimal and sustainable use of resources is only possible when disease-specific interventions are integrated into a model for the strengthening of health systems. The signs are encouraging in the international mobilization of resources for health. Developed countries have significantly increased their support, as have various other health bodies. But even as we advocate for more resources from these sources of funding, national governments bear special responsibility. Health is about development. There can be no development without health. Health does not come to the table as a mendicant, with its hands outstretched only to receive. Health cannot be regarded as a consumer of resources. Our national productive capacity is totally dependent on health. Thus, national governments must make strenuous efforts to fund health sectors. Guyana has been increasing its allocation to health every year since 1992. But the fact is that many national governments do not spend enough on health. We cannot keep asking others to invest in health on our behalf, without ourselves doing as much as we can. Ultimately, national governments must demonstrate their commitment to funding health in their countries, with outside resources being sustainably utilized.

We have achieved tremendous success in the last 50 years. We must take pride in the fact we have made the health of people better. At the same time, we must remember that more than 50 countries now have life expectancies below 50. We must dream and we must realize the vision of no country with a life expectancy of below 60 by 2025. At a time when we celebrate our sixtieth anniversary, we must be bold and make that commitment.

Excellencies, Rabindranath Tagore, the great Indian poet, once wrote that “Fate has allowed humanity such a pitifully meagre coverlet, that in pulling it over one part of the world, another has to be left bare”. Tagore even then was saying that we need to share if we are all going to benefit from the coverlet. One of my Presidents, Dr Cheddi Jagan, called it the New Global Human Order. We see it today in the form of the United States’ President’s Emergency Plan for AIDS Relief, the International Drug Purchase Facility – UNITAID, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, the Clinton Foundation, the Bill & Melinda Gates Foundation, the new input of resources from developed countries, the United States’ initiative against neglected diseases. These are the stuff of dreams. They show that we can change the world, that we can achieve the dream of Alma-Ata even if it is 30 years late. We see the world today with its imperfections and we are tempted to ask why. As we deliberate through this Sixty-first World Health Assembly, I ask that we dream of our perfect world and ask “why not”?

2. ADOPTION OF THE AGENDA AND ALLOCATION OF ITEMS TO THE MAIN COMMITTEES
ADOPTION DE L’ORDRE DU JOUR ET REPARTITION DES POINTS ENTRE LES COMMISSIONS PRINCIPALES

The PRESIDENT:

Thank you for having given me the opportunity to address you. The first item to be considered this afternoon is item 1.4, Adoption of the agenda and allocation of items to the main committees, which was examined by the General Committee at its first meeting earlier today.

The General Committee examined the provisional agenda for the Sixty-first World Health Assembly, document A61/1, as prepared by the Executive Board and sent to all Member States, as well as proposals for a supplementary subitem and a supplementary agenda item.

Before proceeding to the proposals for the supplementary items, I should first like to deal with the provisional agenda as contained in document A61/1. The General Committee recommended to delete the following three items from the provisional agenda as there are no corresponding items of business to deal with under them: item 5, Admission of new Members and Associate Members, as I have been informed that no new applications have been received; item 14.5, Assessment of new Members and Associate Members; and item 14.6, Amendments to the Financial Regulations and Financial Rules. I have been informed that there are no amendments proposed; and therefore I put this recommendation forward for your approval. I see no objection and so it is decided that the three items will be omitted from the provisional agenda.

The General Committee also considered the proposed addition of one supplementary subitem, entitled "Miscellaneous Income 2006–2007 and financing gap for strategic objectives 12 and 13". The Committee agreed to recommend that the Health Assembly include this subitem under agenda item 14.2 in Committee B, and so I put this recommendation to you for approval. There being no objection, the recommendation is therefore approved.

The General Committee also considered a proposal to include a second supplementary agenda item entitled "Inviting Taiwan to participate in the World Health Assembly as an observer". The Committee took the same position as in previous Health Assemblies when presented with the same proposal and recommended that this item not be included in the agenda.

I would like to give the floor to the delegate of Gambia.

Dr NJIE (Gambia):

Mr President, honourable ministers, distinguished delegates, the people of Taiwan deserve the fundamental health rights enjoyed by those of any Member States of this Organization.

When the International Health Regulations (2005) entered into force on 15 June, 2007, the people in Taiwan were very hopeful that, even without the status of member or observer of WHO, their health rights could be better protected as the principle of "universal application" was clearly incorporated in the Regulations. However, for the 23 million people in Taiwan, the new reality is that the situation under the International Health Regulations (2005), instead of getting better, regretfully becomes worse.

It is also a self-evident fact that only the health authorities in Taiwan can implement matters related to the International Health Regulations (2005) in that territory. Without the participation of Taiwan, a significant gap in the International Health Regulations (2005) global system will certainly be created. Taiwan used to think that WHO would appreciate the island's voluntary compliance and unilateral adherence to the Regulations, and the world body would then interact with the health authorities on the island accordingly and directly. But so far not only has WHO ignored Taiwan's efforts to close the gap, the Organization has also further curtailed Taiwan's access to the global system and further damaged the health rights of the people in Taiwan.

The following facts show that Taiwan, even after the inception of implementation of the International Health Regulations (2005), is still expelled from the global health system under the Regulations: first, the information concerning Taiwan's Focal Point for the Regulations has never been processed by WHO. Since 15 June, 2007, when the Regulations entered into force, the Taiwan Focal Point has sent nearly sixty communications to WHO Contact Points concerning health events, such as the tracing of two multidrug-resistant tuberculosis patients, outbreaks of dengue fever, requests for food safety information. But all went unanswered. Without proper circulation by WHO of the relevant information and necessary responses, the Taiwan Focal Point cannot operate in the global system.

Secondly, the health authorities of Taiwan used to be a recipient of the Outbreak Verification List, which was a weekly compilation of all disease outbreaks in the world. This was an important source of information for the health authorities of Taiwan to advise their citizens who travel abroad. However, since the Regulations entered into force, the list has been replaced by information partly on a public web site and partly on a confidential one, to which the password is so far still denied to the health authorities in Taiwan, despite repeated pleas for it.

Thirdly, different from WHO's practice before the Regulations were implemented, the International Food Safety Authorities Network (INFOSAN) in September 2007 went through the

Focal Point in Beijing to indirectly inform the Taiwan health authorities of a food safety case concerning contaminated baby corn from a Member State. The health authorities of China delayed transmission of this emergency warning to Taiwan for 10 days. Worse than that, when Taiwan's Center for Disease Control re-contacted WHO for some clear technical pictures and diagrams attached to the message for experimental use, the request was once again referred to Beijing for reply. Fortunately, Taiwan did not import this problematic baby corn, otherwise the human and other costs caused by the indirect response and delay would have been disastrous. Ever since the Regulations entered into force last June, it is said that WHO has altogether sent out 232 health-related communications to focal points around the world, among them, however, only 16 were transmitted from Beijing to the Taiwan Center for Disease Control.

Fourthly, Taiwan's application for monitoring two very important WHO meetings in November 2007 concerning, respectively, intellectual property rights and pandemic influenza preparedness, was summarily rejected for the reason that the meetings are intergovernmental in nature. However, Taiwan's request was technical in nature so as to enable it to send individual experts, just like the nongovernmental organization participants, to monitor such meetings.

Fifthly, Taiwan even has difficulties in acquiring WHO's technical information. For example, Taiwan tried for almost six weeks during September and early October 2007, to get information from relevant departments in WHO concerning ractopamine residue so as to make a decision concerning the importation of North American pork. The request was not answered until the information was put on the WHO web site.

Sixthly, on 20 December 2007, WHO published a list of authorized ports under the Regulations on its web site. Even though eight major ports in Taiwan are also included, probably based on Taiwan's voluntary submission, they are nevertheless categorized with those in mainland China, Hong Kong and Macau. As a matter of fact, the competent authorities in those eight Taiwan ports that issue Ship Sanitation Certificates and other documents in accordance with the Regulations are not under the jurisdiction of the Beijing authorities. Between the two, there is no working relationship or any kind of relationship normally existing between a State Party and its competent authorities as provided or envisaged by the Regulations. Moreover, the Organization's continuous refusal to have direct dealings with the health authorities of Taiwan will not only damage the health rights of the people in Taiwan but may also lead to a gap in the global health system and violate the principle of universal application and other relevant provisions of the Regulations. Mistakes and confusion have already been caused by the problematic listing. For example, the list indicates that the eight ports in Taiwan do not accept extension of the Ship Sanitation Control Exemption Certificates, but actually they do. In addition to the aforesaid, it has to be pointed out that, so far, WHO has taken no follow-up measures whatsoever in order to implement the "universal application" of the Regulations. Taiwan, together with some other yet-to-be covered areas such as Northern Cyprus, Kosovo, and so on, is still totally left out of the global system and the health rights of the people there are consequently damaged.

Mr President, it is, therefore, evident that Taiwan's participation in WHO is a "must", and its participation cannot become meaningful and ensured unless and until it obtains certain status such as an observer. It is my Government's firm belief and conviction that as the issue has not been resolved, we at least should include it on our agenda for further consideration. Thank you.

Professor CHEN Zhu (China)

陈竺（中国）：

主席先生：

中国代表团祝贺您当选本届卫生大会主席，也感谢您代表世界卫生大会表达对中国地震灾区人民的同情和支持。我相信在您的有力领导下，本届大会一定能取得圆满成功。中国代表团将全力支持您的工作，并与各成员国一道，确保本届大会胜利完成既定目标。

主席先生、各位部长、各位代表，

本届大会会务委员会提出了不将涉台提案列入大会临时议程的建议。中国代表团表示坚决支持。

中国是台湾海峡两岸同胞的共同家园，台湾是中国的一部分。由于历史的原因，两岸至今尚未统一，但大陆和台湾同属一个中国的事实没有改变，两岸同胞血浓于水的民族感情没有改变，也永远不会改变。在这次发生在四川省的地震中，我们得到了包括台湾同胞在内的华夏儿女的倾力支持。1999年台湾嘉义发生地震后，大陆也曾向台湾同胞伸出援助之手。因此，无论是过去、现在还是将来，13亿大陆同胞和2300万台湾同胞都是血脉相连的命运共同体，是密不可分的骨肉兄弟。

中国政府始终关注台湾同胞的健康，愿尽一切力量维护台湾人民的健康权益。我们一直真诚为两岸同胞谋福祉，真心诚意关心台湾同胞，充分考虑他们的愿望和要求，切实维护和照顾他们的正当权益。从1996年至2007年，大陆与台湾卫生领域人员交流共达2394批，约15 000人次。2005年11月，两岸建立了传染病信息沟通机制，双向传递传染病信息累计已达80次，包括世界卫生组织在《国际卫生条例》框架下发布的国际关注的公共卫生事件、食品安全事件信息24条。2006年4月，我们宣布了加强两岸交流合作的15项措施，其中就有4条涉及卫生医疗合作。

中国政府努力为台湾医疗卫生技术人员参加世界卫生组织技术活动创造条件。2005年5月，中国卫生部和世界卫生组织秘书处签署了关于台湾医疗卫生专家与世界卫生组织秘书处进行技术交流的《谅解备忘录》。到目前为止，已有15批27人次的台湾地区专家参加了世界卫生组织的有关技术会议。就在今年4月，台湾专家刚刚参加了在法国里昂召开的卫生实验室质量体系国际会议。事实证明，备忘录对帮助台湾卫生专家参与世卫技术活动，获得卫生信息和技术援助提供了极大便利。

为进一步促进台湾专家与世界卫生组织的技术合作与交流，将台湾纳入全球卫生防疫体系，2007年5月，中国政府宣布，《条例》适用于中国全境。我们从维护台湾同胞健康福祉出发，以对全球卫生防疫高度负责的精神，积极主动地与世界卫生组织秘书处就《条例》适用于台湾的安排进行了多次协商，并就《条例》适台安排达到一致。根据这一“安排”，世界卫生组织秘书处可就《条例》实施的技术事宜与其联络点直接联系，秘书处可接收其联络点为履行《条例》提交的文件和信息。“安排”完全满足了台湾同胞的卫生健康需求，充分体现了我们的诚意和善意，以及对全球防疫高度负责任的态度。

但是，令人遗憾的是，少数国家无视国际社会的共识，公然挑战《联合国宪章》和世界卫生组织《组织法》，再次提出让台湾成为世界卫生大会观察员的提案，既伤害了成员国的感情，也伤害了中国人民的感情，更不利于两岸关系朝着和平稳定的方向发展。我们奉劝这些国家遵守《联合国宪章》和国际法准则，遵守世界卫生组织《组织法》的规定，维护自己国家的声誉和形象，不要参与分裂中国、破坏海峡两岸关系和平发展、干涉中国事务的事情。

主席先生，

我建议主席果断做出裁决，同意会务委员会建议。

谢谢主席先生。

The PRESIDENT:

Thank you. May I assume that the Health Assembly agrees with the recommendation of the General Committee not to include this item as a supplementary agenda item? I see no objection and the recommendation is therefore approved. I now give the floor to Palau.

Dr OTTO (Palau):

Madam Director-General, Mr President, Vice-Presidents, excellencies, distinguished and honourable delegates, ladies and gentlemen, at the onset, let me on behalf of the people of Palau express our deep sorrow and offer our condolences and sympathy to the people of the People's Republic of China for the recent disasters that struck Sichuan and other areas of China resulting in severe damage, loss of life and immense sadness. We are but a tiny island country and cannot offer much in the area of material assistance, but we can offer our prayers for the people of China, especially for those who have lost so much and are experiencing great sorrow even as we speak.

In the coming week this august body will be considering no less than 21 important health issues, ranging from pandemic influenza preparedness to tobacco control. And Palau would like to take this opportunity to wish this Health Assembly success in the coming days.

As we ponder the importance of our work for the health of all peoples of the world we want to ask one question. Why are 23 million people of this world specifically and intentionally excluded from participating in the deliberation of these health issues and in this Health Assembly? We are referring to the 23 million people of Taiwan who continue to be denied access to participation in the deliberations of the Health Assembly. Are they excluded because the health issues do not concern them? Are they being excluded because we believe they can get sick in isolation and not affect their neighbouring states or that emerging diseases such as avian influenza occurring in neighbouring states would not affect them and through them, the rest of the region and the world, in spite of the 192 000 flights to and from Taiwan, carrying some 27 million passengers per year? Are they excluded because it did not matter to us if they get sick or die? Or are they being excluded because someone or some decision-makers are making that decision for the 23 million people of Taiwan, on other grounds?

Palau is aware of the one-China policy and we are aware that this is the driving force in the decision to exclude the 23 million citizens of the world from participating in the one assembly where health issues are discussed and relevant solutions are sought from collective efforts. We still maintain, however, as we have expressed before in our previous support for inclusion of Taiwan in this Health Assembly, that the one-China policy is a political matter that should be decided in the political arena by the peoples of Taiwan and the People's Republic of China, in their own time and their own way. We believe that this policy should not affect our work here. This Health Assembly must confine itself to addressing health issues where there are no boundaries. In here, political issues must be put aside, for this is the only place that we have agreed to hold the Health Assembly. For too long we have allowed politics to override our health agenda. We have failed often to put health needs first, right here in this Health Assembly. We think it is time to make the needed change in direction so we can regain the honour reserved for all of us who give of our lives and our best on behalf of health for every person, regardless of political affiliation, gender, race or socioeconomic status as we heard this morning from Archbishop Desmond Tutu in the video presentation and from our outgoing President and our President. We trust that in the very bottom of our hearts, we believe in this noble goal of health for all. Today, the people of Palau are supporting once again the request made by Taiwan to be admitted to WHO as a member or admitted to the Health Assembly as an observer. Our delegation is aware of the decision adopted a few minutes ago. But this is a just cause and we believe that we will raise this cause again and again until justice is done.

Participation in this Health Assembly is based on the people of Taiwan's inalienable right to health, just like it is for any one of us. If membership in this health body were not possible at this time, then at least, their current request to be invited to participate in the Health Assembly with observer status must be granted. It must be granted so that the 23 million people of Taiwan can exercise their rights to health as members of this health body and thus maintain their human dignity as equal sufferers of illnesses, equal responders to disease and harmful agents, as well as equal partners in the

search for solutions to the health problems that plague humanity today. That request must be granted in order for this Health Assembly to honour the Constitution of the World Health Organization, which states, "The objective of the World Health Organization shall be the attainment by all peoples of the highest possible level of health". By "all", the Constitution does not mean those who are in favour with any country or any political system. It means everyone in this world. It does not even mean those who are in favour with the Secretariat of the Organization. It means every citizen of this world. This is expressed again in the principle of the Alma-Ata Declaration on health for all. This year we commemorate the thirtieth anniversary of this Declaration. We should do it by ensuring that health is afforded, and accessible, to all the peoples of the world.

The many reasons for supporting the argument that Taiwan should, at the very least, be invited to participate in this Health Assembly have been mentioned. Let me just reiterate some of them: first and foremost, they should be admitted to WHO as a member or, at the very least, to the Health Assembly as an observer, because it is based on their human right to health. WHO's Constitution supports this argument. Our delegation believes that this is not something that we should view as a gift that we may or may not give to the people of Taiwan. It is their right and the sooner it is realized for them, the better it is for our Organization and the world as a whole. Secondly, precedent exists to support the argument that political affiliation of any entity is not necessarily the paramount consideration for membership in WHO or getting an invitation to be an observer at the Health Assembly. According to Rule 3 of the Rules of Procedure of the World Health Assembly, "the Director-General may invite States having made application for membership ... to send observers to sessions of the Health Assembly". Therefore, it is up to the Director-General of WHO to extend an invitation for membership or attendance at the Health Assembly. This is one mechanism. The second mechanism is through a resolution adopted by the Health Assembly.

In past years, the two mechanisms have failed for reasons that, our delegation believes, are not based on health concerns but on political and ideological considerations. Our delegation and others who wish to support Taiwan's request for the right to participate in this health organization would like to politely request that one of these mechanisms be employed to grant Taiwan's request for observer status at the Health Assembly, at the very least.

A final reason why Taiwan's request for membership of WHO or, at the very least, observer status at the Health Assembly is that the claims by the People's Republic of China that it can take care of Taiwan are not supported by facts. On the contrary, it appears that the People's Republic of China's plan for Taiwan, with regards to health is, in actuality, a plan for isolation and exclusion. For instance, China mentioned a Memorandum of Understanding which came into effect in 2005. Under this Memorandum of Understanding, arrangements are made for Taiwan to participate in technical meetings. However, of the 51 meetings Taiwan applied to participate in only 16 were made accessible to Taiwan. To our delegation, this appears to indicate that the People's Republic of China is not serious about addressing the health needs of the people of Taiwan or serious about assisting them and allowing them to participate in health matters that concern them. This is not totally unexpected because, since its establishment in 1949, the People's Republic of China has neither exercised jurisdiction and control over Taiwan, nor spent any of its national budget on the health needs of the Taiwanese people. Instead, it has relentlessly blocked Taiwan's cooperation with the international health community. Having said this, we do note that the People's Republic of China has indicated that a new arrangement is being considered whereby the Secretariat can communicate directly with the Focal Point for the International Health Regulations (2005) in Taiwan on implementation activities. This is a positive suggestion. However, it would not be practical without prior consultation with the health authorities of Taiwan. As my Government knows that Taiwan has already declared its voluntary compliance with the Regulations, as mentioned above, and has already submitted its first state report to the Secretariat, we would like to emphasize that the health measures can only be put in place exclusively by the Taiwan Health Authority. Therefore, there must be guarantees that any proposal initiated by any third party would have to be acceptable to Taiwan and that it will work for them. In this respect, the terms of the arrangements should be discussed directly by the Secretariat and the Ministry of Health of Taiwan and not through a third party. We think this would ensure success because it contains the important element required for success. That is, direct participation and input by those affected in matters that affect them.

With so much sadness, heartaches and public health problems caused by natural disasters as we have seen in Sichuan, Myanmar and other places throughout the world, we need not create our own disasters, sadness, heartaches and public health problems either through our own inability to make the right choice or the unwillingness to make the courageous and only choice. Last Saturday morning I saw two stories on CNN that inspired me and gave me hope, because they were stories of acts of kindness, acts of courage and acts that restore hope to human lives. The first was the story of Ricky Martin, the famous singer. He is giving his time and huge amounts of his own resources to fight human trafficking. He said in the programme that he was just in India where he had rescued three little girls from the scourge of human trafficking. He also said "Once I had that information (that is, about human trafficking) I had to do something. If I did not, I would be allowing it to continue to happen." The second story was of an American soldier, Lt. Halverson, who flew missions during the Berlin Airlift. He met Berlin children at Tempelhof Airport one day and he saw despair disappear from their eyes when he gave them what he had – chewing gum. He decided in his heart to keep eliminating despair and nurturing hope and he did it in the way that he could: he asked his soldier friends for their daily ration of chocolate and candy; then he dropped these chocolate and candies from his bomber plane to the children of Berlin.

Mr President, honourable delegates, like Ricky Martin, we now have the information that something wrong is going on in our global public health system. Like Ricky Martin, we should make a choice to do the right thing. If we do not, we will be allowing it to continue. And like in human trafficking, the lives and hopes of 23 million people in Taiwan for better health could be in jeopardy. Today we are being asked, not to do the impossible, but to do whatever is in our power to do. We are being asked to take a courageous stand and render our vote to allow the people of Taiwan to join the health family, in WHO, or at the very least, as observers at the Health Assembly. The commentator of Lt. Halverson's story said of the Candy Bomber, he "dropped candies, not bullets and bombs from his plane". By this act of kindness he nurtured the hope of hundreds of children in Berlin about a better world they could look forward to. We have within our power today to give candies, not bullets – to sweeten the lives of 23 million people, not shatter the hopes that they have for participating and living in a world of health and dignity. Is not that the vision and mission of this Health Assembly? Is not that the goal of "health for all" of Alma-Ata? Is not that the underlying principle of justice and human rights enshrined in our own WHO Constitution? Let us make our choice the right choice, the only choice. Sweeten lives, do not shatter hopes, give health, stand for health, do health! Twenty-three million of our brothers and sisters in Taiwan are counting on us. Thank you.

Ms REHMAN (Pakistan):

Mr President, we congratulate you on assuming the office of President of the Sixty-first World Health Assembly. We wish you success and look forward to working under your able leadership.

We fully endorse and support your decision to set aside the proposal to "invite Taiwan to participate in the World Health Assembly as observer". This is a prudent decision. But it is also a decision anchored in legality. The issue of the representation of China in the United Nations was settled once and for all 37 years ago. It should not be reopened. This Health Assembly should focus on health-related issues.

Today, the most urgent issue concerning China that this august Health Assembly should address is the need to bring quick relief to the victims of the deadly earthquake that has struck China. Collectively, we should take action to heal wounds, to rehabilitate, and to rebuild shattered lives and neighbourhoods.

Pakistan strongly believes in the "one-China" policy and regards Taiwan as an indivisible part and province of China. The Government of the People's Republic of China has the sole responsibility of representing all its provinces and territorial units in the international forums. The Chinese Government has been making commendable efforts to promote cross-Strait exchanges. We appreciate the goodwill, sincerity and flexibility demonstrated by China in encouraging direct contacts between the Liaison Office in Taiwan and the WHO Secretariat for exchange of technical information and support with regard to effective implementation of the International Health Regulations (2005) in Taiwan. We also commend the Chinese Government's readiness and efforts to engage Taiwan, to

explore ways to associate Taiwanese professionals with WHO, and to facilitate technical exchanges between Taiwan and WHO. We are of the view that the 2005 Memorandum of Understanding signed between the Chinese Government and the WHO Secretariat to facilitate technical exchanges between Taiwan and WHO adequately addresses concerns raised by the Taiwanese authorities from time to time. In this context, we welcome and appreciate the definitive and authoritative statement given today by the honourable Minister of Health of China underlining the strong bonds between China and Taiwan and the efforts the Chinese Government is making to strengthen the bonds in the field of health.

As regards the substance, we would like to underline two points: first, the issue of Taiwan's representation at the United Nations was conclusively settled by the United Nations over 30 years ago. United Nations General Assembly resolution 2758 (XXVI) of 25 October 1971 decided to restore all rights to the People's Republic of China and to recognize the representative of the Chinese Government as the sole legitimate representation of China to the United Nations. This decision was endorsed by the Health Assembly in resolution WHA25.1 in 1972. Secondly, although the Constitution of the World Health Organization allows territories or groups of territories not responsible for conduct of their international relations to become Associate Members, Article 8 of the Constitution clearly stipulates that these territories may be admitted as Associate Members by the Health Assembly upon application on behalf of such a territory or group of territories by the Member or other authority having responsibility for their international relations. It is evident that this consent is not forthcoming. Thus the proposal to invite Taiwan as observer to this Health Assembly contravenes WHO's Constitution. Thirdly, state sovereignty and territorial integrity are fundamental principles of international law and a cornerstone of the United Nations Charter. Taiwan is an integral part of China. The Government of the People's Republic of China has the sole responsibility for representing all its provinces and territorial units in international forums. Extending an invitation to Taiwan or its health authorities as observer in the meetings of WHO, which is a specialized United Nations agency, would violate international law and the United Nations Charter.

Mr President, we therefore applaud and support your decision to set aside the issue of Taiwan's participation so that this Health Assembly can address the pressing issues on its agenda. I thank you.

The PRESIDENT:

Thank you very much to the delegate of Pakistan.

Colleagues, excellencies, I therefore now put to you to adopt the provisional agenda as amended to omit the three items we agreed to at the start of our session and to include one supplementary agenda item "Miscellaneous income 2006–2007 and financing gap to Strategic Objectives 12 and 13". It is so decided.

The General Committee also decided to recommend to the Health Assembly that it discuss item 11.6 as early as possible in Committee A. Do I have your concurrence for this recommendation of the General Committee regarding the work programme of the Committee?

We concur. The provisional agenda is therefore adopted, as amended. Document A61/1 Rev.1, reflecting the changes in the agenda will be distributed tomorrow morning.

I now turn to allocation of items to the main committees. The provisional agenda of the Health Assembly was prepared by the Executive Board in such a way as to indicate a proposed allocation of items to Committees A and B, on the basis of the terms of reference of the main committees. It is understood that later in the session, it may become necessary to transfer items from one committee to the other, depending on each main committee's workload. The General Committee will meet again on Wednesday, 21 May, and again, if necessary, on Friday 23 May, to review progress on dealing with the agenda and to make any adjustments to the allocation of items to the Committees, or to the timetable that are necessary.

Does the Health Assembly agree with these proposals? Since I see no objection, it is so decided.

Returning now to the meetings of the Plenary, in order to facilitate the organization of the week, I should like to propose, and this is a procedure followed on previous occasions, that the order of the list of speakers for the discussion under Agenda item 3 should be strictly adhered to, and that further inscriptions should be taken in the order in which they are made. These inscriptions should be handed

in to the Office of the Assistant to the Secretary of the Health Assembly, or during the Plenary to the officer responsible for the list of speakers, on the rostrum. I propose that the speakers list be closed tomorrow, Tuesday at 12:00 hours. I assume these proposals are acceptable to everyone.

3. REPORT OF THE EXECUTIVE BOARD ON ITS 121ST AND 122ND SESSIONS RAPPORT DU CONSEIL EXECUTIF SUR SES CENT VINGT ET UNIEME ET CENT VINGT-DEUXIEME SESSIONS

The PRESIDENT:

We shall now move on to item 2, Report of the Executive Board on its 121st and 122nd sessions. The Executive Board has an important role to play in the affairs of the Health Assembly. This is quite in keeping with WHO's Constitution, according to which the Board has to give effect to the decisions and policies of the Health Assembly, to act as its executive organ and to advise the Health Assembly on questions referred to it. The Board is also called upon to submit proposals on its own initiative. The Board, therefore, appoints four members to represent it at the Health Assembly. The role of the Executive Board representatives is to convey to the Health Assembly, on behalf of the Board, the rationale and nature of recommendations made by the Executive Board for the Health Assembly's consideration. Statements by the Executive Board representatives, speaking as members of the Board appointed to present its views, are therefore to be distinguished from statements of delegates expressing the views of their governments.

I now have pleasure in giving the floor to the representative of the Executive Board, Dr Balaji Sadasivan, Chairman of the Board.

Dr SADASIVAN (Chairman of the Executive Board):

Mr President, Madam Director-General, distinguished delegates, ladies and gentlemen, first of all, I would like to congratulate you, Mr President, and the other office-bearers on your election, and wish you every success in chairing this session of the Health Assembly, which seems to have a very full and interesting agenda.

In the past year, the Executive Board has provided guidance and support for WHO's efforts in technical and management matters that have sought to improve the status quo by addressing several important issues. From making the work of the Board more efficient to addressing the Millennium Development Goals and enhancing cooperation on dealing with communicable diseases, we hope to have set us on the path to achieving better health for all.

I would like to briefly focus on highlights of the work of the Executive Board over the past year, at its 121st and 122nd sessions. A detailed report is contained in document A61/2. At its 121st session in May 2007, the Board adopted a resolution on the methods of work of the Executive Board and also amended its Rules of Procedure. The Board established a temporary subcommittee of the Expert Committee on the Selection and Use of Essential Medicines, which is scheduled to end in 2009.

In her report to the 122nd session of the Executive Board in January of this year, the Director-General reviewed significant developments in the past year, noting the progress made in implementing the global immunization strategy and combating neglected tropical diseases, the attention being paid to the health-related Millennium Development Goals and the improved coordination of WHO's work at all levels. The Board acknowledged these achievements and, in particular, welcomed the work on pandemic influenza preparedness, the strengthening of health systems and the focus on health problems of developing countries.

Under technical and health matters, the Board noted the report on pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits. The Board also recommended a draft resolution to the Health Assembly on the implementation of the International Health Regulations (2005), which included reporting requirements on the implementation of the

Regulations. It requested the Director-General to provide support to the Member States with the most vulnerable health systems, to strengthen their core capacity for surveillance and response.

Regarding communicable diseases, the Board recommended to the Health Assembly a resolution on the mechanism for management of potential risks in the eradication of poliomyelitis, as well as a resolution on WHO's global immunization strategy. Recognizing the importance of the topic of climate change and health, the Board recommended to the Health Assembly the adoption of a resolution that requested the Director-General to continue to draw attention to the serious risk of climate change to global health and to cooperate closely with Member States and appropriate United Nations organizations and other bodies to address this issue. The Board also recommended to the Health Assembly draft resolutions on strategies to reduce the harmful use of alcohol; health of migrants; as well as female genital mutilation.

The Board noted reports on the eradication of dracunculiasis; health technologies; international migration of health personnel: a challenge to health systems in developing countries; and a series of progress reports in implementing previous resolutions on control of human African trypanosomiasis, strengthening nursing and midwifery, international trade and health, health promotion in a globalized world, smallpox eradication, destruction of variola virus stocks, infant and young child nutrition, and reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets. It also noted the report on the progress of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property. Under the item on "Matters for information, reports of advisory bodies", the Board noted the reports on the Advisory Committee on Health Research and on expert committees and study groups.

On staffing and management matters, the Board adopted a resolution, reappointing Dr Mirta Roses Periago as Regional Director for the Americas. The Board also confirmed several amendments to the Staff Rules and recommend to the Health Assembly a draft resolution concerning the remuneration of the Director-General and other staff in ungraded posts. Board Members discussed the matter of geographical rotation of the position of Director-General, and agreed that the regional committees should discuss the issue first. In discussing multilingualism, the Board noted the progress report and adopted a resolution. Separately, the Board noted reports on WHO publications, on partnerships, on the United Nations reform process and on WHO's role in harmonizing operational development activities at the country level.

Mr President, the other Executive Board members and I would like to assure you that we will be available during the discussions in the committees of the Health Assembly. We stand ready to lend our full support and provide additional information as required on how the Board dealt with certain items under consideration and in doing so to facilitate the work of the Health Assembly. Finally, please allow me to express my sincere gratitude to my fellow Executive Board members, Madam Director-General and the WHO Secretariat for the splendid job they have done over the past year in administering the agenda for these meetings and leading the way on various issues to help promote global public health. Without the cooperation, advice and guidance from them, I would not have been able to steer the Board through a multitude of issues and it has indeed been an enlightening and fulfilling experience. Rest assured, Mr President, we will do our best to contribute to the discussions at the Health Assembly in order to build consensus on the way forward for the WHO's global public health endeavours. Thank you.

The PRESIDENT:

I would like to thank Dr Sadasivan for his report. I should like to take this opportunity, on behalf of us all, of paying tribute to the work of the Executive Board, and in particular to express our appreciation and our warm thanks to the outgoing members who have contributed very actively to the work of the Board.

This concludes our review of item 2 of our Agenda.

4. ADDRESS BY THE DIRECTOR-GENERAL
ALLOCUTION DU DIRECTEUR GENERAL

The PRESIDENT:

We shall now move to item 3 of the Agenda. Excellencies, Dr Margaret Chan has been our Director-General for, I think, 15 months now and she has brought much grace to this work. She has blessed us with her graciousness and her charm. We have to be careful as she tends to charm us, as she did when the Ministers of Health of the Commonwealth met yesterday. It is my pleasure, on behalf of us all, to welcome to the podium to address this Health Assembly, Dr Margaret Chan, our Director-General.

The DIRECTOR-GENERAL:

Mr President, honourable ministers, excellencies, distinguished delegates, ladies and gentlemen, we are meeting at a time of tragedy. Let me express my deep condolences to the millions of people who have lost their loved ones, their homes, and their livelihoods following the recent cyclone in Myanmar and the earthquake in China. In China, I was especially touched by the images of a collapsed school and hospital, and some of the stunning rescues made in these settings. Every death is tragic, but the deaths of students and patients touch me most especially.

In Myanmar, WHO has 17 surveillance teams currently distributing medical supplies in the delta region. At present, the most pressing health concerns are diarrhoeal disease, dysentery, acute respiratory infections, malaria, and dengue fever. A surveillance system for outbreaks has been established. Sensitive surveillance, with rapid alerts and response, becomes extremely important as the monsoon season sets in.

Crises of this nature show the great generosity of the international community. They also demonstrate the vital importance of early warning systems and preparedness in reducing risks in advance. Among its various activities, WHO is promoting the construction of hospitals and health facilities that can survive the impact of natural disasters, including high-intensity earthquakes and tropical storms. In most cases, a very small increase in construction costs is sufficient to give health facilities this survival capacity, when their services and staff are most needed. The Regional Office for the Americas, in particular, has pursued this approach.

Unfortunately, as we look ahead, we must all brace ourselves for more humanitarian crises in the immediate and near future. Three global crises are looming on the horizon. All three are international security threats. Two are beyond the direct control of the health sector. But for all three, human health will bear the brunt. Food security is in crisis. As the experts tell us, the crisis arises from a so-called “perfect storm” of converging factors. Enough food is produced to feed the world population. In fact, far too many people are overfed. Yet we abruptly face a crisis of soaring food prices that hits the poor the hardest. It also hits their governments. Personally, I have no illusions. The crisis is suddenly upon us, but the causes are complex and have been long in the making. The consequences will be with us for some time to come. Adequate nutrition is the absolute foundation for health throughout the lifespan. The world is already confronted with an estimated 3.5 million deaths each year from undernutrition. Poor households spend, on average, from 50% to 75% of disposable income on food. More money spent on food means less money available for health care, especially for the many millions of poor households who rely on out-of-pocket payments when they fall ill. The United Nations system has responded very quickly. WHO is part of a high-level task force on the global food security crisis, led by the Secretary-General. To guide priority action, WHO has identified 21 “hot spots” around the world which are already experiencing high levels of acute and chronic undernutrition.

This Health Assembly will address the second global crisis: climate change. Throughout the course of this century, the warming of the planet will be gradual. But the effects of extreme weather events will be abrupt and acutely felt. Again, the poor will be the first and hardest hit. Climate change is already adding an additional set of stresses in areas that are already fragile, with marginal livelihoods and thin margins of survival when shocks occur. The implications are clear. More

droughts, floods, and tropical storms mean greater demands for humanitarian assistance. These added demands will come at a time when all countries are stressed, to a greater or lesser degree, by the effects of climate change. The international community will also have to cope with a growing number of environmental refugees. If land is parched or salinated, if coastal and low-lying areas are permanently under water, these people cannot simply go home. Environmental refugees thus become a new wave of settlers, possibly adding to international tensions. You have before you a draft resolution on climate change that gives WHO some clear responsibilities. We will do our utmost to meet your expectations in this critical area.

Pandemic influenza is the third global crisis looming on the horizon. The threat has by no means receded, and we would be very unwise to let down our guard, or slacken our preparedness measures. As with climate change, all countries will be affected, though in a far more rapid and sweeping way. You will be addressing some of these issues in the coming days. Fortunately, this is one global crisis where the health sector can directly shape policies that govern preparedness and response. Given the protective power in your hands, it is vital for public health to present a united front. I urge you to keep this necessity in mind as you consider the draft resolution on the sharing of influenza viruses and access to vaccines and other benefits.

These three critical events, these clear threats to international security, have the potential to undo much hard-won progress in public health. In all cases, those countries with solid health infrastructures and efficient mechanisms for reaching vulnerable populations will be in the best position to cope. On one hand, these events could set back progress in reducing poverty and hunger and reaching the health-related Millennium Development Goals. On the other hand, reaching the Millennium Development Goals would vastly increase the world's capacity to cope with these international threats. We have reached the second phase in the global drive to achieve the Millennium Development Goals. The goals address a central challenge: to ensure that the benefits of globalization are evenly and fairly distributed. As stated in the Millennium Declaration, this is a call for global solidarity based on the principles of equity and social justice. These principles echo the value system that captured world attention when the Declaration of Alma-Ata was signed 30 years ago.

You have before you a report on the monitoring of achievements. As you all know, I have made the health of the African people and of women my two overriding priorities when measuring the effectiveness of our work. And rightly so. Progress is least in Africa. Progress for women is hardest. Let me comment on overall progress. At the end of last year, better data and statistical methods allowed WHO and UNAIDS to chart the evolution of the HIV/AIDS epidemic with greater precision. HIV incidence peaked in the late 1990s. Prevalence has been level since 2001. In a significant trend, deaths from AIDS have declined during the past two years. Evidence now allows us to conclude, with confidence, that this decline in mortality is linked to dramatic recent increases in access to antiretroviral drugs. The access of women to treatment is at least as good as that for men. Globally, close to three quarters of people receiving antiretroviral drugs are in Africa, where the epidemic is disproportionately severe. This demonstrates that something as complex as antiretroviral therapy can indeed be introduced in resource-constrained settings. But we are still running behind this devastating, unforgiving epidemic. The numbers remain staggering: an estimated 33.2 million people living with HIV and 2.5 million newly infected in 2007 alone. Clearly, we must seize every opportunity for prevention. This is the only way to catch up and eventually get ahead.

Tuberculosis has a good diagnostic and treatment strategy, and we have solid evidence that the approach works. Progress remains steady, though the rate of case detection has slowed compared with recent years. Poor medical practices, which contribute to the development of drug resistance, are a major concern. Earlier this year, WHO issued a report showing that multidrug-resistant tuberculosis has reached the highest levels ever recorded. Even more worrisome is the continuing occurrence of extensively drug-resistant tuberculosis, which is virtually impossible to treat. To allow this form of tuberculosis to become widespread would be a setback of epic proportions. For these patients, our treatment options effectively go back to the era that predates the advent of antibiotics. Next month, I will be joining the United Nations Secretary-General at the first-ever global leadership forum on scaling up the response to the co-epidemics of HIV/AIDS and tuberculosis. This is yet another example of the growing engagement of world leaders in health issues. The forum takes place at a time when several high-burden countries are showing very promising increases in the numbers of people

accessing integrated HIV/tuberculosis services. Leadership, including from the Secretary-General's Special Envoy to Stop TB, former president Mr Jorge Sampaio of Portugal, can take this momentum a step further.

For malaria, we are finally seeing solid progress. Rapid declines in mortality in parts of Africa show the power of recommended strategies to deliver dramatic results. This year we commemorated the first-ever World Malaria Day, a sign of global commitment to tackle this disease. On that occasion the Secretary-General and his Special Envoy, Mr Ray Chambers, challenged the international community to embark on an ambitious plan to reduce malaria deaths by the end of 2010. If we can do this, we will boost the prospects for better health in Africa in a tremendous way.

Last year, global mortality of young children dipped below 10 million for the first time in recent years. You will be considering a report on the global immunization strategy, one of the best success stories in public health. I want to thank all partners concerned, also in the Measles Initiative, and extend my very special appreciation to UNICEF and the GAVI Alliance. Also, we are clearly seeing the broad-based impact of the integrated management of childhood illness, which has now been adopted as the principal child survival strategy in 100 countries. Of these, 49 have extended coverage to more than half of the country's districts. In just two years, the number of countries reaching this level of coverage has doubled. I congratulate these countries on their great efforts. Research has given us an additional boost towards achievement of the goal for reducing childhood mortality. The use of zinc to treat diarrhoea, along with a new formula of oral rehydration salts, will help to save the lives of millions of children. Earlier this year, research coordinated by WHO demonstrated that home-based treatment of pneumonia – the number one killer of young children – is just as effective as hospital care, and possibly even safer. Given my commitment to primary health care, evidence that supports community- and home-based care pleases me most especially. Yet, as is so often the case in public health, when one thick layer of morbidity and mortality begins to thin, it reveals more starkly another critical problem. This is the case with newborn mortality, another big problem we need to address. Once again, research has demonstrated that something as simple as skin-to-skin contact with mothers – so-called "kangaroo" mother care – can save the lives of pre-term babies.

We also need to save the lives of mothers. As the report before you notes, progress in improving women's health is disappointingly slow. This is especially true for maternal health, where mortality has remained stubbornly high despite more than 20 years of efforts. I personally find this lack of progress outrageous. Is the value society places on women so small that their lives are simply dismissed as expendable? If the answer is no, then we absolutely must double our efforts to make sure that the health of women is protected. I know that social and cultural changes take time. But I have also seen some studies of microfinancing schemes for women that have produced rapid improvements in their social status, in their control over household decisions, and in their spending on family health. In some studies, an unexpected bonus has been a decline in domestic violence. I firmly believe we need to explore every option that can potentially raise the status of women, protect their health, and free them to realize their human potential and their great capacity as agents of change.

I agree with your views: any discussion of health development must include chronic noncommunicable diseases. Heart disease and cancer now rank as leading killers in all parts of the world, regardless of a country's income status. Diabetes and asthma are on the rise everywhere. Even low-income countries are seeing shocking increases in obesity, especially in urban areas and often starting in childhood. The action plan, which you will be discussing, deserves our urgent attention. Fortunately, these diseases share a limited number of risk factors linked to behaviours that can be modified: tobacco use, improper diet, lack of physical activity, and the harmful use of alcohol. Prevention must be given top priority. As a significant step in this direction, WHO, supported by the Bloomberg Foundation, launched the first-ever report on the global tobacco epidemic in February. The report sets out country-specific data on tobacco use, but also on the use of proven control measures. Of these, tobacco taxes are by far the most powerful. It comes as no surprise that taxes are fiercely resisted by the tobacco industry. This industry has long described WHO as its biggest enemy. I am pleased by every opportunity to enhance this reputation.

I have mentioned at least one "perfect storm" brewing on the horizon. I believe that control of neglected tropical diseases represents the opposite: a "perfect rainbow". We now see a whole spectrum of opportunities that have converged in a most harmonious way. Safe and powerful drugs are being

donated or made available at very low cost. Integrated approaches have been devised for tackling several diseases at once. A strategy of mass preventive chemotherapy, aimed at reaching all at risk, rivals the protective power of immunization. Research continues to document the improvements in poverty reduction and economic productivity when these diseases are controlled. A perfect rainbow really can end in a pot of gold. With a comparatively modest, time-limited financial push, many of these diseases can be controlled by 2015. Some can even be eliminated by that date. In this regard, let me thank the Government of the United States of America for its commitment of funds to control neglected tropical diseases. I hope many other countries will show a similar commitment. If we can bring these diseases under control, that will be a contribution to poverty alleviation on a truly grand scale. As you know, we are on the brink of eradicating guinea-worm disease, and funds are being secured to ensure this happens. Poliomyelitis is, of course, also scheduled for eradication. In our global efforts, we are seeing renewed international action coming out of an urgent global stakeholder consultation I convened early last year. I have visited each of the four remaining countries endemic for poliomyelitis, in Asia and Africa, to observe first-hand the tremendous efforts being undertaken, often under very challenging conditions. Let me express thanks for the efforts of the dedicated front-line troops. In Asia, type 1 poliomyelitis – the most dangerous strain of the virus – is today on the verge of elimination. But just as we are seeing record lows in Asia, Africa is witnessing a dramatic upsurge of this strain in the northern states of Nigeria, while countries previously free of poliomyelitis on the continent are still struggling to stop viruses that were reintroduced more than two years ago.

As I have said before, we must finish the job. We are too close to allow success to slip through our fingers. I have referred to the second phase in our efforts to reach the Millennium Development Goals. For health, this second phase is defined not just by the midpoint in the countdown, but also by a shift in our approach. Progress has stalled, and we now see one reason why. Investment in technology and interventions alone will not automatically "buy" better health outcomes. We must also invest more in human and institutional capacity, in health information, and in systems for delivery. Fortunately, this need is now recognized in approaches, such as the International Health Partnership launched last year, and in the policies of the major funding agencies, including the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance, many donors, and United Nations agencies working in health.

When I took office at the start of last year, I called for a return to primary health care as an approach to strengthening health systems. My commitment has deepened. If we want to reach the health-related Goals, we must return to the values, principles, and approaches of primary health care. Fortunately, the Commission on Social Determinants of Health will be releasing its report later this year. The findings should help us to address the root causes of inequities with greater precision. In this regard, I want to commend you for the tremendous progress made in meetings of the Intergovernmental Working Group on Public Health, Innovation, and Intellectual Property. This is one of those rare opportunities when public health can take a proactive role in shaping at least some of the forces that influence equity in health. Your negotiations began with consideration of nearly 200 paragraphs in the main negotiating text. The document now comes to this Health Assembly with only 18 paragraphs where consensus needs to be reached. I urge you to continue the "spirit of Geneva" and the flexibility shown by so many countries. In doing so, you are helping the poor populations of this world. This year, *The world health report* is devoted to primary health care. It will be released in mid-October, to coincide with the 30th anniversary of the Declaration of Alma-Ata. This report has undergone unprecedented peer review from top experts in every region, representing the most intensive consultation process since *The world health report* was first issued in 1995. The report will, I believe, help concretize my commitment to primary health care, while giving policy-makers a realistic assessment of what can be achieved and how it can be done.

The World Health Organization was established 60 years ago. The Constitution mandated WHO to act as the directing and coordinating authority on international health work. At that time, the Organization faced the daunting task of restoring basic health services in a world devastated by war. The landscape of public health is vastly different now. WHO is not alone in the drive to improve health. Leadership is not mandated. It is earned. This is a time of unprecedented global interest and investment in health. But it is also a time of unprecedented challenges. Increasingly, we face problems that can be effectively addressed only through well-directed and coordinated global collaboration.

And this gives WHO a clear role. Increasingly, all around the world, health is being shaped by the same powerful forces. Increasingly, an event in one part of the world can quickly ricochet throughout the international system to affect us all. Increasingly, the world's electronic transparency amplifies the social concern following disasters, and the social and economic disruption following outbreaks.

When I addressed the Health Assembly for the first time, immediately following my appointment, I expressed my intention not to follow a full-menu approach. In my capacity as chief technical officer, I have a duty to steer the work of this Organization into areas where our leadership offers a unique advantage, in ways that have a distinct and measurable impact. In my capacity as chief administrative officer, I have a duty to oversee managerial and administrative reforms that make WHO a fit-for-purpose organization given the challenges that lie ahead. We must be fast, flexible, and bureaucratically lean, with all three levels of the Organization working together seamlessly. I want to thank the Regional Directors for their major contribution to this corporate objective. Of the reforms being introduced, the Global Management System will take us a huge step forward in terms of improving efficiency and transparency. As with every big move forward, there are bound to be some setbacks, which I will be monitoring very closely.

These are some of my personal commitments as WHO moves forward to meet the goals set by the international community and the priorities you as Member States give us. Your guidance matters greatly, for health but also for our collective security. Good health is a foundation for prosperity and contributes to stability, and these are assets in every country. A world that is out of balance in matters of health is neither stable nor secure. Thank you.

The PRESIDENT:

Thank you very much, Dr Chan. In her own passionate way, the Director-General has provided us with much to think about. I am certain that her report and her presentation has moved many of us and, indeed, a long list of delegates intend to provide their comments. So again, on behalf of all of you, I would like to thank Dr Chan for her presentation.

5. ANNOUNCEMENT
COMMUNICATION

The PRESIDENT:

Before continuing our consideration of item 3, I should like to remind you of Rule 101 of the Rules of Procedure of the World Health Assembly which reads: "At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than twenty-four hours after the President has made the announcement in accordance with this Rule."

On this occasion, I would like to draw your attention to the fact that according to Articles 24 and 25 of the Constitution, the Board shall consist of 34 persons designated by as many Members. This year, the 10 vacancies to fill will be as follows: in the African Region, 4 members; in the Region of the Americas, 1 member; in the Eastern Mediterranean Region, 1 member; in the European Region, 2 members; in the South-East Asia Region, 1 member; in the Western Pacific Region, 1 member.

I shall invite delegates wishing to put forward suggestions concerning these elections to submit them to the Assistant to the Secretary of the Health Assembly not later than Tuesday afternoon, 20 May, at 16:00, in order to enable the General Committee to meet to draw up its recommendations to the Health Assembly regarding these elections.

6. ADDRESS BY THE DIRECTOR-GENERAL (resumed)
ALLOCUTION DU DIRECTEUR GENERAL (reprise)

The PRESIDENT:

We shall now resume consideration of item 3.

I would draw delegates' attention to the Executive Board recommendation that statements should give special attention to the health-related Millennium Development Goals. Delegates wishing to do so, may also submit their statements in writing for inclusion in the record, as provided in resolution WHA20.2. I would like to also draw your attention to resolution WHA50.18 recommending that delegates should limit their statements to five minutes and I shall reiterate that delegates' statements should be limited to five minutes. The list of speakers is published in the Journal.

Delegates will speak from the rostrum. In order to save time, whenever one delegate is invited to make a statement, the next delegate on the list of speakers will also be called to the rostrum, where he or she will sit until his or her time to speak has come. In order to remind speakers of the desirability of keeping their address to not more than five minutes, a system of lighting has been installed; the green light will change to amber on the fourth minute and finally to red on the fifth minute and I have the power here to cut you off. Should a delegate wish to submit – in order to save time – a prepared statement for inclusion in extenso in the verbatim records (which it is permissible to do on this agenda item only), or whenever a written text exists of a speech that a delegate intends to deliver, copies should be handed to the officer responsible for the list of speakers in order to facilitate the interpretation and transcription of the proceedings. This procedure also applies to those delegates who have to leave Geneva and are not able to deliver their speech under this agenda item before they leave. They can ask for their text to be published in the records of the Health Assembly.

We will now start the debate on item 3.

Mr CHAVARAT CHARNVIRAKUL (Thailand):

Mr President, Madam Director-General, excellencies, distinguished delegates, ladies and gentlemen, may I first congratulate you, Mr President, on being elected to this most important position at WHO. I am convinced that under your able leadership, we will achieve global solidarity for collective commitment towards the Millennium Development Goals.

As we gather here in this idyllic city, countless victims in Asia are still recovering from the devastating effects of Cyclone Nargis that ravaged Myanmar and the earthquake that razed parts of the Sichuan province of China. The two disasters have left millions of people homeless and exposed them to starvation and epidemics. The losses were, to put it plainly, immeasurable. I would like to support the Director-General's statement that to reduce future loss, all countries and regions must be linked to a global network of early warning systems. We also need to set up a well-coordinated basic health and social infrastructure in preparation for large-scale humanitarian crises.

We, the people and the Government of Thailand under royal guidance, were one of the first countries to move in to support the alleviation of the Myanmar disaster, including the dispatch of medical, disease control and mental health teams on 16 May. I would also like to commend the efforts of WHO, both the Director-General and the Regional Directors, in their active support in the two disasters.

Mr President, how about the Millennium Development Goals? We all know that packages of effective and low-cost interventions that could allow us to achieve the Millennium Development Goals are available. However, they are not made universally accessible to poor people – why? First, due to poor governance. Many governments put too little emphasis on equal protection under the law, pay little attention to tackling corruption, and invest inadequately to establish effective public service systems. Secondly, due to poverty. Poor people are simply too poor to invest in overcoming hunger, diseases, and under-education. Thirdly, persistent social inequity. Governments must ensure that critical investments are channelled into lagging regions and underprivileged groups. Fourthly, policy negligence and ignorance of the challenges. Governments must be aware of what to do, especially

with regard to schooling, maternal and child mortality, legal protection against violence, and universal access to essential health care.

As a result of successive strong government policies and political commitment, universal coverage by a functioning rural health infrastructure was achieved in Thailand in the early 1980s. It was made possible by shifting resources from urban to rural areas plus other strategies. An effective basic health infrastructure is the essential foundation for achieving the health-related Millennium Development Goals. It makes the policy on equitable access to care by all Thai citizens realistic. For example, universal access to primary health care including maternal and child health services since the mid 1980s, universal prevention of vertical HIV transmission in 2000, universal coverage for a comprehensive health service package in 2002, universal access to antiretroviral treatment in 2003, and universal access to renal replacement therapy in 2008. Based on these enabling factors, evidence indicates that Thailand is well on track to achieve all the health-related Millennium Development Goals. We are actually moving towards "MDG Plus".

I would like to propose two recommendations to ensure our collective achievement on the health-related Millennium Development Goals. First, we need strong government commitment. This is essential to ensure the success of scaling up cost-effective interventions. In many developing countries, this also requires adequate and appropriate support from development partners; and secondly, we need strong global commitment. 0.54% of OECD Development Assistance Committee countries' gross national income will be required in 2015 to achieve the Millennium Development Goals globally. This is well below the global commitment of 0.7%. I sincerely commend some developed countries that have met that 0.7% gross national income commitment and beyond. The first five of these countries are Denmark, Luxembourg, Netherlands, Norway, and Sweden. These are moral commitments for which governments in developed and developing countries must be held accountable. It is definitely unethical that any government allows its innocent citizens to face these catastrophes by themselves. It is also the responsibility of the developed countries to adequately address the problems of the poor nations.

With collective spiritual and social commitment, Mr President, I am convinced that the Millennium Development Goals are still achievable in time for 2015. Thank you.

Ms KUKOVIC (Slovenia):

Mr President, Madam Director-General, excellencies, ministers, ambassadors, ladies and gentlemen, I have the honour to speak on behalf of the European Union. The candidate countries Turkey, Croatia and The former Yugoslav Republic of Macedonia, the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia, Herzegovina, Montenegro, Serbia, as well as Ukraine, the Republic of Moldova and Armenia align themselves with this declaration.

Mr Chairman, let me express our sincere congratulations for your election to the post of President of the Sixty-first World Health Assembly. On my behalf and on behalf of the European Union, I would like to assure you of our support to your efforts to wisely guide us towards a successful outcome of this session. The European Union would also like to commend you, Dr Chan, and your staff for bringing new energy and dynamism to our Organization. You, Dr Chan, set out by establishing a very ambitious programme for your term and we are very pleased to see that you are well on your way to accomplishing it.

Let me start by stressing the importance of the health-related Millennium Development Goals for the European Union. We are strongly committed to the implementation of the goals and are worried about the pace of progress. In line with the resolution and the Medium-term strategic plan 2008–2013, we should discuss how WHO could better monitor and support implementation of the goals in full coordination with other United Nations agencies and in the spirit of United Nations reform. The European Union therefore proposes a draft resolution for adoption in Committee A.

Since the last Health Assembly we have faced many challenges, but also achieved some important results. The European Union most of all welcomes the positive outcome of the second session of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property. We are firmly committed to working with others to complete the text of the draft global strategy at this Health Assembly, and to the Health Assembly approving the Strategy and initiating its

implementation. The Intergovernmental Meeting on Pandemic Influenza Preparedness: Sharing of Influenza Viruses and Access to Vaccines and Other Benefits has not yet produced a final outcome. The European Union stands ready to take an active part in the resumed meeting of the Intergovernmental Meeting in November this year and will strive for completion of the process. We would also like to commend the Secretariat for implementing interim measures.

Since last year, two events have taken place that in our view need to be noted and welcomed. The first is the entry into force of the revised International Health Regulations (2005) and the second is the fruitful debate that took place in February this year in Geneva at the first session of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products. The European Union would like to reaffirm its commitment to negotiate, by 2010, the protocol on illicit trade in tobacco products.

The decision to put the impact of climate change on health and health systems on the agenda of this session of the Health Assembly is most welcome. It is now clear that climate change is inevitable and has an impact on the health of our populations. We, as the world's health ministers, have an important and integral role to play. Our discussion at this Health Assembly should lead to the development of a global workplan that will assist us – health ministers, health professionals, the public and policy-makers – to manage the health-related risks of climate change. It is also clear that the dramatic increase in the total burden of noncommunicable diseases is no longer a problem of the developed world only. These diseases cause millions of deaths and present an enormous challenge for our health care systems. It is imperative that all Member States are committed to effectively implementing the global strategy on noncommunicable diseases that we adopted a year ago.

Let me briefly explain that during the Slovenian Presidency of the European Union, we have chosen cancer as an example of a noncommunicable disease that is increasingly affecting our populations. At a conference entitled "The Burden of Cancer – how can it be reduced?" held in February at the Congress Centre in Slovenia, we agreed that we will need a comprehensive and integrated approach at all levels, from disease prevention, organized screening and early detection to optimal treatment, rehabilitation and palliative care, combined with investment in research in all these areas. Such an approach would of course be needed for most noncommunicable diseases. To significantly reduce the disease burden from noncommunicable diseases and its impact on health inequalities, integrated action on risk factors, such as tobacco smoking, harmful use of alcohol, dietary and nutritional factors and lack of physical activity, is essential. We appreciate the work of the WHO's independent Commission on Social Determinants of Health and look forward to proposed concrete measures to strengthen and develop health promotion in the Secretariat and its Member States. Among risk factors, the harmful use of alcohol has an important impact on the incidence of noncommunicable diseases, as well as on intentional and unintentional injuries. It is closely related to economic and social disadvantages and contributes to accentuate inequalities in health, affecting in particular the most vulnerable groups of our societies, such as young people. Also, alcohol often causes harm to people other than the drinker. For these reasons, we support the draft resolution of the African countries, which we see as a first step towards a global effort to combat alcohol-related harm.

The European Union looks forward to the discussions on the health of migrants during the Health Assembly, to which WHO should, in our view, attach more importance in the future. The European Union believes that the health of migrants calls for an urgent global response.

The international community is currently facing immense health-related challenges globally. One of these challenges is the humanitarian crisis in Myanmar, caused by Cyclone Nargis. We commend WHO for the work done to remedy the crisis, and encourage all stakeholders to work together to help the people of Myanmar in overcoming this serious natural disaster. The European Union stands ready to provide additional assistance to meet the humanitarian needs of the people, especially children. Our thoughts are also with the victims of the recent earthquake in China. The European Union stands ready to provide assistance as soon as conditions on the ground permit it.

The global rise in food prices is also a concern for all of us, and poses a serious threat to international health. We welcome WHO's participation in the United Nations task force on this issue.

In the light of all challenges mentioned, most of them of a global dimension, we would like to stress that continued United Nations reform remains a strong priority for the European Union. We encourage WHO to remain an active player in United Nations reform and to fully participate in

continued efforts towards “Delivering as One”. We thank the Director-General and WHO for the leadership given in initiatives like the International Health Partnership. We would like to stress the importance of appropriate coordination to avoid overlap and duplication of work when dealing with the same international health issues in different forums.

In conclusion, I would like to reiterate our readiness to assist you in your efforts to lead this Health Assembly effectively. I am certain that on Saturday afternoon we will leave Geneva in good spirits and with the conviction that we have accomplished something. I would also once again like to thank Dr Chan and her staff for her work related not only to the preparation of the documents for this meeting, but also for all the work of the past one and-a-half years. Slovenia has chosen “si.nergy” as its motto for the European Union Presidency. We can only be successful if our work is complementary. I can clearly see a lot of opportunities for synergy in the following days and have no doubts that the demanding agenda of this year’s Health Assembly will produce extremely positive results. I thank you, Mr President.

Mr LEAVITT (United States of America):

Thank you to my friend, Minister Ramsammy. Congratulations on being elected. Dr Chan, we deeply appreciate your leadership of WHO, and we join in your expression of compassion for those who are suffering in China as well as in Myanmar. We pledge our efforts along with all of those who are here, our resources in a coordinated effort to bring relief. WHO must always be prepared to stand united in the global cause of global health.

Dr Chan, again I want to thank you for acknowledging President Bush’s commitment on neglected communicable diseases. It is the kind of initiative that WHO does well. Our focus should be on things that bring us together. We should leave issues beyond our purview to other forums than WHO.

In my years in public service I have seen first hand the difference that we can make. I can see the difference we make in the lives of human beings. There is a feeling of profound satisfaction that comes in seeing a life changed as a result of our efforts. I have felt that kind of a feeling as we provide medical and dental care in Central and South America through a hospital ship – the ship Comfort – and we will be making three similar naval missions like that this summer.

The United States of America strongly supports WHO’s efforts to meet global needs for influenza and for influenza vaccine. We continue to call on countries everywhere, as you did, to share influenza samples openly and rapidly and without precondition. Our nations have been responsible. We all have a responsibility to prepare, whether we are a developed nation or a developing nation. We must all participate fully in the global influenza surveillance network and we must also work together in the universal implementation of the International Health Regulations (2005).

Now I would like to bring another issue to the Health Assembly. Trading nations now face a new health challenge and that is ensuring safety of both exports and imports of food and health products. This issue is an indication that the global market is beginning to change, it is maturing and it is requiring new systems, and better systems, in order to adapt. Since July I have chaired a top-level working group on import safety in our nation. We conducted an across-the-board review of products imported into the United States of America. One thing became clear as we examined our system: no country can simply inspect its way to product safety as doing so would bring international trade to a standstill. Instead, we need a collaborative system of international standards and local controls that build safety into products right from the beginning. We are already working with our trading partners to build safety into that process. We are offering our product safety help to others so that producing nations can have the same high level of safety and quality as those who import. The product safety issue is challenging because it looks different from every perspective. To border control agents it is a law enforcement issue, to trade negotiators it is a trade issue, to a public health official import safety is a health issue. This means we must collaborate – collaborate between companies, collaborate between industries, between the public and the private sector, between governments and between agencies within the same government. The Health Assembly has helped to build the bonds that will be needed for future collaboration. Future prosperity will require that we meet this challenge and bring our

nations closer together. I look forward to discussing these issues with the delegates and finding ways that we can work together to address every nation's concern. Thank you.

Professor CHEN Zhu (China)
陈竺（中国）：

尊敬的主席先生、尊敬的总干事、各位部长、各位同事：

在联合国千年发展目标实施进程已到中途点并面临巨大挑战的关键时刻，本届世界卫生大会将"与卫生相关的千年发展目标"作为一般性辩论的主题，中国代表团深表赞同。这将有利于国际社会增强使命感和紧迫感，凝聚共识，协调行动，加快推进相关工作。

主席先生、各位同事，

从今天开始到5月21日,是中国的全国哀悼日,深切悼念发生在中国四川省特大地震灾害中遇难的数万人的生命。在此，我谨代表中国政府，再次感谢世界卫生组织和各成员国，以及国际社会所给予的支持和帮助。

今年三月底，在中国安徽省发生了以EV71病毒C4亚型为主导致的手足口病疫情，并出现儿童重症患者的死亡。卫生部立即决定将手足口病列入法定丙类传染病管理，依法、科学防治，加强监测和报告，采取一系列环境卫生措施，积极开展宣传教育，同时努力提高重症抢救的治愈率，终于使安徽省的疫情得到有效控制。从全国情况看，今年疫情高峰有所提前，目前已趋平缓，并有所下降。多数地区病例为轻症，重症病例仅呈个别散发状况，迄今尚未发现EV71病毒变异情况。我们愿意与世界卫生组织和有关国家合作，研究总结本次防控的经验，并与大家分享。

主席先生、各位同事，

作为人口最多的发展中国家，中国的千年发展目标实现状况对全球具有重大的影响。中国政府高度重视对千年发展目标的庄严承诺，通过加强领导、完善立法、制定规划、增加投入、强化管理等一系列措施，认真、积极落实与卫生相关的千年发展目标。从1990年到2007年，我国5岁以下儿童生长迟缓率和低体重率持续下降；2007年，5岁以下儿童死亡率为18.1‰，比1990年降低了70%，提前实现了千年发展目标；孕产妇死亡率为36.6/10万，比1990年降低了81%；艾滋病疫情扩展速度有所减缓，疟疾和结核发病率趋于稳定；农村自来水和卫生厕所普及率大幅提高；城乡居民基本用药逐步得到保障。

但是由于中国经济尚不发达、区域发展不平衡、卫生体系不完善，在不少方面依然面临诸多挑战：遏制和扭转艾滋病、结核病等重大疾病蔓延的形势不容乐观，实现降低孕产妇死亡率的目标仍有较大困难；城乡、区域之间健康状况差距较大，农村地区儿童营养不良问题依然存在，5岁以下儿童死亡率高出城市2到3倍。

中国国家主席胡锦涛指出，健康是人全面发展的基础。建设人人享有基本医疗卫生服务的卫生制度，已列入中国未来社会经济发展的重大战略目标。这包括覆盖城乡居民的公共卫生服务体系、医疗服务体系，医疗保障体系和药品供应保障体系。今年，医药卫生体制改革将在向社会公布征求意见之后逐步实施，以政府投入为主、个人自愿参加为特色的新型农村合作医疗制度将覆盖全部农村。同时，我们开始着手制订卫生发展中长期规划，即"健康中国2020"战略，

更加重视对传染病和慢性疾病的预防控制，更加重视健康教育和健康促进。今后中国政府将更加关注民生，进一步加大政府投入，加快卫生事业改革与发展，促进千年发展目标的全面、均衡实现。

主席先生、各位同事，

实现千年发展目标是各国政府的庄严承诺，是国际社会的共同责任。当前全球形势不容乐观，挑战依然严峻。中国政府在努力实现本国相关目标的同时，积极与有关国家和国际组织合作，推动发展中国家卫生相关目标的达标进程。2002年以来，中国向亚洲、非洲、拉丁美洲、欧洲和大洋洲的45个国家和地区派遣了47支医疗队，累计派出人员2478人，诊治受援国病人1200万人次，为改善受援国人民的健康状况做出了不懈努力；我们积极参与区域性卫生合作机制，巩固和加强与周边国家在卫生领域的合作，并提供必要的技术和资金支持；中国积极支持世界卫生组织、联合国艾滋病规划署、全球艾滋病、结核和疟疾基金等国际组织工作，向有关国际组织捐款，并参与和建立多边合作机制，为帮助广大发展中国家降低儿童和孕产妇死亡率，遏制艾滋病、疟疾等疾病的蔓延做出了有益的贡献。

主席先生、各位同事，

我们清醒地认识到，要如期实现与卫生相关的千年发展目标任重而道远。国际社会必须采取更加有力的措施，才能确保如期实现与卫生相关的千年发展目标。为此，我提出以下建议：

第一，突出工作重点，关注亚洲、非洲、拉美等地区。应把改善产妇保健、遏制艾滋病、结核病和疟疾等重大传染病、改善环境卫生等作为优先重点加快推进，优先关注农村和经济欠发达地区。

第二，把加强卫生系统能力建设放在更加重要的位置。落实与卫生相关千年发展目标日益依赖于运转有效的卫生体系，世界卫生组织已经制定了行动纲领，各国应该着力加强卫生体系建设，提倡预防为主，强化初级卫生保健，强调安全、适宜卫生技术和药物的使用。同时，注重对全球变化、自然灾害、粮食危机等健康相关重大问题的应对。

第三，各国政府应该进一步增强政治承诺，完善立法，制定规划，调整公共支出结构，加大对卫生体系的投入力度，加强管理，提高国内外资金的使用效率。同时，应加强部门合作，鼓励公民社会和私营部门的参与，调动全社会的力量共同实现目标。

第四，扩展全球卫生发展伙伴关系，支持发展中国家的努力。发达国家应该切实履行承诺，继续增加对发展中国家，特别是对南撒哈拉非洲、南亚等地区的资金和技术援助。发展中国家也应加强南南合作，分享经验，相互支持。中国将在南南合作的框架内，在力所能及的范围内一如既往地支持其他发展中国家的卫生工作，并随着经济发展，适当扩大支持的范围和力度。

第五，充分发挥世界卫生组织在监测和指导实现与卫生相关千年发展目标、加强卫生体系建设、协调相关国际努力等方面的重要作用。联合国艾滋病规划署、世界银行、全球基金等国际多、双边组织和私立基金会、非政府组织，要团结协助、统筹协调、整合资源、形成合力，力求发挥最大效益。

主席先生、各位同事，

实现与卫生相关的千年发展目标将极大地改变世界贫困人口的命运，是我们创造人类和谐、健康、美好未来的重大历史机遇。在这紧要的中途点，我们必须加快步伐。

谢谢大家。

Mr PRESIDENT:

I now give the floor to the delegate of Saudi Arabia who will speak on behalf of the Council of Arab Health Ministers.

Dr AL-MANEA (Saudi Arabia): الدكتور حمد بن عبد الله المانع (المملكة العربية السعودية):

االسيدة المديرة العامة لمنظمة الصحة العالمية، أصحاب المعالي وزراء الصحة، السيدات والسادة،

يطيب لي أن أتقدم إليكم سيادة الرئيس، باسم وزراء الصحة العرب، وباسمي شخصياً التهاني لانتخابكم رئيساً لجمعية الصحة العالمية الحادية والستين، كما يسعدني أن أتقدم باسم المجموعة العربية بعميق الشكر والتقدير لسعادة الدكتورة مارغريت تشان على تعاونها الوثيق مع بلادنا العربية في مختلف المجالات الصحية وللجهود الصحية المميزة لخدمة القضايا الصحية في العالم مثل صحة الأم والطفل ومكافحة الأمراض الطارئة، واللوائح الصحية الدولية. ويطيب لي أن أهنئ كافة الدول الأعضاء ونهنئ المنظمة بحلول الذكرى الستين لإنشائها، ويحق لنا جميعاً أن نحتفل بالإنجازات التي تم تحقيقها على صعيد الصحة العمومية في العالم ومجابهة التحديات المطروحة على مدى هذه السنين.

السيد الرئيس، السيدات والسادة، لقد كان الاتجاه نحو إصلاح القطاع الصحي هو أحد الإنجازات التي حققتها الدول العربية في السنوات الأخيرة، حيث ظهر جلياً التركيز على تطبيق استراتيجيات الرعاية الصحية الأولية، وطب الأسرة، والتصدي للأمراض السارية وغير السارية، ولكن هناك تحديات كبيرة تواجه المنطقة العربية للوصول إلى مستويات الجودة التي تليق بالإنسان العربي لذا فإننا نتطلع إلى تعزيز التعاون مع منظمة الصحة العالمية والدول الأعضاء والمنظمات الدولية والإقليمية غير الحكومية، والمتخصصة في شراكات فاعلة لتحسين الوضع الصحي والارتقاء بمستوى الخدمات الصحية، آملين أن يكون هناك تمثيلاً عربياً منصفاً في منظمة الصحة العالمية للإسهام في تحقيق الأهداف المرجوة.

إننا نقترب من الذكرى السنوية الثلاثين لإعلان ألما ـ آتا ونحن على أعتاب مرحلة جديدة لتطوير مفهوم الرعاية الصحية الأولية، بعد هذه المسيرة الطويلة ومع ذلك تبقى هي النظام المتجدد الذي يستجيب للتطوير ليلبي احتياجات الدول التي تختلف نُظمها الصحية، وإنني آمل أن يتم الاستفادة من خبرات المنظمة بتبادل الخبرات حول تقييم النُظم الصحية الوطنية استناداً إلى الرعاية الصحية الأولية.

السيد الرئيس، السيدات والسادة، إدراكاً من مجلس وزراء الصحة العرب بأهمية تبني مفاهيم التعليم الطبي المبني على البراهين العلمية ونشر ثقافة الجودة وسلامة المرضى لمواجهة ظاهرة تنامي الأخطاء الطبية بدأ المجلس تنفيذ المشروع العربي لاعتماد المؤسسات الصحية في عدد من الدول الأعضاء بالتنسيق والتعاون مع هيئات ونُظم الجودة المحلية والعربية والعالمية، كما أن القادة العرب قد أكدوا في قمتي الرياض ودمشق على ضرورة تبني القضايا الصحية التي تنعكس بشكل مباشر على الصحة وسلامة المواطن العربي.

إن صدور التقرير العالمي لوباء التبغ MPOWER يدق ناقوس الخطر إزاء هذه الجائحة التي تستلزم جهوداً تنسيقية عالمية أكثر لمساعدة البلدان وخاصة النامية منها في مكافحة هذا الوباء واتخاذ موقف قوي ضد شركات التبغ خاصة بعد أن صدرت الاتفاقية الإطارية بشأن مكافحة التبغ. وإننا نشيد بالاستراتيجيات الست التي وضعتها المنظمة في هذا المجال والتي تُعد بحق تفصيلاً للاتفاقية الإطارية حيث حددت أداء مكافحة التبغ ولمساعدة البلدان على بناء التزاماتها حيال هذه الاتفاقية.

السيد الرئيس، إن من أهم الأزمات الصحية التي تواجه العالم بأسره وتتطلب منا جميعاً التكاتف والتعاون وباء أنفلونزا الطيور، فقد تعرضت العديد من الدول العربية لهجمة شرسة لهذا الوباء، غير أن جهود المكافحة نجحت حتى الآن في التصدي لانتشاره والحلول دون تطفّر الفيروس. والخطر مازال قائماً، وتأمل الدول العربية أن يحظى هذا المؤتمر بمشاركة وزارية واسعة من جانب أعضاء منظمة الصحة العالمية بالاهتمام الدولي بمكافحة وباء أنفلونزا الطيور والتصدي له.

وتأتي ظاهرة الاحتباس الحراري التي تشكل في الوقت الراهن مصدر قلق حقيقياً على النطاق العالمي ويرى الكثير من المختصين والجهات الرسمية والعلمية أنه إذا لم تتخذ إجراءات حاسمة للحد من انبعاث الغازات الضارة بالبيئة فإن ذلك سيؤدي حتماً إلى تفاقم الظاهرة، ولا شك أن تخصيص اليوم العالمي للصحة ليتناول التغيرات المناخية لهو اختيار صائب وفي محله، هذا بالإضافة إلى المواجهات المستمرة ضد الأيدز، والسل والملاريا وشلل الأطفال والسكري، وغيرها من الأمراض التي تتطلب مواجهة حملات الوقاية والتوعية وتوفير الأدوية.

كما أن تركيز المنظمة على دفع التقدم لتحقيق المرامي الإنمائية للألفية يصادف نفس القناعة التي نشعر بها لتحقيق هذه المرامي الهامة والتي تتعلق بالصحة ولا شك أن بلادنا حققت تقدماً معقولاً في بعض المجالات إلا أن يظل المجال مفتوحاً والأمل معقوداً للوصول إلى التحقيق الكامل لهذه المرامي.

يسرنا هنا أن ننوه بالجهود المبذولة نحو تفعيل مبادرة الرؤية 2020 (الحق في الإبصار) والإجراءات التي اتخذتها المنظمة في هذا الصدد مؤكدين ضرورة تفعيل القرار الخاص بذلك الصادر عن جمعية الصحة في دورتها السابقة حول الإعاقة البصرية والمشار إليها في الغرض الاستراتيجي الثالث للخطة الاستراتيجية المتوسطة الأجل (2008-2013) وكذا الميزانية البرمجية (2008-2009) وذلك من خلال وضع خطة عمل خاصة بمكافحة الإعاقة البشرية (action plan) كما ندعو المنظمة لوضع تصور لاتفاقية إطارية دولية لتنظيم وتطوير المفهوم القانوني والأخلاقي لتجارة وزراعة الأعضاء.

السيدات والسادة، وبالرغم من التحسن المستمر في أوضاع العراقيين في الأردن وسوريا وتوفير الأدوية والخدمات اللازمة لهم، إلا أنه قد ترتب على المؤسسة الصحية في الأردن وسوريا ضغوط وأعباء كبيرة تستلزم الدعم لوزارة الصحة في هذين البلدين من منظمة الصحة العالمية والمنظمات الدولية المعنية، كما أن الأوضاع في إقليم دارفور والصومال وجيبوتي وجزر القمر تحتاج إلى كل الدعم والمساندة. هناك لبنان الذي بدأ يتعافى مما أحدثه العدوان الإسرائيلي من تدمير كامل للمرافق الصحية، وبنيته الأساسية وزرع القنابل العنقودية، فلابد من الدعم وتوفير الخدمات الطبية والصحية لدعم القطاع الصحي اللبناني.

السيدات والسادة، في الوقت الذي نتقدم إلى دولة الصين ودولة ميانمار بأحر التعازي في ضحايا الكوارث وذويهم، فإننا نستذكر وإياكم مأساة الشعب الفلسطيني التي امتدت على ما يربو عن 60 عاماً وإن أكثر من 4 ملايين مواطن فلسطيني، خاصة في قطاع غزة، معرّضون لأبشع انتهاكات حقوق الإنسان. فالحواجز العسكرية والجدار الفاصل وفرض الحصار والتطهير العرقي وإبادة هذه البشرية يعوق الوصول إلى الخدمات الصحية ويسبب الشلل التام في جميع نواحي الحياة. كما أن رفض إسرائيل منح تصاريح مرور للمرضى الفلسطينيين أو تأخير إعطائهم قد أدى لوفاة أبرياء وهم ينتظرون أذناً لتلقي العلاج في إسرائيل، وهو أمر مأساوي وغير إنساني بكل المقاييس. وحسب تقرير منظمة الصحة العالمية فإن العشرات من المرضى توفوا خلال الفترة من تشرين الأول/ أكتوبر 2007 وحتى آذار/ مارس 2008 بعد الاعتراض على منحهم تصاريح المرور، هذا بالإضافة إلى انهيار القطاع الصحي الفلسطيني وعدم قدرة المستشفيات على تقديم الخدمات الطبية بسبب النقص الخطير في الوقود والأدوية. وقد سجلت أكثر من 2149 حالة إعاقة لسيارات الإسعاف، كما تم تدمير العشرات من سيارات الإسعاف تدميراً كلياً بينما تم إلحاق أضرار جزئية بأكثر من 143 سيارة إسعاف واستشهد العشرات من الطواقم الطبية والعشرات من العاملين في المؤسسة الصحية وقدم الشعب الفلسطيني الآلاف من الضحايا والشهداء والجرحى حتى الآن. وبالإشارة إلى تقارير منظمة الصحة العالمية وتصريح مدير وكالة الأونروا في غزة فإن الأحوال الصحية والإنسانية لسكان فلسطين أصبحت أسوأ من أحوال أي سجن في العالم. ويرى معالي وزراء الصحة العرب الاستمرار في إرسال الأفرقة الطبية والإغاثة لتقصي الحقائق وللحفاظ على النظام الصحي الفلسطيني والدعوة لوقف العدوان الإسرائيلي ورفع الحصار عن الشعب الفلسطيني جواً وبحراً وبراً.

السيدة المديرة العامة مارغريت تشان، إنني أحمل إليك رسالة من أطفال فلسطين وهدية، الهدية عبارة عن وردة بيضاء وليست حمراء لأن اللون الأحمر يذكرهم بالدم هذه مسار شعب فلسطين.

إن الوردة، يا صاحبة السعادة، من أطفال فلسطين والرسالة تقول: ماما مارغريت نحن أطفال فلسطين نريد السلام ونريد العيش بسلام كبقية أنحاء العالم قولي لوزراء صحة العالم، وهم ضمير العالم الحي والذين هم يؤمنون أن الصحة والحياة حق مشروع لكل إنسان، أوليس هذا من حقنا؟ قولي لهم: احتفل العالم قبل يومين بمرور ستين عاماً على تشتيتنا ونكبتنا قولي لهم: إننا جائعون، محاصرون، مجروحون، معذبون. وتحت رحمة الطائرات والدبابات والمدافع.

ماما مارغريت هل من ضمير حيّ يستيقظ من أجلنا؟ هل من يد حانية تمتد إلينا؟ أم سوف ننتظر ستين عاماً أخرى؟ نحن نناشد ضمائركم فهل من مجيب؟

انتهت الرسالة وأتمنى لكم التوفيق والسداد وشكراً لكم جميعاً.

The meeting rose at 18:10.
La séance est levée à 18h10.

THIRD PLENARY MEETING

Tuesday, 20 May 2008, at 09:15

President: Dr L. RAMSAMMY (Guyana)
later: Dr Ponmek DALALOY (Lao People's Democratic Republic)

TROISIEME SEANCE PLENIERE

Mardi 20 mai 2008, 09h15

Président: Dr L. RAMSAMMY (Guyana)
puis: Dr Ponmek DALALOY (République démocratique populaire lao)

ADDRESS BY THE DIRECTOR-GENERAL (continued)
ALLOCUTION DU DIRECTEUR GENERAL (suite)

The PRESIDENT:

I am now going to call this third plenary meeting to order. When we broke last night we were at agenda item 3. We will resume consideration of item 3 this morning. Before I call on the first speaker, I want to caution that there are approximately 70 more speakers and if we do not adhere to the time limits we will run into problems with our agenda. We already have a full agenda until Saturday morning. Many of you have to leave earlier. We must complete this agenda item on time.

The General Committee has agreed that speakers will be limited to five minutes and the Health Assembly has adopted and concurred with that recommendation. Speakers that represent regions are permitted a maximum of 10 minutes. I was very lenient last night when four speakers that should have taken no more than half an hour took over an hour, and I want to refer again to the example of the United States of America, so that we all keep to time. I want also to remind you that on this agenda item you can submit your written presentation for inclusion in the records. And so there is no need to read everything. You may speak for a maximum of five or 10 minutes for reasonable representation and submit the written presentation for inclusion in the records. So if I use my device to take away the microphone from someone please be indulgent. We do not mean to be harsh but we have to give everyone an opportunity. We are seeking to bring the agenda item to a close at tomorrow morning's session and we want everyone to have an opportunity to speak. I hope you will not oblige me to use this device.

So, with that, I am going to ask the delegate of Congo, who is one of our Vice-Presidents and who will represent the African Region to take the rostrum, and since she is an officer of the Health Assembly she will set an example for the day.

Mme RAOUL (Congo):

Monsieur le Président, Madame le Directeur général, Mesdames et Messieurs les Ministres et chefs de délégation, distingués invités, c'est pour moi un privilège et un réel plaisir, en ma qualité de Présidente de la cinquante-septième session du Comité régional OMS de l'Afrique et de chef de la délégation de la République du Congo, de prendre la parole pour exprimer les profondes préoccupations de l'Afrique en matière de santé. Je voudrais, avant tout propos, adresser au nom des

46 Etats Membres de la Région africaine de l'OMS, nos sincères condoléances à la République populaire de Chine, ainsi qu'au Myanmar, dont les populations ont été durement touchées par les catastrophes naturelles de ces derniers jours. Je souhaite également saisir cette occasion pour féliciter le Dr Leslie Ramsammy, Président de la Soixante et Unième Assemblée mondiale de la Santé, pour sa brillante élection ainsi que pour celle des membres du Bureau.

Dans son allocution de prise de fonction, le Dr Margaret Chan, Directeur général de l'OMS, avait mis au centre de ses préoccupations l'amélioration de l'état de santé des populations africaines, en accordant la priorité à la réduction de la mortalité maternelle, néonatale et infantile ainsi qu'aux maladies transmissibles telles que le sida, la tuberculose et le paludisme, véritables fléaux pour l'Afrique subsaharienne, sans oublier les maladies chroniques non transmissibles en forte progression, notamment l'hypertension artérielle, le diabète, le cancer et bien d'autres encore. Merci, Madame le Directeur général, pour la sollicitude dont notre Région ne cesse de faire l'objet. Les questions soulevées dans l'allocution du Directeur général, lesquelles du reste sont inscrites à l'ordre du jour de la présente Assemblée, constituent parmi tant d'autres d'importants défis à relever dans notre sous-région.

En effet, les risques sanitaires liés aux changements climatiques, l'application du Règlement sanitaire international (2005), la vaccination, l'éradication de la poliomyélite, les mutilations sexuelles féminines, les produits médicaux contrefaits, toutes ces questions pour lesquelles les indicateurs sont de manière globale peu satisfaisants, associées à la crise des ressources humaines pour la santé, sont loin de permettre à notre sous-région d'atteindre les objectifs du Millénaire pour le développement liés à la santé à l'horizon 2015. A ces fléaux s'ajoute la crise alimentaire avec la flambée des prix des denrées de base qui, vous vous en doutez, accroît la malnutrition, particulièrement chez les enfants de 0 à 5 ans.

Profondément préoccupés par la situation sanitaire en Afrique, les ministres en charge de la santé réunis à Ouagadougou en avril 2008 se sont accordés sur la nécessité de continuer à développer et à renforcer les soins de santé primaires, avec la participation de l'ensemble des parties prenantes, y compris les populations, les soins de santé primaires étant considérés comme stratégie essentielle pour le renforcement des systèmes de santé et la réalisation des objectifs du Millénaire pour le développement. En outre, dans la Déclaration de Ouagadougou, il a été mis un accent particulier sur le financement des soins de santé, la disponibilité des médicaments à moindre coût et la formation permanente des personnels de santé. C'est ici le lieu pour moi d'inviter nos pays et les partenaires pour le développement, dans l'esprit de la Déclaration de Paris, à conjuguer leurs efforts en vue de concrétiser les objectifs assignés dans la Déclaration de Ouagadougou, notamment une prise en compte véritable des déterminants sociaux de la santé.

La République du Congo, mon pays, à l'instar de tous les autres Etats de la Région africaine de l'OMS, s'efforce de mettre en oeuvre les différentes résolutions, recommandations et stratégies adoptées aussi bien par l'Assemblée mondiale de la Santé et les sessions du Comité régional OMS de l'Afrique que par l'Union africaine. Quelques avancées significatives sont observées, notamment la certification de l'éradication de la poliomyélite. Le paludisme et le sida, premières causes de morbi-mortalité, font l'objet d'une attention particulière de la part du Gouvernement. A cet effet, le Président de la République a décidé de rendre gratuit le traitement antipalustre chez les enfants de 0 à 15 ans et les femmes enceintes. La gratuité s'applique également au dépistage du VIH, au bilan biologique des personnes vivant avec le VIH et au traitement antirétroviral.

Pour terminer, je souhaite, au nom des 46 Etats Membres de la Région africaine de l'OMS, plein succès aux travaux de la Soixante et Unième Assemblée mondiale de la Santé.

Je vous remercie.

Dr SUPARI (Indonesia):

Bismillah ar-rahman arrahim. Assalamu alaikum. Warahmatullahi Wabarakatuh. Mr President, Madam Director-General, excellencies, honourable delegates, ladies and gentlemen, it is indeed a great honour for me to be here again at this prestigious Health Assembly and to deliver my speech. This year, the Health Assembly has taken the Millennium Development Goals as its theme.

The Millennium Development Goals can be achieved easily if the world and its environment run normally. None of us had foreseen the current increase in the price of oil, which has reached a level that leads to an increase in food prices, with detrimental implications – food insecurity and hunger. We are still concerned about Palestinian mothers and children, who cannot be with us in reaching the Millennium Development Goal indicators. At the time of conception of the Millennium Development Goals, we did not take into account how climate change might affect the incidence and prevalence of tropical diseases, thus complicating our control and eradication efforts. Furthermore, we are not equipped with equitable instruments for providing assistance to countries affected by wars or natural disasters, which have set back achievement of their Millennium Development Goals. Clearly, the indicators are complex, and multifaceted factors affect our methods of achieving them. On this occasion, it is also relevant for us to touch on the reporting and communication mechanism for achievement of countries' Millennium Development Goals. Over the past several years, Indonesia has worked vigorously for these Goals, and a broad consensus has emerged among the people on how to achieve them.

We are still some way from finalizing our global health agenda. We need to have political commitment on an innovative way forward to control tuberculosis. We have performed well in the poliomyelitis eradication programme and we therefore need to create a policy forum to seek prudent policy agreement on the introduction of inactivated poliovirus vaccine. The guiding principles of the WHO global action plan for laboratory containment of wild polioviruses need to be reviewed and revised accordingly, in consultation with Member States, especially those related to the well-defined primary and secondary safeguards to enable any country to produce inactivated poliovirus vaccine to an agreed standard.

Excellencies, honourable delegates, ladies and gentlemen, our concerted efforts to find the best solution for improving the governance of pandemic influenza preparedness probably set an example. The Intergovernmental Meeting on Pandemic Influenza Preparedness: Sharing of Influenza Viruses and Access to Vaccines and Other Benefits, in November 2007, reached a consensus on the Interim Statement that the Global Influenza Surveillance Network does not deliver the desired level of fairness, transparency and equity. The Interim Statement acknowledges that there has been a breakdown of trust in international collaboration and collective action. The Intergovernmental Meeting had already reached agreement to take urgent action to develop fair, transparent and equitable international mechanisms on virus-sharing and benefit-sharing. Under the Interim Statement, we agree that viruses and samples are to be shared within the WHO system, consistent with national laws and regulations.

As I pointed out in my remarks at the opening of the Intergovernmental Meeting last year, I reiterate that since the emergence of the present global debate on virus-sharing and benefit-sharing, I have repeatedly emphasized that the Surveillance Network can never be fair or transparent, when States' sovereign rights and their respective governing laws are taken into consideration. Therefore, the replacement of the Network and the genesis of a new mechanism are inevitable. As an organization which governs the global health system, WHO must not side with any single Member State in its undertakings, but must deliver its services to all Member States, if this Health Assembly truly desires to achieve global health governance. WHO should protect poor and developing countries from exploitation by rich and strong developed countries in the area of global health governance. Yesterday, one Member State claimed that the 60-year-old tradition of the Global Influenza Surveillance Network was one of the great public health successes; they might be overlooking the hard facts that constitute our current challenges and are inconsistent with the Interim Statement.

I am not sure that this august Health Assembly will agree that having a global capacity of less than 5% to produce human influenza vaccines is something that we can define as a great public health success. It is actually a great failure since access to and transfer of technology have not been made available to developing nations. This situation contributes to the fact that the stockpile programme failed to meet the challenges of global influenza pandemic preparedness. Therefore, let me reiterate that virus-sharing and benefit-sharing are the joint responsibility of not only developing countries, but also developed countries. In this regard, I share the views of my colleague from India, regarding the terms of reference when he said that the developing nations cannot feel confident in this current system until such benefits are shared and all of us stand to participate in the success.

Finally, I would like to reiterate that Indonesia is not afraid to embrace responsible virus-sharing as long as the system benefits the developing countries and is implemented in a fair, transparent and equitable manner. Indonesia continues to make contributions to global health, as it demonstrated just this past week, when it announced its participation in the Global Initiative on Sharing Avian Influenza Data platform. I thank you for your attention. *Assalamu alaikum. Warahmatullahi Wabarakatuh.*

Professor KHALFIN (Russian Federation):
Г-н ХАЛЬФИН (РОССИЙСКАЯ ФЕДЕРАЦИЯ):

Ваши Превосходительства, уважаемые г-н Председатель, г-жа Генеральный директор, дамы и господа.

Прежде всего, уважаемый г-н Председатель, позвольте приветствовать Вас в связи с избранием на этот высокий пост и заверить, что Российская делегация будет всячески содействовать Вашей успешной работе.

От имени нашей делегации позвольте всех сердечно поздравить с 60-летием Всемирной организации здравоохранения. Мы с удовлетворением обращаемся к пройденному пути и с гордостью отмечаем вехи поступательного развития ВОЗ – достаточно упомянуть ликвидацию оспы, проводящуюся работу по ликвидации полиомиелита и малярии, борьбу с ВИЧ/СПИДом, принятие Конвенции по табаку, не так давно ратифицированной нашей страной.

Поражает историческое предвидение наших предшественников, разработчиков Устава ВОЗ. Хочу процитировать один из принципов этого документа: "Здоровье всех народов является основным фактором в достижении мира и безопасности и зависит от самого полного сотрудничества отдельных лиц и государств". Позволю себе предположить, что мы только сейчас в полной мере осознаем необходимость межсекторального коллективного сотрудничества для достижения наивысшего возможного уровня здоровья.

Оглядываясь на пройденный путь, мы считаем, что центральная тема наших сегодняшних обсуждений – оценка хода работы по достижению Целей тысячелетия – выбрана правильно и своевременно. Несмотря на то, что половина пути пройдена, предстоит сделать еще очень много.

Я с удовлетворением могу доложить о несомненном прогрессе в области охраны здоровья матери и ребенка, которая в нашей стране является приоритетным направлением социальной политики. Мы добились снижения более чем на треть показателей младенческой и материнской смертности, и эта работа проводится на постоянной основе.

В Российской Федерации благодаря предпринятым комплексным мерам по противодействию распространению ВИЧ-инфекции к 2007 г. был достигнут существенный прогресс в увеличении доступа к лечению антиретровирусными препаратами. Нуждающиеся в терапии ВИЧ-инфицированные россияне на сегодня свободно ее получают.

Мы благодарны ВОЗ за многостороннюю помощь России в деле борьбы с туберкулезом, особенно в трудный период социально-экономического кризиса 1990-х годов в нашей стране. Сегодня мы с удовлетворением отмечаем позитивные изменения эпидемической ситуации и снижение смертности от туберкулеза.

Мы отмечаем историческую веху деятельности ВОЗ – 30-летие Алма-атинской конференции. В настоящее время ценности и принципы первичной медико-санитарной помощи не только не потеряли своей значимости, но становятся еще более актуальными.

Правительство Российской Федерации третий год реализует специальную программу развития первичной помощи в рамках Национального проекта "Здоровье". На наш взгляд, воплощение социальной справедливости и солидарности как важнейшего принципа первичной медико-санитарной помощи требует скорейшего возврата ВОЗ к разработке механизма действия в этом направлении и, прежде всего, на наш взгляд, по снижению смертности от сосудистых заболеваний и дорожных травм.

Учитывая нарастающее влияние глобализации и связанные с этим периодически возникающие вспышки инфекций у юго-восточных границ России – очаги гриппа птиц, энтероинфекций и т.д.; наша противоэпидемическая служба развернута в соответствии с Международными медико-санитарными правилами (2005 г.).

Мы не можем не выразить слова глубокого соболезнования населению Китая и Республики Мьянма, пострадавших от стихийных бедствий. Эти драматические события, к сожалению, еще раз подтверждают, что постоянная готовность к катастрофам и чрезвычайным ситуациям различного генеза должна и в дальнейшем оставаться приоритетным направлением деятельности Всемирной организации здравоохранения.

В заключение хотел бы подчеркнуть, что Российская делегация положительно оценивает работу Секретариата ВОЗ и лично Генерального директора д-ра Чен и выражает уверенность в дальнейшем перспективном развитии сотрудничества между нашей страной и Всемирной организацией здравоохранения.

Уважаемые коллеги, мы не только поддерживаем предложенный темп Соединенными Штатами Америки в этом направлении, но я даже сэкономил несколько минут, поэтому мы развиваем это направление, спасибо, к чему всех и призываю.

Спасибо большое.

Mrs MUGO (Kenya):

Mr President, the Kenyan delegation congratulates you on your election to guide the Sixty-first World Health Assembly. We also take this opportunity to commend the Director-General for convening this Health Assembly. Kenya would like to express its heartfelt condolences to the people of Myanmar and the Republic of China following the devastating natural calamities that caused some wanton loss of life and destruction. We wish them strength during this trying moment and reassure them of our solidarity.

In my statement I intend to give a brief outline of the progress we have made so far in the health sector in Kenya and the challenges we face. Kenya has a population of 33 million. Sixty-five per cent of the population is below 15 years of age. Eighty per cent of the population is rural. About 50% live below the poverty line. The gross domestic product is US$ 19 per capita and the human development index about 0.491. Life expectancy at birth is 48 years. The maternal mortality rate is 414 per 100 000, the infant mortality rate is 77 per 1000 and the under-five mortality rate is 115 per 1000. A key approach in the country's health sector strategic plan is the Kenya Essential Package for Health, which defines the health care for each age cohort of the human life-cycle at defined levels of health service delivery, starting from the community level. The community has been identified as the primary focus to promote health and prevent illness.

Malaria, tuberculosis and HIV/AIDS remain the greatest cause of morbidity and mortality in the country. Our development partners have greatly supported initiatives to address these diseases. Several key strategies have been employed in the fight against malaria. A notable fact is that in the last three years over 8.4 million nets have been distributed to children aged under five and pregnant women. This has resulted in the number of children sleeping under an insecticide-treated net increasing from 10% to 70%. Admissions due to malaria have dropped by a factor of seven and, as a result, mortality in children aged under five is estimated to have dropped by 40%.

The country has made great progress in the control and management of HIV/AIDS. The prevalence has dropped from 10% in 1997 to 6% last year, and over 190 000 patients are on antiretroviral drugs. The burden of tuberculosis in the country is rising: 116 723 new cases were reported last year. This increase is largely attributed to the effects of HIV/AIDS and is reflected in the 48% coinfection of all tuberculosis patients in 2007. The case detection rate is about 50% and the treatment success rate is 85%. The risk of developing multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis is high. Therefore the country needs support.

The maternal mortality ratio is 414 per 100 000 live births and only 42% of deliveries are conducted by skilled attendants. To improve safe motherhood and newborn health, the country has adopted several strategies. These include improving the referral system through provision of ambulances, increasing the number of health facilities to improve access, and increasing the number of health-care providers.

Migration of skilled health workers to developed countries still remains a major challenge. From 1993 to now, over 5000 health workers have migrated from the country to developed and middle-income countries. Although we can replace the numbers, it is impossible to replace the lost

skills. Kenya is in a unique situation in that it has a large number of skilled staff emerging yearly from our training institutions, but we lack resources to recruit them into our workforce. This unusual circumstance has made it possible for Kenya to provide nurses to some countries within the region through bilateral arrangements. The Government of Kenya has demonstrated its commitment to supporting the health sector by increasing funding from 4% in the mid 1990s to 9% of the national budget last year. Although this is still below the expected Abuja target of 15%, it is a big step in the right direction.

At this juncture, I must say that the unprecedented post-election crisis experienced by Kenya earlier this year threatened to erode the gains outlined above. We thank the international community for the speed with which it moved in to help us resolve the crisis. We would like to single out the African Union for its efforts through the former Secretary-General of the United Nations, His Excellency Kofi Annan, who tirelessly guided our leaders into a peace accord. As I conclude, I want to assure you that Kenya is now out of the political crisis, and we are confident of sustaining the positive gains that we had earlier achieved in the health sector.

Asante sana!

El Sr. CÓRDOVA VILLALOBOS (México):

Señor Presidente, señora Directora General, distinguidos delegados, señoras y señores: En primera instancia quiero enviar una calurosa felicitación al Dr. Ramsammy por su designación como Presidente de la 61ª Asamblea Mundial de la Salud. Aprovecho la ocasión de estar en esta tribuna para expresar nuestras más sentidas condolencias al pueblo de la costa sur de Myanmar, quienes fueron afectados por el paso del ciclón Nargis el pasado 5 de mayo, asimismo deseo expresar nuestra solidaridad y condolencias de parte del pueblo mexicano al pueblo de China, los cuales el pasado 12 de mayo sufrieron las consecuencias de un gran terremoto que segó la vida de múltiples habitantes de esa nación.

Conocemos y hemos recibido el apoyo de diversos países en momentos de desastres naturales, quiero agradecer aquí a todos los países de los que recibimos ayuda solidaria durante las inundaciones ocurridas en el año 2007 en los estados de Tabasco y Chiapas en México.

En septiembre del año 2000 formalizamos el compromiso mundial para combatir la pobreza, el hambre, las enfermedades, el analfabetismo, la degradación del medio ambiente y la discriminación contra la mujer y así crear una asociación mundial para el desarrollo. Este compromiso es por todos conocido y quedó plenamente expresado en los Objetivos de Desarrollo del Milenio.

Estamos a la mitad del camino para lograr las metas que allí se establecieron y México está aquí, en esta honorable tribuna, para compartir los avances y dificultades que tenemos en el cumplimiento de esos objetivos.

En México, del año 2000 al 2007, la mortalidad materna se ha reducido en 19,97%, pasando de 72,6 defunciones maternas por cada 100 000 nacimientos a 58,1. En el caso de la mortalidad infantil, en el mismo periodo hemos también logrado una reducción del 19,7%, al pasar de 19,4 a 15,7 niños por 1000 nacidos vivos menores de cinco años.

Por otro lado, la prevalencia de VIH/SIDA es de 0,3% de 15 a 49 años de edad. En 2007 se detectaron 7592 casos nuevos, observándose una reducción de un 4,7%. En nuestro país este problema es de transición, ya que está pasando de una epidemia concentrada, principalmente en poblaciones de riesgo y en áreas urbanas, a una epidemia con mayor participación de poblaciones móviles y mujeres. Consideramos de este modo que la epidemia se está feminizando, fenómeno que también ocurre en otros países de la región.

En agosto de este año, México recibirá a los participantes de la 17 Conferencia Internacional sobre SIDA. Desarrollaremos una reunión con Ministros de Salud y de Educación para sumar esfuerzos contra la epidemia. Además, hemos convocado una reunión de las mujeres líderes mundiales para que a través de ellas se fortalezcan las acciones de prevención de la epidemia. Estoy seguro que a muchos de los que aquí participan los veré en agosto en México, tengan la seguridad que los recibiremos con los brazos abiertos.

El paludismo y la tuberculosis son dos problemas de salud, sobre todo en países en desarrollo, pero que siguen presentes en algunos países desarrollados. En México se registró una reducción del

paludismo del 68,7% en el periodo de 2000 a 2007. En lo que respecta a la tuberculosis, durante 2007 tuvimos una cifra de 7,02% menor a la que habíamos tenido en el año 2000.

Para la promoción de la salud y la prevención de enfermedades en los niños hemos instaurado el Seguro Médico para una Nueva Generación, cuyos objetivos principales son: reducir la carga de enfermedad y discapacidad en la población de los recién nacidos, que además reciben ya un paquete con 13 vacunas gratuitas, entre las que se incluyen la vacuna contra el neumococo y la vacuna contra rotavirus.

En el caso de las mujeres embarazadas, hemos iniciado un programa para garantizar la atención universal a todas aquellas que no tengan protección en salud. Este programa está dirigido a disminuir la mortalidad materna. En la lucha contra el cáncer de cervix estamos evaluando la introducción de la vacuna contra el virus del papiloma humano. Este tipo de neoplasia sigue siendo elevada, pero el costo de la vacuna ha limitado su acceso.

Una de las políticas sociales de este Gobierno es garantizar una alimentación que permita el desarrollo humano de todos, y sobre todo de quienes viven en pobreza extrema.

En materia de prevención, México cumplirá cabalmente y en pocos días su compromiso de adhesión al Convenio Marco para el Control del Tabaco, al establecerse en nuestro país una de las legislaciones más avanzadas a este respecto.

Quiero aquí hacer un reconocimiento de la labor desarrollada por la Dra. Margaret Chan al frente de nuestra Organización. Son claros la inyección de vitalidad y el diseño e instrumentación de nuevas estrategias para alcanzar los dinámicos objetivos que nos hemos planteado.

El Presidente Calderón Hinojosa de México, por mi conducto les envía un cordial saludo y reitera en este importante foro el compromiso de nuestro país para continuar trabajando para garantizar y otorgar las mejores herramientas e intervenciones de atención y control necesarias para conseguir que la población bajo nuestra tutela mejore su nivel de salud y de esta manera contribuir en el logro de una aspiración por demás sentida para poder vivir mejor. Muchísimas gracias.

Dr LANKARANI (Islamic Republic of Iran):

Bismillah ar-rahman arrahim, in the name of God, the compassionate, the merciful. Mr President, Madam Director-General, excellences, ladies and gentlemen, allow me, Mr President, to begin by congratulating you on your election as President of this eminent body. My congratulations also go to the distinguished officers of this Health Assembly whom I wish every success in their important assignments. I also take this opportunity to express appreciation to the Director-General, Her Excellency Dr Margaret Chan, for her able and effective leadership as well as her excellent and informative statement delivered today in this Health Assembly. I would also like to join other speakers in offering my Government's and my own condolences to the peoples and Governments of the People's Republic of China and Myanmar for the shocking natural disasters that hit those two countries. These two disasters have once more demonstrated how vulnerable we are in the face of all kinds of disasters and we need to prepare to cope with them more effectively.

The sixtieth anniversary of the establishment of WHO and the thirtieth anniversary of the Alma-Ata Declaration provide us with an opportunity to look back on what we have achieved and to look forward to find out what more we need to do and in which direction we need to head. Although we have together achieved much in the past, we have still much more to do in the future.

The scope of health has been expanded in the past 60 years. Health now pervades most issues. It is always one of the points at stake everywhere, and in every choice we need to make in almost every field the health dimension has to be taken into consideration. Current shortcomings indicate that the present approach to addressing global health problems has reached its limits. Despite global efforts, we still see inequity in health within and among countries. As will be discussed later, many regions and countries are still far away from achieving the Millennium Development Goals. The standard of universality and solidarity in health care, much needed and much sought after, is yet to be attained. War, disasters and climate change, among other things, are threatening global health. More than one million unnecessary deaths have occurred in the Middle East in the past five years alone due to war, systematic killings backed by a few global powers, and even the use of depleted uranium, which is a kind of weapon of mass destruction. These are not rare events. Depleted uranium used in our region in

the past several years is producing harmful effects on the health of not only invaded populations but also of people living in neighbouring countries. In this respect, it is ironic that in some cases even the invaders could not escape the results of their actions.

We need to be mindful of pandemic influenza and other emerging and re-emerging infectious diseases, and make every effort to ensure that these threats receive a practical, holistic response. These real challenges need real and timely responses and should not turn into yet another opportunity for big companies to seek more profits. Access by the poor to medicines, vaccines and diagnostics, as well as innovation in neglected diseases should prevail over commercial considerations. We also need to put more emphasis on an integrated approach to primary health care by bringing together preventive, curative and rehabilitative measures and promoting community participation and capacity building. Similarly, there is no doubt that individual efforts for health promotion and attainment of health by all peoples are required. But this does not justify the wrongdoings of those companies that produce and distribute hazardous products, such as cigarettes, and those causing obesity. Nor should it serve as an excuse by governments that have responsibility for doing whatever is in their power to raise people's awareness and use all means at their disposal to protect people from harmful products.

It is an appropriate time at the midpoint in the countdown to 2015, the target date set by the United Nations Millennium Declaration, to take stock of what we have done so far. As far as my country is concerned, I am pleased to report that we have already achieved the goals set in the Declaration. In this respect, allow me, Mr President, to limit myself to a few examples. A case in point is the remarkable progress made in reducing the under-five mortality rate, which has been almost halved from 68 deaths per 1000 live births in 1990 to 36 deaths. The proportion of one-year-old children immunized against measles has increased from 86% in 1990 to 99%.

More broadly, in the past three decades, maternal health care in Iran has improved significantly. The number of maternal deaths decreased from more than 5000 30 years ago to 300 in 2007. This is mainly due to increased female literacy, more access to prenatal, delivery and postnatal care and an improved socioeconomic environment for women. According to our experience, a holistic approach based on social determinants of health is the only way to promote and sustain the health and well-being of people in the long term. In the light of the foregoing, it is now an opportune time to think of reorganizing and reforming the provision of health at the global, regional and national levels. We need to consider and incorporate health in all policies in all fields and ensure that the health of other nations is not left at the mercy of those who seek to advance their own narrow-minded interests.

I cannot conclude my statement without drawing the attention of the Health Assembly to the ongoing tragic situation in the Gaza Strip in Palestine. In the past several months, this region has yet again witnessed atrocious crimes against humanity perpetrated by the occupying forces, resulting in the death and injury of hundreds of Palestinians and a serious health crisis. The international community should take all necessary measures to stop inhumane actions by the Zionist regime, and to help alleviate the sufferings of the Palestinian people. Thank you, Mr President.

Dr CAO MINH QUANG (Viet Nam):

Mr President, Madam, Director-General, distinguished delegates, ladies and gentlemen, as of today, we have reached the critical midpoint on the road towards achieving the 2015 Millennium Development Goals. There is no better time for me to speak to the international community and all of you about the importance of remaining steadfastly committed to the Goals, which, I believe, are a blueprint for helping the world's most disadvantaged. Since the United Nations Millennium Declaration, Viet Nam has never wavered in its devotion to the achievement of the Goals. It has successfully controlled malaria and made substantial progress in its efforts to control the epidemics of tuberculosis and HIV/AIDS. Viet Nam has gained remarkable results in reducing under-five mortality, partly thanks to increased access to water and sanitation, nationwide nutritional education programmes, integrated management of childhood illnesses and universal immunization. Declining maternal mortality, together with the high proportion of deliveries performed by skilled attendants, open a prospect for reaching the target set forth for maternal mortality.

The achievements of Viet Nam's health sector are due to its resolute dedication to an equitable, universal and quality primary health system. Viet Nam believes these guiding principles cannot be

compromised if developing countries are to achieve the health-related Millennium Development Goals. Viet Nam will be pleased to share its successes and experiences with others. I believe Viet Nam's experience is particularly relevant to other Member States in the region and to those where a significant proportion of the population has low and middle incomes. Viet Nam is in the midst of generation long evolution. This includes social, economic, demographic and epidemiological transition. Like other countries under rapid expansion and development, Viet Nam has had to shoulder the burden not only of "traditional" communicable diseases, but also of noncommunicable diseases and most recently, the threat of emerging infectious diseases. These diseases – such as severe acute respiratory syndrome, avian influenza, dengue fever, dengue haemorrhagic fever and cholera – require rapid, comprehensive and coordinated prevention and control measures across the Asian-Pacific region and the globe. Therefore, the establishment of a health security belt for the Asian-Pacific region would be necessary to meet the urgent need for collective efforts and actions in risk assessment, the timely sharing of samples and the development of preventative measures. Of course, clear internationally agreed policies that provide fair and equitable sharing of benefits need to be established. I highly appreciate your input in how we can best move forward with this initiative.

Also of great concern to Viet Nam is the issue of climate change. The World Bank has found that Viet Nam would be the globe's worst-affected country if sea levels rose one metre. The report estimated that 10.8% of Viet Nam's population would be displaced with a one-metre rise. If this were to happen the effects would be catastrophic. In the Mekong Delta alone most of the agricultural land would become unsuitable for crop cultivation. Food security and access to clean and plentiful water are at risk. It is clear that climate change and the Millennium Development Goals are not separate concerns, but intrinsically entwined. Viet Nam has experienced a noticeable increase in both the severity and frequency of storms, typhoons and landslides. We would like to take this chance in this forum to express our deep sympathy to the Government and people of China and Myanmar for their loss and suffering due to the recent terrible disasters. These extreme and unpredictable weather patterns are threatening to undermine the advances countries have made in meeting the Millennium Development Goals. In Viet Nam, these natural disasters create health emergencies in large parts of the country and those affected are particularly vulnerable to health risks, even at the post-disaster and recovery stages.

This Health Assembly is the best forum not only to share achievements and challenges, but also to flag obstacles to those developing countries striving to achieve the Millennium Development Goals. It is apparent that many developing countries, including Viet Nam, lack sufficient resources to incorporate Millennium Development Goal indicators in their routine national reporting systems. Therefore, progress towards some of the health-related Millennium Development Goals can be difficult to monitor. Viet Nam urges WHO to mobilize adequate resources to help countries to strengthen national health information systems. This is critical to ensuring the timely and accurate monitoring and reporting of the health-related Millennium Development Goal indicators. Finally, Viet Nam is confident that, with long-lasting support from WHO and the international community, it is not only on track to reach the Millennium Development Goals by 2015, but also in some instances, to surpass these targets. Thank you for your attention.

Dr RAMADOSS (India):

Mr President, excellencies and distinguished delegates, I am indeed privileged to be addressing this august forum of the Health Assembly once again. I take this opportunity to share India's progress vis-à-vis the world public health agenda with the global community and to seek greater inspiration for newer initiatives and innovations. Mr President, on behalf of the Government of India and on my own behalf, I extend my heartiest congratulations to you on your election as President of the World Health Assembly for the year 2008. I wish you every success and assure you of our constructive cooperation in steering the deliberations of this Health Assembly towards fruitful and meaningful outcomes.

At the very outset, let me express the empathy and solidarity of the Government and people of India with the Governments and peoples of Myanmar and China for the tragic loss of life and widespread damage to property, wreaked by the recent natural calamities there. We all need to exert ourselves to the utmost in extending support to them during this hour of crisis.

I would like to take this opportunity to compliment the Director-General for her sincere and untiring efforts to place the public health agenda high on the priorities of the global community. I would also like to thank WHO, through the Director-General, for conferring upon me the "WHO Director-Generals' Special Award" for outstanding contribution to tobacco control and thereby recognizing the efforts made by my team in tobacco control. This has further strengthened our resolve to rein in this menace to public health and I share with you some of our recent initiatives. India has enacted a strong anti-tobacco law titled "Tobacco Products Act, 2003". Rules have been enacted banning smoking in public places, direct and indirect advertisements and sale of tobacco products to minors. Stiff penalties have been instituted. We are now in the process of launching a National Programme on Tobacco Control. This Programme would facilitate the implementation of the national laws and is expected to fast-track our tobacco control initiatives.

At this point, permit me to draw your attention to another public health menace: the harmful use of alcohol. The Fifty-eighth World Health Assembly resolved that harmful drinking is among the foremost underlying causes of disease, domestic violence against women and children, disability, social problems and premature deaths. In India there are 62.5 million alcohol users and their number is increasing rapidly. The age of initiation to alcohol has gone down from 19 years in 1986 to about 13.5 years in 2006. Observations have documented that more than 50% of all drinkers in India satisfy the criterion for hazardous drinking. I am sure that the global situation could not be too dissimilar. Hence the need for concerted action. To unequivocally publicize the health risks associated with the harmful use of alcohol and give active support to prevent all associated problems, India would like to propose observing a "World No Alcohol Day". We also urge that this day be observed on 2 October every year, it being the anniversary of the birth of Mahatma Gandhi, one of the strongest proponents of alcohol abstinence and an apostle of non-violence. In making this suggestion, I voice the sentiments of one sixth of humanity living in the world's largest democracy: India. In addition, we would also like to urge the institution of a Framework Convention on Alcohol Control similar to the historic Framework Convention on Tobacco Control.

Together with tobacco and alcohol, physical inactivity and unhealthy diets, usually composed of junk food, are the common risk factors associated with noncommunicable diseases, especially the four major ones, namely: cancer, cardiovascular disease, diabetes and chronic respiratory disease. Due to the fact that such diseases are expensive to treat and manage, India is aiming to bring about lifestyle changes, including through its traditional medicine systems of Ayurveda and Yoga, and would be happy to share its expertise in these age-old and renowned systems with the world. We also need to be taking more aggressive positions against junk food and WHO has to take the lead here.

The need for global action for maintaining preparedness against infectious diseases is also intensifying day by day. The spread of avian influenza is a stark reminder that our commitment to ever-greater preparedness for avian and pandemic influenza cannot be allowed to slacken. India has contributed to the global efforts in this regard by offering a unique tool for assessing national and international preparedness in the form of road maps developed at the New Delhi International Ministerial Conference on Avian and Pandemic Influenza, in December 2007. India has also maintained total transparency about outbreaks in poultry that have occurred so far. But we need to get ahead of the virus and very quickly. With possibilities of food shortages looming large around the globe, conventional containment measures might not remain sustainable.

As the world is aware, the Government of India is fully committed to eradication of poliomyelitis. In fact, this is the single largest programme in our health sector involving tremendous human and financial resources. Permit me to share with you the dimensions of our efforts. Some 2.75 million vaccinators go from door to door personally, and approximately 172 million children are covered, under one nationwide round in the months of January and February. However, in endemic states, the poliomyelitis immunization round is held nearly every month including house-to-house immunization. The recommendations of the India Expert Advisory Group are faithfully followed with regard to the immunization strategy, which includes the choice of vaccine, the number of rounds and geographical areas covered. Our efforts are nearing fruition. Thirty-three states and union territories out of 35 in the country have been free from indigenous circulation of wild poliovirus for more than three years. There have been only three cases due to poliovirus type 1 so far this year and there has been no case due to that virus in the province of Uttar Pradesh since November 2006.

The review of the progress of the Millennium Development Goals is a very timely reminder to all stakeholders to accelerate the pace of work so as to achieve the Goals by the target year of 2015. India has made considerable progress towards achieving the Millennium Development Goals, particularly with regard to tuberculosis and malaria. To further accelerate achievement of the Goals and combat communicable diseases, as well as chronic ones, the State-supported public health delivery system in India is being comprehensively rejuvenated under the National Rural Health Mission. It is the biggest and the most ambitious programme in the health sector since India became independent in 1947. The National Rural Health Mission seeks to provide accessible, affordable and accountable quality health services even to the poorest households in the remotest regions. The thrust of the National Rural Health Mission is to establish a fully functional, community-owned, decentralized health delivery system. It also seeks to converge with the programmes of other sectors – such as those dealing with drinking-water, education, sanitation, the environment and local self-governance – to ensure a holistic approach towards health care. This effort is being further supplemented by an integrated disease surveillance programme, a decentralized state-based surveillance programme to detect and respond to outbreaks of epidemic-prone diseases.

Several new initiatives are being developed during the Eleventh Five-Year Plan, between the years 2007 and 2012. I cite as instances the Health Care Programme for the Elderly, the National Urban Health Mission, the National Programme on Cardiovascular Diseases, Diabetes and Strokes, the National Organ Transplant Programme, particularly to promote cadaveric donations, and a national medical emergencies and trauma care programme. We are also strengthening our regulatory processes and mechanisms in the food and drug areas by setting up a national food as well as a national drugs authority. We are also enacting laws for the regulation of clinical establishments. We recognize that research in public health must continuously feed into our health policies and programmes so that our health systems deliver effectively and efficiently. We have, therefore, established a fully-fledged Department of Health Research. These are not just statements of intent. For us, public health is a serious business. Our Eleventh Five-Year Plan allocation of US$ 350 340 million for the Departments of Health and Family Welfare and Health Research represents a whopping increase of 227% over the Tenth Plan outlay. With other related determinants of health, like nutrition, drinking-water supply and sanitation, public spending on health has reached approximately 1.39% of gross domestic product this year.

We are acutely aware that there will never be room for complacency in the areas of public health. Whenever we appear to have controlled a particular disease or problem some other problem surfaces. I am, therefore, happy that we are discussing the effects of climate change on public health in this meeting. India is a party to the United Nations Framework Convention on Climate Change. We also set up in June 2007, the Prime Minister's Council on Climate Change to coordinate national plans on climate change issues. Of equal concern is the paucity of new drugs for diseases afflicting poorer countries. The intellectual property rights regime is, therefore, both an opportunity as well as a challenge for Member States. We have to ensure that the intellectual property rights regime leads to innovations in neglected tropical diseases and does not remain confined only to the "commercially viable" products. Similarly, access to and pricing of essential drugs are also matters of concern. WHO will need to develop the capacities of many countries in legislating and implementing the intellectual property rights regime in a manner that would minimize public health risks and maximize public health gains.

We have learnt that the challenges of public health are daunting but not insurmountable. We recognize that there is still a long way to go. The fact that we are all willing to walk this distance together as "One World" could transform this challenge into an opportunity. Thank you for your attention.

Mr KONSTANTOPOULOS (Greece):

Mr President, Madam Director-General, excellencies, ministers, distinguished representatives of participating States and Organizations, ladies and gentlemen, first and foremost allow me to congratulate you, Mr President as well as the Vice-Presidents of the Health Assembly, upon your election.

Let me also offer my congratulations to the Director-General and the WHO Secretariat on the sixtieth anniversary of the Organization. It is our firm conviction that the Organization, under the efficient leadership of Dr Chan and the wise guidance of its Member States will continue to improve the status of health worldwide, focusing particularly on those developing countries where health-related problems and needs are more pressing.

Greece fully supports the statement made by Slovenia, which holds the European Union Presidency, on behalf of the European Union and its 27 Member States. Since we find ourselves midway to 2015, the year set for reaching the Millennium Development Goals, we must consider our accomplishments, readdress the challenges and increase our efforts to realize the goals we have set. The Millennium Development Goals constitute a fundamental commitment by the international community to the common aim of a better future for all, for which improved health conditions are essential. Their achievement will create a new era for the international community, an era where synergies between different sectors will guarantee the success of our collective endeavours. The Millennium Development Goals call for capable health systems, an efficient, effective and adequate health-care workforce, and the availability of and access to health-care services and related products. Consequently, specifically targeted national health-care plans and an unabated focus on primary health care are prerequisites for success. In that respect, Greece aims to establish a rigorous system of primary health care, one that contributes to the decongestion of public hospitals, as well as to the application of a comprehensive health prevention policy system. The ongoing national campaign to promote an integrated approach to healthy lifestyle choices entitled “Life has Colour” seems to be having an important impact on the adult population and on children and this title has already become a slogan in schools. Several national health plans, such as health plans for cancer, depression, and prevention of cardiovascular diseases, are under public discussion and will be presented to Parliament this summer. Furthermore, a law for the abolition of smoking in all public spaces by 2010 is soon to be implemented. Regarding contagious diseases, the Ministry of Health has worked intensively on national plans for avian influenza and pandemic influenza preparedness and response. All contagious diseases are monitored daily and all national case-based data are provided regularly to the European Centre for Disease Control and Prevention and to the Hellenic scientific committees with the aim of further reducing incidence rates in Greece.

I cannot emphasize enough the need for further work so as to secure current and future achievements from threats from outside the health sector. In this spirit, Greece, which has presided over the Human Security Network since June 2007, has included in its priorities the protection of vulnerable groups all over the world, for example, people affected by HIV, women and children, from the adverse effects of climate change. There is indeed an urgent need to analyse the health implications of climate change, raise awareness and develop effective strategies to deal with its ramifications. The international community is facing natural disasters on an ever-increasing scale. The recent cyclone in Myanmar has had dire humanitarian consequences for hundreds of thousands of people. We deem it imperative for the international community to assist those in need. Greece rose to the challenge by participating from the beginning in the global efforts to provide help to those people that required it the most. At this point let me also express my deepest condolences for the tragic loss of thousands of lives in China and offer our unconditional support to the country, the population and the victims.

Mr President, ladies and gentlemen, this year we celebrate another major event, the thirtieth anniversary of Alma-Ata, an historic Declaration, which is directly linked with the Millennium Development Goals. Both Declarations call for an holistic approach to health, to be implemented through coordinated efforts and multisectoral integrated interventions. In the remaining time until 2015, it is, in my opinion, imperative for the international community to intensify its efforts in the promotion of better health for all. Thank you for your attention.

Mme BACHELOT-NARQUIN (France):

Monsieur le Président, Mesdames et Messieurs les Ministres, Mesdames et Messieurs les délégués, au moment où nos pensées vont aux populations chinoise et birmane plongées dans l’affliction, le soixantième anniversaire de l’Organisation mondiale de la Santé est pour nous

l'occasion de nous tourner résolument vers l'avenir. La dimension globale des questions de santé impose, en effet, de plus en plus aux Etats de conjuguer leurs efforts pour converger vers un même but. L'OMS a donc vocation à jouer, dans cette perspective, un rôle de plus en plus éminent – c'est ce qu'elle fait depuis 60 ans – et je veux rendre hommage à son Directeur général, Madame Chan, à son bilan, à son histoire.

Dans le secteur de la santé, l'interdépendance est désormais un fait acquis. L'exigence de solidarité interétatique dont l'OMS depuis son origine rappelle le principe est pour tous une nécessité. Par la force des choses, l'impératif de solidarité détermine le sens de notre histoire commune. Une épidémie mal gérée par un Etat est une catastrophe pour tous. De même, la migration des professionnels de la santé doit être appréhendée comme une question globale. La mondialisation des défis sanitaires justifie donc pleinement l'existence de notre Assemblée.

La santé est au coeur des objectifs du Millénaire pour le développement. Pour les atteindre, il nous faudra relever quatre grands défis. Le premier de ces défis consiste à mettre en oeuvre des politiques globales permettant de promouvoir un environnement favorable à la santé. Un environnement plus sain permettrait d'éviter chaque année 13 millions de décès parmi lesquels on déplore la perte de 4 millions d'enfants. Comment l'accepter ? Nous savons tous que le réchauffement climatique favorise la prolifération des insectes, vecteurs de maladies telles que le paludisme, la dengue, le chikungunya et d'autres maladies tropicales négligées. Désormais, ces maladies risquent de s'étendre à des pays et des continents jusque-là indemnes. La lutte antivectorielle et la potabilité de l'eau permettraient d'éviter chaque année 40 % des décès dus au paludisme et 94 % des décès causés par des maladies diarrhéiques. Ces chiffres éloquents et dramatiques illustrent bien l'existence d'un lien direct entre santé et environnement. Je me réjouis que le thème de la Journée mondiale de la santé soit consacré en 2008 à la protection de la santé face au changement climatique, ce phénomène représentant une menace sanitaire réelle.

Le deuxième défi est justement celui de la sécurité sanitaire. Dans cette perspective, l'adoption du Règlement sanitaire international, en mai 2005, représente une étape décisive dans les progrès de la coopération sanitaire internationale. Je me réjouis que le Règlement lie aujourd'hui 194 Etats Membres de l'OMS ; la désignation de 188 points focaux nationaux est essentielle à sa bonne mise en oeuvre. Au sein de ce réseau, j'ai une pensée toute particulière pour le bureau de l'OMS à Lyon, qui a pour mission d'aider à la mise à niveau et au renforcement des systèmes nationaux de surveillance, d'alerte, de diagnostic et de riposte aux épidémies. Soucieuse d'accroître la prise de conscience collective et de renforcer les coordinations opérationnelles, la France a retenu le thème de la sécurité sanitaire comme un de ses axes prioritaires en matière de santé pour sa future présidence du conseil de l'Union européenne dans le dernier semestre de 2008.

Le troisième défi à relever est celui du renforcement des systèmes de santé des Etats. Cette ambition, au coeur des préoccupations de l'OMS, comporte deux volets : la résolution de la crise des ressources humaines pour la santé et la couverture du risque maladie. La France, convaincue que la généralisation des mécanismes de couverture maladie est non seulement possible mais aussi souhaitable à l'échelle planétaire, a tenu le 7 mai dernier une deuxième conférence sur le thème de la couverture maladie universelle. Elle fera de cette question une priorité de sa présidence de l'Union européenne dans le domaine de la coopération au développement. L'idée selon laquelle la couverture du risque maladie constitue un facteur de la croissance endogène au titre du capital humain fait son chemin. L'amélioration de la situation suppose nécessairement ici des progrès sur le front de l'assurance-maladie « obligatoire ». Aussi, il nous revient désormais de promouvoir un nouveau cercle vertueux : celui de « la couverture maladie obligatoire qui consolide les systèmes de santé ». En effet, à leur tour, les systèmes de santé pourront attirer et conserver leurs personnels soignants, tout en améliorant l'état de santé général, et donc la capacité productive et la prospérité des nations.

Le quatrième défi est celui de l'accès aux médicaments. Dans ce domaine nous devrons faire preuve de créativité pour financer les besoins. L'accès aux médicaments est un des domaines dans lesquels la seule aide publique ne suffit pas. C'est pourquoi, la France a choisi, en plus de son importante contribution au Fonds mondial et à l'Alliance GAVI au travers d'UNITAID, avec d'autres partenaires, de développer les financements innovants. Sur cette question extrêmement sensible, qui mobilise depuis quelques années les groupes de travail de l'OMS, je voudrais vous faire partager un espoir, l'espoir que pourra être rétablie dans les mois et les années qui viennent l'alliance sacrée qui a

existé entre trois acteurs essentiels et complémentaires : les Etats, les associations de patients et l'industrie pharmaceutique, voilà ce qui doit être notre objectif. Oui ce sont des objectifs ambitieux qui déterminent, pour l'avenir, la perspective de notre action commune. La France, pour sa part, au sein de l'OMS, jouera pleinement son rôle.

Ms REHMAN (Pakistan):

Mr President, Ministers, Madam Director-General, Regional Directors, distinguished delegates, excellencies, ladies and gentlemen, first of all, allow me to congratulate you Mr President, on behalf of the Pakistan delegation on your election to the coveted assignment of President of this Health Assembly. I would also like to congratulate the Vice-Presidents of this Health Assembly and the Chairpersons of the Committees on their election. We have a challenging agenda in front of us and I am confident that, under your leadership and able guidance, the Health Assembly will achieve its stated objectives.

The theme of "Health-related Millennium Development Goals" has rightly been chosen for this Health Assembly. Notwithstanding the criticism, in terms of their inattention to noncommunicable diseases and injuries, the Millennium Development Goals do represent an unprecedented global agreement to address unacceptable inequities. However, achieving the goals by 2015 is a major challenge and we need to recognize that. We are all aware that global health faces immense issues. These warrant global attention. We all know that every year, millions of people, most of them women and children, die needlessly of diseases that are treatable and preventable by simple and well-tested health interventions. The health sector can play a direct and significant role in achieving these goals, namely, reducing child mortality, improving maternal health and combating HIV/AIDS, malaria and tuberculosis, in addition to playing a catalytic role in other areas.

In Pakistan, the new democratic Government is taking several steps to strategically reform the health sector. A new national health policy is under consideration. This will provide an overall vision for public health development, based on the "heath for all" approach. We will pay critical attention to the issues of accessibility, affordability and acceptability of health services by the general population. The focus is being shifted: to expand curative care to embrace prevention; from high tech-cost-intensive health care to primary health care; and from investments in urban to rural areas. Pakistan's National Programme for Family Planning and Primary Health Care is delivering basic health services to the doorstep of the underprivileged and vulnerable segments of society through more than 95 000 lady health workers. They have proved themselves to be agents for community change and are now recognized as constituting our flagship programme on public health delivery. The health indicators in the areas served by lady health workers show a significant improvement; there has been a documented downswing in infant and maternal mortality rates. An increase in coverage of immunization and antenatal care, as well as use of contraceptives, has also been documented. Lady health workers are also the front-line workers for eradication of poliomyelitis, and they play a critical role in delivering immunization and nutrition services, as well as in controlling malaria and tuberculosis. In view of the success of this programme, our Government is increasing the number of lady health workers to 200 000 in the next five years. A new comprehensive nationwide Maternal, Neonatal and Child Health Programme, is being launched at a cost of US$ 335 million to achieve the Millennium Development Goals, especially Goals 4 and 5.

We are trying our best to interrupt the poliovirus in the country. This year, unfortunately, eight cases due to poliomyelitis have been reported so far. Out of the four provinces and three federally administered territories of Pakistan, only one province continues to have a pocket of wild poliovirus transmission; more than 100 districts of the country remain poliomyelitis free. This gives us hope that we will be able to interrupt the virus by the end of this year. We thank our partners and donors for their continuing support and assistance in this connection.

In relation to tuberculosis, malaria and HIV/AIDS, we are glad that our investments are bearing fruit with impressive results at the intermediate outcome level. We do recognize that there are challenges, but we are committed to addressing them. The tuberculosis control programme is being strengthened by implementing a programme of directly observed treatment short course all over the

country, and based on the Roll Back Malaria strategy, a national programme is now focused on high-risk districts.

We remain committed to challenges as they emerge. Recently, cases of avian influenza in the north west of Pakistan were dealt with promptly and information was shared with WHO. This clearly demonstrates our commitment to deal effectively with issues of global health importance. Over the last few years, Pakistan has moved from having low HIV/AIDS prevalence to having a concentrated epidemic with HIV prevalence of more than 5% in injecting drug users in eight major cities. As of 31 December 2007, total cases of HIV and AIDS, stand at 4047 and 455, respectively. However, WHO and UNAIDS estimate that there might be as many as 70 000 HIV positive cases in Pakistan. This is a sobering statistic. To address this challenge, an enhanced HIV/AIDS prevention and control programme is being implemented all over the country.

In view of the high prevalence of viral hepatitis, we have launched a national programme for prevention and control of hepatitis with a sizeable budget. We are also planning to include noncommunicable disease prevention, control and health promotion as a major programme area as part of the forthcoming health policy. Thus, Pakistan will soon have an indigenously driven "MDG Plus" agenda.

There is no doubt that well-functioning accountable health systems are the key to achieving the Millennium Development Goals, and are central to improving the health of the people. Our Government is, therefore, according top priority to strengthening key elements of health systems at all levels to provide essential health-care interventions effectively, efficiently and equitably. A National Health Service will soon be announced by the new Government; a health policy task force has been constituted and we will be coming up with a comprehensive health systems framework very soon.

At this point, our thoughts and prayers are with the people of Myanmar and China who have been affected by devastating natural disasters. We are all saddened by the tragic loss of precious lives and property. Like the worst national disaster in the history of Pakistan – the earthquake of 8 October 2005 – which will remain indelibly printed in all our surviving memories, these disasters are yet another reminder of the need to invest in emergency preparedness and response. Pakistan has sent two aeroplane loads of relief goods to China with consignments of tents, blankets and bottled water. A field hospital has also been offered to assist in relief efforts. Tomorrow, four aeroplanes carrying more tents will be dispatched to China. In addition, we have offered 100 000 tents if the Chinese Government is in need of them. To Myanmar we have sent two aircraft carrying relief goods, including tents, mosquito nets, medicines and tinned food. This is the least we could have done for the devastated and traumatized people of China and Myanmar.

The developing world is beset with many emerging social challenges. The present forecasts tell us very clearly that some of the Millennium Development Goal targets may not be met. It is imperative, therefore, that we take stock of the shortcomings and scale up our efforts to make an effective contribution towards achieving these goals. We must not let this opportunity slip; otherwise, the Millennium Development Goals will become just another dream, just another goal post that went by as many others have done.

In conclusion, my delegation would like to convey our sincerest appreciation to all development partners, including WHO, for their valuable assistance to Pakistan in its endeavour to improve the health of its people, including achievement of the Millennium Development Goals.

I thank you Mr President, and all distinguished delegates for your patience and your time.

Dr Ponmek Dalaloy (Lao People's Democratic Republic),
Vice-President, took the presidential chair.
Le Dr Ponmek Dalaloy (République démocratique populaire lao),
Vice-Président, assume la présidence.

The PRESIDENT:

I now give the floor to the representative of Swaziland who will speak on behalf of the 14 Member States of the Southern African Development Community.

Mr MABUZA (Swaziland):

I thank you Mr President, honourable ministers and heads of delegations, ladies and gentlemen. First, let me extend our sincere congratulations to you, Mr President, and the distinguished members of the bureau on your election to preside over and steer the proceedings of this year's Health Assembly.

I speak to you on behalf of the 14 Member States of the Southern African Development Community, namely Angola, Botswana, Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, United Republic of Tanzania, Zambia, and Zimbabwe. I am indeed very pleased and grateful on behalf of my country, Swaziland, and on my own behalf to have been accorded the honour by my Southern African Development Community colleagues to deliver our joint statement to the plenary of the Sixty-first World Health Assembly. The Southern African Development Community region represents 4% of the global population, but accounts for 36% of all those living with HIV and AIDS, making it the region most affected by this epidemic. It also faces a high burden of malaria and tuberculosis including multidrug-resistant and extensively drug-resistant tuberculosis. In addition to the three major communicable diseases I have just mentioned, the region continues to experience an increased burden of noncommunicable diseases. We need to strengthen our efforts in addressing this challenge and we hope that the deliberations on prevention and control of noncommunicable diseases will provide guidance for our efforts. Within the Southern African Development Community region, individuals and households, particularly along the borders, continue to face considerable challenges with regard to access to health-care services, especially the women, children and those infected and affected by HIV and AIDS and tuberculosis. However, despite all these challenges, health systems remain weak for most Member States, with greatly reduced numbers of health workers battling against a sustained brain drain.

In April last year, at the Third Session of the African Union Conference of Ministers of Health, held in South Africa, in which all Member States of the Southern African Development Community actively participated, the theme "Strengthening of Health Systems for Equity and Development" was deliberated upon and this resulted in the development of the Africa Health Strategy 2007–2015. Ministers resolved during the Conference that universal access to prevention, treatment and care services related to all three of the mentioned priority diseases must be achieved sooner rather than later. We had also agreed together with our sister countries from the African continent, during the Fifty-sixth Session of the WHO Regional Committee for Africa that, among others, the strengthening of health systems and the development of human resources for health in the African Region remain key factors for the Region to meet the Millennium Development Goals. We therefore welcome the inclusion, in the agenda of this Health Assembly, of the draft monitoring and evaluation tool to assess the achievements of the health-related Millennium Development Goals. In this regard, we look forward with great expectation to the United Nations General Assembly Special Session on HIV/AIDS review meeting that will take place in June 2008. In the Southern African Development Community region, significant progress has been made by Member States in implementing prevention interventions and in scaling up treatment, care and support services and impact mitigation, particularly for women, orphans and vulnerable children.

At the Southern African Development Community, we are privileged to be receiving renewed attention for the elimination of malaria as resources are mobilized at global level for fighting the disease. We are honoured to have hosted the first World Malaria Day as the region moves to scale up malaria control efforts for impact and progress to elimination. We therefore call upon the authorities to assist Member States in the process of certification for malaria-free status. A Southern African Development Community strategic framework for the control of tuberculosis has been developed with technical support from the Stop TB strategy. More resources are required for strengthening laboratory capacity, especially in the face of multidrug-resistant and extensively drug-resistant tuberculosis. The Development Community region is aware of the increasing incidence of noncommunicable diseases, neglected tropical diseases and emerging diseases, as well as the increasing burden of maternal and child mortality. While measures are being taken by individual Member States to deal with these challenges, we believe that WHO's strong leadership will spearhead the right initiatives to combat

these problems as we move forward with even more vigour to achieve the aim of universal access and achieve the Millennium Development Goals.

We Southern African Development Community Ministers of Health are also looking forward to an active debate during this Health Assembly on various agenda items related to a global immunization strategy. The mounting burden of lifestyle-related diseases, such as cancers, cardiovascular afflictions and others, are indeed of great concern to us. They, in addition to the high prevalence of communicable diseases in our countries, constitute a double burden, which we in the Development Community, despite some of our economies being classified as middle-income, simply cannot afford. A number of resolutions will be presented and debated in this Health Assembly in the next few days. As Southern African Development Community Ministers of Health we urge the Health Assembly to come to a speedy agreement on those resolutions so that we may focus our attention on the many other very important matters facing global health. This Health Assembly, some six years ago, focused the world's attention on the need to actively develop and strengthen our national health systems. In the Development Community, we all grapple with health system challenges, especially access to drugs and medical commodities, inadequate human resources for health, and infrastructure. We are continuously bringing in adaptations that can enhance service quality, improve system responsiveness to the evolving health needs of our people, and scale up overall performance to such an extent that greater health outcomes can be achieved. We are pleased therefore, that the endeavours during our Health Assemblies of past years have borne fruit, bringing into focus the most important ingredient of national health systems, namely, our human resources. Capacity-building at regional level will continue to be at the centre of all decisions as we move towards achievement of the Millennium Development Goals. However, there remains much work to be done at global level as well, since the lack of clear strategies in the global space continues to impact negatively on our actions within countries and subregions. It is therefore our plea that this Health Assembly should make bold progress on the topic of international migration of health personnel.

Finally, the Member States of the Southern African Development Community look forward to a fruitful final debate on the Eleventh WHO General Programme of Work 2006–2015. It so happens that 2015 also marks the target date for the Millennium Development Goals. Since the turn of the millennium, it has become increasingly clear that we live in a very different world now than even 10 years ago. There is a need for the United Nations system to become even more responsive to the new global dynamics. Similarly, WHO as the lead agency for global health, must be ready to play an increasingly proactive and effective role in the global health arena. We trust that the General Programme of Work, to be approved by this Health Assembly, will provide an adequate framework for WHO to accomplish its important tasks over the next year in a very timely and successful manner. I thank you for listening.

Dr KIM Soung-yee (Republic of Korea):

Mr President, Madam Director-General, distinguished delegates, and ladies and gentlemen, it is indeed a great pleasure and privilege for me to speak here today on behalf of the Government of the Republic of Korea.

I believe it is highly fitting that WHO has adopted as the World Health Day 2008 theme "Protecting health from climate change". Climate change is not simply an environmental issue. Indeed, as it affects the ecosystem surrounding us, it is an issue which has a direct bearing on the health and even the very survival of humankind. In the face of this serious challenge, there is a call for WHO to engage in active discussions on these issues. WHO's headquarters and regional offices must also display leadership in encouraging Member States to establish a sustainable response system to climate change.

We have reached the midpoint on the path towards the 2015 target for achieving the Millennium Development Goals. The systematic building of health-care systems in developing countries is one of the key tasks in realizing the health-related Goals. To this end, there is a need to objectively take stock of what we have achieved and allocate the limited resources most effectively.

Even during the process of rapid economic growth, Korea never neglected efforts to promote health and combat disease. We are now eager to share with developing countries the experience we

have gained in building a primary health-care system. We look forward to strengthening our efforts to pass on the valuable lessons we have learnt. We will seek to continue to expand the scale of official development assistance to realize shared goals such as the Millennium Development Goals.

Moreover, as part of the efforts to prevent an outbreak of avian or pandemic influenza in East Asia, Korea agreed with China and Japan last year to hold ministerial meetings on a regular basis. The three countries are working together to establish a preparedness and response mechanism against communicable diseases. Also in collaboration with China and Japan, the Government of the Republic of Korea is planning to provide training programmes on avian and pandemic influenza preparedness and response for health-care workers in south-east Asian countries.

However, there are still many challenges ahead. The food crisis resulting from the recent increase in grain prices and the impact of large-scale, natural disasters could pose a serious challenge to our pursuit of the Millennium Development Goals. Accordingly, I believe that it is our obligation to pool our collective wisdom to prevent these risks from undermining progress towards achieving the Goals.

All these efforts bear testimony to our commitment to carry on the ardent dedication of the late Dr Lee Jong-wook. To honour his memory, Dr Lee Jong-wook Memorial Prize will begin to be awarded from next year. Building on the legacy of Dr Lee, Korea promises to play a greater role in the pursuit of the noble goal of enhancing the health of humankind. I believe that this Health Assembly will prove to be a great success, taking us further forward in our united efforts to promote the health of all people. Thank you for your kind attention.

M. BEN-YIZRI (Israël):

Monsieur le Président de séance, Madame le Directeur général, chers collègues, Mesdames, Messieurs, je suis présent ici devant vous alors que résonnent encore en moi les échos de la célébration du soixantième anniversaire du Jour de l'Indépendance de l'Etat d'Israël, qui s'est déroulée il y a quelques jours. Chers collègues, je vous exprime de la part de mon pays, l'Etat d'Israël, tous mes voeux de paix, de prospérité et de réussite. Je sais que dans cette salle, les délégués d'un grand nombre de pays sont présents, dont l'histoire est plus ancienne que celle de l'Etat d'Israël. Car soixante ans pour un pays, ce n'est pas une longue période – c'est une très courte période. Mais, en même temps, mon regard se porte sur les réalisations accomplies par l'Etat d'Israël, surtout dans le domaine de la santé où nous avons notamment réussi à atteindre les objectifs du Millénaire pour le développement, qui avaient été fixés par l'Assemblée générale des Nations Unies en l'an 2000, ce dont je suis particulièrement fier. Certes il y a encore des ombres à ce tableau, je ne saurais le nier, mais la direction que nous avons prise, tel que l'ont fait d'autres pays, nous montre que nous sommes sur la bonne voie.

Chaque année, nous nous retrouvons en ce lieu, dans cette Assemblée, et chaque année, lorsque je prépare mon discours, je passe en revue les événements de l'année qui vient de s'écouler et ce de quoi sera faite l'année suivante. Israël, comme vous le savez, se trouve actuellement dans une situation qui est loin d'être facile. D'une part, nous sommes encore menacés par le terrorisme, par les tirs de roquettes visant une population innocente, surtout des enfants. Ceci nous oblige à affecter des ressources énormes tout particulièrement dans le domaine de la santé mentale aux victimes d'actes terroristes. Nous sommes dans l'obligation de créer des centres de traitement pour les personnes traumatisées qui souffrent par exemple de troubles paniques. Et il y en a des centaines, plusieurs centaines, si ce n'est des milliers. D'autre part, les premiers échos d'une ébauche de contacts politiques se font entendre dans cette région. Certes la route sera encore très longue, les négociations sont difficiles, mais j'ai l'espoir que nous parviendrons, encore dans notre génération, à améliorer la situation politique et sécuritaire dans notre région.

Je sais que la question de nos relations avec les Palestiniens occupe encore une place très importante dans l'ordre du jour de cette vénérable Assemblée. J'en suis toujours surpris, doutant qu'il n'y ait pas de sujets plus importants dans le domaine de la santé et me demandant si vous connaissez vraiment la situation réelle sur le terrain. Je tiens ainsi à vous faire savoir que malgré la tension qui règne sur le plan de la sécurité, nous continuons à avoir des contacts quotidiens avec l'Autorité palestinienne, dans le domaine tant du diagnostic et du traitement que de l'hospitalisation dans les

hôpitaux d'Israël où il n'est d'ailleurs pas rare qu'un terroriste blessé soit hospitalisé dans le même service et à côté d'un membre de notre famille. La coopération est également de mise en ce qui concerne les stages de médecins, d'infirmières et du personnel de laboratoire. De plus, toutes les commissions bilatérales se réunissent en application des Accords d'Oslo et de Paris, ce qui ne s'était pas produit ces huit dernières années, avant le début et la reprise des discussions bilatérales. Je tiens également à vous informer que je me suis rendu en visite en Italie il y a quatre mois, avec mon collègue palestinien, le Dr Abou-Moughli, Ministre de la Santé, car un centre de traumatisme et de médecine d'urgence commun à Israël et à l'Autorité palestinienne doit y être fondé sous l'égide du Ministère italien de la Santé ; nous espérons que ce projet avancera à grands pas.

Dans le domaine de la médecine et de la santé, je suis fier de vous annoncer qu'Israël avance à pas de géant dans le secteur de la technologie médicale. Il y a quelques mois, nous avons établi une liste de médicaments et de nouvelles technologies où nous avions réussi à faire figurer presque tous les médicaments qui sauvent les vies humaines, dont de nouveaux vaccins destinés à la population et surtout aux enfants. Il est vrai que, pour des raisons économiques, demeurent encore un certain nombre de technologies que nous n'avons pas réussi à introduire dans la liste des services de santé financés par l'Etat dont bénéficient par ailleurs tous les citoyens sans distinction de religion, de sexe ou de race. J'espère que nous réussirons à l'avenir à fournir à tous les malades les médicaments auxquels ils ont droit. Nous devons malheureusement affronter de temps à autre, comme dans tous les pays du monde, l'apparition de maladies nouvelles ou anciennes. Nous avons eu par exemple de nouveaux cas d'hépatite déclarés dernièrement. Cette maladie a ressurgi car des personnes n'ont pas été vaccinées, dont certaines pour des raisons idéologiques, mais j'espère aujourd'hui que nous sommes au stade final de l'éradication de cette maladie. En outre, nous avons réussi à endiguer la tuberculose par un programme spécial qui peut servir de modèle au monde entier. Tout comme vous, chers collègues, nous nous préparons à la pandémie de grippe, tout en espérant qu'elle ne va pas se déclarer, et nous sommes prêts à faire face à des événements imprévus. Israël apprécie le leadership de l'Organisation mondiale de la Santé et travaille à un programme commun avec ses voisins, dont notamment la mise en application du Règlement sanitaire international. Dans le domaine de la médecine d'urgence et des cataclysmes naturels, nous nous sommes préparés au pire, et je serais très heureux de collaborer avec vous, dans la mesure où ceci sera nécessaire.

J'espère vivement que l'an prochain nous réussirons à parler davantage des recherches effectuées dans le domaine de la santé et de la médecine et non des catastrophes, politiques ou sanitaires, et cela pour le plus grand bien de l'humanité dans le monde entier.

Merci infiniment pour votre attention.

El Sr. SORIA ESCOMS (España):[1]

Señor Vicepresidente, señora Directora General, honorables ministros y autoridades, distinguidos miembros de la Asamblea, señoras y señores: Es un honor dirigirme a ustedes por primera vez, y quiero empezar mis palabras agradeciendo a la Directora General y a la Secretaría la labor realizada durante el periodo que culmina estos días.

El Gobierno de España es consciente de la importancia que las desigualdades sociales, los entornos laborales y los cambios medioambientales tienen como determinantes de salud para nuestros ciudadanos, y de que requieren una respuesta rápida y enérgica desde la perspectiva de la salud pública. Por eso nos parece un acierto haber dedicado el Día Mundial de la Salud 2008 a la repercusión sobre la salud del cambio climático.

Para cooperar frente a este grave problema global, el Presidente del Gobierno de España anunció ante las Naciones Unidas una contribución «adicional y extraordinaria» de tres millones de euros a la «Estrategia Global de la Salud y el Cambio Climático» de la OMS.

La evidencia científica indica que el aumento de las temperaturas y la menor calidad del aire y del agua están ocasionando un incremento en la incidencia de algunas enfermedades, lo que hace

[1] Texto íntegro de la declaración abreviada pronunciada por el Sr. Soria.

necesaria una política sanitaria y medioambiental apropiada. Por esto, apoyamos de manera decidida la resolución que se presenta sobre esta materia.

Mi Gobierno asume la consecución de los Objetivos de Desarrollo del Milenio, como una gran oportunidad para impulsar una visión global del progreso basada en la equidad, la tolerancia, la capacidad de innovar y el respeto por la naturaleza. Por ello hemos reforzado nuestra presencia institucional y nuestra participación en programas de cooperación que eviten la discriminación por edad, género, origen étnico o condición social. Con el Plan Director de Cooperación 2005-2008 hemos aumentado nuestra aportación económica, en particular en fondos de salud orientados hacia poblaciones vulnerables.

España refrenda su compromiso con los derechos de los migrantes y con su integración - en la misma línea que la OMS - desarrolla un Plan Estratégico de Ciudadanía e Integración 2007-2010, y reconociendo el derecho a la asistencia sanitaria a los migrantes en caso de urgencias, de embarazo y parto y de los menores hasta los 18 años.

De igual manera, la reciente aprobación de la Ley de Igualdad supone un avance frente a las desigualdades de género. Y muestra el compromiso de mi Gobierno en los temas de género y más específicamente en salud y género. La aplicación de los derechos sexuales y reproductivos constituye una prioridad de salud, así como la adopción de estrategias para la implantación del parto natural. Esto pasa por el fortalecimiento de la profesión enfermera y de la matronería, a las que se ha reconocido rango universitario y un perfil de competencias avanzado.

Hacer retroceder el paludismo, la tuberculosis, el SIDA y tantas otras enfermedades que pueden globalizarse, además de un imperativo ético, es una empresa común imprescindible para lograr un desarrollo humano armónico y sostenible.

Para reducir la carga de estas enfermedades y paliar sus devastadoras consecuencias debemos favorecer una política de medicamentos que permita el acceso universal a los fármacos esenciales. Ello requiere: fortalecer los organismos reguladores, aplicar los elementos de flexibilidad que contiene la legislación sobre patentes, incentivar la innovación, mejorar la regulación de los ensayos clínicos y la difusión de sus resultados, fomentar la producción de genéricos y establecer mecanismos eficientes de compra.

Se precisa una interpretación del Acuerdo General sobre los Derechos de Propiedad Intelectual relacionados con el Comercio que tenga en cuenta tanto los objetivos nacionales en términos de salud pública como los intereses sectoriales. Y es necesario crear un marco estable donde instituciones, países e industria fijen sus compromisos.

Quiero también referirme a la falsificación de productos médicos. Compartimos la idea de que es preciso atajar este fraude, que en algunas zonas empieza a ser preocupante. Hemos elaborado una «Estrategia Nacional frente a Medicamentos Falsificados», basada en la cooperación intersectorial, cuyo contenido coincide con la resolución que se presenta en esta Asamblea.

Permítanme mencionar nuestro apoyo a las actividades relacionadas con el trasplante de órganos, células y tejidos humanos y con la medicina regenerativa. Recientemente la Organización Nacional de Trasplantes de España ha sido nombrada, de forma oficial, Centro Colaborador de la OMS. Albergamos la sede del Observatorio y el Registro Mundial de Donación, y participamos en la actualización de los Principios Rectores sobre Trasplante. Además, en colaboración con la OPS, hemos desarrollado un programa conjunto con Latinoamérica, con resultados hasta ahora muy positivos. Agradecemos especialmente los esfuerzos de la OMS y de su Directora General en este ámbito.

En cuanto a la prevención y el control de las enfermedades no transmisibles, si algo nos ha enseñado la experiencia es que la promoción de la salud, además de un objetivo alcanzable y necesario, es la alternativa más efectiva y rentable que podemos ofrecer a los ciudadanos. Por ello en España ya hemos dado pasos muy notables en la lucha frente a factores de riesgo como el tabaquismo, las drogodependencias, los accidentes de tráfico y la obesidad.

Nuestro Gobierno respalda la Estrategia Mundial para una Dieta Saludable mediante el fomento de la lactancia materna exclusiva durante los seis primeros meses, una dieta sana y la práctica de actividad física, sobre todo en niños, en el marco de la Estrategia NAOS.

En los futuros planes internacionales, debemos incluir la prevención de enfermedades no transmisibles que ocasionan una elevada morbimortalidad, como las cardiovasculares y la diabetes.

En España hemos puesto en marcha estrategias nacionales en coordinación con los gobiernos regionales, las asociaciones de pacientes y las sociedades científicas, colaboración que puede aportar una valiosa experiencia para todos ustedes.

Promover ambientes y hábitos saludables ampliando los programas de salud en curso, invertir más en los servicios sociales, mejorar los sistemas de información, e impulsar políticas que involucren a todos los agentes, y de forma relevante al tejido productivo innovador, nos parecen los elementos clave.

Estoy seguro de que esta 61ª Asamblea Mundial de la Salud contribuirá de forma decisiva a avanzar en la consecución de tantos objetivos compartidos. Los ciudadanos de nuestros países así lo esperan. Muchas gracias.

El Sr. BALAGUER CABRERA (Cuba):

Excelencias: Desafortunadamente será imposible para los países del Tercer Mundo alcanzar los Objetivos de Desarrollo del Milenio relacionados con la Salud, tal y como reconoce el propio informe presentado por la Secretaría. Cuán diferente serían los resultados que hoy se presentan si los países ricos y desarrollados hubieran cumplido su compromiso de contribuir al desarrollo y aportar el 0,7% de su producto interno bruto a los países pobres. Al permanente deterioro de la salud en el Tercer Mundo, se suma ahora la agravada crisis alimentaria, debido al uso de los alimentos para la producción de combustibles y al alza de los precios. Por ejemplo, en 2005 una tonelada de arroz costaba 250 dólares, hoy cuesta 1050 dólares, cuatro veces más. Vivimos de crisis en crisis.

El informe del Programa de las Naciones Unidas para el Desarrollo sitúa a Cuba entre los pocos países de América Latina y el Caribe que han logrado descender el índice de peso y talla en niños menores de cinco años al 2%. La tasa de mortalidad infantil fue de 5,3 por 1000 nacidos vivos, en el 2006 y 2007, la más baja de América Latina y a nivel de los países desarrollados. En Cuba el 99,9% de los partos son institucionales y atendidos por médicos, alcanzándose una tasa de mortalidad materna directa de 21 por 100 000 nacidos vivos, aun cuando no estamos satisfechos con este resultado.

En relación con el VIH/SIDA, la epidemia en Cuba es considerada de baja intensidad, al tener una prevalencia de 0,09%. Sólo han ocurrido 32 casos de transmisión madre-hijo, lo que representa un 2,6% desde el comienzo de la epidemia. Se garantiza el tratamiento antirretroviral a todos los que lo necesitan y siete de estos medicamentos son producidos en nuestro país.

La malaria fue erradicada en 1967 y la Organización Mundial de la Salud entregó el certificado al país en 1973. Desde entonces se mantiene erradicada. La incidencia de la tuberculosis es de 6,6 por 100 000 habitantes, lo cual nos mereció un premio de esta Organización en el año 2004.

La atención primaria es la base de nuestro Sistema Nacional de Salud, lo que nos ha permitido alcanzar estos resultados en los Objetivos de Desarrollo del Milenio y cumplir, antes del 2000, la meta de Salud para Todos acordada en Alma-Ata hace 30 años.

En relación con la cooperación y ayuda al desarrollo, aun cuando corresponde fundamentalmente a los países ricos el cumplimiento de este compromiso, Cuba, país pequeño, pobre y bloqueado, mantiene hoy más de 36 000 trabajadores de la salud en 70 países y trabaja para formar en 10 años a 100 000 médicos de países hermanos.

Durante más de 40 años, nuestro país ha estado sometido a un cruel bloqueo por el Gobierno de los Estados Unidos de América, no cuantificable en el dolor y sufrimientos de las familias a pesar del rechazo casi unánime de la comunidad internacional.

Excelencias: Este año la Organización Mundial de la Salud dedicó el Día Mundial de la Salud a los efectos del cambio climático, que tienen una influencia decisiva para el cumplimiento de los Objetivos de Desarrollo del Milenio, pues pueden provocar el surgimiento de nuevas enfermedades, la disminución de la producción de alimentos, el incremento de los vectores, la disminución del agua, el enrarecimiento del aire y el incremento de los desastres naturales. Expresamos nuestras condolencias y solidaridad a los pueblos y Gobiernos de China y Myanmar por los recientes desastres naturales que han provocado numerosas pérdidas humanas y materiales, cuyas causas no son ajenas a los efectos del cambio climático.

En la Cumbre de Río de 1992, el compañero Fidel Castro expresó «Una importante especie biológica está en riesgo de desaparecer por la rápida y progresiva liquidación de sus condiciones naturales de vida: el hombre… Tomamos conciencia de este problema cuando casi es tarde para impedirlo… Menos lujo y menos despilfarros en unos pocos países para que haya menos pobreza y menos hambre en gran parte de la tierra… Páguese la deuda ecológica y no la deuda externa… "Desaparezca el hambre y no el hombre"».

Excelencias: Cuba, en su condición de Presidente del Movimiento de los Países No Alineados y con el apoyo que nos ha brindado la Organización Mundial de la Salud, ha convocado la Primera Reunión de Ministros de Salud del Movimiento de los Países No Alineados, para el miércoles 21, a las 13.30 horas en la sala XVI, que abordará los temas: migración y formación de personal sanitario, y enfermedades que afectan desproporcionadamente a los países en desarrollo. Deseamos vernos honrados en este cónclave con la presencia de los miembros y observadores del Movimiento de los Países No Alineados, que son la mayoría de los Estados Miembros aquí presentes.

Lucharemos para que los resultados de nuestra reunión contribuyan con sus acuerdos traducidos a hechos entre nuestros países, a los éxitos de las tareas de la Organización Mundial de la Salud planteados aquí en los discursos del Presidente y la Directora General.

Estimo, como establece la Constitución de la Organización Mundial de la Salud, que debemos luchar por lograr el más alto grado posible de salud física y mental como derecho humano fundamental. Muchas gracias.

Dr TSHABALALA-MSIMANG (South Africa):

Mr President of the Health Assembly, congratulations on your election as president of the Sixty-first World Health Assembly together with the Vice-Presidents. Fellow Member States, Madam Director-General, Regional Directors, honoured guests, ladies and gentlemen, the Government of South Africa welcomes this opportunity to address the Health Assembly this morning.

I wish to join in expressing South Africa's sympathies and condolences to the people of China and Myanmar who have recently suffered from the impact of disasters. The African Union Ministers of Health meeting on Saturday, 17 May, also issued statements of condolences in this regard.

We are meeting at a time when the world is faced with the serious challenges of rising food prices and climate change, both of which are having a devastating effect on the health of the world's population, particularly, the poor. Indeed, food riots and protests, as well as floods and droughts, in a number of countries bear testimony to the fact that we are already experiencing the additional burdens imposed by unfair trade conditions and climate change, amongst others. The two global threats to health that I referred to highlight the significant role of external factors in determining the success or failure of our programmes to improve the health of people. We have to play an active role as the global health family in addressing these and other social determinants of health, such as poverty and underdevelopment, and gender and global economic inequities that limit our ability to make rapid progress towards the attainment of the Millennium Development Goals.

We recall that soon after the adoption of the Millennium Development Goals, South Africa, among others, noted the lack of attention to noncommunicable diseases, including, of course, the unnatural causes of disability and death, such as traumas. My country is implementing a number of interventions to address noncommunicable diseases and causes of disability and death; these include prevention, development of clinical guidelines and setting of targets. We therefore fully support the current calls for global targets on noncommunicable diseases, and hope that in the near future we will also move towards the setting of targets for the unnatural causes of disability and death. Africa, through the African Union, has highlighted the importance of health in development through the development and adoption of the Africa Health Strategy by our Heads of State and Government. I am happy to announce, as the Chairperson of the African Union Bureau of Health Ministers, that African Ministers of Health, meeting in Geneva on 17 May, adopted the implementation plan for this strategy. We therefore urge all our collaborating partners to support us in implementing this plan. The Africa Health Strategy 2007–2015 emphasizes the need to strengthen health systems in order to respond to the many competing health challenges facing us. Central to the functioning of our health systems is the availability of well-trained and motivated human resources for health. Africa was the first continent to bring this matter

to the attention of the Health Assembly and other global forums. We therefore consider it critical that developing countries, and Africa in particular, be adequately consulted and also play a central role in the development of the code of practice on the international recruitment of health personnel that is under way.

In observing the thirtieth anniversary of the Alma-Ata Declaration, South Africa held a conference to review our primary health-care services. All stakeholders reaffirmed their commitment to the primary health-care approach and undertook to explore ways to strengthen primary health-care services in line with the Alma-Ata principles. It is noteworthy that similar conclusions were reached by the conference organized in Ouagadougou by the WHO Regional Office for Africa.

As an African Union-appointed champion and Goodwill Ambassador of maternal and child health in Africa, I am glad to note the advances made in reducing the number of deaths from vaccine-preventable diseases, such as measles – which once again endorses the importance of prevention of diseases and promotion of health. South Africa is indeed on the path to meeting the Millennium Development Goals. Building on the success of our current immunization programme, South Africa is making arrangements to introduce, in the public health sector, two additional vaccines that we expect will have a significant impact in reducing the number of cases of diarrhoea and pneumonia and related deaths. However, it should be emphasized that access to new vaccines remains a major challenge due to their high costs. In line with our global commitment to reduce child mortality, we urge the relevant agencies to assist countries in increasing access to these vaccines by making these vaccines more affordable.

We continue to emphasize the role of individuals, families and communities in improving health. In this regard, we wish to highlight the decision of the African Union Ministers of Health to observe Africa's Healthy Lifestyles Day which we hope will advance our efforts to reduce behaviours that pose a risk to health. South Africa already observes the national Healthy Lifestyles' Day on the last Friday of February.

South Africa will be hosting the third session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control between 17 and 22 November 2008, in Durban. I wish to take the opportunity to invite your excellencies to attend this very important meeting in our beautiful country.

Finally, Mr President, may I join in congratulating us, the WHO Member States, on our sixtieth birthday and I wish all of us well for many years to come! Thank you.

Ms NISHIKAWA (Japan):

Mr President, honourable ministers, distinguished delegates, ladies and gentlemen, on behalf of the Government of Japan, I am delighted to offer my sincere congratulations on the sixtieth anniversary of the foundation of WHO. Also, I would like to express my great respect to Dr Chan for her outstanding leadership in addressing global health issues.

At the beginning of my speech, I would like to express my heartfelt sympathy for those who suffered in the recent cyclone in Myanmar and the many victims of the devastating earthquake in China.

We are facing a huge threat of pandemic influenza. For dealing with such cross-border health issues, I would like to emphasize strengthening cooperation to reduce the geographical gaps in infectious disease protection and in the public health network. And the role of the International Health Regulations (2005) is especially important. We must also advance the process of the Intergovernmental Meeting on Pandemic Influenza Preparedness: Sharing of Influenza Viruses and Access to Vaccines and Other Benefits.

This year represents the midpoint to 2015 which is the target date for achieving the Millennium Development Goals. I greatly respect WHO for providing able leadership in the fight against the three major infectious diseases of HIV/AIDS, tuberculosis and malaria, and for making full use of its excellent technical expertise. Having said this, however, many other issues remain to be addressed, including those concerning the health of mothers, babies, and children, which remain just as serious as before.

This year, Japan will host the Fourth Tokyo International Conference on African Development, and the G8 Hokkaido Toyako Summit. In the Davos Forum in January this year, the Prime Minister, Yasuo Fukuda, stated that the forthcoming Summit would discuss "development" and "Africa", and the

focus of “development” would be placed on “health, education and water” with a human security perspective. Moving towards achieving the health-related Millennium Development Goals, Japan believes that further efforts on control and prevention of individual infectious diseases are needed. Equally important is balanced implementation of a comprehensive approach, including strengthening of health systems, such as developing the human resources required for greater protection against infection, securing maternal and child health, and revitalizing research and development.

Japan considers that it is important to encourage “ownership” in the area of health by developing countries, and we will strongly support the efforts of developing countries aiming to achieve the Millennium Development Goals. The Hideyo Noguchi Africa Prize, for which we received great cooperation from WHO, will be awarded at the Fourth Tokyo International Conference on African Development being held next week. This prize will highlight two persons’ distinguished achievements in the domain of health.

Access to safe drinking-water and sanitation is essential for maintaining the life and health of people. It has a direct, positive impact on the prevention of epidemics, such as waterborne diseases or tropical diseases, and on improved health. Furthermore, access to safe water will be seriously threatened by climate change, as noted by the Director-General, Dr Chan, and is a top priority. Japan hopes that WHO will continue to play a leading role in taking initiatives in the field of “water and sanitation”. We are ready to work with WHO utilizing our experience, findings and technologies in order to solve those problems.

In order that all are able to enjoy good health, Japan reaffirms that it will continue to work together with Dr Chan, WHO’s Member States and other stakeholders in health to achieve this very noble and important aim. Thank you.

M. DI BARTOLOMEO (Luxembourg):

Monsieur le Président de séance, chers tous, chaque année, plus de 10 millions d’enfants meurent avant d’avoir 5 ans. Chaque année, plus de 500 000 femmes meurent de complications au moment de la naissance d’un enfant. Chaque année, près de 3 millions de personnes meurent des suites du VIH/sida. Plus de 4 millions sont affectées chaque année par ce virus dont 3,5 millions en Afrique. Chaque année, le paludisme tue un million d’hommes, de femmes et d’enfants. Les ravages de la tuberculose sont du même ordre. Cette situation est inacceptable sur un plan éthique, politique et économique; cette situation est tout simplement inhumaine !

Les objectifs du Millénaire pour le développement liés à la santé visent précisément à réduire, d’ici 2015, de manière drastique, la mortalité infantile et la mortalité maternelle et à stabiliser les plus sévères pandémies comme le sida et le paludisme. Des millions de vies sont à sauver par des stratégies nationales et internationales de santé publique et de coopération au développement. Le Luxembourg a l’énorme chance de pouvoir espérer atteindre les objectifs du Millénaire pour le développement liés à la santé. La mortalité des enfants de moins de 5 ans est tombée de 12,5 pour 1000 en 1980 à 2,5 pour 1000 en 2006. La mortalité maternelle est difficile à exprimer en taux, dans un petit pays comme le nôtre pour la simple raison que nous enregistrons de temps en temps seulement un décès maternel par an : ainsi, entre 1980 et 2007, nous avons déploré 8 décès maternels sur une période de 27 ans. Nous vaccinons nos enfants contre 12 maladies infantiles et obtenons des taux de vaccination qui dépassent 95 %. Nous avons la chance de vivre dans une région exempte de paludisme. Le taux d’incidence de la tuberculose est passé de 24 pour 100 000 en 1980 à 8 pour 100 000 en 2007. Après une diminution et une stabilisation dans les années 90, l’incidence de VIH/sida a brusquement augmenté en 2003. Suite à l’introduction d’un plan pluriannel de lutte contre le VIH/sida en 2006, l’incidence a de nouveau diminué en 2007.

Le Luxembourg a fait de la santé et de l’eau des secteurs prioritaires de sa politique de coopération au développement. Sur le plan tant bilatéral que multilatéral, l’OMS est un de nos partenaires privilégiés. En 2007, nous avons partagé avec les pays en développement 0,9 % de notre richesse nationale. Nous avons pris des engagements financiers pluriannels à l’égard de nos partenaires afin de rendre notre coopération aussi prévisible que possible. Nous encourageons tous les pays industrialisés à respecter les engagements pris et à réserver 0,7 % de leur produit national brut à cette coopération, au plus tard d’ici 2015.

Nous remercions le Secrétariat d'avoir établi un rapport qui identifie plusieurs obstacles majeurs sur la voie de la réalisation des objectifs du Millénaire pour le développement liés à la santé et qui indique certaines solutions. Il souligne en particulier l'importance pour chaque pays, pour chaque pays en développement de mettre en place des systèmes de santé durables et solidaires, accessibles au plus de monde possible, sans distinction de revenus. Cet objectif demande de nouvelles recettes et, pour le dire comme je le pense, il est tout à fait inacceptable que dans certains pays, nous ayons au chômage des milliers de médecins qui ont terminé leur formation et que dans d'autres pays nous ayons un besoin très aigu de personnel médical spécialisé. Une bonne gestion, des infrastructures adéquates, un personnel suffisant en nombre et qualifié, un financement stable comptent parmi les composantes majeures de tels systèmes. Voilà un des défis majeurs auxquels nous devons tous faire face dans les années à venir. Vu les progrès beaucoup trop lents pour la réalisation des objectifs du Millénaire pour le développement liés à la santé, il nous appartient de réserver à ce combat la plus haute priorité. De manière urgente, régulière et systématique, il faut saluer le fait que, pour l'examen de cette question, notre Organisation peut compter sur la coopération de nombreuses autres organisations, mais elle a aussi la responsabilité d'assurer la cohérence nécessaire entre les actions et politiques des uns et des autres ; à cet effet, elle peut compter sur notre plein appui. En 2009, le Conseil économique et social de l'ONU réservera sa session d'été, ici à Genève, à cette même question sous la présidence de mon pays. Nous souhaitons que cette autre occasion soit saisie pour mobiliser plus encore la volonté politique et pour renforcer notre action commune. Nous avons encouragé de manière active l'Union européenne à proposer l'inscription de ce point à notre ordre du jour et nous nous félicitons de l'accueil positif que le Comité exécutif a réservé à cette proposition. Nous sommes de même décidés à aider à faire avancer maintenant un processus complexe et difficile mais qui engage la crédibilité de notre Organisation et du système des Nations Unies dans son ensemble.

Dr KAKAR (Afghanistan):

Bismillah ar-rahman arrahim. Mr President, honourable ministers and delegates, ladies and gentlemen, *assalamu alaikum.* The Afghan delegation is sending its condolences to all families in Myanmar and in China affected by the recent unfortunate cyclone and earthquake.

Let me first express my profound appreciation to the Health Assembly for giving me this opportunity to share Afghanistan's post-conflict experience and progress in health sector development. We are pleased to share with you the positive results of our efforts over the past five years. One of the striking impacts, demonstrated through a recent household survey, shows about a 25% reduction in child mortality. In Afghanistan, the child mortality rate has been reduced from 257 to 191 per thousand live births. This was achieved through accelerated primary health-care services targeting those with the greatest need. As part of the basic package of health services, vaccination coverage has improved against childhood killer diseases like measles, pertussis, diphtheria and tetanus; tuberculosis case detection has increased; malaria incidence has been reduced; and prenatal and delivery care has improved and become accessible. How was this achieved? In March 2003, the Ministry of Health adopted a unique mechanism of health services delivery called "contracting out" in order to quickly build up an effective and equitable health system. "Contracting out" is an overarching initiative for health-care provision – a public–private partnership in which contracted nongovernmental organizations deliver defined packages of services called the basic package of health services and the essential package of hospital services. To ensure the success of this health services delivery mechanism, the Ministry of Health assumes the stewardship role of the health sector to set priorities, manage the contracting initiative, collect health information for evidence-based decision-making, draft health legislation and regulations, institutionalize human resource development, and coordinate external assistance.

Contracting with non-state providers to deliver the basic package has allowed for a rapid expansion of health-care delivery, including immunization and emergency obstetric care, which is now accessible to about 65% of the population. Community-based health care is an integral part of the basic package, where around 16 000 community health workers are presently deployed in over 5000 villages, providing vital services to some of the most disadvantaged communities. The plan is to train a total of about 25 000 community health workers to reach all corners of Afghanistan. In support of primary health-care services, the essential package of hospital services provides effective secondary and tertiary

care for referrals from the basic health facilities currently in 17 of the 33 provinces in the country. The Ministry of Health would like to acknowledge with deep appreciation the contribution of donors and partners who have provided the technical and financial support for the initiative to provide health services through contracting nongovernmental organizations. This assistance has been the foundation for our success so far, and we depend on our partners to continue their assistance until we can consolidate our gains, rebuild the infrastructure, develop the human resources and ensure the financial resources to have a sustainable, effective and equitable health system in Afghanistan.

In the next five years, there are four programmatic areas where the Ministry would like to focus: (i) increasing access to quality primary health care services within two hours' walking distance; (ii) expansion of the essential hospital package to provide good-quality secondary care; (iii) improving control of communicable diseases and improving mental health interventions; and (iv) enhancing institutional development with emphasis on human resources. Despite the inspiring achievements overall, particularly in primary health care delivery, secondary and tertiary care and the nursing and paramedical training institutions are lagging behind as a result of inadequate resources. The delivery of the basic package of health services also needs improvement. Infectious diseases are still a leading cause of morbidity and mortality in Afghanistan, including childhood pneumonia and diarrhoea, malaria and leishmaniasis, and efforts are being made to maintain HIV seroprevalence at less than 0.5% in Afghanistan.

I would like to emphasize that the long journey of recovery in Afghanistan has just begun. Health system development is taking shape and the road map for pursuing the Millennium Development Goals with clear benchmarks has been drawn up. Now our biggest challenge is maintaining the progress we have made over the last few years and forging ahead to meet the Millennium Development Goals. To this end, we are asking for a long-term commitment from all of our partners and donors.

In my concluding remarks, I would like to express Afghanistan's major concern over the global food crisis. There is no doubt that a post-conflict country whose health gains are still limited will suffer most if necessary interventions and mitigating capabilities are not put in place. We firmly believe that a well-functioning health system maintaining priority of primary health care, effectively and equitably delivered, will save our people and particularly the most vulnerable. Thank you very much for your attention.

Ms LARSSON (Sweden):

Madam Director-General, Mr President, distinguished delegates, Sweden aligns itself with the statement made by Slovenia on behalf of the European Union. It is a great honour to take the floor at this Health Assembly, that marks the sixtieth anniversary of WHO and the thirtieth anniversary of the Alma-Ata Declaration.

In the past decade, we have seen a substantial increase in the numbers of actors and partnerships in global health and in the amount of funding. The fundamental role health plays in social and economic development is being increasingly recognized. The changing health landscape creates new challenges; we have to work in a coordinated way to improve health in all our countries. And I would like to emphasize the role of WHO as the global health authority. The Swedish Government wants to contribute to a sound and efficient WHO. We have seen proof that the Director-General is moving the Organization in this direction. I welcome the steps taken to improve financial control, transparency and results-based management.

Distinguished Director-General – in your inauguration speech, you mentioned that you want WHO to be judged by the impact it has on the health of people in Africa and the health of women. These are important priorities as they encompass the poorest of the poor – for example uneducated women in rural Africa. In November, I visited a number of African countries. I encountered a strong commitment and far-reaching ambitions to improve health. But I also met pregnant women waiting for hours for clinical care. And women who could not access any care at all. The harsh reality is that which causes at least half a million women's premature deaths globally every year due to birth- and pregnancy-related complications – deaths that in many cases are preventable. But Director-General, as you also pointed out, women do much more than give birth. Improving women's health is essential. Primarily because it is their fundamental human right. But also because it is in the interests of society as a whole. Women carry

an enormous burden of ill-health. Improving women's health requires efforts to promote women's self empowerment, such as guaranteeing primary education for girls and getting rid of discriminatory laws. But it also requires accessible primary health care at an affordable cost, along the lines that Alma-Ata set out 30 years ago. And it requires health systems that are able to offer skilled attendance at deliveries in rural areas. At the midpoint, we are far from reaching the health-related Millennium Development Goals. Of the targets of the Millennium Development Goals maternal health is the one lagging furthest behind. Only by addressing the underlying structural problems can we perform better.

Communicable diseases continue to make up a large part of the global disease burden. They are the major cause of premature deaths in Africa. Therefore, fighting them should remain one of the main priorities for the WHO Secretariat and Member States. A worrying example is bacteria that cannot be treated with conventional antibiotics. The spread of antimicrobial resistance poses new threats to the treatment of illnesses and here a lot remains to be done. The entry into force of the International Health Regulations (2005) last year was a milestone and implementing the Regulations is crucial.

While keeping in mind the heavy and disproportionate burden of communicable diseases on developing countries, we need to recognize the rapidly growing burden of noncommunicable diseases. Neuropsychiatric disorders, cardiovascular diseases, cancer, injuries and other noncommunicable diseases make up the majority of the global disease burden, and they are on the rise also in developing countries. There is no conflict between efforts to fight noncommunicable diseases and communicable diseases. On the contrary, there is a strong interaction between them. A marginalized person suffering from HIV/AIDS is more at risk of developing alcohol and drug dependence. And alcohol and drug dependence reduce resistance to infectious diseases. In addition, diseases – whether they are communicable or not – often share common solutions. By promoting health and preventing ill-health we target a wide range of diseases. And by building strong health systems that offer prevention and treatment of both communicable and noncommunicable diseases, at an affordable cost for people, we contribute to improved health.

Last year the Secretariat presented us with a comprehensive report on evidence-based strategies to reduce alcohol-related harm. This year, a resolution has been put forward by Rwanda, supported by many African countries, opting for a global strategy on harmful use of alcohol. Sweden strongly supports and commends this African initiative. I sincerely hope Member States will take the opportunity to take joint action and adopt the proposed draft resolution.

Let me finally extend my thoughts and condolences to the people of Myanmar and China who in the past weeks have seen their homes and families disappear as a result of the devastating forces of nature. They remind us how vulnerable we are and what disasters disturbing the ecosystem can lead to. WHO has a crucial role in helping to reduce the negative impact on health of earthquakes, floods, storms and drought. I therefore hope that this Health Assembly will take the opportunity to scale up efforts on climate change and health. Thank you for your attention.

Mr THORDARSON (Iceland):

Mr President, Madam Director-General, distinguished delegates, ladies and gentlemen, allow me to congratulate the President and the officers of the Sixty-first World Health Assembly on their election. My delegation would also like to congratulate the Director-General, Dr Margaret Chan, and her staff on their excellent work in meeting new challenges and planning for the future. The international community was shocked by the devastating disasters in China and Myanmar. We extend our sympathy to the people of the countries that have suffered enormously from these catastrophes.

We have observed with interest the work of the Commission on Social Determinants of Health. With that initiative, WHO has undoubtedly driven the attention of Member States and global health partners towards the social determinants of health. The Commission identifies some of the key causes of poor health and inequalities between and within countries. Most importantly, it urges Member States to address the main factors leading to ill-health and inequities, one of these determinants being the lack of access to health-care systems in many part of the world. The Declaration of Alma-Ata in 1978 was a milestone in the history of WHO. In that declaration, primary health care was defined as the basis for health-care delivery around the world. Therefore, it is now appropriate, 30 years later, that *The world health report 2008* is devoted to one of the priority areas of WHO, the strengthening of primary health care.

Climate change has repercussions across all sectors and for all countries. However, it is the poorest that are worst hit – those who bear the least responsibility for climate change. The potential impact of health, both immediate and on capacity is of particular concern. Iceland, therefore welcomed this year's theme on World Health Day: "Protecting Health from Climate Change". We support the view of the Director-General, Dr Margaret Chan, that the international community should give the health and welfare of people priority in its reactions to climate change.

Iceland is a committed development partner, following the Nordic tradition of active engagement in development cooperation and firm commitment to internationally agreed declarations and principles within the United Nations framework, based on respect for international law, human rights and humanitarian law. Iceland's development policy rests on the Millennium Development Goals with a strong focus on sustainable use of natural resources, gender equality and women's empowerment. In line with the Millennium Development Goals, Iceland will be gradually increasing its share in various programmes in the health sector.

Iceland is now a candidate for a seat on the United Nations Security Council for the period of 2009–2010 for the first time since its membership of the United Nations in 1946. Our candidacy enjoys the full and active support of all the Nordic countries. Iceland is particularly aware of new security issues, including those related to health, where security and conflict resolution have major implications.

Mr President, finally I would like to conclude my address by assuring you, once again, of the commitment of the Government of Iceland in contributing to constructive efforts to fulfil the noble mission of WHO in improving health throughout the world. Thank you.

The meeting rose at 12:05.
La séance est levée à 12h05

FOURTH PLENARY MEETING

Tuesday, 20 May 2008, at 14:40

President: Dr L. RAMSAMMY (Guyana)
later: Ms M. MARIPUU (Estonia)

QUATRIEME SEANCE PLENIERE

Mardi 20 mai 2008, 14h40

Président: Dr L. RAMSAMMY (Guyana)
puis: Ms M. MARIPUU (Estonie)

1. INVITED SPEAKERS
INTERVENANTS INVITES

The PRESIDENT:

The Health Assembly is called to order so that we can begin the fourth plenary meeting. Good afternoon, ladies and gentlemen. The Health Assembly will, for the moment, take a break from consideration of item 3 and we will now take up consideration of item 4 of the agenda, Invited speakers.

It is our privilege this afternoon to welcome two guests and I want to express our delight in welcoming both of them. It is an honour for me to welcome, on behalf of the Health Assembly, Her Royal Highness, Princess Muna Al-Hussein who has kindly agreed to grace us with her presence and to address this Health Assembly.

Her Royal Highness Princess Muna has been active in advancing the field of nursing since the establishment of the Princess Muna College of Nursing in 1962. Her work with the College has laid the foundation for great academic achievements in nursing, and as a result Jordan has one of the most eminent nursing programmes in the region.

Her Royal Highness holds a number of important positions in the field of nursing, including being the WHO Patron for Nursing and Midwifery in the Eastern Mediterranean Region, Honorary Advisor for the WHO Collaborating Centre for Nursing Development, Patron of Nursing and Midwifery in Jordan, and a member of the Jordan University Nursing Council. Her Royal Highness has supported the cause of nursing and midwifery at the regional and international level, and has been instrumental in the development of national strategies on the health workforce in several countries of the Eastern Mediterranean Region. She is working closely with WHO on several initiatives in this area, including nursing in emergencies. It is with pleasure that I invite Her Royal Highness Princess Muna Al-Hussein to come to the rostrum. Your Royal Highness, it is indeed with pleasure that we invite you to take the floor.

Her Royal Highness Princess MUNA AL-HUSSEIN:

Mr President, Madam Director-General, ministers, delegates, ladies and gentlemen, may I congratulate the President of the Health Assembly on his election to this office and thank Dr Chan for inviting me to participate in this prestigious annual gathering of the world's ministers of health and the delegates of WHO Member States. This is my second participation in the work of the Health Assembly. The first was two years ago when I addressed Committee A in my capacity as the WHO Patron of Nursing and Midwifery. I am therefore honoured to be here again to address this distinguished gathering.

This year marks the sixtieth anniversary of the World Health Organization and I would like to congratulate WHO Member States and the Secretariat on this occasion. This Organization has made immense strides in serving its Member States over the last six decades and its accomplishments are manifold. Indeed, I am very proud to work closely with WHO and privileged to continue to witness the excellent contribution WHO makes to the health sector, not only in my own country but in others. I am sure I convey the sentiments shared by all of you in confirming how crucial the work of the Organization is to world health and in expressing our appreciation of the dedication of its staff. This Organization belongs to all of you and is governed by you all. As such, it is our collective responsibility to ensure that it is supported and enabled to work efficiently in addressing the serious health challenges of the twenty-first century.

Ladies and gentlemen, today's world is facing very serious health problems despite the great advances in health and medical services, the remarkable achievements made in combating major diseases and health problems, and the overall rise in life expectancy. Millions continue to die from preventable diseases like HIV/AIDS, tuberculosis, malaria and respiratory infections. Undernutrition is responsible for one third of all child deaths and contributes substantially to the global burden of disease. Diabetes and cancer are also rapidly and persistently increasing across the globe. What is also worrying and unacceptable is that the progress towards the health-related Millennium Development Goals is hampered in many countries. While some nations are on track, others are progressing too slowly, and some are even regressing. Resources allocated for health continue to remain limited, with 20% of the world's population suffering from poverty. The serious impact of climate change and the effects of increasing food prices are resulting in hunger and becoming even more serious as a global problem, with grave consequences on health. Conflicts and other crises continue to disrupt and strain health systems and have an enormous negative impact on health in many parts of the world, including my own region. The two natural disasters that recently hit China and Myanmar have shocked the world. Only international solidarity and cooperation will help the two nations to cope efficiently with the health consequences. These are some examples of the complex challenges that countries, WHO and other health partners have to face at the turn of WHO's sixtieth anniversary. These challenges require a comprehensive approach to health rather than emphasis on health care alone. They require solid commitment in addressing the socioeconomic determinants of health, stronger collaboration with non-health sectors, more effective and new alliances, closer coordination between global health partners, and considerably more effective health systems.

My work with WHO has been focusing primarily on strengthening the health workforce, particularly in the area of nursing and midwifery. The challenges we face in the area of "human resources for health" are enormous. Based on WHO estimates there is a global deficit of 2.4 million doctors, nurses and midwives. This problem is compounded by the fact that almost all countries suffer from maldistribution characterized by urban concentration and rural shortage. Training is inadequate and clinical skills are often insufficient. As a result, health care is characterized in many parts of the world by uneven coverage and quality of services, inadequate services, particularly to the poor and underprivileged, and inefficient use of scarce human resources, with public funds often directed to services of limited cost–effectiveness and disproportionate financing of tertiary care interventions at the cost of care at the primary health-care level. In the public sector, people frequently face unmotivated and inadequately trained staff with long waiting times, insufficient supplies and medicines, and lack of confidentiality or privacy. At the same time, there is frequently no effective coordination with the private sector, which is growing rapidly in many countries, and often no adequate monitoring to prevent inappropriate interventions and financial exploitation. These and other

constraints are challenges that need to be addressed through strong political commitment, effective strategies and wide-ranging alliances. There is a pressing and vital need to scale up. WHO is now renewing its strategy on primary health care where a great deal of work is needed to strengthen human resources.

In Jordan, we have made important strides in preparing health professionals, particularly in nursing and midwifery, and in strengthening their role in national health development. New medical and nursing colleges have been established, offering advanced medical and nursing education. We are implementing several initiatives to address people's health needs and we are supporting and collaborating closely with other countries in the region in the areas of strategy development, training and capacity building. Undeniably, the achievements made in human resources development have significantly contributed to the remarkable improvement in health indicators that Jordan has been enjoying over the last three decades.

I have come here today to share with you my conviction that the health workforce should be promoted to a much higher place on the agendas of ministers of health, leaders of the health professions, and other policy-makers. Time has repeatedly shown that the key determining factor for human resources development in many countries has been the level of commitment among those in the highest levels of leadership in governments and ministries of health and education.

It has been made clear that when there is political commitment, the whole process of development is facilitated and targets are met. Strengthened human resources for health are the basis of improved health care and a prerequisite for more effective primary health care. In my address to Committee A two years ago, I highlighted the urgent need for a critical review of the human resources situation with respect to planning, development and management. Planning should take into account monitoring of supply and demand, improving recruitment, retention, deployment, and work patterns.

How can we attempt to strengthen health systems without addressing the human resources crisis? Indeed, the failure to develop and implement effective strategies and plans will seriously impair any initiative to reinforce primary health care and the achievement of national health goals. In many countries, a start can, and must, be made by making a rigorous appraisal of the current state of human resource development in terms of personnel policies, capacity, training, and the management of performance. I very much look forward to the follow-up of *The world health report 2006* and to more progress in strengthening the health workforce. No investment is better than investing in health and education. This is true for all countries without any exception, and I am confident that investing in the health workforce will yield the highest return.

Your excellencies, distinguished delegates, you have a very important agenda this year addressing many serious health challenges associated with, for example, pandemic influenza, international health regulations, noncommunicable diseases, climate change and health, immunization, the Millennium Development Goals, and human resources. I would like to share with you my thoughts on some of the agenda items.

The current trends on nutrition and on child and maternal health are simply unacceptable. The lack of adequate progress in attaining the health-related Millennium Development Goals is disappointing, particularly in the presence of cost-effective interventions. However, let us consider the current situations as an opportunity for change and an occasion to scale up such interventions. Low-income countries should receive much stronger support to address these serious trends that undermine global development and pose a severe threat to global and regional security. There are clear examples, including in my own region, where worsening health trends and lack of basic services, combined with poverty and unemployment, lie at the root of conflicts and civil unrest. The responsibility rests heavily upon governments, which must dramatically and conscientiously increase their efforts to provide better health and education services and to empower women in efforts to save the lives of children and prevent maternal deaths during, or as a result of, childbirth. The Millennium Development Goals, particularly those related to health, will remain beyond reach unless greater attention is given to nutrition and to child and maternal health.

Addressing the double burden of malnutrition will also have an impact on the control of chronic diseases like cardiovascular diseases and diabetes. Current science provides evidence that poor nutrition during pregnancy and early life predisposes to the development of diabetes, high blood pressure, and cardiovascular disease later in life. These major health problems have become the

leading causes of morbidity and mortality in my country and cardiovascular diseases and cancer alone account for about 50% of all deaths. They are key priorities in our national health development plans. Studies conducted in Jordan over the last decade show that obesity is rising rapidly, physical activity is declining and that high blood pressure, diabetes and related disorders now affect up to 25% of the adult population. I am therefore pleased to see that this session of the Health Assembly will discuss a plan to support Member States in the prevention and control of noncommunicable diseases.

Your excellencies, distinguished delegates, you have great opportunities to increase further investment in health development. Together with WHO, other United Nations agencies and major stakeholders in global health, you can play a major part in joint efforts to make this world a better place – a place where populations can enjoy their fundamental rights to better health and live in harmony and security. Thank you.

(Applause/Applaudissements)

The PRESIDENT:

Thank you very much. On behalf of the Health Assembly, I express our sincere thanks for your address today. It is an honour for this house to have you here and to hear your views on global health issues.

I am now very pleased to welcome, on behalf of the Health Assembly, the Most Reverend Desmond Mpilo Tutu, Archbishop Emeritus, Cape Town.

Archbishop Tutu was the first black General Secretary of the South African Council of Churches in 1979. He won the Nobel Peace Prize in 1984 and was elected the first black Anglican bishop of Johannesburg, and then in 1986 the Archbishop of Cape Town. During apartheid, Desmond Tutu's was a strong voice of denunciation, calling for freedom for his people. In 1994, after the end of apartheid, Archbishop Tutu was appointed Chairman of South Africa's Truth and Reconciliation Commission to investigate apartheid-era crimes. His policy of forgiveness and reconciliation has become an international example of conflict resolution. He continues to pursue an active international ministry for peace.

It is therefore with great pleasure that I invite His Grace to come to the rostrum. Your Grace, you have the floor.

The Most Reverend Desmond Mpilo TUTU:

Mr President, Madam Director-General, your Royal Highness, your excellencies, distinguished ladies and gentlemen, what a wonderful, wonderful privilege and honour to have been asked to address you. When you are looking out for a miracle, because I am a preacher, and you place a preacher on a rostrum, with a captive audience, and you expect that preacher to be pleased to try to be brief – that would be a miracle. I do not know whether you have heard the story of the little boy who went to church with his mother, and in church, just in front, there was a red lamp in the sanctuary, and the preacher went on and on and the little boy turned to his mother and said, "Mummy, when it turns green, can we go home?" Well I hope you will not feel too much like that little boy.

It is a very great honour, especially in the year when you mark the anniversary of the founding of the World Health Organization 60 years ago. WHO is the world's health agency and guardian of the right to the highest attainable level of health for all people. Well I came here not feeling too well. In fact, I felt like death warmed up. I arrived here, and WHO lived up to its reputation because I was seen by the Chief Medical Officer, Dr Pascale Gilbert-Miguet, and here I am. We all should give her a nice clap. I am a lot, lot better. And if in the course of my address I sound intelligent, you must know that I owe a lot of it to the contribution of Father Ted Karpf. So when there are places where it is not bad, it is probably not my contribution.

I am overwhelmed. It is an auspicious year since it is also the sixtieth anniversary of the signing of the United Nations Universal Declaration of Human Rights. As it happens, it is also the thirtieth anniversary of your own Alma-Ata Declaration on Primary Health Care and the seventh anniversary of the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, pledging

15% of the national budget to be earmarked for health by African Heads of State. Thus, there is no shortage of significant subjects about which we could confer together. I received a letter from Consumers International that urged me to raise the issue to which Her Royal Highness referred: the issue of childhood obesity. They claim that, worldwide, 22% of all children under five years of age are overweight. And somebody at the World Council of Churches said that they wanted me to mention the dire consequences of children living with HIV/AIDS, and they gave me a T-shirt and asked me to wear it. But it does not go well with purple. So I have an embarrassment of riches. But as I mulled over a possible topic, it struck me quite forcibly that in many ways it would be, in fact, somewhat presumptuous of me to talk to you about health issues when you are the professionals and have a plethora of experts you could call on who would have the specific data relating to your area of interest. I thought it would be less presumptuous and more appropriate if I were to speak in the area of my own competence: the spiritual, the religious or ethical sphere. I would be likely to speak with a bit more confidence and perhaps a modicum of authority.

Reflecting again on your history and Constitution, the fullness of the right to health is still incomplete. Health not only encompasses physical, mental and social well-being, but must be inclusive of spiritual well-being. I will try to explain. I have a favourite book of cartoons by the late Mel Calman of the British *Observer* newspaper entitled *My God*. One of these shows God somewhat nonplussed and saying, "Oh dear, I think I have lost my copy of the Divine Plan." Well, looking at the state of the world we might be forgiven for wondering if God ever had a plan at all. There are devastating floods in one part and destructive droughts in another. Could God not have organized it slightly better so that there was enough water for all everywhere? Then there are all the man-made disasters of tyranny and oppression, an endless doleful catalogue of woe. There are the long lines of bedraggled refugees from natural and man-made disasters. We have the casualties of racism, ethnic strife and xenophobia; and isn't it awful, awful, awful to read about what is happening in my country? And staring us in the face is the looming catastrophe of climate change and ecological degradation signalled by tsunamis, cyclones and hurricanes. And you would be particularly aware of the devastation caused by disease – tuberculosis, malaria, HIV/AIDS, river blindness, poliomyelitis, cholera, infant mortality, the maternal illnesses referred to so eloquently by Her Royal Highness, many fuelled by poverty; children dying of easily preventable diseases if they could but get inexpensive vaccination and inoculation; many illnesses resulting from a lack of clean water, proper sanitation and decent housing.

There is also evil when we refuse to provide the needed remedy to heal the nations, or become immobilized by bureaucracies or corruption. We must never forget that as government leaders, we have a calling to dispel ignorance, to restore justice and to defend liberty. We have this calling to ensure peace and to build good health. Much disease and heartbreak is preventable if governments have the political will. The "15% Now" campaign seeks to urge African Heads of State to honour their pledges and so prevent the unnecessary deaths of eight million of their citizens.

Then there are those leaders playing havoc with the well-being, the health of their people. In these places, even the children are enlisted into ranks of soldiers. Likewise, parents watch helplessly as their children succumb, either because medication is rendered useless because of a lack of electricity and, hence, of refrigeration; or they are held up at checkpoints and may fail to reach the hospital in time, if at all. Dear friends, health cannot be de-linked or separated from the killing effects of living under the bonds of terror, oppression and tyranny. The times are thoroughly out of joint. Evil is real and rampant.

In our Truth and Reconciliation Commission process in South Africa, we were devastated by the stories of atrocities committed such as, for instance, "We gave him drugged coffee, we shot him in the head, and then we burned his body. It takes 7 to 8 hours for this to happen, and so while it was taking place we had a barbecue and drank beer." You wondered what could have happened to the humanity of those perpetrators that they could sink so low. To burn cow meat here, and burn human flesh there, and drink beer while that was happening. We realized of course that it bore witness to the fact that you and I, all of us, have this horrendous capacity for evil. Those who supported Hitler did not have horns and tails. They were human beings like you and me, often even prominent, respected members of their communities. Yes, we all have this capacity to sink so low.

But wonderfully, wonderfully, that turned out not to be the whole story, nor indeed the most important part of the story. Wonderfully, exhilaratingly, there was another, a glorious, side. We witnessed extraordinary exhibitions of magnanimity as victims of the most ghastly atrocities, people who should have been consumed by bitterness and a lust for revenge, we witnessed how they spoke words of forgiveness, of generosity, to their tormentors and often embraced them, in public. And we realized then that yes, yes, yes, we have a capacity for evil, but, wonderfully, exhilaratingly, yes, we have this amazing capacity for good.

Early this year we of this group called "The Elders" visited Darfur. The descriptions do not tell half the story of the awfulness that we found there. We had a meeting with the internally displaced people and staggeringly, staggeringly, they could laugh. What an amazing example of the resilience of the human spirit in the face of daunting conditions. The Muslim men wore white costumes, and they were spotless, and you looked around the squalor there and wondered, "where did they get the water?" It all testified to the wonder of the human spirit, the capacity to laugh, to cling to dignity and self-respect, to refuse to see oneself as a victim, or want to be pitied as one.

And then, we were impressed by another feature of that depressing landscape: the wonder of the remarkable humanitarian workers. These were citizens of different lands, most of whom could have led safe and comfortable lives in their homelands. But no, here they were, some returning more than once to this bleak place, so utterly insecure, where they ran the risk of being abducted; and woe betide the victim if it were a woman, running the gauntlet of sexual violation and worse. And yet, there they were, as they were to be found in so many other parts of a world that was hurting, either through natural or man-made disaster. There they were with an amazing dedication and commitment, making you feel proud to be human. And many of those you represent are found in this glorious company of humanitarian workers as doctors, nurses, ambulance workers as they are, having offered themselves to those parts of the world suffering as a result of huge disaster. "Wow," we should say, "what a fantastic array of goodness, of compassion, of caring; continuing the divine project of healing a broken and wounded world; making whole that which was alienated and hurting."

All of you, including those fantastic people who are part of nongovernmental organizations around the world, all of you in this healing enterprise are God's collaborators in making this a better world: more compassionate, gentle, more caring and more sharing. In the tradition of Abraham there is a notion that God deliberately made the world imperfect so that God could enlist us all in the business of making the world perfect. When we were fighting against the viciousness of apartheid, we helped to sustain the morale and the hope of our people in what seemed an unequal struggle by reminding them, "Hey, ours is a moral universe. There is no way in which wrong, evil, injustice, oppression could ever have the last word." "Hey," we used to say to them, "this is God's world, you know, and God is in charge." Yes, there were times when you wished you could whisper in God's ear, "God, we know that you are in charge; why don't you make it slightly more obvious?"

Yes, wrong and evil will not have the last word. Goodness, compassion, love, justice, laughter, caring: these are what will prevail, what will triumph over their ghastly counterparts. Tyrants, dictators, perpetrators of injustice and oppression may strut about the stage as if they were invincible cocks of the walk. But as sure as anything, they will get their comeuppance. They will bite the dust, and do so ignominiously. That is the verdict of history. The tyrants, the despots, the upholders of apartheid – where are they now? No, no. We will not gloat.

It is evident from generations of witnesses that there is no situation that cannot be transformed. There is no person who is hopeless. You cannot say, "He-he-he, you, you've got a first class ticket to hell, man." No, no. There is no set of circumstances that cannot be turned about by human beings and their natural capacity for love. It is essential that the world see such ideas are put into action through the promises of WHO on behalf of all people, communities and nations. For we need each other to become truly free, to become human, and to enjoy the spiritual well-being of our creation in relationship to God and to one another. When we review the right to health, we cannot help but notice that its global scope contains the hopes and aspirations of all the peoples of the world. It also calls upon WHO to guard and guide the nations – the Member States, you call them – protecting their citizens and guaranteeing the right to health for all people. It is a sacred and solemn covenant, a promise that you are called upon to undertake. Let me thank you for your tenacious commitment and what this means in the lives of the more than six billion residents of our planet.

I am indeed grateful, as we all are in Africa, that you, Madam Director-General, have already become a partner in creation with God by addressing the monumental health concerns of Africa, and the health of women and girls, as critical to your priorities. Imagine, if you will, that the cradle of humankind, because of disease, conflict and destruction, is precariously placed to become its final burial ground. We cannot lose Africa. As we often sing in our houses of worship, "God bless Africa. Guide her leaders. Guard her children. Grant her peace."

It is a godly coincidence that nearby the World Council of Churches is also celebrating its sixtieth anniversary. Together, WHO and WCC share a common mission to the world, protecting and restoring body, mind and spirit. It is important that this is also the fortieth anniversary of the Christian Medical Commission, whose values and experience in primary health care informed and shaped the 1974 WHO guidelines for primary health care, which were reaffirmed at Alma-Ata. You see we – faith and health – have been together a very long time. Health is not only freedom from suffering and illness but, according to your Constitution, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". These words enshrine the fundamental reason you are here and suggest something of what we share in our commitment to the world together. Perhaps it would be good for us to include the recognition that there is an intrinsic relationship between God and humankind which can be acknowledged as "spiritual well-being". Perhaps one day this notion of well-being can be included in the WHO definition of health.

You are the guardians of the dream of "health for all". You have the opportunity and responsibility to lead the world into a healthy place. You are the enactors of justice – justice in the distribution of a country's wealth for health; justice to meet the Millennium Development Goals; justice to save the lives of your people, and to enable them to prosper and build healthy nations. God is watching. The people are watching. You are commissioned to go to wipe the tears away from all faces and to bring forth lives filled with strength and purpose, which will make for peace.

I have sometimes imagined that when God looks down at the mess we have made of things, that God might wonder, "Jeez, whatever got into me to create that lot?" And God weeps. And then … and then … and then … God looks again. And God sees you, you and all those others who want to help God change this world to make it a better world. And hey, have you noticed? A smile begins to break over God's face like the sun shining through the rain, and God says, "Yes, that is why I created them. They are vindicating me." And a little angel – just notice, the little angel goes and wipes the tears from God's eyes. And God says, "Please help me. Please help me to realize my dream that all my children will know that they are sisters and brothers, members of one family: the human family, God's family. Please help me. Please help me. Please help me make this world a more compassionate place; please help me make it more gentle; please help me make it more caring. Help me, help me, help me – so that they can share. Help me, help me. Please help me."

(Applause/Applaudissements)

The PRESIDENT:

Thank you very much. On behalf of the Health Assembly, I wish to express our appreciation for sharing with us your thoughtful words regarding the spiritual and ethical aspect of health.

2. ADDRESS BY THE DIRECTOR-GENERAL (continued) ALLOCUTION DU DIRECTEUR GENERAL (suite)

The PRESIDENT:

The Health Assembly will now resume its consideration of item 3 of the agenda.

Mr OSMAN (Brunei Darussalam):

Bismillah ar-rahman arrahim. First of all, on behalf of the Government of Brunei Darussalam, I would like to take this opportunity to congratulate you, Mr President, on your election as the President of the Sixty-first World Health Assembly, and also the Vice-Presidents and other office-bearers on their appointments. I am confident that under your stewardship, you will guide the work of this august Health Assembly to a successful conclusion. Brunei Darussalam would also like to congratulate Dr Margaret Chan, the Director-General of WHO, on her able leadership and continuous hard work and commitment in addressing the challenges of achieving global health. We also fully support your call for a return to the values and principles of primary health care as an approach to strengthening health systems.

I would also like to convey our heartfelt condolences to the People's Republic of China and the Union of Myanmar on the recent natural disasters affecting their respective countries, our great sympathy to all those who have been affected by the disaster and our support for all the valiant efforts in overcoming the difficulties.

The United Nations General Assembly unanimously endorsed the Millennium Declaration in the year 2000. We have just passed the halfway mark to the target year for the achievement of the Millennium Development Goals. We note that there has been some progress in achieving the Goals' targets. But despite the availability of financial and technical aid, millions of children under the age of five still die from lack of health care every year, and in some countries the levels of under-five mortality are even higher than in the 1990s. Hundreds of thousands of women continue to die in pregnancy and childbirth each year, despite increases in the rate of attended deliveries. Maternal death rates in low-income countries are 1000 times higher than in high-income countries. In combating HIV/AIDS, malaria and other diseases, the story is bleak in many countries, despite success in selected countries, with the worsening global pandemic of HIV/AIDS reducing life expectancies and economic gains in several African countries.

Brunei Darussalam continues to remain committed to achieving the targets for the Millennium Development Goals, and has been classified as an early achiever in several, including most of the health-related Development Goals. To date, Brunei Darussalam has made progress in meeting the Goals, in particular in 12 of the 21 categories, which include universal primary education, gender equality, empowering women, reducing child mortality, combating HIV and AIDS, malaria and other diseases. Having achieved most of the health-related Millennium Development Goals, the challenge before Brunei Darussalam is to maintain and improve our achievements. The Millennium Development Goals are subject to many new and evolving challenges such as globalization, escalating health-care costs, natural disasters, complex emergencies, ageing populations, urbanization and changing socioeconomic and cultural values, to name but a few. We are also increasingly faced with the challenge of combating noncommunicable disease groups such as cancers, cardiovascular diseases and diabetes mellitus. Brunei Darussalam cannot succeed in addressing these challenges by doing it alone. We are indeed indebted to the technical support offered by WHO through the collaboration of various forums in the region. This has significantly assisted our efforts to strengthen our capacity and capability to address the many challenges. The pivotal role played by regional and international cooperation, which has led to the achievements thus far, needs to be further enhanced. There are lessons to be learnt, and experiences to be shared to enrich each other's efforts.

The issues of the borderless world of health, economics and sociopolitical matters are real. They pose greater challenges to us all in many different forms and dimensions, which are even worse now with the increase in food and fuel prices and increasing environmental hazards. The cross-cutting nature of the issues requires us to work in tandem with all our stakeholders, not only in health but also in many other sectors. Public–private partnership needs to be established and strengthened to promote community participation and ownership in many health services.

Last but not least, the theme chosen for the World Health Day celebrations this year, "Protecting health from climate change", is most apt and timely as it interlinks with the Millennium Development Goals ensuring environmental sustainability. The past years have posed great challenges to the world: floods, drought, heatwaves, earthquakes, hurricanes, forest fires and wars. Air pollution and greenhouse gas emissions are some of the key factors in climate change. These factors have in some

way delayed, and in some countries halted, the progress in meeting the Millennium Development Goals. Secondary to this, they have in turn directly and indirectly affected human health and put vulnerable populations at greater risk of the impact. Human beings are already exposed to the effects of climate change through outbreaks of climate-sensitive diseases such as diarrhoeal diseases and malaria, which today has killed millions.

Adaptation measures are available to combat climate change and these must be adopted and incorporated into national and regional strategies. Stronger and sustained international action is also needed to accelerate the transition to cleaner and more efficient energy sources. It has been shown that Member States can work together successfully to reduce and even reverse negative human impacts on nature. Unless the challenges on climate change are addressed, achieving the Millennium Development Goals by 2015 will be impossible for some countries.

I would like to end with these remarkable words from the former Secretary-General of the United Nations, Mr Kofi Annan, and I quote, "It is not in the United Nations that the Millennium Development Goals will be achieved. They have to be achieved in each of its Member States, by the joint efforts of their governments and people" and "The Millennium Development Goals can be met by 2015, but only if all involved break with business as usual and dramatically accelerate and scale up action now."

Assalamu alaikum warahmatullahi Wabarakatuh.

Mr DUKPA (Bhutan):

Mr President, Madam Director-General, excellencies, ladies and gentlemen. It is my profound pleasure to convey to the Health Assembly greetings from His Majesty the King, the Prime Minister and the people of Bhutan. As a member of Bhutan's first democratically elected government, I am humbled and honoured to be part of this august Health Assembly. My delegation would like to express deep condolences to the peoples of China and Myanmar for the tremendous loss and suffering caused by the natural disasters.

Mr President, we congratulate you on your election to this very important office. In the last two days you have already demonstrated your wisdom and leadership qualities in guiding the deliberations of this Health Assembly. I am pleased to report that Bhutan remains well on track to achieving the health-related Millennium Development Goals. The Millennium Development Goals targets for improving the supply of safe drinking-water and providing basic sanitation have already been met and the rest are expected to be achieved within the tenth five-year plan, which will begin in July this year. While the prevalence of HIV infection in the general population is low and significant reductions in maternal mortality have been recorded, these are in fact the areas of our concern. The fundamental factor for the appreciable achievement has been our Government's sustained focus on primary health care over the past 30 years. Side by side, traditional medicine and practices, which are an integral part of the general health services, have greatly improved the health of the Bhutanese people.

While we derive much satisfaction and pride from our achievements, there is much to be done to achieve all the Millennium Development Goals. Sustaining past accomplishments and future initiatives has become a daunting challenge for Bhutan. Enhancing access to quality primary health-care services against rising costs and competing needs is a key concern for us.

As is true for many other countries in the region, Bhutan is grappling with a double burden: problems of infectious and communicable diseases continue while new challenges such as chronic noncommunicable diseases, the threat of new pandemics like avian influenza and the looming dangers of climate change are significant impediments in our mission to achieve the Millennium Development Goals. If we are to realize the Goals we require adequate funding and skilled human resources combined with attractive professional development conditions to address emerging threats. Success can only be ensured through concerted efforts at the global, regional and national levels.

The Bhutan Health Trust Fund initiated in 1998 to sustain primary health care has been supported by WHO since its inception. The fund has guaranteed the timely purchase of essential drugs and vaccines, which are crucial components of primary health-care services. The Trust Fund is steadily approaching the initial target of US$ 24 million but requires a further boost before it becomes

fully operational. We hope the international community will lend much needed support to such innovative initiatives for alternative financing mechanisms.

In conclusion, I would like to reaffirm Bhutan's commitment to the Millennium Development Goals, which is closely linked to our national development philosophy of "gross national happiness". It remains our constant endeavour to promote in Bhutan a healthier and happier society.

Thank you, ladies and gentlemen, for your patient listening and *tashi delek* from the Himalayan Kingdom of Bhutan.

Mr GOMES TEMPORÃO (Brazil):

Mr President, Dr Margaret Chan, distinguished delegates, the Brazilian delegation welcomes the opportunity to examine the major health issues on the WHO agenda using as guidelines the Millennium Development Goals. All the Millennium Development Goals receive the full support of my Government. The social area in particular is undergoing momentous change, thanks to progressive and more inclusive policies. Our universal health system is a major contributing factor to this change. Brazilian society has firmly and democratically decided that health is the right of everyone and an obligation of the State. In order to deliver better results we have been reorganizing and expanding our health system, in which the stage of primary health care plays a major role, as around 7% of the population depends exclusively on our universal health system for all health needs.

Despite some success there are worrying signs suggesting that as many as 68 countries will not reach the Millennium Development Goals in 2015. We must recognize not only the limitations of the cooperation and aid mechanisms we are using but also the shortfall in the level of spontaneous commitments by the majority of developed countries at the Millennium Summit. The lack of coordination among donors, disease-oriented programmes being given preference over the strengthening of health systems, and lack of sensitivity towards local priorities are some of the problems. New thinking is required to move forward in a significant way. Wherever its scarce means and resources permit, Brazil has generously shared the results and lessons of its experience in South-South cooperation, be it in Latin America or in Africa, in a coordinated effort. We need to fight together with our partners, taking into account their needs and providing adequate answers rather than imposing ready-made solutions, in a dialogue among peoples that share common perspectives and problems. Our universal health system makes this possible. As a matter of fact, the main area of our South-South cooperation is in the health sector.

In Brazil, thanks to an integrated economic and social policy resulting in a growing and stable economy, President Lula's Government has implemented and successfully expanded social policies and programmes aimed at combating poverty and promoting social inclusion. The results are high standards but also the positive reinforcement of economic growth. When dealing with public health, we here at WHO must always remember that health and development are inescapably interrelated issues. We will then have a much better chance of attaining not only the health-related Millennium Development Goals but also of responding to other diseases. So if you want a healthy world, take the development agenda seriously.

In today's globalized world access to the fruits of human knowledge is increasingly segmented along legal and market lines. We have a moral obligation to make sure that the benefits of human progress are accessible to all. Innovative structures are needed to provide accountable and sustainable access to higher levels of health for the developing world. We must not limit these efforts artificially to neglected diseases but deal also with all major diseases that affect the poor and developing countries, such as cancer, diabetes and hypertension. I know that many good ideas have been and will be put forward in this Health Assembly, but I would like all of us to build on them. If we are to deal effectively with the health issues of the developing world, we need to provide specific guidelines and consider reinforcing WHO. Now comes the hard part: how do we go about this? My suggestion is the creation of an international fund controlled by the United Nations and financed by yet-to-be determined contributions from industries that are knowingly and directly harmful to health. As further guidelines, the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property process should provide at least some of the answers. The Intergovernmental Working Group process opens up possibilities that may enhance access to medicines that at present lie beyond the

reach of many. As the Director-General has pointed out to this Health Assembly, we are trying to make the benefits of advances in medicine and science more inclusive. The Government of President Lula attaches great importance to the Intergovernmental Working Group process and sees in it a horizon of possibilities than can benefit all. Brazil is committed to conclude these negotiations in the shortest period of time. We are to start walking down this new path together with all the WHO membership as quickly as possible. I therefore reassure you that the Brazilian Government will continue to support the Intergovernmental Working Group process politically, technically and, at the appropriate moment, financially. Thank you very much.

M. CLEMENT (Canada):

Monsieur le Président, félicitations pour votre élection ; Excellences, Mesdames et Messieurs les délégués, la santé est l'un des importants enjeux auxquels nous faisons face en cette ère de mondialisation et d'interdépendance.

(L'orateur poursuit en anglais.)
(The speaker continued in English.)

I would like to focus my remarks on a number of key issues which Canada believes are of particular importance to this Health Assembly: increasing access to medicines, promoting global health security and addressing emerging global health issues.

First, regarding increasing access to medicines, during the past number of years there have been a wide range of initiatives to increase access to medicines and to promote and fund health research for diseases that disproportionately affect the developing world. Canada has been very supportive of these initiatives and during the past year we have had the privilege of chairing the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property to develop a global strategy and plan of action. I am very pleased with the progress that has been made during these meetings and would encourage all of us to complete our important work. In addition, I urge all of us to seek opportunities to implement the global strategy and plan of action. To this end, we announced in our most recent budget that Canada would be establishing a CAN$ 50 million per year Development Innovation Fund to support research in breakthroughs in global health and other areas that have the potential to bring about enduring changes in the lives of millions of people in poor countries.

(The speaker continued in French.)
(L'orateur poursuit en français.)

Deuxièmement, à propos de la sécurité sanitaire mondiale, le Canada continue d'appuyer les négociations en cours sur la préparation mondiale à une éventuelle pandémie de grippe. Les pays participants ont bien démontré leur engagement à collaborer et à en arriver à des solutions. Au Canada, nous continuons avec nos propres préparatifs et pouvons vous assurer de notre entière collaboration.

(L'orateur poursuit en anglais.)
(The speaker continued in English.)

Thirdly, we need to continue to address emerging global health challenges. For example, the global climate is changing and Canadians are concerned about the impact on their health, environment and the well-being of communities.

(The speaker continued in French.)
(L'orateur poursuit en français.)

Le Canada favorise l'utilisation d'une approche scientifique et fondée sur des données factuelles afin de mieux comprendre les impacts du changement climatique sur la santé et de mieux cibler notre réponse.

(L'orateur poursuit en anglais.)
(The speaker continued in English.)

Food and product safety will also continue to be an important focus for health ministries. In today's economy, foods and consumer goods are increasingly global in nature as production and distribution can cross many borders. Now more than ever, it is the responsibility of governments to ensure that consumer products do not endanger health and it is up to governments to work with producers and importers to ensure product safety standards are second to none. That is why the Canadian Government proposed tougher food and product safety laws that will prevent problems in the first place and increase penalties on actions that endanger people's health.

I want to note the challenges and successes we continue to have in meeting the Millennium Development Goals. I was pleased to note that the WHO publication, *Global tuberculosis control: surveillance, planning, financing: WHO report 2008* indicates that if current trends are sustained, Millennium Development Goal 6, as it relates to the incidence of tuberculosis, will be achieved before the target date of 2015. I would like to commend as well, our own Canadian Assembly of First Nations who are partnering with WHO to address this global crisis of tuberculosis amongst indigenous peoples.

Also, in striving for success we need look no further than the collective progress we have made on the final elimination of poliomyelitis. We can eliminate this disease and it has been a common goal amongst the international community. One of Canada's health priorities in Afghanistan has been working with WHO to eliminate this disease.

I wish to recognize the efforts that are under way to help the people of Myanmar and China as they are faced with the enormous challenge of responding to the impact of natural disasters. We are aware of the tremendous burden that this has created for your countries and extend our support for your recovery efforts.

(The speaker continued in French.)
(L'orateur poursuit en français.)

Finalement, je suis très heureux d'être revenu parmi vous, et je puis vous assurer que le Canada est très heureux de collaborer avec le Dr Chan, l'OMS et nos associés internationaux afin de bâtir un monde meilleur, plus en santé et plus sécuritaire. Merci.

Le Dr YODA (Burkina Faso):

Monsieur le Président, Mesdames et Messieurs les Ministres, Madame le Directeur général de l'OMS, honorables délégués, Mesdames, Messieurs, c'est un honneur pour moi de prendre la parole, au nom de mon pays le Burkina Faso, devant cette auguste Assemblée de la Santé. Je voudrais commencer par vous féliciter, Monsieur le Président, pour le choix porté sur votre personne en vue de diriger nos travaux. Mais avant de poursuivre mon propos, j'adresse nos condoléances les plus émues à la Chine et au Myanmar pour les nombreux décès dus aux catastrophes naturelles qui ont frappé ces deux pays.

L'engagement de mon pays à réaliser les objectifs du Millénaire pour le développement s'est traduit par l'adoption d'un cadre stratégique de lutte contre la pauvreté en 2000, et sa révision en 2003, afin de mieux cibler ces objectifs. En 2003, une évaluation des progrès accomplis par le Burkina Faso vers la réalisation des objectifs du Millénaire pour le développement, réalisée en collaboration avec le PNUD, a montré, selon les données disponibles, les éléments suivants. Le taux de mortalité des enfants de moins de 5 ans a connu une baisse de 1,6 % en 10 ans. Evidemment, ces résultats sont insuffisants car, à ce rythme de progression, le taux sera de 180 pour 1000 en 2015, ce qui restera encore élevé. Le taux de mortalité maternelle, quant à lui, a connu une réduction de l'ordre de 14,5 % en 5 ans. Dans cette dynamique, le taux de mortalité maternelle se situera encore à un niveau insatisfaisant d'ici 2015. Le taux de séroprévalence du VIH est passé de 7,17 % en 1997 à 1,8 % en 2003. L'épidémie s'est stabilisée autour d'une prévalence moyenne de 2 %. Ces résultats sont encourageants et la réalisation de l'objectif du Millénaire pour le développement correspondant est

très probable. Quant au paludisme, à la tuberculose et aux maladies à potentiel épidémique, dont les épidémies récurrentes de méningite à méningocoque, elles restent une préoccupation du Burkina Faso.

Les résultats déjà obtenus – et qui doivent être accélérés – l'ont été grâce à un certain nombre de facteurs dont l'engagement politique du Gouvernement et l'appui de ses partenaires. C'est ainsi que pour la réduction de la mortalité maternelle et des enfants de 0 à 5 ans, le Gouvernement a pris les mesures suivantes : instauration de la gratuité des soins préventifs en faveur de l'enfant et de la femme enceinte ; subvention sur le budget de l'Etat à hauteur de 80 % des accouchements et des soins obstétricaux et néonatals d'urgence, substitution des chirurgiens, en nombre insuffisant, par des médecins formés en chirurgie essentielle pour la prise en charge de certaines urgences dont les césariennes et les laparotomies dans les hôpitaux de district ; et renforcement de la surveillance nutritionnelle et de la lutte contre les carences en micronutriments. Quant à la lutte contre le VIH/sida, le rattachement du Conseil national de lutte contre le sida à la Présidence du Faso, dont les sessions sont présidées par le Président lui-même, a donné une grande impulsion à ce combat. En outre, une lutte multisectorielle et partenariale s'est développée, associant les personnes vivant avec le VIH/sida, les organisations non gouvernementales, les organisations communautaires de base et les acteurs du secteur privé. Sur le plan du partenariat, le Burkina Faso a su mobiliser, dans le cadre de l'approche sectorielle pour le développement sanitaire, un soutien efficace de ses partenaires en les associant à l'élaboration, l'exécution, le suivi et l'évaluation de sa politique sanitaire nationale et de son plan national de développement sanitaire 2001-2010, grâce à la mise en place de cadres multisectoriels permanents de concertation, de commissions thématiques et d'un panier commun pour le financement du secteur de la santé.

Toutefois, un certain nombre d'obstacles, dans le contexte de la pauvreté globale de mon pays, freinent les progrès vers la réalisation des objectifs du Millénaire pour le développement. Je voudrais citer l'insuffisance des ressources financières, de la couverture sanitaire, des ressources humaines, notamment du personnel spécialiste ; la faiblesse du système de santé ; la faiblesse du système de partage des coûts ; la perturbation de l'exécution des activités de terrain par la survenue d'épidémies récurrentes de méningite à méningocoque. Face à ces obstacles, le Gouvernement du Burkina Faso a entrepris un certain nombre d'actions, notamment l'augmentation du budget de l'Etat alloué au secteur de la santé qui atteint aujourd'hui 15 % ; l'accroissement de la couverture sanitaire en infrastructures équipées selon les normes ; le développement des ressources humaines conformément au plan en la matière y compris leur motivation ; l'appui à la mise en place de systèmes de partage des coûts de la santé ; la priorité donnée à la nutrition par la création d'une direction de la nutrition; l'adoption d'une nouvelle politique nationale de la nutrition et la mise en place d'un Conseil national de concertation en nutrition ; enfin, le Burkina Faso espère enrayer le cycle des épidémies de méningite grâce à la recherche sur les facteurs de survenue de ces épidémies en collaboration avec l'OMS – que je salue – et les Centers for Disease Control and Prevention d'Atlanta ainsi qu'aux résultats de la recherche sur le vaccin conjugué A d'ici fin 2009. Toutes ces questions en vue de réaliser les objectifs du Millénaire pour le développement liés à la santé nous offrent l'occasion de requérir, encore une fois, la nécessité pour l'Assemblée de la Santé de permettre à la République de Chine (Taïwan) d'être présente à ses assises en tant qu'observateur en vue de mieux protéger les 23 millions de personnes vivant dans ce pays.

En ce qui concerne les initiatives et les partenariats mis en place pour nous accompagner dans la réalisation des objectifs du Millénaire pour le développement, nous continuerons de faire le plaidoyer auprès de nos partenaires pour parvenir à un niveau plus élaboré d'alignement sur nos priorités et d'harmonisation des procédures, dans le cadre de la mise en oeuvre de la Déclaration de Paris. C'est l'occasion pour moi au nom du Gouvernement et de tout le peuple du Burkina Faso, d'exprimer ma sincère gratitude à tous les partenaires techniques et financiers. Je puis les assurer de l'engagement du Gouvernement du Burkina Faso à mettre en oeuvre la Déclaration de Ouagadougou issue de la Conférence internationale sur les soins de santé primaires et les systèmes de santé en Afrique tenue en avril 2008 dans notre pays, afin de réaliser les objectifs du Millénaire pour le développement liés à la santé, pour le bonheur de notre peuple. Je vous remercie.

Le Dr PONMEK DALALOY (République démocratique populaire lao):

Monsieur le Président, Madame le Directeur général, Excellences, Mesdames et Messieurs les délégués, l'année 2008 est l'année du mi-parcours du Millénaire. Bien qu'elle soit caractérisée par de nombreuses incertitudes et remplie d'événements importants, dont la portée est large et certainement profonde, notamment la hausse des prix du pétrole et la pénurie de produits alimentaires, au moment où le cyclone Nargis et le tremblement de terre dans la province de Sichuan ont respectivement apporté aux peuples du Myanmar et de la Chine des pertes et des souffrances immenses, et où toute la communauté internationale s'est lancée dans un mouvement émouvant de solidarité avec l'ensemble des familles des victimes, maintenant plus que jamais, les faits nous ont démontré les conséquences néfastes des changements climatiques et environnementaux.

Dans ces moments de grands défis et d'épreuves, avant tout au nom de la délégation de la République démocratique populaire lao, nous voudrions vous féliciter, Monsieur le Président, pour votre élection à vos hautes et nobles fonctions. Nous sommes convaincus que sous votre sage direction, notre Assemblée mondiale de la Santé sera couronnée de succès. De même, nous voudrions féliciter les Vice-Présidents pour leur élection. Nos félicitations vont également à Mme le Directeur général, qui, dans un monde en plein changement, a su trouver la juste voie pour harmoniser les différents objectifs.

Concernant les objectifs du Millénaire pour le développement liés à la santé dans le cadre de la politique de rénovation, à mi parcours, dans notre pays, des progrès importants ont été réalisés pour réduire la pauvreté. Cependant, nous sommes confrontés à une situation que nous pouvons qualifier de mixte car elle comporte à la fois des succès pour l'objectif 4 et des insuffisances à surmonter pour l'objectif 5.

Concernant la mortalité des enfants de moins d'un an et de moins de 5 ans, nous sommes sur la bonne voie et selon le compte à rebours fait au Cap, nous sommes classés parmi les 10 premiers des 68 pays considérés. En effet, la mortalité des enfants de moins de 5 ans a baissé de 170 en 1995 à 107 en 2000, puis à 95 en 2005, et il est probable que nous atteindrons l'objectif de 70 en 2015. La mortalité des enfants de moins d'un an a baissé de 104 en 1995 à 82 en 2000, puis à 70 en 2005, et il est probable que nous parviendrons à 45 en 2015. Par contre, pour l'objectif 5, à savoir la mortalité maternelle, selon les recensements de 2005 et l'estimation globale en 2006, les chiffres sont très élevés et inacceptables. Les raisons de cette haute mortalité sont nombreuses et complexes, mais la raison la plus importante et non comprise c'est que son abaissement ne peut être spontané et nécessite une intervention professionnelle de haut niveau pour les cas anormaux ou avec des complications d'urgence vitale. Les faits démontrent d'une façon claire que pour pouvoir faire baisser cette mortalité pour les cas normaux, il faut renforcer la capacité de notre système de santé, notamment en termes de ressources humaines, comme les personnels qualifiés pour l'accouchement, à savoir les sages-femmes qui ont des pratiques bien codifiées, ou les médecins assistants de famille qui sont présents dans les lieux qui ont besoin d'eux. En plus, il nous faut un système d'orientation/recours approprié aux niveaux interdistrical et provincial, appuyé par un service de logistique fonctionnelle pour transférer les cas à haut risque. Pour garantir tout cela, il est nécessaire d'avoir une politique pour aider les pauvres qui ne peuvent pas faire face aux dépenses qui en découlent, couplée à un investissement approprié à tous les niveaux. Tout cela constitue un grand défi pour tous les pays en développement notamment les moins avancés.

La malnutrition constitue la base commune qui sous-tend toute la problématique de la mortalité maternelle et infantile. Ici nous devons faire face à des défis sérieux qui exigent de nous des efforts déterminés et soutenus pour y parvenir. Pour l'objectif 6, les progrès ont été importants concernant la tuberculose, le paludisme, l'approvisionnement en eau potable et l'assainissement, mais pour le VIH/sida, malgré la basse prévalence qui est continue dans notre pays, nous sommes confrontés à la menace potentielle de l'extension de l'infection à VIH/sida avec la transformation de notre pays – sans littoral et isolé – en un pays de transit et un marché de compétition avec des concurrences multipliées.

Face à une telle situation caractérisée à la fois par des succès et des insuffisances, dans le cadre de la revitalisation des centres de santé primaires, notre orientation consiste à promouvoir encore plus les résultats positifs déjà obtenus et d'autre part à identifier clairement les causes, notamment les causes intrinsèques des limitations et de la lenteur des performances. Bien sûr, à côté de cela, nous

avons maintenant plus que jamais besoin du soutien de tous nos partenaires, actuels et futurs, qui vont nous appuyer d'une façon efficace et positive. L'objectif général à l'horizon 2015 vise à raffermir la base déjà créée pour devenir un tremplin afin de parvenir aux objectifs du Millénaire pour le développement. Les mesures sont à la fois d'ordre humain, organisationnel, méthodologique, financier et législatif. La méthode consiste à mobiliser fortement la participation des personnels de santé compétents et de la population dans tout le pays, avec l'appui de l'Etat et l'assistance de la coopération internationale. Vu la performance des technologies sociales déjà acquises et prouvées dans la lutte contre les maladies émergentes et la campagne de vaccination pour l'élimination de la rougeole, nous pensons que nous pourrons surmonter les difficultés une à une et parvenir finalement aux résultats prévus en temps voulu. Finalement, puis-je exprimer nos meilleurs voeux de réussite pour notre Soixante et Unième Assemblée mondiale de la Santé. Merci.

Mr DE SILVA (Sri Lanka):

Mr President, Vice-Presidents, Madam Director-General, excellencies, ladies and gentlemen, first of all, let me congratulate you Mr President, and the Vice-Presidents, for being elected to high offices in this Health Assembly.

On behalf of the people of Sri Lanka, I wish to express our deep sorrow and grief at the recent unfortunate tragedies that struck two of our Asian friends, China and Myanmar. Collectively we shall provide all the support necessary to restore the situation to normal.

Climate change, and its implications for health, has become one of our foremost concerns demanding urgent attention. It will also seriously threaten the realization of the Millennium Development Goals. The consequences of climate change on health have the potential to trigger major population displacements and, indeed, social conflict. Significantly, these will mostly occur in countries with the weakest public-health capacity. Yet the knowledge at global and national level on this challenge is totally inadequate. We strongly support the resolution that is before this Health Assembly on climate change.

Migration of health personnel has an adverse impact on health systems in developing countries, threatening their achievement of the Millennium Development Goals. Even though a dialogue is ongoing within WHO and other international agencies in this regard, the code of practice or an appropriate mechanism to tackle this problem has not been finalized yet. We need to accelerate our efforts to find a sustainable solution to this problem, taking into consideration socioeconomic, human rights and other issues in a balanced manner. The challenge of securing equitable access to health services for migrants is a crucially important issue for South Asia with millions of our citizens living and working abroad. As a practical policy measure, first of all we need to sensitize the policy-makers and establish minimum standards of health care for all migrants. I would urge WHO to take the lead in developing an international charter to ensure fair and equitable health services for migrants.

We are happy with WHO's initiatives on tobacco control. We strongly support the resolution on strategies to reduce the harmful use of alcohol. Our National Alcohol and Tobacco Authority is now actively pursuing both demand and supply reduction. The Sri Lankan President, His Excellency Mahinda Rajapaka, is personally providing leadership to the flagship programme called "*Mathata Thitha*", which translates as "end substance abuse".

Our malaria control programme has achieved significant success, recording the lowest number of cases in nearly 50 years in 2007 and we are currently working with WHO to move to the elimination phase. In HIV, too, we remain a low-prevalence country, but we need to continue to be vigilant with high-quality surveillance.

Let me compliment our able Director-General and endorse her comprehensive draft action plan for the global strategy for the prevention and control of noncommunicable diseases. As a developing country which has seen many successes in health, especially in communicable diseases and reproductive health, we are now constrained to deal with the increasing disease burden due to noncommunicable diseases. These demand long-term care, more complex interventions and expensive technology, placing a tremendous strain on human and financial resources in our health system.

In most developing countries, malnutrition remains an obstacle in achieving the Millennium Development Goals. It is compounded by the prevailing global food crisis and we urge WHO to work with the United Nations and other partners to urgently address this crucial issue.

Finally, I would be failing in my duty if I did not acknowledge the strong support that we continue to receive from WHO and I wish to convey a special word of thanks to you, Madam Director-General, to Dr Samlee, the Regional Director for South-East Asia and to the Sri Lanka country office. We look forward to continuing this strong partnership in the years ahead. Thank you for your attention.

The PRESIDENT:

I now give the floor to the delegate of Ecuador who will speak on behalf of the Member States of the Andean Region.

La Dra. CHANG (Ecuador):

Señor Presidente, señores Vicepresidentes, Directora General, distinguidos ministros y delegaciones: Los ministros y ministras de salud de seis países de Sudamérica - los seis países andinos, agrupados en el Organismo Andino de Salud - decidimos en nuestra última reunión celebrada en Quito (Ecuador) realizar nuestra intervención central en esta Asamblea con una sola voz, con un único planteamiento, para abordar un problema que trasciende las fronteras y requiere una posición que va mucho más allá de los límites de las naciones. Para Ecuador, y particularmente para mí, es un gran honor y responsabilidad asumir esta delegación.

Aquí estamos los representantes de: Chile, patria de Neruda y Allende; de Bolivia, patria de Tupak Katari, y donde se encuentra el Cerro Rico de Potosí y el Lago Titicaca; del Perú, patria de Vallejo e Hipólito Unanue, donde se encuentra una de las maravillas del mundo, el Machu Pichu; de Colombia, tierra de Gabriel García Márquez y Botero; de Venezuela, patria de Bolívar y Sucre, libertadores de nuestra región; y de Ecuador, en la mitad del mundo, patria de Atahualpa, Eugenio Espejo y Guayasamín, de las Islas Galápagos, patrimonio viviente de la humanidad.

El sueño de nuestros libertadores fue siempre la integración, constituirnos como una gran nación sudamericana. Hoy, casi 200 años después, nuestros presidentes están haciendo realidad ese sueño. Esta semana, en el Brasil, los presidentes de los 12 países sudamericanos están firmando el acta constitutiva de UNASUR, la Unión de Naciones del Sur. Nosotros somos parte de ese sueño y de esa iniciativa. Andinos, sudamericanos, unidos para construir un destino mejor.

Es por eso que aquí, los ministros y ministras de salud de los países andinos juntamos nuestras voces para hacer realidad esa integración andina y sudamericana, expresando nuestra preocupación unánime por el inquietante fenómeno del cambio climático. Venimos a hacer propuestas, pero también a exigir responsabilidades a los países del Norte, causantes de más del 80% de esta problemática. Es para nosotros un imperativo ético traer una posición conjunta ante un problema de tal magnitud.

El cambio climático y el calentamiento global trascienden las fronteras y requieren de un enfoque integral, que nos permita actuar en conjunto, pues, como lo planteó hace muy poco el Presidente de Bolivia Evo Morales, la madre Tierra, nuestra Pachamama, está amenazada de muerte. Si no actuamos de inmediato, no habrá vida posible en el planeta.

Las causas del cambio climático y el calentamiento global están claramente establecidas, sabemos que se deben a un modelo de desarrollo y consumo insostenible, que altera el equilibrio de los seres humanos con la naturaleza, que mantiene un nivel de consumo irracional de energía. Una sola ciudad de los Estados Unidos consume más energía que toda el África subsahariana. Es evidente que los mayores generadores de gases de efecto invernadero son los países más desarrollados. Y los que más sufrimos las consecuencias devastadoras somos los países en vías de desarrollo, sobre todo los más pobres. Por ello, venimos también a exigir responsabilidades y acciones. Sólo algunos ejemplos de lo que estamos padeciendo y no sólo quienes habitamos la región andina sino el mundo: el 80% de los glaciares tropicales se encuentra en los países andinos y se están derritiendo a ritmos acelerados: el Chacaltaya en Bolivia, el Antisana, Chimborazo y Cotopaxi de Ecuador, el Quelcaya y

Pastoruri en Perú, el Pico Bolívar de Venezuela, el Nevado del Ruiz en Colombia, el imponente glaciar Grey en el sur de Chile, están desapareciendo.

Esto tiene un impacto notable en las facilidades de riego para la agricultura, en la capacidad de producir energía hidroeléctrica y en la disponibilidad de agua para consumo humano. Por ejemplo, La Paz, la capital más alta del mundo, ya está sufriendo los efectos del derretimiento de los glaciares que garantizaban el suministro de agua, ese líquido vital, para sus habitantes, siendo Bolivia el país del continente que produce menor cantidad de gases de efecto invernadero.

Así como son irrefutables las evidencias del calentamiento global, también lo son las evidencias del impacto que los fenómenos asociados al cambio climático tienen sobre la salud. Esta Organización, la OMS, habla de 150 000 muertes y más de cinco millones de años de vida ajustados por discapacidad perdidos. Emergen y reemergen enfermedades infecciosas; se incrementan las diarreas y enfermedades transmitidas por alimentos y agua; aumentan los cuadros carenciales, las enfermedades respiratorias, alérgicas y dermatológicas, y se ve comprometida la salud mental de las personas. Cada vez con mayor frecuencia se asocian estos reportes a alteraciones de los ecosistemas.

Quizás la primera y más importante consecuencia del cambio climático sea aquella que se deriva de su impacto negativo en la disponibilidad de agua y alimentos; ambos son macro determinantes de la salud y la vida. Sin agua y alimentos no hay vida ni salud. Ya la Organización de las Naciones Unidas alertó sobre las posibles hambrunas que azotarán al mundo en los próximos años como producto del calentamiento global. Sabemos que la desnutrición es la causa más importante de mortalidad infantil en el mundo, y que aumentará considerablemente debido a la escasez de alimentos. ¡Y mucha atención al cambio de usos de terrenos de vocación agrícola para la producción de biocombustibles! ¿Dejaremos de producir alimentos para las personas, para producir alimentos para los vehículos?

Otro impacto importante se produce sobre las enfermedades transmitidas por vectores: malaria, dengue, fiebre amarilla. No había malaria por encima de los 1500 metros de altura, y ahora ya la tenemos a 2500 metros. Alerta: la población en riesgo por estas enfermedades puede duplicarse en pocos años e introducirse en países donde aún no la tienen, a pesar de los grandes esfuerzos que se hacen y los importantes logros alcanzados.

También queremos referirnos a la intensidad y magnitud de los fenómenos naturales que se convierten en desastres: inundaciones y, paradójicamente, sequías, incendios forestales, huracanes, erupciones volcánicas, cambios extremos de temperatura, friajes y olas de calor, con inmenso saldo de muertes, heridos y desplazados. La Cruz Roja reportó en el 2006, 426 desastres naturales con más de 140 millones de afectados, y siempre los más afectados son los países más pobres. Aprovechamos la oportunidad para expresar nuestro pesar y solidaridad con el pueblo y los cientos de miles de damnificados de China y Myanmar.

Y es que los desastres naturales se están incrementando. El Grupo Intergubernamental de Expertos sobre Cambio Climático pronostica más huracanes, sequías, lluvias torrenciales, granizos y desertificación en América Latina en los próximos años. Este año hemos tenido terribles inundaciones en nuestros países, en el Ecuador y Bolivia tuvimos que declarar emergencia nacional. En el Perú, los friajes están aumentando enormemente la mortalidad por neumonía en los niños más pobres de nuestras sierras andinas.

¿Qué hacer ante esta situación? Lo primero, exigir responsabilidad a los países que la producen, y el reconocimiento de los daños que causan a la humanidad, y que aquí se encuentran presentes para que cumplan los compromisos adquiridos en las distintas convenciones, como por ejemplo la de Kyoto, e instar a los países que aún no han ratificado dichas convenciones a realizarlo en el menor tiempo posible. La reciente reunión de Bali marca claramente el camino. Es claro que el mundo sabe lo que hay que hacer. Lo que falta es disposición política en los gobiernos y monopolios que dominan el mundo, y que ambicionan intereses de acumular mayores ganancias a toda costa, en detrimento del resto de la humanidad.

Sí, hay quienes ven en el derretimiento de los glaciares una gran oportunidad para extraer las enormes riquezas minerales que muchos de ellos cobijan; es triste, pero hay quienes dirigen sus ojos y sus inversiones al potencial mercado del agua como un prometedor bien de lucro. Por eso debemos exigir una actitud mucho más activa a los organismos internacionales. Ya tenemos bastantes documentos y diagnósticos, ya sabemos lo que sucede y quiénes lo causan, ya sabemos lo que hay que

hacer. Ahora toca hacerlo, presionar para que se haga, asumir una actitud mucho más firme. En cada uno de nuestros países se han creado unidades especiales para tratar el tema del cambio climático, de forma intersectorial, como corresponde a la magnitud del problema, combinando las estrategias de adaptación y mitigación. Estamos proponiendo un plan andino y, por qué no, sudamericano, de respuesta regional ante el cambio climático y sus efectos, que contemple los siguientes temas: protección de nuestros ecosistemas y recursos hídricos, garantía de seguridad alimentaria, mejora de los asentamientos humanos y, por supuesto, fortalecimiento y adaptación de nuestros sistemas de salud, incluyendo la construcción de hospitales seguros y la gestión de riesgos para desastres. En fin, trabajamos en la promoción de entornos más sanos, saludables y seguros.

Estamos integrando y actualizando nuestros sistemas de vigilancia y de respuesta, fortaleciendo no sólo a los Ministerios de Salud, sino a todo el sector, para actuar de manera coordinada e intersectorial, que permita hacer frente a la gran cantidad de problemas que se nos avecinan. Por ejemplo, en Venezuela, el Gobierno bolivariano ha sustituido más de 31 millones de focos incandescentes por bombillas de bajo consumo que reducen en un 80% el consumo de energía. En Colombia se está implementado un programa similar, mientras que en el Ecuador se entregarán seis millones de luminarias que significará la reducción del consumo de 60 millones de galones de combustible al año, evitando la producción de 480 000 toneladas de CO2.

En el marco de la Conferencia de las Naciones Unidas sobre el Cambio Climático celebrada en Bali, Ecuador está presentando una iniciativa pionera en la historia. Propone mantener cerca de 1000 millones de barriles de petróleo del campo amazónico Ishpingo-Tambococha-Tiputini, en el subsuelo y evitar de esta manera la pérdida de biodiversidad, garantizar los derechos de los pueblos en situación de aislamiento voluntario y evitar la liberación de alrededor de 436 millones de toneladas de dióxido de carbono a la atmósfera. Se espera la respuesta del mundo ante esta propuesta que forma parte de la iniciativa de transición energética global.

Además, luchamos de manera permanente contra la exclusión social y la pobreza y por hacer realidad el derecho a la salud, a esos millones de seres humanos a los que un sistema humano se los ha negado.

Queremos finalizar nuestra intervención con una reflexión para todas y todos: requerimos con urgencia un nuevo modelo de sociedad, de vida, de desarrollo, centrado en la enseñanza de nuestros pueblos originarios: la vida y la sociedad en equilibrio con la naturaleza. Tenemos que aprender que para vivir bien y satisfacer nuestras necesidades no necesitamos el ritmo de consumo desenfrenado que impone el modelo vigente de sociedad.

La región sudamericana vive un proceso de cambios y transformaciones que ha generado expectativas y esperanzas en los millones de excluidos de nuestros pueblos; como dijo el Presidente Rafael Correa, de Ecuador, más que una era de cambios, se avizora un cambio de era. Estamos asistiendo al fin de una civilización cruel e inhumana, que creció en productividad y tecnología, pero sembró en el mundo pobreza y enfermedad.

En nombre de los Ministros y Ministras de Salud de Bolivia, Chile, Colombia, el Ecuador, el Perú y la República Bolivariana de Venezuela, planteamos el reto. Tenemos la responsabilidad de encontrar un modelo de desarrollo más humano, que recupere la espiritualidad de nuestros pueblos originarios andinos y amazónicos, la misma que coincide con la sabiduría ancestral de otros pueblos milenarios del mundo, que permita la satisfacción de las necesidades de la humanidad en equilibrio con la naturaleza, en fin, que produzca justicia social. Sólo así podrá haber vida y salud. Por favor, entendámoslo y asumámoslo. Es nuestra única esperanza. Muchísimas gracias.

Ms RISIKKO (Finland):

Honourable Director-General, distinguished colleagues, ladies and gentlemen, it is a great pleasure for me to address this Health Assembly on behalf of the Government of Finland. We fully associate ourselves with the European Union statement.

First of all, I would like to express my deepest condolences to the people of China and the people of Myanmar. The suffering of the people who have lived through these natural catastrophes touches us all.

We have all committed ourselves to achieving the Millennium Development Goals. It is time to evaluate how we are doing and to plan for the coming years. Three of the Millennium Development Goals directly concern health outcomes, namely the goals related to child mortality, maternal health, and control of HIV/AIDS, malaria and other diseases. To achieve enduring improvements in health outcomes, we need sustainable health systems. As regards the slow progress in achieving the targets for maternal mortality, we should recognize the important role of access to health services in reducing maternal mortality.

Health professionals are a central resource in strengthening health systems. Therefore, comprehensive national strategies for health workforces, as well as ethical principles of international recruitment are fundamental for managing the forces and effects of global health labour markets. Health professionals have an important role in cure and care, but also in disease prevention and health promotion. We cannot over-emphasize the role of WHO in supporting Member States in improving their health systems. Also, the special emphasis on primary health care is highly important.

In addition to the three Millennium Development Goals that concern health outcomes, four other Goals concern important health determinants, and are achievable through intersectoral action for health. Education, good nutrition, women's empowerment and a sustainable environment are crucial to our health. With its commitment to health for all and to intersectoral action for health, WHO has been a forerunner in advocating comprehensive health policies. We look forward to stronger collaboration with the global policy actors and to WHO guidance at regional and national level.

In the European Union, there is increased attention to Health in All Policies. It is one of the four principles in the new health strategy of the European Union. The Finnish Government has put strong emphasis on intersectoral action for health. We have established structures for promoting intersectoral action for health at national and local level. To further enhance this development, the current government has established an intersectoral government policy programme on health promotion. We have also prepared a national action plan to reduce health inequities. As is evident from the report by the Secretariat, decreasing inequities in health is the key to achieving the Millennium Development Goals. This should be accomplished within and between countries as well as within and between continents. Finland would like to congratulate WHO on its work on the social determinants of health. We look forward to the final report of the Commission, as well as to the implementation of its recommendations. The need to address inequities in health between continents is obvious. Addressing inequities is important also for the European Region, where important inequities persist.

Ladies and gentlemen, the Millennium Development Goals are at the very centre of health policy-making. They can only be achieved through commitment to sustainable development towards inclusive societies, encompassing sustainable health systems and accessible health services.

Thank you for your attention.

Ms MARIPUU (Estonia), Vice-President, took the presidential chair.
Mme MARIPUU (Estonie), Vice-Président, assume la présidence.

Mr KHAN (Bangladesh):

Bismallah ar-rahman arrahim. Madam President, Madam Director-General of the World Health Organization, excellencies, distinguished delegates, assalamu alaikum. It is an honour for me to address this Health Assembly. I would like to convey the greetings and felicitations to the President and the Vice-Presidents for their election to these new offices. I also congratulate the Director-General of WHO for her dynamic leadership and tireless efforts to work in world health development. I appreciate the continuous support of the Organization for improving the health-care system of Bangladesh.

Within the overall development policy framework, the goal of the Government of Bangladesh, concerning the health and nutrition of the population is to achieve sustainable improvement in health, nutrition and reproductive health, taking into account vulnerable groups. The Government has prioritized the implementation of national programmes like health, nutrition and population sector programmes. The expenditure for the health sector has been increased in recent years. We have

achieved significant progress in the past decades. The population growth rate has dropped from 3% in the 1970s to 1.61%, and maternal mortality declined from 4.8% per 1000 live births in the early 1990s to 3.2% in 2007. Life expectancy has increased from 49 years in the 1970s to 66 years. Bangladesh has made steady gains in fulfilling almost all of the health-related Millennium Development Goals. The proportion of people living below the poverty line in 1990 to 1995 was 49.6%; this fell to 49% in 2005.

The under-five mortality per 1000 live births fell from 144 in 1990 to 65 in 2006. Over the same period, infant mortality rates fell from 94 to 52. The maternal mortality ratio was 4.8 in 1990 and now stands at 3.2. New initiatives such as live training of community skilled birth attendants, emergency obstetric care and integrated management of childhood illness are reducing maternal and neonatal mortality. The proportion of people with access to safe drinking-water is now close to 100% in urban areas and 88% in rural areas. All these trends are associated with a steady decline in poverty and with efforts to combat HIV/AIDS and tuberculosis. These findings show that Bangladesh expects to meet its health-related Millennium Development Goals by 2015. With regard to the reduction of tuberculosis prevalence, Bangladesh has shown commendable achievements by adopting the directly observed treatment, short-course strategy in 1993 with a tuberculosis case detection rate of 72% and a treatment success rate of 91%. We are not complacent about the health threat that multidrug-resistant tuberculosis and tuberculosis with HIV/AIDS presents worldwide. Vaccine-preventable diseases are an important cause of morbidity and mortality in the under-fives. Through its expanded programme on immunization, the country has brought 82% of children under full immunization coverage.

Regarding measles vaccination, the national measles-containing vaccine valid coverage is 81%, and Bangladesh also has plans to incorporate second dose measles-containing vaccine in its routine for the expanded programme on immunization schedule as from 2010. Bangladesh could have taken pride in declaring itself a free of poliomyelitis country, and was on the verge of declaring poliomyelitis-free status, since the country had remained free of poliomyelitis for almost five years. In 2006, Bangladesh experienced importation of poliovirus from neighbouring countries. The last imported wild-type poliovirus case was detected on 22 November 2006. Bangladesh then introduced its poliomyelitis vaccination campaigns and has remained free of the disease. At present, the national valid coverage with three doses of diphtheria-tetanus-pertussis vaccine stands at 93%.

Turning to new diseases, let me mention avian influenza: the country is tackling this through the establishment of the “National Avian Influenza and Human Pandemic Influenza Preparedness and Response Plan Bangladesh 2006–2008” and a “National Risk Communication Strategy”. With prompt action and active vigilance, Bangladesh has managed to contain the virus.

Noncommunicable diseases impose a significant economic burden on an already strained national health system. A strategic framework has been developed by the Government in cooperation with other stakeholders to control noncommunicable diseases. The key strategies encompass surveillance, health promotion and prevention, and health-care services. Bangladesh has also developed a national framework to prevent, detect, access and coordinate responses to events that may constitute a public health emergency of international concern.

The theme of the World Health Day 2008 “protecting health from climate change” is a pressing issue; Bangladesh takes global warming seriously and has ratified the United Nations Framework Convention on Climate Change. Bangladesh is highly vulnerable to climate change and to repeated floods and cyclones due to high climate variability, extreme weather events, and its geographic location.

In spite of being regularly hit by natural disasters, Bangladesh has been able to sustain high rates of economic growth with considerable improvements in social indicators. This has been possible because of well-planned disaster management systems now functioning in Bangladesh. I believe this meeting will enrich us by sharing experiences and help us face new challenges collectively. In a globalized world, health issues are no longer contained within the borders of any country. Let us therefore work together to create a healthy and disease-free legacy for future generations.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland):

Thank you, Madam President. Madam Director-General, 12 months ago we welcomed you to your first Health Assembly as Director-General; congratulations on a very successful year.

As you outlined in your speech, it has been quite a year. We have seen how vulnerable the health of our populations is in the face of sudden catastrophes and we would like to express our deep concern and solidarity with the people of Myanmar and China in their time of crisis. Once again, health professionals are in the front line of the response and I commend their work across the world.

At this Health Assembly, we will concern ourselves with threats to global health in numerous forms. Cyclone Nargis reminds us of the health threats posed by the increasing frequency and intensity of extreme weather events and by the impact of climate change generally. The resolution that the United Kingdom – with many other Member States – is bringing to the Health Assembly seeks to give WHO the necessary mandate to strengthen its response to this global emergency. Then there is the threat to the health of the bottom billion of our population – the very real danger that we will not be able to meet the Millennium Development Goals. The United Kingdom strongly supports the United Nations Secretary-General's call for a Year of Action and we call on this Health Assembly to do likewise. But attaining the Millennium Development Goals does not just mean tackling communicable diseases – although this is vital. It also means stemming the growing epidemic of chronic diseases – cancer, coronary heart disease, diabetes – and conditions like obesity. We welcome the action plan on noncommunicable diseases presented to this Health Assembly and urge continued prioritization of this area. Tackling all these challenges requires a strong focus on strengthening our knowledge base and integrating research into policy and practice.

We have already heard mention of the double anniversary this year for global health. We in the United Kingdom have a third anniversary – 60 years of the National Health Service; 60 years of health care, free at the point of use and available to all on the basis of need. On our shared birthday, the United Kingdom commends to the Health Assembly some of the core messages of Alma-Ata. If we are to make real progress in tackling ill-health we must address health inequalities, and the underlying social determinants of health. In this context, we also look forward to the report of the Commission on Social Determinants of Health later this year. Strengthening systems, tackling health inequalities and working together to protect ourselves from health threats – that is how we will deal with the challenges we face. The Medium-term strategic plan is a good basis for taking this forward.

Finally, the United Kingdom would like to acknowledge the significant progress made by WHO in addressing the problem of patient safety. Tremendous work has been done by Member States with the support of regional offices in tackling this complex and broad agenda. To date, 85 countries representing over 78% of the world's population have pledged to support the first global patient safety challenge "Clean care is safer care". This year the United Kingdom will support the Regional Office for Africa in addressing the problem. On 25 June the World Alliance for Patient Safety will launch its second Global Patient Safety Challenge – Safe Surgery Saves Lives – and already the Secretariat is aware of the significant support from Member States supporting the initiative.

Madam President, Madam Director-General, we look forward to a productive and constructive Health Assembly.

Mr QUASHIGA (Ghana):

Madam President, let me congratulate the President on his assumption of the presidency of the Sixty-first World Health Assembly. On behalf of the Government and people of Ghana, I wish to sympathize with the countries that are experiencing the devastating effects of natural disasters.

Ghana identifies with the issues raised by Congo on behalf of the African Region. The theme for this Health Assembly is very relevant to the current challenges facing policy-makers in developing countries. We are being told that every three seconds a child dies; every minute a pregnant women dies. This situation represents a failure of governments and the global community. For me the attainment of the health-related Millennium Development Goals and targets we set ourselves is both a human rights, as well as a developmental, issue. It is a human rights issue because we owe it to pregnant women to help them deliver safely without fear of morbidity or mortality. In the spirit of one

global family and solidarity, maternal and child mortality should be confined to history in developing and developed countries alike. Madam President, achieving the health-related Millennium Development Goals is an urgent issue as we find ourselves halfway towards 2015. It is urgent because we need a healthy, active and productive population to achieve overall socioeconomic development. For that matter, countries must begin to win the war against diseases and move quickly towards achieving the health-related Millennium Development Goals. Failure to do so will be a crime against humanity. We have no excuse because the interventions for achieving the health-related Millennium Development Goals are not only known but are available. We also know what works and we have a good idea of the obstacles so the question is why are we making such slow progress.

It is not difficult to see the discrepancy between the desire and rhetoric for scaling up known and proven cost-effective health interventions and the huge shortfall in the funds needed to do so. We estimate in Ghana that we need about US$ 51 per capita per year to achieve the Millennium Development Goals, yet we are only able to mobilize between US$ 22 and US$ 31. Let me hasten to add that these estimates were made before the current escalation in food prices, the high cost of crude oil and the health and development threats of climate change. So there is no question that inadequate funding is a major obstacle.

I would like to argue, however, that resource scarcity is not the world's primary problem. Today, the world has resources to fight wars; the world speedily marshals resources in cases of emergencies. So why are we not doing the same in response to maternal and child mortality as a tiny reward for our women who bear the pain and inconvenience of carrying the human capital of our nations in their wombs for nine months? Could it be because we do not see this as an emergency? My guess is that the real problem is the political commitment to change things.

Allow me to use Ghana's example to demonstrate what is feasible with political commitment. After a review of the progress made in achieving the health-related Millennium Development Goals, we in Ghana learnt that it is impossible to achieve Millennium Development Goal 4 without progress in Millennium Development Goal 5. This is something that the world has known for a long time. After all, prenatal and neonatal mortality are closely linked to safe motherhood and delivery. My message is that it is not possible to separate Goals 4 and 5 when it comes to dealing with the core problem related to maternal and child health. Ghana is currently implementing a package for a high-impact rapid delivery programme to achieve Millennium Development Goals 4 and 5. We are encouraged by the progress we are making in the control of communicable diseases; however, we are frustrated by the rather slow progress in child survival and even more frustrated with the progress in maternal health. We have therefore declared maternal mortality a national emergency and set up a special task force to develop strategies to reverse this situation. The President of Ghana has consequently made maternal health services free. This, I believe is a demonstration of what we can achieve with political commitment.

Let me now turn my attention to the global community. There is no question that the small economies of developing countries cannot afford the funding implications of the Millennium Development Goals, and domestic resources will not be enough to address the obstacles and challenges in the health system. It is obvious that we need more aid, but not just more aid, we need to improve how aid is delivered; aid that is not aligned with country systems and not integrated into country budgets in addressing country challenges cannot be good aid and would not be effective. This is where the global partnerships become absolutely critical. Why are we seeing relatively slow progress concerning Millennium Development Goal 8 and the allocation of 0.7% of gross national product to aid? Why has the Paris Declaration been reduced almost to country-level harmonization and alignment without better harmonization at the global level? The global community needs to live up to its commitment. It is in this regard that we welcome with high expectations, the International Health Partnership.

Finally, I am always puzzled by the manner in which we approach the war against a deadly enemy called disease. We seem to be fighting a war without sufficient information on the enemy and yet expect to win. We need sufficient, accurate and timely information to guide our strategies and actions. I wish therefore to urge ministers and the global community to invest in good health information systems.

Madam President, let me conclude by summarizing my main messages: we must be impatient with the slow progress in reducing maternal and child mortality and morbidity; we must be bold and prepared to act now at both country and global levels and adopt an attitude of fighting an invading enemy; we must invest in good health information systems; and finally we must be sincere about our claims that we are one big family in a global village which requests the "haves" to stretch a helping hand to the "have-nots" without expecting anything in return except the joy of making the world a healthier, better, more peaceful and happier place to live in. I thank you for your attention.

Mr POKHAREL (Nepal):

Honourable President, Madam Director-General, excellencies, distinguished delegates, on behalf of the Government and people of Nepal, I bring warm greetings and best wishes for the success of the Sixty-first World Health Assembly. I would like to congratulate Honourable Minister Ramsammy on his election as President of the Health Assembly. I am confident that under his leadership we will reach consensus on key health issues confronting the world today.

My Government wishes to express deep condolences and sympathies to the Governments and people of China and Myanmar, as well as to the families of the victims affected by the devastating cyclone and earthquake.

Nepal has recently elected a Constituent Assembly to draft a new constitution. Its first meeting will complete Nepal's transition from monarchy to republic. The Nepali people have given a clear mandate to the Communist Party of Nepal (Maoists) to lead the Government in alliance with all pro-republican parties to ensure rapid economic development and social justice and thereby lay a solid foundation for a peaceful, prosperous, inclusive and democratic new Nepal. Our health-sector reform initiatives for developing an equitable and high-quality public health service system for the people, especially the poor and marginalized, are an integral component of that very sociopolitical transformation. I therefore call upon all the international bodies that support our health agenda, to support our political transition as well. Our health policies and programmes are guided by the philosophy of the primary health care approach. We welcome the deep commitment of the Director-General, Dr Margaret Chan, towards primary health care and look forward to working closely with WHO in this regard. The Interim Constitution of Nepal ensures the right of people to basic health care. We have partially replaced the user fee with a targeted free health-care programme for poor and vulnerable groups, up to district hospital level. This year we have implemented universal free health care at health posts and sub-health posts level. Our current priorities include upgrading the physical infrastructure, staff skills, service capacity and the health workforce.

Nepal continues to make notable and steady progress towards meeting the Millennium Development Goals. Nepal is on track to meet Goal 4 and has also achieved an impressive reduction in maternal mortality. Public health initiatives, especially over the last 16 years, are the most important factors behind these successes. For under-five and infant mortality, and mortality due to neonatal tetanus, government immunization programmes have had the greatest impact. The reduction in maternal mortality is attributable to increased use of skilled birth attendants and to antenatal care, female community health volunteer interventions, increased contraceptive use, legalization of abortion, and especially community initiatives for health development. We expect further progress towards the Millennium Development Goals as a result of the much expanded use of basic health-care services under our free care programmes.

Despite successes, Nepal continues to face many health challenges. We must engage in intersectoral collaboration to create a socioeconomic basis for health. For example, if we are committed to addressing the root causes of malnutrition in Nepal, a country where the large majority of people depend on agriculture for their livelihood, land redistribution becomes an important item on the public health agenda. As Nepal confronts the looming global food supply crisis, climate change and pandemic influenza, we realize that the Millennium Development Goals can only be achieved through combining sound public health policy with progressive socioeconomic policy. We have increased the proportion of the national budget allocated to health to 7.2% and continue to advocate for a 10% increase. External development partners have provided important financial support and technical assistance. The role played by WHO in this process is special and laudable. We also look for

continued collaboration to align international efforts with our national health priorities. Nepal is one of the signatories to the International Health Partnership. We are optimistic that the Partnership will provide support in this critical area. While the recently received Ministerial Leadership Initiative award has encouraged us to efficiently manage national and international resources to best meet our goals, we are still in need of more resources to strengthen our health system and cope with human resource challenges more effectively.

On behalf of the people of Nepal, I appreciate WHO's commitment to sound public health policy and wish it every success under the dynamic leadership of the Director-General. Finally, Madam President, on this sixtieth anniversary of the Universal Declaration of Human Rights, I propose to my fellow delegates that the answer to how the Millennium Development Goals can be met will be found in the discussion on how health, as a basic human right, can be realized. I thank you for your attention.

Mrs TEODORO JORGE (Portugal):

Madam President, distinguished Director-General, honourable delegates, ladies and gentlemen. Portugal would like to present its condolences on the tragedy in China and Myanmar, and its severe consequences for the living conditions of thousands of people which deeply affect people's health.

May I also congratulate our President on his election. I would also like to congratulate WHO, an Organization that is our privileged partner in health governance, on the celebration of its sixtieth anniversary; on the worldwide call for the renewal and reinvigoration of primary health care, 30 years after Alma-Ata; on promoting an in-depth debate and on issuing a call for action in 2008, at the midpoint between adoption of the Millennium Development Goals and 2015; and on the choice of the theme of this year's World Health Day, "Protecting health from climate change".

At Alma-Ata, we declared that health is not just another commodity, to be rationed according to ability to pay. It is a human right. At Alma-Ata, we urged governments and organizations worldwide to guarantee this right by 2000. In the face of slow progress, in 2000, we approved the Millennium Declaration, with goals to be achieved by 2015. At the current rate, none of the goals will be met in sub-Saharan Africa. Europe has areas where mortality rates for mothers and children are as high as those of sub-Saharan Africa or South Asia. We are facing a development emergency.

Portugal has been an active partner in preparing the WHO European Ministerial Conference on "Health Systems, Health and Wealth". This Conference and others to be held in 2008 focus international attention on the need for a renewed commitment towards primary health care, as the strategy for attaining the Millennium Development Goals and reducing health inequities. We have to live up to our commitments! On Goals 4 and 5, Portugal has an extraordinary track record with maternal and child mortality rates now meeting the world's best indicators: child mortality at 3.4 per thousand, and maternal mortality at 2.7 per hundred thousand. This is the result of policies and selective investments. It has required vision, leadership and continuity. It is an experience that Portugal is willing to share with other countries.

Another critical Goal is the one related to the fight against HIV/AIDS, tuberculosis, malaria and other communicable diseases. Portugal welcomes the call for action from the first joint HIV/TB Global Leaders' Forum and the High-level Review Meeting of the General Assembly on HIV/AIDS to be held in New York in June 2008. I will be attending both events.

Malaria is still responsible for high maternal and child mortality rates. It is an area, in which, since long ago, Portugal has been cooperating with WHO. Climate change is a global challenge of the twenty-first century. It risks eroding the foundations of health. It is a topical example of the "health in all policies" approach. Portugal has already developed pilot projects on preparedness for the health effects of heatwaves and on surveillance of vector-borne diseases. There is a need for commitment from donor and recipient countries, greater donor coordination and alignment with countries' national priorities. Both official and private aid for health have increased over the years. Funding has tended to concentrate on short-term, intermediate objectives of the fight against specific diseases. There is a need for long-term integrated support for the strengthening of health systems to save lives.

Portugal, during its Presidency of the European Union, promoted, with WHO: the debate on health strategies in Europe; the first meeting of national HIV/AIDS coordinators; the meeting on the

health dimension of the EU-Africa Strategy; and the debate on "Health and Migration" in a high-level conference involving countries of origin, transit or destination.

We thank Dr Chan for her participation in the conference: an expression of WHO's recognition of the role of health in migrants' integration. Portugal presented a proposal for a resolution on the health of migrants to the Executive Board, on which there was consensus among the members. We hope this Health Assembly will move the matter forward by approving this resolution.

Portugal reaches, in this Health Assembly, the end of its three-year mandate on the Executive Board, to which we committed ourselves deeply. We have chaired the Programme, Budget and Administration Committee since 2007. Last year Portugal signed agreements with the regional offices for Africa and Europe to give our future cooperation a more strategic dimension. All this illustrates our commitment to a strengthened collaboration with WHO. Thank you all.

Professor HORVATH (Australia):

Thank you, Madam President, distinguished delegates, Australia is committed to helping the international health community to achieve the Millennium Development Goals. Since the adoption of the Millennium Declaration in September 2000, these goals have become a unifying force for international action to meet the needs of the world's poorest. At the mid-point to our target date, it is imperative that we reflect on our progress towards these goals and how we can ensure that, in 2015, we can celebrate their achievement on behalf of the millions of people whose lives could benefit. It is clear that some goals will not be realized without decisive action now from both developed and developing countries. Australia will be an active partner in this. We are working with developing countries, particularly in our region, to support these goals.

Through the Port Moresby Declaration of 6 March 2008, the Prime Minister committed Australia to a new era of cooperation with Pacific island nations, based on mutual respect and mutual responsibility, to raise regional standards of living. This commitment is backed by funding. In our 2007–2008 financial year, we will provide around Aus$ 3.2 billion in aid – our largest-ever investment in reducing poverty and achieving sustainable development. Moreover, funding has been set aside to increase this contribution to Aus$ 4.3 billion (almost US$ 4 billion) by 2010–2011 – a doubling of official aid within four years. Our Government's goal is to provide 0.5% of gross national income as official aid by 2015–2016. This funding will have a practical impact in all areas of the Millennium Development Goals – health, basic education, water and sanitation, the environment and climate change. In health, we recognize that the maternal and child mortality goals are the furthest off track. Half of all child deaths occur in the Asia-Pacific region. In response, Australia is supporting projects to deliver essential maternal and neonatal health services and strengthen health systems in countries with high mortality.

We are also addressing these issues, in relation to Australia's own indigenous people. The new Australian Government is committed to closing the health gap between indigenous and non-indigenous people. A statement of intent signed with indigenous communities in March fixes a target of halving the gap in the mortality rate for indigenous children under five within a decade; and achieving equality in health status and life expectancy between indigenous and non-indigenous people by the year 2030. The Australian Government's recent "Apology to the Stolen Generations" was also an important step in the healing process.

Another Millennium Development Goal on which the world is behind schedule is combating HIV/AIDS and other diseases. Australia continues to make a substantial contribution to global efforts to control HIV/AIDS and provide universal access to prevention, care and treatment in respect of the disease. Australia is also active in promoting pandemic preparedness, and assisting in the development of the Asia-Pacific countries to meet their obligations under the International Health Regulations (2005), as well as in addressing issues surrounding vaccine development by chairing the Intergovernmental Meeting on Pandemic Influenza Preparedness: Sharing of Influenza Viruses and Access to Vaccines and other Benefits. But the health-related Millennium Development Goals do not stand alone. Health is closely linked with environment.

Although there has been good progress in improving access to safe drinking-water in many countries, a priority for Australia is to accelerate progress on sanitation and in meeting the target for

Goal 7. Climate change will make this more difficult. Australia has recently ratified the Kyoto Protocol, and contributed Aus$ 7.5 million to the Least-Developed Countries Fund of the United Nations Framework Convention on Climate Change. A national system of emissions trading is currently under development and will be introduced in 2010. Targets have been set to reduce our emissions by 60% by 2050 on 2000 levels, with a medium-term target to be announced later this year. In our region we are providing significant assistance to enable our neighbours to monitor, predict and adapt to the impacts of climate change.

Australia commends the Millennium Development Goals Call to Action launched in 2007 by the Prime Minister of the United Kingdom. We also recently joined the International Health Partnership to accelerate progress in meeting these goals. We have provided an immediate commitment of Aus$ 2 million to keep a focus on the Asia-Pacific. Efforts to achieve the Millennium Development Goals should remain central to the global developmental agenda, with the focus squarely on concrete and tangible targets. There must be a greater sense of urgency on all our parts. It is time to accelerate our efforts. Thank you.

The PRESIDENT:

Thank you all and have a nice evening. The meeting is adjourned.

The meeting rose at 17:30.
La séance est levée à 17h30.

FIFTH PLENARY MEETING

Wednesday, 21 May 2008, at 09:10

President: Dr L. RAMSAMMY (Guyana)
later: Dr A. YOOSUF (Maldives)
later: Dr L. RAMSAMMY (Guyana)

CINQUIEME SEANCE PLENIERE

Mercredi 21 mai 2008, 9h10

Président: Dr L. RAMSAMMY (Guyana)
puis: Dr A. YOOSUF (Maldives)
puis: Dr L. RAMSAMMY (Guyana)

1. FIRST REPORT OF THE COMMITTEE ON CREDENTIALS[1]
PREMIER RAPPORT DE LA COMMISSION DE VERIFICATION DES POUVOIRS[1]

The PRESIDENT:

This morning, the Health Assembly will consider the first report of the Committee on Credentials, which held its meeting yesterday, under the chairmanship of Dr Guzman-Ala of the Philippines. The report is contained in document A61/39, which you have all received. The report is now before the Health Assembly; I ask the Health Assembly to adopt it. Is there any objection? In the absence of any comments, does the Assembly agree to approve the report of the Committee on Credentials? I see no objection. The report is therefore approved.

2. EXAMINATION OF CREDENTIALS
VERIFICATION DES POUVOIRS

The PRESIDENT:

In addition to this report, I have been informed by the Secretariat that, since yesterday's meeting of the Committee on Credentials, formal credentials have been received from the Dominican Republic which had previously submitted provisional credentials, as reflected in the Committee's report. It has not been feasible to convene the Bureau of the Committee to examine these formal credentials but, in accordance with previous practice, I have examined the formal credentials of this Member State and have found them to be in keeping with the Health Assembly's Rules of Procedure. I would therefore recommend to the Health Assembly that the Dominican Republic be accepted as having formal

[1] See reports of committees in document WHA61/2008/REC/3.

[1] Voir les rapports des commissions dans le document WHA61/2008/REC/3.

credentials. Does the Health Assembly agree with this procedure? Since there is no objection, it is so decided.

3. ADDRESS BY THE DIRECTOR-GENERAL (continued)
ALLOCUTION DU DIRECTEUR GENERAL (suite)

The PRESIDENT:

We shall now return to agenda item 3. I give the floor to the honourable delegate of Gambia.

Dr NJIE (Gambia):

Mr President, Madam Director-General, honourable ministers, distinguished delegates, ladies and gentlemen, I am honoured to address this august assembly, the Sixty-first World Health Assembly, on behalf of the Government and peoples of the Republic of the Gambia. The Gambia joins other nations in expressing its condolences to the peoples of China and Myanmar for the tragic loss of life as a result of natural disasters. Mr President, my delegation would like to congratulate you and all others appointed to steer the affairs of the Sixty-first World Health Assembly.

The Government of the Gambia recognizes health as a central long-term driver of economic growth. Health is not everything, but without health, everything else is nothing. People have to be healthy in order to participate effectively in the development process. Development itself has now been redefined as human well-being in its fullest sense. It is towards achieving this goal that His Excellency President Dr Yahya Jammeh has accorded the health sector of the Gambia high priority in the Government's agenda for overall development.

The Gambia's Poverty Reduction Strategy Paper recognizes that poverty and health clearly impact on each other and that they are the two sides of the same coin. In a wider context, it is actually ill-health that sets the stage for poverty and underdevelopment. Accordingly, the Gambia has developed a long-term strategic health master plan, which is mission- and vision-driven. The Reproductive and Child Health Programme has registered significant reductions in both maternal and infant deaths. Our maternal mortality rate has fallen from 730 to 540 per 100 000 live births. The promotion of safe motherhood, alongside other interventions such as focused antenatal care and emergency surgical care, have averted many needless maternal deaths and have moved the country closer towards the attainment of Millennium Development Goals 4 and 5. In July 2007 the Government made it a policy to offer free maternal and child health services.

Malaria is the most formidable public health problem that confronts the Gambia. It is the leading cause of illness and death among children and the leading cause of workdays lost due to illness. In response to this, President Jammeh launched "Operation Eradicate Malaria" in February 2008. This bold initiative demonstrates political commitment at the highest level. Since the introduction of the Expanded Programme on Immunization in the Gambia, impressive results have been recorded. The Gambia has implemented the eradication initiative and has been declared free of poliomyelitis since 2004. This achievement is validated by an active surveillance system. During 2007, 16 acute flaccid paralysis cases were reported with 100% timeliness. All the samples were analysed at the subregional laboratory in Senegal, which showed that all the cases were negative for poliomyelitis. The immunization coverage for measles is 85%. Accordingly, the transmission cycle of measles is now broken in the Gambia.

The Gambia is extremely grateful to the Government and peoples of Taiwan for the assistance rendered to us in our Expanded Programme on Immunization and other programmes. Although the Gambia has developed a comprehensive emergency response plan for avian influenza, the lack of oseltamivir and of vaccines for poultry pose a formidable threat to Gambians in particular and the international community at large. Noncommunicable diseases are on the increase. The chronic nature of such diseases implies that their long term treatment consumes a disproportionate share of an already

overstretched health budget. Cancer of the cervix and breast continue to affect the health of Gambian women.

Finally, Mr President, the Gambia is vulnerable to the looming global flood security shock. Sixty per cent of the rice consumed in the Gambia is imported. Although we have long term plans for food self-sufficiency, such as "Operation Feed Yourself" and "Back to the Land" initiated by our visionary leader, the effects of the global crisis will be felt in the short term. I thank you all for your kind attention.

Mr ZHARKO (Bélarus):
Г-н ЖАРКО (Республика Беларусь):

Уважаемый г-н Председатель, уважаемая г-жа Генеральный директор, уважаемые дамы и господа,

От имени делегации Республики Беларусь хотел бы высоко оценить уровень доклада Генерального директора. Мы приветствуем определение главных ориентиров деятельности на основе Целей тысячелетия в области развития и подтверждаем свою приверженность их достижению.

Разрешите проинформировать Вас о результатах работы по достижению Целей тысячелетия в области развития, связанных со здоровьем, в Республике Беларусь. На мой взгляд, они иллюстрируют практические возможности достижения в отдельных государствах показателей, близких к уровню экономически высокоразвитых стран мирка.

В сравнении с 2000 г. смертность детей в возрасте до 5 лет и младенческая смертность в Беларуси снизились почти вдвое, а материнская смертность - в 3,6 раза. В сравнении с 1990 г. отмечается такой же уровень снижения материнской смертности, а смертность детей в возрасте до 5 лет снизилась в 2,4 раза.

В прошлом году младенческая смертность составила 5,2 смертность детей в возрасте до 5 лет - 6,7 на тысячу родившихся живыми, материнская смертность - 5,8 на 100 тысяч рожденных живыми. В текущем году младенческая смертность снизилась до 4,0 на тысячу родившихся живыми.

Нередко эксперты ВОЗ делают справедливые замечания по качеству регистрации этих показателей в разных странах мира. Но могу Вас заверить. Г-н Председатель, в тщательно отработанной системе их учета и мониторига в Беларуси, включая регистрацию смерти младенцев весом 500-1000 грамм. Причем каждый случай младенческой и материнской смертности не только регистрируется, но и тщательно расследуется органами управления здравоохранением с принятием необходимых управленческих решений.

Основой достижения устойчивой положительной динамики указанных показателей в Республике Беларусь является проводимая государственная политика в области охраны здоровья матери и ребенка. В этой сфере принимаются специальные законы, реализуются государственные программы, обеспечивается доступность медицинской помощи женскому и детскому населению, включая полный охват всех рожениц квалифицированным родовспоможением.

Особо следует отметить проведенную в Республике работу по организации работы родовспомогательных учреждений по принципу разноуровневых перинатальных центров, а также их реконструкции и переоснащению. Госпитализация беременных, рожениц, родильниц и новорожденных в эти центры обеспечивается своевременно и с обязательным учетом категории сложности акушерской ситуации и состояния здоровья навороженного. Белорусский опыт показывает, что такая разноуровневая система перинатальных центров позволяет значительно более эффективно использовать имеющиеся финансовые, кадровые и материально-технические ресурсы.

Кроме того, проводится ряд других мер, включая раннюю диагностику наследственных и врожденных заболеваний, разработку и внедрение клинических протоколов оказания медицинской помощи, внедрение в практику современных технологий неонатального ухода, иммунизацию (99,5% детей в возрасте до одного года привиты от кори).

Ситуация по туберкулезу и ВИЧ-инфекции в Республике Беларусь остается относительно напряженной.

Однако благодаря реализации двух специальных государственных программ и финансовой поддержке Глобального фонда по борьбе со СПИДом, туберкулезом и малярией есть ряд положительных тенденций в борьбе с этими социально опасными инфекциями.

В частности, за последние два года смертность от туберкулеза снизилась на четверть, а заболеваемость - на 8% (до 9,2 и 50,2 на 100 000 населения соответственно). Значительно снизилась заболеваемость детей, улучшилась эпидемическая ситуация в пенитенциарных учреждениях. С 2005 г. внедряется программа ДОТС, в рамках которой в прошлом году выявлено 44% новых случаев туберкулеза органов дыхания. Эффективность лечения больных туберкулезом, выявленных в рамках стратегии ДОТС, составляет 80%.

До 73% возрос охват ВИЧ-инфицированных лиц антиретровирусным лечением, которое проводится мультидисциплинарными бригадами. Снижается частота передачи ВИЧ от матери к ребенку. Сформировано более безопасное сексуальное поведение в молодежной среде.

В целом, в Беларуси на протяжении многих лет обеспечивается устойчивая положительная динамика регулируемых здравоохранением показателей состояния здоровья и деятельности учреждений здравоохранения. Завершается выполнение Целей тысячелетия в области развития по сокращению детской смертности и охране материнства. В семь раз по сравнению с 1990 г. снизилось число абортов на тысячу женщин фертильного возраста. Есть устойчивые тенденции к улучшению ситуации по туберкулезу.

В то же время предстоит решить одну из наиболее сложных для любой системы общественного здравоохранения задач - остановить распространение ВИЧ-инфекции.

В заключение должен сказать, что включение в Декларацию тысячелетия Целей тысячелетия в области развития, связанных со здоровьем и организация их мониторинга, - это бесспорная заслуга Всемирной организации здравоохранения.

Можно констатировать возрастающую роль ВОЗ в решении проблем охраны здоровья в современном мире.

И можно находить пути дальнейшего повышения эффективности работы, проводимой ВОЗ. Особенно перспективна стандартизация медицинских технологий на международном уровне. Были бы полезны модельные законопроекты, на которые можно было бы ориентироваться при формировании национального законодательства в сфере здравоохранения. Необходима также унификация статистики здоровья и здравоохранения и терминологии в сфере медицины и общественного здравоохранения.

Благодарю за внимание.

Ms AASRUD (Norway):

Mr President, Madam Director-General, excellencies, ladies and gentlemen; the progress report on the Millennium Development Goals mid-point states that the health-related Millennium Development Goals are behind schedule. International efforts to achieve these goals need to be strengthened. Norway is strongly committed to the fulfilment of the Millennium Development Goals. It is unacceptable that 10 million children die every year from diseases that could be easily prevented. It is unacceptable that half a million women still die each year from treatable and preventable complications in pregnancy and childbirth. And it is unacceptable that millions of people in developing countries die of diseases that cannot be treated because essential drugs are not available or affordable. Furthermore, none of the Millennium Development Goals will be achieved unless we solve the global health personnel crisis.

Norway welcomes and much appreciates the increasing focus of WHO on the health-related Millennium Development Goals. We are deeply committed to the fulfilment of these goals with a special emphasis on Goals 4 and 5. We strongly support the work of the GAVI Alliance, and take an active part in the Global Campaign and the International Health Partnership.

Closely linked to the achievement of the Millennium Development Goals is the challenge of climate change as a serious threat to human health. With climate change high on everybody's agenda, it is our duty to ensure that possible adverse consequences for human health are explored and

prevented to the extent possible. We would therefore like to express our appreciation of the Director-General's commitment to putting climate change and health high on the global agenda.

Norway is concerned by the rapid increase in food prices that is leading to a global food crisis. The crisis may not only negatively affect the attainment of the Millennium Development Goals but also have an impact on the food situation in all parts of the world. WHO should strengthen cooperation with partners outside the health sector to plan and develop cross sectoral plans that reduce the adverse effect on health and ensure the necessary supply of food.

Communicable diseases have traditionally contributed most to the burden of disease in both the developed and the developing world. Social and economic change together with improved ability to measure the health situation have led to an increase in the focus on noncommunicable diseases. Risk factors like alcohol, tobacco, obesity and lack of physical activity constitute a considerable part of the burden of disease in developed and developing countries.

Norway welcomes the Secretariat's proposal for a noncommunicable disease action plan, as well as the proposed resolution on a strategy on the harmful use of alcohol, originally presented by Rwanda on behalf of the countries of the African Region. Noncommunicable diseases constitute a major domestic challenge for us. We are strongly committed to continuing work to counteract noncommunicable diseases. WHO's capacity to deal systematically with this issue should be strengthened further in future.

To work effectively, it is imperative that WHO is organized and structured in an appropriate manner. We are very pleased to see the Director-General's efforts to adhere to United Nations reform. We would like to encourage her in the continuing work to make the United Nations deliver as one.

The Intergovernmental Working Group on Public Health, Innovation and Intellectual Property has demonstrated the need for efficient collaboration between different international organizations. Norway will be strongly committed to the follow up of the global strategy and the plan of action that we expect this Health Assembly to adopt later this week.

Climate change, communicable diseases and noncommunicable diseases constitute factors with a substantial social element. These health risks are unequally distributed, between countries and within every country. It is Norway's belief that these challenges must be met, not only to face the negative impact on health, but to counter increased inequality in health, and to reach the Millennium Development Goals. I am looking forward to the discussion and follow-up of the report from the Commission on Social Determinants of Health.

The PRESIDENT:

I now give the floor to the delegate of the Federated States of Micronesia who will speak on behalf of the Pacific island countries.

Dr SKILLING (Federated States of Micronesia):

Mr President, Madam Director-General, excellencies, honourable ministers, distinguished delegates, ladies and gentlemen. It is an honour and privilege to speak before this Health Assembly on behalf of the small Pacific island nations of Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Vanuatu, Cook Islands, Tuvalu, Tokelau and my own, Federated States of Micronesia. On behalf of all of us, I bring you warm greetings. We congratulate you, Mr President, and all the new office bearers. We also offer our condolences to the leaders and people of the People's Republic of China and Myanmar for their recent tragedies.

The Pacific island nations have the challenges of trying to achieve the targets of the Millennium Development Goals and at the same time of dealing with the challenges of shortage of workforce; inadequacy of infrastructures in all aspects of development; inadequacy of financial support; and often interrupted political will. We have made some progress in health in each of our individual nations but, in the interest of time, they are too numerous to list. Collectively, we have completed most of our pandemic influenza and disaster plans, ratified the International Health Regulations (2005) and helped to develop the Pacific Code of Practice for Human Resources for Health.

Our issues are typical of those of developing nations and I will highlight some of them. With the threat to food security, we face the dilemma of having to deal with rising obesity in children 1–5 years and dietary micronutrient deficiency in those 0–1 year of age, who are often underweight. Our increasing populations now have to face the reality of relocation and adaptation because of the effects of rising sea levels and frequent natural disasters on our shores and agricultural lands. Our warning cry about advancing noncommunicable diseases was sounded before the Millennium Development Goals were developed. Noncommunicable diseases have escalated so that we not only have to deal with their prevention and control, but we also have to manage their complications. In the absence of war, the increasing number of adults with disability and decreased productivity is a consequence of noncommunicable diseases. Maternal mortality, morbidity and infant mortality rates have added a category of etiologies that are the consequences of the complications of noncommunicable diseases affecting pregnancy and childbirth.

Tuberculosis, leprosy, and malaria have not reached their elimination rates yet. Now, the cost of breaking the chain of infection with drug-resistant tuberculosis is unaffordable. At the same time, tuberculosis coinfection with HIV/AIDS and the seriousness of diabetes coexisting with tuberculosis or AIDS, or both, are very real. Our immunization rates have been improving and we can improve them further with support towards the cost of not only purchasing the new expensive vaccines but also the cost of transporting them to the most remote islands. Other issues include drug use and dependency, teenage depression, suicide, domestic violence and injuries from automobile and boat accidents.

We have progressed well in developing and implementing disease- and programme-oriented practices and campaigns but we need to channel them into integrated health and social services. We need WHO and donor countries to provide more appropriate in-country training for developing our workforce.

We have made some improvements toward the targets of the Millennium Development Goals and we continue to work hard on them, but we need collaboration from nations and agencies that are better off than us, in donating resources and technical assistance. Even more, we need assistance in preventing the extension of the risk factors for climate change and preventing the sale of cheap tobacco products and poor-quality foods to our nations.

Finally, on a personal note, we, the people of the Pacific island nations would like to take this moment to express our sincere appreciation to Dr Shigeru Omi as his term is drawing to a close as the Regional Director of the WHO Western Pacific Region. Thank you, Dr Omi.

Again, Mr President, congratulations and we look forward to working with you. Thank you.

La Dra. PÉREZ SIERRA (República Bolivariana de Venezuela):

Muchas gracias señor Presidente. La delegación de Venezuela quiere felicitarlo por su elección y agradecer a la Dra. Margaret Chan, Directora General, el informe presentado. Asimismo, deseamos reiterar nuestro acuerdo con los planteamientos expuestos por la Ministra del Ecuador, en representación de los países andinos.

La República Bolivariana de Venezuela expresa su dolor y total solidaridad con los pueblos de China y Myanmar por los desastres naturales ocurridos.

El Libertador Simón Bolívar expresó que «el mejor sistema de gobierno es aquel que proporciona a su pueblo la mayor suma de estabilidad política, la mayor suma de seguridad social y la mayor suma de felicidad posible». Es éste el ideal que inspira el proceso de transformación y cambio que se da en Venezuela; es esto lo que quiere la revolución bolivariana que adelante el Gobierno que preside Hugo Chávez Frías.

Señor Presidente, señores y señoras: creemos que el actual modelo de desarrollo consumista e individualista no es sustentable; mientras exista hambre, exclusión social, pobreza, peligra la vida, peligra la paz, peligra el planeta. En este sentido nuestro Presidente Chávez, expresa: « …hay que transformar el sistema, el modelo, porque no basta con el crecimiento. Eso es un mito y una trampa: es la distribución de la riqueza, la que hay que cambiar plenamente». No podemos eludir el compromiso ético de avanzar en la construcción de sociedades con rostro humano, justas e inclusivas, en las cuales la salud como parte del derecho a la vida debe estar al alcance de todos y todas.

En Venezuela, la salud es un derecho constitucional y se rige bajo los principios de gratuidad, universalidad, integralidad, equidad, integración social y solidaridad.

Organismos de las Naciones Unidas, entre otros, el PNUD, la UNESCO, el UNICEF, la CEPAL, y la OMS, así como organismos regionales (OEA, OPS) han reconocido los logros económicos, sociales y culturales que hemos alcanzado en nuestro país. El porcentaje de población en situación de pobreza según necesidades básicas insatisfechas disminuyó del 67% antes de la Revolución al 27% en el 2007. En el año 1998 un 20,3% de la población se encontraba en situación de máxima exclusión, sobreviviendo con menos de un dólar diario. Hoy hemos reducido en aproximadamente 11 puntos porcentuales el número de personas en pobreza extrema, ubicándose para el 2007 en 9,4%. Estos resultados implican una disminución del 53,69% del porcentaje de pobreza extrema. El índice de desarrollo humano se incrementa de 0,69 en 1998 a 0,80 en la actualidad, ocupando el número 72 en la lista en programas de las Naciones Unidas.

En el cumplimiento de estas metas, es innegable la función que cumplen las misiones sociales, como parte de la política pública de seguridad social dirigida a garantizar los derechos fundamentales a la población venezolana, con énfasis en los sectores más excluidos. Comprende esta revolucionaria estrategia, misiones educativas, de salud, de cultura, entre otras.

El salario mínimo ha recibido un incremento de 86,7%, ubicándose en la actualidad en uno de los más altos de América Latina. Entre los años 1998 y 2007, el PIB en salud aumentó del 2% a 6%; se estima que este año lleguemos al 9% del PIB en salud.

Para el año 1998, el nivel de atención primaria tenía 4804 ambulatorios. La mayoría de ellos estaban en el más completo abandono. Hoy, con la Misión Barrio Adentro, el país tiene 11 373 unidades de la red de atención primaria en pleno funcionamiento.

El personal médico dedicado a la atención primaria de salud se ha incrementado cerca de tres veces en Venezuela. En 1998 existían 20 médicos por cada 100 000 habitantes; hoy tenemos 59,3 médicos por cada 100 000 habitantes.

Obligatorio y justo es mencionar que la implementación de la Misión Barrio Adentro sería imposible sin la participación del pueblo cubano y la solidaridad de Fidel, quien ha expresado que ser internacionalista significa pagar nuestra propia deuda con la humanidad, y de esta manera 30 000 hombres y mujeres hijos de Cuba se encuentran desplegados en todo el territorio venezolano en el campo, en los llanos, en Amazonas, en los barrios más pobres de Venezuela dando salud, alegría y felicidad. Nunca tendremos cómo pagar al pueblo de Cuba la solidaridad que hemos recibido.

La cobertura de atención médica gratuita se ha incrementado. Hace 10 años, de cada 100 venezolanos sólo 21 tenía la cobertura de atención primaria. Hoy, 95 de cada 100 venezolanos tiene atención gratuita en el nivel primario. En cinco años se graduarán 25 000 estudiantes de medicina que se encuentran en todas las instalaciones de Barrio Adentro.

La tasa de mortalidad infantil antes de la Revolución era de 23,4 por 1000 nacidos vivos en 1997. Este indicador ha bajado a 13,4 en el año 2007. La esperanza de vida al nacer se ha incrementado de 70 a 74 años de edad.

Respecto al acceso a medicamentos y vacunas, garantizamos el acceso gratuito, incluido los antirretrovirales. Mención especial merecen los logros en la cobertura de vacunas. En 1998 sólo se aplicaban 6 vacunas, y con baja cobertura. Actualmente se aplican 13 vacunas. En el 2007 se le dio cobertura total de vacunación a la población venezolana contra la rubéola y el sarampión, siendo objeto de reconocimiento por parte de la Organización Panamericana de la Salud; en el mes de abril tuvimos la visita de Mirta Roses, quien entregó al Gobierno venezolano un certificado por haber logrado los estándares de cobertura establecidos por la OMS. La inversión en vacunas para el año 2008 se estimó en US$ 144 millones. La revisión de estas cifras permite medir la forma en que se ha movido el país hacia una sociedad más justa, logrando en menos de una década romper la tendencia histórica que apuntaba al incremento constante de la pobreza.

Señor Presidente, señores y señoras: en este espacio sin fronteras como es la casa de la salud, Venezuela ratifica su apego a los valores de la libertad, paz, igualdad, justicia social, solidaridad, cooperación y complementariedad en sus relaciones con los países hermanos. Es este el marco que orienta nuestro accionar internacional, en el cual iniciativas como la propuesta por Venezuela para que se adopte en el seno de la Organización de los Estados Americanos una Carta Social de las Américas es una muestra de nuestro compromiso con la agenda social.

En el ideal de Simón Bolívar, como referí al inicio de esta intervención, está «la mayor suma de felicidad posible». Tenemos pendientes varios desafíos. Sin embargo, nuestra población mantiene la fe, la esperanza, la felicidad y la alegría. En una encuesta mundial denominada mapa de la felicidad realizada por una universidad londinense, Venezuela ocupa el segundo lugar en Latinoamérica como el pueblo más feliz y el puesto 25 en el mundo. ¿Y cómo no ser feliz si tenemos amigos como ustedes en todo el mundo?

Con la certeza de que en Venezuela es tiempo de amanecer, despertar y resurrección, de libertad y soberanía, finalizo mi intervención con palabras de nuestro Presidente Hugo Chávez Frías: «… Tenemos que salvar la vida en este planeta, debemos salvar al mundo de los desastres de la guerra, de los desastres de la miseria, que es una forma de guerra, de los desastres de la explotación de unas minorías contra las mayorías. El socialismo es lo que propone el Cristo redentor; vayamos iguales como hermanos, que reine el amor entre nosotros y no el odio y la envidia. Rechacemos el individualismo y sigamos el colectivismo, vivamos en comunidad respetando los derechos de todos.

Éste debe ser nuestro siglo, el siglo de la vida, el siglo de la libertad, el siglo de la justicia y la igualdad. Nosotros también tenemos un sueño.» Muchas gracias.

Dr LAWAL (Nigeria):

Mr President, your excellencies, distinguished delegates, as I address this distinguished body, I bring you greetings from my country. Let me congratulate the President on his election and wish him a successful tenure. May I seize this opportunity also to express our sympathy and condolences to the people of China and the Union of Myanmar for the recent natural disaster in both countries. Permit me, Mr President, to thank and appreciate the contributions of Dr Margaret Chan, the Director General of WHO, for her effective management of the mandate of this global body. The government of Nigeria is indeed grateful for her recent visit to our country during which we jointly agreed on some areas of health priority.

As the world commemorates 30 years of the implementation of primary health care, we in Nigeria are celebrating this by charting the way forward towards implementing strategies for attaining higher gains and also revitalizing the primary health care system. These include the establishment of the Ward Health System, which is based on the Ward Minimum Health Care Package. It also includes improved public–private partnership, in-service delivery for primary health care, manpower and infrastructural development. For improved maternal and child health outcomes and service delivery, nurses, midwives and youth corps doctors are being mobilized to the rural areas for primary health care programmes to increase access to quality health care.

Nigeria is undertaking health sector reform to meet national and global targets as well as to improve the health and wellbeing of Nigerians. Accordingly, its Government has approved the National Strategic Health Investment Plan for Nigeria which will provide the framework to guide the processes for drawing the key strategies for addressing the priority causes of morbidity and mortality. This will provide a basis for results-oriented budgeting and improved overall functioning of the health system for national development. I would therefore like to call on our development partners to support the investment plan. Nigeria recognizes the challenges that abound in the course of achieving the Millennium Development Goals. Our strategy is therefore to confront headlong the priority diseases targeted by the Millennium Development Goals. We have adopted the integrated maternal, newborn and child health strategy for achieving this goal. This is to cover more than 90% of causes of maternal and child mortality, build synergies, accelerate coverage and maximize impact towards achieving Goals 4 and 5. Additionally, the Nigerian immunization programme has been re-energized nationwide to interrupt and eradicate wild-type poliovirus transmission, which is still a persistent public health challenge in our country. Furthermore, in order to achieve these goals, routine immunization has been strengthened with a supply of good-quality vaccines and logistics. The seven point agenda of the President of the Federal Republic of Nigeria, Mallam Umaru Musa Yar'Adua, includes human resource development and capacity-building which are being driven by the twin engine of health care and education. We have emphasized increased access to health care and the community health insurance scheme, which now address the needs of more than 80% of Nigerians. Additionally, we will

implement our plan of establishing an optimum skilled health workforce and their retention within the borders of our country to strengthen the national health-care system.

In line with the Declaration of the 6th African Union Summit of 2006, Nigeria's malaria control targets are on course. Similarly, directly observed treatment, short-course expansion in Nigeria for tuberculosis has enhanced early diagnosis, effective treatment and high cure rates. The national HIV/AIDS response using the "Three Ones" principle has achieved a significant increase in general awareness. The country has managed the outbreak of avian influenza in a successful manner and the last confirmed case of avian influenza in poultry was seen in October 2007 and the last human case confirmed in Lagos in February 2006. We support the principle of virus-sharing and benefit-sharing among nations on an equitable basis and see this as a tool for a more effective strategy for fighting the possible pandemic.

Finally, I would like to conclude by appreciating the efforts and commitment of all our development partners. We will continue to solicit your support until our efforts at meeting the global health goals are achieved. Thank you and God bless.

Dr KULZHANOV (Kazakhstan):

Dear Mr President, Madam Director-General, distinguished delegates, ladies and gentlemen, first of all, on behalf of the Government of the Republic of Kazakhstan, let me express our condolences to the peoples of China and Myanmar for the damage of national disasters. Secondly, let me express my congratulations to the newly-elected President of our Health Assembly, Dr Leslie Ramsammy. Let me also congratulate Director-General Dr Chan and all the delegations of WHO Member States on the sixtieth anniversary of our Organization. WHO plays a very important role in the system of United Nations organizations. WHO has made a significant contribution to improving the world population's health during the last 60 years; there is a lot of evidence for that. The most significant achievements of WHO are the eradication of smallpox, development of new primary health-care concepts, the adoption of the Alma-Alta Declaration and the United Nations Millennium Declaration. All these achievements give all of us new opportunities to improve health-care delivery and the health status of nations.

Kazakhstan has been a strong supporter of the Millennium Development Goals. The Alma Alta Declaration is a priority on the global health agenda even though it was adopted 30 years ago; its recommendations are considered for strategic decisions on health systems development and improvement of the health of the population of Kazakhstan. Kazakhstan proudly supports all initiatives of the WHO Director-General in her thinking on the concept of primary health care, which has receded to the background during the last decade. One of the initiatives Kazakhstan supports is establishing a primary health-care coordinating group at headquarters. We believe that primary health care is a priority because it is able to diminish such threats to humanity as noncommunicable diseases, infant and maternal mortality, tuberculosis, HIV/AIDS and other diseases. Nowadays, mother and child health is a priority of the national health system reform of the republic of Kazakhstan adopted for the year 2010. Starting from January this year, Kazakhstan has converted to WHO live birth criteria. Currently, the Minister of Health has developed a maternal and infant mortality reduction programme which pays special attention to primary health care and the implementation of an international approach to preserving mother and child health. Kazakhstan greets the adoption of the final political declaration of the summit on review of the declaration on treatment adherence to combat HIV/AIDS and positively evaluates the results of the discussion during the summit. Unfortunately, tuberculosis remains a more significant epidemiological, medical and social issue in Kazakhstan. Major social and economic changes in our country during the 1990s had a negative impact on the quality and volume of anti-tuberculosis activities. Timely anti-tuberculosis measures taken in Kazakhstan according to WHO recommendations introduced a new stabilizing of epidemiological situations and implementation of the tuberculosis control strategy in our country. As a result there is a trend towards a slight reduction in tuberculosis morbidity and mortality among the population of Kazakhstan. It is disappointing to admit that universal access by HIV-positive individuals to antiretroviral treatment is unfortunately not fully achievable in Kazakhstan. Kazakhstan considers that equal partnership between industrialized and developing countries, and between international and local nongovernmental organizations, as well

as involvement of civil society in the process, are keys to successfully combating HIV/AIDS. International collaboration in anti-AIDS efforts should be more coordinated and a strategic approach adopted.

The Government of Kazakhstan hopes for further strengthening of collaboration with WHO and strengthening of equitable collaboration between all international organizations working in the area of health, as well as between other nongovernmental organizations at both regional and global levels. The Government of Kazakhstan also intends to increase investment in health and in a safer future.

I would like to use this opportunity to invite, on behalf of the Government of the Republic of Kazakhstan, all ministers of health of Member States and the regional offices of WHO to participate in the conference dedicated to the thirtieth anniversary of the Alma-Alta Declaration, which will take place in Alma-Alta on October 15–16 this year. Thank you very much for your attention.

El Dr. LOPES DO NASCIMENTO (Sao Tomé y Príncipe):

Señor Presidente, señores Vicepresidentes, señores Ministros de Salud y Jefes de las delegaciones, señora Directora General de la OMS, Excelencias, señoras y señores: Permítame en primer lugar, en nombre de la República Democrática de Santo Tomé y Príncipe, en mi propio nombre y en el de la delegación que tengo la honra de formar parte, felicitar al señor Ministro de Salud de Guyana por su elección como Presidente de esta 61ª Asamblea Mundial de la Salud. A los señores Vicepresidentes van igualmente dirigidas nuestras sinceras felicitaciones.

Siete años apenas nos separan de 2015, año en el que deberían haberse logrado en todos los países del mundo los Objetivos de Desarrollo del Milenio, conforme lo definido en septiembre de 2000 en la Cumbre de las Naciones Unidas.

Desde el año 2000 se vienen aplicando medidas, tanto en el sector de la salud como en otros vinculados con el desarrollo en cada uno de nuestros países, para que puedan efectivamente alcanzarse los ocho Objetivos de Desarrollo del Milenio acordados, tres de los cuales están relacionados con la salud: el 4 (reducir la mortalidad infantil), el 5 (mejorar la salud materna), y el 6 (combatir el VIH/SIDA, paludismo y otras enfermedades).

Sin embargo, a pesar de que se han registrado algunos progresos, muchos de nuestros países aún están lejos de lograr esos objetivos, razón por la cual habrá que aplicar nuevos planteamientos para acelerar los avances hacia su consecución.

Es el caso en particular de la Región de África de la OMS, donde los progresos están siendo más lentos. Los Estados Miembros que participaron en la 56ª reunión del Comité Regional reiteraron en la resolución AFR/RC56/R6 que la atención primaria de salud sigue siendo válida para mejorar la eficiencia y el desempeño de los sistemas de salud con el propósito de acelerar los progresos para lograr los Objetivos de Desarrollo del Milenio.

La reciente Conferencia Internacional sobre atención primaria de salud y sistemas de salud en África, celebrada del 28 al 30 de abril de este año en Ouagadougou, tuvo como objetivo principal el de llamar la atención a los políticos de nuestra Región sobre la necesidad de reactivar la atención primaria de salud como una de las vías para alcanzar los Objetivos del Milenio en la Región. No puedo dejar de aprovechar esta oportunidad para felicitar al Sr. Gomes Sambo por el éxito de esa Conferencia, cuya participación en número de delegados presentes e importancia de los debates habidos merece todo nuestro elogio.

Reiteramos y reafirmamos aquí nuestro compromiso de implementar con determinación las recomendaciones de la Conferencia para que en Santo Tomé y Príncipe la ejecución de los Objetivos de Desarrollo del Milenio relacionados con la salud sea una realidad. En Santo Tomé y Príncipe desplegamos esfuerzos con el apoyo de nuestros colaboradores de cooperación en el sentido de mejorar la salud de nuestras poblaciones y dar cumplimiento a los Objetivos definidos en la Cumbre del Milenio.

En relación al objetivo 4, la tendencia creciente que se observaba entre 1991 y 1995 en las tasas de mortalidad en menores de cinco años y en las tasas de mortalidad infantil hoy se ha invertido y éstas se encuentran en regresión, cayendo respectivamente de 138 por 1000 nacidos vivos en 1995 a 52 por 1000 en 2006, y de 89 por 1000 nacidos vivos en 1995 a 43 por 1000 nacidos vivos en 2006. Mejorías relacionadas con el esfuerzo y expansión de la atención primaria de salud, entre los que

sobresalen los esfuerzos en la lucha contra el paludismo, la elevada tasa de cobertura de las vacunas, un buen programa de salud sexual y reproductiva y los esfuerzos en materia de nutrición infantil.

En relación al objetivo 5, se registraron en los últimos años progresos muy significativos en la asistencia a la mujer, como consecuencia de un mejor desempeño del programa de salud sexual y reproductiva. Todavía la mortalidad materna se mantiene relativamente alta. A pesar de una reducción del orden del 50% entre 2005 y 2006, la tasa de mortalidad materna es superior a la verificada en 1990, cuando era de 62 por 1000 nacidos vivos. A pesar de todo, la tendencia en la evolución de la tasa de mortalidad materna es decreciente. La aprobación del Roteiro Nacional para la reducción de la mortalidad materna y neonatal, que esperamos ocurra en breve, nos permite pensar que un progreso significativo será posible en este dominio.

La mejoría de la capacidad de gestión del sistema de salud, la sostenibilidad de los éxitos alcanzados a nivel de la lucha contra el paludismo asegurando una capacidad nacional intrínseca para financiarlos, el esfuerzo de la participación de las comunicaciones y forjar nuevas colaboraciones, son los principales desafíos que afronta el sector de la salud, y es prioritario superarlos.

Para ello contamos con nuestra voluntad inequívoca de mejorar la salud de nuestras poblaciones y el apoyo variado de los colaboradores de cooperación, a quienes desde esta tribuna les enviamos nuestros sinceros agradecimientos.

Señor Presidente: en un mundo globalizado e interdependiente como es el nuestro, es vital que todos los pueblos logren un nivel de salud que les permita participar plenamente en el esfuerzo del desarrollo socioeconómico de sus países. Este propósito no podrá ser alcanzado si vedamos el acceso de este o aquel país a nuestra Organización. Tal situación viene sucediendo con la República de China (Taiwán), país que sin embargo viene dando una contribución en el desarrollo sanitario de otros pueblos, se ve negada su integración como Miembro de pleno derecho a la Organización Mundial de la Salud y consecuentemente a la implementación independiente del Reglamento Sanitario Internacional. Es tiempo, Excelencias, de hacer justicia a los 23 millones de taiwaneses admitiendo que su país se convierta en miembro de pleno derecho de la Organización Mundial de la Salud. Es este pedido que le hacemos y que gustaríamos ver brevemente concretizado. Muchas gracias.

Dr LIOW TIONG LAI (Malaysia):

Honourable President, excellencies, ladies and gentlemen, may I first of all thank the President for giving me this opportunity to address this important Health Assembly. Last year Malaysia celebrated her fiftieth year of independence and we are proud to announce that we have achieved all but one of the Millennium Development Goals. Malaysia has done well in achieving good health for the population, especially in reducing maternal mortality. The maternal mortality rate has declined from more than 500 per 100 000 live births in the 1950s to 30 per 100 000 live births in 2006.

A significant contribution to the reduction in the maternal mortality rate in Malaysia is the increase in safe deliveries conducted by trained personnel in both the government and private sectors, from a mere 20% in 1957 when we achieved independence, to 98.3% in 2006. Malaysia has made a strong commitment to meet the goals and targets set out in the Millennium Development Goals. Malaysia has, in fact, made tremendous progress in the reduction of the under-five mortality rate since 1970. Within 36 years, the under-five mortality rate has declined from 52 per 1000 live births in 1970 to 8.5 per 1000 live births in 2006, which translates into an 83.6% reduction. In addition, Malaysia has also achieved a remarkable reduction in the infant mortality rate, from 40.8 per 1000 live births in 1970 to 6.6 per 1000 live births in 2006.

This remarkable achievement in health status is due to the strong commitment by health-care providers and policy-makers. Malaysia has developed a robust health infrastructure and invested in human capital development and comprehensive family health programmes. We are strengthening our maternal child health services and are constantly striving for new innovative ways of enhancing equity, accessibility and quality of our health-care services.

Malaysia has achieved all the Millennium Development Goals except Goal number 6, that is, combating HIV/AIDS, malaria and other diseases, including tuberculosis, which pose some challenges for us. Malaysia is committed to the WHO global plan to stop tuberculosis in the Western Pacific Region and has achieved the target of detecting 70% of estimated cases and successfully treating 85% of

these cases. We are confident we will be able to halt tuberculosis and reverse its incidence by 2015 in line with the Goals. As for malaria, we have achieved the set target and aim for malaria elimination by 2015. With regard to HIV, Malaysia is happy to report a decline in the number of reported new cases of HIV infection, from 6756 in 2002 to 4549 in 2007.

Tele-primary Care is Malaysia's first home-grown enterprise-wide electronic clinic management and clinical information system. It is being used in 69 sites connecting various players from rural health clinics and district health offices to urban hospitals and the central headquarters in a seamless manner. It has enabled the rural population to access specialist care closer to their homes. Currently more than 1 million patients are receiving care through the system. Tele-primary Care will be expanded to the rest of the country in due course.

Malaysia is fully supportive of WHO's initiative for global eradication of poliomyelitis and to date Malaysia has contributed US$ 1.3 million. Noting that WHO still has a funding gap of US$ 175 million for 2008, it is with great pleasure that we announce to the Health Assembly that the Government of Malaysia will make a further US$ 1 million contribution towards the programme for global eradication of poliomyelitis.

The twenty-first century has become extremely challenging for most of us, particularly with looming threats posed by outbreaks of infectious diseases, including avian and pandemic influenza. To mitigate the impact of the threat of pandemic influenza, the Government of Malaysia has allocated about US$ 15 million annually for the purchase of drugs, vaccines and stockpiling personal protective equipments, under the National Influenza Pandemic Preparedness Plan.

The growing burden of diseases is not limited to infectious diseases. Noncommunicable diseases are also putting increasing stress on our health-care delivery system. I am glad to note that this year, the Health Assembly will have on its agenda, a discussion on the implementation of a global strategy for the prevention and control of noncommunicable diseases, which Malaysia fully supports.

The theme of this year's World Health Day is "Protecting health from climate change". Climate change is a major issue facing the world. There is concern regarding the effect of climate change on the fundamental determinants of health including air, water, food, shelter and freedom from disease. To address these issues and in order to mainstream health into the climate change discourse, Malaysia is taking the lead in organizing a health ministerial conference on climate change in the Asia-Pacific region, which will be held in Kuala Lumpur from 18 to 19 September this year. We look forward to the active participation of all delegations.

The stakes are high and the challenges are many, but I am sure with the strengthening of cooperation and collaboration among countries in the world today, together with the strong leadership and support of WHO, we can all make a difference and make this world a healthier place to live in. Thank you.

Dr MALLINGA (Uganda):

Mr President, distinguished ladies and gentlemen, Uganda joins the rest of the Member States in congratulating you on being elected the President of the Sixty-first World Health Assembly. We pledge to give you all the necessary support during your term of office.

We equally join the rest of the Member States in thanking the Director-General for successfully steering WHO in the past year. Uganda is particularly grateful to WHO for the support and guidance in the following areas: human resources for health that culminated in a successful Global Health Workforce Alliance 2008 Forum, which took place in March 2008 in Kampala, Uganda; response to and containment of recent disease outbreaks: Marburg, Ebola and meningitis, which took place in Uganda; health promotion and management of health related conditions in conflict areas, as we have had problems in the northern part of Uganda; and control and elimination of *Haemophylus influenzae* type b disease.

As we deliberate during this Health Assembly, Uganda would like to emphasize the need to effectively involve communities in the delivery of basic health care services. Uganda would like to share with you the successes we have had with: Child Days Plus, which is a month when we follow up health care for children wherever they are to carry out immunizations, deworming and supplementary vitamin A; the Village Health Teams in which we have appointed two persons who will work as

advocates of health in every village; working with communities in the control and management of epidemics; and civil society organizations – we are encouraging them all over the country.

Uganda would like to draw the attention of the Health Assembly to refocus our efforts on the following areas to enable us to effectively deliver health programmes: human resources development; strengthening health systems; scaling up proven best practices; addressing neglected tropical diseases and noncommunicable diseases; and technology transfer relevant to health.

Uganda would like to join the rest of the world in sending our sympathy to the countries that have recently suffered tremendous loss of life and property from natural disasters, China and Myanmar.

In conclusion, Uganda will be hosting the following important conferences to which you are all cordially invited: Stop Cervical Cancer in Africa, from 21 to 22 July 2008, and the African Programme for Onchocerciasis Control from 8 to 11 December 2008. It is not difficult to locate Uganda. You go up to the Mediterranean, then follow the Nile from Egypt. You go through Sudan; at Khartoum don't turn left to the Blue Nile, continue ahead until you reach a large body of water: that will be Lake Victoria, you will be in Uganda. Thank you very much.

Mr O'CONNOR (New Zealand):

Mr President, Madam Director-General, I wish to start by expressing the heartfelt support of the New Zealand people for the people of China and Myanmar following the recent natural disasters in those countries. The New Zealand Government is committed to assisting both countries to address the consequences of these disasters, including the huge impact on public health, so that they may recover and rebuild as quickly as possible.

For those of you who do not know New Zealand, or have not seen the *Lord of the Rings* movie, we are about as far from Geneva as you can get, short of being in Antarctica. We are a country of some 4.2 million people, with an economy still very reliant on primary production, in particular diary products – something dear to my heart as a former farmer.

Yet the journey from New Zealand to Geneva for the Health Assembly each year is always a high priority. We place considerable emphasis on having a minister here and on participating actively in the discussions. Our country remains strongly committed to the work of WHO and, as we are discussing specifically this year, the achievement of the Millennium Development Goals.

The Millennium Development Goals represent the central development challenge of our era, and the health dimensions as expressed in Goals 4, 5 and 6 are central to their achievement. In global health development, the Millennium Development Goals have put us all on notice – can we deliver this basic building blocks for human development?

New Zealand has a strong record of supporting low- and middle- income countries to make greater progress towards achieving the Millennium Development Goals, and we will continue to do so. In our view, it is essential that progress by the global health sector towards achieving the Millennium Development Goals is presented clearly to the Health Assembly each year. This requires particular attention to progressing the goals in the poorest communities both within, and between, countries. We must ensure that attainment of the overall goals has not been at the expense of progress for the most vulnerable. No minister should leave the Health Assembly without being clear as to the world's progress on these goals and the actions required in the coming year.

There is concern about ongoing, and in many cases, widening, health inequalities within and between countries. New Zealand has its own challenges regarding social and ethnic health inequalities, and we have explicity focused on these over the past eight years. There can be no greater inequity than knowing you are going to die early by virtue of your membership of a particular ethnic or social group.

Our Government's approach to addressing health inequalities is twofold. First, we continue to address the fundamental determinants of health in a number of ways. These include ensuring affordable housing for people on low incomes, increasing incomes for people in low-paid jobs and those receiving State welfare assistance, creating jobs, and increasing access to education from preschool to tertiary levels. Action in these areas is essential for population-wide health improvements, and for health inequalities to be addressed effectively. In this regard, New Zealand

awaits with interest the report and recommendations of the WHO Commission on Social Determinants of Health. Secondly, we are convinced that a strong primary health-care sector is central to reducing health inequalities. We have therefore developed a strategy to transform primary health care by investing heavily to make it more affordable, reorienting it towards prevention and keeping the population well, and involving communities in its governance.

This required a long-term vision and we are already beginning to see the benefits. Recent evidence shows that New Zealand's health-care system is making an increasing contribution to improvements in life expectancy and health outcomes. And a survey of New Zealanders last year showed that the groups with poorest health now have much better access to primary health care than they did five years ago. Cost has effectively disappeared as a barrier to access for these groups. They are now more likely to receive advice on smoking, diet, physical activity and other preventive actions. Another benefit is that the difference in life expectancy between our indigenous Maori population and other New Zealanders has started to close for the first time in decades. The New Zealand experience strongly supports the renewed focus on primary health care that WHO is pursuing under Dr Chan's leadership. We fully endorse this focus and believe it is essential if the health-related Millennium Development Goals are to be achieved. Likewise, we believe that much more can be achieved by the universal application of often uncomplicated low-cost interventions for the whole population, especially among people whose needs are greatest. We need to make the right thing to do, the easiest thing to do.

New Zealand is also deeply concerned about the double burden of communicable and noncommunicable diseases experienced by low- and middle- income countries. The impact of noncommunicable diseases is increasing in these countries and there is a need for more concerted efforts by Member States to address this. I am personally responsible for the implementation of programmes to address noncommunicable diseases in New Zealand, and I am convinced that we need to do more in this area globally. I was very interested in the proposal by the President of the Health Assembly, Dr Ramsammy, in his address yesterday, for a Millennium Development Goals Plus goal and specific targets for noncommunicable diseases. This is an approach we have recently adopted in New Zealand, with the development and implementation of ten national targets, including targets to reduce smoking rates, to increase fruit and vegetable intake, to increase breastfeeding rates, and to improve diabetes management. The draft action plan for the global strategy for the prevention and control of noncommunicable diseases, on the agenda for this Health Assembly, is an important next step forward. New Zealand has proposed a resolution to accompany this action plan, to help ensure it is given due weight in national, regional and global efforts to address noncommunicable diseases. New Zealand wishes to work with other interested Member States to find ways to increase funding for implementation of the draft action plan. This cannot wait – we cannot claim progress in improving world health if all we do is replace devastating communicable diseases with destructive noncommunicable diseases. We need to move from talk to action and we must do it now.

Finally, one of my important responsibilities is tobacco control, and I want to congratulate the Canton of Geneva on the decision to become smoke-free, a hugely important step for health. We look forward to attending the Sixty-second World Health Assembly in 2009 in a smoke-free Geneva. Thank you, Mr President.

La Dra. PALAU (Honduras):

Honorable señora Directora General de la OMS, honorable señor Presidente de la Asamblea Mundial de la Salud, excelentísimos embajadores, honorables señores ministros, damas y caballeros: La delegación de Honduras, en nombre de la subregión de Centroamérica, Panamá y la República Dominicana, desea expresarle nuestras más sinceras felicitaciones por su elección a la Presidencia de esta magna Asamblea. Sabemos que con su nutrida experiencia contribuirá a que nuestros trabajos concluyan en beneficio de la humanidad.

Deseamos manifestar que nos vemos muy complacidos por el informe de la Directora General de nuestra Organización, cuyo contenido compartimos plenamente. Asimismo patentizamos nuestras muestras de apoyo y solidaridad con los pueblos de la República Popular China y Myanmar por la pérdida de miles de valiosas vidas durante los desastres naturales ocurridos recientemente.

Nuestra subregión comparte problemas sociales y de salud, como pobreza y pobreza extrema, que varía desde un tercio hasta dos tercios de la población, moderadas tasas de mortalidad maternoinfantil, malnutrición crónica, con predominio de desnutrición, enfermedades vectoriales, especialmente dengue y malaria, VIH/SIDA, y tuberculosis. Dados los esfuerzos realizados, nuestros índices en salud han mejorado en los últimos años y actualmente ocupamos una posición intermedia a nivel mundial, y nuestra subregión presenta actualmente retos como el incremento de enfermedades crónicas no transmisibles como diabetes, hipertensión, cáncer y obesidad, que actualmente forman parte de las 10 primeras causas de morbimortalidad en nuestra región.

Dentro de las medidas exitosas comunes a nuestros países se encuentran programas de vacunación exitosos que han permitido la erradicación de enfermedades como la poliomielitis y el sarampión, países en la región que reportan más de dos años de no tener casos de rubéola, el descenso importante de otras patologías como meningitis por H. influenza y hepatitis B.

Se han iniciado esfuerzos para implementar el Reglamento Sanitario Internacional, definir, unificar, y fortalecer sistemas de información y vigilancia epidemiológica comunes, y estrategias comunes, entre las que podemos mencionar:

- construir y fortalecer espacios de intercambio de experiencias y buenas prácticas;
- desarrollar sistemas de cooperación técnica entre países;
- renovar el apoyo político de las instancias rectoras de la salud a la estrategia de Atención Primaria de Salud;
- desarrollar normas comunes para el fortalecimiento de la capacidad institucional de las Autoridades Sanitarias Nacionales;
- desarrollar las capacidades de liderazgo y gestión mediante programas regionales de desarrollo de recursos humanos;
- definir, implementar y alimentar sistemas integrados de información intersectorial;
- definir, implementar y alimentar sistemas integrados de información sobre los avances y desafíos que la implementación de la estrategia de Atención Primaria de Salud presenta en los ocho países;
- desarrollar programas transfronterizos de cooperación entre países en Atención Primaria de Salud con un enfoque intersectorial (en especial que incluya agua y saneamiento básico);
- afrontar regionalmente la violencia social y la violencia contra la mujer mediante el desarrollo de sistemas integrados de información;
- reconocer que en la región centroamericana, los desastres naturales asociados al cambio climático deben ser considerados como un determinante del desarrollo humano y que, asociados a los otros determinantes entre los cuales la pobreza aparece como el determinante estructural han aumentado la vulnerabilidad de las poblaciones;
- definir, implementar y alimentar sistemas integrados de información que permitan realizar una vigilancia del cambio climático y sus impactos en la salud;
- desarrollar programas de cooperación transfronteriza a través de los entes regionales de agua y saneamiento, para garantizar el sistema de abastecimiento de agua en aquellos países afectados por emergencias sanitarias y desastres;
- profundización de la política regional de medicamentos que está en marcha con todos sus componentes: desarrollo de mecanismos regionales para controlar y garantizar la calidad de los medicamentos, estudios de calidad de medicamentos, bioequivalencia, compra consolidada, desarrollo de lineamientos para introducción de nuevos medicamentos, desarrollo de esquemas básicos de medicamentos en concordancia con compra;
- desarrollo de programas regionales para mejorar el acceso a tecnologías caras y complejas que pueden ser adquiridas en conjunto, administradas por un país y que brinden servicios a la región;
- establecer equipos para el análisis de la viabilidad y factibilidad de establecer sistemas de protección social transnacionales para grupos vulnerables específicos;
- afrontar con un enfoque regional y con respuestas regionales los retos que plantea la salud de los migrantes a partir del diseño e implementación de programas solidarios de atención;
- diseño e implementación regional de programas de formación y capacitación en el campo de la salud sexual y reproductiva, con perspectiva de género;

- desarrollo de una estrategia regional que abarque componentes de promoción de estilos de vida saludables, identificación y atención de las enfermedades no transmisibles, en especial cáncer, *diabetes mellitus*, hipertensión arterial;
- desarrollo de una estrategia regional para el abordaje de las enfermedades transmitidas por vectores que incluya la meta de erradicación de algunas de ellas, en especial malaria a un mediano plazo;
- profundización de la estrategia regional de control del VIH/SIDA, tuberculosis y de otras enfermedades transmisibles;
- definir, implementar y alimentar sistemas integrados de vigilancia epidemiológica de enfermedades transmisibles y no transmisibles;
- desarrollo de un sistema de acreditación y certificación regional de instituciones formadoras en ciencias de la salud y desarrollo de sus instrumentos regulatorios;
- complementar cada una de las áreas de acción identificadas con acciones regionales dirigidas a fortalecer las capacidades de los trabajadores de salud en todas las áreas;
- desarrollo de una estrategia regional de investigaciones esenciales en salud pública;
- creación de laboratorios regionales: ante la falta de capacidad en la mayor parte de los países de la región para tener laboratorios con niveles de bioseguridad II y III, y con énfasis en VIH/SIDA y tuberculosis, sobre todo en aspectos como genotipaje y resistencia a medicamentos de segunda línea;
- tener también la capacidad a nivel de la región de la subtipificación de dengue;
- promover la seguridad alimentaria desde una perspectiva intersectorial que permita mejorar el acceso a alimentos en cantidad y calidad suficiente;
- fortalecer la participación del sector salud en las acciones regionales destinadas a la seguridad alimentaria en la región;
- asumir desde la Región de Centroamérica y la República Dominicana las obligaciones que establece el Reglamento Sanitario Internacional (2005) y promover la cooperación entre los países;
- definir, implementar y alimentar un sistema integrado de información para monitorear la adopción e implementación del Reglamento Sanitario Internacional por parte de los ocho países;
- fortalecer la participación de los países y de las instancias regionales en los foros regionales relativos a salud, ambiente y agricultura;
- aumentar la participación del sector salud y de las organizaciones sociales que desarrollan acciones en salud comunitaria en los programas regionales para enfrentar desastres y desarrollar una estrategia regional en salud para enfrentar desastres y emergencias sanitarias.

Esta agenda se analizará en reuniones programadas para su revisión, y será presentada en el Consejo de Ministros de Salud de Centroamérica, en El Salvador y en la XXIV reunión del Sector Salud de Centroamérica y la República Dominicana, a realizarse en el mes de septiembre en Tegucigalpa (Honduras).

Los países de la subregión tenemos la voluntad de mejorar la situación de salud. Por medio de la autoridad sanitaria nacional estamos logrando cumplir el papel rector en salud y ejercer un liderazgo intersectorial con capacidad de convocatoria y orientación a los socios en la tarea de impulsar el desarrollo. Estamos propiciando la plena participación comunitaria y fortaleciendo la atención primaria de salud, así como la de todos los agentes de transformación, incluyendo al sector privado, para alcanzar las metas nacionales de salud, pero necesitamos del apoyo de los países industrializados y organismos internacionales de financiamiento para cumplir nuestras metas, esperando que la mejoría de nuestros indicadores no se convierta en un desincentivo para mantener ese apoyo, como suele suceder.

El acceso a medicamentos y tecnologías de salud es un requerimiento justo y humano para alcanzar una respuesta efectiva a los requerimientos de salud. Por ello, consideramos que la estrategia mundial sobre salud pública, innovación y derechos de propiedad intelectual, que se encuentra aún en discusión, es una base sólida para lograr el acceso a medicamentos para todos, en especial para aquellas poblaciones más pobres, y nos dará la oportunidad de promocionar la investigación y el

desarrollo para las enfermedades olvidadas que desproporcionadamente afectan a los países más pobres.

Por las consideraciones antes anotadas, los gobiernos de la subregión estamos fuertemente comprometidos con el «Derecho a la salud para todos» y con este mensaje central nuestra labor de alcanzar los Objetivos de Desarrollo del Milenio. Muchas gracias.

Mr MIHALJEVIC (Montenegro):

Mr President, Madam Director-General, excellencies, ladies and gentlemen, first of all, I would like to express our deep condolences to the delegations of China and Myanmar for the tragic disasters that have cost the lives of thousands of their compatriots and caused huge material devastation.

Mr President, let me congratulate Dr Margaret Chan, the Director-General of WHO, for her excellent work and for her organization of this important event. In view of the targets and tasks as defined by the Millennium Declaration of September 2000, one can say that Montenegro is on track to achieve all the health-related Millennium Development Goals. In order to set up an adequate infrastructure for their achievement, the Government of Montenegro has adopted several strategic documents: the Development and Poverty Reduction Strategy, the Action Plan for Children, the National Action Plan for Youth, the Action Plan for Gender Equality, the Strategy for Development for Social Welfare for the Elderly 2008–2012, the Strategy for Violence Prevention and the Decade of Roma Inclusion. Montenegro has undertaken numerous reform processes, adopting a new Law on Health Care and several strategies: the Health System Development Strategy, the Reproductive Health Strategy, the HIV/AIDS Strategy, the Tobacco Control Strategy, the Strategy for Mental Health Protection and the National TB Strategy. The health sector has a special role to play in the process of achieving the Millennium Development Goals, as three out of the eight goals are directly related to the improvement and protection of health. Despite some deterioration in the mortality rate of children under five years of age in the period from 1990 to 2000, due to the well-known events in our region and the large number of refugees and displaced persons who came to Montenegro during that period, the prospects for achieving the universal goal remain strong. The infant mortality rate in Montenegro over the past five years has been less than 10 per 1000 – in 2006, 11 per 1000 – indicating a decreasing tendency since 1950, though with some fluctuation in the values of this indicator during that period. In Montenegro almost all women give birth with professional attendance, which is one of the subtargets necessary for achieving this most sensitive Millennium Development Goal. In addition to this, all the services relating to the protection of expectant mothers, infants and small children are free, thus accessible to all the citizens of Montenegro. Since 2000 there have been no cases of a mother dying due to pregnancy, labour or childbirth complications, which reflects an adequate maternal health care. The immunization rate of 93% for preschool children and 94% for schoolchildren is demonstrating a rising trend, and there is a strong likelihood that by 2015 more than 95% of the children will be covered by immunization. Specific interventions for combating HIV/AIDS, tuberculosis and other diseases, identified in the respective Action Plans within the National Strategies, provide for continuous and well-planned measures for protection against these diseases. In brief, Mr President, those are some of our results and achievements. Thank you all very much.

Dr VIT (Czech Republic):

Mr President, Madam Director-General, ladies and gentlemen, let me express my sincere gratitude to WHO, as well as to all the people who have participated in the organization of the Sixty-first World Health Assembly, for their outstanding efforts, and for giving me the opportunity to address this extraordinary event.

I would also like to align my country with the statement made by the representative of Slovenia on behalf of the European Union and express the Czech Republic's consideration that WHO – in respect of its activities in the field of international cooperation – is a very significant institution involved in the areas of improving the overall state of public health, determining the direction of the

maintenance of the global health concept, and coordinating the response to crises, which keep challenging the present-day world.

In my speech, I would like to focus on one important issue: the International Health Regulations (2005), which is a significant international legal instrument applied in the area of international health safety. The International Health Regulations (2005), which were adopted by resolution WHA58.3 of the Health Assembly, is an international legal instrument that is legally binding upon all Parties. The goal of the Regulations is disease prevention and protection, control of disease proliferation, and ensuring a response in the sphere of public health that would be capable of challenging existing risks but would at the same time eliminate any needless interference in international transport and trade.

The Regulations entered into force on 15 June 2007. If all things go well, the States Parties will produce and implement their own plans for ensuring basic supervision and response capacity as required by the Regulations within five years of their entry into force. The Czech Republic is already implementing them gradually so that they will be in place by 2016 at the latest.

The Czech Republic supports the urgent nature of cooperation with WHO, and with the European Centre for Disease Prevention and Control, and it is capable of applying and effectively employing the International Health Regulations (2005).

Let me conclude my address by expressing my profound respect and support for the work performed by WHO, which continues to contribute significantly to higher quality of life for the global population. Thank you for your attention.

Mr VUKCEVIC (Serbia):

Mr President, Madam Director-General, excellencies, distinguished delegates, ladies and gentlemen, allow me to express, on behalf of the Republic of Serbia, sincere condolences to the people of China and Myanmar for the tragic recent events in those countries. We are sending a message of sympathy to their governments at this terrible time; the Government of Serbia has already decided to send humanitarian aid to the areas affected by the natural disasters.

The Republic of Serbia highly appreciates the report of the Director-General, Dr Margaret Chan, in particular her warning on global health crises. Serbia fully supports the statement made by the Slovenian delegation on behalf of the European Union.

It is a great honour for me to have the opportunity to address the issue of the Millennium Development Goals, and to express the strategic commitment of the Republic of Serbia to achieve the set targets by the year 2015. Our national Millennium Development Goals are very high on the governmental agenda, and in October 2004, the Government of Serbia set up a task force to monitor the implementation of goals and plans arising out of the United Nations Millennium Declaration. The Millennium Development Goals have been nationalized in the Republic of Serbia, through an extensive consultation process, and the health-related Millennium Development Goals have been incorporated into all strategic documents and laws of the Ministry of Health of the Republic of Serbia. In order to achieve some of our national health-related Millennium Development Goals, the Ministry of Health is using donations from the Global Fund for two projects: the first is combating HIV/AIDS, and the second is coping with multidrug-resistant tuberculosis. We are also working hard to reduce the child mortality rate and to improve maternal health, especially in vulnerable groups such as the Roma population, internally displaced persons and refugees.

I would like to express our deep gratitude to the Secretariat for its excellent organization of the Health Assembly, a forum where we can work together with other delegations with the aim of addressing essential global health issues. Thank you.

Mr IKRAMOV (Uzbekistan):
Г-н ИКРАМОВ (Узбекистан):

Уважаемый Председатель, Ваше Превосходительство г-жа Генеральный директор Маргарет Чен, уважаемые министры, дамы и господа, коллеги и друзья.

Прежде всего, позвольте от имени делегации Республики Узбекистан приветствовать г-на Лесли Рамзами с избранием его Председателем и пожелать ему и избранным заместителям

Председателя всяческих успехов в их трудной и, надеемся, плодотворной работе. В свою очередь, представители нашей страны будут всемерно содействовать в работе текущей Ассамблеи.

Г-н Председатель.

Эпоха глобализации создала условия для огромного позитивного роста в сфере новых технологий, в развитии мировой торговли и инвестиций. Нынешнее поколение людей в любой стране мире имеет сегодня надежду на то, что они станут жить богаче, здоровее, образованнее, чем их родители. Практически во всем мире успешно решаются проблемы всеобщего начального образования, снижения младенческой и детской смертности. Растет продолжительность жизни людей.

Здоровье общества, как и здоровье каждого гражданина, представляет стратегическую цель каждого государства, условие его национальной безопасности. В связи с этим, считаем своевременным и в высокой степени актуальным включение в повестку дня данной Ассамблеи вопроса, касающегося изменения климата и воздействия его на здоровье.

В этом аспекте хотелось бы акцентировать внимание делегатов, что техногенное влияние на окружающую среду в полной мере проявилось и в центрально-азиатском регионе. Я имею в виду проблему Аральского моря.

Угрожающие масштабы эта проблема приняла в 60-е годы XX века. Интенсивное освоение новых земель, дальнейшее развитие орошаемого земледелия, строительство для этого ирригационных систем по всей территории Центральной Азии, продолжающийся рост потребностей в воде для бытового и промышленного потребления создали условия для одной из самых крупных в новейшей истории глобальных экологических катастроф - высыхание некогда одного из красивейших водоемов на нашей планете.

Сегодня стало совершенно очевидно, что в Приаралье возник сложный комплекс экологических, социально-экономических и демографических проблем, имеющих по происхождению и уровню последствий международный глобальный характер, что, несомненно, отразилось на здоровье проживающих здесь десятков миллионов людей. Понимание этой проблемы нашло свое подтверждение и в Докладе Организации Объединенных Наций за 2005 г. о человеческом развитии в Центральной Азии, в котором отмечено, что истощение Аральского моря имеет не только региональное, но и глобальное значение.

Все эти вопросы и связанные с ними пути решения проблемы нашли свое отражение в "Прошедшей в Ташкенте в марте этого года международной конференции, посвященной проблемам Арала, их влиянию на генофонд населения, растительный и животный мир и мерам международного сотрудничества по смягчению их последствий". Многие из сидящих в этом зале были участниками этого форума, по итогам которого была принята Ташкентская декларация.

На этом примере я хотел бы отметить, что негативное влияние изменения климата на здоровье не связано с социальным статусом регионов и в одинаковой степени касается как развитых стран, так и стран со средними уровнями доходов.

С угрожающими последствиями изменения климата можно сравнить лишь только стихийные катастрофы, свидетелями которых мы стали в эти дни. И здесь, с этой высокой трибуны, от имени Правительства Республики Узбекистан хочу выразить слова искреннего соболезнования народам Китая и Мьянмы и отметить высокую степень поддержки мировым сообществом в организации совместных усилий по ликвидации последствий землетрясения и шторма.

Господин Председатель, в качестве страны, подписавшей Декларацию тысячелетия, Узбекистан выполняет свои обещания приняться за вызовы, изложенные в Целях тысячелетия в области развития. Многие Цели тысячелетия в области развития касаются здравоохранения, и Правительство Узбекистана уделяет особое внимание сектору здравоохранения.

Следующий момент, который несомненно войдет в историю работы настоящей Ассамблеи, - это инициирование Глобальной стратегии по профилактике неинфекционных заболеваний и борьбе с ними. В этом направлении Правительство нашей страны продолжает

планомерную работу по дальнейшему реформированию системы здравоохранения, направленную, в том числе, и на решение этой задачи.

Так, в 2007 г. были приняты указ и постановление о мерах по совершенствованию организации деятельности медицинских учреждений Республики. Кроме того, на уровне Парламента Узбекистана начата работа по утверждению Национальной программы по сахарному диабету.

Республика Узбекистан - молодое, независимое государство, по количеству населения являющееся самой большой страной в Центральной Азии. Отличительной особенностью Республики является нестандартная демографическая структура населения, удельный вес детей и подростков до 18 лет, составляющий более 45%.

Своеобразие такой ситуации, задачи по развитию здорового человеческого потенциала, сложившаяся социальная инфраструктура с преимущественным проживанием населения в сельской местности, высокий уровень детского населения, – все это требует дифференцированных деловых подходов в системе здравоохранения. И в этой связи мы хотели бы отметить, что при принятии основных документов, резолюций и программ по здравоохранению необходимо учитывать особенности регионов, которые зачастую не зависят от их географической близости. Применение и учёт основных детерминант, характеризующих такие страновые особенности, позволит глубже и точнее реализовать задачи, определенные в Целях тысячелетия в области развития.

Министерством здравоохранения и Правительством был утвержден целый ряд программ социальной политики по реформированию здравоохранения, включающей иммунопрофилактику. Эти многочисленные мероприятия не были бы возможны без соответствующего взаимодействия с международными и неправительственными организациями.

Пользуясь случаем, от имени Правительства Узбекистана хочу поблагодарить международные фонды, агентства, такие как ГАВИ, ЮНИСЕФ, ЮНФПА, ЮНЭЙДС, Глобальный фонд и другие, а также правительства партнеров нашей страны за содействие и поддержку в реализации реформ в сфере здравоохранения.

Спасибо за Ваше внимание.

The PRESIDENT:

I now give the floor to the delegate of Antigua and Barbuda who will speak on behalf of the Member States of the Caribbean Community.

Mr MAGINLEY (Antigua and Barbuda):

Mr President, Dr Chan, colleague ministers, Dr Ramsammy, it is indeed a great honour to note that you are the first member in 30 years from our region to preside as President of the Health Assembly. All delegations from our region congratulate you and wish you every success.

I deem it a distinct honour to address this Sixty-first World Health Assembly on behalf of Antigua and Barbuda, Bahamas, Barbados, Belize, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Suriname, and Trinidad and Tobago, represented at this Health Assembly, and all the other Member States of the Caribbean Community.

Functional and technical cooperation in the Caribbean in the area of health dates back to the 1960s with the meetings of Standing Committees of Ministers of Health. In 1985, the first Caribbean Cooperation in Health Initiative was established as a mechanism through which Member States could collaborate on common health concerns that, when addressed at a regional level, would be cost-effective and mutually beneficial for all Parties. Cooperation has been largely facilitated with the able assistance of international organizations and donor partners. WHO, through PAHO, has been integral to the development of many of the health systems in our countries.

Our populations have enjoyed what could be described as a reasonably good health status – one which is comparable to that of developed countries. These achievements have been largely due to the primary health-care strategies that Member States have practised, and they were further consolidated

after the signing of the Declaration of Alma-Ata. The primary health-care system that has enabled our countries to achieve a significant reduction in maternal and child mortality and the elimination of vaccine-preventable poliomyelitis and measles is now under threat as a result of the global shortage of health workers. We believe that there is a need for recommitment to this philosophy in the face of the new threats to human health and well-being.

The current food crisis is of great concern to us. The situation of Haiti, a Caribbean country, is an example of what can occur in a global situation of tight food markets, high oil prices and global economic slowdown. In our region, there has been a 30% increase in flour prices and rice prices have doubled in the past six months. We believe there is a need to promote community self-reliance by promoting domestic kitchen gardens. The impact of food prices on the cost of living has made the Heads of Government of our subregion revise the generalized tariffs on extra-regional food imports. This has increased the possibility of more and cheaper processed food entering our region. These situations obviously raise the spectre of a re-emergence of protein-energy malnutrition in children and a rise in obesity and its concurrent negative health impacts on the population of our sub-region.

The Caribbean is taking climate change and its effect on human health very seriously. The Heads of Government have demonstrated their political astuteness in commissioning a Caribbean Community Climate Change Centre in Belize to monitor the situation on behalf of the small island States and low-lying coastal-zone countries. There are emerging recommendations on the need for better disaster plans and preparedness to mitigate the effects of adverse weather on populations; from providing shelters and safe water, as fresh-water sources are threatened by rising sea levels, to improving housing safety and building shelters for children as protection against severe weather.

In 2005, the Report of the Caribbean Commission on Health and Development identified chronic noncommunicable diseases as the principal disease conditions affecting our region. Based on credible evidence of the exorbitant costs being incurred to treat diabetes, hypertension and heart disease, the Heads of Government of the Caribbean Community, meeting in Port-of-Spain in September 2007, have given the region the goal of reducing the incidence of these diseases and thereby the premature mortality attributable to them. The fourteen-point Declaration of Port-of-Spain, "Uniting to stop the epidemic of chronic NCDs", has provided a blueprint for our subregion in support of a comprehensive promotion and prevention programme that has been acknowledged as the first in the world. Our region welcomes the WHO global strategy for the prevention and control of noncommunicable diseases and we hope shortly to begin to use some of its tools to bolster surveillance and enhance personal care. We will soon be putting in place a major subregional programme to combat the influence of tobacco, a major contribution to chronic noncommunicable diseases.

Outbreaks of malaria in Bahamas and Jamaica have highlighted the need for basic surveillance at the community level, as no country is immune from the reintroduction of these diseases, where they had previously been eliminated. There is also a need for continued management of community environmental concerns as a major platform of our primary health care response. Our laboratory systems clearly need to be maintained and strengthened. While we have had some benefits from quality improvement programmes in that area, our regional public health laboratory needs continued technical assistance and support to guarantee its reliability.

HIV/AIDS was one of the three priorities identified by our Heads of Government in the Nassau Declaration on Health, 2001. It continues to occupy the attention of the region's decision-makers. The Pan Caribbean Partnership Against HIV/AIDS has been hailed as an example of international best practice. The region has now completed its second strategic framework and looks forward to support from PAHO, WHO, UNAIDS and other partners for its implementation. The situation in the region has stabilized considerably with respect to infection rates, and mortality rates have declined significantly as effective treatments have come within reach of all our Member States. In this regard, we want to express our thanks to the Government of Brazil for its support for our eastern Caribbean States.

The Caribbean Community applauds WHO's leadership in providing a forum for the discussion of issues related to intellectual property rights, innovation and public health. Costs of pharmaceuticals and clinical supplies continue to present major challenges for our small States. We are now even more aware of the importance of these negotiations in view of our embrace of comprehensive strategies to

manage chronic noncommunicable diseases, including cancer. As we did for HIV/AIDS treatment, we support legitimate strategies to keep our costs lower than they currently are. As we strive to achieve this, we want to commend WHO and PAHO for their leadership and efforts to support our countries, not only in establishing rational drug use and procurement policies, but also in ensuring that our subregion has the capacity to deal with the growing threat of counterfeit pharmaceuticals, an issue which is to be discussed at this august Health Assembly.

With regard to the International Health Regulations (2005), the region has been successful in developing a port health assessment tool with the assistance of the Caribbean Subregional Office in Barbados and the Caribbean Epidemiology Centre. This has been followed up with the recent publication of Port Health Surveillance guidelines, which not only embrace surveillance but also include the effective policies and regulations necessary for port health in a region where most national incomes are derived in the main from tourism. The Caribbean Epidemiology Centre has been able to report that five countries in our subregion have completed their national capacity assessments. Chief medical officers, at their annual meeting in Suriname in April, gave their commitment to speed this process along to meet the June 2009 deadline for completing this requirement.

In our subregion, the CARICOM Single Market and Economy supports the free movement of goods and services. Under services, there is growing movement of skills. We have begun in a comprehensive way to examine the contingent rights of migrants. In particular, our Heads of Government have requested a regional health insurance study to examine how the health needs of our migrant workers can be respected. We wish to convey our gratitude to the Regional Office for the Americas for its commitment to see this study initiated and completed.

Our subregion is proud of its contribution to global immunization. Our efforts led the way in the Americas and in the world with respect to the elimination of measles, with our “big bang” effort in 1991. Since then, with the assistance of a robust surveillance system to detect rash with fever, not only have we been able to remain disease-free, but we have also been able to achieve an excellent understanding of the epidemiology of other rash illnesses such as dengue fever. We have also paved the way for the elimination of congenital rubella syndrome in our region. We would like to recognize the efforts of the nurses, epidemiologists and surveillance teams for the excellent work they are doing. In the past few days, we have detected an imported case of measles in Jamaica. This has prompted a massive epidemiological response by the Government of Jamaica with the assistance of the Caribbean Epidemiology Centre to restrict this to a single case. Our region applauds the efforts of Jamaica and supports our sister country’s efforts to keep our region free of indigenous measles transmission. We commend WHO and the GAVI Alliance for their work in global measles elimination. Our subregion is already exploring the use of new vaccines against pneumococcus, rotavirus and human papillomavirus. We want our unflinching support for financing mechanisms for vaccine procurement such as PAHO’s Revolving Fund to be recorded here.

We wish to register our support for the leadership of WHO in discussing the harmful effects of alcohol on human health. The CARICOM Council for Human and Social Development, at its meeting with Ministers of Trade in January 2008, reaffirmed its support for the approach taken by the Caribbean Commission on Health and Development in its 2005 report. We commend the Executive Board for its decision to let this be a broad-based discussion, with both public health and commercial interests being at the table.

In conclusion, I take this opportunity on behalf of the CARICOM Council for Human and Social Development to congratulate Dr Margaret Chan on her stewardship as Director-General of WHO over the past year. We appreciate the difficulties, in particular those of the past few weeks in Myanmar and her native China, and we express our support for WHO’s efforts to mitigate the health effects of these and other disasters. We reach out and express our solidarity with colleagues from Myanmar and China. We also wish to express our appreciation to WHO/PAHO for the tremendous support it has given the Caribbean region through its regional and subregional offices. It was heartening to note that the programme of work outlined by Dr Chan covers issues that are of concern to the countries of the Caribbean Community, and in particular we are pleased to note the emphasis on primary health care.

It is my hope that our deliberations at this Sixty-first World Health Assembly will contribute to consolidating approaches that will effectively address these and other issues which will be beneficial to the people of the Caribbean region. Thank you.

Dr Yoosuf (Maldives), Vice-President, took the presidential chair.
Le Dr Yoosuf (Maldives), Vice-Président, assume la présidence.

Dr DUQUE (Philippines):

Mr President, Madam Director-General, fellow minsters and delegates, friends, ladies and gentlemen. First of all, allow me to thank you for giving me the opportunity to articulate the Philippine Government's strategies and efforts to win our race towards achieving the Millennium Development Goals, and very importantly how these achievements with respect to the Millennium Development Goals ought to be monitored. Certainly, monitoring progress is crucial to determine where the world stands in achieving the Goals by 2015. Coordination of efforts to monitor performance of the Member States of WHO in connection with the Millennium Development Goals, will ensure global harmonization of statistics that will prevent duplication and confusion in the collection of data from different countries. Through the harmonization and dissemination of statistics relating to the Millennium Development Goals, through analytical reports and an integrated web portal, WHO can provide timely and reliable information to governments, development agencies and funding organizations, thus helping them to tailor policies, programmes and interventions to different populations. The establishment of a global health observatory through the United Nations reporting system is therefore an effective mechanism to strengthen WHO's function in terms of monitoring the global health situation and emerging international trends. By building on the existing data infrastructure and collaborating closely with partners, WHO can provide a meaningful analysis of global health initiatives and their impact on the health and lives of people for whom actions related to the Millennium Development Goals are currently targeted. The Philippines' first and second progress reports on the eight Millennium Development Goals showed that we are on track with most of the Goals, though admittedly we lag behind with regard to a few of the targets. Uneven progress and wide disparities exist within the country despite several examples of success. These shortcomings are brought about by inadequate investments in health and insufficient political commitment across different localities. Regrettably, they leave behind the poorest and the most disadvantaged sectors in our society who remain unreached by needed health interventions.

The unparalleled increase in the Philippines' health budget in 2008 (from 16.1 billion pesos in 2007 to 25.7 billion pesos) gives us the leverage to act more boldly and no excuse to fail in meeting the Millennium Development Goals. At a time when much remains to be done, there has to be total commitment to maximize country energy and resources toward achieving maximum results, even perhaps going beyond what is required of us by the global Millennium Development Goals. Hence, in accordance with the objectives of the Philippine health sector reform agenda to accelerate progress in achieving better health for all Filipinos, the Philippines announces its emergency initiative for faster and earlier results toward the health-related Millennium Development Goals. MDGmax is a strategy with bolder targets and a more rigorous time-line for action. It is a deliberate commitment to direct country efforts and investments for the poorest and most needy sectors using cost-effective interventions, which can generate the greatest impact.

To effectively meet and exceed the Millennium Development Goals, a critical balance and a simultaneous approach need to be achieved between a disease-specific focus and system-based solutions. It would be advisable to make the Millennium Development Goals a starting point and an opportunity for health system strengthening. An extra feature of our country's new challenge to achieve the health-related Millennium Development Goals is to include indicators of health financing in monitoring performance with respect to the Millennium Development Goals. Social health insurance takes a central role in our poverty prevention and reduction efforts since ill-health, in general, and catastrophic health-care costs, in particular, bring about significant economic hardships, which curtail government efforts to fight and prevent poverty. Our goal is to achieve 85% population coverage by 2010 and 95% coverage by 2012. We aim to continually increase the social health

insurance share in total health expenditures to 30%, and to reduce out-of-pocket expenditures to about 25%–30% by 2012. We also concur that implementation issues within and beyond the health system will have to be addressed if the health-related Millennium Development Goals are to be achieved. These include weak operational and regulatory capacity, a dwindling health workforce, deficient information systems, unmet financing commitments, the volatility of external aid and resources, and the fragmentation and inefficiencies in the local and international response. All of these are essential components of the information needed to monitor performance with respect to the Millennium Development Goals.

We support WHO plans to strengthen the monitoring of the health-related Millennium Development Goals in all countries and commit ourselves to a more intensive effort to achieve the Goals through adequate investments in health and sustainable action in the years to come. Monitoring achievements will not only track country performance, but also foster accountability and transparency of action among governments and global stakeholders in honouring their commitments. This will also provide an opportunity for good competition among countries in promoting and advancing effective policies as well as in overcoming obstacles to achieve the health-related Millennium Development Goals.

Le Dr ALLAH KOUADIO (Côte d'Ivoire):

Monsieur le Président de séance, nous renouvelons toutes nos félicitations aux membres du Bureau pour leur élection à la tête de notre Assemblée. Je voudrais avant tout propos exprimer du haut de cette tribune la compassion de l'ensemble du peuple ivoirien à l'égard des peuples de Chine et du Myanmar, durement éprouvés par les catastrophes naturelles. La Côte d'Ivoire est solidaire de leurs souffrances.

La Côte d'Ivoire félicite le Secrétariat pour le rapport soumis à l'Assemblée de la Santé et encourage l'OMS pour tous ses efforts en vue d'atteindre les objectifs du Millénaire pour le développement. A mi parcours du délai fixé en 2015 par la Déclaration du Millénaire, le bilan concernant la réalisation des objectifs du Millénaire pour le développement est mitigé, notamment pour les pays en développement dont fait partie la Côte d'Ivoire. En effet, la guerre qu'a connue la Côte d'Ivoire à partir de septembre 2002 a occasionné bien des difficultés au niveau tant de la mise en oeuvre des programmes et projets au titre des objectifs du Millénaire que du suivi des indicateurs de ces mêmes objectifs de 2002 à 2005. Certaines activités prioritaires du plan décennal de développement sanitaire 1996-2005 n'ont pu être menées à terme. Le système d'information et de gestion sanitaire ne pouvait suivre l'évolution des indicateurs que sur environ la moitié du territoire.

Cependant, avec le début du processus de sortie de crise en 2006, les activités sanitaires développées par le Gouvernement s'étendent à nouveau à l'ensemble du pays. Quelques signes d'amélioration de l'état des indicateurs sont perceptibles. En effet, en ce qui concerne la réduction de la mortalité infanto-juvénile, elle est passée de 150 pour 1000 en 1990 à 125 pour 1000 en 2005, soit une baisse de 17 % (en route vers l'objectif d'une réduction de deux tiers). L'adoption, avec le concours de l'UNICEF, de la stratégie accélérée pour la survie et le développement de l'enfant ainsi que l'amélioration de la couverture vaccinale liée au développement de stratégies nouvelles avec l'appui de partenaires tels que l'initiative GAVI (73 % en 2006 pour le vaccin antirougeoleux) nous donnent bon espoir d'approcher de cet objectif. En ce qui concerne l'amélioration de la santé de la mère, le taux de mortalité maternelle a légèrement baissé, passant de 597 décès pour 100 000 naissances vivantes en 1998 à 543 décès pour 100 000 naissances vivantes en 2005, soit une diminution de 10 % (toujours en route vers l'objectif d'une réduction de trois quarts). L'amélioration progressive du nombre d'accouchements assistés par du personnel qualifié (de 45 % avant l'an 2000 à plus de 55 % en 2006), le recrutement exceptionnel de près de 1300 médecins par l'Etat ivoirien en 2007, l'augmentation de la capacité de formation des sages-femmes ainsi que la construction prochaine de centres sanitaires dans les zones rurales devraient aider à poursuivre cette amélioration.

Concernant la lutte contre le VIH/sida, la prévalence est passée de 7 % fin 2003 à 4,7 % fin 2005. Le nombre de personnes vivant avec le VIH ayant accès au traitement antirétroviral a connu une augmentation de plus de 183 %, passant de 17 000 en 2005 à 48 000 en 2007, et ce grâce aux partenaires que sont le Fonds mondial et le plan d'urgence du Président pour la lutte contre le sida

(PEPFAR). L'intégration des activités de prévention de la transmission mère-enfant du VIH/sida au paquet minimum d'activités ainsi que le développement d'activités de communication pour le changement de comportement, avec la participation des groupes communautaires et des organisations non gouvernementales, devraient apporter une accélération à la lutte contre le VIH.

Pour ce qui est de la lutte contre le paludisme, cette affection représente la première cause de morbidité en Côte d'Ivoire et la première cause de mortalité chez l'enfant. L'intégration d'associations à base d'artémisinine dans la prise en charge des cas de paludisme est une réalité, mais l'accessibilité financière à ces traitements reste une problématique dans notre pays. Dans le domaine de la prévention, seulement 17 % des enfants de moins de 5 ans dorment sous une moustiquaire. Cette proportion n'est que de 3 % pour les moustiquaires imprégnées d'insecticide. Pour remédier à cette situation, plusieurs programmes de distribution de moustiquaires imprégnées d'insecticide ont été développés. Ainsi, en 2007, 318 000 moustiquaires imprégnées ont été distribuées gratuitement aux femmes enceintes et aux enfants de moins de 5 ans. Plus de 3 millions de moustiquaires supplémentaires seront distribuées d'ici la fin de 2008. Nous sollicitons encore le concours des partenaires multilatéraux intéressés à la lutte. Nous sollicitons également l'appui des partenaires dans nos projets d'amélioration de l'hygiène environnementale des populations parce que lutter contre le paludisme, c'est aussi lutter contre le moustique, son vecteur. S'agissant de la tuberculose, nous avons, en 2006, adopté la stratégie mondiale Halte à la tuberculose recommandée par l'OMS pour stopper cette affection, ce qui devrait nous permettre d'atteindre les objectifs du Millénaire pour le développement d'ici 2015.

La sortie de crise en Côte d'Ivoire est devenue une réalité : le pays est totalement réunifié et l'autorité de l'Etat est désormais rétablie sur tout le territoire. La Côte d'Ivoire est bien avancée dans le processus de normalisation de ses relations avec les bailleurs de fonds multilatéraux (Banque mondiale, FMI, BAD), ce qui lui permettra dans quelques mois de consacrer beaucoup plus de ressources au secteur de la santé. Enfin, le nouveau plan de développement sanitaire 2008-2012, qui a identifié l'ensemble des facteurs limitants, devrait permettre à la Côte d'Ivoire d'accélérer le processus pour se rapprocher des objectifs du Millénaire pour le développement. La Côte d'Ivoire remercie l'OMS de promouvoir les objectifs du Millénaire pour le développement et sollicite son appui pour les atteindre. Je vous remercie.

Professor MWAKYUSA (United Republic of Tanzania):

Mr President, Madam Director-General, honourable ministers, excellencies, distinguished guests, ladies and gentlemen, I would like to take this opportunity to congratulate you as the President of the Sixty-first World Health Assembly. I would also like to assure you of our continued support as you perform the important function of steering us through this Health Assembly. Allow me to take this opportunity to express my country's sincere condolences to the families of the peoples who have lost their lives following the cyclone in Myanmar and the earthquake in China.

We congratulate you, Madam Director-General, on your clear and in-depth report, which my delegation fully supports. The report outlined how we have performed during the past year, the challenges we have been facing, and the way we could overcome more challenges through the revitalized primary health-care approach.

The United Republic of Tanzania, like other Member States, has been implementing various interventions to address the Millennium Development Goals and has recorded some progress in attaining these Goals, especially those related to the health sector. This effort has involved many key players with the Government at centre stage; we have had important inputs from civil society organizations, the private sector, development partners and communities, and we would like to register our appreciation to all of them.

We have observed an encouraging decline in the under-five mortality rate, which is attributed to: sustained high coverage of vaccination above 80% for three consecutive years, 2005, 2006 and 2007; scaling up of the strategy for the integrated management of childhood illness – 94% of districts are implementing this strategy; increased bednet coverage from 2% in 1999 to 23% in 2005 and the introduction of new artemisinin-based combination therapy as a front-line treatment drug that is given free to our populations; provision of services for the prevention of mother-to-child transmission

synchronized with training of best feeding practices; and increased enrolment in health training institutions to address the shortage of human resources. Our speed in attaining Goal 5 is not very encouraging. In order to address this we launched a plan to accelerate reduction of maternal, newborn and child deaths in Tanzania, for 2008–2015.

Mr President, HIV/AIDS still remains one of the major health problems in Tanzania with a prevalence rate of 7% (2004). Recently, Tanzania has been implementing a national campaign on voluntary counselling and testing under the leadership of His Excellency the President of the United Republic of Tanzania, Jakaya Mrisho Kikwete. Following this campaign, which was countrywide, we are observing a decreasing trend in the prevalence rate, which stands at 4.9%. We are validating this data and final results will be shared. We are commemorating the thirtieth anniversary of the Alma-Ata Declaration on primary health care, and Tanzania has approved a 10-year primary health care development programme. It will soon approve its third five-year health sector strategic plan, targeting all levels of our communities, starting with households. With regard to the new challenges and global crises on food security, climate change and pandemic influenza, Tanzania would like to stress that joint collaborative efforts are critical between developed and developing countries, as the effects of these crises do not respect boundaries.

Mr President, Tanzania supports the resolution for revitalizing the primary heath care strategy and would like to reaffirm its commitment to achieving the Millennium Development Goals.

Ms LLOYD (Seychelles):

Mr President, distinguished heads of delegations, ladies and gentlemen. It is indeed a pleasure and an honour for me to address this eminent Health Assembly. Seychelles would like to join other delegations in congratulating the President on his election to the highest office of this most important world forum. At these difficult times for the peoples of China and Myanmar, the thoughts and prayers of the people of Seychelles also go to them.

Mr President, ladies and gentlemen, talk of Seychelles and immediately idyllic scenes of turquoise Indian ocean waters, pristine sandy beaches and verdant tropical forests spring to mind. Today, although tempted, I am not going to talk to you about that side of my country. Neither will I talk to you about the good public health indicators that we have recorded over the years. Nor will I dwell on the relatively good progress that Seychelles is making towards the health-related Millennium Development Goals. Instead, I would like to put before you some challenges that Seychelles and other small island developing countries have to grapple with, in order to make strides forward in the health sector. The high cost of health care and associated health financing challenges, deficiencies in human capital, emerging and re-emerging diseases together with rising expectations for the highest possible level of health care are only some of these challenges. Globalization, increasing cross-border travel and cross-fertilization of cultures are bringing new lifestyles, new behaviours, new nutrition and new threats to our pristine environments. The rising prevalence of diabetes, hypertension, cancers and traumas, the rising prevalence of HIV/AIDS and other sexually transmitted diseases, all demand that we juggle our resources in almost magic ways in order to meet the health needs of our population. The depletion of the ozone layer and the change in world climate are also forcing us to adapt and change our way of life. While all these challenges are not unique to small islands, they do increase our vulnerability and increase demand on our already limited resources.

Development assistance to some small nations, in health and other sectors that impact on health, has sharply fallen in recent years. Sometimes the explanation given to us is that our populations are small and therefore our needs are small. At other times the explanation given is that our health and economic indicators are too good and therefore we do not qualify for certain forms of assistance. The irony is that countries like Seychelles are being penalized because of their good performance in health.

If this approach continues and assistance stops, the hard work, the huge health investments and the good health indictors will all be washed away. Diseases will re-emerge and we will have to start all over again. What a huge waste it will be for mankind. I am sure we all agree that the world cannot let this happen.

Therefore, Mr President, I would like to make a fresh appeal to the world community to respond to the special circumstances of small island States. My intervention is also an invitation to small island

States. Let us come together and speak out as one voice. I note that some initiatives in this regard have already taken place at regional and subregional levels. I call on partner agencies to support and even reinforce these initiatives.

Mr President, these are indeed challenging and exciting times in the protection, promotion and restoration of world health. The only hope for improving the health of the world is in genuine collaboration, genuine and lasting partnerships around the globe. It lies in sharing knowledge, sharing responsibilities and sharing resources. No problem has ever been too big for humankind to deal with. Let us stand together as one big world family. Let the big genuinely help the small and let the strong genuinely help the weak; let us give the world a real chance to achieve its vision of health for all and health by all. It is possible, and working together, big and small, strong and weak, we can and should make it happen. I thank you for your attention.

Le Dr NTAWUKULIRYAYO (Rwanda):

Monsieur le Président de séance, Madame le Directeur général, Mesdames et Messieurs les Ministres, distingués délégués, Mesdames et Messieurs, permettez-moi tout d'abord de me joindre à tous ceux qui ont pris la parole et qui ont présenté un message de solidarité et de vives condoléances aux peuples chinois et birman suite aux tremblements de terre et au cyclone qui ont frappé la Chine et le Myanmar et entrainé de sérieuses pertes humaines et divers dégâts matériels.

C'est un honneur et un réel plaisir pour moi de m'adresser à cette auguste Assemblée de la Santé pour brosser brièvement la situation sanitaire au Rwanda, pays des mille collines. La vision globale du Gouvernement rwandais vise l'année 2020 comme l'aboutissement de tous ses plans d'action axés sur le développement complet d'une population riche et en bonne santé. Comme le secteur de la santé a été endeuillé par le génocide des Tutsi en 1994 au Rwanda, c'est aussi le secteur dans lequel beaucoup d'efforts sont consentis pour être développé, et les résultats atteints ces cinq dernières années sont vraiment louables.

Permettez-moi de vous citer quelques domaines prioritaires, dont les résultats encourageants indiquent que le Rwanda atteindra sans aucun doute les objectifs du Millénaire pour le développement. S'agissant de la lutte contre la mortalité de l'enfant (objectif 4), ces dernières années, le Rwanda est parvenu à réduire de 30 % le taux de mortalité infantile, qui est passé de 86 pour 1000 naissances vivantes en 2005 à 60 pour 1000 naissances vivantes au cours du premier trimestre de 2008. Il a réduit de 35 % le taux de mortalité des enfants de moins de 5 ans, qui est passé de 152 pour 1000 naissances vivantes en 2005 à 99 pour 1000 naissances vivantes dans le premier trimestre de 2008. Quant à la réduction de la mortalité maternelle (objectif 5), entre 1995 et 2000, 1071 mères pour 100 000 naissances mourraient chaque année en donnant la vie. Entre 2000 et 2005, ce chiffre a été réduit à 750 pour 100 000 naissances vivantes. Dans la lutte contre le VIH/sida (objectif 6), 3 % seulement de la population rwandaise est infectée et notre objectif d'ici 2020 est d'arriver à la prévalence zéro. Tandis que dans la lutte contre le paludisme, la distribution de moustiquaires imprégnées chez les femmes enceintes et les enfants de moins de 5 ans, associée à de bonnes conditions d'hygiène à tous les niveaux, l'emploi d'agents de santé communautaires dans notre système sanitaire et le paiement du personnel soignant en fonction de leur performance ont permis de réduire de deux tiers les cas de paludisme au Rwanda l'année passée. Les défis sont cependant énormes, tels que le renforcement des systèmes de santé, la fidélisation du personnel, les infrastructures et les équipements, pour ne citer que cela. Il convient d'agir en combinant l'innovation et un partenariat accru, intégré et axé sur les résultats dans le domaine de la prévention et du traitement des différentes maladies.

Je m'en voudrais de terminer sans signaler que le Rwanda a un système d'assurance-maladie à base communautaire couvrant 75 % de la population et qui est fondé sur la solidarité et l'équité. Enfin, il va sans dire que tous ces succès sont dus à la politique de bonne gouvernance, à la stabilité politique de notre pays et à la sécurité totale que connaît actuellement le Rwanda. Je vous remercie.

El Sr. ALCAINE CASTRO (El Salvador):

Señor Vicepresidente: El Salvador expresa sus condolencias a las personas que han perdido sus seres queridos, sus casas y sus medios de vida en China y Myanmar recientemente.

Señor Vicepresidente, compartimos el criterio de la Directora General en la identificación de tres amenazas a la seguridad internacional: la crisis alimentaria, el cambio climático y la gripe aviar.

En cuanto a la crisis alimentaria, gracias a políticas públicas enfocadas en semilla mejorada, apoyo a fertilizantes y acceso al crédito, impulsadas desde el inicio del Gobierno del Presidente Elías Antonio Saca en el 2004, hemos tenido una tasa de crecimiento acumulada del 25% en el sector agrícola e incrementado en 80% las exportaciones. Este año se reforzó el programa de semilla mejorada con el apoyo de Taiwán. Como resultado, esperamos una cosecha record 15% superior a la del año anterior. También, el pasado 30 de abril, el Presidente Saca creó la Comisión Nacional Multidisciplinaria para el estudio, análisis y recomendaciones a fin de paliar los efectos adversos generados por la situación económica imperante, invitando a todas las fuerzas del país, incluyendo a los partidos de oposición. Otras acciones recientes han sido la creación de una reserva estratégica de alimentos y la búsqueda conjunta de soluciones a nivel centroamericano.

En cuanto al cambio climático, se han destinado, desde 2005, recursos por más de US$ 80 millones, la inversión más grande en este sentido en más de 50 años, para realizar más de 22 obras de mitigación, como en el Lago de Llopango y en la Cordillera del Bálsamo, entre otras, a fin de minimizar la posibilidad de inundaciones en el futuro.

En cuanto a energías alternativas, El Salvador apoya la producción de biocombustibles basados en caña de azúcar o en higuerillo que no ejercen ninguna presión en los precios de los alimentos y tiene un rendimiento mayor a otras alternativas.

Con relación a la gripe aviar, con el apoyo de los Estados Unidos, la región centroamericana (también El Salvador) cuenta con un Centro Regional de Capacitación que ha desarrollado varios cursos de vigilancia epidemiológica para beneficio de los países que la conforman.

Señor Vicepresidente: El Salvador sigue comprometido con el alcance o la superación de los Objetivos de Desarrollo del Milenio. Como el Presidente Saca planteó en su discurso inaugural: «lo social no es complemento de nada, sino la base de todo». De ese mandato, en el sector salud, particularmente con los fondos generados por la Ley del Fondo Solidario para la Salud, provenientes del tabaco, licor y armas se ha impulsado un sistema de atención integral en salud bajo el modelo de salud familiar, que hace partícipe a la familia y a la comunidad en la solución de sus problemas de salud y preservación.

Con esta estrategia se ha logrado proveer, a veces en asociación con organismos no gubernamentales, más del 80% de cobertura rural con promotores de salud para atención primaria, contando adicionalmente con médicos y enfermeras itinerantes. En el área urbana, se cuenta con 40 unidades de salud de atención primaria, abiertas las 24 horas del día y otras 100 abiertas los fines de semana. También tenemos el programa hospital sin paredes, que lleva especialistas conforme a petición de gobiernos municipales adonde sus servicios son requeridos. Hemos incluido en nuestros cuadros de vacunación la vacuna contra el rotavirus y la vacuna contra la influenza. También hemos logrado instalar una red de 30 hospitales y 597 centros de atención primaria en los 262 municipios del país.

La empresa privada colabora con el fortalecimiento del azúcar con vitamina A, la sal con yodo y la harina de trigo con ácido fólico y vitaminas del complejo B.

Con estas acciones se ha logrado en cuanto a los ODM reducir la mortalidad infantil de 44,91 a 22 de 1990 a 2005; mejorar la salud materna de 158 en 1993 a 71,2 en 2005; reducir la tuberculosis de 45,7 en 1991 a 26 en 2005; y reducir significativamente el paludismo de 13,432 en 1987 a 67 en el 2005.

Finalmente, señor Vicepresidente: estamos seguros que China y Taiwán van a encontrar la solución a sus diferencias políticas en el futuro. Sin embargo, el tema salud necesita ser tratado con prioridad para beneficio de todos. En ese sentido, esperamos que pueda ser encontrada la forma de garantizar la seguridad de salud mundial y particularmente el cumplimento del Reglamento Sanitario Internacional para todos los seres humanos, incluidos los 23 millones de taiwaneses con la participación de sus autoridades. Gracias señor Vicepresidente.

Dr MARTINS (Timor-Leste):

Mr President, Madam Director-General, distinguished delegates, ladies and gentlemen, on behalf of the delegation of the Democratic Republic of Timor-Leste and on behalf of my country, I would like to congratulate His Excellency, Dr Leslie Ramsammy, on his election as the President of

the Sixty-first World Health Assembly. Our congratulations also go to all the Vice-Presidents and Chairpersons of the Committees. I am sure that under your able guidance this important forum will debate, discuss and decide on substantial health issues that are confronting the world.

My country, Timor-Leste, has faced waves of grave crises. The most critical crisis occurred in 2006, which led the country to another internal conflict. This culminated in the attempt made by rebels on the lives of the President Dr José Ramos-Horta and the Prime Minster Kay Rala Xanana Gusmão on 11 February 2008. Fortunately, the country was able to cope with this crisis. Through all these crises, the health sector has performed remarkably well. It has won the trust of all communities, and through our efforts and those of partners, it has served as a bridge to peace and solidarity in my country. The people and the Government of Timor-Leste once again wholeheartedly express their gratitude to the United Nations and its agencies, the international community, international nongovernmental organizations and the private sector for their support during these crises.

We also continue to face huge challenges, which serve to remind us of how much more we need to do if we are to achieve the health-related Millennium Development Goals. For us, access to quality health services is the key. We have therefore been working closely with our partners to improve this through a mantra of what I call "one vision, but many hands". We have launched the national strategy of improving service delivery and increasing access through a basic services package for primary health care and hospitals, as well as the *serviso integradu da saude comunitaria, or SISCa*, which means integrated community health services. Communities are empowered to decide with local health authorities where, when and how outreach and mobile services will be organized and delivered. In support of these strategies, we are strengthening nursing and midwifery by establishing new nursing and midwifery schools in the University of Timor-Leste, expanding and increasing coverage of routine immunization through the Basic Services Health Package and SISCa and establishing a network of family health promoters.

Key challenges include donor coordination and coordination of technical assistance. We have made some progress in aligning donor and partner health priorities with the national priorities through Joint Annual Health Sector Review and Planning summits and the establishment of a Department of Partnership Management to coordinate all funding. WHO has helped us to cope with these challenges and I look forward to WHO's assistance, in particular to my Ministry in coordinating technical assistance.

Mr President, before I conclude my speech, please allow me to convey my deep condolences to the families and friends who lost their loved ones in the two countries affected by the recent natural disasters, China and Myanmar. Thank you very much.

M. FILLON (Monaco):

Monsieur le Président de séance, Madame le Directeur général, Excellences, chers collègues, cette époque de tragédies, comme l'a appelée Mme le Directeur général, a vu récemment deux catastrophes frapper la Chine et le Myanmar. Aux peuples des pays qui ont été si durement atteints, la Principauté de Monaco voudrait adresser un message de sympathie attristée et de solidarité. Sitôt connues les affreuses nouvelles, nous avons adressé à ces pays une contribution destinée à les aider. L'OMS et son Département Interventions sanitaires en cas de crise ont réalisé sur place un remarquable travail auquel je tiens à rendre hommage ici. Le soixantième anniversaire de l'Organisation mondiale de la Santé est pour nous l'occasion de redire au Directeur général et à tout le personnel de l'Organisation notre soutien constant et formuler nos voeux de succès pour les actions présentes et pour celles qu'ils mèneront durant les soixante années à venir, au moins. Ce ne sont pas les défis qui manquent et l'actualité récente est venue nous rappeler combien la coopération internationale est importante pour réagir vite et adéquatement au profit des populations en détresse.

Les objectifs du Millénaire pour le développement constituent, dans leur ensemble, le plan d'action dont s'inspire le Gouvernement de la Principauté de Monaco dans l'élaboration de ses programmes de coopération. Depuis plusieurs années, Monaco porte une attention plus particulière au domaine de la santé : nous y consacrons 45 % de notre aide publique au développement. Notre coopération avec l'Organisation mondiale de la Santé concerne différents programmes et nous avons voulu que notre engagement, pour être plus efficace, s'étende sur plusieurs années. Je citerai à ce titre

la lutte contre la poliomyélite, tout d'abord. Comme l'a dit ici même Mme le Directeur général, nous sommes très près du but. Il serait donc catastrophique de relâcher nos efforts ; il convient même d'aller plus loin pour parvenir à court terme à une éradication complète, s'agissant de la lutte contre la drépanocytose, plus particulièrement au Niger; en coopération avec le Ministère de la Santé du Niger, le bureau local de l'OMS et les organisations non gouvernementales des deux pays ont mis en place un projet de centre de référence pour le dépistage, l'accompagnement médical et psychologique des patients et de leur famille, ainsi que la fourniture de médicaments et de produits nécessaires au traitement à bas coût de la maladie ; ce centre, situé à proximité de l'hôpital de Niamey, doit être développé également en tant que pôle de recherche. La lutte contre le paludisme: sur l'île de Sainte Marie à Madagascar, nous avons mis en place un projet pilote de dépistage, de sensibilisation et de traitement ; aujourd'hui, ce projet se développe et s'étend sur la Grande Ile et un centre de référence est en cours de construction dans la capitale malgache. Quant à l'aide humanitaire d'urgence de la Principauté, je voudrais souligner que nous la consacrons majoritairement à des projets de santé que l'OMS conduit ou auxquels elle participe.

Nous ne nous en tiendrons pas là, tant notre coopération avec l'OMS nous paraît efficace, constructive et surtout concrète. Tous les jours, nous pouvons en voir et en mesurer les effets. C'est pourquoi nous travaillons à d'autres projets, dont certains pourraient prendre corps en 2009. Car, au-delà des préoccupations et des drames humains qui occupent nos réflexions et nos débats, nous pensons que l'Organisation mondiale de la Santé se doit d'apporter au monde des raisons d'espérer sans lesquelles plus rien ne serait possible. J'espère que nous ne conclurons pas les travaux de cette Assemblée sans cette note d'espoir. Je vous remercie de votre attention.

Dr ALI (Iraq): الدكتور خميس علي (العراق):

بسم الله الرحمن الرحيم،

سيدي الرئيس، السيدات والسادة المحترمون، السلام عليكم ورحمة الله وبركاته، ننتهز هذه الفرصة لنعرب عن مواساتنا وتضامننا مع شعبي الصين وميانمار. من لا يعرف العراق أو تاريخ العراق نقول له إنه بلد حضارات الآشوريين والبابليين والسومريين، إنه بلد ما بين النهرين والشعراء. واليوم هناك من يفتخر بفرقه الرياضية. أقول لكم إن لدينا في العراق فرقاً مقاتلة في المجال الصحي، لقد استشهد وجُرح الكثير منهم إنهم جزء منكم.

لقد دأبت جمهورية العراق على أن تكون السباقة للمشاركة في كافة الأنشطة والفعاليات الدولية التي من شأنها أن تعزز وتطور ميادين التعاون والتنسيق مع المنظمات الدولية بشكل عام ومع منظمة الصحة العالمية بشكل خاص حيث تولي الدولة اهتماماً كبيراً بالجانب الصحي لما له من أهمية كبيرة في تعزيز أسس التنمية المستدامة. وإن الدستور العراقي يؤكد على ذلك ويجعل الصحة من الحقوق الأساسية للمواطن، وذلك لا يشمل مجرد خلو المواطن من المرض أو العاهة وإنما تتبنى الدولة المفاهيم الأساسية للصحة.

لقد تم التأكيد على تطوير الشراكة ضمن أهداف الألفية باعتبار أن ذلك يشكل حجر الزاوية للارتقاء بكافة البرامج الصحية. كما تبنت جمهورية العراق، ضمن سياستها الصحية، التأكيد على الرعاية الصحية الأولية ضمن منطلقات فعالية تعزيز الصحة العامة في المجتمع باعتبار أن ذلك المرتكز الأساسي للنجاح. إن أي نظام صحي يؤكد على أهمية الوصول إلى مجتمع لهدف تخفيض معدلات المراضة والوفيات لكافة فئات المجتمع بشكل عام وللأطفال وللأمهات في المجتمع بشكل خاص باعتبارهم من الفئات الحساسة في المجتمع.

إن الخدمات الصحية في العراق تُقدم من خلال أكثر من ألف وثمانمائة مركز صحي رئيسي وفرعي وأكثر من مائتي مستشفى إلا أن هذا لا يمثل سوى ثلاثين بالمائة فقط من احتياجات العراق. وبالرغم من الظروف الصعبة التي يمر بها العراق فقد تم منع حدوث تفشيات وبائية عديدة وتم السيطرة على تفشيات أخرى كما هو الحال في السيطرة والتصدي لحالات الكوليرا التي حدثت في عام 2007. وكانت نسبة الوفيات فيها حوالى أقل من 0.5٪ وكذلك الاستمرار في برنامج استئصال شلل الأطفال والتخلص من الحصبة، هذا بالإضافة إلى تخفيض معدلات وفيات الأطفال والأمهات حيث أشار المسح المتعدد المؤشرات في جولته الثالثة والمنفذ عام 2006 بأن معدل وفيات الأطفال الرضّع قد انخفض إلى أربعة وثلاثين وفاة لكل ألف مولود حي وأن وفيات الأطفال ما دون سن

الخامسة قد انخفض إلى واحد وأربعين وفاة لكل ألف مولود حي، بعد أن كانت هذه المعدلات حوالى مائة وثماني وفاة لكل ألف مولود حي ومائة وواحد وثلاثين وفاة لكل ألف مولود حي على التوالي، حسب ما أشار إليه المسح المنفذ عام 1999. كما انخفض معدل وفيات الأمهات إلى أربع وثمانين وفاة لكل مائة ألف مولود حي، حسب ما أشار إليه مسح صحة الأسرة المنفذ في الأعوام 2006-2007، بعد أن بلغ هذا المعدل مائتين وأربعة وتسعين وفاة لكل مائة ألف مولود حي وحسب ما أشار إليه مسح عام 1999.

وبالرغم من انخفاض معدلات وفيات الأطفال والأمهات إلا أنها مازالت أكثر من مثيلاتها في البلدان المجاورة للعراق وفي البلدان الأخرى، مما يتطلب جهوداً استثنائية تركز على التعامل مع الخدمات الصحية بأسلوب إدارة الأزمات جنباً إلى جنب مع وضع الخطط التي تحسن وتطور من تلك الخدمات حيث تم تنفيذ العديد من البرامج والفعاليات التي تحسن من تلك الخدمات وبما يتناسب مع كافة الظروف والمستجدات الوبائية والديموغرافية كالتحذير والاستجابة لحالات الطوارئ وبضمنها طوارئ الصحة العامة وضمان مأمونية خدمات نقل الدم وتحسين الخدمات العلاجية وتنظيم الأيام الوطنية للتلقيح ضد شلل الأطفال والتلقيح بلقاح الحصبة المنفردة والحصبة المختلطة حيث تجاوز عدد الأطفال الملقحين دون سن الخامسة أربعة ملايين طفل وفي جميع محافظات جمهورية العراق.

كما أن العراق قد صادق على الاتفاقية الإطارية بشأن مكافحة التبغ واتخذ خطوات عملية لتطبيقها، هذا بالإضافة إلى تطبيق البرامج الخاصة بالمبادرات المجتمعية وتطوير المناطق لغرض الانطلاق نحو تأهيل المجتمع. وختاماً، وفي الوقت الذي نقدم شكرنا الجزيل لمنظمة الصحة العالمية ولكل من قدم لنا الدعم. نتطلع إلى المزيد من المساندة للنهوض بالعملية الصحية متمنين لكم النجاح والتوفيق في أعمال مؤتمركم هذا.

والسلام عليكم ورحمة الله وبركاته.

Dr PARIRENYATWA (Zimbabwe):

Mr President, excellencies, ladies and gentlemen, I wish to congratulate the President for his election to chair the Sixty-first session of the World Health Assembly. Allow me to start by passing my condolences to the Governments and people of China and Myanmar following the devastating earthquake and cyclone respectively.

As we celebrate 60 years of sterling work in the promotion of health and prevention of disease by WHO, I wish to congratulate the Director-General, Dr Margaret Chan, and her team for the able leadership over the years that she has been Director-General. The adoption of the Alma-Ata Declaration on primary health care in 1978 opened many avenues for us in Zimbabwe that have impacted positively on the health and lives of our nationals.

Zimbabwe has been applying the primary health care approach in a wholesome manner. Through the approach complimented by programmes such as the integrated management of childhood illness, health promotion and preventive activities, we have been able to inform individuals, families and communities on health and disease, thereby reducing communicable and preventable diseases such as diarrhoea, acute respiratory infection and skin conditions. The Village Health Worker programme is one of the pillars of primary health care in Zimbabwe. Through the village health workers, health programmes, including community home-based care, outreach programmes and child health-care services, have been made available to communities and have increased access to care in those communities. Family planning services are provided at household level through the community-based distributors, which have given us a contraceptive usage rate of 55%.

I wish to give you a few statistics just to indicate the status of the Zimbabwe health system. The Expanded Programme on Immunization has maintained coverage of over 80%. We introduced the pentavalent vaccine in January 2008 with support from UNICEF and the GAVI Alliance. The Zimbabwe Demographic Health Survey of 2005–2006 identified that the under-five child mortality rate has fallen from 122 per 1000 to 82 per 1000. We are still, however, concerned about the figures in the latest WHO health statistics of 2008, which we need to analyse together with WHO. The maternal mortality rate has fallen from 1068 per 100 000 live births in 2002 to 555 per 100 000 live births. However, in order for us to meet Millennium Development Goal 5, it is imperative that we increase the number of midwives at the periphery so that we can provide quality care to pregnant women and to

the newborn. The implementation of the Zimbabwe Reproductive Health Road Map launched in 2007 will help in realizing Goal 5.

Through a vigorous behavioural change strategy on HIV prevention and using the universal access to HIV prevention strategies such as prevention of mother-to-child transmission, the ABCD strategy and the Provider Initiated Counselling and Testing Program, among others, we have been able to sustainably reduce HIV prevalence in the last eight years from a peak of 33% to the current rate of 15.6% in 2007. This we have achieved largely using our own domestic resources in spite of the very harsh economic environment persisting in Zimbabwe. Currently more than 104 000 people are now receiving antiretroviral therapy, again, largely through using our home-grown AIDS levy. The Government of Zimbabwe will continue to strive to reduce HIV prevalence through the use of complementary funds from the Global Fund to fight AIDS, Tuberculosis and Malaria and other partners who have remained focused positively on Zimbabwe.

Zimbabwe has identified a focal person for the implementation of the International Health Regulations (2005). The reintroduction of DDT in indoor residual house spraying in vector control of malaria, coupled with the strengthening of intermittent presumptive therapy in malaria in pregnancy and scaling up of insecticide-treated net use for pregnant women and children under the age of five with resources from the Global Fund's Round 1, has enabled us to reduce malaria prevalence in the last two seasons from 155 per 1000 to 94 per 1000.

We are working on the big challenge of human resources and have put into place innovative methods such as the training of primary care nurses. They have been sent out to rural health centres and this has alleviated the huge shortage of nurses in those rural areas. We still have other challenges; these challenges are well known and include inadequate funding for postgraduate training at specialist levels for haematologists, neurologists and neurosurgeons, those working with emergency medicine, and radiologists.

We believe that the strengthening of midwifery training programmes and health systems, including equipment, infrastructure and retention packages, are areas where WHO is required to play a leveraging role. We look forward to the continued support of WHO in our efforts to provide access to care for all the people of Zimbabwe. I thank you.

Dr Ramsammy (Guyana), President, resumed the presidential chair.
Le Dr Ramsammy (Guyana), Président, reprend la présidence.

Lady KEITH (International Federation of Red Cross and Red Crescent Societies):

Mr President, distinguished delegates, ladies and gentlemen, the International Federation of the Red Cross and Red Crescent Societies welcomes this opportunity to contribute to the Sixty-first World Health Assembly with its emphasis on ends and means – ends in the sense of reviewing progress towards the Millennium Development Goals, and means in terms of the partnerships that will be essential if the great and growing gap between the "haves" and the "have-nots" is to be addressed. Quite apart from any other indicators, those of us who have spent our working lives in public health know only too well that the larger the gap between rich and poor in any country, the poorer will be the public's health overall.

It is now six months since we in the International Federation sat with many of you in the 30th International Conference of the Red Cross and Red Crescent. In the final Declaration, "Together for Humanity", we – those of us in our 186 national societies and the government representatives from the 194 States Parties – responded to the deep concern that people everywhere, especially the poorest of the poor, face an increased burden, especially a health burden, due to the rise in disasters and the scarcity of resources induced by multiple factors such as environmental degradation and climate change contributing to poverty, migration, violence and conflict. We resolved to work with our partners to raise awareness of these serious humanitarian concerns, including addressing their root causes, and to provide humanitarian assistance to the most vulnerable people. For us and, we believe, for you, that partnership has a very significant status, that of being auxiliary to government. Indeed, the same Declaration, "Together for Humanity", charged all of us with optimizing that relationship at all levels in the humanitarian field.

The date, 11 May 2008, marked exactly three years since the signing of our letter of partnership with WHO. The basis of our cooperation is our complementary approach to vulnerability to disease as a major cause of poverty, just as poverty itself is a major contributor to vulnerability to disease. Threats to public health compromise the productivity and productive potential of individuals, communities and entire nations. Over these three years, not only have individual national societies taken the opportunity to establish similar letters of partnerships with their ministries of health, but at each of the International Federation's Global Health and Care Forums, we have signed a similar letter at a regional level. This year, indeed just last week, the WHO's Regional Director for Europe, on behalf of the World Health Organization, and the Secretary General, on behalf of our Federation, signed the letter of partnership for work in that Region, and we are signalling today our intention to encourage a similar effort in the Western Pacific Region for our next year's Forum, a forum which, incidentally, will mark 150 years since our founder, Henry Dunant, saw people in need and mobilized volunteers to respond to those needs without discrimination.

The "how" is thus becoming well established. The challenge is to show results. We, like you, live with the Millennium Development Goals in front of us. We, like you, have a desperate sense that time is flying past and that things are getting worse. At other opportunities during this Health Assembly, many of my colleagues will contribute specific examples of small successes, human successes such as the impact of volunteers working alongside the distribution of insecticide-treated bednets to ensure that these are hung properly and used effectively. The success of that tiny intervention has already saved many lives and has reduced infection by more than 25%, making a real contribution to the achievement of Millennium Development Goal 6. In the Pacific, my own region, we are seeing our national societies develop our community-based first-aid scheme, in some cases designated as the official provider of this education and service, to extend the scheme to be the community-based health and first-aid scheme, using primary health-care principles of "health by the people", the very basis of our Global Health and Care Strategy, with huge potential to empower women (Goal 3), reduce child mortality (Goal 4) and improve maternal health (Goal 5) while also helping to combat diseases such as HIV/AIDS and malaria by basic health promotion.

Last week, we dedicated our Global Health and Care Forum to our far-sighted forebears whose Declaration of Alma-Ata 30 years ago tapped into that well-spring of health, the community. We gave the Forum the theme "Primary health care starts with people" and we were honoured by the presence of Dr Mahler, former WHO Director-General and architect of the Alma-Ata Declaration.

At this time of anxiety, disasters such as those in China and Myanmar, threats of pandemic influenza, desperate food insecurity, especially in Ethiopia, and the prospects of malnutrition and even starvation in a world which also sees anti-obesity campaigns, when the growing gap between rich and poor within countries and between countries inevitably leads to a lowering in the overall public health, can we not, as one of the largest volunteer community-based organizations in the world, work with you to lift our eyes, our efforts and the hope and well-being of the most vulnerable people?

As you will have gathered from my accent, I also come from that small cricket-playing country on the other side of the world. The Maori people of New Zealand have a saying "*Nau te rourou, naku te rourou, ka ora te manuhiri*". This can be translated as "With your basket of knowledge, skills and resources, and my basket of knowledge, skills and resources, the people will be cared for". *Kia ora tatou*.

Mr DE SKOWRONSKI (Order of Malta):

Mr President, Madam Director-General, excellencies, distinguished delegates, please accept my congratulations, Mr President, on behalf of the Sovereign Order of Malta, on your election to preside over the Sixty-first World Health Assembly. We wish you, and the other Bureau members, success in your task. We also present our compassion to those who lost their loved ones in the two recent natural disasters. We are active in helping those who are still suffering.

Since our last Health Assembly, the Order of Malta has continued to provide health services all over the world, and in particular in those regions most affected by man-made and natural disasters. According to our mission, all aid is given free and irrespective of nationality, religion or race of those in need. Last year the total value of this humanitarian assistance was over US$ 1 billion.

The consequences of climate change on health being WHO's focus for 2008, we wish to reiterate our concern at the devastating influences of global warming on the quantity and quality of drinking water, which affects primarily the poorest and in particular children and infants, who need more potable liquids per weight and for whom the consequences of dehydration are more serious as the ingestion of polluted liquids carries diseases such as diarrhoea, cholera and hepatitis. For this reason the Order of Malta continues to develop its water purification projects in areas affected by drinking-water shortage. New programmes of rainwater harvesting and storage have been started in Sri Lanka and could be extended to other regions in need. Furthermore, programmes for the development of sewage systems help affected populations improve their sanitation level.

The aid of the Order of Malta, which has only a small extraterritorial area, reached 120 countries. Through Malteser International, its worldwide relief agency alone, it reached in 2007 over 7 million people, more than the population of many WHO Member States. Such aid was concentrated last year in Africa, Asia, the Middle East and the Americas. In Myanmar, Malteser International, being present with a local branch for the last seven years, was one of the rare humanitarian organizations in a position to intervene immediately in the emergency caused by the recent cyclone and continues to provide help to the victims in the Irrawaddy area. In the Order's maternity hospital in Bethlehem, the most modern neonatal equipment was installed at the end of 2007, thanks to the support of the Belgian Government and the United States Agency for International Development. This cutting-edge maternity hospital is the only one in this area of Palestine, where some 40 000 babies, including quintuplets, were born.

In its traditional fight against leprosy, the Order of Malta has won two new battles: first, it has reactivated the forgotten, but badly needed, clinical research to find new ways to eradicate this disease. Several grants have been made by the Order of Malta Grants for Leprosy Research to scientists in the new domains of genomics, genetics, early diagnosis and nerve involvement. This is the second year of novel research and funds for three more years are secured. The total value exceeds US$ 1 million. The first results are encouraging and were reported to the 17th International Leprosy Congress in Hyderabad. Unfortunately, the relevance of this disease continues to be understated by certain epidemiological data. Secondly, in the battle against the ostracism of leprosy patients, the Order of Malta's leprosy institute in Dakar, Senegal, is being integrated into the orthopaedic department of the University Hospital. Thus, for the first time in a country in which the disease is endemic, leprosy patients will be treated together with other patients in a teaching hospital setting. In this model, the social exclusion, referred to recently by the Japanese delegation at the Human Rights Council, will start to disappear. This will require some additional funds, which will be welcome to the project.

Mr President, the Order of Malta's humanitarian assistance is being more and more guided by the Millennium Development Goals, particularly those related to the health sector. We are proud to contribute to the objectives of WHO and to work in close cooperation with its headquarters and regional offices to improve the health status of the populations most in need. In this context, we thank the Director-General for her support and wish her and her staff success in their noble role. Thank you, Mr President.

Monseñor REDRADO MARCHITE (Santa Sede):

Señor Presidente, señora Directora General, señoras y señores: la delegación de la Santa Sede felicita al Presidente por su elección a la presidencia de la 61ª Asamblea Mundial de la Salud y formula sus fervientes votos por el éxito de los trabajos. Saludo con deferencia a la Dra. Margaret Chan, a la vez que le felicito por su autorizada guía de la Organización Mundial de la Salud.

Deseo manifestar la gratitud de la Iglesia católica por el importante y determinante aporte de la Organización para prevenir, curar y eliminar las patologías y pandemias que a lo largo de los años habían causado innumerables muertes. La Conferencia Internacional de Alma-Ata se coloca en la misma dirección y sigue siendo de gran actualidad.

Señor Presidente, mi delegación desea que las cuestiones inscritas en el orden del día de esta Asamblea Mundial encuentren la justa atención y convergencia.

En los últimos años se han observado señales positivas de progreso en la eliminación de la poliomielitis y en el acceso al paquete de vacunas esenciales para los muchos niños que viven incluso

en zonas de conflictos armados. No obstante esto, permanecen elevadas y preocupantes tasas de mortalidad infantil, así como también el SIDA, la tuberculosis y otras patologías infecciosas, sobre todo en los países pobres. Pedimos a los Estados un mayor compromiso en la prevención y curación de estas patologías para que no queden en una buena declaración de intentos.

La delegación de la Santa Sede desea expresar su grave preocupación y rechazo de cuanto, en el ámbito de la estrategia de la promoción de la salud reproductiva, daña la dignidad o incluso llega a suprimir la vida prenatal. En esta prospectiva, tal estrategia deberá también evitar de equiparar conferencias promovidas con la colaboración sustancial de algunas ONG, a reuniones que, sin embargo, tienen un carácter esencialmente gubernativo.

La delegación de la Santa Sede sigue estando también preocupada del impacto que tienen los cambios climáticos en la salud. El calentamiento progresivo del planeta y el aumento brutal de la frecuencia y de la gravedad de los fenómenos climáticos extremos como las fuertes tempestades, las oleadas de calor, la sequía y las inundaciones ya han comenzado a producir efectos negativos en la salud. A esto hay que añadir el incremento de la contaminación ambiental causada por los desechos industriales y radioactivos, como también por la contaminación del agua de los ríos en muchos países en vías de desarrollo. Todo esto lleva a efectos negativos en la producción alimentaria, en la disponibilidad de agua potable y en la calidad del aire, creando inéditas y preocupantes situaciones socio-sanitarias que requieren respuestas adecuadas e inmediatas.

Señor Presidente, frente a este grave y peligroso cuadro global, nuestra respuesta no puede prescindir de la sensibilización de la persona humana para una gestión responsable de los recursos de la creación, que son un don del Creador a la humanidad. De aquí la llamada del Papa Benedicto XVI a «cambiar el modelo de desarrollo global». En su reciente discurso en las Naciones Unidas, hablando siempre del imperativo ético de salvaguardar el ambiente, el Papa Benedicto XVI ha subrayado lo siguiente: «*… la acción internacional dirigida a preservar el entorno y a proteger las diversas formas de vida sobre la tierra no ha de garantizar solamente un empleo racional de la tecnología de de la ciencia, sino que debe redescubrir la auténtica imagen de la creación. Esto nunca requiere optar entre ciencia y ética: se trata más bien de adoptar un método científico que respete realmente los imperativos éticos*». Gracias, señor Presidente.

La Sra. GARCÍA GONZÁLEZ (Costa Rica):[1]

Mejorar el acceso a la atención en salud de toda nuestra población, en especial la de los grupos más vulnerables por sus condiciones de vida y género, ha sido una de las principales metas en materia social de nuestro país. Además de la universalidad de dicho acceso, nuestro país se ha abocado a buscar mecanismos para mejorar la calidad del mismo.

En relación al Objetivo 4: Reducir la mortalidad infantil, nuestro país ha logrado importantes avances. Mientras que en 1990 por cada 1000 nacidos vivos se reportaron 14,78 muertes, en el año 2006 dicha cifra disminuyó a 9,71, sin duda un logro sin precedentes, sin embargo para el 2007 se incrementó levemente a 10,05 por 1000 nacidos vivos.

En relación al Objetivo 5: Mejorar de la salud materna, éste representa uno de los indicadores donde el país también ha alcanzado logros muy significativos. Mientras que en el 2006, la mortalidad materna fue de 3,9 por cada 10 000 nacimientos, en el 2007 pasó a 1,91 por 10 000 nacimientos. Esto debido a las estrategias de intervención implementadas en el mejoramiento de la calidad de la atención durante el embarazo, parto y post-parto. En cuanto a la atención de partos en nuestras instituciones hospitalarias, fue de un 98%. En relación con el control prenatal, nuestro país ha alcanzado un 90% de cobertura de la población gestante (que inicia el control prenatal en el primer trimestre), de la cual, el 50% ha sido con criterios de calidad.

Recordemos que la mortalidad materna es uno de los indicadores utilizados para medir el desarrollo de un país, por tener un alto impacto económico. Según información del «International

[1] Texto presentado por la delegación de Costa Rica para su inclusión en las actas, de conformidad con la resolución WHA20.2.

Center for Research on Women», se calcula que a nivel mundial la mortalidad materna y neonatal tiene un costo de US$ 15 000 millones, perdidos en producción potencial cada año. El conjunto de servicios de salud materna tiene un costo menor a US$ 1,50 por persona, y con ello se puede mejorar en forma sustantiva la salud de las mujeres en los 75 países donde ocurren el 95% de las muertes materno-infantiles. De manera que es de una alta relevancia que los países del mundo inviertan en la salud de las mujeres y hagan efectivo su potencial, no sólo como madres sino como contribuyentes indispensables para el sustento y desarrollo de sus familias y las transformaciones de sus países.

Ante lo anterior, es evidente que invertir en la salud de las mujeres y en especial en la reducción de la mortalidad materno-infantil supone un importante ahorro para nuestras sociedades, una inversión de US$ 5500, retornaría triplicada en mejora de la productividad.

En relación con el Objetivo 6: Combatir el VIH/SIDA, el paludismo y otras enfermedades, específicamente en materia de VIH/SIDA, se está trabajando con el Plan de Monitoreo y Evaluación del Plan Estratégico Nacional con el fin de fortalecer las campañas de prevención y control, con énfasis en poblaciones de riesgo. En el caso de la malaria también se están realizando acciones para su prevención y control que han incidido positivamente en su disminución (alrededor del 50% con respecto al año 2006). No sólo se está actuando con las personas (toma de muestra, diagnóstico oportuno y tratamiento inmediato y supervisado), sino que se están realizando una serie de acciones para el control del medio y que tanto la empresa privada como la comunidad asuman la responsabilidad del caso.

Todos constituyen importantes logros para la salud costarricense. Sin embargo, en estos momentos el desafío que enfrentamos es lograr el mantenimiento o disminución de estas tasas y seguir trabajando en la reducción de las brechas a mediano y largo plazo entre las diferentes áreas geográficas y grupos poblacionales del país.

De ahí que pese a los logros alcanzados en esos indicadores y a los grandes esfuerzos realizados por nuestro país en materia de salud, sentimos una profunda preocupación por la progresiva exclusión de Costa Rica por parte de los cooperantes internacionales. Recientemente nuestro país fue excluido de participar en la Octava Ronda del Fondo Mundial de Lucha contra el SIDA, la Tuberculosis y la Malaria y por ende los recursos externos para seguir trabajando fuertemente en materia de VIH/SIDA se han visto fuertemente afectados.

Cabe destacar que a la fecha nuestro país ha aprovechado al máximo los cada vez más reducidos recursos provenientes de la cooperación internacional. En ese sentido, es de gran relevancia para el país seguir contando con el apoyo de la comunidad internacional como complemento a las acciones que hemos venido desarrollando para mantener y mejorar los niveles de salud de nuestra población.

Le Dr JEAN LOUIS (Madagascar):[1]

Excellences, Mesdames et Messieurs, c'est un grand honneur et un réel plaisir pour moi de prendre la parole devant cette auguste Assemblée de la Santé pour un aperçu de la mise en oeuvre des différentes initiatives engagées dans la réalisation des objectifs du Millénaire pour le développement liés à la responsabilité partagée aussi bien nationale qu'internationale.

La Déclaration du Millénaire, adoptée lors du Sommet du Millénaire en 2000, a mis en exergue les devoirs des dirigeants mondiaux à l'égard de tous les citoyens du monde, en particulier les groupes vulnérables. Ayant souscrit à cette Déclaration, l'Etat Malagasy sous le leadership de S. E. M. Marc Ravalomanana, Président de la République de Madagascar, a pris l'engagement ferme de redoubler d'efforts pour atteindre les objectifs du Millénaire pour le développement à travers le Madagascar Action Plan. Pour la réalisation de l'objectif 1 de réduire l'extrême pauvreté et la faim, la consolidation des efforts de stabilisation de la situation macroéconomique avec l'engagement des réformes structurelles ciblant le monde rural vise à assurer la sécurité alimentaire au niveau des ménages et à diminuer les risques de vulnérabilité. Cette démarche est orientée vers l'appui aux

[1] Le texte qui suit a été remis par la délégation de Madagascar pour insertion dans le compte rendu, conformément à la résolution WHA20.2.

organisations paysannes, la facilitation de leur accès aux intrants, aux équipements agricoles et au crédit, à la sécurisation foncière. Pour la lutte contre la malnutrition, des initiatives ont été développées et mises en oeuvre avec l'appui des partenaires, comme la mise en place de sites de nutrition communautaires, la promotion de l'allaitement maternel exclusif, la supplémentation en vitamine A et en fer, le déparasitage systématique des enfants, l'iodation du sel, la prise en charge dans les centres de récupération nutritionnelle des enfants souffrant de malnutrition sévère et les programmes d'aide alimentaire.

Concernant les objectifs 4, 5, 6 directement liés à la santé, l'évolution est globalement positive, et il est encourageant de constater une baisse constante de la mortalité des enfants de moins de 5 ans grâce à l'intensification des campagnes de vaccination, à la généralisation des interventions sanitaires de base telles que la distribution des moustiquaires à imprégnation durable, de vitamine A, de mébendazole et au développement de la prise en charge intégrée des maladies de l'enfant au niveau communautaire pour combattre la pneumonie, le paludisme et les diarrhées. L'objectif 5 semble difficile à atteindre car, malgré le renforcement du cadre politique de la santé de la mère et de l'enfant, la mise en oeuvre des stratégies de renforcement des soins obstétricaux et néonatals d'urgence de base, l'amélioration des pratiques communautaires des soins aux mères et aux nouveau-nés à domicile, la vulgarisation du planning familial, l'évolution est lente ; les efforts à fournir sont encore très importants pour améliorer l'efficacité du système sanitaire dans son ensemble. Concernant l'objectif 6, Madagascar figure encore parmi les pays du sud du Sahara qui affichent un taux de prévalence du VIH/sida estimé à 0,5 % selon le rapport de l'ONUSIDA en 2006. L'engagement personnel du chef de l'Etat dans la lutte, la facilitation de l'accès au service de dépistage et de prise en charge des infections sexuellement transmissibles et du sida et la prise en compte de la dimension VIH/sida dans les stratégies sectorielles figurent parmi les stratégies qui ont fait leurs preuves. Cependant, l'incidence forte des infections sexuellement transmissibles et l'existence de nombreux comportements sexuels à risque peuvent faire craindre une évolution rapide du VIH à Madagascar. Durant les cinq dernières années, la mise en oeuvre du programme régulier de prise en charge des cas au niveau communautaire et des formations sanitaires, la distribution gratuite de moustiquaires à imprégnation durable dans le cadre du programme élargi de vaccination de routine des femmes enceintes et des enfants de moins de 5 ans et des campagnes de la semaine de la santé de la mère et de l'enfant, l'introduction du traitement préventif intermittent chez la femme enceinte, la campagne d'aspersion intradomiciliaire d'insecticide dans les hautes terres centrales et la surveillance des épidémies de paludisme ont permis de maîtriser cette maladie qui se trouve actuellement dans une phase d'inversion de la tendance. La tuberculose reste une maladie très active et la lèpre se trouve en phase d'éradication. Les stratégies de lutte contre le VIH/sida, le paludisme, la tuberculose et la lèpre ont été fortement soutenues par les partenaires nationaux et internationaux, ce qui a permis d'accroître l'efficacité des actions du fait de la mobilisation de l'expertise technique et des importantes ressources. Les taux de prévalence et de létalité de ces maladies accusent dans l'ensemble des tendances de régression.

Au total, Madagascar a réalisé des progrès tangibles dans la réalisation des objectifs du Millénaire pour le développement liés à la santé. Cependant, ces progrès sont loin d'être suffisants. Les actions prioritaires reposent sur l'allocation de ressources en priorité aux services de santé de base ; le renforcement du système de santé en augmentant l'investissement dans les infrastructures, les matériels et équipements pour les soins obstétricaux et néonatals d'urgence de base et complets ; la disponibilité de personnel qualifié et motivé réparti équitablement ; le développement des activités d'information et d'éducation sanitaire pour prévenir certaines maladies endémiques et promouvoir la santé de la reproduction des adolescents et le planning familial ; la mise en place d'un système intégré de surveillance des maladies endémo-épidémiques au niveau communautaire ; et le renforcement du système de suivi-évaluation.

De nombreux décès peuvent être évités par la mobilisation des ressources nécessaires dans le cadre d'une responsabilité partagée et soutenue. La mobilisation de nouvelles sources de financement s'avère impérative pour l'aide au développement, et il est très important que le Gouvernement s'engage à poursuivre ses efforts pour augmenter le budget alloué à la santé en vue d'atteindre les 15 % fixés dans la Déclaration d'Abuja. A cet effet, nous saluons les efforts de l'OMS et des autres partenaires pour l'opérationnalisation du Partenariat mondial pour la santé de la mère, du nouveau-né et de l'enfant, qui s'engage à contribuer à la réalisation des objectifs 4 et 5. Les réunions de Londres et

du Cap ont recommandé par ailleurs le développement d'un partenariat national et mondial pour des actions concertées ainsi qu'un financement prévisible et à long terme pour la santé reproductive, la santé du nouveau-né et de l'enfant. La réalisation des objectifs du Millénaire pour le développement doit reposer sur l'engagement ferme des autorités nationales, l'intensification de partenariats et la mobilisation de ressources suffisantes pour des actions efficaces et efficientes en faveur de la santé et du bien-être de la population. Excellences, Mesdames et Messieurs, je vous remercie de votre attention.

Mr RI Tcheul (Democratic People's Republic of Korea):[1]

Mr President, Dr Margaret Chan, Director-General, honourable delegations. First of all, on behalf of the delegation of the Democratic People's Republic of Korea, I congratulate you, Dr Leslie Ramsammy, on your election as President of this Health Assembly and wish you all the best in your endeavours to ensure the success of the Health Assembly. My delegation appreciates the Director-General's report, which puts forward innovative approaches to rectifying inequalities in existing health systems and to enhancing the role of the Organization.

The reality of the new millennium illustrates that the eradication of extreme poverty, and the promotion of health and socioeconomic development are inextricably linked, and that therefore, we cannot successfully achieve the Millennium Development Goals, in particular the goal of poverty eradication, without such development. The world health situation demands that all Member countries make joint efforts to remove the risk factors harmful to human beings, and that WHO play a leading role in this regard. My delegation considers that the theme entitled "monitoring achievement of health-related Millennium Development Goals" will provide a good approach – one that, in our view, will reflect actual requirements when we celebrate the sixtieth anniversary of the founding of WHO and review the implementation of the Goals this year.

The number of deaths caused by HIV/AIDS, tuberculosis and malaria has decreased over the eight years since the adoption of the Millennium Development Goals. However, human life is still being lost as a result of various causes. In this regard, my delegation believes it is timely that prevention and treatment of communicable diseases, including avian influenza; health and intellectual property; the International Health Regulations (2005); and the implementation of health-related Millennium Development Goals are on the agenda of the current Health Assembly.

In the past, the technical and logistic support from WHO has significantly contributed to health developments at the national level. However, various difficulties and challenges still remain. In fact, combating tuberculosis, one of the important health-related Millennium Development Goals, is becoming more difficult as a result of the increasing prevalence of multiple-drug resistance due to the misuse and abuse of medicines. Avian influenza is also becoming a source of concern to the international community since the disease is growing at epidemic rate. Therefore, we think that WHO's support should place emphasis on eliminating major communicable diseases according to the situation of each Member State. The protection and promotion of people's health is a supreme principle of the activities of the Government of the Democratic People's Republic of Korea, and it is guaranteed by health policies and health law, such as complete free medical care, and the people's health law. With the Government's policy of preventive medicine, we will further enhance the quality of health services by strengthening the technical capacity of hospitals at different levels, improving the manufacturing and distribution of medicines and medical equipment and enhancing primary health care. The Secretariat, including the Regional Office for South-East Asia, has in recent years provided considerable support to the Democratic People's Republic of Korea in the renovation of the country's Ri people's hospitals, the strengthening of health infrastructures and the training of health professionals in advanced skills and knowledge. We take this opportunity to express our thanks to WHO for its support. Finally, my delegation reaffirms its commitment to offer active cooperation

[1] The text that follows was submitted by the delegation of the Democratic People's Republic of Korea for inclusion in the verbatim records in accordance with resolution WHA20.2.

during the course of the Health Assembly with a view to the successful conclusion of the discussion of all issues on the agenda in order to make a positive contribution to the achievement of the Millennium Development Goals and the development of health throughout the world. Thank you.

Dr KABIA (Sierra Leone):[1]

Mr President, Madam Director-General, honourable ministers, head of delegations and distinguished delegates, I would first like to congratulate you, Mr President, on your election as President of this Health Assembly and wish you success. I am greatly honoured to address this august body that collectively literally takes care of the health of our world – no mean task!

Let me start by expressing my heartfelt condolences to the Governments and peoples of China and Myanmar on the recent disasters that befell both countries. As a country just emerging from a decade-long war, we are well aware of the devastating effects loss of human life and destruction of property have on affected communities. I know this is small comfort but I would like to express solidarity with the peoples of China and Myanmar.

We as a nation have come a long way. We now enjoy stability, as well manifested by the recent election of a new Government in a democratic and transparent election. Our country, however, is still plagued by severe constraints directly as a result of the war which completely decimated all aspects of life and government, including the health sector. The decade-long civil war left the health sector with serious challenges that need urgent attention: Sierra Leone is faced with an acute human resource shortage for health crises. We have only 18 medical officers, four paediatricians, three surgeon specialists, 160 nurses and 200 midwives for a population of 5.3 million. To say that the health services delivery system is overstretched would be an understatement! It is a system that is characterized by poor infrastructure, lack of essential equipment, drugs and supplies and a broken management system. This is what we inherited as a Government and this helps to explain why we have some of the worst health indicators in the world.

The population's disease burden is characterized by a high prevalence of largely preventable communicable diseases, such as malaria (35%), acute upper respiratory infection (21.7%) and diarrhoeal illness (8.1%). Together with malnutrition, these account for 75% of all under-five consultations in the outpatient setting. The under-five population makes up 49% of consultations in the peripheral health units. It is also true that in the post-conflict era, the worst affected subpopulation groups are our children and women of childbearing age – as indicated by the unacceptably high under-five and maternal mortality rates of 267 per 1000 and 1300 per 100 000, respectively. The Government has acted to address the issue by: the adoption of reproductive and child health policies (2007); implementation of a reproductive and child health strategic plan, launched by the President, that seeks to provide high-quality, affordable and accessible care; joint development partners' appraisal with institutional management and capacity assessments; and the creation of a new directorate for reproductive and child health. The challenge lies in mobilizing the required resources, both financial and human, to achieve the goals and objectives of the strategy, in order to meet the Millennium Development Goals, particularly Goals 4 and 5.

Another area of major activity is the strategy to combat the burden of malaria. The Government promotes the Roll Back Malaria Partnership programme and currently insecticide-treated nets have been made available to 75% of households, also antimalarial medications are available free to vulnerable groups (children of school-going age, pregnant and lactating women and the elderly). The Government is determined to continue its relentless fight against malaria. Immunization and vaccination programmes, supported by the Government of Sierra Leone and the GAVI Alliance, are making tremendous progress in helping reduce the incidence of measles, leprosy and tuberculosis. Thankfully, poliomyelitis has been eradicated and Sierra Leone has been declared poliomyelitis-free.

[1] The text that follows was submitted by the delegation of Sierra Leone for inclusion in the verbatim records in accordance with resolution WHA20.2.

We appeal to the international community to make vaccines more available and affordable for low-income countries.

The threat of an avian influenza pandemic requires preparedness and vigilance by all, controlled by the implementation of regulations and availability of vaccines and therapy using oseltamivir in case of an outbreak. With respect to HIV/AIDS, the Government, through the National AIDS Secretariat under the chairmanship of the President himself, is spearheading the fight against AIDS and HIV by promoting vigilance, education, prevention, surveillance, counselling, testing and treatment. Antiretroviral therapy is free. It is of note that, at this point, HIV prevalence is 1.57% (national average), and 3% among youth and 4% among pregnant women. Our Government is committed to doing everything in its power to turn things around.

The area of noncommunicable diseases is one that is only now beginning to be recognized as contributing to significant morbidity and mortality in low-income countries through diseases such as coronary artery disease, hypertension, strokes and chronic kidney disease. We shall promote awareness and lifestyle modification, education, diagnostic and treatment modalities, as well as research to enhance effective planning. We would welcome more support from WHO, in the form of technical assistance, to undertake institutional and management assessment of our hospitals, define gaps, help design financial and management systems, and build capacity.

Lastly, let me express my gratitude on this podium to all organizations, agencies and governments who have helped our country and our people. I would like to pay a special tribute to the people of Sierra Leone who, despite all the adversity they have faced in the past, and continue to face, remain positive, optimistic, forward-looking and resilient. A nation with such an outlook cannot fail! I thank you for your attention.

Mr ITALELI (Tuvalu):[1]

Mr President, we thank you for giving us the floor. My delegation would like to echo other Member countries in commending the work of WHO in all regions of the world.

Tuvalu welcomes the United Nations Millennium Development Goals, and is well on its way to achieving the health-related Millennium Development Goals by 2015. The Tuvalu national health plan prioritizes maternal and child health. Its integration into reproductive health services and alignment with national development plans have secured political commitment and sustainability. Since 1990, significant progress has been made towards reducing child mortality in Tuvalu. We continue to enjoy very high coverage in the expanded programme for immunization and we therefore applaud the continuous support from WHO and UNICEF in this regard. The provision of primary health-care services throughout the country remains a key strategy. Tuvalu has achieved the lowest possible level of maternal mortality, and 100% of births are attended by trained and skilled health personnel. Despite this, obstetrics emergencies remain a challenge in our remote outer islands' settings. My delegation requests the assistance of WHO in this area. Despite our small numbers, Tuvalu is at high risk of HIV infection. Recent HIV and sexually transmitted infection surveillance points to an increasing problem, and is now considered a priority in the national developmental plan.

Mr President, we congratulate WHO for including climate change and health in this year's agenda. Tuvalu is one of the first countries to start being submerged because of the adverse effects of climate change. Climate change is already affecting the health of my people. The existence of Tuvalu, and its culture, traditions, men, women and children, are under threat. My delegation therefore humbly requests WHO and the international community to continue to draw attention to the serious risk of climate change to global health security. Once again, Mr President, thank you for giving us the opportunity.

[1] The text that follows was submitted by the delegation of Tuvalu for inclusion in the verbatim records in accordance with resolution WHA20.2.

Mr SHIRALIYEV (AZERBAIJAN)[1]:
Г-н ШИРАЛИЕВ (АЗЕРБАЙДЖАН)[1]:

Мы с большой заинтересованностью заслушали выступления уважаемых коллег по механизмам преодоления рисков для ликвидации полиомиелита, поскольку в свое время в Азербайджане эта проблема стояла очень остро. К счастью, на сегодняшний день это уже скорее история, и мы можем гордиться достигнутыми в этом направлении успехами.

Между тем, в начале 1990-х годов в стране была крайне тяжелая эпидемиологическая ситуация со стабильным сохранением очагов с эндемической передачей полиомиелита. В Республике было зарегистрировано 182 случая полиомиелита или почти 50% от всей общеевропейской заболеваемости. Свободными от инфекции были лишь 15% административной территории Азербайджана.

Абсолютное число зарегистрированных случаев - 69 и относительный показатель - 0,94 на 100 000 населения были самыми высокими среди стран Европейского региона.

Положение осложнялось еще и тем, что после распада Советского Союза начались перебои со снабжением вакцинами и, по существу, была прекращена работа по иммунопрофилактике.

И только тесное сотрудничество с международными организациями дало зримые позитивные результаты. Появился стабильный канал поступления вакцин через Всемирную организацию здравоохранения в порядке оказания гуманитарной помощи.

Утвержденная Правительством Национальная программа иммунопрофилактики была ориентирована на внедрение активных иммунизационных подходов, рекомендованных Всемирной организацией здравоохранения для прекращения передачи дикого полиовируса на всей территории Республики.

В Азербайджане была внедрена трехсистемная иммунизационная стратегия, включающая, помимо рутинных прививок, и дополнительные мероприятия в виде Национальных дней иммунизации и массовых кампаний по подчистке на территориях повышенного риска.

Традиционное участие в кампаниях по иммунизации высшего руководства Республики - как общенационального лидера Гейдара Алиева, так и нынешнего Президента Азербайджана г-на Ильхама Алиева - по существу выдвинуло проблему борьбы с полиомиелитом в ранг общегосударственной политики, мобилизуя для этой работы общественные объединения, органы государственной власти и управления, всю общественность страны.

Именно во многом благодаря этому нам удалось добиться того, что с октября 1995 г. в Республике вообще не регистрируются случаи полиомиелита.

Историческое решение сертифицировать Европейский регион Всемирной организации здравоохранения как регион, свободный от полиомиелита, объявленное в 2002 г. в Копенгагене, - самое выдающееся событие в области общественного здравоохранения в новом тысячелетии.

Успех в Европе был достигнут благодаря осуществлению беспрецедентной серии четко скоординированных Всемирной организацией здравоохранения национальных кампаний иммунизации.

Однако мы не можем остановиться на достигнутом. Необходимо продолжать осуществление комплекса мероприятий, чтобы поддерживать высокие уровни охвата плановыми прививками, используя в необходимых случаях мероприятия по дополнительной иммунизации, и обеспечить высокое качество лабораторного надзора за полиовирусами до тех пор, пока не будет достигнута глобальная ликвидация полиомиелита во всем мире

Благодарю за внимание.

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[1]The text that follows was submitted by the delegation of Azerbaijan for inclusion in the verbatim records in accordance with resolution WHA20.2.

[1] Данный текст представлен делегацией Азербайджана в соответствии с резолюцией WHA20.2, для включения в стенограммы выступлений.

El Sr. ABAGA ESONO (Guinea Ecuatorial):[1]

Señor Presidente: le felicito a usted y a los miembros de la Mesa por su elección para dirigir los trabajos de esta magna Asamblea y felicito asimismo a la Directora General por su excelente labor y capacidad organizativa de los trabajos de la 61ª Asamblea Mundial de la Salud.

La delegación de la República de Guinea Ecuatorial, se suma a los demás países en presentar su pésame y dolor a la República Popular China y la República de Myanmar por las catástrofes naturales acaecidas recientemente en sus respectivos países, con la pérdida de muchas vidas humanas.

El Gobierno de la República de Guinea Ecuatorial, entiende que la salud es uno de los elementos principales que garantiza el desarrollo de los pueblos, por ello, el Presidente de la República de Guinea Ecuatorial, su Excelencia Obiang Nguema Mbasogo, concede la máxima prioridad al sector social en general y de forma especial al desarrollo de los programas del sector salud y con el fin de superar y conseguir los Objetivos de Desarrollo del Milenio y canalizar mejor los recursos provenientes de la explotación del petróleo. Deseo informarles que Guinea Ecuatorial organizó recientemente la Segunda Conferencia Económica Nacional, donde se han asignado prioritariamente importantes recursos al sector de la salud.

De la misma manera, se ha creado un Fondo para el Desarrollo Social mediante el cual se están realizando las siguientes acciones: a) para la reducción de la mortalidad infantil: organización de campañas de inmunización para mejorar la cobertura de vacunación a los niños menores de cinco años; reforzamiento de la Estrategia del Manejo Integral de las enfermedades del niño; puesta en marcha de un amplio Programa Nacional de lucha contra el Paludismo con acceso gratuito de los medicamentos antipalúdicos a las mujeres embarazadas y niños; telas mosquiteras impregnadas y las actividades de rociamiento intradomiciliario; b) para mejorar la salud materna: implementación de una hoja de ruta nacional para acelerar la reducción de la mortalidad materna y neonatal; puesta en marcha de un proyecto para la prevención y tratamiento gratuito de las fístulas obstétricas; puesta en marcha de un programa de diagnóstico precoz de prevención y tratamiento gratuito del cáncer del cuello uterino con la realización de más de un centenar de intervenciones quirúrgicas con éxito en el último año; c) para combatir el VIH/SIDA, el paludismo y la tuberculosis se están implementando las siguientes actividades: puesta en marcha de un marco normativo de referencia y la adopción de un plan multisectorial contra la pandemia del SIDA; manejo integral de los casos, así como el acceso gratuito de los antirretrovirales a todos los enfermos de SIDA; puesta en marcha de un programa nacional de reducción de prevalencia de la tuberculosis, centrado en la identificación y tratamiento gratuito de los enfermos.

Pero sin embargo, señor Presidente, tenemos todavía por delante varios desafíos para mejorar la salud de nuestra población y poder cumplir así los Objetivos de Desarrollo del Milenio, para ello seguimos solicitando el apoyo técnico de la OMS en las áreas de desarrollo de recursos humanos, y en la aplicación del Reglamento Sanitario Internacional.

Finalmente, agradecemos a todos los socios que de manera directa o indirecta nos apoyan en la realización de todas estas acciones. Muchas gracias.

Dr TENAUA (Kiribati):[2]

Mr President, Madam Director-General, fellow ministers, distinguished delegates, ladies and gentlemen, before I proceed, please allow me, first of all, to convey to you and to fellow delegates attending this Health Assembly, the warm greetings and good wishes of my Government and the people of Kiribati whom I and the members of my delegation are representing here today. Let me also take this opportunity to congratulate you on your appointment as President of this Sixty-first World

[1] Texto presentado por la delegación de Guinea Ecuatorial para su inclusión en las actas, de conformidad con la resolución WHA20.2.

[2] The text that follows was submitted by the delegation of Kiribati for inclusion in the verbatim records in accordance with resolution WHA20.2.

Health Assembly. My delegation has full confidence in your capable leadership and trusts that, through our support and cooperation, you will be able to guide this Health Assembly smoothly to a successful and productive conclusion. It would be remiss of me not to acknowledge what has been done by the outgoing President, so, if I may, Mr President, let me also take this opportunity to formally recognize and put on record my country's full appreciation of the achievements of the former President. Much of WHO's work and performance and many of its achievements since the last Health Assembly, as reported by the Director-General, can be attributed to her great leadership, so she also deserves to be thanked and congratulated.

My delegation takes full note of the Director-General's report and, on behalf of my country, I also would like to thank Dr Chan and members of her staff for the dedicated hard work they apparently have put into the preparation and compilation of such a very comprehensive and well-presented report. I would very much like to share, in more detail, my delegation's observations relating to the issues highlighted in the report but, given that delegates are required to confine their statements to the theme of this year's Health Assembly, unfortunately I cannot go beyond the restricted parameters of that said theme.

My country, Kiribati, is one of the smallest of the smallest least developed countries in almost all respects. The country is made up of 33 very thin strips of low-lying (about 6 metres above sea level at the most) and widely scattered coral atolls which, in total, make up a land area of 750 km^2 to support its present total population of about 100 000, which has been growing at an alarming rate of more than 2% every year. Consequently, its population density has now reached 389 per $km^{2.}$ Not only that, but it is endowed with a very narrow resource base for raising and sustaining the health status of its fast-growing population on a par with or close to the millennium health development standards. However, despite these inevitable and rather unfortunate geographical, demographic and socioeconomic features, Kiribati, like other similar least developed small island States, is also equally required to achieve the same goals and targets within the same time frames set by the United Nations Millennium Development Goals.

With the level and kind of external assistance that it has constantly been receiving from WHO and other multilateral and bilateral arrangements, overall, Kiribati has been able to make only modest progress in some indicators of the health-related Millennium Development Goals (e.g. under-five mortality rate, infant mortality rate, contraceptive prevalence rate, condom use rate, and condom use by HIV/AIDS high-risk groups) while for others (e.g. environmental health or water and sanitation indicators) it still has a very long way to go. Alone or without external assistance, Kiribati would have been unable to make this modest progress, so I would like to take this opportunity to put on record my country's gratitude and appreciation to WHO and other international agencies, including development partners, for all the assistance they have generously been providing and through which Kiribati has been able to make the progress so far achieved. My country's recent partnerships with Taiwan and Cuba have also contributed greatly in this regard, so the commendable contributions of these two recent partners do deserve special mention and acknowledgement here as well.

However, being inevitably disadvantaged in almost all respects and still having a long way to go in terms of the health-related Millennium Development Goals, coupled with the fact that Kiribati will be among the countries to be hit first and hardest by the impacts of climate change, it is imperative that the United Nations, through WHO and other related United Nations bodies and development partners, pay closer attention to such small countries with unique features like Kiribati and provide them with the right kind and amount of assistance that will better enable them to address or at least cope with the unique underlying causes of their health problems – old and new. And in doing so, I would highly recommend a national or country-based approach to avoid a common, yet continuing, situation where the needs of the very small countries are often overshadowed by those of their bigger brothers and sisters. Only then can the health problems, together with the unique underlying causes of such problems, in these small countries be better understood and these countries helped to design more appropriate and effective strategies that will better enable them to reach a significant portion, if not all, of the Millennium Development Goals and thus be better prepared to cope with new emerging diseases, including the health impacts of climate change, to which these countries are very vulnerable. Thank you very much for your attention.

Mrs CATRINICI (Republic of Moldova):[1]

Mr President, Madam Director-General, ladies and gentlemen. During the last eight years, the Republic of Moldova, a country of the WHO European Region, undertook a number of actions regarding integration of the Millennium Development Goals in the health system development agenda. In this context, the Government of Moldova undertook to promote health in all sectoral policies and the involvement of each citizen in the process of implementation of the Goals. The health systems in the Republic of Moldova have undergone reorganization. The Ministry of Health has redirected its stewardship function to developing policy, promoting the implementation of high-quality systems, establishing assessment and accreditation structures, and improving licensing mechanisms for medical personnel and activities. In this regard, we express our sincere gratitude for the technical assistance offered by international development partners, which strive to support our Ministry in undertaking these activities.

Mandatory health insurance, launched in 2004, has led to better access to health services, particularly for those in greatest need, and to a more receptive health system in order to meet the needs of the population. Family medicine has become a key component of the health-care system and taking into account this priority, we are relying on its proving to be cost-effective and that it will have a major impact on health indicators at national level. At the same time, we plan to strengthen and make maximum use of its potential by assuring the financial autonomy of primary health-care assistance in order to achieve the Millennium Development Goals, especially those related to reducing infant and maternal mortality rates, fighting tuberculosis, HIV/AIDS, sexually transmitted diseases and other diseases. During past months we faced a mumps outbreak despite the high immunization coverage rate, an occurrence that convinced us that we must be careful to control communicable diseases.

In the context of strengthening mother and child medical assistance in the Republic of Moldova, different programmes are being implemented in accordance with WHO's technical recommendations and global initiatives, such as: Making Pregnancy Safer, integrated management of childhood illness, the reproductive health strategy, the audit methodology "beyond the numbers" and the concept of creating family-friendly conditions in maternity hospitals. Thus, our country, being one with a modest income per capita, has made considerable progress, implementing cost-effective interventions within mother and child medical assistance, and reducing infant mortality by 44% over the period 2001–2007. The maternal mortality rate decreased by around three times over the same period. However, we are still deeply concerned regarding the continuance of preventable mortality cases.

No less attention is paid to issues related to the younger generation's health and behaviour. In accordance with WHO's policy in the field, the Ministry is implementing the concept of youth-friendly services. In the Republic of Moldova, HIV infection is beginning to affect the heterosexual population. From this perspective, we are hoping that the youth-friendly health centres that have been established will contribute to the prevention of the spread of HIV. HIV/AIDS and tuberculosis remain the major problems for our country. In this sense, the Moldovan Government has undertaken activities focused on two components: strengthening the health system at the stewardship level and legislative framework; and integration of health services and assuring their continuity.

The implementation of a national programme has been undertaken with technical and financial support from international organizations, such as WHO, UNICEF, UNAIDS, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other international and regional institutions, in partnership with governmental and nongovernmental structures in accordance with transparency and receptiveness principles.

We are confident that achievement of the Millennium Development Goals requires strong and effective health systems, and their constant adaptation to the needs of the population. We are certain that improving communication in the process of health stewardship and the social dialogue involving population and civil society in improving the health system, as well as the alignment of standards with

[1] The text that follows was submitted by the delegation of the Republic of Moldova for inclusion in the verbatim records in accordance with resolution WHA20.2.

international ones, will allow us to achieve the expected goals. Finally, allow us to express our deep gratitude to WHO and other development partners for the assistance and support offered to the Republic of Moldova in the process of transforming the Millennium Development Goals into reality.

Mr ZIBE (Papua New Guinea):[1]

Mr President, Vice-Presidents, Madam Director-General, fellow ministers, ladies and gentlemen, together with other countries I express sympathy to China and Myanmar for the destruction and lives lost due to the natural disasters affecting each of the two countries.

I acknowledge the challenge provided by Dr Chan at the meeting of the Commonwealth Ministers of Health for all of us to work together for world health and the good of humanity, and to address global vulnerability. I also acknowledge that Papua New Guinea has some of the worst health indicators in the Asia-Pacific region. As the new Minister responsible for Health and HIV/AIDS, I am committed to doing everything I can to reverse the poor health indicators and the spread of HIV in the country. When taking up office as Minister for Health seven months ago, I decided to focus on primary health care. Papua New Guinea has experienced a population growth of 2.7%. HIV infection has become a generalized epidemic; in the country, communicable diseases are prevalent and noncommunicable diseases are emerging. Global warming is already having an impact on small island atolls and malaria is bound to become prevalent in higher altitudes of the country.

A total of 87% of my country's population of 6.2 million people live in rural areas. Only 3% of roads are paved and many villages can only be reached on foot. Most travel between provinces is by air. The capital, Port Moresby, is not linked by road with the rest of the country. Overall, the national geography and difficulties in communication make the delivery of health services very challenging. Papua New Guinea has over 800 different tribes and only attained independence 33 years ago. Given this complexity and the need to have an impact on the poor health indicators, we must focus on strengthening health systems.

We know that maternal mortality is a proxy for measuring access to services and the quality of the health system in any country. Noting this, I acknowledge the major and complex health challenges in Papua New Guinea. I have made it my business to refocus attention on primary health care and on doing something about these major challenges. The health sector is responsible for one national referral hospital, 18 provincial hospitals, 68 district hospitals or major health centres and all provincial health authorities throughout the country. There is no reliable communication between hospitals, major health facilities and health system managers. We do not have links to Internet services to keep in touch with our international contacts. Our hospitals and major health facilities, administrators and research institutions operate in isolation, which affects service delivery and impacts on health outcomes.

I am committed to reforming the health sector so that it is cost-effective, accountable and transparent. I see modernizing and bridging the information technology gap in my country as an important tool for improving health system management. Upon returning from the Sixty-first World Health Assembly I will launch our new health-sector corporate plan. I have also introduced a National Health Week which will focus on action to address priority health problems as part of our drive to meet the Millennium Development Goals. A few months ago, I set up a task force to look into our chronic drug supply problems. The task force's findings are being implemented. I believe that with improved technology and the planned development of the Papua New Guinea Health Net, my Department will be able to ensure that the drug supply system is effective and we are able to monitor all stocks and ensure the quality of drugs. I am also restructuring the National Department of Health to enable it to focus on its core roles and responsibilities and develop effective means to support the provinces (the implementation arm of the Government) within a decentralized system of governance. Over the years we have not been able to fully account for and keep an accurate track of health workers throughout the country. In July 2008 the Department will conduct its annual health conference which will focus on human resources planning and management. The meeting of the Commonwealth

[1] The text that follows was submitted by the delegation of Papua New Guinea for inclusion in the verbatim records in accordance with resolution WHA20.2.

Ministers of Health on 18 May 2008, which focused on e-health, provided the additional impetus for us to build the Papua New Guinea Health Net and develop e-health strategies as part of the reform process. I hope that by so doing we are able to reform the health system so that it is transparent, accountable and effective in service provision to the rural majority and the urban poor in Papua New Guinea.

Mr President, before I conclude I want to raise a unique challenge my country faces resulting from the global demand for natural resources and the exploitation of them. Environmental damage directly due to exploitation of these resources is expected to have a significant public health impact on the lives of the majority of my people if the process of resource exploitation is not managed well. Finally, we are committed to the Paris Declaration and have for some time implemented the sector-wide approach. However, despite this, we have noted a tendency to create parallel systems and wish to call on all our partners to be sensitive and to support us in strengthening our systems. Building our capacity will ensure that our partners have trust and confidence in our systems, so they are able to work through existing government systems.

We are grateful for the support of WHO over the years and of all our multilateral and bilateral agencies, and commit ourselves to ongoing partnerships in health and development. Thank you.

El Sr. GAUTO (Paraguay):[1]

Gracias, señor Presidente: Deseo, en primer lugar, expresar la satisfacción de mi delegación por verlo dirigir nuestros debates y formulo mis mejores votos por el éxito de su importante labor. En segundo lugar, permítame manifestar también los sentimientos de pesar de mi país por las catástrofes naturales que afectaron a dos de los miembros de la OMS, Myanmar y la República Popular China, a quienes transmitimos nuestras condolencias por la enorme pérdida de vidas humanas como consecuencia de dichos fenómenos.

Hemos escuchado con gran atención y sincera satisfacción el informe de la Directora General, la Dra. Margaret Chan, quien de manera clara y precisa nos ha ilustrado sobre los avances logrados en la lucha contra las enfermedades y su prevención, así como las nuevas amenazas que enfrenta la humanidad al iniciarse este siglo XXI. Queremos transmitirle nuestros agradecimientos por sus esfuerzos y los de su equipo de la OMS, así como el compromiso del Gobierno del Paraguay para apoyar dichos esfuerzos.

Señor Presidente, la Declaración del Milenio de las Naciones Unidas ha orientado los procesos de mejoramiento de la salud de nuestros países, sin embargo es evidente que para muchos países será difícil alcanzar plenamente los objetivos propuestos.

El Paraguay ha logrado mejoras sustantivas en lo que compete a varios de los objetivos del área de la salud, entre los cuales podemos citar la tendencia a la disminución de la mortalidad materna y la infantil, así como mejoras en el control de la epidemia de VIH/SIDA, la tuberculosis y el paludismo; aunque no en los niveles deseados de acuerdo a las metas.

Estas circunstancias han motivado la adopción de estrategias para incrementar los logros. Así, se han definido políticas para mejorar el acceso de la población a los servicios públicos de salud, como la gratuidad en la atención prenatal y el parto, y de las enfermedades prevalentes en los niños y adolescentes, incluyendo la gratuidad en la provisión de medicamentes esenciales.

El programa ampliado de inmunizaciones ha mantenido una cobertura adecuada, con resultados satisfactorios. Se han incorporado otros grupos etarios, como los adultos mayores para la vacuna contra la influenza estacional.

Se ha desarrollado un programa integrado de lucha contra la pobreza, que incluye la provisión de incentivos monetarios a poblaciones en extrema pobreza y alimentos a niños menores de tres años y embarazadas.

El programa de lucha contra el SIDA provee en forma gratuita el tratamiento de las personas infectadas y se ha incentivado la detección en las embarazadas para su tratamiento oportuno. Al

[1] Texto presentado por la delegación de Paraguay para su inclusión en las actas, de conformidad con la resolución WHA20.2.

efecto, se cuenta con un presupuesto propio y la ayuda del Gobierno del Brasil, que provee medicamentos específicos.

El programa de control de la tuberculosis cuenta con el apoyo del Fondo Mundial y ha permitido que la estrategia DOTS pueda expandirse a casi todo el territorio nacional. La incidencia y la prevalencia tienen una tendencia a disminuir.

Señor Presidente, mi país tuvo que hacer frente a un repentino brote de fiebre amarilla en el mes de febrero del presente año. Esta enfermedad había sido erradicada en el Paraguay hace varias décadas pero, por razones atribuibles al cambio climático, volvió a aparecer, generando alarma en la población por el resultado fatal de algunos casos. Merced a la oportuna intervención de la oficina encargada de las respuestas a epidemias y pandemias de la OMS, hemos recibido un lote de dos millones de unidades de vacunas antiamarílicas, que permitió la implementación de la vacunación masiva de la población con el apoyo de la OPS/Oficina Regional de la OMS; con resultados altamente satisfactorios, no teniendo casos desde hace varias semanas. Deseamos transmitir a la Dra. Chan y a su equipo los agradecimientos del Gobierno y pueblo del Paraguay.

Señor Presidente, quisiera expresar a esta honorable Asamblea la preocupación del Paraguay por la situación de discriminación y exclusión que sufren los 23 millones de taiwaneses para acceder a los beneficios de la acción colectiva en la promoción de la salud y, asimismo, para hacer frente a emergencias, brotes de enfermedades o epidemias. Creemos que es una responsabilidad de todos hallar una solución a este problema que viene planteándose año a año, sin que hasta ahora se lo haya considerado seriamente. Es necesario que la OMS haga una propuesta razonable a Taiwán para integrarlo al Reglamento Sanitario Internacional (2005) y a los demás instrumentos que hemos habilitado para hacer que la salud para todos sea una realidad. Muchas gracias.

The PRESIDENT:

Members, this was the last listed representative to speak. Before I bring this plenary session to an end, I will ask the representative of Cyprus who has asked for the floor to speak. Please, Sir.

Mr NICOLAOU (Cyprus):

We asked for the floor to briefly respond to a reference made the day before yesterday, to Cyprus, by the distinguished representative of Gambia.

The reference to Cyprus was, to say the least, unfortunate, bears no comparison and is irrelevant to the issue that was under discussion the day before yesterday. The actual situation in my country is well known and clearly defined by the United Nations Security Council and General Assembly resolutions as well as by the presence of a United Nations peacekeeping force on the island. The reference to Cyprus was made under agenda item 1.4. We request that this brief statement be included in the minutes of the Sixty-first World Health Assembly. Thank you very much.

The PRESIDENT:

Thank you. That short statement will be included in the minutes.

The Health Assembly has therefore concluded its work on item 3 of its agenda. I did ask the Vice-Presidents to help me carry through this agenda, but I wanted to be here at the end of this agenda item because, indeed, the number of representatives that wanted to speak would have taken us throughout today unless we all work together to bring it to a conclusion. And unless we could do so, Committee B would not be able to start its work and we have a full workload. I want to thank all of you for cooperating, for the countries that stood down, for the countries that reduced their statements so that they could fit into the time slot. I think it shows what we can do when we work together and I wanted to be here specifically to say thank you to all of you. I wanted to thank you because we have in fact done it much earlier than we anticipated. This plenary is ended for the day.

The meeting rose at 12:45.
La séance est levée à 12h45.

SIXTH PLENARY MEETING

Thursday, 22 May 2008, at 17:15

President: Dr L. RAMSAMMY (Guyana)

SIXIEME SEANCE PLENIERE

Jeudi 22 mai 2008, 17h15

Président : Dr L. RAMSAMMY (Guyana**)**

AWARDS
DISTINCTIONS

The PRESIDENT:

Excellencies, distinguished delegates, ladies and gentlemen. The Health Assembly is called to order. The sixth plenary is now in session. We shall now proceed with agenda item 7, Awards.

Excellencies, distinguished delegates, ladies and gentlemen, we are assembled here today for the presentation of prizes awarded by the Sasakawa Memorial Health Foundation, the United Arab Emirates Health Foundation and the State of Kuwait.

I have much pleasure this afternoon in welcoming among us the distinguished winners of these prestigious prizes. The winners are here with us this afternoon and shortly you will be introduced to them. I am very pleased on behalf of all of us, to greet Mr Yohei Sasakawa, Chairman of the Nippon Foundation and WHO Goodwill Ambassador for Leprosy Elimination, and Professor Kenzo Kiikuni, both representing the Sasakawa Memorial Health Foundation. We also greet His Excellency Mr Humaid Mohamed Al Qutami, Minister of Health of the United Arab Emirates, representing the Founder of the United Arab Emirates Health Foundation, and Dr Ali Al-Saif, Assistant Under-Secretary for Public Health Affairs of the Ministry of Health of Kuwait, representing the State of Kuwait.

Presentation of the Sasakawa Health Prize
Remise du Prix Sasakawa pour la Santé

The PRESIDENT:

Distinguished delegates, ladies and gentlemen, we shall start this afternoon's proceedings with the presentation of the Sasakawa Health Prize. This Prize is awarded every year to individuals or institutions for outstanding innovative work in health development, and aims at encouraging the further development of such work.

Before I invite Mr Yohei Sasakawa to address the Health Assembly on behalf of the Sasakawa Memorial Health Foundation, I would like to take this opportunity, on behalf of the Sixty-first World Health Assembly, to congratulate Mr Sasakawa on his renewed appointment as WHO Goodwill Ambassador for Leprosy Elimination and wish him every success in his work for the elimination of leprosy. Mr Sasakawa, we congratulate you and we ask you to take the floor at this time.

Mr SASAKAWA (Sasakawa Memorial Health Foundation):

Excellencies, distinguished guests, ladies and gentlemen, the Sasakawa Health Prize was established in 1984 in response to the WHO's "health for all" initiative, and to the Declaration of Alma-Ata, which affirmed primary health care as the principal approach for achieving health for all. As you know, this is the sixtieth anniversary of WHO and the thirtieth anniversary of the Alma-Ata Declaration.

In defining the meaning of health, the Constitution of the World Health Organization states that health is not just the absence of disease, but complete physical, mental and social well-being. This year's Sasakawa Prize-winner is especially concerned with the social well-being of those it serves. As introduced earlier, MORHAN, or the Movement for the Reintegration of People Affected by Hansen's disease, is a nongovernmental organization headquartered in Rio de Janeiro, Brazil.

Hansen's disease, or leprosy, is one of the world's oldest diseases. In addition to its medical aspect, it has a social aspect – namely, the discrimination suffered by the people it affects. For those diagnosed with leprosy, the consequences can include separation from family, loss of home and even of their own name. They are denied their dignity and fundamental human rights. Today, leprosy is completely curable. Nevertheless people are still discriminated against, even after they are cured. Because of the social stigma, it can be hard for them to return to a normal life.

It was to tackle the issue of stigma and discrimination and to lower the barriers of prejudice that MORHAN was founded in 1981 by Mr Francisco A.V. Nunes. Mr Nunes, himself a person affected by leprosy, was an elementary school teacher, a poet and a songwriter. MORHAN's activities include a free telephone counselling service called TELEHANSEN and nationwide leprosy awareness campaigns conducted through the media. It relies on large numbers of volunteers to carry out its work. Involving volunteers was the idea of Mr Nunes, who believed that the only way to overcome prejudice and discrimination was by mobilizing volunteers who were not affected by leprosy. He had the right idea. Promoting social well-being requires the efforts of all members of society. But this is not easy. Too often in life, we are concerned only for the well-being of our loved ones, and are indifferent to the plight of others. Only when we embrace the problems faced by others as our problems too, will "health for all" prevail. For this to happen, we need to change our mindsets, which an organization such as MORHAN is helping us to do.

I would like to congratulate MORHAN on winning the Sasakawa Prize and I sincerely hope that this award will help it to strengthen its activities in Brazil. Last but not least, I would like to express my heartfelt appreciation for the members of the WHO selection committee for recognizing MORHAN as a worthy winner. Thank you.

The PRESIDENT:

Thank you very much, Mr Sasakawa, and again I would like to congratulate you on behalf of the Health Assembly for your reappointment as Goodwill Ambassador for Leprosy Elimination.

It is with pleasure that I announce that the 2008 Sasakawa Health Prize has been awarded to the Movement for the Reintegration of People Affected by Hansen's disease (MORHAN) of Brazil. The Movement has been an important partner of the Brazilian Ministry of Health in the struggle against leprosy (Hansen's disease), which still persists in Brazil today. It is an independent community initiative and not governmental, and is the main stakeholder in the prevention, detection and treatment of the disease, and in the social reintegration of this special disability group. It is now my privilege to present the Sasakawa Health Prize to Mr Cristiano Cláudio Torres, who will receive it on behalf of MORHAN. Mr Cristiano Cláudio Torres will be speaking in Portuguese which will be translated into French and then translated into other languages, so I ask you to indulge us with your patience; there will be a slight delay in the interpretation.

Amid applause, the President handed the Sasakawa Health Prize to Mr Torres.
Le Président remet le Prix Sasakawa pour la Santé à M. Torres. (Applaudissements)

Mr TORRES (*interpretation from the Portuguese*):[1]

Bonjour, my name is Cristiano Torres and I was born in a leprosy colony hospital. When I was eight years old, I was affected by Hansen's disease and so was compelled to be isolated in the same colony. At present, I am the national Vice-Coordinator of MORHAN, which is a movement for the reintegration of persons affected by Hansen's disease. I am here today with our national Coordinator, Artur Custodio, to represent the hundreds of people who work voluntarily for MORHAN. In all of MORHAN's 27-year history, we have never had such an important and prestigious award.

The history of the MORHAN movement has been marked by innovation, creativity in actions and especially by our continuous fight for the rights of the thousands of people who fall ill with leprosy in our country. We have often had to take either a stance against the Government, or to act in parallel with its efforts. At present, the MORHAN movement is an important partner of the Brazilian Government. Our movement has been described as one of the most important actors in the move to create a universal health-care programme, Brazil's public health system. This has provided an opportunity for people to take action if they are affected by Hansen's disease, as well as for people with disabilities and other population groups who had also found themselves excluded. This has also affected laws and public policies.

The elimination of Hansen's disease cannot be rooted simply in the death of the bacillus or the end of the disease; we have to ensure the physical, mental and social well-being of people affected by leprosy in Brazil, and of course, the world. We have to put an end to the prejudice that is prevalent.

We would like to thank WHO for the Sasakawa Health Prize. We would also like to thank Ambassador Sasakawa, who is fighting against prejudice, violation of human rights and discrimination against Hansen's disease patients and their relatives. We are very proud to be able to contribute to health and peace throughout the world. Thank you.

The PRESIDENT:

Thank you very much, *obrigado*, Mr Cristiano Cláudio Torres, and once again we express our congratulations to the Movement for the Reintegration of People Affected by Hansen's disease. I know we are all looking forward to the day, soon, when Hansen's disease will be another of the diseases that have been eliminated. We also thank the Sasakawa Memorial Health Foundation for making this Prize possible.

Presentation of the United Arab Emirates Health Foundation Prize
Remise du Prix de la Fondation des Emirats arabes unis pour la Santé

The PRESIDENT:

We shall now proceed with the presentation of the United Arab Emirates Health Foundation Prize. The United Arab Emirates Health Foundation Prize is awarded to a person or persons, an institution or institutions, or a nongovernmental organization or organizations that have made an outstanding contribution to health development. It is my pleasure to announce that the 2008 United Arab Emirates Health Foundation Prize has been awarded to the Children's Cancer Hospital in Egypt. The Hospital diagnoses and treats paediatric cancer in all stages of the disease, conducts research, and trains professionals at all levels. It is an internationally recognized centre of excellence for training, clinical and management systems, and maintains a strong alliance with the National Cancer Institute of Egypt.

I now have pleasure in inviting His Exellency Mr Humaid Mohammed Al Qutami, representing the United Arab Emirates Health Foundation, to address the Health Assembly.

[1] In accordance with Rule 89 of the Rules of Procedure of the World Health Assembly.

Mr AL QUTAMI (United Arab Emirates Health Foundation):

الدكتور حميد محمد القطامي (مؤسسة الإمارات العربية المتحدة للصحة):

بسم الله الرحمن الرحيم،

سعادة رئيس جمعية الصحة العالمية، سعادة الدكتورة مارغريت تشان المديرة العامة لمنظمة الصحة العالمية، أصحاب المعالي وزراء الصحة، أصحاب السعادة أعضاء الوفود وممثلي المنظمات المشاركة، السيدات والسادة، السلام عليكم ورحمة الله وبركاته،

يشرفني أن أرحب بكم جميعاً، باسم مؤسسة الإمارات العربية المتحدة للصحة، في هذا الاحتفال السنوي الذي تنظمه منظمة الصحة العالمية لتكريم الأطباء والعلماء والمؤسسات والشخصيات العالمية التي أسهمت في إثراء العمل الصحي وتعزيز دور المنظمة الرائد في المحافظة على صحة وسلامة الإنسان. كما أغتنم هذه المناسبة لأتقدم بجزيل الشكر والامتنان للمجلس التنفيذي للمنظمة للجهود الطيبة التي يبذلها جميع أعضائه في الإعداد لتكريم الفائزين بهذه الجائزة.

السيدات والسادة، إن جائزة مؤسسة الإمارات العربية المتحدة للصحة جاءت مجسّدة ثقة وإيمان دولة الإمارات العربية المتحدة بقيادة صاحب السمو الشيخ خليفة بن زايد آل نهيان رئيس الدولة حفظه الله وأخيه صاحب السمو الشيخ محمد بن راشد آل مكتوم نائب رئيس الدولة رئيس مجلس الوزراء حاكم دبي حفظهم الله وإخوانهم وأصحاب السمو حكام الإمارات لتعزيز ودعم العمل النبيل لمنظمة الصحة العالمية في كافة بلدان العالم حتى أصبحت الصحة والسلامة حقاً في متناول الجميع.

أما في دولة الإمارات العربية المتحدة فقد قامت وزارة الصحة بانتهاج الاستراتيجيات المستقبلية الواعدة، ومن أهم معالمها تطوير برامج شاملة لمكافحة الأمراض المعدية والمزمنة على حدٍ سواء حيث كان إصدار دليل السجل السرطاني الوطني الذي يعتبر جزءاً لا يتجزأ من استراتيجية الترصد الوبائي للأمراض المزمنة. كما أن استحداث الدليل الوطني للترصد الوبائي المبني على الأدلة والبراهين يأتي استجابة لمواجهة التحديات الصحية الجديدة التي تتمثل في معاودة ظهور بعض الأمراض المعدية وأمراض مستجدة أخرى كالسارس وأنفلونزا الطيور وغيرها. وقد حققت دولة الإمارات، بانتهاجها للاستراتيجيات، الكثير من الإنجازات كان أهمها استئصال مرض شلل الأطفال والإشهاد بخلو الإمارات من مرض الملاريا.

السيدات والسادة، إنه إذ يشرفني أن أعلن من هذا المقام اختيار مؤسسة مستشفى أمراض أورام الأطفال في القاهرة بجمهورية مصر العربية لنيل جائزة مؤسسة الإمارات العربية المتحدة للصحة لهذا العام، فإن ذلك ينبع من اقتناع تام بما تقوم به هذه المؤسسة من أعمال جليلة وخيّرة. فالعطاء السخي الذي تكرمت به سمو الشيخة فاطمة بنت مبارك أم الإمارات لهذه المؤسسة والمساهمة الكبيرة للسيدة الأولى لجمهورية مصر العربية السيدة سوزان مبارك، كانت من أهم العوامل التي ساهمت في إنشاء وتطوير هذه المؤسسة حتى أصبحت توفر رعاية شاملة ذات مستوى رفيع ومميز للكثير من الأطفال المصابين بالسرطان ودون تمييز بسبب الجنس أو الدين أو الحالة الاجتماعية.

السيدات والسادة، إن دولة الإمارات العربية المتحدة بإسهامها في منح جائزة الإمارات للصحة تتطلع إلى حث العلماء والباحثين والمؤسسات العلمية والمنظمات والجمعيات ذات النفع العام في جميع أنحاء العالم على بذل المزيد من الجهد لمواكبة التطورات المتسارعة التي شهدها عالمنا اليوم والتوصل إلى أساليب أكثر فعالية للتغلب على المشاكل الصحية التي كانت نتاجاً لها وأدت إلى معاناة كبيرة في العديد من دول العالم. وأخيراً لا يسعني إلا أن أتوجه إلى جمعكم الكريم بالشكر والتقدير وبالتهنئة القلبية لمستشفى مؤسسة أورام الأطفال في مصر الفائز بجائزة هذا العام، كما أؤكد مرة أخرى على مواصلة سعينا في تقديم كل ما من شأنه أن يعود بالخير على البشرية جمعاء.

والسلام عليكم ورحمة الله وبركاته.

The PRESIDENT:

Thank you very much, Mr Humaid Mohamed Al Qutami, Minister of Health of the United Arab Emirates.

It is now my pleasure to present the United Arab Emirates Health Foundation Prize to Mrs Ola Zacki Ghabbour, General Secretary of the Children's Cancer Hospital, who will receive the Prize on behalf of the Hospital.

Amid applause, the President handed the United Arab Emirates Health Foundation Prize to Mrs Ghabbour.

Le Président remet le Prix de la Fondation des Emirats arabes unis pour la Santé à Mme Ghabbour. (Applaudissements)

Mrs GHABBOUR:

Excellencies, distinguished guests, ladies and gentlemen, on behalf of Mrs Mubarak, the First Lady of Egypt and President of the Children's Cancer Hospital Foundation, it is a great honour and privilege to be standing here today before your prestigious Health Assembly in order to receive the 2008 United Arab Emirates Health Foundation Prize, awarded to the Children's Cancer Hospital in Egypt. As the General Secretary of the Children's Cancer Hospital Foundation, and on behalf of the children and the hospital family, I would like to express our sincere thanks and appreciation for this very valuable award.

The hospital started operation on 7 July 2007, providing excellent treatment and health-care services, free of charge regardless of race, creed or ability to pay, to children suffering from cancer, not only from Egypt but also from other Arab nations, the Middle East, Africa and from all over the world. The opening represented a milestone on the road towards the completion of a comprehensive health-care project undertaken by an Egyptian nongovernmental organization, the Children's Cancer Hospital Foundation, whose Board of trustees is honoured to have the First Lady of Egypt, Mrs Mubarak, as President of the Board. Mrs Mubarak has provided valuable and continuous support all through the different phases of the development of the project and she was instrumental in its completion and ongoing operations.

The Children's Cancer Hospital is a unique project. It is a symbol of what Egyptians can achieve when they work together for a common and noble cause. Moreover, this project testifies to the social reform movement nurtured by Mrs Mubarak. This hospital is a dream come true, thanks to the generous contribution of all Egyptians, the private sector, governmental authorities, and loyal and faithful friends from all over the world.

The Children's Cancer Hospital in Egypt is a state-of-the-art health-care facility with a current capacity of 180 beds, expandable to 360 beds, for inpatients. It has the most up-to-date diagnostics, including computerized tomography scan, clinical pharmacy, laboratory and surgical departments, and six operating rooms. The outpatient clinic accommodates 300 patients daily. The hospital also features intensive care, bone marrow transplant and medical specialization units for long-term treatment and follow-up. The day-care unit can provide treatment for 400 patients daily. The facility's architectural design is elegantly child- and user-friendly, creating a joyful, hope-inspiring, cosy atmosphere, while being cost-effective to operate and maintain, and applying strict quality- and infection-control measures. The dedicated team of professionals at the hospital is concerned with the overall well-being of sick children. As such, besides offering treatment and comprehensive care, we also provide children and their families with the necessary social, psychological and educational support needed all the way through hospitalization and beyond.

At the Children's Cancer Hospital, we have implemented benchmark standards for hospital planning, design, construction, innovative technology and leadership practices. This will ensure the delivery of world-class health-care services and standards to our dear children whom we serve. Additionally, the Children's Cancer Hospital is planning to share the knowledge acquired through practice and research by establishing a satellite system to seek the implementation of international standards of paediatric oncology health-care and treatment protocols in Egypt.

Last, but not least, I would like to express my profound gratitude to the Executive Board of WHO and the United Arab Emirates Foundation for their trust and support. It is truly an encouragement and a driving force for us on the road to achieving our mission and our vision. Thank you very much.

The PRESIDENT:

Thank you very much, Mrs Ghabbour. We again congratulate the Children's Cancer Hospital of Egypt and also again thank the United Arab Emirates Health Foundation for making this Prize possible. See, I told you dreams can come true: we have another example of dreams becoming reality!

Presentation of the State of Kuwait Prize for Research in Health Promotion
Remise du Prix de l'Etat du Koweït pour la Recherche en Promotion de la Santé

The PRESIDENT:

We will now proceed with the presentation of the 2008 State of Kuwait Prize for Research in Health Promotion. The Prize is awarded to a person or persons, institution or institutions, or a nongovernmental organization or organizations that have made an outstanding contribution to research in health promotion. The members of the Foundation Selection Panel felt that more than one candidate merited the Prize, and therefore decided that the Prize should be shared between two candidates this year.

It is my pleasure to announce that the 2008 State of Kuwait Prize for Research in Health Promotion has been awarded to Dr Zaza Metreveli and Dr Chuon Chantopheas. Dr Chuon Chantopheas is Deputy Head of the Technical Bureau of the National Laboratory for Drug and Food Quality Control in Cambodia and has played a leading role in her country in raising awareness about the consequences of food-borne diseases, a major cause of ill-health in Cambodia. She is indeed recognized as an expert in this field both nationally and internationally. Dr Zaza Metreveli is the Chief of the Department of Anaesthesiology, Intensive Care Medicine and Critical Care Medicine at the Gudushauri National Medical Centre in Tbilisi, Georgia. He is recognized for providing specific training in critical care and emergency medicine for large numbers of emergency workers and the police, and has successfully involved the community and community services in emergency preparedness.

I shall now invite Dr Ali Al-Saif to address the Health Assembly on behalf of the State of Kuwait.

Dr AL-SAIF (State of Kuwait Health Promotion Foundation):

الدكتور علي السيف (مؤسسة دولة الكويت لتعزيز الصحة):

بسم الله الرحمن الرحيم،

معالي رئيس جمعية الصحة العالمية، معالي المديرة العامة لمنظمة الصحة العالمية، أصحاب المعالي والسعادة، حضرات الأخوة والأخوات، السلام عليكم ورحمة الله وبركاته،

في البداية أودّ أن أهنئكم معالي الرئيس لاختياركم رئيساً لجمعية الصحة العالمية الحادية والستين، كما أهنئ نواب الرئيس وأتمنى لهذه الجمعية كل النجاح. ويسعدني، باسمي وباسم مؤسسة دولة الكويت لتعزيز الصحة، أن أرحب بكم في هذا الحفل الكريم لمنح جائزة دولة الكويت لبحوث تعزيز الصحة. كما أشكر منظمة الصحة العالمية والعاملين فيها على جهودهم لوضع النظام الأساسي لهذه الجائزة والذي تم إقراره من قِبَل المجلس التنفيذي عام 2004.

معالي الرئيس، لقد اهتمت دولة الكويت بموضوع تعزيز الصحة لما لهذا الموضوع من أهمية في مكافحة الأمراض التي تنتشر في وقتنا الحاضر وفي رفع مستوى الخدمات الصحية التي تقدم إلى الصحة والمرضى ومن أجل ذلك بادرت دولة الكويت إلى إنشاء هذه الجائزة في منظمة الصحة العالمية لتشجيع الأطباء والعلماء لإجراء الأبحاث في هذا المجال الهام. وأنني على يقين بأن هذه الجائزة سوف تساهم في دعم بحوث تعزيز الصحة لمكافحة أمراض الأسر وتحسين الخدمات الصحية في العالم من خلال تقليل كثير من الأمراض مثل أمراض القلب والشرايين ومرض السرطان ومرض السكر والأمراض النفسية والأمراض الغذائية وغيرها من الأمراض التي تؤثر على الوضع الصحي العالمي. ونظراً للدور البارز الذي تضطلع به منظمة الصحة العالمية في النهوض بنظم الصحة العالمية وتعزيزها فقد قامت بلادي بتقديم الدعم المادي للعديد من مشاريع المنظمة في شتى المجالات حيث ساهمت في إنشاء مبنى المكتب الإقليمي لشرق المتوسط بالقاهرة، وإنشاء جائزة مكافحة أمراض القلب والسرطان والسكري في إقليم شرق المتوسط كما ساهمت في تأسيس غرفة الطوارئ للمقر الرئيسي في منظمة الصحة العالمية في جنيف. وأسهمت دولة الكويت في حملة القضاء على مرض شلل الأطفال نظراً لأهمية كل العالم فيما يتعلق بهذا المرض الخطير، بالإضافة إلى تقديم

مساهمة طوعية استثنائية واستجابة للمناشدة التي أطلقتها منظمة الصحة العالمية. ويسعدني إعلام هذا الحفل الكريم بأن مؤسسة دولة الكويت لتعزيز الصحة والمجلس التنفيذي لمنظمة الصحة العالمية قد وافقا في شهر كانون الثاني/ يناير من هذا العام خلال اجتماعات المجلس التنفيذي لمنظمة الصحة العالمية على منح جائزة مؤسسة دولة الكويت لبحوث تعزيز الصحة لكل من الدكتور زازا متريفلي من جورجيا والدكتورة تشون تشانتوفيز من كمبوديا.

والدكتور زازا متريفلي هو مدير إدارة التخدير والعناية الطبية المركزة في مركز غوغوشاوري الوطني في مدينة تبليسي في جورجيا. ولقد قام الدكتور زازا متريفلي بجهود كبيرة من أجل الإنشاء وتدبير خدمات الطب والطوارئ وطب التخدير وتوفير هذه الخدمة الهامة للمحتاجين في جورجيا. كما كان له دور في إشراك المجتمع في خدمات الطب والطوارئ وتدبير مختلف رعاية المجتمع في هذا المجال وقام أيضاً بدور كبير في مجال الخدمات الصحية في حالة الكوارث. أما الدكتورة تشون تشانتوفيز وهي نائبة مدير الإدارة الفنية في معهد مراقبة جودة الأدوية والأغذية في وزارة الصحة في كمبوديا، فقد قامت بجهود كبيرة في مجال التوعية لمكافحة الأمراض التي تنتقل عن طريق الأغذية. وقامت أيضاً بإجراء الكثير من الأبحاث للتعرف على المواد الضارة في الأغذية، ومن ثم، وضعت إرشادات وطنية بخصوص المواد الكيميائية والميكروبية في الأغذية وذلك للتوعية والتدريب في هذا المجال وقامت بإصدار كتيب في هذا الخصوص. وتهدف الدكتورة تشون إلى توعية المجتمعات الريفية لتناول الأغذية السليمة من أجل تقليل الإصابة بالأمراض التي تنتقل عن طريق الأغذية. وفي نهاية كلمتي، باسم دولة الكويت، أودّ أن أهنئ الفائزين بهذه الجائزة وأشكر منظمة الصحة العالمية على جهودها.

والسلام عيكم ورحمة الله وبركاته.

The PRESIDENT:

Thank you Dr Al-Saif. Since there are two winners, we will do this twice. First, it is my pleasure to present the 2008 State of Kuwait Prize for Research in Health Promotion to Dr Chuon Chantopheas.

Amid applause, the President handed the State of Kuwait Prize for Research in Health Promotion to Dr Chuon Chantopheas.
Le Président remet le Prix de l'Etat du Koweït pour la Recherche en Promotion de la Santé au Dr Chuon Chantopheas. (Applaudissements)

Dr CHUON CHANTOPHEAS:

Honourable guests, ladies and gentlemen, I have the honour today to receive the award of the State of Kuwait for Research and Health Promotion 2008 for outstanding contribution to health development. I am grateful to WHO for arranging this competition in order to allow health staff institutions and organizations from various countries throughout the world to show their competence and their hard work. I am grateful to the State of Kuwait for their contribution to health development by sharing some money to encourage competitors who not only fulfil their duty in their country but also show their work by writing it and sending it here.

Ladies and gentlemen, because of WHO my country, Cambodia, can resolve a lot of health problems. I apologize for not mentioning here all the activities concerning the fields of medicine and many others. I would like to draw your attention only to the problem of food sanitation, which is rather complicated in my country. Four ministries are involved in food sanitation: the Ministry of Industry, Mines and Energy is responsible for formulation of standards; the Ministry of Commerce is in charge of food inspection; the Ministry of Agriculture, Forestry and Fishing is responsible for fish products; and the Ministry of Health is in charge of the food safety of the consumer. However, there is an overlap between these ministries and WHO helps to resolve health problems wherever they arise. In addition, the Ministry of Health has conducted a survey on 3-monochloropropane-1,2 diol in soya sauce supported by WHO. The result was shown to the minister in the ministry concerned with WHO acting as observer. The Ministry of Industry then launched a workshop encouraging our medium and

small enterprises to change their method of soya sauce production; because of the WHO support the overlap decreased and we can coordinate meetings between these ministries. Recently I was informed by a person in charge of nutrition and food at WHO that the WHO Regional Office was very interested in 3-monochloropropane-1,2 diol in soya sauce in poor countries like Cambodia, the Lao People's Democratic Republic and Viet Nam. Therefore, WHO wished to organize a workshop in the concerned countries with the authorities concerned so that, after the workshop, the participants could share their experience. First, WHO acts as a key organization wherever there are health problems. Finally I express the wish that rich countries should offer more and more support to WHO. Thank you for your attention.

The PRESIDENT:

We thank Dr Chantopheas and we again congratulate her on winning the 2008 State of Kuwait Prize for Research in Health Promotion. We now invite the other winner of the 2008 State of Kuwait Prize for Research in Health Promotion. I will now present the Prize to Dr Zaza Metreveli.

Amid applause, the President handed the State of Kuwait Prize for Research in Health Promotion to Dr Zaza Metreveli.
Le Président remet le Prix de l'Etat du Koweït pour la Recherche en Promotion de la Santé au Dr Zaza Metreveli. (Applaudissements)

Dr METREVELI:

Kaba dona wuda basona wu gamaz jerbets. Ladies and gentlemen, it is a great honour for me to be here at this tribune and I want to thank you for awarding me the State of Kuwait Prize for Research and Health Promotion for 2008. For me, granting this Prize means recognition of the efforts which Georgian society has undertaken to address these issues. Georgia has a rich culture and very old history; however, Russian occupation has seriously damaged the country's prospects for development and growth. The health-care system is no exception and it has inherited a lot of undesirable problems. We have tried to define priorities in conformity with state health policy. The spheres of interest are: critical care medicines; disaster and emergency medicine; anaesthesiology and industrial therapy. During the period 1991 to 1994 while the country was driven to extremity, equipped medical brigades were created and sent to the numerous areas of human terror and catastrophe, where I, too, took an active part. In 1994 in one of the clinics I set up an emergency department. I opened the same department in 1997 and a scientific and practical centre for thermal injuries and plastic surgery. Up to 2003 I was one of the organizers of several programmes such as: a common referral system, which is critical under emergency conditions; a project to develop tele-medicine in Georgia; prevention of trauma programmes; the improvement of readiness and reaction during nuclear accidents in Georgia with support from IAEA; a remote medical location for emergency doctors and nurses and a teaching programme in emergency and medical care for school children. In 2003 I started working in the Gudushauri Medical Centre where, under my efforts, the emergency department critical care unit and recovery room was established.

In 2005, together with like-minded colleagues, I founded the Georgia Society of Anaesthesiology and Critical Care Medicine. In 2005, under my guidance, a project on management of critical and emergency medicine was developed. In 2007, under the Georgia Society of Anaesthesiology and Critical Care Medicine, and with my participation too, a hospital emergency care and teaching programme was created for physicians, nurses and rescuers. Being recognized by a world democratic institution such as WHO is a great honour for Georgia and, in addition, the award is very motivating for our local health care organizations, and is proof that we are taking the right direction and once more indicates that our foreign friends are ready to give us their help and support. Once again I want to thank you and believe that soon another representative of Georgia will be similarly honoured. Thank you.

The PRESIDENT:

Thank you very much, and again congratulations, Dr Metreveli. We also want to again thank the State of Kuwait for making this Prize possible. We also thank all of our guests for gracing us with their presence this afternoon. This brings us to the completion of item 7 of the Agenda.

The meeting rose at 18:10.
La séance est levée à 18h10.

SEVENTH PLENARY MEETING

Friday, 23 May 2008, at 09:15

President: Dr L. RAMSAMMY (Guyana)

SEPTIEME SEANCE PLENIERE

Vendredi 23 mai 2008, 09h15

Président : Dr L. RAMSAMMY (Guyana)

1. EXAMINATION OF CREDENTIALS
VERIFICATION DES POUVOIRS

The PRESIDENT:

Excellencies, distinguished delegates, the seventh plenary meeting of the Sixty-first World Health Assembly is now called to order.

Before starting our work this morning, I have to notify the Health Assembly that formal credentials have now been received from Grenada, a Member State that had not previously submitted credentials. It has not been feasible to convene the Committee on Credentials to examine the formal credentials of Grenada but, in accordance with previous practice, I have examined these credentials and have found them to be in keeping with the Rules of Procedure of the World Health Assembly. I would therefore recommend to the Health Assembly that Grenada be accepted as having formal credentials.

I therefore put this recommendation to the Health Assembly for its consideration. Is there any objection? I see no objection. So it is decided that the formal credentials of Grenada are accepted by the Health Assembly.

2. ANNOUNCEMENT
COMMUNICATION

When the General Committee met on Wednesday, 21 May, it drew up the list for the annual election of Members entitled to designate a person to serve on the Executive Board and it reviewed the programme of work of the Health Assembly. After consideration of the progress of work in the main committees, the General Committee recommended that this plenary should meet this morning at 09:00 to consider item 6, Executive Board: election and item 8, Reports of the main committees.

3. EXECUTIVE BOARD: ELECTION
CONSEIL EXECUTIF: ELECTION

The PRESIDENT:

We shall now consider item 6, Executive Board: election.

I draw your attention to the list of 10 Members, contained in document A61/40, drawn up by the General Committee in accordance with Rule 102 of the Rules of Procedure. In the General Committee's opinion, these 10 Members would provide, if elected, a balanced distribution of the Board as a whole. These Members are, in English alphabetical order: Bangladesh, Brazil, Hungary, Mauritania, Mauritius, Niger, Oman, Russian Federation, Samoa and Uganda. Is the Health Assembly prepared, in accordance with Rule 80 of the Rules of Procedure, to elect these 10 Members as proposed by the General Committee? I see no objection. I therefore declare the 10 Members elected. This election will be duly recorded in the records of the Health Assembly. May I take this opportunity to invite Members to pay due regard to the provisions of Article 24 of the Constitution when appointing a person to serve on the Executive Board.

4. REPORTS OF THE MAIN COMMITTEES[1]
RAPPORTS DES COMMISSIONS PRINCIPALES[1]

The PRESIDENT:

We can now proceed to agenda item 8, "Reports of the main committees".

First report of Committee A
Premier rapport de la Commission A

Let us now consider the first report of Committee A. This is contained in document A61/42. Please disregard the word "Draft" as the Committee approved the report without amendments. The report contains two resolutions. First there is the resolution entitled "Poliomyelitis: mechanism for management of potential risks to eradication". Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is therefore adopted.

The second resolution for your consideration is entitled "Implementation of the International Health Regulations (2005)". Is the Health Assembly willing to adopt this resolution? Since there is no objection, the resolution is adopted and the first report of Committee A is therefore approved.

First report of Committee B
Premier rapport de la Commission B

Let us now consider the first report of Committee B. This is contained in document A61/43. Again, please disregard the word "Draft" as the Committee approved the report without amendments. The report includes one resolution, entitled "Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan".

Is the Health Assembly ready to adopt the resolution? I recognize the United States.

Mr ANDERSON (United States of America):

Thank you, Mr Chairman. The United States would like to request that the records of this meeting reflect that this resolution was adopted in Committee B by a recorded vote and is not a consensus text.

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[1] See reports of committees in document WHA61/2008/REC/3.

[1] Voir les rapports des commissions dans le document WHA61/2008/REC/3.

The PRESIDENT:

Thank you, United States of America. We will note that statement.

I see no objection. The resolution is adopted and the first report of Committee B is therefore approved.

The next plenary will be held on Saturday, 24 May, following the conclusion of the work of the two Committees.

The meeting rose at 09:25.
La séance est levée à 9h25.

EIGHTH PLENARY MEETING

Saturday, 24 May 2008, at 14:40

President: Dr L. RAMSAMMY (Guyana)

HUITIEME SEANCE PLENIERE

S**amedi 24 mai 2008, 14h40**

Président : Dr L. RAMSAMMY (Guyana)

1. REPORTS OF THE MAIN COMMITTEES[1] (continued)
RAPPORTS DES COMMISSIONS PRINCIPALES[1] (suite)

The PRESIDENT:

Ladies and gentlemen we are about to convene the eighth plenary meeting of the Sixty-first World Health Assembly and I now call the Health Assembly to order. This afternoon we will begin by considering item 8, Reports of the main Committees.

Second report of Committee A
Deuxième rapport de la Commission A

We shall start by considering the second report of Committee A and I direct you to that report. It is contained in document A61/44. Please disregard the word "Draft" as the Committee has already approved the report without amendments. The report contains one resolution entitled "Strategies to reduce the harmful use of alcohol". Is the Health Assembly ready to adopt this resolution which is before us? I see no objection. The resolution is adopted and the second report of Committee A is thus approved.

Second report of Committee B
Deuxième rapport de la Commission B

We now move to the second report of Committee B which is contained in document A61/45. This report contains nine resolutions. We will take these resolutions one by one. The first of the nine resolutions for our consideration is entitled "Financial report and audited financial statements for the period 1 January 2006–31 December 2007". I place this resolution before the Health Assembly for your consideration. Seeing no objection, this resolution is therefore adopted.

The second resolution for your consideration is entitled "Miscellaneous income 2006–2007 and financing gap for strategic objectives 12 and 13". I see no objection and therefore the resolution is adopted.

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[1] See reports of committees in document WHA/61/2008/REC/3.

[1] Voir les rapports des commissions dans le document WHA/61/2008/REC/3,

We move to the third resolution. This is entitled “Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution”. I therefore place this resolution before you for your consideration. Again, I see no objection and the resolution is therefore adopted.

The fourth resolution before us is entitled “Special arrangements for settlement of arrears”. Again, I see no objection, the resolution is therefore adopted.

The fifth resolution before us for our consideration is entitled “Report of the External Auditor to the Health Assembly”. Is the Health Assembly ready to adopt this resolution? I see no objection, the resolution is therefore adopted.

The sixth resolution for our consideration is entitled “Amendments to the Staff Regulations and Staff Rules”. Are we ready to adopt this resolution? I see no objection, the resolution is therefore adopted.

The seventh resolution for our consideration is entitled “Method of work of the Health Assembly”. I understand that an amendment was approved by the Committee but this amendment is not reflected in the report and so I will ask the Secretariat to read this amendment. I now give the floor to Dr Kean to read out the amendment.

Dr KEAN (Executive Director, Office of the Director-General):

Thank you very much Mr President. The amendment is at the end of operative paragraph 3, “Decides to amend Rules 26, 31, 34, 36, 68 and 92” and concerns Rule 92 which I will read: “*Rule 92*: Verbatim records of all plenary meetings and summary records of the meetings of the General Committee and of committees and sub-committees shall be made by the Secretariat. Unless otherwise expressly decided by the committee concerned, no record shall be made of the proceedings of the Committee on Credentials other than the report presented by the Committee to the Health Assembly”. Thank you, Mr President.

The PRESIDENT:

Thank you very much, Dr Kean. The amended resolution is now before us and I ask the Health Assembly to consider and approve it. I see no objection. The resolution is therefore adopted as amended.

The eighth resolution for our consideration is “Multilingualism: implementation of action plan”. I therefore put this resolution before us for our approval. Ecuador has requested the floor.

La Sra. BAQUERIZO GUZMÁN (Ecuador):

Esta declaración se hace en nombre del Grupo de las Américas (GRULA). El GRULA desea reiterar la importancia que tiene el multilingüismo como una herramienta eficaz para alcanzar para todos los seres humanos el grado más alto posible de salud, a través de la transmisión de mensajes sanitarios, producción y divulgación de información sanitaria, y generación, intercambio y utilización equitativamente de conocimientos en materia de salud, entre otros.

(The speaker continued in French.)
(L'orateur poursuit en français.)

Le Groupe des Amériques reconnaît les progrès qui ont été faits dans l’application du Plan d’action pour le Multilinguisme, réaffirmant ainsi la diversité culturelle et linguistique qui caractérise le système des Nations Unies. Le Groupe des Amériques accueille positivement la création d’une équipe multilingue d’éditeurs pour le site Internet composé d’éditeurs des six langues officielles qui ont collaboré à l’élargissement de l’accès au contenu multilingue, avec l’inclusion dans le site Internet des publications et documents de l’OMS qui existent déjà dans les langues officielles, ainsi que la création de pages où figurent des publications séparées dans les pages d’accueil chinoises et russes du site de l’OMS.

(L'orateur poursuit en anglais.)
(The speaker continued in English.)

Mr President, the WHO Region of the Americas would like to reiterate the importance of the effective use of WHO official languages in publications and work at all levels, particularly in the formal and informal meetings organized within the framework of WHO activities, as well as the translation of official and working documents

The WHO Region of the Americas considers as highly positive the progress made on the promotion and availability of WHO information products in official and local languages at global and regional levels.

(**The speaker continued in Spanish.)**
(L'orateur poursuit en espagnol.)

Señor Presidente, por último el Grupo de las Américas desea resaltar la importancia de que los servicios de interpretación y traducción tengan el más alto nivel de calidad y efectividad. Muchas gracias.

The PRESIDENT:

Thank you, Ecuador. There being no objection, the resolution is adopted.

The ninth resolution for our consideration is the "International Agency for Research on Cancer: amendments to Statute". I put this resolution before you for your approval. There is no objection, the resolution is therefore adopted. Having adopted the nine resolutions, the second report of Committee B is therefore approved.

Third report of Committee A
Troisième rapport de la Commission A

We shall now take up the third report of Committee A. It is contained in documents A61/46. Again please disregard the word "Draft" as the Committee has already approved the report. The report contains four resolutions. We will take these four resolutions one by one. The first resolution before us is entitled "Prevention and control of noncommunicable diseases: implementation of the global strategy". I place this resolution before you and ask for your approval. There being no objection, the resolution is now adopted.

The second resolution for our consideration and approval is entitled "Global immunization strategy". I place this resolution before you for approval. There being no objection, the resolution is adopted.

The third resolution before us for our consideration is entitled "Female genital mutilation" and this resolution is now before us for approval. There being no objection, the resolution is now adopted.

The fourth resolution for consideration is entitled "Health of migrants", and this is ready for our approval. I see no objection; the resolution is adopted, and the third report of Committee A is therefore approved.

Senegal has asked for the floor. You have the floor, Senegal.

Le Dr DANKOKO (Sénégal):

Monsieur le Président, le Sénégal voudrait faire une observation sur la dernière résolution du troisième rapport. A la page 11, au point 1.2 du dispositif, il y a une omission qui nous semble important de corriger si nous voulons être conformes avec la proposition consensuelle qui a été adoptée à la Commission A. En effet, parmi les variables de discrimination, il a été omis de citer la religion. Le Sénégal propose que la religion soit citée après l'âge pour que ce point devienne complet et puisse se lire comme suit : « à favoriser un accès équitable à la promotion de la santé, à la prévention des maladies et aux soins pour les migrants compte tenu de la législation et des pratiques

en vigueur dans les pays sans discrimination basée sur le sexe, l'âge, la religion, la nationalité ou la race. » Je vous remercie Monsieur le Président.

The PRESIDENT:

Thank you, Senegal. There is no need for an amendment: it appears there was a mistake in the French version, and so we will correct the French version. And so, since there is no need for an amendment, I again put the resolution to you for your approval. Noting the correction that must be made, there is no objection. The resolution is adopted.

I believe that South Africa wants the floor, so I am going to give the floor to South Africa.

Dr TSHABALALA-MSIMANG (South Africa):

Mr President, thank you very much. We indeed welcome and support the resolution on the health of migrants. And, as we adopt this important resolution, I beg your indulgence to make the following statement.

I would like to fully endorse that, true to our understanding of health as impacting upon many social determinants, we should locate our discussion within the general understanding that the health of migrants is necessarily about the rights of migrants in general, such as rights of access to safety and basic services. It is for this reason that South Africa would take this opportunity to address the matter of the spate of attacks that are taking place in our country at this moment. Our Government as a whole, our political leaders and partners, our religious leaders, the leaders of our civic movements and all progressive community leaders and, indeed, the majority of South Africans, have joined hands in condemning, in the strongest of terms, acts of violence and intimidation against people who are said to be foreigners. Our Cabinet has said, and I quote: "these attacks represent a dangerous tendency that is foreign to South African history and consciousness. For many decades, South Africans in Alexandra and many parts of our country have lived side by side with foreign nationals with no acts of violence". As such a person, I want to assure this Health Assembly that South Africa is taking every possible step to protect and to defend the health of fellow Africans who happen to be migrants in our country. Our law enforcement agencies will use all the force of the law to ensure that no further violence takes place and that those who engage in it actively and encourage it, and insult numerous communities who are foreign nationals must and will be brought to justice as soon as possible. We are also working with humanitarian agencies in the country to look after the health of those who are injured.

I would like to reassure honourable delegates that everything possible is being done to investigate the root causes of these incidents and to stop them. To do this, it is critical that we work together to emphasize our humanity and that we need to respect and care for each other despite superficial differences of nationality. I thank you.

The PRESIDENT:

Thank you, delegate from South Africa. I believe, therefore, with that statement, that the resolution is adopted and the third report of the Committee is therefore approved.

Committee A also recommended that the item on counterfeit medical products as well as the draft resolution considered by the Committee, including the amendments submitted by Member States, be referred to the 124th session of the Executive Board. This recommendation is before us for approval. Is there any objection? The recommendation to move the counterfeit medical products issue to the 124th session of the Executive Board is approved.

Third report of Committee B
Troisième rapport de la Commission B

We shall now take up the third report of Committee B. It is contained in document A61/47. Please again disregard the word "Draft", as the Committee has already approved the report. The report contains one decision and one resolution. The decision before us for approval is entitled "Appointment

of representatives to the WHO Staff Pension Committee". I understand that a correction has been made in the report of the Committee. I would like to give the floor to the Secretariat to read out the correction, and Dr Kean will read out the correction. Dr Kean, you have the floor.

Dr KEAN (Executive Director, Office of the Director-General):

Thank you, Mr President. There are two things to be corrected: the first one is the report itself. Item 16.3, "Appointment of the representatives of the WHO Staff Pension Committee: One decision as amended". The second item – 11.12, "Monitoring the achievement of the health-related Millennium Development Goals" – has one resolution and we should delete "as amended". I will read the corrected version of the decision on the appointment of representatives to the WHO Staff Pension Committee: "The Sixty-first World Health Assembly nominated Dr Ebenezer Appiah-Denkyira of the delegation of Ghana as a member, and Dr Palanitina Tupuimatagi Toelupe of the delegation of Samoa as an alternate member, of the WHO Staff Pension Committee for a three-year term until May 2011". Thank you, Mr President.

The PRESIDENT:

Thank you very much, Dr Kean. The corrected decision is therefore before us for our approval. Do we approve this decision? I see no objection, the decision is therefore adopted as amended. The second, the resolution for our consideration is entitled "Monitoring of the achievement of the health-related Millennium Development Goals". Is the Health Assembly ready to adopt this resolution? There have been no objections, the resolution is therefore adopted. And the third report of Committee B is therefore approved.

Fourth report of Committee A
Quatrième rapport de la Commission A

The PRESIDENT:

We shall now consider the fourth report of Committee A. This report will appear in document A61/49. Committee A held its eleventh meeting on 24 May 2008, under the chairmanship of Dr Cicogna (Italy). It was decided to recommend to the Sixty-first World Health Assembly the adoption of one resolution entitled "Climate change and health". This draft resolution was contained in document A61/A/Conf.Paper No. 9, and was approved with amendments. I will ask the Secretariat to read these amendments and I again hand the floor to Dr Kean.

Dr KEAN (Executive Director, Office of the Director-General):

Thank you very much, Mr President. There are several amendments, the first being to the third preambular paragraph, beginning "Recognizing that, in the interim …", and the amendment is to the last word where "strengthened" has been replaced by "improved". In the sixth preambular paragraph, "Recognizing the importance of addressing …", the final clause "but that industrialized states must take greater responsibility in this regard" has been replaced by "and that developed countries should assist developing countries in this regard". The next amendment is in operative paragraph 1 with a new subparagraph 3. "To work on promoting consideration of the health impacts of climate change by the relevant United Nations bodies in order to help developing countries to address the health impacts of climate change". The next amendments are in operative paragraph 2. In subparagraph 2(1) there is one change and two words are added: "urges Member States", "to develop health measures and to integrate them into plans for adaptation to climate change as appropriate". In subparagraph 2(2) one word change, the word "mitigating" is changed to "addressing"; so subparagraph 2(2) reads "to build the capacity of public health leaders, to be proactive in providing technical guidance on health issues, to be competent in developing and implementing strategies for addressing the effects of and adapting to climate change", the rest continues as it is. In operative subparagraph 2(5) again a change of the

word “mitigate” to “address”, and a change at the beginning. I will read the whole paragraph: “To express commitment to meeting the challenges posed to human health by climate change, and to provide clear directions for planning actions and investments at the national level in order to address the effects of climate change”. The first part of operative subparagraph 2(6) is deleted.

The PRESIDENT:

Thank you very much, Dr Kean. The amended resolution is before us for approval. There being no objection. Sorry, Brazil is asking for the floor. Brazil you have the floor.

Mr BENTO ALCÁZAR (Brazil):

Thank you, Mr President. Operative paragraph 1 of this resolution, I believe, had several amendments and they were not read by the Secretariat. I would ask the Secretarial kindly to read that paragraph, just to know what we are approving, because I think there is some confusion here. Thank you.

The PRESIDENT:

I will ask Dr Kean to respond to Brazil’s request.

Dr KEAN (Executive Director, Office of the Director-General):

Thank you, Mr President. The honourable delegate from Brazil is indeed correct. In operative subparagraph 1(1), the change is in the first sentence which I will read: “to continue to draw to the attention of the public and policy-makers, the serious risk of climate change to global health and to the achievement of the health-related Millennium Development Goals, and to work with FAO, WMO, UNDP, UNEP, the United Nations Framework Convention on Climate Change Secretariat, and other appropriate organizations of the United Nations, in the context of United Nations reform activities …”, the rest continues as it is. Thank you.

Mr BENTO ALCÁZAR (Brazil):

Thank you, Mr President. We are satisfied with that drafting.

Ms HENDRY (United Kingdom of Great Britain and Northern Ireland):

Thank you, Mr President. I believe there was another amendment to the text, which I did not hear read out, and that was in the original operative subparagraph 1(3) where my understanding was that we agreed to delete the words in bold and “security”, originally proposed by Jamaica. Thank you.

The PRESIDENT:

Again, I believe that is correct. I believe that the resolution as amended now satisfies all the Members. Since there is no objection, the resolution is therefore adopted as amended and the fourth report of Committee A is therefore approved.

Fourth report of Committee B
Quatrième rapport de la Commission B

We shall now consider the fourth report of Committee B. This report will appear as document A61/48. Committee B held its sixth meeting on 24 May 2008 under the Chairmanship of Dr Sicato (Angola). It was decided to recommend to the Sixty-first World Health Assembly the

adoption of one resolution entitled "Infant and young child nutrition: biennial progress report." This draft resolution was contained in document A61/A/Conf.Paper No. 4 Rev.1 and was approved with amendments. I will now ask Dr Kean to read the amendments.

Dr KEAN (Executive Director, Office of the Director-General):

Thank you, Mr President. The amendments are to operative paragraph 2, subparagraphs 4, 5 and 6. Subparagraph 4 would now read "to provide support urgently for research on the safe use of expressed and donated breast milk, given the current challenges facing countries in the implementation of safe infant feeding practices, mindful of the national rules and regulations and cultural and religious beliefs". Operative subparagraph 2(5) will now read "to provide support for strengthening of national information systems in order to improve the evidence base for policies in this area"; and operative subparagraph 2(6) would now read "to review the global current situation of infant and child nutrition, including nutrition and HIV and report to the Sixty-third World Health Assembly". Thank you, Mr President.

The PRESIDENT:

The amended resolution is before us. It seems that there are no objections. The resolution is adopted as amended and the fourth report of Committee B is therefore approved.

Fifth report of Committee A
Cinquième rapport de la Commission A

We shall now consider the fifth report of Committee A. This report will appear as document A61/50. Committee A held its eleventh meeting on 24 May 2008 under the chairmanship of Dr Cicogna (Italy). It was decided to recommend to the Sixty-first World Health Assembly the adoption of one resolution entitled "Public health innovation and intellectual property: draft global strategy and plan of action". This resolution was circulated this morning and was further amended in Committee A. The Committee agreed to forward this resolution to the plenary but there was an understanding that ongoing discussions might result in further consideration by the plenary at this time. May I enquire as to whether there has been any result from these further discussions, which would allow us to adopt the Plan of Action attached to the resolution as being fully agreed, and so enable us to adopt the resolution without the amendments adopted by the Committee? The floor is now open for comments and I believe that it was Brazil who, following the opening session of this Health Assembly, dared to dream and so let us ask Brazil for their comments.

Mr BENTO ALCÁZAR (Brazil):

Thank you very much, Mr President. I recall that when you made your intervention on the first day of this Health Assembly, you said to all of us that you dared to dream and I believe that we all dared to dream. Unfortunately, we have not been very successful on this and the results of all the efforts we have been making in the last two years, and I believe that all the delegates who took part in this process tried their utmost. We have a strategy but we do not have a plan of action because it is not possible to approve a plan of action only in part. The amendments made earlier this morning by the distinguished delegate of Switzerland present us with some difficulties which we must take notice of now, especially regarding operative paragraph 4, which reads: "Requests the Director-General with regard to paragraphs of the plan of action where the role of WHO stakeholders has been agreed upon …". But, this is inconsistent with operative subparagraphs 4(2) and 4(2)*bis* because those are the mandates which the Director-General already has and we must not limit the mandate of the Director-General with the approval of the plan of action. It would really make absolutely no sense. So, I have no proposal for this, I only wanted to point out the inconsistency and I am sure, Mr President, that there is a tradition in this Organization that when we approve documents, they should be impeccable. Therefore, I would consider solutions for this, which my delegation is now going to propose at this moment. Thank you very much.

The PRESIDENT:

Thank you, Brazil. Dreams do come true. It just sometimes takes a little more time, which for the Sixty-first World Health Assembly, is rapidly running out. And so may I therefore put to the Health Assembly the amended resolution as adopted in Committee A before us for approval. Brazil again is asking for the floor.

Mr BENTO ALCÁZAR (Brazil):

Thank you, Mr President and excuse me for taking the floor once again, but if we approve the resolution as it is, the mandate of the Director-General will be limited. I do not believe that is the intention of the distinguished delegate of Switzerland, so I kindly ask for a revision of this. I said it before, I do not have a solution for this, but I am afraid that this may limit the mandate of the Director-General and I would wish to consult the Legal Counsel.

The PRESIDENT:

Thank you very much Brazil and we will accommodate the Legal Counsel's discussing this but, in the meantime, I will give the floor to the United States of America.

Mr HOHMAN (United States of America):

Thank you, Mr President. First of all I would like to share the disappointment expressed by our colleague from Brazil that is was not possible to reach full agreement on the strategy and the plan of action, because I think everyone in this room was committed to do that. Many of us had a commitment to accomplish the objective that was set out in this Intergovernmental Working Group process, but we also had strongly felt opinions on many of the aspects of these documents; there was a lot of good faith on the part of negotiating partners but we were not able to accomplish our goal. I do think that the amendments presented by our colleague from Switzerland are very helpful and can move this forward, allowing the great bulk of this document to be implemented and asking the Director-General to use her authority to continue to work on the difficult issues and report back to us through governing bodies. I also understand the concern of Brazil that he has expressed with regard to the proposed amendment to operative paragraph 4. I do have a suggestion, I do not know whether it will meet the approval of Brazil and other partners here, but I would try it out so that it might read, "Requests the Director-General with regard to paragraphs of the plan of action where the role of WHO as a stakeholder has been agreed upon but, without regard to already existing mandates …" or something along those lines; I think that it conveys the idea that Brazil has noted, particularly with respect to operative subparagraphs 4(2) and 4(2)*bis*. Thank you.

The PRESIDENT:

Thank you very much, the delegate from the United States. We could suggest that instead of "in regard to", "without prejudice", would solve the problem. Would that be acceptable? The United States has indicated that if we substitute the words "in regard", with the words "without prejudice", it would satisfy their delegation, so I call on Switzerland.

Dr SILBERSCHMIDT (Switzerland):

Thank you, Mr President and thanks to all the negotiating partners. We do share the disappointment expressed by Brazil and by the United States. I would like to stress that this disappointment concerns less than 5% of the task we had and would add our satisfaction with more than the 95% of the task which we have achieved. I would hope that, collectively, we would move to implementing the resolution rapidly while we conclude negotiations. Addressing now the concern raised by the distinguished delegate of Brazil, we could live with the amendment as proposed by the

United States. Another way of addressing the matter, and we leave it to the room which one is preferable, would be to have an operative paragraph 5, which would be titled "further request the Director-General" and to move the now 4(2) and 4(2)*bis* into that paragraph 5. Just to make clear that there is no qualifier to these requests, we are totally open; it is just if others have difficulty with the United States' amendment, we could do it in this way. Thank you.

The PRESIDENT:

Thank you very much the delegate of Switzerland. I think that we are close to solving this problem and with the suggestion coming from the United States and with the Secretariat's assistance, we could probably solve this problem quite rapidly. Thailand is asking for the floor and so the delegate of Thailand, you have the microphone.

Dr SUWIT WIBULPOLPRASERT (Thailand):

Thank you, Mr President. As English is my third language, I am not sure whether my proposal is valid or not, but I understand that our Swiss colleague has proposed for the amendment of the first operative paragraph to adopt the global strategy and agree part of the plan of action. I understand that that has been agreed upon by us. Which means that the Health Assembly will approve only the global strategy in consensus and agree part of the plan of action in consensus. If my understanding is correct, the text which is in brackets is not agreed upon; which means that the Director-General will not have to do anything concerning the text which is not agreed upon. If my understanding is correct, then there is no need to put anything in operative paragraph 4 because we have already approved those that have been agreed upon, in operative paragraph 1. I thank you, Mr President.

The PRESIDENT:

Thank you very much. I think Brazil is asking for the floor again. Brazil you have the microphone.

Mr BENTO ALCÁZAR (Brazil):

Thank you, Mr President, but we have another problem with this amendment in that the role of WHO in the plan of action is not simply decided inside the brackets, but we have different roles that WHO can play. I will give an example: you can have in the plan of action a specific role for WHO in which WHO is a lead stakeholder, and another in which WHO has a role to play in specific action in which it is not a lead stakeholder, or which it is for some Members if not for other Members. In this sense, what we are saying with this amendment is that the Director-General is not going to implement anything or do anything even in those actions that WHO has a role in without being the lead stakeholder, and even in those where WHO is the lead stakeholder, she cannot do anything. We have a problem that we are not covering the fact that the dispute here and the differences that we have are not on the role of WHO, but rather on whether it is the lead stakeholder or not the lead stakeholder; and, at the same time, if we cannot agree that WHO is not the lead stakeholder; in some of the actions, even in specific action WHO has a role to play in implementing this. The way this amendment is reading, it is impossible for the Director-General to implement anything. Thank you.

The PRESIDENT:

Thank you very much Brazil. I do understand the point being made by Brazil and by Thailand also. I believe however that the amendment as proposed by the United States and the amended resolution does provide us with a way forward. There are other alternatives but to keep this simple, I would like to keep the amended resolution for our consideration and our approval. Libya is asking for the floor at this time.

Dr GASHUT (Libyan Arab Jamahirya):

Thank you Mr President. In response to the last intervention of Brazil my interpretation of the amendment reads "with regard to paragraphs for the plan of action when the role of WHO as a stakeholder has been agreed upon …" and it does not speak about the lead stakeholder. And, in my understanding, WHO has been defined as being a stakeholder in most of the plan of action. Thank you.

The PRESIDENT:

Thank you very much. I will again put the amendment to the amended resolution for our approval. Brazil, again.

Mr ESTRELA DE CARVALHO (Brazil):

Thank you, Mr President. I would like to explain again the problems with this amendment. We have some actions where we all agree. And for most actions that we have in this plan of action, we all agree that WHO has a role. What I am saying here is that the Director-General knows where WHO is a lead stakeholder and where it is not. But, even if she does not know if WHO has a lead stakeholder role, she can act because we all agree in the plan of action that WHO has a role. In this sense, this paragraph and this amendment cannot be accepted because it would mean that she could not do anything even in relation to the specific paragraphs where we have all decided that WHO has a role. Thank you.

The PRESIDENT:

Thank you very much Brazil. Brazil do you have an amendment to propose? Brazil is thinking about it. We will ask India to take the microphone.

Mr TRIVEDI (India):

Thank you, Mr President. Brazil's concerns are quite well understood and in order to ensure more clarity and removal of ambiguities, we propose the following: that instead of having additional wording as it is at the moment in the brackets in the chapeau of paragraph 4, we should amend all the subsequent paragraphs; beginning for instance with 4(1) after the words "implementing the global strategy and agreed plan of action", we should insert the word "agreed" in all subsequent paragraphs, which means, I think, in seven places altogether, and this should take care of the concerns of our colleagues from Switzerland and other delegations. This is a suggestion for your consideration. Thank you.

The PRESIDENT:

Thank you very much the delegate of India. I think that that will make it quite an elegant resolution, and so we would want to consider that and try to maintain a little bit of elegance. And I am buying time here. Japan.

Dr INOUE (Japan):

Thank you very much, Mr President. Basically I would like to support the President's proposal to agree on the amendments made by Switzerland, as well as the United States. But I will also consider the alternate option just put forward by our colleagues from India. Just to respond to some of the comments made by some previous colleagues: One is the comment made by our distinguished delegate from Thailand. Our Thai colleague says that, in paragraph 1, there is already an amendment that says "adopt the global strategy and agreed parts of the plan of action". They say that this suffices and there is no need to reiterate the same meaning in subparagraph 4. But I believe that, for clarity of meaning, it would be worthwhile to repeat that same intention as suggested by Switzerland and in the

United States' proposal. With regard to the comments by Brazil, I am still not clear. The comments are saying that in the plan of action, there is still non-agreed text with regard to the role of WHO. Some Member States prefer that the role of WHO is as a lead stakeholder and others prefer it to be a non-lead stakeholder. But, in these instances, there is a certain consensus for all the Member States to agree a certain role for WHO, regardless of whether it is a lead stakeholder or non-lead stakeholder. In such a case, even though this is not an agreed portion, I am sure we could interpret it that WHO would have a certain role, regardless of whether it is a lead or non-lead and I would like to receive a clarification on this point from our legal officers. Thank you, Mr President.

The PRESIDENT:

Thank you very much, Japan. I will now give the floor to the United States of America.

Mr HOHMAN (United States of America):

Thank you, Mr President. I am not clear why both Thailand and Brazil believe this amendment to paragraph 4 means that the Director-General cannot implement anything. It might be that it is a bit complicated in the wording, and perhaps it could say "Requests the Director-General, building on operative paragraph 1, to implement the global strategy and the agreed parts of the plan of action without prejudice …". That might be a possible alternative, but I would like the Legal Counsel to respond specifically to the points made by Thailand and Brazil suggesting that this kind of language here would not allow the Director-General to implement anything in the strategy and plan of action. Thank you.

The PRESIDENT:

Thank you very much the United States. We will come back to Brazil, but at this time we will give the floor to Slovenia.

Mr TRAMPOSCH (Slovenia):

Thank you. Speaking on behalf of the European Union, we would like to express our great satisfaction with the outcome of the Intergovernmental Working Group process. It is true that we have a very few square brackets where we have not been able to reach agreement, in spite of our last minute efforts and our hope in miracles. But we really have a wonderful document that is the product of the work of many, many dedicated people: representatives of Member States that I have worked very closely with, both those of the European Union and also other delegations, many of the delegates who have taken the floor today, interested parties, and especially the Secretariat working under the Director-General and, more than anything, the Chairmen of the meetings who have worked not only far into the night but into the next morning. We are very, very pleased with this document which, as our colleague from Switzerland has said, is 95% or 98% complete. We have a global strategy that is a full consensus document and we were very pleased with that. We should be very proud and we should be very hopeful, as we go forward to implement this process, that the goals of the Intergovernmental Working Group process will be achieved through the implementation of this document by WHO and by the other stakeholders that are listed in the plan of action. We understand that we need to come to a decision on the language of the resolution. We believe that many of the suggestions are good and we should move very quickly to adoption; since our document is so good we should have a resolution very quickly. We would agree with the amendments of the Swiss delegation and the amendments of the United States of America, including their later amendments. We are not as comfortable with some of the other suggestions that have been made, but we would suggest that these amendments be adopted and that we go forward with this resolution and move to implementation so that we can achieve the goals that we have been working towards. Thank you.

The PRESIDENT:

Thank you very much, the delegate from Slovenia. We will now give the microphone to Norway.

Ms STEEN (Norway):

Thank you, Mr President. Norway would also like to reiterate and underline what we have been able to achieve during these days of work and the fact that this is actually quite a success. It also gives hope that we may succeed in resolving those outstanding issues that we were not able to agree on in the few last minutes, where we also tried hard with all the delegations actually putting in all their efforts and the will to do so. Again, we still have and keep our dream that the last few things will be resolved in future. We would like to see if we could come up with a suggestion that might help because we do acknowledge the concern that Brazil and other delegations have here in terms of interpreting the wording on whether WHO should take a lead role or just be a stakeholder. The wording could state that the role of WHO as a stakeholder has been agreed upon regardless of disagreement on the type of stakeholder.

The PRESIDENT:

Thank you very much Norway. I will now give the floor to Bolivia.

La Sra. NAVARRO (Bolivia):

Apoyamos la propuesta de la India, puesto que la encontramos valiosa y que nos podría llevar adelante, porque el resultado que buscamos es un acuerdo para todos con lo que Bolivia estaría dispuesta a sacrificar un poco de elegancia para obtener un resultado que satisfaga a todos. Esto, sin perjuicio de otras propuestas que puedan elevar a un consenso y que estaríamos dispuestos a escuchar, puesto que creemos que nos tenemos que sentir todos representados en una resolución tan importante como ésta. Bolivia está dispuesta a trabajar en la propuesta de la India o en otras propuestas que incluyen el sentimiento de todos en esta Asamblea de la Salud y que faciliten nuestra tarea.

The PRESIDENT:

Thank you very much Bolivia. I will give the floor again to the United States of America.

Mr HOHMAN (United States of America):

Well, thank you, Mr President. I asked for the floor to correct some drafting errors on my own part because when I read the text I realized that it should say “Requests the Director-General in implementing the agreed parts of the plan of action”. Now it is a bit more complicated with the Norwegian proposal which is a little difficult to fully understand. Perhaps Bolivia has the correct idea that we should build on the proposal of India and insert this in specific paragraphs throughout the text. I think, for example, that in subparagraph 4(2) there is at the end a reference to “and when the approved plan of action” and I do not think this is the correct wording now. I had actually asked last night in the drafting group that some of these anomalies in the text be fixed by the Secretariat but that did not happen and I think there are a couple of them here that we would have to look at, so I am still waiting for the response of the Legal Counsel on some of the general questions that have been raised with respect to the resolution. Depending on what he has to say, it may be that proceeding through the text along the lines originally proposed by India might be the solution. Thank you.

The PRESIDENT:

Thank you very much. Libya has the floor.

Dr GASHUT (Libyan Arab Jamahirya):

Thank you, yes, we were going to say exactly the same, that we would like to work on the suggestion of India. We think that it is the most appropriate but we are really flexible to accept any of the amendments as long as we do this very quickly.

The PRESIDENT:

Thank you very much. That is the spirit. Can we go to Ecuador now?

La Sra. BAQUERIZO GUZMÁN (Ecuador):

Recogiendo las palabras de la Unión Europea, creemos que los resultados de este proceso son bastantes positivos. Estamos en una etapa que incluye únicamente la forma más que el fondo. Creemos que podemos lograrlo el día de hoy con una adecuación del lenguaje que utilizamos en esta resolución. En este sentido, Ecuador es flexible a aceptar una propuesta que pueda llevar a un consenso y que nos permita adoptar esta resolución. Como señalé, creo que es una cuestión de forma y asimismo, como lo señaló los Estados Unidos, quisiéramos conocer algunos criterios de la asesoría jurídica de la OMS en el sentido de que tal vez nos puedan facilitar el trabajo con algunas sugerencias de lenguaje que nos permita viabilizar la adopción de esta resolución por consenso.

The PRESIDENT:

Thank you very much, Ecuador. At this time, I do have a couple of countries that still want the floor, but at this time I will give the floor to the Legal Counsel.

Mr BURCI (Legal Counsel):

Thank you, Mr President. I understand the United States of America asked me to give my views on the point raised earlier by Brazil concerning the consequence, or the impact of having some stakeholder elements in the plan of action still in brackets. I apologize if I may have misunderstood Brazil's point since he actually repeated it twice. If I understood correctly, I think Brazil's point was that, given the interconnection between the various elements of the strategy and plan of action, those brackets will basically affect the overall mandate of the Director-General under this resolution. It would be useful in a way if Brazil could provide some examples, because the strategy itself is divided into various elements and even though, obviously, there are interconnections and cross influences, at the same time, some of the elements which are completely agreed and on which, arguably, the Director-General could carry out a number of actions, may not be negatively affected or impacted by the lack of agreement on the stakeholder element in other objectives. Also, under the text of the resolution adopted by Committee A, subparagraph 4(2)*bis* recalls explicitly previous mandates that the Health Assembly has given to the Director-General in the area of intellectual property rights and trade and so those mandates which, in a way, complement the strategy, would serve to strengthen the overall role of Director-General, so I am not sure that I fully understand the argument by Brazil made in such absolute terms; but I will stop at this stage. Thank you, Mr President.

The PRESIDENT:

Thank you very much Legal Counsel. Let me just say this, that Dr Cicogna has worked so very hard on this and I would like, on behalf of us all, to thank him for the wonderful work he has accomplished. Since I know that he has prepared to give a three-minute address in the next plenary, I will use my prerogative at this point to say that, if he does have two or three minutes before he leaves for his flight, he can have the microphone at this time.

Address by the Chairman of Committee A
Allocution du Président de la Commission A

Dr CICOGNA (Chairman of Committee A):

Mr President, thank you very much. I did not expect that. I am a bit embarrassed but at the same time, very grateful. I really have a flight which will not wait for me and I really have to go; I apologize for that. Mr President, your excellencies, distinguished delegates, Dr Chan, ladies and gentlemen, it is with great, great pleasure that I present to you the report of the work of Committee A. I will only mention some highlights of our work since we have all had access to comprehensive daily reports. The work was concentrated on technical health matters as you know and discussions were complex, sometimes thorny, yet they took place in a spirit of mutual respect, sensitive collaboration, constructive dialogue and, sometimes, a uniform tolerance for a too-pressing and time-obsessed Chairman. There have been technical and health matters with resolutions which were approved and I will not mention all of them in order to save time, but you have the report before you.

If you would indulge me, I would like to convey my sincere appreciation to the various delegations who took the lead in obtaining consensus in order to have these resolutions adopted and I will quote them, because I really do think that they deserve to be quoted: New Zealand for Alcohol and Prevention and control of noncommunicable diseases; Portugal for Health of migrants; Denmark for Female genital mutilation; Bahamas and Canada for Global immunization strategy; and United Kingdom of Great Britain and Northern Ireland for Climate change. It did not escape my attention that you tried your best to reach out to other delegates and find much-needed common ground. Thank you for your initiative, your passion and commitment.

Committee A had only one drafting group which met from Tuesday through until today and there is no need to further comment on that – discussions are still in progress. I would really like to thank the Chairman of this group and the Vice-Chairman for their leadership and their utmost perseverance and their hard work during these days. Also, I would like to take this opportunity to thank all the delegates for exhibiting restraint, discipline and good humour by sticking to the three minutes speech limit even on agenda items which were extremely important for both their government and their citizens. During those times when consensus seemed unobtainable and with the clock ticking in the background, I express my appreciation to those delegates who either withdrew their amendments or who found ways for creatively crafting a comprehensive compromise that was acceptable to all.

Mr President, excellencies, distinguished delegates, Director-General and staff of WHO, it has been a real honour and a privilege to serve as Chairman of Committee A both for myself and for my country. I am a veteran of many Health Assemblies and veterans should be synonymous with an old and also with a wise and experienced gentlemen but it has been a great pleasure to be involved in this Health Assembly, a special one, and it was heart-warming to witness from the podium how all of you made efforts to find common ground and develop shared principles, policies and practices in such a constructive spirit of cooperation and solidarity so that WHO is empowered to achieve its mandate of promoting health for all in our highly interlinked global community. I would also quickly like to mention my fellow officers in Committee A for the assistance, Vice-Chairperson Mr J.O. Da Silva (Timor-Leste) and Dr M.J. Muñoz (Uruguay) and the Rapporteur, Dr D. Parirenyatwa (Zimbabwe). Thank you, my dear colleagues, and of course, all the Committee's work could not have been possible without the tremendous support and professional assistance we all received from the Secretariat of Committee A. I would like to thank especially Dr Q.M. Islam, Secretary of the Committee and his wonderful team for facilitating my work. I warmly acknowledge the tremendous efforts of all professional and support staff who have been at my disposal throughout the six days to ensure that the work of the Committee could proceed smoothly and fruitfully; I felt always more than well looked after. And thank you, Mr President, for your most competent and resourceful leadership which was instrumental in achieving the objectives of this Health Assembly. I would also like to thank the Vice-Presidents and the Rapporteur for their commendable assistance and superb support, in making this Health Assembly successful and to you, Director-General, I would like to extend my personal thanks and utmost regard. Here, I am sure, I speak on behalf of all of us when I say that we appreciated your

presence during the deliberations of Committee A despite your very tight schedule. Your strong commitment to make WHO a fit-for-purpose organization is shown in your interest in the debates regarding the needs of Member States before we fly back, and I should like to take this opportunity to wish you, Mr President, and all the other officers and delegates good health, peace and well-being during the coming year. *Bon voyage* and thank you all.

The PRESIDENT:

Thank you very much, Dr Cicogna and as he must run now, on all of our behalf, I thank him and want to assure him that it is all going to be all right and as he flies back home, that there will be an agreement. I am not adjourning this session until we have an agreement. I will, at this point ask Brazil to take the floor.

Mr BENTO ALCÁZAR (Brazil):

Thank you, Mr President and I thank the delegation of India for proposing, many minutes ago, what we thought was a very constructive way out. We had proposed a miracle earlier on and we were very disappointed when it did not happen but it is happening now. It is happening now because in all the process of the Intergovernmental Working Group, Brazil and the distinguished delegate from the United States, have been face-to-face in opposite ends in many issues and I appreciate the strength, the energy put forward by my dear friend Mr Hohman and, at this point, I have to give him a hand. He had proposed an excellent way out and I have to recognize this because he had made a suggestion which I think covers the concerns put forward by my delegation and by the delegation of India as well, and by the delegation of Thailand. I am going to read that proposal which, of course, we fully support. So, it would read as follows: “Requests the Director-General in implementing the global strategy and the agreed parts of the plan of action, without prejudice to the existing mandates …”. Thank you very much, Mr President. I hope this helps.

The PRESIDENT:

Thank you very much, Brazil. You see, dreams do come true and I think an elegant proposal has been presented that I hope can bring this to closure. I do have a couple of countries but, at this point before I call on them, and you having had a few seconds to consider the proposal from Brazil, do we want to adopt that amendment? The United States.

Mr HOHMAN (United States of America):

Thank you, Mr President. Well, after that intervention by Brazil, you can imagine how nervous I am. It is true that the proposal that he just made is one that I had just suggested and I appreciate his support for it. I do have one question for the Legal Counsel, just to clarify exactly what this means because I had informally suggested another formulation to Brazil which they did not like very much apparently. So my question is, when we say “implementing the global strategy and agreed parts of the plan of action”, I wonder if the Legal Counsel could give an opinion on whether or not that means the Director-General can implement the global strategy without paying any attention to the plan of action; are these two linked in a way that requires the Director-General to take into account the work that has been done by this group on the stakeholders or are these things completely separate from one another? Thank you.

The PRESIDENT:

I am going to give the floor to the Legal Counsel at this point.

Mr BURCI (Legal Counsel):

Thank you, Mr President: it is my view that the two are linked, linked both in their nature because the plan of action is a spelling-out of the element of the strategy with a clarification of who will implement the various elements and other indicators, so they are not two separate documents, they are almost entirely overlapping. They seemed to be linked in the language now appearing on the screen proposed by the United States and amended by Brazil so I do not think that the Director-General could somehow separate the two and implement the strategy without regard to the plan of action because the plan of action is an instrument through which the strategy will be implemented. Thank you.

The PRESIDENT:

Thank you very much. Canada, do you still need the floor?

Ms WISEMAN (Canada):

Thank you, I will just take one minute to express, on behalf of Canada, our appreciation to Member States and the Secretariat for their extraordinary efforts and cooperation throughout this process in fulfilling the Intergovernmental Working Group's mandate. We have had the privilege to debate on many complex issues, the complexity of these issues however did not deter the commitment we all have to increasing access to medicines in developing countries. Our success is, to a great extent, due to the exceptional leadership of all our Chairmen, and in the support we received from Dr Chan and the Secretariat. We are proud of what we have accomplished in solidarity together and we are anxious to work with all of you in implementing the global strategy. The suggestions with respect to the resolution, I think, are good ones and I would request that we move forward and adopt this resolution with a global strategy and agreed plan of action. Thank you.

The PRESIDENT:

Thank you very much Canada. Switzerland, do you still need the floor? Thank you very much. I think we have got now an amendment that could bring consensus to this resolution; the Legal Counsel is working at cleaning the text and then we will read it and I will put it to the Health Assembly for approval. I think it is being displayed on the screen. I am going to give you a little bit of time to look at it. It is in front of you. At this time, I will put the amended resolution for our approval. Thailand you have the floor.

Dr SUWIT WIBULPOLPRASERT (Thailand):

Thank you, Mr President. I understand that our colleague from Switzerland has proposed in operative subparagraph 4(3) that we request the Director-General to work on the text that we have not yet agreed on and to come to back to the Health Assembly next year through the Executive Board, but this proposal was also deleted, so I would like to bring that back. Thank you.

The PRESIDENT:

Thailand you are correct and it has now hopefully been reflected on the screen. And so now I put the resolution as amended for our approval. Any objection? The United States of America.

Mr ABDOO (United States of America):

Thank you, Mr President, we would need some further amendments to operative paragraph 4. Could we see that on the screen, please? We would need operative paragraph 4 to read as follows: "Requests the Director-General in implementing the provisions of the global strategy in a manner consistent with the agreed parts of the plan of action, without prejudice to the existing mandates". Thank you.

The PRESIDENT:

The United States has now added some words to the amendment. Is there any objection? Brazil is asking for the floor.

Mr BENTO ALCÁZAR (Brazil):

Thank you, Mr President, I thought that we had a very elegant little paragraph and now we do not have a very elegant little paragraph. I wonder if that amendment is really necessary and I would ask the United States delegation to drop it in the name of elegance.

The PRESIDENT:

I will give the floor to the Director-General.

The DIRECTOR-GENERAL:

Thank you, Mr President: I have been listening very carefully to the interventions, comments and proposed amendments by all delegations; as Director-General of WHO, your technical officer and your administration officer, I get a very good sense of what you want me to do. I just ask for your understanding and also flexibility. I think you know that paragraph 4 to me in English is not my first language, actually it is my third language, as it is for the delegate of Thailand but, nonetheless, the last proposal by the United States' delegation to me actually is really expanding on what was captured and even without a provision I would not dare to do anything that is not consistent with what you have agreed, so I would appeal to the delegations to agree and also in particular the United States' delegation to go back to the original broad agreement which is: paragraph 4, "Requests the Director-General in implementing the global strategy and the agreed parts of the plan of action without prejudice to the existing mandates …" and I am well aware of your thinking and your discussion because I have been following your hard work and your deliberations. I know what you want and I would deliver on what you want. No more and no less. Thank you.

The PRESIDENT:

Thank you very much, Director-General. Ladies and gentlemen we have worked really hard in the spirit of compromise in the last many days. I look at the words now that are delaying this process and it does not seem that deleting it would create any jeopardy for us. In any case, the bracketed paragraphs in the plan of action are being referred to the Executive Board and also to the Sixty-second World Health Assembly, so there are parallel mechanisms in place. I therefore believe that since this is so important to us we have an opportunity of beginning implementation of this global strategy and this plan of action now and still have time and still have mechanisms in place to come to further agreements on those bracketed paragraphs that we all seem to have some reservations about. And so I would appeal at this time that we adopt the resolution as I had originally put it before the United States' last amendment, and would ask the United States at this point if they are willing to accept that.

Mr ABDOO (United States of America):

Thank you, Mr President. Yes, we will.

The PRESIDENT:

Thank you very much.

(*Applause/Applaudissements*)

I believe therefore that we have consensus and so I now put the resolution as amended for the Health Assembly's approval. There being no objection this resolution is adopted by the Sixty-first World Health Assembly.

(*Applause/Applaudissements)*)

Ladies and gentlemen, progress comes not just by hard work; sometimes you reach a milestone stage and then progress happens rapidly. This is indeed a milestone agreement and sets the stage for us to have a global implementation of provisions that will improve health commodities and improve public health. Now that we have the resolution, the fifth report of Committee A is therefore approved. This now completes our consideration of item 8 of our Agenda, Reports of the main committees.

2. SELECTION OF THE COUNTRY OR REGION IN WHICH THE SIXTY- SECOND WORLD HEALTH ASSEMBLY WILL BE HELD
CHOIX DU PAYS OU DE LA REGION OU SE TIENDRA LA SOIXANTE-DEUXIEME ASSEMBLEE MONDIALE DE LA SANTE

The PRESIDENT:

I would like to draw the Health Assembly's attention to the fact that under the provisions of Article 14 of the Constitution the Health Assembly at each annual session shall select the country or region in which the next annual session shall be held. The Executive Board subsequently fixing the date and the place. I therefore take it that the Health Assembly decides that the Sixty-second World Health Assembly will be held in Switzerland. In the absence of any objection, the Sixty-second World Health Assembly will be convened in Switzerland on a date to be fixed by the Executive Board.

I shall now adjourn this eighth plenary.

The meeting rose at 16:15.
La séance est levée à 16h15.

NINTH PLENARY MEETING

Saturday, 24 May 2008, at 16:25

President: Dr L. RAMSAMMY (Guyana)

NEUVIEME SEANCE PLENIERE

Samedi 24 mai 2008, 16h25

Président: Dr L. RAMSAMMY (Guyana)

CLOSURE OF THE SESSION
CLOTURE DE LA SESSION

The PRESIDENT:

The Health Assembly is now called to order. We shall consider the last item on our agenda. This is item 9, Closure of the Assembly. At this time I would have called on the Chairman of Committee A, Dr Francesco Cicogna of Italy and I reiterate our gratitude to him at this time, but we have completed that part of the agenda item already. I shall now therefore invite the Chairman of Committee B, Dr Anastasio Reuben Sicato (Angola) to come to the rostrum. I was privileged to be several times in Committee B and saw the patience and the grace with which he conducted the business of Committee. Dr Sicato, you have the floor.

Dr SICATO (Angola) (Chairman of Committee B):

Thank you, Mr President. Mr President, distinguished guests, Dr Chan, ladies and gentlemen, it has been an honour and privilege for me and my country to serve as Chairman of Committee B. It gives me great pleasure to report on the work of Committee B during this year's Health Assembly. I think the Committee worked very effectively this year – after finishing its agenda items, Committee B took over two items from Committee A. Delegations and staff worked hard to complete the task. We were able to accomplish the approval of one decision and 12 resolutions in all. In the meetings, the debates were rich and constructive, producing very interesting ideas that I shall remember for a long time. I would like to mention the very special efforts of all Member States, that came together around the resolution on the health-related Millennium Development Goals. For me, it was a pleasure to be part of this process. I would like to pay tribute to the goodwill and flexibility shown by the delegations. Everyone had an open mind and differences were settled quickly and effectively. I thank you, Mr President, for your leadership and support in helping to make this a very productive Health Assembly. I would like to extend our thanks to you, Director-General, Dr Chan, for your commitment and dynamism. We thank you for your support and we wish you the very best for the coming years. Lastly, I would also like to thank the Secretariat who helped to make this a very successful Health Assembly. They were with us all the time to make sure that the work could be done in the best possible conditions. Thank you and I wish all of you good health, bon voyage and a safe journey home. *Muito obrigado a todos*. Thank you very much.

The PRESIDENT:

Muito obrigado, Dr Sicato. I wish to thank Committee B and its Chair and commend them for the work they have done. From the comments that have been made throughout this Health Assembly, both in plenary and in committee, I take it that the Health Assembly would wish me to commend the Board on the work it has performed and express our deep appreciation for the dedication with which the Board has carried out the tasks assigned to it, and so on your behalf I extend our commendation to the Board.

Before I call on the Director-General to make her final remarks to the Sixty-first World Health Assembly I am going to give the floor for a brief moment to the delegate from Ecuador.

La Sra. BAQUERIZO GUZMÁN (Ecuador):

Ecuador hace esta declaración en nombre del Grupo de las Américas. Señor Presidente, el GRULA desea expresarle la más sincera felicitación por la forma como ha conducido la 61ª Asamblea Mundial de la Salud y hace extensiva esas felicitaciones a los Presidentes de las Comisiones A y B y al Presidente del Grupo de Trabajo de la Comisión A. El GRULA, en el 60º aniversario de la Constitución de la Organización Mundial de la Salud y el 60º aniversario de la Declaración Universal de Derechos Humanos, desea reconocer y felicitar la excelente labor que viene realizando la Directora General y la Secretaría de la OMS a su cargo. El récord de participantes registrado este año en la 61ª Asamblea Mundial de la Salud refleja la importancia que los gobiernos otorgan a los temas de salud como prioritarios de su política nacional e internacional. El GRULA quiere también reconocer los excelentes resultados alcanzados en esta Asamblea, en particular las dos estrategias adoptadas por consenso sobre las enfermedades no transmisibles y la estrategia sobre salud pública, innovación y propiedad intelectual. El GRULA da la bienvenida a estos compromisos, que serán un aporte para continuar el trabajo para lograr salud para todos. Finalmente, señor Presidente, el GRULA quiere agradecer a los colegas de la OPS que han apoyado y acompañado a este grupo regional, así como a los intérpretes, traductores y seguridad, que han sido parte de este proceso de la 61ª Asamblea Mundial de la Salud que concluye el día de hoy. Muchas gracias.

The PRESIDENT:

Thank you very much, the representative from Ecuador and I am sure those sentiments are shared by all of our delegations here, particularly as they relate to the Director-General and to the work of staff at the Health Assembly. It is now my pleasure to ask the Director-General, Dr Margaret Chan, to make her closing remarks to this Health Assembly.

The DIRECTOR-GENERAL:

Thank you, Mr President, honourable ministers, excellencies, distinguished delegates, colleagues, ladies and gentlemen: first and foremost, let me express my heartfelt gratitude for your achievements. As I stated on Monday, health problems are increasingly shaped by powerful forces outside the direct control of the health sector. Faced with these forces, public health has to struggle to take a proactive role. You have seized opportunities to do so. Resolutions such as those endorsing the action plan for noncommunicable diseases, and for reducing the harmful use of alcohol, are prime examples. They establish a foundation for national and collective strategic actions, actions that have great preventive power, although we all know the way forward will not be easy. You have taken a huge step forwards with the item on public health, innovation and intellectual property. With this, public health leaps ahead in addressing two fundamental and long-standing needs: to improve access to existing interventions and to include diseases of the poor in the drive to develop new products. This is a major breakthrough for public health and I congratulate you all. It is a major breakthrough for public health that will benefit many millions of people for many years to come. This is a contribution to fairness in health and is proactive public health at its very best.

In other areas, you have given WHO a clear mandate to perform its role. Concerning climate change, you want the Secretariat to make those sectors shaping environmental and energy policies more keenly aware of the high stakes for human health. Countries and especially small island developing nations, gave numerous examples of serious health effects being documented right now. I appreciate the need to respond to climate change with the utmost urgency. The resolution on this matter gives WHO and countries some clear responsibilities.

As an ongoing theme throughout this Health Assembly, we have seen strong commitment to the health-related Millennium Development Goals as a stimulus for innovative action and a benchmark for monitoring progress. A second welcome theme expressed in many debates was the emphasis given to the strengthening of health systems. I appreciate, too, the enthusiasm shown during the technical briefing on primary health care. Above all, during this Sixty-first World Health Assembly, health leaders from around the world have joined together in a united front – a united front on many very big and very difficult issues. You consistently demonstrated a desire to reach consensus and showed great flexibility in achieving compromise, despite some significant differences. Many of you put in long hours, often well into the small hours; I am aware of the many intense behind-the-scenes consultations and I thank you again for demonstrating the Geneva spirit. These are good omens, as WHO enters its seventh decade of work to improve global health for all people and in all countries. Thank you.

(*Applause/Applaudissements*)

The PRESIDENT:

And now, excellencies, distinguished delegates, ladies and gentlemen, we come to the last lap and as President of this Health Assembly, I do have the last say. It has been an exciting week. Not just for me, but for all of us, and it is time to close the Sixty-first World Health Assembly. I have been impressed at how people listen to each other – we do listen to each other. I have been impressed at how many people have come to me, remarking on specific parts of my opening address, and at how many people came to me with the hope that I would say something in my closing address about issues that are dear to their hearts.

I am not a veteran of the Health Assemblies like Dr Cicogna, but I have been to several. And I was impressed with the diversity of issues that this Health Assembly has had to address, and the large number of technical matters that we had to address. And we have done so successfully. We will leave here – regardless of the differences we had and the heated debates we may have had – satisfied that we were up to the task before us, and we were up to the task because of the people, our sisters and brothers in the various countries that we represent.

I have been honoured, therefore, to serve as President of the Sixty-first World Health Assembly. I am indeed moved by the many expressions of support over this past week. And so I want to thank all of you.

I will first start with the Director-General, and with her staff. Every staff member of WHO provided the kind of support that I, and we, needed to successfully move forward. And so I say to all of them: thank you very much, Director-General, Legal Counsel, all the administrative staff and technical persons. I want to say “thank you”. I am tempted to identify a few of them, but if I do so, I might very well miss one or two, which would not be fair. So, let me just say to all of them, the Assistant Directors-General, and others “thank you very, very much”, on my behalf and on behalf of all of you. I don’t want to miss out the Deputy Director-General, either. I think the Chairs of the Committees did a wonderful job. All of you, for the active participation, and particularly those who had to stay late into the evenings, work into the early morning hours; this is why we have had successes in public health through the decades. No matter what, we have been able to overcome our challenges.

I should not forget the interpreters. We come from different parts of the world, we speak different languages, but we could speak to each other without even knowing the other’s language, and that’s because of our interpreters. So, I say “thank you” to them.

The Sixty-first World Health Assembly has been strong in its quest for social justice, and it provided an inspirational platform for a re-energized promotion of social justice through health for all.

Our guest speakers, Princess Muna Al-Hussein, and Archbishop Desmond Tutu, were passionate in their appeals for social justice. Minsters and delegates from country after country were equally moved to speak of social justice, the Director-General in her opening address and now in her final address, and myself as President of the Sixty-first World Health Assembly, made social justice a theme for our addresses.

Excellencies, talk of social justice, however, is mere rhetoric and a useless expression of platitudes, unless we can also define how far we are willing to go to achieve this fundamental objective of equity. As long as some people are living in abject poverty, as long as there are child and maternal deaths from preventable causes, as long as some children are deprived of life-saving vaccines, there can be no comfort zone for any of us. And social justice will continue to elude us.

One thing events like the Health Assembly do, as this Health Assembly has done, is to reinforce in all of us our common truth. We all want the same things: health for all, better lives for our people. Let us, therefore, make the Sixty-first World Health Assembly the launching pad for a new global health perspective; one that is not satisfied with merely making progress towards the Millennium Development Goals, but one which is willing to set bold global equity targets that include elimination of poverty, the elimination of preventable child and maternal deaths, and the attainment of life expectancy at birth of no less than 60 years for every country by 2025. I call this the “60 by 25” Initiative.

The Sixty-first World Health Assembly has reinforced the global commitment to the Millennium Development Goals. I am of the view that, even as we intensify national and international efforts and strengthen our monitoring of the implementation of the Millennium Development Goals, we should prepare the Sixty-second World Health Assembly to take these bold global aspirations forward. I believe that, even as we strengthen our monitoring of the implementation of the Millennium Development Goals, even as we maintain an annual scorecard, we should prepare the Health Assemblies of the future to be a champion advocate for these bold global aspirations. In my opening address to this Health Assembly I tried hard to articulate this vision of health for all. It has been 30 years since Alma-Ata promised health for all by the year 2000. Today the hopes generated by Alma-Ata have been reignited by the zeal to attain the Millennium Development Goals. We must see the Millennium Development Goals not as ends in themselves but as a critical springboard for the end of poverty, the elimination of all preventable child and maternal deaths and for the increase in life expectancy.

In the vein of social justice, the Sixty-first World Health Assembly continues public health’s robust commitment to immunization. This is another of the equity issues we clearly are willing to confront. The Sixty-first World Health Assembly reaffirmed immunization programmes as a public good, a flagship programme for public health, and I would hope that our future world ensures, to take a slogan from the United States of America, that no child is left behind when it comes to vaccines that save lives. Sustainable financing is critical for these programmes and national governments must play critical roles in providing vaccines as a public good. But in our new global human order, we must see immunization as a responsibility, too, of global resources. Critical to global success for immunization remains the question of productive capacity. WHO must play a vital role in ensuring safe and quality vaccines for the global immunization programme while creating a level playing field for developing countries to contribute to the productive capacity for vaccines. In this regard, the Sixty-first World Health Assembly forcefully demonstrated our determination to stop counterfeit health products from entering the market place. While we were unable to conclude an agreement on counterfeit medical products, we have made significant progress and have catered for continued dialogue. We have indeed prepared the way for the Sixty-second World Health Assembly to conclude this matter so that we can provide a milieu for quality health commodities in the future. We all want the same end result: quality and affordable health commodities. I will not accept that this determination is merely a guise for unfairly limiting participation in the global productive capacity for effective health products.

Of relevance too, is that the Sixty-first World Health Assembly has advanced the dialogue on public health, innovation and intellectual property. Intellectual property rights are integral in guaranteeing research and investment in new health products, but these rights must be utilized in a manner that would not prevent accessibility and affordability and must in no way contribute to global inequity. The historic TRIPS agreement must be strengthened and WHO through its Executive Board

and its Health Assembly must accelerate progress in this area. Indeed, the Sixty-first World Health Assembly will be remembered for the tremendous progress we made towards a collective, comprehensive agreement. It is a date that we should all write in our diaries. It is evident, too, that the work is not completed but there is no doubt that we have made giant progress, recognizing the need for equity, accessibility and affordability of health commodities. We can now begin the implementation of the global strategy and plan of action for a fair, equitable public health, innovation and intellectual property instrument. But we recognize the need for further improvement to the strategy, and the Executive Board and the Sixty-second World Health Assembly have specific instructions in this regard to improve the instrument that we have handed to them and to the world.

We can no longer deal with the chronic noncommunicable diseases and their heavy disease burden as business as usual. If we have deaths due to neuropsychiatric disorders and unintentional and intentional deaths due to violence and accidents, the chronic noncommunicable diseases account for almost 80% of all deaths globally. Do we need any more compelling reasons to raise the profile of chronic noncommunicable diseases? I was therefore disappointed, not in us, but when the Millennium Development Goals did not include consideration of the chronic noncommunicable diseases. I believe that the Sixty-first World Health Assembly has established a good platform for the correction of this anomaly through its endorsement of the action plan for the global strategy for the prevention and control of noncommunicable diseases. Whatever we call the instrument for corrective action, whether it is the strategy or whether it is Millennium Development Goal Plus, it is a positive way forward. It is a sensible strategy to locate the goals of this plan within the Millennium Development Goals so that we do not have to develop an instrument that will compete for countries' attention and against the Millennium Development Goals. I ask that we think of that.

One of my disappointments with the Sixty-first World Health Assembly is its weak emphasis on the question of disability. For our colleagues in public health, disability has been an orphan problem for far too long. I will use the words of Archbishop Tutu: Help me, help me to keep my promise to my disabled sisters and brothers in my country and in other countries to help lift the profile of disability. I do not want to disappoint them. I would hope my presidency has brought enough attention to disability and a legitimacy of the health sector in leading the fight to prevent and control disability. I understand that the next issue of *The world health report* will place a focus on disability. I would also hope that the Sixty-second World Health Assembly will provide greater hope for those who are disabled. But, we must correct the emphasis on rehabilitation and fund the mental rights of those who are disabled. While strengthening these approaches, it is high time that we begin to advocate and provide for comprehensive prevention programmes for disability. This is clearly the remit of public health. Let us not abdicate our responsibility.

The Sixty-first World Health Assembly has strenuously kept the public health focus on the tremendous negative impacts of tobacco on health and development. We can no longer justify to ourselves, to the citizens we represent and to future generations any reticence in dealing with this obnoxious substance. The excellent technical presentations throughout this Health Assembly must serve to strengthen our resolve to end the use of this killer substance. This is not an issue of personal choice, it is certainly not an issue of informed personal choice. Smoking diminishes people's fundamental right to a safe environment. I have never heard anyone justifying a public health approach of not addressing the issue of suicide for example, on the basis that this is a matter of personal choice. Tobacco kills, there can be no dispute. For those who smoke today, we must begin a global crusade for cessation. For those who do not smoke, we must help them never to smoke.

Just a few seconds to you, Director-General and your staff. You are the premier world health institution and the people who work here must be examples. Those who smoke and are staff members of WHO should enter a cessation programme immediately, and those who will become staff members and are smokers should enter a cessation programme before they start working. We cannot tell people that this is a killer substance and then when people visit us they see you outside smoking. How do we tell people to stop this? Clearly, lifestyles continue to be a strong determinant of health and if there are any ministers who smoke, this is your time to go home and enter the cessation programme. I don't have to. The use of tobacco and other harmful useless substances such as alcohol constitutes great dangers for humankind. The global assault on tobacco has intensified. The Health Assemblies provide

a vehicle to affirm our position and to take stock as we have properly done through the WHO Framework Convention on Tobacco Control.

I believe that the Sixty-first World Health Assembly has established a platform for future Health Assemblies to craft global assaults on the harmful use of alcohol. It has to be an assault. We must continue to highlight the role of the harmful use of alcohol on premature deaths and avoidable disease burden, unintentional and intentional injuries and deaths through violence, particularly against women and children, and accidents. The fact is, ladies and gentlemen, we consume too much alcohol. This is one time we are not using a product as advised. The Sixty-first World Health Assembly has set the stage for greater action to be taken to prevent the harmful use of alcohol.

The Sixty-first World Health Assembly provided an opportunity for the Commission on Social Determinants of Health to update us on the work they have done so far. Clearly, health is an integral part of development and I believe we cannot separate health and development. We must fully integrate the social determinants in our formulation of interventions to support health for all. When all is said and done, the realization of health is unequivocally linked to the adequacy of human resources. The fact is that the health sector is woefully inadequate in its human resource capacity, both in developed and developing countries. Most developed and some better-off developing countries provide less than half of the human resources they need for their health sector. The consequence is a shift, a brain drain, from developing to better-off and developed countries. We desperately need in the better-off developing countries – it is not just the developed countries – an equitable solution to ensure that the human resource needs of developing countries, indeed all countries, are met, while people's fundamental rights of movement are still retained. I would hope the delegations leaving the Health Assembly will ensure that the Sixty-second and subsequent World Health Assemblies take urgent actions to correct this problem. We need action, not more meetings. I would expect that the work of the Global Health Workforce Alliance will be given prominence in the Sixty-second World Health Assembly. The progress report and the strengthening of nursing and midwifery give a good example of task-shifting which WHO is now promoting. Task shifting is one of the innovations we must promote if we are to solve the global human resource problem. It is now time for an inventory of existing task-shifting strategies and experience, and an inventory of all the task-shifting possibilities to be prepared by WHO.

The Sixty-first World Health Assembly has taken a firm stance on genital mutilation. Some of the dangerous, unethical and demeaning practices in the world must be addressed rapidly. Our position on genital mutilation is a demonstration that we are not afraid to become involved in stopping demeaning and immoral practices. Genital mutilation is but one practice that demeans the human race. In a similar manner we must identify and promote actions that militate against other demeaning practices. Human conflicts contribute to significant public health challenges. Our concern with the health of migrants and with the health of the Palestinian people are vivid examples of issues that will continue to challenge us. We must continue to advocate and promote strong actions for peace, recognizing the need to develop a way for people's health to take precedence over political, ethnic, religious and other divisions. We need to formulate an understanding, a global treaty that will permit a health response within some global framework which guarantees health for people caught in intra-country and intercountry conflicts, regardless of which side of the conflict they are from. The health of people must not be dependent on our ability to determine which side is right.

The global food crisis facing us today cannot be ignored. It is a significant public health challenge we must confront. Throughout this meeting we have spoken eloquently about its potential for affecting the health of people and its potential to foster further human conflicts. We need to embark on urgent potential interventions. While we have highlighted the issue at this Sixty-first World Health Assembly we must accept that there needs to be vigilance and an active participation by public health. Not by merely adopting mitigating interventions but by advocating and promoting interventions to ease the escalating food costs and shortages. One way we could do this is by engaging in the future direction and extent of land use for biofuel production. In keeping with the recommendation of the International Food Policy Research Institute, WHO must support a pause or moratorium on land conversion for biofuel production. I would truly hope that this Health Assembly will provide an impetus for re-examination of some of the biofuel policies. Clearly, too, in the short and medium term we need a global fund for assistance in the provision of affordable food for the

millions who are now in further danger of starvation and undernutrition. Research for better yields, better crops, improved export opportunities and capacities, opening up of new land for agriculture, and improved drainage and irrigation are all interventions that must become part of our advocacy. The seeds for human conflicts have been unwittingly sown and we must act early to prevent a public health calamity. There is rising need for food and other products in a crowded world with scarce natural resources, compounded by climate change. I am encouraged by the great interest exhibited by delegates to the Health Assembly. More than anything else, the Health Assembly is not in doubt about climate change. There is solidarity on this issue. We must keep the spotlight on climate change, with an eye for change. We must demand a place at the table to address one of the most dangerous public health challenges facing mankind. The Sixty-first World Health Assembly provided a unique opportunity for public health now to play a leading role in advocating and recommending changes to mitigate climate change.

Much has been said here at the Health Assembly relating to HIV/AIDS although this meeting did not seek to comprehensively address HIV/AIDS, the subject of high-level meetings in two weeks in both the United States of America and Uganda. One of the problems with our efforts to stop HIV/AIDS is that we have not sought to learn from our past successes and indeed it appears sometimes as if we are intent on abandoning tried and proven strategies. Leadership in the efforts to stop the disease can and must come from public health. Efforts to remove this responsibility from public health are short-sighted and dangerous. It is my view that the global efforts to stop HIV/AIDS have suffered from various attempts to remove overall responsibility from public health. Unfortunately I believe that too many persons and groups have seen the struggle to control HIV/AIDS as a jurisdictional battle when in fact there is no conflict. This is unequivocally a public health challenge and must be confronted with allies, coalescing around public health to bring success. It appears that we have confused public health with efforts in other areas, and processes and agendas determined by others have often become more important than saving lives.

As I end this address one of my friends happened to be a friend of many of us in this room. Over the years we have come to know this man very well. He has led his organization with expertise and with passion and he has made a real difference in the fight against HIV/AIDS. I regret he is not here this afternoon because he is out on business. I am told that his brief attendance at this Health Assembly was the last one in his capacity as head of his organization. I think it would be remiss on my part if on your behalf I do not say to Dr Peter Piot that we will miss him and that we are sad that he is leaving us at this time, but we also understand that life moves on. And his legacy in the work he has done at UNAIDS will allow us to be successful in the battle against HIV/AIDS.

Colleagues, I have enjoyed myself as President of the Sixty-first World Health Assembly. I leave with my conviction that health for all, better lives for people, is not a pie-in-the-sky dream. I leave resolute in my advocacy for global collective action to end poverty, to end preventable child and maternal deaths, to bring longer and more productive lives for families everywhere, to bring dignity and integrity to people's lives. These goals are not only possible but it is my strong belief that they can be achieved soon. I might still be alive to celebrate these victories. I certainly dream that I will be alive to celebrate these victories. The vision is there, sisters and brothers. Let us dream, let us dream much about this day. I believe that we have the wisdom to make our dreams reality and so I say to all of you like the Jamaicans, as my colleagues from Jamaica say: Walk, walk well as we go home. *Merci, muchas gracias, spusibo, obrigado*, thank you, sisters and brothers. And so the Sixty-first World Health Assembly has come to an end.

The session closed at 17:10.
La séance est close à 17h10.

COMPOSITION DE L'ASSEMBLEE DE LA SANTE
MEMBERSHIP OF THE HEALTH ASSEMBLY

LISTE DES DELEGUES ET AUTRES PARTICIPANTS
LIST OF DELEGATES AND OTHER PARTICIPANTS

DELEGATIONS DES ETATS MEMBRES
DELEGATIONS OF MEMBER STATES

AFGHANISTAN – AFGHANISTAN

Chef de délégation – Chief delegate

Dr F. Kakar
Deputy Minister of Public Health

Délégué(s) – Delegate(s)

Dr N. Tarzi
Ambassador, Permanent Representative, Geneva

Dr H. Ahmadzai
Acting Director, International Relations Department, Ministry of Public Health

Suppléant(s) – Alternate(s)

Dr A. Mashkoor
Head of HMIS, Ministry of Public Health

Mr O.K. Noori
First Secretary, Permanent Mission, Geneva

Mr D. Hachemi
Second Secretary, Permanent Mission, Geneva

Dr A. Noori
Assistant to the Deputy Minister of Public Health

AFRIQUE DU SUD – SOUTH AFRICA

Chef de délégation – Chief delegate

Dr M.E. Tshabalala Msimang
Minister of Health

Délégué(s) – Delegate(s)

Mr T.D. Mseleku
Director-General, Ministry of Health

Dr G. Mtshali
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Ms M.K. Matsau
Deputy Director-General, Strategic Health Programmes, Ministry of Health

Ms N. Dladla
Health Attaché, Permanent Mission, Geneva

Dr E.L. Makubalo
Cluster Manager, Health Information Evaluation and Research, Ministry of Health

Dr Y.G. Pillay
Cluster Manager, Strategic Planning

Conseiller(s) – Adviser(s)

Mr M.M. Msimang

Ms L.N. Jajula
Member of the Executive Council for Health, Eastern Cape Provincial Government

Ms E.S. Selao
Member of the Executive Council for Health, Northern Cape Provincial Government

Dr P. Dlamini
Coordinator, New Partnership for Africa's Development (NEPAD)

Dr F.G. Benson
Cluster Manager, Communicable Diseases

Ms M. Hela
Cluster Manager, Pharmaceutical Policy and Planning

Ms P. Netshidzhiveni
Cluster Manager, Clinical Trials Management

Ms V.D. Moodley
Director, Health Promotion

Ms L. Moeng
Director, Nutrition

Mr L.S. Mngadi
Media Liaison Officer, Ministry of Health

Ms N. Minty
Director, North–South Cooperation

Mr B.G. Bench
Deputy Director, Protocol, Ministry of Health

Ms Z.M. Zitha
Personal Assistant to the Minister of Health

Ms N. Ndwande
Administrative Support, Ministry of Health

Ms Z. Mthembu
Consultant, Ministry of Health

Ms B. George
Support Official

ALBANIE – ALBANIA

Chef de délégation – Chief delegate

Mr N. Ndoka
Minister of Health

Délégué(s) – Delegate(s)

Mr S. Qerimaj
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mr G. Bejtja
Director of Public Health, Ministry of Health

Ms M. Pistoli
Second Secretary, Permanent Mission, Geneva

Conseiller(s) – Adviser(s)

Mr P. Mersini
Adviser to the Minister of Health

ALGERIE – ALGERIA

Chef de délégation – Chief delegate

M. A. Tou
Ministre de la Santé, de la Population et de la Réforme hospitalière

Délégué(s) – Delegate(s)

M. I. Jazaïry
Ambassadeur, Représentant permanent, Genève

Dr R. Bouakaz
Directeur des Services de Santé, Ministère de la Santé, de la Population et de la Réforme hospitalière

Suppléant(s) – Alternate(s)

Dr M. Ouahdi
Directeur de la Prévention, Ministère de la Santé, de la Population et de la Réforme hospitalière

M. L. Djacta
Représentant permanent adjoint, Genève

M. M. Chabane
Conseiller diplomatique, Mission permanente, Genève

M. E.-H. El Bey
Conseiller diplomatique, Mission permanente, Genève

Dr S. Amrani
Chargée de Programme, Ministère de la Santé, de la Population et de la Réforme hospitalière

Dr S. Magmoun
Chargée de Programme, Ministère de la Santé, de la Population et de la Réforme hospitalière

M. A. Osmane
Sous-directeur des Affaires sociales et culturelles internationales, Ministère des Affaires étrangères

ALLEMAGNE – GERMANY

Chef de délégation – Chief delegate

Mrs M. Caspers-Merk
Parliamentary State Secretary, Federal Ministry of Health

Chef adjoint de la délégation – Deputy chief delegate

Dr R. Schweppe
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Dr E. Seeba
Director-General, Federal Ministry of Health

Suppléant(s) – Alternate(s)

Mrs B.M. Siefker-Eberle
Deputy Permanent Representative, Geneva

Mr U. Scholten
Deputy Director-General, Federal Ministry of Health

Mrs D. Reitenbach
Head of Division, Federal Ministry of Health

Dr P. Pompe
Head of Division, Federal Ministry of Health

Mr R. Schröer
Deputy Head of Division, Federal Ministry for Foreign Affairs

Mrs M. Horn
Personal Assistant to the Parliamentary State Secretary, Federal Ministry of Health

Mrs A. Konrad
First Secretary, Permanent Mission, Geneva

Mr L. Selwig
First Secretary, Permanent Mission, Geneva

Mr G. Berkmeier
Attaché, Permanent Mission, Geneva

Mr R. Krech
Head of Section, German Agency for Technical Cooperation (GTZ), Division of Health, Education and Social Protection

Mr A. Döhmen
Attaché, Permanent Mission, Geneva

Mrs C. Tzimas
Adviser, Federal Ministry of Health

Mr T. Ifland
Adviser, Federal Ministry of Health

Ms J. Lübke
Adviser, Permanent Mission, Geneva

Dr A. Brandrup-Lukanow
Consultant/Adviser, International Public Health

ANDORRE – ANDORRA

Chef de délégation – Chief delegate

Mrs M. Gil Torné
Minister of Health, Social Welfare, Family and Housing

Délégué(s) – Delegate(s)

Mr X. Espot Miró
Ambassador, Permanent Representative, Geneva

Mrs C. Pallarés Papaseit
Director, Health Department, Ministry of Health, Social Welfare, Family and Housing

Suppléant(s) – Alternate(s)

Mr J.M. Casals Alís
Head, Food and Nutrition Unit, Ministry of Health, Social Welfare, Family and Housing

Mr X. Trota Bolló
First Secretary, Deputy Permanent Representative, Geneva

Mrs J. Sala Branchadell
Adviser, Permanent Mission, Geneva

ANGOLA – ANGOLA

Chef de délégation – Chief delegate

Dr A.R. Sicato
Minister of Health

Délégué(s) – Delegate(s)

Mr A. do Nascimento
Ambassador, Permanent Representative, Geneva

Dr A.R. Neto
Director, Ministry of Health

Suppléant(s) – Alternate(s)

Dr F.J.P.C. Fortes
Director, Endemic Diseases, Ministry of Health

Dr I. Maló Tomás
Director, Ministry of Health

Dr J. Bastos dos Santos
Director, Ministry of Health

Dr S.M.R.N. de Miranda
Adviser, Ministry of Health

Dr D. Mpembele
Adviser to the Minister of Health

Dr E. Ambriz
Director, Ministry of Health

Dra. A. Carvalho
Director, Public Health, Ministry of Health

Mrs N.M. Saraiva
Assistant for Health Issues, Permanent Mission, Geneva

ANTIGUA-ET BARBUDA – ANTIGUA AND BARBUDA

Chef de délégation – Chief delegate

Mr J. Maginley
Minister of Health

Délégué(s) – Delegate(s)

Dr R.S. Thomas
Ministry of Health

ARABIE SAOUDITE – SAUDI ARABIA

Chef de délégation – Chief delegate

Dr H.A. Al-Manea
Minister of Health

Délégué(s) – Delegate(s)

Dr A. Attar
Ambassador, Permanent Representative, Geneva

Prince A. bin Ahmed bin Abdelaziz

Suppléant(s) – Alternate(s)

Dr M. bin Nasser Al-Howasi

Dr K. bin A. Al-Zahrani

Mr A. bin H. Al Zawawi

Dr T. bin A. Malibari

Dr S. bint M. Maki

Mr F. Al Eisa

Dr A. bint S. Al Shamari

Mrs M.H. Ayesh

Mr F. bin E. Al Dosari

Dr A. bin I. Al Rajehi

Dr S. bin S. Al-Barak

Mr A. Al Hababi

Mrs R. bint K. Al Shobayan

ARGENTINE – ARGENTINA

Chef de délégation – Chief delegate

Sr. A. Hernández
Secretario de Determinantes de la Salud y Relaciones Sanitarias, Ministerio de Salud

Chef adjoint de la délégation – Deputy chief delegate

Sr. A.J. Dumont
Embajador, Representante Permanente, Ginebra

Délégué(s) – Delegate(s)

Dr. C.A. Soratti
Secretario de Políticas, Regulación e Institutos, Ministerio de Salud

Suppléant(s) – Alternate(s)

Sra. H.D. Giri
Presidente, Comisión de Salud y Deportes del Senado de la Nación

Sr. J.H. Sylvestre-Begnis
Presidente, Comisión de Acción Social y Salud Pública de la Cámara de Diputados

Sra. A. Maza
Senadora

Sr. S. Tobar
Director Nacional de Relaciones Internacionales, Ministerio de Salud

Sr. P. Cavaleri
Consejero, Misión Permanente, Ginebra

Srta. I.G. Fastame
Primer Secretario, Misión Permanente, Ginebra

ARMENIE – ARMENIA

Chef de délégation – Chief delegate

Dr A. Babloyan
Chairman, Standing Committee on Social, Health and Environmental Issues, National Assembly

Chef adjoint de la délégation – Deputy chief delegate

Mr Z. Mnatsakanian
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Ms H. Simonyan
Third Secretary, Permanent Mission, Geneva

AUSTRALIE – AUSTRALIA

Chef de délégation – Chief delegate

Ms J. Halton
Secretary, Department of Health and Ageing

Délégué(s) – Delegate(s)

Ms J. Bennett
Principal Adviser, Mental Health and Workforce Division, Department of Health and Ageing

Professor J. Horvath
Chief Medical Officer, Department of Health and Ageing

Suppléant(s) – Alternate(s)

Ms M. Brown
Deputy Permanent Representative, Chargé d'affaires, Geneva

Ms C. Patterson
Minister Counsellor (Health), Permanent Mission, Geneva

Mr S. Commar
Assistant Secretary, Department of Health and Ageing

Mr S. Cotterell
Assistant Secretary, Health Policy Taskforce Branch, Department of Health and Ageing

Ms V. Murphy
State Manager, New South Wales State Office, Department of Health and Ageing

Mr N. McFarlane
Counsellor (Development), Permanent Mission, Geneva

Ms J. Duke
Counsellor (Immigration), Permanent Mission, Geneva

Mr S. Thom
First Secretary, Permanent Mission, Geneva

Ms A. Mercuri
Health and HIV Themic Group, AusAID

Dr T. Poletti
Adviser (Development Cooperation), Permanent Mission, Geneva

AUTRICHE – AUSTRIA

Chef de délégation – Chief delegate

Professor H. Hrabcik
Director-General of Public Health, Federal Ministry of Health, Family and Youth

Délégué(s) – Delegate(s)

Dr C. Kokkinakis
Chargé d'affaires a.i., Minister, Permanent Mission, Geneva

Dr A. Punzet
Deputy Head of Department, Coordination International Health Policy, Federal Ministry of Health, Family and Youth

Suppléant(s) – Alternate(s)

Dr H. Friza
Minister (Public Health), Permanent Mission, Geneva

Ms V. Grubmüller
Permanent Mission, Geneva

Ms R. Enn
Permanent Mission, Geneva

AZERBAIDJAN – AZERBAIJAN

Chef de délégation – Chief delegate

Mr O. Shiraliyev
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mr E. Amirbayov
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr R. Novruzov
Third Secretary, Permanent Mission, Geneva

Conseiller(s) – Adviser(s)

Mr S. Abdullayev
Head, International Relations Department, Ministry of Health

BAHAMAS – BAHAMAS

Chef de délégation – Chief delegate

Dr H.A. Minnis
Minister of Health and Social Development

Délégué(s) – Delegate(s)

Dr M. Dahl-Regis
Chief Medical Officer, Ministry of Health and Social Development

Mrs M. Johnson
Acting Director of Nursing, Ministry of Health and Social Development

Suppléant(s) – Alternate(s)

Dr P. McMillan
Senior House Officer, Ministry of Health and Social Development

BAHREIN – BAHRAIN

Chef de délégation – Chief delegate

Dr F. Al-Hamar
Minister of Health

Délégué(s) – Delegate(s)

Mr A.A. Abdulla
Ambassador, Permanent Representative, Geneva

Dr M.A. Al-Jalahma
Assistant Under-Secretary, Department of Primary Health Care and Public Health, Ministry of Health

Suppléant(s) – Alternate(s)

Dr S.A. Khalfan
Director, Department of Public Health, Ministry of Health

Dr A.I. Salman
Adviser, Child Diseases, Ministry of Health

Conseiller(s) – Adviser(s)

Mr Y. Shaheen
Deputy Permanent Representative, Geneva

Mrs F. Abdul Wahid
Director, Department of Human Resources, Ministry of Health

Dr H.I. Al-Mahza
Head, International Relations, Member of the Executive Board of the Council of Ministers of Health of the Gulf Cooperation Council

Ms M. Radhi
Second Secretary, Permanent Mission, Geneva

Mr A. Rajab
Third Secretary, Permanent Mission, Geneva

BANGLADESH – BANGLADESH

Chef de délégation – Chief delegate

Mr A.K.M.Z.U. Khan
Secretary, Ministry of Health and Family Welfare

Chef adjoint de la délégation – Deputy chief delegate

Dr D. Bhattacharya
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Dr M.R.A. Sarker
Joint Secretary, Ministry of Health and Family Welfare

Mr M.M. Rahman
Minister, Permanent Mission, Geneva

Professor A.M.M.S. Alam
Director, National Institute of Cancer Resources and Hospital

Professor A.K. Azad
Director, Directorate General of Health Services

Dr S.M. Rafique
Director and Line Director, Directorate General of Health Services

Mr M.E. Mowla
Counsellor, Permanent Mission, Geneva

Mr A. Elias
First Secretary, Permanent Mission, Geneva

BARBADE – BARBADOS

Chef de délégation – Chief delegate

Dr D. Estwick
Minister of Health, National Insurance and Social Security

Chef adjoint de la délégation – Deputy chief delegate

Mr C. Trevor Clarke
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr M. Cox
Permanent Secretary, Ministry of Health, National Insurance and Social Security

Suppléant(s) – Alternate(s)

Dr J. St. John
Chief Medical Officer, Ministry of Health, National Insurance and Social Security

Mr D. Gill
Director, Policy, Planning and Research

Mr M. Clarke
Chief Nursing Officer

Dr C. Babb-Schaefer
Counsellor, Permanent Mission, Geneva

Ms N. Burke
First Secretary, Permanent Mission, Geneva

BELARUS – BELARUS

Chef de délégation – Chief delegate

Mr V. Zharko
Minister of Health

Délégué(s) – Delegate(s)

Mr S. Aleinik
Ambassador, Permanent Representative, Geneva

Mr A. Usoltsev
Counsellor, Permanent Mission, Geneva

BELGIQUE – BELGIUM

Chef de délégation – Chief delegate

M. A. Van Meeuwen
Ambassadeur, Représentant permanent, Genève

Deputy chief delegate – Chef adjoint de la délégation

Dr D. Cuypers
Président, Comité de Direction Service Public Fédéral Santé publique, Sécurité de la Chaîne alimentaire et Environnement

Délégué(s) – Delegate(s)

Mme L. Meulenbergs
Chef de Service, Service des Relations internationales, Service public fédéral Santé publique, Sécurité de la Chaîne alimentaire et Environnement

Suppléant(s) – Alternate(s)

Mme B. Minart
Représentant permanent adjoint, Genève

Dr D. Reynders
Direction générale, Soins de Santé primaire et Gestion de crises, Service public fédéral Santé publique, Sécurité de la Chaîne alimentaire et Environnement

M. E. Adriaensens
Ministre conseiller, Mission permanente, Genève

M. J. de Preter
Premier Secrétaire, Mission permanente, Genève

Mme K. de Nijs
Conseiller, Service public fédéral Affaires étrangères, Service Nations Unies

Mme M. Van Dijk
Agency for Care and Health, Flemish Ministry of Welfare, Public Health and Family

Dr P. Demoulin
Directeur général, Ministère de la Communauté française de Belgique

M. D. Maenaut
Délégué du Gouvernement de la Flandre auprès des Organisations multilaterales, Genève

Mme M.-H. Timmermans
Attaché principal de la Carrière extérieure auprès de la Délégation Wallonie-Bruxelles, Genève

Dr G. Laleman
Institut de Médecine tropicale, Anvers

BELIZE – BELIZE

Chef de délégation – Chief delegate

Mr P. Marin
Minister of Health

Délégué(s) – Delegate(s)

Dr P. Allen
Chief Executive Officer, Ministry of Health

Ms A. Hunt
Chargé d'affaires, Permanent Mission, Geneva

Suppléant(s) – Alternate(s)

Mr M. Tamasko
Permanent Mission, Geneva

BENIN – BENIN

Chef de délégation – Chief delegate

M. B. Faïhun
Secrétaire général, Ministère de la Santé

Délégué(s) – Delegate(s)

M. Yao Amoussou
Premier Conseiller, Mission permanente, Genève

M. L. Assogba
Directeur national de la Protection sanitaire, Ministère de la Santé

Suppléant(s) – Alternate(s)

M. M.A. Megnanglo Ayi
Chef de Service Santé communautaire, Ministère de la Santé

BHOUTAN – BHUTAN

Chef de délégation – Chief delegate

Mr L.Z. Dukpa
Minister of Health

Délégué(s) – Delegate(s)

Mr S.T. Rabgye
Ambassador, Permanent Representative, Geneva

Dr G. Tshering
Secretary, Ministry of Health

Mr P. Norbu
Second Secretary, Permanent Mission, Geneva

Suppléant(s) – Alternate(s)

Dr S. Ugyen
Chief Programme Officer, Ministry of Health

Ms D. Tshering
Deputy Permanent Representative, Geneva

Mr S. Wangchuk
Counsellor, Permanent Mission, Geneva

BOLIVIE – BOLIVIA

Chef de délégation – Chief delegate

Dr. W. Selum Rivero
Ministro de Salud y Deportes

Délégué(s) – Delegate(s)

Dr. A. Sánchez Bustamante
Coordinador de Relaciones Internacionales, Ministerio de Salud y Deportes

Sra. A. Navarro
Embajadora, Representante Permanente, Ginebra

Suppléant(s) – Alternate(s)

Sra. M. Ureña
Consejera, Misión Permanente, Ginebra

Sra. X. Montaño
Primera Secretaria, Misión Permanente, Ginebra

Sr. R. Chacón
Misión Permanente, Ginebra

BOSNIE–HERZEGOVINE – BOSNIA AND HERZEGOVINA

Chef de délégation – Chief delegate

Mrs J. Kalmeta
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr M. Pinjo
Minister Counsellor, Permanent Mission, Geneva

Ms D. Andjelic
Counsellor, Permanent Mission, Geneva

Suppléant(s) – Alternate(s)

Ms A. Kundurovic
First Secretary, Permanent Mission, Geneva

BOTSWANA – BOTSWANA

Chef de délégation – Chief delegate

Ms L.E. Motsumi
Minister of Health

Délégué(s) – Delegate(s)

Mr N. Kahiya
Permanent Secretary, Ministry of Health

Mr B. Mokgothu
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Dr K.C. Malefho
Superintendent, Princess Marina Hospital

Mr B. John
Chief Pharmacist

Ms N. Mlaudzi
Private Secretary to the Minister of Health

Mr O.R. Hetanang
Counsellor, Permanent Mission, Geneva

Mr M. Bonang
First Secretary, Permanent Mission, Geneva

BRESIL – BRAZIL

Chef de délégation – Chief delegate

Mr J. Gomes Temporão
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mr C. Hugueney
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr S.A.L. Floréncio
Ambassador, Deputy Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mr P. Buss
President, Oswaldo Cruz Foundation

Mr J.A.A. da Silva
Director, National Agency of Sanitary Surveillance

Mr F. Campos
Secretary of Management in Work and Education in Health

Mr P.B. Coury
National Agency of Sanitary Surveillance

Mr E.B. Barbosa
Minister, Head of the Department of International Affairs, Ministry of Health

Mr S.L. Bento Alcázar
Minister, Department of International Affairs, Ministry of Health

Mr G. Patriota
Minister, Permanent Mission, Geneva

Ms M.B. Galvão Simão
Director of National Programme on AIDS, Ministry of Health

Mr E. Hage Carmo
Director, Department of Epidemic Surveillance, Ministry of Health

Mr A.R.F. dos Santos
Director, Department of Strategic Policies, Secretary of Attention to Health, Ministry of Health

Ms J. Vallini
Legal Assessor National Programme on AIDS, Ministry of Health

Mr S. Gaudéncio
Division of Multilateral Issues, Ministry of Health

Mr R. Estrela de Carvalho
First Secretary, Permanent Mission, Geneva

Mr L.L. Viegas
Assessor, Ministry of Health

Mr M.F. Lobato
Official, Division of Social Issues, Ministry of Foreign Affairs

BRUNEI DARUSSALAM – BRUNEI DARUSSALAM

Chef de délégation – Chief delegate

Mr P.S. Osman
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mr J. Erih
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr S. Ali
Permanent Secretary, Ministry of Health

Suppléant(s) – Alternate(s)

Dr Z.A. Yahya
Assistant Director, International Affairs, Ministry of Health

Dr P.K. Ismail
Senior Medical Officer, Ministry of Health

Dr R. Sharbawi
Senior Medical Officer, Ministry of Health

Ms N. Manap
Chief Scientific Officer, International Affairs, Ministry of Health

Ms A. Morni
Second Secretary, Permanent Mission, Geneva

BULGARIE – BULGARIA

Chef de délégation – Chief delegate

Dr V. Tzekov
Deputy Minister of Health

Délégué(s) – Delegate(s)

Mr P. Draganov
Ambassador, Permanent Representative, Geneva

Professor L. Ivanov
Director, National Centre of Public Health Protection, Ministry of Health

Suppléant(s) – Alternate(s)

Ms D. Parusheva
Second Secretary, Permanent Mission, Geneva

Ms E. Ugrinova
Junior Expert, European Affairs and International Cooperation Directorate, Ministry of Health

Conseiller(s) – Adviser(s)

Ms K. Petrova
Expert, Human Rights and International Humanitarian Organizations Directorate, Ministry of Foreign Affairs

BURKINA FASO – BURKINA FASO

Chef de délégation – Chief delegate

Dr B.A. Yoda
Ministre de la Santé

Délégué(s) – Delegate(s)

M. P. Vokouma
Ambassadeur, Représentant permanent, Genève

Dr B.K.M. Sombie
Conseiller technique, Ministre de la Santé

Suppléant(s) – Alternate(s)

Dr S. Sanou
Directeur général de la Santé, Ministère de la Santé

Dr F. Zampaligre
Directrice de la Santé de la Famille, Ministère de la Santé

Dr J.A. Tiendrebeogo
Secrétaire permanent du Conseil national de Lutte contre le SIDA, Présidence du Faso

Dr M. Compaore
Directeur général de la Pharmacie, du Médicament et des Laboratoires

Mme S. Bakyono Kanzie
Deuxième Conseiller, Mission permanente, Genève

Mme E. Balima
Attachée d'Ambassade, Mission permanente, Genève

BURUNDI – BURUNDI

Chef de délégation – Chief delegate

Dr E. Gikoro
Ministre de la Santé publique et de la Lutte contre le SIDA

Délégué(s) – Delegate(s)

Dr C. Batungwanayo
Directeur général de la Santé publique

Dr I. Bimenyimana
Chef de Cabinet au Vice-Ministre chargé de la Lutte contre le SIDA

Suppléant(s) – Alternate(s)

M. E. Ndabishuriye
Conseiller, Mission permanente, Genève

CAMBODGE – CAMBODIA

Chef de délégation – Chief delegate

Professor Eng Huot
Secretary of State for Health, Ministry of Health

Délégué(s) – Delegate(s)

Mr Sun Suon
Ambassador, Permanent Representative, Geneva

Professor Sann Chan Soeung
Deputy Director-General for Health, Ministry of Health

Suppléant(s) – Alternate(s)

Dr Sok Touch
Director, Communicable Disease Control Department, Ministry of Health

Ms Keat Phuong
Director, Human Resource Development Department, Ministry of Health

Dr Or Vandine
Director, International Cooperation Department, Ministry of Health

Mrs Eat Sonisa
Third Secretary, Permanent Mission, Geneva

CAMEROUN – CAMEROON

Chef de délégation – Chief delegate

M. A. Mama Fouda
Ministre de la Santé publique

Chef adjoint de la délégation – Deputy chief delegate

M. A.F. Nkou
Ambassadeur, Représentant permanent, Genève

Délégué(s) – Delegate(s)

M. F. Ngantcha
Chargé d'affaires a.i., Mission permanente, Genève

Suppléant(s) – Alternate(s)

M. A. Abana Elongo
Chargé de mission à la Présidence de la République du Cameroun

M. D. Batamack
Chargé de mission, Services du Premier Ministre

Dr B. Kollo
Directeur, Ressources humaines, Ministère de la Santé publique

M. J.R.B. Ndo
Directeur, Pharmacie et Médicament, Ministère de la Santé publique

M. E. Maina Djoulde
Chef, Division de la Coopération, Ministère de la Santé publique

Dr Z.K. Bisseck
Sous-Directeur du VIH/SIDA, Ministère de la Santé publique

Mme J. Matel
Chef, Cellule des Affaires legislatives, réglementaires et contentieuses, Ministère des Relations extérieures

CANADA – CANADA

Chef de délégation – Chief delegate

Mr T. Clement
Minister of Health and Minister for the Federal Economic Development Initiative for Northern Ontario
(Chief Delegate from 19 to 20 May 2008)
(Chef de délégation du 19 au 20 mai 2008)

Délégué(s) – Delegate(s)

Mr S. Fletcher
Parliamentary Secretary to the Minister of Health

Mr M. Rosenberg
Deputy Minister, Health Canada

Suppléant(s) – Alternate(s)

Mr M. Grinius
Ambassador, Permanent Representative, Geneva
(Chief Delegate from 21 to 24 May 2008)
(Chef de délégation du 21 au 24 mars 2008)

Mr D.W. Currie
Minister of Health, Prince Edward Island

Ms K. Dodds
Assistant Deputy Minister, Health Policy Branch, Health Canada

Ms J. Billings
Senior Assistant Deputy Minister, Public Health Agency of Canada

Ms M. Smadu
President, Canadian Nurses Association

Ms G. Wiseman
Director, International Health Division, International Affairs Directorate, Health Canada

Ms L. Holt
Director, Population and Public Health, Policy Branch, Canadian International Development Agency

Ms J. Hamilton
Deputy Director, Human Rights, Gender Equality, Health and Population Division, Department of Foreign Affairs and International Trade

Mr A. Poirier
National Director of Public Health, Ministry of Health and Social Services, Québec

Mr G. Aslanyan
Principal Adviser/Manager, International Public Health Division, Public Health Agency of Canada

Ms S. Black
Senior Policy Analyst, International Affairs Directorate, Health Canada

Mr D. Strawczynski
Senior Policy Analyst, International Affairs Directorate, Health Canada

Mr D. MacPhee
Special Adviser, WHO/Global Health Issues, Human Rights, Gender Equality, Health and Population Division, Department of Foreign Affairs and International Trade

Mr F. Fowler
Senior Analyst, Population and Public Health, Policy Branch, Canadian International Development Agency

Ms N. St. Lawrence
Senior Adviser, International Health, International Affairs Directorate, Health Canada

Ms C. Palmier
Manager, Multilateral Institutions and Global Programs Group, Canadian International Development Agency

Mr M. Lysyshyn
Medical Specialist, Infectious Disease and Emergency Preparedness Branch, Public Health Agency of Canada

Mr P. Oldham
Counsellor, Permanent Mission, Geneva

Mr K. Keystone
Permanent Mission, Geneva

Ms S. Lessard
Permanent Mission, Geneva

Ms J. Daniel
Permanent Mission, Geneva

CAP-VERT – CAPE VERDE

Chef de délégation – Chief delegate

Dr B. Mosso Ramos
Ministre d'Etat et de la Santé

Délégué(s) – Delegate(s)

Mme M. Cardoso
Directrice générale du Cabinet d'Etude, de la Planification et de la Coopération

M. B. Monteiro Silva
Chargé d'affaires, Représentant permanent, Genève

CHILI – CHILE

Chef de délégation – Chief delegate

Dra. J. Vega
Subsecretaria de Salud

Délégué(s) – Delegate(s)

Sr. C. Portales
Embajador, Representante Permanente, Ginebra

Sr. A. Rogers
Ministro Consejero, Misión Permanente, Ginebra

Suppléant(s) – Alternate(s)

Dr. O. Salgado
Jefe de la Oficina de Cooperación y Asuntos Internacionales

Sr. M. Santa Cruz
Consejero, Misión de Chile ante la Organización Mundial de Comercio, Ginebra

Sr. B. del Picó
Segundo Secretario, Misión Permanente, Ginebra

CHINE – CHINA

Chef de délégation – Chief delegate

Professor Chen Zhu
Minister of Health

Délégué(s) – Delegate(s)

Mr Li Baodong
Ambassador, Permanent Representative, Geneva

Dr Ren Minghui
Acting Director-General, Department of International Cooperation, Ministry of Health

Suppléant(s) – Alternate(s)

Mr Wu Hailong
Director-General, Department of International Organizations and Conferences, Ministry of Foreign Affairs

Mr Wang Qun
Ambassador, Deputy Permanent Representative, Geneva

Dr York Chow
Secretary for Food and Health, Hong Kong Special Administrative Region

Dr Chui Sai On
Secretary for Social Affairs and Culture, Macao Special Administrative Region

Dr Yin Li
Director-General, Department of General Administration, Ministry of Health

Dr Zhao Zilin
Director-General Department of Planning and Finance, Ministry of Health

Dr Chen Xianyi
Director-General, Office of Health Emergency Response, Ministry of Health

Dr Lam Ping Yan
Director of Health, Hong Kong Special Administrative Region

Dr Lei Chin Ion
Director of Health, Macao Special Administrative Region

Dr Cheang Seng Ip
Deputy Director of Health, Macao Special Administrative Region

Dr Zhou Jun
Deputy Director-General, Department of Medical Administration, Ministry of Health

Dr Bai Huqun
Deputy Director-General, Bureau of Disease Control, Ministry of Health

Mr M.A. Lixin
Deputy Director-General, Department of Supervision on Health Quarantine, General Administration of Quality Supervision, Inspection and Quarantine

Dr Yu Xiucheng
Deputy Director-General, Department of Medicine Science, Technology and Education, Ministry of Health

Ms Dong Zhihua
Counsellor, Permanent Mission, Geneva

Mr Qian Bo
Counsellor, Permanent Mission, Geneva

Ms Liu Hua
Counsellor, Permanent Mission, Geneva

Mr Wang Ni
Counsellor, Permanent Mission, Geneva

Mr He Zhaohua
Counsellor, Permanent Mission, Geneva

Dr Lei Zhenglong
Division Director, Bureau of Disease Control, Ministry of Health

Dr Xing Jun
Division Director, Department of International Cooperation, Ministry of Health

Mr Wang Xiaoying
First Secretary, Permanent Mission, Geneva

Ms Lan Mei
First Secretary, Permanent Mission, Geneva

Ms Yue Yanghua
Adviser, International Health Exchange and Cooperation Center, Ministry of Health

Mr Qiao Huijun
Deputy Division Director, Department of International Organizations and Conferences, Ministry of Foreign Affairs

Mr Li Xiang
Deputy Division Director, Department of General Administration, Ministry of Health

Ms Li Yi
Second Secretary, Permanent Mission, Geneva

Mr Andy Chan
Administrative Assistant to the Secretary for Food and Health, Hong Kong Special Administrative Region

Mr Matthew Leung
Press Secretary to the Secretary for Food and Health, Hong Kong Special Administrative Region

Dr Tsang Ho Fai Thomas
Controller, Centre for Health Protection, Hong Kong Special Administrative Region

Dr So Shuk Kuen Joanna
Senior Medical and Health Officer (Disease Prevention), Hong Kong Special Administrative Region

Dr Wong Yuk Ming Alice
Senior Medical and Health Officer (Planning), Hong Kong Special Administrative Region

Ms Vong Wai Han
Adviser, Office of the Secretary for Social Affairs and Culture, Macao Special Administrative Region

Ms Zhong Yi Mascarenhas
Adviser, Office of the Secretary for Social Affairs and Culture, Macao Special Administrative Region

Mr Xiao Hong
Adviser, International Health Exchange and Cooperation Centre, Ministry of Health

Mr Zhang Ze
Third Secretary, Permanent Mission, Geneva

Ms Han Jixiu
Programme Officer, Department of International Cooperation, Ministry of Health

Ms Wang Dan
Attaché, Permanent Mission, Geneva

CHYPRE – CYPRUS

Chef de délégation – Chief delegate

Dr C. Patsalides
Minister of Health
(Chief delegate from 19 to 20 May 2008)
(Chef de délégation du 19 au 20 mai 2008)

Deputy chief delegate – Chef adjoint de la délégation

Mr Y. Papadopoulos
Permanent Secretary, Ministry of Health
(Chief delegate from 21 to 23 May 2008)
(Chef de délégation du 21 au 23 mai 2008)

Délégué(s) – Delegate(s)

Mr A. Hadjichrysanhou
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mr N. Nicolaou
Deputy Permanent Representative, Geneva

Dr A. Polynikis
Chief Medical Officer, Ministry of Health

Dr C. Kaisis
Chief Medical Officer, Department of Medical and Public Health Services

Ms A. Tapakoudi
Head of Nursing Services Division, Ministry of Health

Dr A. Demetriou
Representative of the Cyprus Medical Association

Mr C. Andreou
Senior Nursing Officer, Representative of the Pancyprian Nursing Association, Nicosia-Cyprus

Ms A. Argyrou
Senior Nursing Officer, Ministry of Health

Conseiller(s) – Adviser(s)

Ms M. Soloyianni
Adviser, Permanent Mission, Geneva

COLOMBIE – COLOMBIA

Chef de délégation – Chief delegate

Sra. C. Forero Ucros
Embajadora, Representante Permanente, Ginebra

Délégué(s) – Delegate(s)

Sr. C.I. Cuervo Valencia
Viceministro de Salud y Bienestar, Ministerio de la Protección Social

Sra. M.I. Alarcón
Ministro Consejero, Misión Permanente, Ginebra

Suppléant(s) – Alternate(s)

Sr. O.I. Echeverry Vásquez
Tercer Secretario, Dirección de Asuntos Económicos, Sociales y Ambientales Multilaterales, Ministerio de Relaciones Exteriores

Srta. P. Arana
Attaché, Misión Permanente, Ginebra

COMORES – COMOROS

Chef de délégation – Chief delegate

Dr I. Dhoinine
Vice-président, Chargé du Ministère de la Santé, de la Solidarité et de la Promotion du Genre

Délégué(s) – Delegate(s)

M. D. Allaoui
Directeur de Cabinet du Vice-président

M. C.B. Abdou
Conseiller technique, Ministère de la Santé, de la Solidarité et de la Promotion du Genre

CONGO – CONGO

Chef de délégation – Chief delegate

Mme E. Raoul
Ministre de la Santé, des Affaires sociales et de la Famille

Deputy chief delegate – Chef adjoint de la délégation

M. R.J. Menga
Ambassadeur, Représentant permanent, Genève

Délégué(s) – Delegate(s)

M. J.M. Megot
Chargé d'affaires a.i., Mission permanente, Genève

Suppléant(s) – Alternate(s)

Dr D. Bodzongo
Directeur général de la Santé, Ministère de la Santé, des Affaires sociales et de la Famille

Dr Y. Voumbo
Conseillère à la Santé, Ministère de la Santé, des Affaires sociales et de la Famille

M. M. Djouob
Conseiller technique, Ministère de la Santé, des Affaires sociales et de la Famille

Mme F. M'Vila
Conseiller (Affaires sociales), Mission permanente, Genève

Mme M.F. Wando-Semedo
Première Secrétaire, Mission permanente, Genève

M. S. Boret Bokwango
Chargé du Protocole, Mission permanente, Genève

Mlle J. Kama
Mission permanente, Genève

COSTA RICA – COSTA RICA

Chef de délégation – Chief delegate

Sra. R. García González
Directora General de Salud, Ministerio de

Deputy chief delegate – Chef adjoint de la délégation

Sra. A. Segura Hernández
Encargada de Negocios a.i., Misión Permanente, Ginebra

Délégué(s) – Delegate(s)

Sra. A. Acuña Navarro
Funcionaria, Ministerio de Salud y Presidenta, Consejo Nacional de Enfermeras

Suppléant(s) – Alternate(s)

Sra. E. Gutiérrez Ruíz
Ministro Consejero, Misión Permanente, Ginebra

Sr. A. Castro
Colaborador del Ministerio de Salud, Proyecto de Desarrollo Organizacional, Ministerio de Salud

COTE D'IVOIRE – COTE D'IVOIRE

Chef de délégation – Chief delegate

Dr R. Allah Kouadio
Ministre de la Santé et de l'Hygiène publique

Chef adjoint de la délégation – Deputy chief delegate

Dr C. Adjobi
Ministre de la Lutte contre le SIDA

Délégué(s) – Delegate(s)

M. G.-A.E. Gauze
Ambassadeur, Représentant permanent, Genève

Suppléant(s) – Alternate(s)

Professeur S. Anongba Danho
Directeur général de la Santé

Professeur G. Loukou Yao
Conseiller technique, Chef du Service de Biologie médicale et Microbiologie industrielle au Laboratoire national de Santé publique

Mme B. Quacoe
Conseiller, Mission permanente, Genève

Professeur Kouassi Dinard
Directeur, Institut national de Santé publique

M. K. Kouakou
Premier Conseiller, Mission permanente, Genève

Professeur S. Dagnan N'Cho
Sous-Directeur de la Vaccinologie, Institut national d'Hygiène publique

Dr J. Benie Bi Vroh
Directeur Coordonnateur, Programme national de la Santé de la Reproduction et Planification familiale

Dr M.D. Koffi-Koumi
Directeur Coordonnateur, Programme national de Santé infantile

Dr Yao Kossia
Directeur Coordonnateur Adjoint, Programme élargi de Vaccination

Dr P.O. Yayo Sagou
Chargé d'études

Dr E. Ahimon
Chargée d'études

M. A.F. Kacou
Chargé de Mission, Ministère de la Santé et de l'Hygiène publique

Mme C. Aka Bissie
Chargée de Mission, Ministère de la Santé et de l'Hygiène publique

M. J. Bamba
Chargé du Protocole

CROATIE – CROATIA

Chef de délégation – Chief delegate

Mrs M. Mladineo
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Ms M. Adamic
First Secretary, Permanent Mission, Geneva

CUBA – CUBA

Chef de délégation – Chief delegate

Sr. J.R. Balaguer Cabrera
Minister of Public Health

Chef adjoint de la délégation – Deputy chief delegate

Mr J.A. Fernández Palacios
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Dr N. Marimón Torres
Director, Foreign Affairs Division, Ministry of Public Health

Suppléant(s) – Alternate(s)

Dr M. Santín Peña
National Director of Epidemiology, Ministry of Public Health

Mr J. Ferrer
Minister Counsellor, Permanent Mission, Geneva

Dr A. González Fernández
Foreign Affairs Division, Ministry of Public Health

Mr M.G. Lluch
Counsellor, Permanent Mission, Geneva

Ms L. González Navarro
First Secretary, Ministry of Foreign Affairs

Mr J.C. Frómeta
First Secretary, Permanent Mission, Geneva

Dr A.M. Sánchez Calero
Foreign Affairs Division, Ministry of Public Health

Mr A. La Rosa Domínguez
Second Secretary, Permanent Mission, Geneva

Ms H. Álvarez Núñez
Permanent Mission, Geneva

DANEMARK – DENMARK

Chef de délégation – Chief delegate

Mr J. Fisker
Director-General, National Board of Health of Denmark

Délégué(s) – Delegate(s)

Ms M-L. Overvad
Ambassador, Permanent Mission, Geneva

Dr C.M. Jensen
Deputy Director-General, National Board of Health of Denmark

Suppléant(s) – Alternate(s)

Mr M. Jorgensen
Head of Division, Ministry of Health and Prevention

Dr E. Smith
Head of Centre for Prevention and Health Promotion, National Board of Health of Denmark

Ms M. Kristensen
Senior Adviser, National Board of Health of Denmark

Dr S.J. Jorgensen
Senior Adviser, National Board of Health of Denmark

Ms R. Truelsen
Chief Nursing Officer, National Board of Health of Denmark

Ms H.E. Krarup
Head of Section, Ministry of Health and Prevention

Mr A. Berling-Rasmussen
First Secretary, Permanent Mission, Geneva

Ms M.S. Jensen
Permanent Mission, Geneva

DJIBOUTI – DJIBOUTI

Chef de délégation – Chief delegate

M. S.B. Tourab
Secrétaire général, Ministère de la Santé

Délégué(s) – Delegate(s)

M. A.M. Abro
Premier Conseiller, Mission permanente, GenèveM.

C.M. Watta
Ministère de la Santé

Suppléant(s) – Alternate(s)

M. I.S. Waïss
Ministère de la Santé

EGYPTE – EGYPT

Chef de délégation – Chief delegate

Dr H. El Gabaly
Minister of Health and Population

Délégué(s) – Delegate(s)

Mr S. Shoukry
Ambassador, Permanent Representative, Geneva

Dr N. El-Sayed
Assistant to the Minister of Health and Population (Primary Health Care, Preventive Medicine and Family Planning)

Suppléant(s) – Alternate(s)

Dr N. Rasmy
Assistant to the Minister of Health and Population (Curative and Critical Care)

Mr A. Meleka
Minister, Deputy Permanent Representative, Geneva

Dr H. El-Sayed
President, Egyptian Medical Syndicate

Dr M. Warida
Adviser to the Minister of Health for International Cooperation

Dr M. Gad
First Secretary, Permanent Mission, Geneva

Mr T. Khallaf
Second Secretary, Permanent Mission, Geneva

Mr F. Saad
Governor of the 6th of October City

EL SALVADOR – EL SALVADOR

Chef de délégation – Chief delegate

Sr. M.A. Alcaine Castro
Representante Permanente Adjunto, Encargado de Negocios a.i., Ginebra

Délégué(s) – Delegate(s)

Dr. H.A. Urbina
Director General de Salud

Sra. L. Alvarado-Overdiek
Consejero, Misión Permanente, Ginebra

EMIRATS ARABES UNIS – UNITED ARAB EMIRATES

Chef de délégation – Chief delegate

Mr H.M. Al Qutami
Minister of Health

Délégué(s) – Delegate(s)

Mr O.S. Al Zaabi
Ambassador, Permanent Representative, Geneva

Dr A.A. Bin Shakar
Director-General, Ministry of Health

Suppléant(s) – Alternate(s)

Mr N.K. Al Budoor
Director, Minister's Office, International Relations and Health Affairs, Ministry of Health

Mr H.T. Al Shamsi
Director, Ajman Medical District

Miss N. Al Qassimi
First Secretary, Permanent Mission, Geneva

Dr Y.A. Almulla
Director, Dental Services Centre, Ministry of Health

Mr M.A. Boloushi
Media Director, Ministry of Health

Dr F. Al Refaai
Nursing Director, Ministry of Health

Dr M.M. Alkuwarie
Director, Primary Health Care, Ministry of Health

Mrs F.M. Badri
Director, Director-General's Office, Ministry of Health

Mr A.H.S. Alhamood
Section Head, International Relations Department, Ministry of Health

EQUATEUR – ECUADOR

Chef de délégation – Chief delegate

Dra. C. Chang
Ministra de Salud Pública

Deputy chief delegate – Chef adjoint de la délégation

Sr. M. Montalvo
Embajador, Representante Permanente, Ginebra

Délégué(s) – Delegate(s)

Sr. E. Torres Terán
Subsecretario General de Salud del Ministerio de Salud Pública

Suppléant(s) – Alternate(s)

Sra. C. Laspina
Directora General de Salud, Ministerio de Salud Pública

Sr. J. Holguín
Ministro, Misión Permanente, Ginebra

Sr. C. Santos
Consejero, Misión Permanente, Ginebra

Sra. L. Baquerizo Guzmán
Segundo Secretario, Misión Permanente, Ginebra

Sr. E. Rodríguez
Asesor, Ministerio de Salud Pública

Sra. K. Rosero

Sra. J. Chang
Misión Permanente, Ginebra

ERYTHREE – ERITREA

Chef de délégation – Chief delegate

Mr B. Kifleyesus
Director-General, Regulatory Services, Ministry of Health

Délégué(s) – Delegate(s)

Dr B. Debru
Director, Clinical Services, Ministry of Health

Dr B. Haile
Head, Reproductive Health Unit, Ministry of Health

Suppléant(s) – Alternate(s)

Mr G. Mehari
Permanent Mission, Geneva

ESPAGNE – SPAIN

Chef de délégation – Chief delegate

Sr. B. Soria Escoms
Ministro de Sanidad y Consumo

Chef adjoint de la délégation – Deputy chief delegate

Sr. J. Garrigues Flórez
Embajador, Representante Permanente, Ginebra

Délégué(s) – Delegate(s)

Sr. J. Martínez Olmos
Secretario General de Sanidad, Ministerio de Sanidad y Consumo

Suppléant(s) – Alternate(s)

Sr. J.M. de Arístegui Laborde
Embajador, Representante Permanente Alterno, Ginebra

Sr. J.C. Martínez Martínez
Director, Gabinete del Ministro de Sanidad y Consumo

Sr. I. Hernández Aguado
Director General de Salud Pública, Ministerio de Sanidad y Consumo

Sr. P. Rivero Corte
Director General, Agencia de Calidad del Sistema Nacional de Salud, Ministerio de Sanidad y Consumo

Sra. V. Ruíz Camino
Asesora del Ministro de Sanidad y Consumo

Sr. G. López Mac-Lellan
Consejero, Misión Permanente, Ginebra

Sr. J. Pérez Lázaro
Subdirector General de Relaciones Internacionales, Ministerio de Sanidad y Consumo

Sra. M. Limarquez Cano
Subdirectora General de Promoción de la Salud y Epidemiología, Ministerio de Sanidad y Consumo

Sra. E. Martín-Asín López
Subdirectora General Adjunta de Relaciones Internacionales, Ministerio de Sanidad y Consumo

Sra. M.T. De Martín Martínez
Coordinadora de Programas, Gabinete Técnico, Secretaría General de Sanidad, Ministerio de Sanidad y Consumo

Sra. M.L. García Tuñón
Consejera Técnica, Subdirección General de Relaciones Internacionales, Ministerio de Sanidad y Consumo

Sr. C. Lens Cabrera
Consejero Técnico, Dirección General de Farmacia y Productos Sanitarios, Ministerio de Sanidad y Consumo

Sr. O. González Gutiérrez-Solana
Consejero Técnico, Dirección General de Salud Público, Ministerio de Sanidad y Consumo

Sra. E. Rodríguez Machado
Jefe de Servicios, Subdirección General de Relaciones Internacionales, Ministerio de Sanidad y Consumo

ESTONIE – ESTONIA

Chef de délégation – Chief delegate

Ms M. Maripuu
Minister of Social Affairs

Délégué(s) – Delegate(s)

Mr T. Nirk
Ambassador, Permanent Representative, Geneva

Ms T. Aro
Director-General, Health Protection Inspectorate

Suppléant(s) – Alternate(s)

Ms M. Jesse
Director, National Institute for Health Development of the Republic of Estonia

Ms U.-K. Nurm
Head, Public Health Department, Ministry of Social Affairs

Ms H. Laarmann
Head, (Chemical Safety), Public Health Department, Ministry of Social Affairs

Conseiller(s) – Adviser(s)

Ms K. Sarapuu
Adviser to the Minister of Social Affairs

Ms K. Sibul
Third Secretary, Permanent Mission, Geneva

ETATS-UNIS D'AMERIQUE – UNITED STATES OF AMERICA

Chef de délégation – Chief delegate

Mr M.O. Leavitt
Secretary of Health and Human Services

Délégué(s) – Delegate(s)

Dr W.R. Steiger
Special Assistant to the Secretary for International Affairs, Department of Health and Human Services

Mr W.W. Tichenor
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mr M. Abdoo
Director, Office of Multilateral Affairs, Office of Global Health Affairs, Department of Health and Human Services

Mr G. Anderson
Deputy Assistant Secretary for International Organization Affairs, Department of State

Dr J. Garcia
Assistant Secretary for Health, Department of Health and Human Services

Mr D.E. Hohman
Health Attaché, Permanent Mission, Geneva

Dr J.E. Lange
Special Representative for Avian and Pandemic Influenza, Avian Influenza Action Group, Department of State

Mr M.W. Miller
Senior Adviser for Health Diplomacy, Office of Global Health Affairs, Department of Health and Human Services

Ms P. Royall
Director, Office of Disease Prevention and Health Promotion, Office of Public Health and Science, Department of Health and Human Services

Ms M.L. Valdez
Deputy Director, Office of Global Health Affairs, Department of Health and Human Services

Conseiller(s) – Adviser(s)

Ms D. Bond
International Health Analyst, Office of Global Health Affairs, Department of Health and Human Services

Ms A. Chick
International Resource Management Officer, Permanent Mission, Geneva

Dr E. Clarke
International Health Analyst, Office of Global Health Affairs, Department of Health and Human Services

Ms T.V. Garde
Adviser for Intellectual Property, Office of the United States Trade Representative, Geneva

Mr J. Heiby
Senior Technical Adviser, Bureau of Health, Infectious Disease and Nutrition, United States Agency for International Development

Dr T. Hughes
International Health Analyst, Office of Global Health Affairs, Department of Health and Human Services

Ms D. Lashley-Johnson
Intellectual Property Attaché, Economic and Science Section, Permanent Mission, Geneva

Mr R. McKeown
Chief of Staff, Department of Health and Human Services

Mrs C. Pearson
Assistant Secretary for Public Affairs, Department of Health and Human Services

Ms L. Spratt
Bureau of International Organizations Affairs, Department of State

Mr C. Wilson
Deputy Assistant United States Trade Representative for Innovation, Office of the United States Trade Representative, Geneva

Dr N. Nielsen
President-Elect, American Medical Association

ETHIOPIE – ETHIOPIA

Chef de délégation – Chief delegate

Dr T.A. Ghebreyesus
Minister of Health

Délégué(s) – Delegate(s)

Mr F. Yimer
Ambassador, Permanent Representative, Geneva

Dr Z.T. Gebreselassie
Head, Diseases Control and Prevention Unit, Ministry of Health

Suppléant(s) – Alternate(s)

Dr N.K. Bilal
Head, Planning and Programming Unit, Ministry of Health

Dr N.T. Belayneh
Head, Family Health Department, Ministry of Health

Dr H.A. Nadew
President of Pharmaceutical Association

Mr A.M. Abebe
First Secretary, Permanent Mission, Geneva

EX-REPUBLIQUE YOUGOSLAVE DE MACEDOINE –
THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

Chef de délégation – Chief delegate

Dr V. Lazarevik
Deputy Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mr G. Avramchev
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Dr K. Salvani
State Secretary for Health, Ministry of Health

Suppléant(s) – Alternate(s)

Ms B. Tasevska
Minister, Permanent Mission, Geneva

Mr D. Uzunovski
Minister Counsellor, Permanent Mission, Geneva

Ms S. Temova
Head of Unit, Department for European Union Integration, Ministry of Health

Dr E. Ramo
Department for Primary and Preventive Health Care, Ministry of Health

Ms N. Fakovik
Medical Nurse, Department for Primary and Preventive Health Care, Ministry of Health

Ms L. Asani
Medical Nurse, Health Centre, Skopje

FEDERATION DE RUSSIE – RUSSIAN FEDERATION

Chef de délégation – Chief delegate

Professor R.A. Khalfin
Deputy Minister of Health and Social Development

Délégué(s) – Delegate(s)

Mr V.V. Loshchinin
Ambassador, Permanent Representative, Geneva

Mr O.P. Chestnov
Deputy Director, Department of International Cooperation and Public Relations, Ministry of Health and Social Development

Suppléant(s) – Alternate(s)

Professor V.I. Starodubov
Director, Central Research Institute of Health Management and Information System

Mr V.A. Nebenzia
Deputy Permanent Representative, Geneva

Professor Y.V. Mikhailova
First Deputy Director, Central Research Institute of Health Management and Information Systems

Dr M.P. Shevyreva
Deputy Director, Department of Pharmaceutical Activities, Human Welfare Ensuring, Sciences and Education, Ministry of Health and Social Development

Dr A.V. Korotkova
Deputy Director, Central Research Institute of Health Management and Information Systems

Mrs G.G. Chistyakova
Deputy Director of Department, Federal Supervisory Service for Consumer Rights Protection and Human Welfare

Mr A.G. Bashkin
Senior Counsellor, Permanent Mission, Geneva

Mr V.M. Zimyanin
Senior Counsellor, Permanent Mission, Geneva

Mr N.N. Sikachev
Senior Adviser, Department of International Organizations, Ministry of Foreign Affairs

Conseiller(s) – Adviser(s)

Professor S.N. Shchelkunov
Head of Department, State Scientific Centre of Virology and Biotechnology “Vector”

Dr A.A. Melnikova
Head of Section, Federal Supervisory Service for Consumer Rights Protection and Human Welfare

Dr M.S. Tseshkovskiy
Senior Researcher, Central Research Institute of Health Management and Information Systems

Mr E.V. Kovalevskiy
Chief Researcher, Research Institute of Labour Medicine, Russian Academy of Medical Sciences

Dr A.V. Pavlov
Counsellor, Permanent Mission, Geneva

Mr M.V. Berdyev
First Secretary, Permanent Mission, Geneva

Mr L.V. Kulikov
First Secretary, Permanent Mission, Geneva

Mr A.V. Markov
First Secretary, Permanent Mission, Geneva

Ms M.V. Churilova
Second Secretary, Permanent Mission of the Russian Federation to the European Communities, Brussels

Mr Y.G. Sirenko
Senior Researcher, Central Research Institute of Health Management and Information Systems

Ms N.S. Kuleshova
Chief Specialist, Department of International Cooperation and Public Relations, Ministry of Health and Social Development

Mr E.V. Kalugin
Third Secretary, Permanent Mission, Geneva

Mr D.A. Khudov
Attaché, Permanent Mission, Geneva

FIDJI – FIJI

Chef de délégation – Chief delegate

Dr J. Luveni
Minister of Health, Women and Social Welfare

Délégué(s) – Delegate(s)

Dr A. Chandra
Director, Curative Health Services, Ministry of Health, Women and Social Welfare

FINLANDE – FINLAND

Chef de délégation – Chief delegate

Ms P. Risikko
Minister of Health and Social Services

Chef adjoint de la délégation – Deputy chief delegate

Ms A. Vuorinen
Director-General, Ministry for Foreign Affairs

Délégué(s) – Delegate(s)

Mr P. Metso
Minister Counsellor, Permanent Mission, Geneva

Suppléant(s) – Alternate(s)

Dr T. Melkas
Director-General, Ministry of Health and Social Services

Ms L. Ollila
Director for International Unit, Ministry of Health and Social Services

Ms M. Vallimies-Patomäki
Ministerial Adviser, Ministry of Health and Social Services

Ms T. Koivisto
Ministerial Adviser, Ministry of Health and Social Services

Ms E. Ollila
Ministerial Adviser, Ministry of Health and Social Services

Ms H. Tanhua
Senior Officer, Ministry of Health and Social Services

Conseiller(s) – Adviser(s)

Dr M. Anttila
Senior Expert, National Research and Development Centre for Welfare and Health

Ms G. Blumenthal
Adviser, Ministry for Foreign Affairs

Professor T. Hovi
Director, National Public Health Institute

Mr O. Kanninen
Permanent Mission, Geneva

Dr I. Keskimäki
Director of Division, National Research and Development Centre for Welfare and Health

Ms O. Kuivasniemi
Senior Adviser, Ministry of Health and Social Services

Mr K. Leppo
Senior Adviser, Ministry of Health and Social Services

Ms M. Mattila
Permanent Mission, Geneva

Dr O. Meretoja
President, Finnish Medical Association

Professor P. Puska
Director-General, National Public Health Institute

Mr M. Pyykkö
Executive Director, Finnish Centre for Health Promotion

Ms S. Sammalkivi
First Secretary, Permanent Mission, Geneva

FRANCE – FRANCE

Chef de délégation – Chief delegate

Mme R. Bachelot-Narquin
Ministre de la Santé, de la Jeunesse, des Sports et de la Vie associative

Délégué(s) – Delegate(s)

M. J.-B. Mattéi
Ambassadeur, Représentant permanent, Genève

M. L.-C. Viossat
Ambassadeur chargé de la Lutte contre le SIDA, Ministère des Affaires étrangères et européennes

Suppléant(s) – Alternate(s)

Professeur D. Houssin
Directeur général de la Santé, Ministère de la Santé, de la Jeunesse, des Sports et de la Vie associative

Mme A. Leclerc
Déléguée aux Affaires européennes et internationales, Ministère de la Santé et des Solidarités

M. V. Richez
Conseiller diplomatique, Ministère de la Santé, de la Jeunesse, des Sports et de la Vie associative

M. C. Guilhou
Représentant permanent adjoint, Genève

M. L. de Williencourt
Sous-Directeur des Affaires économiques, Ministère des Affaires étrangères et européennes

Mme B. Arthur
Chef du Bureau de la Coopération internationale, Délégation aux Affaires européennes et internationales, Ministère de la Santé, de la Jeunesse, des Sports et de la Vie associative

Mme E. Jean
Chef, Cellule des Affaires européennes et internationales, Direction générale de la Santé, Ministère de la Santé, de la Jeunesse, des Sports et de la Vie associative

Mme I. Virem
Cellule des Affaires européennes et internationales, Direction générale de la Santé, Ministère de la Santé, de la Jeunesse, des Sports et de la Vie associative

Mme G. Bonnin
Bureau de la Coopération internationale, Délégation aux Affaires européennes et internationales, Ministère de la Santé, de la Jeunesse et de la Vie associative

M. G. Gonzalez-Canali
Conseiller spécial Santé, Direction générale de la Coopération internationale et du Développement, Direction des Politiques du Développement, Ministère des Affaires etrangères et européennes

M. G. de Lemos Peixoto
Chargé de mission, Direction générale de la Coopération internationale et du Développement, Bureau des Politiques de Santé et de la Protection sociale, Ministère des Affaires étrangères et européennes

M. J.-P. Lamarque
Chargé de mission, Direction générale de la Coopération internationale et du Développement, Bureau des Politiques de Santé et de la Protection sociale, Ministère des Affaires étrangères et européennes

M. G. Champetier de Ribes
Chargé de mission, Direction générale de la Coopération internationale et du Développement, Bureau des Politiques de Santé et de la Protection sociale, Ministère des Affaires étrangères et européennes

Mme E. Montetagaud
Chargée de mission, Direction générale de la Coopération internationale et du Développement, Bureau des Politiques de Santé et de la Protection sociale, Ministère des Affaires étrangères et européennes

Mme J. Mergy
Sous-Direction des Affaires économiques, Ministère des Affaires étrangères et européennes

M. M. Beigbeder
Coordonnateur administratif, Mission permanente, Genève

M. P. Sand
Mission permanente, Genève

Mme G. Dalban-Moreynas
Conseillère de Presse, Ministère des Affaires étrangères et européennes

M. H. Ballereau
Officier de sécurité de la Ministre

M. H. Martin
Conseiller (Affaires sociales), Mission permanente, Genève

Mme P. Renoul
Conseiller, Mission permanente, Genève

Mme J. Tor de Tarlé
Premier Secrétaire, Mission permanente, Genève

M. V. Thulard
Mission permanente, Genève

M. R. Esperon
Chargé de mission, Mission permanente, Genève

GABON – GABON

Chef de délégation – Chief delegate

M. D. Ndiaye
Chargé d'affaires a.i, Mission permanente, Genève

Deputy chief delegate – Chef adjoint de la délégation

Dr C.R. Ayenengoye
Directeur général de la Santé, Ministère de la Santé publique

Délégué(s) – Delegate(s)

M. K. Bouassa
Conseiller technique du Ministre d'Etat, Ministre de la Santé publique

Suppléant(s) – Alternate(s)

Mme M. Angone-Abena
Conseiller, Mission permanente, Genève

M. M. Essono Ndoutoumou
Directeur général des Ressources humaines et des Moyens généraux, Ministère de la Santé publique

Mme P. Mounguengui
Directrice de l'Office national pharmaceutique

M. E.J.E. Bekale-Etoughet
Conseiller, Mission permanente, Genève

M. S. Nang Nang
Conseiller (Droits de l'homme), Mission permanente, Genève

M. S. Aboghe
Conseiller, Mission permanente, Genève

Mme A.P. Louzet
Premier Secrétaire, Mission permanente, Genève

GAMBIE – GAMBIA

Chef de délégation – Chief delegate

Dr M.S. Njie
Secretary of State for Health and Social Welfare

Délégué(s) – Delegate(s)

Mr S. Samba
Permanent Secretary, Department of State for Health and Social Welfare

Mr S. Janneh
Deputy Permanent Secretary, Department of State for Health and Social Welfare

Suppléant(s) – Alternate(s)

Dr T. Mbowe
Director, Medical Services, Department of State for Health and Social Welfare

Mrs M. Kaira-Janneh
Acting Chief Pharmacist, Medical and Health Department

Mr I. Njie
Chief Nursing Officer, Royal Victoria Teaching Hospital

Dr M. Jallow
Chief Medical Director, Royal Victoria Teaching Hospital

GEORGIE – GEORGIA

Chef de délégation – Chief delegate

Dr N. Pruidze
Deputy Minister of Labour, Health and Social Affairs

Délégué(s) – Delegate(s)

Mr P. Imnadze
Director, National Centre for Disease Control and Public Health

Mrs N. Mirzikashvili
Head, International Relations Department, Ministry of Labour, Health and Social Affairs

GHANA – GHANA

Chef de délégation – Chief delegate

Mr C. Quashiga
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mr K. Baah-Duodu
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr L.M.N.D. Jawula
Chief Director, Ministry of Health

Suppléant(s) – Alternate(s)

Ms L. Asiedu
First Secretary, Permanent Mission, Geneva

Mrs E. Ofori-Agyemang
Deputy Director, Ministry of Health

Dr E. Sory
Director-General, Ghana Health Services

Dr E. Addai
Director, Policy Planning, Monitoring and Evaluation, Ministry of Health

Mr E. Agyarko
Chief Executive, Food and Drugs Board

Dr M. Gyapong
Representative, Health Research

Dr J. Amankwah
Director, Primary Health, Ghana Health Service

Ms M. Osae Addae
Chief Nursing Officer

Dr I. Agyapong
Regional Director

Mrs G. Alabi

Dr F. Nyonator
Director, Policy Planning, Monitoring and Evaluation, Ghana Health Service

Dr Antwi-Agyei
EPI Manager

Mr T. Adotey
Special Assistant to the Minister of Health

Mr E. Adzogenu
Consultant, Regenerative Health and Nutrition Programme, Ministry of Health

Ms M. Osae-Addae
Chief Nursing Officer

Ms A. Asare-Allotey
President, Ghana Registered Nurses Association

Ms V. Dako
Registrar, Nurses and Midwives Council

GRECE – GREECE

Chef de délégation – Chief delegate

Mr G. Konstantopoulos
Vice-Minister of Health and Social Solidarity

Chef adjoint de la délégation – Deputy chief delegate

Mr F. Verros
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr M.C. Diamessis
Deputy Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mr A. Cambitsis
Minister Counsellor, Permanent Mission, Geneva

Ms S. Panagopoulou
Director-General of Health, Ministry of Health and Social Solidarity

Ms A. Kyrlessi
Director-General for Public Health, Ministry of Health and Social Solidarity

Dr M. Violaki-Paraskeva
Honorary Director-General, Ministry of Health and Social Solidarity

Ms A. Pantazopoulou
Director, Division for Public Health, Ministry of Health and Social Solidarity

Mr S. Georgopoulos
Director, Division of Primary Health Care, Ministry of Health and Social Solidarity

Mr D. Katsivardas
Director, Division of Personnel, Ministry of Health and Social Solidarity

Mr A. Zelkas
Adviser to the Vice-Minister of Health and Social Solidarity

Ms A. Damigou
Counsellor (Health Affairs), Permanent Mission, Geneva

Ms T. Stavrou
Division of Public Health, Ministry of Health and Social Solidarity

Ms M. Liodaki
Division of International Relations, Ministry of Health and Social Solidarity

Ms M. Zakynthinaki
Press Counsellor, Permanent Mission, Geneva

Mr A. Kotsionis
First Secretary, Permanent Mission, Geneva

Mr G. Petmezakis
First Secretary, Permanent Mission, Geneva

Ms T. Petrou
Press Attaché, Permanent Mission, Geneva

Ms M. Stika
Press Attaché, Permanent Mission, Geneva

Mr A. Cardoso
Permanent Mission, Geneva

GRENADE – GRENADA

Délégué(s) – Delegate(s)

Dr P. Antoine
Ambassador, Permanent Representative to the World Trade Organization, Geneva

GUATEMALA – GUATEMALA

Chef de délégation – Chief delegate

Sr. E. del Cid
Ministro de Salud Pública y Asistencia Social

Chef adjoint de la délégation – Deputy chief delegate

Sr. C. R. Martínez
Embajador, Representante Permanente, Ginebra

Délégué(s) – Delegate(s)

Sra. S. Hochstetter
Ministro Consejero, Misión Permanente, Ginebra

Suppléant(s) – Alternate(s)

Srta. S. Urruela
Segundo Secretario, Misión Permanente, Ginebra

GUINEE – GUINEA

Chef de délégation – Chief delegate

Dr M.B. Sangare
Ministre de la Santé

Délégué(s) – Delegate(s)

Mr M. Camara
Ambassadeur, Représentant permanent, Genève

Dr M. Diakhaby
Conseiller, (Coopération), Ministère de la Santé

Suppléant(s) – Alternate(s)

Dr K.M. Loua
Directeur, Institut national de la Santé publique

M. P. Monlmou
Conseiller, Mission permanente, Genève

GUINEE-BISSAU – GUINEA-BISSAU

Chef de délégation – Chief delegate

Dr E. Pereira Saldanha Araújo
Ministre de la Santé publique

Délégué(s) – Delegate(s)

Dr A.P.J. da Silva
Secrétaire général

M. A.P. Gomes
Chef de Cabinet de la Ministre de la Santé publique

GUINEE EQUATORIALE – EQUATORIAL GUINEA

Chef de délégation – Chief delegate

Sr. P. Abaga Esono
Viceministro de Sanidad y Bienestar Social

Délégué(s) – Delegate(s)

Dr. G. Gori Momolu
Director General de Salud Pública y Planificación Sanitaria

Dr. V. Sima Oyana
Director General de Sanidad Exterior

Suppléant(s) – Alternate(s)

Sr. P. Bakale Mba
Director General de Prevención Sanitaria y Bienestar Social

Sr. S. Eyebe Mbana Makina
Encargado de Negocios, a.i., Misión Permanente, Ginebra

Sr. G. Ekua Sima
Agregado (Asuntos Administrativos), Misión Permanente, Ginebra

GUYANA – GUYANA

Chef de délégation – Chief delegate

Dr L. Ramsammy
Minister of Health

Délégué(s) – Delegate(s)

Dr E. Green
Assistant Secretary-General

Dr R. Cummings
Programme Manager, Health Sector Development

Suppléant(s) – Alternate(s)

Dr S. Chehil
Mental Health Department

HAITI – HAITI

Chef de délégation – Chief delegate

M. J.-C. Pierre
Ministre Conseiller, Chargé d'affaires, Mission permanente, Genève

Délégué(s) – Delegate(s)

M. J.B. Alexandre
Ministre conseiller, Mission permanente, Genève

M. F. Dorsainville
Ministre conseiller, Mission permanente, Genève

Suppléant(s) – Alternate(s)

M. P.M.G. St-Amour
Conseiller, Mission permanente, Genève

HONDURAS – HONDURAS

Deputy chief delegate – Chef adjoint de la délégation

Dra. E. Palau
Secretario de Estado, Despacho de Salud

Délégué(s) – Delegate(s)

Sr. D. Urbizo
Embajador, Representante Permanente, Ginebra

Sra. G. Bu Figueroa
Embajadora, Representante Permanente Alterno, Ginebra

Suppléant(s) – Alternate(s)

Sr. M. Pérez Zepeda
Consejero, Misión Permanente, Ginebra

Sra. Y. Elvir Elvir
Primero Secretario, Misión Permanente, Ginebra

HONGRIE – HUNGARY –

Chef de délégation – Chief delegate

Mr T. Székely
Minister of Health

Deputy chief delegate – Chef adjoint de la délégation

Mr G. Szelei Kiss
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr A. Mészáros
Deputy Director-General, Department of International and European Affairs, Ministry of Health

Suppléant(s) – Alternate(s)

Mr M. Kökény
Member of Parliament, President, Health Affairs, Committee of the National Assembly

Mr F. Falus
Chief Medical Officer, National Public Health Service

Mr A. Kovács
Deputy Chief Medical Officer, National Public Health Service

Ms K. Búzás
Counsellor, Department of International Organizations and Human Rights, Ministry of Foreign Affairs

Ms N. Kondorosi
Counsellor, Health Policy Department, Ministry of Health

Mr G. Somogyi
Attaché, Permanent Mission, Geneva

Mr A.B. Lawani
Permanent Mission, Geneva

ILES COOK – COOK ISLANDS

Chef de délégation – Chief delegate

Dr T. Maoate
Deputy Prime Minister and Minister of Health

Délégué(s) – Delegate(s)

Dr R. Daniel
Secretary of Health

Dr T. Maoate
Health Adviser

ILES MARSHALL – MARSHALL ISLANDS

Chef de délégation – Chief delegate

Mrs A. Matthew
Minister of Health

Délégué(s) – Delegate(s)

Mrs J. Langidrik
Secretary of Health, Ministry of Health

ILES SALOMON – SOLOMON ISLANDS

Chef de délégation – Chief delegate

Mr J. Koli
Minister of Health and Medical Services

Délégué(s) – Delegate(s)

Mr G. Manimu
Permanent Secretary, Ministry of Health and Medical Services

INDE – INDIA

Chef de délégation – Chief delegate

Dr A. Ramadoss
Minister of Health and Family Welfare

Délégué(s) – Delegate(s)

Mr N. Dayal
Secretary, Ministry of Health and Family Welfare

Mr S. Singh
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mr G.C. Chaturvedi
Additional Secretary and Mission Director, National Rural Health Mission

Mr M.S. Grover
Deputy Permanent Representative, Geneva

Ms A. Johri
Joint Secretary (Immunization), Ministry of Health and Family Welfare

Mr V. Chawdhry
Joint Secretary (International Health), Ministry of Health and Family Welfare

Dr S. Lal
Additional Director-General, Directorate General of Health Services and Director, National Institute of Communicable Diseases, Ministry of Health and Family Welfare

Mr V.K. Trivedi
Counsellor, Permanent Mission, Geneva

Dr S. Chauhan
Deputy Secretary (International Health), Ministry of Health and Family Welfare

Mr R.M. Ramanathan
Additional Private Secretary to the Minister of Health and Family Welfare

Dr N.K. Ganguly
Adviser, Ministry of Health and Family Welfare

Mr U. Kumar
Ministry of Health and Family Welfare

INDONESIE – INDONESIA

Chef de délégation – Chief delegate

Dr S.F. Supari
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Dr I.N. Kandun
Director-General, Disease Control and Health Management, Ministry of Health

Délégué(s) – Delegate(s)

Mr I.G.A.W. Puja
Ambassador, Chargé d'affaires, Permanent Mission, Geneva

Suppléant(s) – Alternate(s)

Dr Budihardja
Director-General for Public Health, Ministry of Health

Dr Kustantinah
Director-General for Pharmaceutical and Medical Equipments, Ministry of Health

Dr H.R.T. Akib
Head, Food and Drug Authority, Ministry of Health

Mr I. Tantoro
Expert Staff of Minister for Protection of Health Risks, Ministry of Health

Dr M. Wibisono
Special Expert to the Minister of Foreign Policy and Global Health, Ministry of Foreign Affairs

Dr W. Lukito
Special Expert to the Minister for Public Health, Ministry of Health

Dr Madiono
Head, Bureau of Planning, Ministry of Health

Dr L.S.W. Sulistyowati
Head, Centre for Public Communication, Ministry of Health

Dr Yusharmen
Director, Non-Comminicable Diseases Control, Ministry of Health

Mr S.M. Soemarno
Director, Social Culture and other International Organizations outside the UN system, Department of Foreign Affairs

Dr T.W. Putri
Deputy Head, Centre for Bilateral and Regional Cooperation, Ministry of Health

Dr Widiyarti
Deputy Head, Centre for Bilateral and Regional Cooperation, Ministry of Health

Dr N.K. Naryatie
Directorate of Socio Culture Affairs for Developing Countries, Department of Foreign Affairs

Mr A. Somantri
First Secretary, Permanent Mission, Geneva

Ms I.N. Savitri
Third Secretary, Permanent Mission, Geneva

Ms V.M. Hintze
Researcher, Permanent Mission, Geneva

Ms M.D. Harmani
Secretary, Permanent Mission, Geneva

Ms D. Meliani
Ministry of Health

Mr B.S. Wibowo
Ministry of Health

IRAN (REPUBLIQUE ISLAMIQUE D') – IRAN (ISLAMIC REPUBLIC OF)

Chef de délégation – Chief delegate

Dr K.B. Lankarani
Minister of Health and Medical Education

Délégué(s) – Delegate(s)

Mr A. Moaiyeri
Ambassador, Permanent Representative, Geneva

Mr K. Imani
Ambassador, Bern

Suppléant(s) – Alternate(s)

Dr M. Amini
Member of Parliament

Dr M. Allavian
Deputy Minister for Health Affairs

Mr S. Malekshahi
Deputy Director-General, International Affairs, Ministry of Health

Dr M.H. Niknam
Adviser to the Minister and Director-General, International Affairs Department

Dr B. Sadrizadeh
Adviser to the Minister for Health and International Affairs

Dr M.M. Gouya
Head, Centre for Disease Control, Ministry of Health

Dr M.A. Amirkhani
Director-General, Family, Population, Schools Health Department, Ministry of Health

Dr M.E. Motlagh
Head, Centre for Health Network Development and Health Promotion, Ministry of Health

Mr A. Nadim
Member of the Medical Science Academy

Mr K. Ahmadi
Counsellor, Permanent Mission, Geneva

Dr A. Esteghamati
Faculty Member, Iran Medical Science University

Mr M.J. Kabir
Deputy Head, Centre for Health Network Development and Health Promotion, Ministry of Health

IRAQ – IRAQ

Chef de délégation – Chief delegate

Dr K.H.A. Ali
Deputy Minister of Health for Administrative Affairs

Délégué(s) – Delegate(s)

Mr K.H. Al-Saad
Under-Secretary for Administration, Ministry of Health

Mr I. Jaffar
Director-General, Department of Public Health and Primary Health Care, Ministry of Health

Suppléant(s) – Alternate(s)

Dr J.O.H. Nailee
Director-General, Baghdad Health Directorate

Mr J.A. Al-Shamari
Director-General, Department of Baghdad Health

Mrs A. Al-Gailani
Chargé d'affaires a.i, Permanent Mission, Geneva

Miss M.A. Yass
First Secretary, Permanent Mission, Geneva

Mr J.A. Rashid
Director-General, Department of Health Affairs, Ministry of Health

Dr H.R.K. Khalef
Director, International Health Department

Mr H.R. Al-Sharaa
Officer, International Health Department, Ministry of Health

M. A. Mohsin
General Inspector, Ministry of Foreign Affairs

IRLANDE – IRELAND

Chef de délégation – Chief delegate

Dr J. Kiely
Chief Medical Officer, Department of Health and Children

Délégué(s) – Delegate(s)

Mr D. O'Ceallaigh
Ambassador, Permanent Representative, Geneva

Mr B. Ingoldsby
Principal Officer, Research, European Union and International Unit, Department of Health and Children

Suppléant(s) – Alternate(s)

Dr E. Ni Choingheallaigh
Deputy Chief Medical Officer, Department of Health and Children

Mr C. Fitzgerald
Principal Officer, Public Health Division, Department of Health and Children

Ms S. O'Malley
Chief Nursing Officer, Department of Health and Children

Ms F. Fletcher
Assistant Principal Officer, Research, European Union and International Unit, Department of Health and Children

Ms S. Barnes
Assistant Principal Officer, Research, European Union and International Unit, Department of Health and Children

Mr M. Gallagher
Second Secretary, Permanent Mission, Geneva

Mr S. Murphy
Third Secretary, Permanent Mission, Geneva

ISLANDE – ICELAND

Chef de délégation – Chief delegate

Mr G.T. Thordarson
Minister of Health

Délégué(s) – Delegate(s)

Mr D.Á. Gunnarsson
Special Envoy for Global Health

Mr K.F. Arnason
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mr R.G. Kristjansson
Counsellor, Deputy Permanent Representative, Geneva

Mr I. Einarsson
Director of Department, Ministry of Health

Dr H. Briem
State Epidemiologist, Directorate of Health

Mr T. Jonsson
Counsellor, Permanent Mission, Geneva

Ms H.O. Stefansdottir
Attaché, Permanent Mission, Geneva

Mr I. Fridriksson
Attaché, Permanent Mission, Geneva

ISRAEL – ISRAEL

Chef de délégation – Chief delegate

Mr Y. Ben-Yizri
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mr I. Levanon
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Professor A. Israeli
Director-General, Ministry of Health

Suppléant(s) – Alternate(s)

Mr Y. Amikam
Deputy Director-General, Information and International Relations, Ministry of Health

Dr A. Leventhal
Director, Department of International Relations, Ministry of Health

Dr I. Grutto
Director, Public Health Services, Ministry of Health

Dr E. Ben-Toura
Deputy Director, Department of International Organizations, Ministry of Foreign Affairs

Mr T. Shalev-Schlosser
Minister, Deputy Permanent Representative, Geneva

Ms N. Furman
Counsellor, Permanent Mission, Geneva

Ms G. Levi
Adviser to the Minister of Health

Mr D. Ronen
Adviser to the Minister of Health

Dr H. Mell
Head, Treatment and Rehabilitation Department, Anti-Drug Authority

Conseiller(s) – Adviser(s)

Ms H. Borukhovich
Adviser, Permanent Mission, Geneva

Ms A. Waxman
Adviser, Permanent Mission, Geneva

Ms D. Norris
Adviser, Permanent Mission, Geneva

ITALIE – ITALY

Chef de délégation – Chief delegate

M. G. Caracciolo de Vietri
Ambassadeur, Représentant permanent, Genève

Délégué(s) – Delegate(s)

M. P. D'Avino
Ministre Conseiller, Mission permanente, Genève

M. E. Vicenti
Premier Conseiller, Mission permanente, Genève

Suppléant(s) – Alternate(s)

Dr F. Cicogna
Dirigeant médical, Bureau des Rapports avec l'Union européenne et les Rapports internationaux, Ministère de la Santé

Professeur G. Majori
Directeur, Laboratoire de Parasitologie, Institut supérieur de Santé

Mme M.P. Rizzo
Expert Prévention sanitaire, Ministère de la Santé

Mme L. Pecoraro
Médecin, Département de la Protection civile

JAMAHIRIYA ARABE LIBYENNE – LIBYAN ARAB JAMAHIRIYA

Chef de délégation – Chief delegate

Dr M. Boajela Rashed
Secretary of the General People's Committee for Health and Environment

Délégué(s) – Delegate(s)

Mr A. Benomran
Chargé d'affaires, Permanent Mission, Geneva

Dr H. Gashut
Minister Counsellor, Permanent Mission, Geneva

Suppléant(s) – Alternate(s)

Dr A.H. Saheli
Deputy Secretary of the General People's Committee for Health and Environment

Mr F.M. El Ramahly
Cabinet of the Secretary for Health and Environment

Mr S. Abou Aboud
Head, International Organizations Office, UN Department, General People's Committee for Foreign Affairs and International Organizations

Mr R.A.A.H. Al Mugharahi
Assistant to the Minister, General People's Committee for Health and Environment

Dr E.M.M. Daw
General People's Committee for Health and Environment

JAMAIQUE – JAMAICA

Chef de délégation – Chief delegate

Mr R. Spencer
Minister of Health

Délégué(s) – Delegate(s)

Dr G. Allen-Young
Permanent Secretary, Ministry of Health

Ms G. Mathurin
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Dr S.C. Forrester
Chief Medical Officer, Ministry of Health

Dr L.M. Dehaney
Chief Nursing Officer, Ministry of Health

Mr L. Shirley
Board Chairman, South East Regional Health Authority

Mrs A. Dubidad-Dixon
First Secretary, Permanent Mission, Geneva

Mr R. Brown
First Secretary, Permanent Mission, Geneva

JAPON – JAPAN

Chef de délégation – Chief delegate

Ms K. Nishikawa
Senior Vice-Minister of Health, Labour and Welfare

Délégué(s) – Delegate(s)

Mr S. Kitajima
Ambassador, Permanent Representative, Geneva

Dr H. Ueda
Assistant Minister for Technical Affairs, Minister's Secretariat, Ministry of Health, Labour and Welfare

Suppléant(s) – Alternate(s)

Dr H. Endo
Director-General, Bureau of International Cooperation, International Medical Centre of Japan

Dr H. Nohno
Assistant Director-General for International Affairs, Minister's Secretariat, Ministry of Health, Labour and Welfare

Mr M. Miyagawa
Ambassador, Permanent Representative, Geneva

Ms Y. Nomura
Director, Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare

Mr A. Isomata
Counsellor, Permanent Mission, Geneva

Mr N. Tagaya
Counsellor, Permanent Mission, Geneva

Mr O. Yamanaka
Counsellor, Permanent Mission, Geneva

Dr H. Inoue
Director, International Cooperation Office, Minister's Secretariat, Ministry of Health, Labour and Welfare

Conseiller(s) – Adviser(s)

Mr S. Miyagawa
Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare

Mr K. Natsume
First Secretary, Permanent Mission, Geneva

Mr M. Kumaki
Secretary to the Senior Vice-Minister of Health, Labour and Welfare

Dr M. Sumi
Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare

Dr S. Komoto
Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare

Dr J. Mori
Deputy Director, Office of Lifestyle Related Diseases Control, General Affairs Division, Health Service Bureau, Ministry of Health, Labour and Welfare

Ms M. Toyota-Imamura
First Secretary, Permanent Mission, Geneva

Dr T. Shimizu
Assistant Director, Second Experts Service Division, Bureau of International Cooperation, International Medical Centre of Japan

Dr Y. Sugiura
Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare

Mr M. Sakaniwa
Second Secretary, Permanent Mission, Geneva

Mr M. Okuma
Official, Specialized Agencies Division, International Cooperation Bureau, Ministry of Foreign Affairs

Dr S. Ezoe
Deputy Director, Mental Health and Health for Persons with Disabilities Division, Department of Health and Welfare for Persons with Disabilities, Ministry of Health, Labour and Welfare

Ms N. Touyama
Chief, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare

Dr S. Takaoka
Chief, International Affairs, Division, Minister's Secretariat, Ministry of Health, Labour and Welfare

JORDANIE – JORDAN

Chef de délégation – Chief delegate

Dr S. Mawajdeh
Minister of Health

Délégué(s) – Delegate(s)

Dr M. Rawashdeh
Director-General, Food and Drug Association

Dr M. Burayzat
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Dr A. Balbisi
Assistant Secretary-General, Ministry of Health

Mr M. Qasem
Director, International and Public Relations Department, Ministry of Health

Mr N. Al-Faraj
Third Secretary, Permanent Mission, Geneva

KAZAKHSTAN – KAZAKHSTAN

Chef de délégation – Chief delegate

Dr A. Dernovoy
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mr A. Zhankuliyev
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Dr M. Kulzhanov
Rector, Higher School of Public Health of the Republic of Kazakhstan

Suppléant(s) – Alternate(s)

Dr A. Akanov
Rector, Almaty State Medical University

Dr K. Ospanov
Director, State Sanitary-Epidemiologic Station

Mr A. Seilkhan
Expert, Department of Strategic Development and International Cooperation, Ministry of Health

Dr Z. Karagulova
Counsellor, Permanent Mission, Geneva

Mr D. Zhakenov
First Secretary, Permanent Mission, Geneva

Mr E. Ramazanov
Attaché, Permanent Mission, Geneva

KENYA – KENYA

Chef de délégation – Chief delegate

Mrs B.W. Mugo
Minister of Health and Sanitation

Chef adjoint de la délégation – Deputy chief delegate

Professor M. Nzomo
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Dr T. Mboya Okeyo
Ambassador, Deputy Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mr P.R.O. Owade
Ambassador, Deputy Permanent Representative, Geneva

Dr F. Kimani
Director of Medical Services, Ministry of Health and Sanitation

Dr J.K. Mukabi
Head, Office for International Health Relations, Ministry of Health and Sanitation

Dr J. Kibaru
Head, Reproductive Health, Ministry of Health and Sanitation

Dr J.K. Yano
Legal Officer, Ministry of Public Health and Sanitation

Mr C. Rakuom
Chief Nursing Officer, Ministry of Health and Sanitation

Ms R. Muriimi
Personal Assistant to the Minister of Health and Sanitation

Mr N. Kanana
First Secretary (Legal), Permanent Mission, Geneva

Mr P.K. Kavoo
Chairman, Nursing Council of Kenya, Ministry of Public Health and Sanitation

Mrs E. Oywer
Deputy Chief Nursing Officer, Registrar, Nursing Council of Kenya, Ministry of Public Health and Sanitation

Mr M.E. Misati
Patent Examiner, Kenya Intellectual Property Institute

KIRGHIZISTAN – KYRGYZSTAN

Chef de délégation – Chief delegate

Mr M. Mambetov
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mr M. Djumaliev
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr B. Demitrov
Adviser to the Minister of Health

Suppléant(s) – Alternate(s)

Mrs S. Tashmatova
First Secretary, Permanent Mission, Geneva

KIRIBATI – KIRIBATI

Chef de délégation – Chief delegate

Dr K. Tenaua
Minister of Health and Medical Services

Délégué(s) – Delegate(s)

Mr R. Maninraka
Secretary for Health and Medical Services

Dr A. Metai
Director of Public Health, Ministry of Health and Medical Services

KOWEIT – KUWAIT

Chef de délégation – Chief delegate

Mr D.A.R. Razzooqi
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Dr A.Y. Al-Saif
Assistant Under-Secretary, Public Health Affairs

Mr N.A.A.A. Al-Bader
Counsellor, Permanent Mission, Geneva

Suppléant(s) – Alternate(s)

Dr Y.A. Al-Nesef
Assistant Under-Secretary, Medical Support Services

Dr A.A. Al-Awadi
Secretary-General, Arabization Centre for Medical Science

Dr Y.A. Al-Sharrah
Assistant Secretary-General, Arabization Centre for Medical Science

Dr L.A.S. Al-Dousari
Director, Primary Health Care Department

Dr N.M. Al-Hamad
Director, Nutrition and Food Department

Dr A. Al-Shatty
Director, Occupational Health Department

Miss A. Al-Qattan
Director, Nursing Services Department

Dr H. Ghunum
Head, Centre for Ports and Borders Health
Dr K. Behbehani

LESOTHO – LESOTHO

Chef de délégation – Chief delegate

Dr M. Ramatlapeng
Minister of Health and Social Welfare

Délégué(s) – Delegate(s)

Mr T. Ramots'oari
Principal Secretary, Ministry of Health and Social Welfare

Dr M.A. Maruping
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Dr M. Moteetee
Director-General, Health Services, Ministry of Health and Social Welfare

Mrs M. Makhakhe
Director, Health and Planning Statistics, Ministry of Health and Social Welfare

Ms M. Boikanyo
Director, HIV/AIDS, Ministry of Health

Mr L. Kopeli
Minister Counsellor, Permanent Mission, Geneva

LETTONIE – LATVIA

Chef de délégation – Chief delegate

Mr I. Eglitis
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mr R. Mucins
Under-Secretary of State, Ministry of Health

Délégué(s) – Delegate(s)

Mr J. Mazeiks
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Dr V. Jaksons
Adviser to the State Secretary for International Affairs, Ministry of Health

Ms I. Dreimane
First Secretary, Permanent Mission, Geneva

Ms L. Serna
Deputy Director, Department of European Affairs and International Cooperation, Ministry of Health

Mr P. Apinis
Chairman, Medical Association of Latvia

LIBAN – LEBANON

Chef de délégation – Chief delegate

Mrs N. Riachi Assaker
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Ms M. Dagher
First Secretary, Permanent Mission, Geneva

Mr A. Arafa
First Secretary, Permanent Mission, Geneva

Suppléant(s) – Alternate(s)

Ms J. Mrad
Second Secretary, Permanent Mission, Geneva

Mr H. Chaar
Permanent Mission, Geneva

LIBERIA – LIBERIA

Chef de délégation – Chief delegate

Dr W.T. Gwenigale
Minister of Health and Social Welfare

Délégué(s) – Delegate(s)

Dr B.T. Dahn
Deputy Minister of Health Services and Chief Medical Officer, Minister of Health and Social Welfare

Dr R.H. Dennis
Chief Medical Officer, Minister of Health and Social Welfare

Suppléant(s) – Alternate(s)

Dr H. Kroma
Health Officer, Minister of Health and Social Welfare

LITUANIE – LITHUANIA

Chef de délégation – Chief delegate

Mr R. Turcinskas
Minister of Health

Délégué(s) – Delegate(s)

Mr R. Sabaliauskas
Under-Secretary, Ministry of Health

Mr E. Borisovas
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mrs R. Kazragiene
Minister Adviser, Permanent Mission, Geneva

Mr V. Meizis
Head, Foreign Relations Division, Ministry of Health

Mrs R. Eilunavciene
Spokeswoman of the Minister of Health

LUXEMBOURG – LUXEMBOURG

Chef de délégation – Chief delegate

M. M. Di Bartolomeo
Ministre de la Santé Chief delegate from 19 to 20 May 2008
Chef de délégation du 19 au 20 mai 2008

Chef adjoint de la délégation – Deputy chief delegate

Dr D. Hansen-Koenig
Directeur de la Santé
Chief delegate from 21 to 24 May 2008
Chef de délégation du 21 au 24 mai 2008

Délégué(s) – Delegate(s)

M. J. Feyder
Ambassadeur, Représentant permanent, Genève
Suppléant(s) – Alternate(s)

Mme A. Schleder-Leuck
Conseiller de Direction, Ministère de la Santé

Mme C. Goy
Représentant permanent adjoint, Genève

Mme P. Schmitz
Direction de la Coopération au Développement, Ministère des Affaires étrangères et de l'Immigration

MADAGASCAR – MADAGASCAR

Chef de délégation – Chief delegate

Dr R.R. Jean Louis
Ministre de la Santé, du Planning familial et de la Protection sociale

Délégué(s) – Delegate(s)

M. A. Rambeloson
Ambassadeur, Représentant permanent, Genève

Dr N. H. Rasoanaivo
Directeur de la Pharmacie, des Laboratoires et de la Médecine traditionnelle

Suppléant(s) – Alternate(s)

M. S.C. Rakotonirina
Chef de Service Nutrition

M. A. Raveloarisoa
Coordonnateur national, ONN

M. J.-P. Rakotonirina
Ministre Conseiller, Mission permanente, Genève

Mme C. Razafindrazaka
Chargé du dossier OMS, Mission permanente, Genève

MALAISIE – MALAYSIA

Chef de délégation – Chief delegate

Dr Liow Tiong Lai
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Dr T.S.D. Ismail Merican
Director-General of Health, Ministry of Health

Délégué(s) – Delegate(s)

Mrs Hsu King Bee
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mr Amran Mohamed Zin
Deputy Permanent Representative, Geneva

Dr Hasan Abdul Rahman
Director, Disease Control Division, Ministry of Health

Dr Lokman Hakim Sulaiman
Head, Communicable Disease Research Centre, Ministry of Health

Dr Balachandran Satiamurti
Deputy Director, Disease Control Division, Ministry of Health

Dr Rohani Jahis
Principal Assistant Director, Disease Control Division, Ministry of Health

Mr Azril Abdul Aziz
First Secretary, Permanent Mission, Geneva

Dr Balvinder Singh Gill
Senior Assistant Director, Disease Control Division, Ministry of Health

Mr Lim Eng Leong
Senior Private Secretary to the Minister of Health

Ms Farah Kareena Hadenan
Principal Assistant Secretary, Corporate Policy and Health, Industry Division, Ministry of Health

Dr Nor Shahidah Khairullah
Secretary, The Malaysian Liver Foundation

Dr Lim Teong Wah
Ministry of Health

Dr Noorliza Mohamad Noordin
Head, Department of Health Economics and Financing, National Institute of Health Malaysia

MALAWI – MALAWI

Chef de délégation – Chief delegate

Mr K. Kachali
Minister of Health

Délégué(s) – Delegate(s)

Mr C.V. Kang'ombe
Secretary for Health, Ministry of Health

Professor F. Salaniponi
Director, Tuberculosis Programme, Ministry of Health

Suppléant(s) – Alternate(s)

Dr Kamoto
Head, HIV/AIDS Unit, Ministry of Health

Mrs S. Bandazi
Director of Nursing, Ministry of Health

Mrs M. Mondiwa
Acting Executive Director, Nurses and Midwives Council of Malawi

MALDIVES – MALDIVES

Chef de délégation – Chief delegate

Dr I. Ibrahim
Minister of Health

Délégué(s) – Delegate(s)

Dr A.A. Yoosuf
Deputy Minister of Health

Mr A.G. Mohamed
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Dr S. Moosa
Director-General of Health Services, Ministry of Health

Ms G. Ali
Director, Department of Public Health, Ministry of Health

Ms S.A. Sattar
First Secretary, Permanent Mission, Geneva

MALI – MALI

Chef de délégation – Chief delegate

M. O.I. Touré
Ministre de la Santé

Délégué(s) – Delegate(s)

M. S.L. Sem Sow
Ambassadeur, Représentant permanent, Genève

Dr D.O.S. Maiga
Conseiller technique, Ministère de la Santé

Suppléant(s) – Alternate(s)

Dr S. Samake
Directeur de la Planification, Ministère de la Santé

Professeur T. Sidibe
Directeur national de la Santé, Ministère de la Santé

Professeur O. Doumbo
Chercheur, Ministère de la Santé

Professeur O. Doumbia

Dr C.O. Bagayoko

M. A. H. Maiga
Deuxième Conseiller, Mission permanente, Genève

MALTE – MALTA

Chief delegate - Chef de délégation

Dr J. Cassar
Parliamentary Secretary for Health, Ministry for Social Policy

Délégué(s) – Delegate(s)

Mr V. Camilleri
Ambassador, Permanent Representative, Geneva

Dr R. Busuttil
Director-General, Public Health Regulation Division, Ministry for Social Policy

Suppléant(s) – Alternate(s)

Mr M. Fava
Assistant Director, Ministry for Social Policy

Mr C. Mercieca
Senior Counsellor, Permanent Mission, Geneva

Dr N. Miller
First Secretary, Permanent Mission, Geneva

Mr G. Bugeja
Head of Secretariat, Parliamentary Secretariat for Health, Ministry for Social Policy

MAROC – MOROCCO

Chef de délégation – Chief delegate

Mme Y. Baddou
Ministre de la Santé

Délégué(s) – Delegate(s)

Mr M. Loulichki
Ambassadeur, Représentant permanent, Genève

M. R. Elmekkaoui
Chef du Cabinet, Ministère de la Santé

Suppléant(s) – Alternate(s)

Professeur A. Agoumi
Directeur du Médicament et de la Pharmacie, Ministère de la Santé

Dr A. Belghiti Alaoui
Directeur des Hôpitaux et des Soins ambulatoires, Ministère de la Santé

Dr M. El Ismaili Lalaoui
Inspecteur général, Ministère de la Santé

Dr A. Zerarri
Directeur de la Population par intérim, Ministère de la Santé

Dr K. Gholbzouri
Chef de la Division de la Planification familiale, Direction de la Population, Ministère de la Santé

Mme S. Cherqaoui
Chef de Service des Organisations internationales intergouvernementales, Direction de la Planification et des Ressources financières, Ministère de la Santé

M. M. Achgalou
Conseiller (Affaires étrangères), Mission permanente, Genève

Conseiller(s) – Adviser(s)

Mme Z. Chraibi
Mission permanente, Genève

MAURICE – MAURITIUS

Chef de délégation – Chief delegate

Mr S.V. Faugoo
Minister of Health and Quality of Life

Délégué(s) – Delegate(s)

Mrs R. Veerapen
Senior Chief Executive, Ministry of Health and Quality of Life

Mr S.B.C. Servansing
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Dr N. Jaypaul
Principal Medical Officer, Ministry of Health and Quality of Life

Dr K. Pauvaday
Principal Medical Officer, Ministry of Health and Quality of Life

Mr M.I. Latona
Minister Counsellor, Permanent Mission, Geneva

Mr V. Mungur
Minister Counsellor, Permanent Mission, Geneva

Mr U.K. Sookmanee
Second Secretary, Permanent Mission, Geneva

Miss R. Wilfrid-René
Second Secretary, Permanent Mission, Geneva

MAURITANIE – MAURITANIA

Chef de délégation – Chief delegate

M. M.O.M. Ould Khlil
Ministre de la Santé

Délégué(s) – Delegate(s)

Mme M. Mint Abdellah
Ambassadeur, Représentant permanent, Genève

Professeur B.M. Lemine
Conseiller technique du Ministre de la Santé

Suppléant(s) – Alternate(s)

Dr A. Ould Jiddou
Directeur des Services de la Santé de Base

M. T.K. Ould Abdi Salem
Deuxième Conseiller, Mission permanente, Genève

M. A. Ould Ishaq
Deuxième Conseiller, Mission permanente, Genève

M. A. Ould Moctar Bousseif
Deuxième Conseiller, Mission permanente, Genève

MEXIQUE – MEXICO

Chef de délégation – Chief delegate

Sr. J.A. Córdova Villalobos
Secretario de Salud

Délégué(s) – Delegate(s)

Sr. L.A. de Alba
Embajador, Representante Permanente, Ginebra

Sr. M. Hernández
Subsecretario de Prevención y Promoción de la Salud, Secretaría de Salud

Suppléant(s) – Alternate(s)

Sr. A. Pérez Vargas
Secretario de Salud y Director General del Instituto de Salud del Estado de Chiapas

Sr. M. Vásquez Villanueva
Secretario de los Servicios de Salud del Estado de Oaxaca

Sra. M.A. Fromow Rangel
Titular de la Unidad Coordinadora de Vinculación y Participación Social, Secretaría de Salud

Conseiller(s) – Adviser(s)

Sr. F. Meneses
Coordinador de Asesores de la Subsecretaría de Prevención y Promoción de la Salud, Secretaría de Salud

Sra. C. Camargo Bohórquez
Asesora de la Subsecretaría de Prevención y Promoción de la Salud, Secretaría de Salud

Sra. M. Castro Onofre
Asesora de la Subsecretaría de Prevención y Promoción de la Salud, Secretaría de Salud

Sr. J.F. Hernández Aguilar
Director General de Relaciones Internacionales, Secretaría de Salud

Sra. A.M. Sánchez Hernández
Directora de Cooperación Bilateral y Regional, Secretaría de Salud

Sr. A. Barrio González
Director General Adjunto de Desarrollo Social Humano y Sustentable, Coordinación General del Plan Puebla Panamá, Secretaría de Relaciones Exteriores

Sra. M.E. Coronado Martínez
Subdirectora de Cooperación Financiera y Riesgos Emergentes, Secretaría de Salud

Sr. Eduardo Jaramillo
Director Ejecutivo de Operación Internacional, Comisión Federal para la Protección contra Riesgos Sanitarios, Secretaría de Salud

Sra. P. Ortega Cubas
Coordinadora General, Oficina de Apoyo al Secretariado Gubernamental Federal, Secretaría de Salud

Sra. J. Jiménez Sánchez
Coordinadora, Comisión Interinstitucional de Enfermería, Secretaría de Salud

Sr. J.M. Alvarez Iraizos
Coordinador de Acciones Federales, Oficina de Apoyo al Secretariado Gubernamental Federal, Secretaría de Salud

Sra. D.M. Valle
Consejero, Misión Permanente, Ginebra

Sr. S. Tinajero
Tercer Secretario, Misión Permanente, Ginebra

Sra. M.A. Jaquez
Misión Permanente, Ginebra

Sr. I. Shapiro
Supervisor Médico en Área Informativa, Secretaría de Salud

MICRONESIE (ETATS FEDERES DE) – MICRONESIA (FEDERATED STATES OF)

Délégué(s) – Delegate(s)

Dr V. Skilling
Secretary, Department of Health and Social Services

MOLDOVA – MOLDOVA

Chef de délégation – Chief delegate

Mrs L. Catrinici
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mrs T. Lapicus
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mrs E. Berzan
Director, International Relations and External Assistance Department, Ministry of Health

Mr N. Opopol
Head, Department of Hygiene and Epidemiology, State University for Medicine and Pharmacy “N. Testemitanu”

Ms C. Calugaru
First Secretary, Permanent Mission, Geneva

MONACO – MONACO

Chef de délégation – Chief delegate

M. R. Fillon
Ambassadeur, Représentant permanent, Genève

Délégué(s) – Delegate(s)

Mme A. Nègre
Directeur, Direction de l'Action sanitaire et Sociale

Mme C. Lanteri
Conseiller, Représentant permanent adjoint, Genève

Suppléant(s) – Alternate(s)

M. A. Jahlan
Troisième Secrétaire, Mission permanente, Genève

M. C. Nigioni
Mission pemanente, Genève

MONGOLIE – MONGOLIA

Chef de délégation – Chief delegate

Mrs B. Batsereedene
Minister of Health

Délégué(s) – Delegate(s)

Mr D. Boldbaatar
Ambassador, Permanent Representative, Geneva

Mrs T. Bujin
Director, Policy and Planning Department, Ministry of Health

Suppléant(s) – Alternate(s)

Mr A. Bold
Director, International Cooperation Department, Ministry of Health

Mr T. Munkh-Ulzii
Third Secretary, Permanent Mission, Geneva

MONTENEGRO – MONTENEGRO

Chef de délégation – Chief delegate

Mr M. Mihaljevic
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr M. Begovic
Minister, Permanent Mission, Geneva

Ms G. Savovic
Deputy Minister of Health, Labour and Social Welfare

Suppléant(s) – Alternate(s)

Mr B. Mugosa
Director, Institute for Public Health

Ms D. Velasevic
Adviser, Ministry of Health, Labour and Social Welfare

Ms O. Mijanovic
Director, Clinic Centre Podgorica

MOZAMBIQUE – MOZAMBIQUE

Chef de délégation – Chief delegate

Dr P.I. Garrido
Minister of Health

Délégué(s) – Delegate(s)

Mrs F. Rodrigues
Ambassador, Permanent Representative, Geneva

Mrs G.J. Machatine
National Director of Planning and Cooperation, Ministry of Health

Suppléant(s) – Alternate(s)

Mrs R.M.M. Liquela
National Deputy Director, Health Promotion and Disease Control, Ministry of Health

Mrs E.E.R. Lote Thuzine
Provincial Director for Health (Inhambane)

Mr E.J. Zimba
Minister Counsellor, Permanent Mission, Geneva

Mr J. Dengo
First Secretary, Permanent Mission, Geneva

Mr R. Tungadza
Second Secretary, Permanent Mission, Geneva

MYANMAR – MYANMAR

Chef de délégation – Chief delegate

Mr Wunna Maung Lwin
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr Kyaw Myo Htut
Deputy Permanent Representative, Geneva

Mr Nyunt Swe
Deputy Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mr Thet Naing Win
Counsellor, Permanent Mission, Geneva

Mr Thant Sin
First Secretary, Permanent Mission, Geneva

Miss Daw Khin Oo Hlaing
Second Secretary, Permanent Mission, Geneva

NAMIBIE – NAMIBIA

Chef de délégation – Chief delegate

Dr N. Forster
Deputy Permanent Secretary, Ministry of Health and Social Services

Délégué(s) – Delegate(s)

Ms D. Tjipura
Director, Tertiary Health Care and Clinical Support Services, Ministry of Health and Social Services

Mr H.C.R. Beukes
Director, Finance Department, Ministry of Health and Social Services

Suppléant(s) – Alternate(s)

Ms L. De Wee
Deputy Director, Epidemiology Department, Ministry of Health and Social Services

Ms S. Auala
Deputy Director, Family Health Care Department, Ministry of Health and Social Services

Mr T. Mbeeli
Deputy Director, Policy, Planning and Human Resource Development Department, Ministry of Health and Social Services

NAURU – NAURU

Délégué(s) – Delegate(s)

Mr T.S. Soakai
Secretary for Health and Medical Services, Ministry of Health

NEPAL – NEPAL

Chef de délégation – Chief delegate

Mr G. Pokharel
Minister for Health and Population

Délégué(s) – Delegate(s)

Dr D. Bhattarai
Ambassador, Permanent Representative, Geneva

Dr G.P. Ojha
Director-General, Department of Health Services, Ministry of Health

Suppléant(s) – Alternate(s)

Dr M.K. Maskey
Executive Chairman, Nepal Health Research Council

Mr B.R. Paudyal
Minister Counsellor, Permanent Mission, Geneva

Dr A. Karki
Head, Department of Medicine, Patan Hospital

Dr S.R. Onta
Secretary, Nepal Health Research Council

Ms S. Karmacharya
Coordinator, Ministry of Health and Population

NICARAGUA – NICARAGUA

Chef de délégation – Chief delegate

Sr. C. Robelo Raffone
Embajador, Representante Permanente, Ginebra

Délégué(s) – Delegate(s)

Sr. N. Cruz Toruño
Consejero, Misión Permanente, Ginebra

Sr. N. Somarriba Fonseca
Primer Secretario, Misión Permanente, Ginebra

Suppléant(s) – Alternate(s)

Sra. J.M. Guerrero
Primer Secretario, Misión Permanente, Ginebra

Sra. C. de Felice
Primer Secretario, Misión Permanente, Ginebra

Sra. A. Severa
Primer Secretario, Misión Permanente, Ginebra

NIGER – NIGER

Chef de délégation – Chief delegate

M. I. Lamine
Ministre de la Santé publique

Délégué(s) – Delegate(s)

M. A. Illo
Ambassadeur, Représentant permanent, Genève

Dr A. Djibo
Directeur général de la Santé publique

Suppléant(s) – Alternate(s)

Dr D. Magagi
Conseiller technique du Ministre de la Santé publique

Dr I. Aboubacar
Directeur de la Lutte contre la Maladie et les Endémies

NIGERIA – NIGERIA

Chef de délégation – Chief delegate

Dr H. Lawal
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Dr M.I. Uhomoibhi
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Dr S. Sule
Permanent Secretary, Federal Ministry of Health

Suppléant(s) – Alternate(s)

Dr A. Nasidi
Director, Special Projects, Federal Ministry of Health

Dr M.A. Mafe
Head, Department of Planning and Research, Federal Ministry of Health

Dr N. Njepuome
Head, Department of Public Health, Federal Ministry of Health

Professor D. Akunyili
Director-General, National Agency for Food and Drug Administration and Control

Dr M.B.W. Dogo Mohammed
Executive Secretary, National Health Insurance Scheme

Dr T. Koleosho-Adelekan
Executive Director, National Primary Health Care Development Agency

Mr A. Morah
Registrar, Pharmacy Council of Nigeria

Dr M. Kabir
International Cooperation Division, Federal Ministry of Health

Dr E.A. Abanida
Director, Immunization, National Primary Health Care Development Agency

Dr M. Anibueze
Noncommunicable Disease Division, Federal Ministry of Health

Dr N.R.C. Azodoh
Assistant Director, Division of Intenational Cooperation, Federal Ministry of Health

Mr M.S. Yakubu
Minister, Permanent Mission, Geneva

Mr F.N. Isoh
Minister, Permanent Mission, Geneva

Mr F.A. Eyo
Senior Counsellor, Permanent Mission, Geneva

Mr A.A. Bage
Chief of Staff to the Minister of Health

Mr M.S. Adamu
National Primary Health Care Development Agency

Dr A.S. Lawal
Special Assistant to the Executive Director of the National Primary Health Care Development Agency

Mr E.A. Oniyide
Personal Assistant to the Executive Director of the National Primary Health Care Development Agency

Dr A.J. Oteri
GAVI Focal Person, National Primary Health Care Development Agency

Dr A. Sambo
General Manager, Accreditation/Inspectorate, National Health Insurance Scheme

Dr P. Uhomoibhi
Physician, Public Health Specialist

Dr B. Emetar
Personal Assistant to the Director-General of the National Agency for Food and Drug Administration and Control

Mr U.Y. Hashim
Head, Technical Services, National Agency for Food and Drug Administration

Dr O.O. Solanke
Medical Officer (Multilateral) Federal Ministry of Health

Mrs M. Makanjuola
Nigeria TV Authority (Health Correspondent)

Professor B. Osotimehin
Director-General, National Agency for the Control of AIDS

Dr I. Atta
Manager, Strategic Planning, National Agency for the Control of AIDS

Dr A. Ikpeazu
Manager, Federal Line Ministries, National Agency for the Control of AIDS

Mr I. Isah
Personal Assistant to the Minister of Health

Mr A.F. Uhunoma
Permanent Mission, Geneva

Conseiller(s) – Adviser(s)

Mr S. Mohammed
Cameraman

NORVEGE – NORWAY

Chef de délégation – Chief delegate

Ms R. Aasrud
Deputy Minister of Health and Care Services

Délégué(s) – Delegate(s)

Mr B.-I. Larsen
Director-General, Norwegian Directorate of Health

Ms B. Angell-Hansen
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mr O.T. Andersen
Deputy Director-General, Ministry of Health and Care

Mr J.-A. Rottingen
Director-General, Norwegian Knowledge Centre of Health Services

Ms S. Mogedal
AIDS Ambassador, Ministry of Foreign Affairs

Ms A.H. Rimestad
Director, Norwegian Directorate of Health

Mr B. Bull
Senior Adviser, Ministry of Health and Care

Ms E. Finstad
Senior Adviser, Ministry of Foreign Affairs

Ms T. Wroldsen
Adviser, Ministry of Health and Care Services

Ms A. Bergh
International Director, Norwegian Public Health Institute

Mr A.P. Sanne
Project Director, Norwegian Directorate of Health

Ms S.H. Steen
Counsellor, Permanent Mission, Geneva

Mr T.E. Lindgren
Counsellor, Permanent Mission, Geneva

Ms G.K. Waage
Counsellor, Permanent Mission, Geneva

Ms J.S. Randby

NOUVELLE-ZELANDE – NEW ZEALAND

Chef de délégation – Chief delegate

Mr D. O'Connor
Associate Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mr S. McKernan
Director-General of Health, Ministry of Health

Délégué(s) – Delegate(s)

Mrs W. Hinton
Deputy Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Dr A. Bloomfield
Chief Adviser (Public Health), Ministry of Health

Mr A. Bichan
Senior Adviser, Office of the Associate Minister of Health

Ms D. Roche
Deputy Director-General, Health and Disability Systems Strategy, Ministry of Health

Ms M. Guy
National President, New Zealand Nurses' Organization

Mr G. Davies
Chief Executive, Canterbury District Health Board

Mrs S. Campbell
Chief Executive, Waikato Primary Health

Conseiller(s) – Adviser(s)

Ms N. Hicks
Attaché, Permanent Mission, Geneva

OMAN – OMAN

Chef de délégation – Chief delegate

Dr A.M. Moosa
Minister of Health

Délégué(s) – Delegate(s)

Mr Y.S. Al Wahaibi
Ambassador, Permanent Representative, Geneva

Dr A.J. Mohammed
Adviser, Health Affairs and Supervising, Directorate General of Health Affairs, Ministry of Health

Suppléant(s) – Alternate(s)

Mr S. Al Lamki
Director, Primary Health Care, Ministry of Health

Dr Q. Al Sariri
Director of Planning, Directorate General of Health Services, Ministry of Health

Mrs H. Moosa
Director, International Relations, Ministry of Health

Mr M. Al Maqbali
Nursing Superintendent, Department of Nursing, Ministry of Health

Mr M.S. Al Shanfari
Counsellor, Deputy Permanent Representative, Geneva

Mr M.S. Al Rawahi
Counsellor, Permanent Mission, Geneva

Mr Y.I. Al Zadjali
First Secretary, Permanent Mission, Geneva

Mrs N.S. Al Hashmi
First Secretary, Permanent Mission, Geneva

Mr O.D. Al Balushi
Second Secretary, Permanent Mission, Geneva

OUGANDA – UGANDA

Chef de délégation – Chief delegate

Dr S.O. Mallinga
Minister of Health

Délégué(s) – Delegate(s)

Ms M.L. Nannono
Permanent Secretary, Ministry of Health

Professor A.M. Balihuta
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mrs C.H. Taliwaku
Ambassador, Deputy Permanent Representative, Geneva

Dr S. Zaramba
Director-General, Health Services, Ministry of Health

Dr N. Kenya-Mugisha
Director-General, Health Services (Clinical and Community), Ministry of Health

Mrs M. Chota
Commissioner, Health Services/Nursing, Ministry of Health

Dr I. Makumbi
Assistant Commissioner, Health Services, Ministry of Health

Mr M. Oteba
Acting Assistant Commissioner, Health Services, Ministry of Health

Dr F. Agaba
Principal Medical Officer, Environmental Health, Ministry of Health

Mr J.M. Kateera
First Secretary, Permanent Mission, Geneva

OUZBEKISTAN – UZBEKISTAN

Chef de délégation – Chief delegate

Mr A.I. Ikramov
First Deputy Minister of Health

Délégué(s) – Delegate(s)

Mr B. Obidov
First Secretary, Chargé d'affaires, a.i., Permanent Mission, Geneva

Mr A.E. Sidikov
Director, Department of International Relations, Ministry of Health

Suppléant(s) – Alternate(s)

Mr G. Pirimkulov
Attaché, Permanent Mission, Geneva

PAKISTAN – PAKISTAN

Chef de délégation – Chief delegate

Ms S. Rehman
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mr K.A. Lashari
Secretary, Ministry of Health

Délégué(s) – Delegate(s)

Mr M. Khan
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Dr A. Ahmed
Deputy Director-General (Health), Ministry of Health

Dr A. Hussain
Chancellor, Ziauddin University

Dr R.A. Hafiz
Ministry of Health

Dr S. Nishtar
President, Heartfile

Dr A. Ghaffar
Public Health Specialist, Global Forum for Health Research

Mr A.H. Khan
Chairman, Pakistan Polio Plus Committee of Rotary International

Mr M. Anwar
Counsellor, Permanent Mission, Geneva

Mr A.A. Khokher
Counsellor, Permanent Mission, Geneva

Mr S.A.A. Gillani
First Secretary, Permanent Mission, Geneva

Mr A. Ismail
First Secretary, Permanent Mission, Geneva

Mr A. Valeriano
Permanent Mission, Geneva

PALAOS – PALAU

Chef de délégation – Chief delegate

Mr K. Ngirturong
Chairman, Committee on Health and Education

Délégué(s) – Delegate(s)

Dr C.T. Otto
Senator, National Congress

PANAMA – PANAMA

Chef de délégation – Chief delegate

Sra. D. Jara
Viceministra de Salud

Délégué(s) – Delegate(s)

Sr. J.A. Castillero
Embajador, Representante Permanente, Ginebra

Sra. U. de Reyes
Embajadora, Representante Permanente Alterna, Ginebra

Suppléant(s) – Alternate(s)

Dra. L. Thomas
Subdirectora General de Salud, Ministerio de Salud

Sr. A. Mendoza
Consejero, Misión Permanente, Ginebra

PAPOUASIE-NOUVELLE-GUINEE
PAPUA NEW GUINEA

Chef de délégation – Chief delegate

Mr S. Zibe
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Dr C. Malau
Secretary, Department of Health

Délégué(s) – Delegate(s)

Mr E. Posanai
Department of Health

Suppléant(s) – Alternate(s)

Mr T. Yanzinga
First Secretary, Ministry of Health

PARAGUAY – PARAGUAY

Chef de délégation – Chief delegate

Sr. R. Gauto
Embajador, Representante Permanente, Ginebra

Délégué(s) – Delegate(s)

Sra. M. Moreno
Ministra, Misión Permanente, Ginebra

Dr. R. Dullak Peña
Director General de Planificación y Evaluación, Ministerio de Salud Pública y Bienestar Social

PAYS-BAS – NETHERLANDS

Chef de délégation – Chief delegate

Mr B. van Eenennaam
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr H. de Goeij
Director-General for Public Health, Ministry of Health, Welfare and Sport

Mr M. Sprenger
Director-General, National Institute for Public Health and the Environment

Suppléant(s) – Alternate(s)

Ms A. van Bolhuis
Deputy Director-General for Public Health, Ministry of Health, Welfare and Sport

Ms L. Kootstra
Director, International Affairs Directorate, Ministry of Health, Welfare and Sport

Ms M. Kappeyne van de Coppello
Deputy Permanent Representative, Geneva

Mr L. van Ommen
Senior Health Adviser, Social Policy Division, Ministry of Foreign Affairs

Ms R. Gobind
United Nations and International Financial Institutions Department, Ministry of Foreign Affairs

Ms M. Middelhoff
Coordinator, International Affairs, National Institute for Public Health and the Environment

Mr F. Lafeber
Head, Global Affairs Division, International Affairs Directorate, Ministry of Health, Welfare and Sport

Ms F. Nicolai
Senior Adviser, International Affairs Directorate, Ministry of Health, Welfare and Sport

Ms G. Vrielink
First Secretary, Permanent Mission, Geneva

Mr E. Driessen
First Secretary, Permanent Mission, Geneva

Ms E. van Woersem
Health Attaché, Permanent Mission, Geneva

Conseiller(s) – Adviser(s)

Mr B. Wjinberg
Adviser, International Affairs, Pharmaceutical Affairs and Medical Technology Directorate

Mr A. Strijbis
Communication Officer, Ministry of Health, Welfare and Sport

PEROU – PERU

Chef de délégation – Chief delegate

Sr. E. Ponce Vivanco
Embajador, Representante Permanente, Ginebra

Délégué(s) – Delegate(s)

Sr. C. Chocano Burga
Ministro Consejero, Misión Permanente, Ginebra

Sr. A. Neyra
Primer Secretario, Misión Permanente, Ginebra

Suppléant(s) – Alternate(s)

Sr. I. Zevallos Aguilar
Segundo Secretario, Misión Permanente, Ginebra

Sra. N.M. Williams
Misión Permanente, Ginebra

PHILIPPINES – PHILIPPINES

Chef de délégation – Chief delegate

Dr F.T. Duque
Secretary, Department of Health

Chef adjoint de la délégation – Deputy chief delegate

Mrs E.F. Basilio
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr D.Y. Lepatan
Deputy Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mrs M.T.C. Lepatan
Minister, Permanent Mission, Geneva

Dr P.J.B. Rosell-Ubial
Director IV, Department of Health

Dr M.V.A. Guzman-Ala
Officer in Charge, Director IV, Department of Health

Ms L.J. Fernandez
Attaché, Permanent Mission, Geneva

Dr L.P.G. Samaco-Paquiz
President, Philippine Nurses Association

POLOGNE – POLAND

Chef de délégation – Chief delegate

Ms E. Kopacz
Minister of Health

Délégué(s) – Delegate(s)

Mr M. Twardowski
Under-Secretary of State, Ministry of Health

Ms M. Dwornikowska
Under-Secretary of State, Ministry of Health

Suppléant(s) – Alternate(s)

Mr A. Fronczak
Under-Secretary of State, Ministry of Health

Mr Z. Rapacki
Ambassador, Permanent Representative, Geneva

Conseiller(s) – Adviser(s)

Mr W. Kutyla
Director-General, Ministry of Health

Mr A. Misztal
Minister Counsellor, Deputy Permanent Representative, Geneva

Ms I. Krolik
Director, International Cooperation Department, Ministry of Health

Ms S. Lis
Director, Health Insurance Department, Ministry of Health

Mr K. Brzozka
Director, State Agecy for Prevention of Alcohol Related Problems

Mr M. Matejka
Adviser to the Minister of Health

Ms R. Lemieszewska
Counsellor, Permanent Mission, Geneva

Professor M. Wysocki
Plenipotentiary of the Director, National Institute for Public Health, National Institute of Hygiene

Ms N. Chojnicka
Expert, Drug Policy and Pharmacy Department, Ministry of Health

Mr G. Rychwalski
Expert, Drug Policy and Pharmacy Department, Ministry of Health

Mr S. Wieslawski
Ministry of Health

PORTUGAL – PORTUGAL

Chef de délégation – Chief delegate

Mme A.M. Teodoro Jorge
Ministre de la Santé

Délégué(s) – Delegate(s)

M. F. Xavier Esteves
Ambassadeur, Représentant permanent, Genève

Professeur M.C. Machado
Haut-Commissaire pour la Santé

Suppléant(s) – Alternate(s)

M. F. George
Directeur général de la Santé

Professeur J. Pereira Miguel
Président de l'Institut Ricardo Jorge, Lisbonne

Mme I. Caixeiro
Président, Département régional de l'Ordre des Médecins

Conseiller(s) – Adviser(s)

Mme F. Parra
Chef de Cabinet du Ministre de la Santé

Mme M.J. Laranjeiro
Conseiller, Cabinet du Ministre de la Santé

Mme H. Marteleira
Conseiller de Presse, Cabinet du Ministre de la Santé

M. J. Sousa Fialho
Conseiller, Mission permanente, Genève

Professeur P. Ferrinho
Membre du Conseil directif, Institut d'Hygiène et Médicine tropicale

Mme D. Cruz
Conseiller, Institut d'Hygiène et Médicine tropicale

M. P. Nunes
Président de l'Ordre des Médecins

Mme M.A. de Sousa
Président de l'Ordre des Infirmiers

Mme F. Pedrosa
Expert, Institut Ricardo Jorge, Lisbonne

M. P. Nicola
Expert, Institut Ricardo Jorge, Lisbonne

QATAR – QATAR

Chef de délégation – Chief delegate

Dr G.B.M. Al-Thani
Head, National Health Authority

Délégué(s) – Delegate(s)

Mr A.F.A. Al-Dosari
Ambassador, Permanent Representative, Geneva

Dr M.B.H. Al-Thani
Medical Adviser, Executive Director Office, National Health Authority

Suppléant(s) – Alternate(s)

Dr J.A.Y. Ibrahim
Medical Adviser, Executive Director Office, National Health Authority

Dr M.G. Al Kawari
Senior Public Health Adviser, National Health Authority

Mr H.M. Al-Hatmi
Director, Foreign Health Relations, National Health Authority

Mrs M.I. Al Muhannadi
Assistant to the President of the Management Board for Research and Follow-up Affairs, National Health Authority

Mr M. Al Attiyah
Second Secretary, Permanent Mission, Geneva

Mr M. Al Sulaitin
Third Secretary, Permanent Mission, Geneva

Conseiller(s) – Adviser(s)

Dr F.Z. Al Nuaimi
Adviser, Nursing Affairs, National Health Authority

REPUBLIQUE ARABE SYRIENNE – SYRIAN ARAB REPUBLIC

Chef de délégation – Chief delegate

Dr M. Al-Housami
Minister of Health

Délégué(s) – Delegate(s)

Dr F. Khabbaz Hamoui
Ambassador, Permanent Representative, Geneva

Dr M.J. Alouwed
Deputy Minister of Health

Suppléant(s) – Alternate(s)

Dr H. Al Haj Hussein
Director, International Relations, Ministry of Health

Dr M. Karim
Director, Communicable, Environmental and Chronic Diseases, Ministry of Health

Dr R. Dahman
Head, Reproductive Health Department, Ministry of Health

Mr G. Ibrahim
Second Secretary, Permanent Mission, Geneva

REPUBLIQUE CENTRAFRICAINE – CENTRAL AFRICAN REPUBLIC

Chef de délégation – Chief delegate

M. F. N'Telnoumbi
Ministre de la Santé publique, de la Population et de la Lutte contre le SIDA

Délégué(s) – Delegate(s)

Dr J.P. Bangamingo
Chargé de mission, Responsable du Plan national de Développement sanitaire, Ministère de la Santé publique, de la Population et de la Lutte contre le SIDA

Dr J. Ngaba
Directeur des Services pharmaceutiques, des Laboratoires et de la Médicine traductionelle

REPUBLIQUE DE COREE – REPUBLIC OF KOREA

Chef de délégation – Chief delegate

Dr Kim Soung-Yee
Minister of Health, Welfare and Family Affairs

Chef adjoint de la délégation – Deputy chief delegate

Mr Lee Sung-joo
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr Lee Gun-tae
Ambassador, Deputy Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Mr Yoo Young-hak
Assistant Minister for Planning and Coordination, Ministry of Health, Welfare and Family Affairs

Mr Park Hun-yul
Counsellor, Permanent Mission, Geneva

Mr Lim Hoon-min
Counsellor, Permanent Mission, Geneva

Mr Yoon Sang-uk
First Secretary, Permanent Mission, Geneva

Mr Park Chang-kyu
Secretary/Deputy Director, Office of the Minister of Health, Welfare and Family Affairs

Dr Choi Jong-kyun
International Cooperation Officer, Division of International Cooperation, Ministry of Health, Welfare and Family Affairs

Mr Kim Chung-hwan
Senior Deputy Director, Division of International Cooperation, Ministry of Health, Welfare and Family Affairs

Mr Song Byung-il
Deputy Director, Division of International Cooperation, Ministry of Health, Welfare and Family Affairs

Dr Choi Chong-hee
Deputy Director, Division of International Cooperation, Ministry of Health, Welfare and Family Affairs

Ms Kim Ha-na
Interpreter, Division of International Cooperation, Ministry of Health, Welfare and Family Affairs

Dr Lee Seon-kui
Deputy Director, Division of Health Promotion, Ministry of Health, Welfare and Family Affairs

Dr Kwon Jun-wook
Director, Communicable Disease Control Team, Korea Centre for Disease Control and Prevention

Dr Bae Geun-ryang
Senior Scientific Officer, Division of Korea Human Bio Bank, Korea Centre for Disease Control and Prevention

Conseiller(s) – Adviser(s)

Dr Park Jong-wha
President, Korean Foundation for International Healthcare

Dr Han Sang-tae
Regional Director Emeritus

Dr Moon Chang-jin
Dean, Graduate School of Health, Science and Welfare Management, Pochon Cha University

Dr Sohn Myong-sei
Professor, Department of Preventive Medicine, Medical College, Yonsei University

Dr Shin Young-soo
Professor, Seoul National University College of Medicine

Dr Park Ho-ran
Second Vice-President, Korean Nurses Association

Dr Kim Hyun-soo
President, The Association of Korean Oriental Medicine

Dr Park Sang-keun
Director, National Health Insurance Affairs, Korean Hospital Association

Dr Kim Kun-sang
President, Korean Academy of Medical Sciences

Mr Jung Jee-suck
Director, Korea Pharmaceutical Manufacturers Association

Dr Ro Kwang-eul
Secretary-General, Korean Foundation for International Healthcare

REPUBLIQUE DEMOCRATIQUE DU CONGO – DEMOCRATIC REPUBLIC OF THE CONGO

Chef de délégation – Chief delegate

Dr V. Makwenge Kaput
Ministre de la Santé

Délégué(s) – Delegate(s)

Dr A. Mindua Kesia-Mbe
Ambassadeur, Représentant permanent, Genève

Dr J.H. Miakala mia Ndolo
Secrétaire général a.i. au Ministère de la Santé publique

Suppléant(s) – Alternate(s)

Dr J.-P. Musongela
Directeur du Programme national de l'Hygiène aux Frontières

Dr A. Ndongesieme
Directeur du Programme national de Lutte contre la Tuberculose

Dr H. Kalambayi
Directeur de la Direction d'Etudes et Planification, Ministère de la Santé publique

Dr P. Lokadi
Directeur de la Direction chargée des Soins de Santé primaires

Dr M. Mabiala
Directeur du Programme Elargi de Vaccination

Dr A. Okenge
Directeur du Programme national de Lutte contre le Sida

Dr V. Mondonge
Directeur de la IVème Direction

Dr M. Kakule
Conseiller, Mission permanente, Genève

M. S. Mutomb Mujing
Ministre conseiller, Mission permanente, Genève

M. X.H. Tati
Premier Conseiller d'Ambassade, Chef de la Division des Questions humanitaires au Ministère des Affaires étrangères et de la Coopération internationale

M. J.-P. Onemako
Journaliste, Radio-Télévision congolaise

REPUBLIQUE DEMOCRATIQUE POPULAIRE LAO – LAO PEOPLE'S DEMOCRATIC REPUBLIC

Chef de délégation – Chief delegate

Dr Ponmek Dalaloy
Minister of Health

Délégué(s) – Delegate(s)

Professor Boungnong Boupha
Director-General, National Institute of Public Health

Dr Nao Boutta
Deputy Chief of Cabinet, Ministry of Health

Suppléant(s) – Alternate(s)

Dr Prasongsith Boupha
Deputy Director, Planning and Budgeting Department, Ministry of Health

Mr Sanexay Sadettan
Second Secretary, Permanent Mission, Geneva

REPUBLIQUE DOMINICAINE – DOMINICAN REPUBLIC

Chef de délégation – Chief delegate

Sra. C. Hernández Bona
Embajadora, Representante Permanente Alterna, Encargada de Negocios a.i., Ginebra

Délégué(s) – Delegate(s)

Sr. C. Segura
Ministro Consejero, Misión Permanente, Ginebra

REPUBLIQUE POPULAIRE DEMOCRATIQUE DE COREE – DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Chef de délégation – Chief delegate

Mr Ri Tcheul
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Mr Kye Chun Yong
Minister, Deputy Permanent Representative, Geneva

Mr Sok Jong Myong
Counsellor, Permanent Mission, Geneva

Suppléant(s) – Alternate(s)

Mr Pak Tong Chol
Senior Official, Ministry of Health

Mr Kim Chol Jin
Officer, Ministry of Foreign Affairs

REPUBLIQUE TCHEQUE – CZECH REPUBLIC

Chef de délégation – Chief delegate

Dr M. Vit
Deputy Minister of Health

Délégué(s) – Delegate(s)

Mr T. Husák
Ambassador, Permanent Representative, Geneva

Ms M. Tothová
Department of International Affairs and the EU, Ministry of Health

Suppléant(s) – Alternate(s)

Mr P. Hrncir
Deputy Permanent Representive, Geneva

Mr J. Koudelka
Development Cooperation and Humanitarian Aid Department, Ministry of Foreign Affairs

Ms B. Sousková
Third Secretary, Permanent Mission, Geneva

Mr P. Bambas
EU Policies Department, Ministry of Foreign Affairs

Ms L. Wondrichová
Department of International Affairs and the EU, Ministry of Health

Ms M. Pruchová
Department of International Affairs and the EU, Ministry of Health

Ms M. Spillingová
Ministry of Foreign Affairs

REPUBLIQUE-UNIE DE TANZANIE – UNITED REPUBLIC OF TANZANIA

Chef de délégation – Chief delegate

Professor D.H. Mwakyusa
Minister of Health and Social Welfare

Chef adjoint de la délégation – Deputy chief delegate

Sultan Mugheiry
Minister of Health and Social Welfare, Zanzibar

Conseiller(s) – Adviser(s)

Mr W.C. Mukama
Permanent Secretary, Ministry of Health and Social Welfare

Dr M.S. Jiddawi
Permanent Secretary, Ministry of Health and Social Welfare, Zanzibar

Mr M.Y. Lumbanga
Ambassador, Permanent Representative, Geneva

Dr D.M. Mtasiwa
Chief Medical Officer, Ministry of Health and Social Welfare

Dr D.W. Mmbando
Director, Preventive Health Services, Ministry of Health and Social Welfare

Dr P. Mmbuji
Acting Assistant Director of Epidemiology and Disease Control, Ministry of Health and Social Welfare

Dr C. Sanga
Assistant Director, Reproductive and Child Health, Ministry of Health and Social Welfare

Dr M. Kitambi
Programme Manager, Expanded Programme on Immunization, Ministry of Health and Social Welfare

Mr B.H. Luvanda
First Secretary, Permanent Mission, Geneva

Mr D.B. Kaganda
First Secretary, Permanent Mission, Geneva

Mr T. Mkapa
Private Secretary to the Minister, Ministry of Health and Social Welfare

ROUMANIE – ROMANIA

Chef de délégation – Chief delegate

Dr V. Iliescu
Secretary of State for European Integration, Ministry of Public Health

Chef adjoint de la délégation – Deputy chief delegate

Mr D. R. Costea
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Dr L. Mihai
Director-General, General Directorate for European Integration and International Relations, Ministry of Health

Suppléant(s) – Alternate(s)

Mr F. Pironea
Second Secretary, Permanent Mission, Geneva

ROYAUME-UNI DE GRANDE-BRETAGNE ET D'IRLANDE DU NORD – UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

Chef de délégation – Chief delegate

Mr A. Johnson
Secretary of State for Health, Department of Health

Délégué(s) – Delegate(s)

Sir Liam Donaldson
Chief Medical Officer, Department of Health

Mr P. Gooderham
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Dr D. Harper
Director-General, Health Protection, International and Scientific Development, Department of Health

Ms S. Hendry
Director of International Health, Department of Health

Dr G. Scally
Regional Director of Public Health, Department of Health

Mr W. Niblett
Global Affairs Team Leader, Department of Health

Mr T. Goodwin
First Secretary, Intellectual Property and Trade

Mr S. Bland
Counsellor, Permanent Mission, Geneva

Ms C. Kitsell
First Secretary, Permanent Mission, Geneva

Mr A. Searl
Second Secretary, Permanent Mission, Geneva

Mr J. McClintock
Second Secretary, Permanent Mission, Geneva

Conseiller(s) – Adviser(s)

Mr G. Tunbridge
Private Secretary to Secretary of State, Department of Health

Mr M. Dunn
Special Adviser to Secretary of State, Department of Health

Mrs B. Madson
Chief Press Secretary to Secretary of State, Department of Health

Mr R. Parsons
Assistant Private Secretary to Sir L. Donaldson, Department of Health

Dr F. Adshead
Deputy Chief Medical Officer, Department of Health

Professor C. Beasley
Chief Nursing Officer, Department of Health

Professor A. Maslin
International Adviser for Nursing and Midwifery, Department of Health

Ms S. Gibbs
Public Health Adviser, Department of Health

Dr W. Cavendish
Director of Health and Wellbeing, Department of Health

Ms A. Akinfolajimi
Deputy International Business Manager, Department of Health

Ms S. Davidson
International Business Officer, Department of Health

Ms R. Mitchell
Public Health Adviser, Department of Health

Dr L. Newport
Scientific Policy Manager, Department of Health

Dr S. Tyson
Head of Profession, Health, Department for International Development

Ms B. Green
Institutional Manager, WHO UNCD, Department for International Development

Dr C. Clift
Senior Adviser, Public Health and Intellectual Property, Department for International Development

Mr S. Walker
Senior Policy Adviser, Access to Medicines, Department for International Development

Ms S. Baldwin
Deputy Head, WHO, Department for International Development

Dr F. Moeschler
Senior Policy Adviser, Intellectual Property Office

Mr D. Johns
Attaché, Permanent Mission, Geneva

Mr G. Merron
Parliamentary Under-Secretary of State, Department for International Development

Ms D. Palmer
Private Secretary to Parliamentary Under-Secretary of State, Department for International Development

Mr V. Gnanendran
Intellectual Health Property Coordinator, Department for International Development

Mrs S. Chandler
Intellectual Health Property, Policy Analyst

Ms A. Guthrie
Intellectual Health Property, Policy Analyst

Mr G. Singleton
Health Adviser, Department for International Development

Mr A. Chetley
Health Adviser, Department for International Development

Mr W. Bannernberg
Health Adviser, Department for International Development

Dr R. Gorna
Senior Health and HIV Adviser, DFID Southern Africa Department for International Development

RWANDA – RWANDA

Chef de délégation – Chief delegate

Dr J.D. Ntawukueryayo
Ministre de la Santé

Délégué(s) – Delegate(s)

Mme V. Sebudandi
Ambassadeur, Représentant permanent, Genève

Mr A. Kayitayire
Premier Conseiller, Mission permanente, Genève

Suppléant(s) – Alternate(s)

Mlle C. Kamikazi
Mission permanente, Genève

SAINTE–LUCIE – SAINT LUCIA

Chef de délégation – Chief delegate

Dr K. Mondesir
Minister of Health, Wellness, Family Affairs, National Mobilization, Human Services and Gender Relations

Délégué(s) – Delegate(s)

Dr S. King
Adviser, Ministry of Health, Wellness, Family Affairs, National Mobilization, Human Services and Gender Relations

SAINT-KITTS-ET-NEVIS – SAINT KITTS AND NEVIS

Chef de délégation – Chief delegate

Mr R. Herbert
Minister of Health

Délégué(s) – Delegate(s)

Mr A. Skerrit
Health Planner

SAINT-MARIN – SAN MARINO

Chef de délégation – Chief delegate

Dr M. Chiaruzzi
Ministre de la Santé et de la Sécurité sociale, de la Prévoyance, des Affaires sociales et de l'Egalité des Chances

Délégué(s) – Delegate(s)

M. D. Galassi
Ambassadeur, Représentant permanent, Genève

Dr A. Gualtieri
Directeur du Département de la Santé et de la Sécurité sociale

Suppléant(s) – Alternate(s)

M. M Fiorini
Expert légal du Département de la Santé et de la Sécurité sociale

M. M. Guidi
Ministre plenipotentiaire

M. F. della Balda
Secrétaire particulier du Ministre de la Santé et de la Sécurité sociale, de la Prévoyance, des Affaires sociales et de l'Egalité des Chances

SAINT-VINCENT-ET-LES-GRENADINES - SAINT VINCENT AND THE GRENADINES

Délégué(s) – Delegate(s)

Mr C.E. Lewis
High Commissioner, London

SAMOA – SAMOA

Chef de délégation – Chief delegate

Mrs G.A. Gidlow
Minister of Health

Délégué(s) – Delegate(s)

Ms P. Toelupe
Chief Executive Officer, Ministry of Health

Professor P. Stowers
Assistant Chief Executive Officer, Ministry of Health

SAO TOME-ET-PRINCIPE – SAO TOME AND PRINCIPE

Chef de délégation – Chief delegate

Dr M. Lopes do Nascimento
Ministre de la Santé

Délégué(s) – Delegate(s)

Dr A. S. M. de Lima
Conseiller du Ministre de la Santé

Dr J.M. de Carvalho
Directeur des Soins de Santé, Ministère de la Santé

Suppléant(s) – Alternate(s)

Dr Wu Cheng Hua
Conseiller technique de la Santé

SENEGAL – SENEGAL

Chef de délégation – Chief delegate

Dr S. Thiam
Ministre de la Santé et de la Prévention

Délégué(s) – Delegate(s)

M. B.C. Mbaye
Ambassadeur, Représentant permanent, Genève

Dr A. Sylla
Conseiller technique de Madame le Ministre de la Santé et de la Prévention

Suppléant(s) – Alternate(s)

Dr B.S. Dankoko
Conseiller technique chargé des Questions internationales

Dr P.C. Faye
Directeur de la Prévention, Ministère de la Santé et de la Prévention

Dr O. Faye
Directeur de la Santé, Ministère de la Santé et de la Prévention

Dr P.A. Diop
Directeur de la Pharmacie et des Laboratoires, Ministère de la Santé et de la Prévention

Mme A. Kane Sall
Présidente de la Commission Santé de l'Assemblée nationale

M. M. Seck
Premier Secrétaire, Mission permanente, Genève

Dr C.S. Ndiaye
Chef du Service national de l'Hygiène

Dr F.N.M. Diouf
Chef de la Division de Santé de la Reproduction

Dr M.K. Ngom Ndiaye
Médecin-Chef de la Région médicale de Dakar

Dr M. Sarr
Chef du District de Mbour

SERBIE – SERBIA

Chef de délégation – Chief delegate

Professor T. Milosavljevic
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mr S. Vukcevic
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Dr E. Paunovic
Office of the Minister of Health

Suppléant(s) – Alternate(s)

Professor S. Simic
Special Counsellor to the Minister of Health

Ms J. Djurickovic-Tuvic
Minister Counsellor, Permanent Mission, Geneva

Mr V. Lazovic
Second Secretary, Permanent Mission, Geneva

SEYCHELLES – SEYCHELLES

Chef de délégation – Chief delegate

Mrs M.-P. Lloyd
Minister of Health and Social Development

Délégué(s) – Delegate(s)

Dr B. Valentin
Special Adviser to the Minister of Health and Social Development, Ministry of Health

Dr S. Hajarnis
Director-General, Health System Development, Ministry of Health

SIERRA LEONE – SIERRA LEONE

Chef de délégation – Chief delegate

Dr S.A. Kabia
Minister of Health

Deputy chief delegate – Chef adjoint de la délégation

Mr E. E. Luy
Consul, General Consulate of the Republic of Sierra Leone, Geneva

Délégué(s) – Delegate(s)

Dr K.S. Daoh

Suppléant(s) – Alternate(s)

Dr A.A. Sandi

SINGAPOUR – SINGAPORE

Chef de délégation – Chief delegate

Dr B. Sadasivan
Senior Minister of State for Foreign Affairs

Chef adjoint de la délégation – Deputy chief delegate

Mr Tan York Chor
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Professor Chew Suok Kai
Deputy Director of Medical Services, Ministry of Health

Suppléant(s) – Alternate(s)

Ms P. Tan
Chief Nursing Officer, Ministry of Health

Mr J. Ratnam
Deputy Permanent Representative, Geneva

Mr S.N. Syed Hassim
Deputy Permanent Representative, Geneva

Mr C. Wong
Assistant Director, Industry Development and International Cooperation Division, Ministry of Health

Ms Koong Pai Ching
First Secretary, Permanent Mission, Geneva

Ms F. Gan
First Secretary, Permanent Mission, Geneva

Dr J. Tey
Assistant Director, Manpower Standards and Development Division, Ministry of Health

Mr T.S. Sadanadom
Health Policy Analyst, Industry Development and International Cooperation Division, Ministry of Health

SLOVAQUIE – SLOVAKIA

Chef de délégation – Chief delegate

Mr I. Valentovic
Minister of Health

Délégué(s) – Delegate(s)

Mr A. Pinter
Ambassador, Permanent Representative, Geneva

Mr A. Hochel
Director-General, Health Section, Ministry of Health

Suppléant(s) – Alternate(s)

Ms K. Frecerova
Director-General, International Relations Section, Ministry of Health

Conseiller(s) – Adviser(s)

Mr I. Rovny
Director, Office of Public Health

Ms D. Farkasova
Pro-Rector, Slovak Health University

Ms J. Hurna
Director, Department of International Relations, Ministry of Health

Ms N. Septakova
First Secretary, Ministry of Foreign Affairs

Mr P. Selepec
Second Secretary, Permanent Mission, Geneva

SLOVENIE – SLOVENIA

Chef de délégation – Chief delegate

Ms Z. Mazej Kukovic
Minister of Health

Délégué(s) – Delegate(s)

Mr A. Logar
Ambassador, Permanent Representative, Geneva

Ms M. Seljak
Director-General, Public Health Directorate, Ministry of Health

Suppléant(s) – Alternate(s)

Ms V.-K. Petric
Head of Sector, Health Promotion and Healthy Lifestyles, Ministry of Health

Dr B. Voljč
Adviser, The Blood Transfusion Centre of Slovenia

Mr B. Jerman
Minister Counsellor, Permanent Mission, Geneva

Conseiller(s) – Adviser(s)

Ms Z. Veber-Hartman
Head, European Union Affairs and International Cooperation Service, Ministry of Health

Ms G. Korže
Counsellor, Permanent Mission, Geneva

Dr M. Grgic Vitek
Head, Department for Vaccination Programme, Institute of Public Health

Mr S. Meolic
Head, Public Relations and Protocol Service, Ministry of Health

Ms D. Stanic
Secretary, Ministry of Health

Mr A. Tramposch
Intellectual Property Consultant

Mr G. Houttuin
Minister Counsellor, General Secretariat of the Council of the European Union, Deputy Head of the Liaison Office, Geneva

Mr J. Lilliehöök
Counsellor, General Secretariat of the Council of the European Union, Liaison Office in Geneva

Ms A. Polanc
Adviser, Ministry of Health

Ms N. Krtelj
Adviser, Ministry of Health

Mr M. Kovac
Permanent Mission, Geneva

Ms A. Kurbegovic
Assistant, Ministry of Health

Mr J. Jeram
Assistant, Ministry of Health

Ms M. Straus Zulu
Assistant, Ministry of Health

Ms M. Kovacic
Assistant, Ministry of Health

SOMALIE – SOMALIA

Chef de délégation – Chief delegate

Dr A.A. Ilkahanaf
Deputy Prime Minister, Minister of Education and Culture, Acting Minister of Health

Délégué(s) – Delegate(s)

Dr A.A. Ibrahim
Health Adviser for the Minister of Health

Mr Y.M. Ismaill
Permanent Mission, Geneva

Suppléant(s) – Alternate(s)

Mr A.A. Isse
Permanent Mission, Geneva

SOUDAN – SUDAN

Chef de délégation – Chief delegate

Mrs T.B. Shokai
Federal Minister of Health

Délégué(s) – Delegate(s)

Dr K. Abdelgadir
Under-Secretary, Ministry of Health

Dr M.S. Mustafa
General Director, Planning and Health Development Department

Suppléant(s) – Alternate(s)

Dr I.E.M. Abdalla
General Director, International Cooperation, Ministry of Health

Dr M.A. Al Abassi

Mr Z.A. Agab
Counsellor, Permanent Mission, Geneva

Dr H.A. Agab
Ministry of Health

Dr I.A. El Hag
Ministry of Health

SRI LANKA – SRI LANKA

Chef de délégation – Chief delegate

Mr N.S. de Silva
Minister of Healthcare and Nutrition

Délégué(s) – Delegate(s)

Dr D. Jayatilleka
Ambassador, Permanent Representative, Geneva

Mr P. Ranatunge
Provincial Minister of Health, Western Province

Suppléant(s) – Alternate(s)

Mr N. Wickramasinghe
Provincial Minister of Health, North Western Province

Dr R. Pushpakumara
Provincial Minister of Health, Uva Province

Dr Y.D.N. Jayathilaka
Additional Secretary, Ministry of Healthcare and Nutrition

Dr W. Jayantha
Deputy Director-General (MS) 11, Ministry of Healthcare and Nutrition

Mr J.L.M.K. Jayathilake
Deputy Director-General (Biomedical Engineering Services), Ministry of Healthcare and Nutrition

Mr S. Ekanayake
Counsellor, Permanent Mission, Geneva

Mr O.L. Ameerajwad
Counsellor, Permanent Mission, Geneva

Dr H. Weerasinghe
Director, National Hospital of Sri Lanka

Mrs M. Mallikaratchy
Second Secretary, Permanent Mission, Geneva

Dr P. Abeykoon
Consultant, Ministry of Healthcare and Nutrition

SUEDE – SWEDEN

Chef de délégation – Chief delegate

Ms M. Larsson
Minister for Elderly Care and Public Health, Ministry of Health and Social Affairs

Chef adjoint de la délégation – Deputy chief delegate

Mr L.-E. Holm
Director-General, National Board of Health and Welfare

Délégué(s) – Delegate(s)

Mr H. Dahlgren
Ambassador, Permanent Representative, Geneva

Suppléant(s) – Alternate(s)

Ms A. Molin Hellgren
Counsellor, Permanent Mission, Geneva

Mr F. Lennartsson
Deputy Director-General, Ministry of Health and Social Affairs

Ms A. Halén
Deputy Director, Ministry of Health and Social Affairs

Ms K. Nilsson-Kelly
Desk Officer, Ministry of Health and Social Affairs

Ms U. Lindblom
Desk Officer, Ministry of Health and Social Affairs

Mr B. Pettersson
Public Health Adviser, National Institute for Public Health

Ms M. Möllergren
Legal Adviser, National Board of Health and Welfare

Mr A. Nordström
Director-General, Swedish International Development Cooperation Agency

Mr A. Molin
Head, Swedish International Development Cooperation Agency

Ms K. Westerberg
Program Officer, Swedish International Development Cooperation Agency

Mr G. Holmström
Political Adviser, Ministry of Health and Social Affairs

Ms M. Westman-Clément
Desk Officer, Ministry of Justice

Ms L. Andersson
Permanent Mission, Geneva

Conseiller(s) – Adviser(s)

Ms E. Nilsson-Bagenholm
Secretary-General, Swedish Medical Association

Ms A.-K. Eklund
Secretary-General, Swedish Association of Health Professionals

Mr A. Milton
Senior Adviser, Ministry of Health and Social Affairs

SUISSE – SWITZERLAND

Chef de délégation – Chief delegate

Professeur T. Zeltner
Secrétaire d'Etat, Directeur de l'Office fédéral de la Santé publique, Département fédéral de l'Intérieur

Chef adjoint de la délégation – Deputy chief delegate

Dr J. Streuli
Ambassadeur, Représentant permanent adjoint (Affaires multilatérales et Désarmement), Genève

Délégué(s) – Delegate(s)

Dr G. Silberschmidt
Vice-directeur, Chef de la Division des Affaires internationales, Office fédéral de la Santé publique, Département fédéral de l'Intérieur

Suppléant(s) – Alternate(s)

Dr D. Mäusezahl
Conseiller principal de Santé, Section du Développement social, Direction du Développement et de la Coopération, Département fédéral des Affaires étrangères

M. J.-D. Biéler
Chef suppléant, Division des Affaires internationales, Office fédéral de la Santé publique, Département fédéral de l'Intérieur

Mme A.-L. Cattin Hennin
Collaboratrice diplomatique, Section Transports, Energie et Santé, Division politique V, Département fédéral des Affaires étrangères

Dr P. Beyer
Conseiller juridique, Service juridique, Relations commerciales internationales, Institut fédéral de la Propriété intellectuelle, Département fédéral de Justice et Police

Mme E. Mariethoz
Cheffe de Projet, Secrétariat central de la Conférence suisse des Directrices et Directeurs cantonaux de Santé

Mme S. Adam
Chargée de Programme (Dossier OMS), Section ONUDéveloppement, Direction du Développement et de la Coopération, Département fédéral des Affaires étrangères

M. A. Von Kessel
Chef suppléant, Section Organisations internationales, Office fédéral de la Santé publique, Département fédéral de l'Intérieur

Mme A. Ochieng Pernet
Collaboratrice scientifique, Section Dossiers thématiques internationaux, Office fédéral de la Santé publique, Département fédéral de l'Intérieur

Mme R. Forrer
Collaboratrice scientifique, Section Organisations internationales, Office fédéral de la Santé publique, Département fédéral de l'Intérieur

M. J. Martin
Conseiller (Développement et Santé), Mission permanente, Genève

M. D. Rychner
Conseiller (Développement et Santé), Mission permanente, Genève

M. N. Plattner
Troisième Sécretaire (Affaires multilatérales), Mission permanente, Genève

Mme S. Jacquier
Attaché (Affaires multilatérales), Mission permanente, Genève

SURINAME – SURINAME

Chef de délégation – Chief delegate

Mr C.W. Waterberg
Minister of Health

Délégué(s) – Delegate(s)

Mr R. Brohim
Policy Adviser, Ministry of Health

Mrs S. Bleau-Bhagwandien
Assistant Coordinator, International Relations, Ministry of Health

SWAZILAND – SWAZILAND

Chef de délégation – Chief delegate

Mr N. Mabuza
Minister of Health and Social Welfare

Chef adjoint de la délégation – Deputy chief delegate

Ms T. Dlamini
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Ms N. Dlamini
Principal Secretary, Ministry of Health and Social Welfare

Suppléant(s) – Alternate(s)

Dr C. Mabuza
Director, Health Services, Ministry of Health and Social Welfare

Ms T. Khumalo
Chief Nursing Officer, Ministry of Health and Social Welfare

Ms Thabsile Dlamini
Nurse Manager, Ministry of Health and Social Welfare

Ms G. Msibi
Registrar, Ministry of Health and Social Welfare

Mr S. Msibi
Counsellor, Permanent Mission, Geneva

Mr N. Lukhele
Personal Assistant to the Minister of Health and Social Welfare

TADJIKISTAN – TAJIKISTAN

Chef de délégation – Chief delegate

Mr N. Salimov
Minister of Health

Délégué(s) – Delegate(s)

Ms D. Sadikova
Under-Secretary of the State, Ministry of Health

Mr S. Miraliev
Adviser to the Minister of Health

TCHAD – CHAD

Chef de délégation – Chief delegate

Professeur A. Avocksouma Djona
Ministre de la Santé publique

Délégué(s) – Delegate(s)

M. M. Bamanga Abbas
Ambassadeur, Représentant permanent, Genève

Dr A.H. Ahmat
Secrétaire général adjoint, Ministère de la Santé publique

Dr S. Garba Tchang
Responsable de la Vaccination, Ministère de la Santé publique

Suppléant(s) – Alternate(s)

M. A. Mahamat Ahmat
Premier secrétaire, Mission permanente, Genève

M. A. Talha Mahamat
Attaché, Mission permanente, Genève

Dr M. Memadji
Gynécologue, Hôpital régional de Moundou

Dr M.S. Alhabo
Responsable, Programme Santé et Nutrition, Ministère de la Santé publique

Dr F. Mbaindidje
Chef, Division des Médicaments, Ministère de la Santé publique

Dr F. Belingar
Médecin-Chef de la Maternité, Hôpital général de Référence nationale

Dr A. Sileimana
Infirmier général, Hôpital général de Référence nationale

THAILANDE – THAILAND

Chef de délégation – Chief delegate

Mr Chavarat Charnvirakul
Deputy Minister of Public Health

Délégué(s) – Delegate(s)

Mr Sihasak Phuangketkeow
Ambassador, Permanent Representative, Geneva

Mr Nattapong Seetavorarat
Adviser to the Minister of Public Health

Suppléant(s) – Alternate(s)

Mr Tawatchai Sutibongkot
Adviser to the Deputy Minister of Public Health

Mr Chamni Buchasuk
Adviser to the Deputy Minister of Public Health

Mr Tanawat Watanawongpinyo
Adviser to the Deputy Minister of Public Health

Mr Manit Chantarawarapon
Adviser to the Deputy Minister of Public Health

Dr Prawit Taytiwat
Adviser to the Deputy Minister of Public Health

Mr Wan Ubumrung
Assistant Secretary to the Minister of Public Health

Dr Prat Boonyawongvirot
Permanent Secretary, Ministry of Public Health

Dr Chatri Banchuin
Secretary-General, Office of Food and Drug Administration, Ministry of Public Health

Dr Suwit Wibulpolprasert
Senior Adviser on Disease Control, Ministry of Public Health

Mrs Werawan Tangkeo
Deputy Secretary-General, Office of Food and Drug Administration, Ministry of Public Health

Dr Viroj Tangcharoensathien
Senior Adviser on Health Economics

Mr Vijavat Isarabhakdi
Ambassador, Deputy Permanent Representative, Geneva

Mr Pitchayaphant Charnbhumidol
Minister Counsellor, Permanent Mission, Geneva

Dr Supakit Sirilak
Director, Bureau of Policy and Strategy, Office of the Permanent Secretary, Ministry of Public Health

Dr Sopida Chavanichkul
Director, Bureau of International Health, Ministry of Public Health

Dr Nyana Preaesrisakul
Director, Bureau of Information and Public Relations, Ministry of Public Health

Dr Phusit Prakongsai
Senior Medical Officer, International Health Policy Programme, Ministry of Public Health

Ms Kanjana Chanthai
Director, Bureau of Nursing, Department of Medical Services, Ministry of Public Health

Dr Sasidhorn Tangsawadee
Senior Medical Officer, Regional Office for Communicable Disease Control Region 6, Khonkaen Province, Department of Disease Control, Ministry of Public Health

Dr Sopon Iamsirithaworn
Medical Officer, Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health

Dr Wanna Hanshaoworakul
Medical Officer, Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health

Dr Sripen Tantivess
Pharmacist, International Health Policy Programme, Ministry of Public Health

Dr Thaksaphon Thamarangsi
Medical Officer, International Health Policy Programme, Ministry of Public Health

Ms Prapassorn Thanaphollert
Pharmacist, Drug Division, Food and Drug Administration, Ministry of Public Health

Ms Puangpen Chanprasert
Public Health Technical Officer, Office of the Permanent Secretary, Ministry of Public Health

Ms Kesorn Chinda
Dissemination Technical Officer, Bureau of Information and Public Relations, Ministry of Public Health

Ms Paweena Tarnsondhaya
Foreign Relations Officer, Bureau of International Health, Ministry of Public Health

Mr Rungroj Naknual
Private Secretary to the Deputy Minister of Public Health

Mr Kiti Wongkularb
Private Secretary to the Assistant Secretary to the Minister of Public Health

Mr Chakkit Kunjara Na Ayudhaya
Office of the Assistant Secretary to the Minister of Public Health

Mr Nkorn Tangavirapat
Office of the Assistant Secretary to the Minister of Public Health

Ms Waranya Teokul
Policy and Plan Analyst, Office of the National Economic and Social Development Board

Mr Pirawat Atsavapranee
First Secretary, Social Division, Department of International Organizations, Ministry of Foreign Affairs

Mrs Prangtip Kanchanahattakij
First Secretary, Permanent Mission Geneva

Ms Cataleya Phatoomros
First Secretary, Permanent Mission, Geneva

Dr Pongpisut Jongudomsuk
Director, Health Systems Research Institute

Dr Usa Raikedkaew
Researcher, Bureau of International Health Policy Programme, Ministry of Public Health

Dr Tipicha Posayanonda
Pharmacist, The National Health Commission Office

Ms Kanika Banterngjit
National Health Commission Office

Mr Wichian Kuttawas
National Health Commission Office

Mr Pongthep Sutheewut
National Health Commission Office

Associate Professor Darunee Rujkorakan
National Health Commission Office

Dr Pranom Cameting
National Health Commission Office

Mr Tossapon Sompong
National Health Commission Office

Ms Tussanee Verakan
National Health Commission Office

Professor Wichit Srisupan
President, Thailand Nursing and Midwifery Council

Associate Professor Tassana Boontong
President, The Nurses' Association of Thailand

Professor Somchit Hanucharurnkul
Vice-President, Thailand Nursing and Midwifery Council

Associate Professor Supanee Senadisai
Vice-President, The Nurses' Association of Thailand

Associate Professor Wipada Kunaviktikul
International Affairs, Thailand Nursing and Midwifery Council

TIMOR-LESTE – TIMOR-LESTE

Chef de délégation – Chief delegate

Dr N.E.S. Martins
Minister of Health

Délégué(s) – Delegate(s)

Ms M.M.S. Pereira
Chief of Staff to the Minister of Health

Mr I.I. Da C. Freitas
Head, Management Partnership Department, Ministry of Health

Suppléant(s) – Alternate(s)

Mr J.O. Da Silva
International Programme Consultant, Ministry of Health

Conseiller(s) – Adviser(s)

Mr A. Dick
Chargé d'affaires, Permanent Mission, Geneva

Ms D. Dersch
Permanent Mission, Geneva

TOGO – TOGO

Chef de délégation – Chief delegate

Professeur K.C. Agba
Ministre d'Etat, Ministre de la Santé

Délégué(s) – Delegate(s)

M. T. Sotou Bere
Ambassadeur, Représentant permanent, Genève

Dr K.S. Dogbe
Directeur général de la Santé, Ministère de la Santé

Suppléant(s) – Alternate(s)

M. K. Kpayedo
Ministre Conseiller, Mission permanente, Genève

TONGA – TONGA

Chef de délégation – Chief delegate

Dr V.T. Tangi
Minister of Health

Délégué(s) – Delegate(s)

Dr S.N. Kioa
Ambassador, Embassy of the Kingdom of Tonga, London, United Kingdom

Dr P.S. Vivili
Senior Medical Officer, Non Communicable Disease and Health Promotion Unit, Ministry of Health

Suppléant(s) – Alternate(s)

Ms D.D. Sorensen
Programme Manager, Ministry of Health

Ms S. Moengangongo
First Secretary, Embassy of the Kingdom of Tonga, London, United Kingdom

Mrs V. Kioa
Adviser, Ministry of Health

Mrs A. Soakai
Adviser, Ministry of Health

Mrs A.F. Kessie
Adviser, Ministry of Health

TRINITE-ET-TOBAGO – TRINIDAD AND TOBAGO

Chef de délégation – Chief delegate

Mr J. Narace
Minister of Health

Délégué(s) – Delegate(s)

Mr D. Francis
Ambassador, Permanent Representative, Geneva

Dr A. Cumberbatch
Country Medical Officer (Health), Ministry of Health

Suppléant(s) – Alternate(s)

Mr L. Alleyne
Director, International Cooperation Desk, Ministry of Health

Dr D. Simeon
Director, Caribbean Health Research Council

Ms S. Young
First Secretary, Permanent Mission, Geneva

TUNISIE – TUNISIA

Chef de délégation – Chief delegate

M. M. Zenaidi
Ministre de la Santé publique

Délégué(s) – Delegate(s)

M. S. Labidi
Ambassadeur, Représentant permanent, Genève

Dr H. Abdessalem
Directeur général, Unité de la Coopération technique

Suppléant(s) – Alternate(s)

M. K. Idir
Directeur général, Ministère de la Santé publique

Dr M. Garbouj
Directrice des Soins de Santé de Base

M. H. Landoulsi
Conseiller, Mission permanente, Genève

M. T. Zerelli
Chargé de mission, Ministère de la Santé publique

TURQUIE – TURKEY

Chef de délégation – Chief delegate

Dr O.F. Gümrükçüoglu
Under-Secretary, Ministry of Health

Délégué(s) – Delegate(s)

Professor K. Aydin
Member of Parliament, Member of the Commission of Health, Family, Labour and Social Affairs of the Grand National Assembly

Dr R. Zeydan
Member of Parliament, Member of the Commission of Health, Family, Labour and Social Affairs of the Grand National Assembly

Suppléant(s) – Alternate(s)

Professor S. Aydin
Deputy Under-Secretary, Ministry of Health

Professor N. Tosun
Deputy Under-Secretary, Ministry of Health

Ms A. Ügdül
Deputy Permanent Representative, Geneva

Dr F. Aydinli
Deputy Director-General, General Directorate for Primary Health Care, Ministry of Health

Mr K. Özden
Head, Department of Foreign Affairs, Ministry of Health

Mr Y. Tuna
Head of Department, Under-Secretariat of the State Planning Organization

Ms S.T. Aydin
Deputy Head, Department of Foreign Affairs, Ministry of Health

Mr F.K. Feridun
Counsellor, Permanent Mission, Geneva

Mr F. Ulusoy
First Secretary, Permanent Mission, Geneva,

Mr E.S. Yüksel
First Secretary, Permanent Mission, Geneva

Ms I. Salihoglu
Counsellor, Ministry of Health

Dr Z. Cipil
Expert, Public Health School, Ministry of Health

Dr F. Karaman
Expert, Public Health School, Ministry of Health

Mr G. Demirtola
Ministry of Health

TUVALU – TUVALU

Chef de délégation – Chief delegate

Mr I.T. Italeli
Minister of Health

Délégué(s) – Delegate(s)

Dr S. Homasi
Director of Health, Ministry of Health

Mr H. Holona
Personal Assistant to the Minister of Health, Assistant Secretary of Health (Ag)

UKRAINE – UKRAINE

Chef de délégation – Chief delegate

Dr V. Kniazevich
Minister of Health

Délégué(s) – Delegate(s)

Mr M. Maimeskul
Ambassador, Permanent Representative, Geneva

Dr V. Sirman
Head, Office of the Minister of Health

Suppléant(s) – Alternate(s)

Dr R. Fedosiuk
Adviser to the Minister of Health

Mrs Z. Tsenilova
Head, Department of International Relations and European Integration, Ministry of Health

Mrs S. Homanovska
Counsellor, Permanent Mission, Geneva

URUGUAY – URUGUAY

Chef de délégation – Chief delegate

Dra. M.J. Muñoz
Ministra de Salud Pública

Délégué(s) – Delegate(s)

Sr. A. Artucio
Embajador, Representante Permanente, Ginebra

Sra. L. Trucillo
Ministra, Representante Permanente Adjunto, Ginebra

VANUATU – VANUATU

Chef de délégation – Chief delegate

Dr M.S. Iatika
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Mrs M. Abel
Director-General, Ministry of Health

Délégué(s) – Delegate(s)

Mrs J. Iatika
Ministry of Health

VENEZUELA (REPUBLIQUE BOLIVARIENNE DU) – VENEZUELA (BOLIVARIAN REPUBLIC OF)

Chef de délégation – Chief delegate

Sr. O. Carvallo Valencia
Embajador, Representante Permanente, Ginebra

Délégué(s) – Delegate(s)

Sr. J. Arias
Embajador, Representante Permanente Alterno, Ginebra

Dra. N. Pérez Sierra
Viceministra de Redes de Salud Colectiva, Ministerio del Poder Popular para la Salud

Suppléant(s) – Alternate(s)

Sr. L.P. Osuna Carrillo
Director General, Oficina de Cooperación Técnica y Relaciones Internacionales, Ministerio del Poder Popular para la Salud

Sra. S. Fernández
Asistente Viceministra de Redes de Salud Colectiva, Ministerio del Poder Popular para la Salud

Sra. C. Velásquez de Visual
Ministra Consejera, Misión Permanente, Ginebra

Sr. E. Bitetto
Primer Secretario, Misión Permanente, Ginebra

Sr. A. Pinto Damiani
Segundo Secretario, Misión Permanente, Ginebra

Sr. A.A. Delgado
Oficina de Cooperación Técnica y Relaciones Internacionales, Ministerio del Poder Popular para la Salud

Sr. D. Bonive
Oficina de Cooperación Técnica y Relaciones Internacionales, Ministerio del Poder Popular para la Salud

Sra. A. Piñate
Servicio Autónomo para Propiedad Intelectual

Sr. J. Lobo
Funcionario de Apoyo (Sector Político), Misión Permanente, Ginebra

VIET NAM – VIET NAM

Chef de délégation – Chief delegate

Dr Cao Minh Quang
Vice-Minister, Ministry of Health

Chef adjoint de la délégation – Deputy chief delegate

Mr Pham Quoc Tru
Minister Counsellor, Permanent Mission, Geneva

Délégué(s) – Delegate(s)

Mrs Nguyen Thi Minh Chau
Deputy Director, International Cooperation Department, Ministry of Health

Suppléant(s) – Alternate(s)

Mrs Doan Phuong Thao
Expert, International Cooperation Department, Ministry of Health

Mr Nguyen Van Cuong
Deputy Manager, National Expanded Programme on Immunization, National Institute of Hygiene and Epidemiology

Mr Nguyen Xuan Ang
Counsellor, Permanent Mission, Geneva

YEMEN – YEMEN

Chef de délégation – Chief delegate

Dr A.Y. Rasea
Minister of Health and Population

Délégué(s) – Delegate(s)

Dr I.S.M. Al-Adoofi
Ambassador, Permanent Representative, Geneva

Dr J.S. Al-Raibi
Under-Secretary for Population Affairs

Suppléant(s) – Alternate(s)

Mr K.A. Al-Sakkaf
Adviser to the Minister for Bilateral Cooperation

Dr A.A. Al-Madwakhi
Director-General, Family Health

Dr A.A. Al-Numani
Director-General, Member of the Executive Committee, Council of Health Ministers of the Gulf Countries

Mr Y. Al-Shaabi
Chief Nursing Officer

Mr I. Al-Mahbashi
Third Secretary, Permanent Mission, Geneva

ZAMBIE – ZAMBIA

Chef de délégation – Chief delegate

Dr B. Chituwo
Minister of Health

Chef adjoint de la délégation – Deputy chief delegate

Dr S.K. Miti
Permanent Secretary, Ministry of Health

Délégué(s) – Delegate(s)

Mr M. Daka
Chargé d'affaires, Permanent Mission, Geneva

Suppléant(s) – Alternate(s)

Dr V. Mukonka
Director, Public Health and Research Department, Ministry of Health

Mr N. Chikwenya
Assistant Director, Planning and Budgeting Department, Ministry of Health

Mr C.M. Sitwala
First Secretary (Legal), Permanent Mission, Geneva

Ms C.M. Mulenga
Nursing Officer, Ministry of Health

Mr C. Chansa

Dr J.S. Caholo
Deputy Executive Secretary, Social and Human Development Directorate

Mr S. Sianga
Director, Social and Human Development Directorate

Dr A.F. da Hembe
Head, HIV/AIDS Unit, Social and Human Development Directorate

Ms L. Lebese
Social and Human Development Directorate

ZIMBABWE – ZIMBABWE

Chef de délégation – Chief delegate

Dr P.D. Parirenyatwa
Minister of Health and Child Welfare

Chef adjoint de la délégation – Deputy chief delegate

Mr C. Chipaziwa
Ambassador, Permanent Representative, Geneva

Délégué(s) – Delegate(s)

Dr E.T. Mabiza
Permanent Secretary, Ministry of Health and Child Welfare

Suppléant(s) – Alternate(s)

Dr G. Mhlanga
Principal Director, Preventive Services, Ministry of Health and Child Welfare

Dr S. Midzi
Deputy Director, Disease Prevention and Control, Ministry of Health and Child Welfare

Ms C.M. Chasokela
Director, Nursing Services, Ministry of Health and Child Welfare

Mrs R. Madzima
Chief Nutritionalist, Ministry of Health and Child Welfare

Mrs M.T. Matongo
Coordinator, Reproductive Health, Ministry of Health and Child Welfare

Ms M. Nyandoro,
National Reproductive Health Coordinator

Mrs P. Nyagura
Counsellor, Permanent Mission, Geneva

OBSERVATEURS D'UN ETAT NON MEMBRE

OBSERVERS FOR A NON-MEMBER STATE

SAINT-SIEGE – HOLY SEE

Mgr J.L. Redrado Marchite
Secrétaire du Conseil pontifical pour la Pastorale des Services de la Santé

Mgr H. van Megen
Conseiller, Mission permanente, Genève

Mgr J.-M.M. Mpendawatu
Expert

Mgr R. Vitillo
Expert

Dr M. Evangelista
Expert

Dr G. Rizzardini

Dr A. Capetti
Expert

Dr F. Antezana

OBSERVATEURS

OBSERVERS

ORDRE DE MALTE – ORDER OF MALTA

M. M. de Skowronski
Ministre Conseiller, Observateur permanent adjoint, Genève

Mme R. Saraceno-Persello
Conseiller, Mission permanente, Genève

COMITE INTERNATIONAL DE LA CROIX-ROUGE – INTERNATIONAL COMMITTEE OF THE RED CROSS

Mrs P. Parker
Cheffe de l'Unité santé, Division Assistance

Dr E. Le Saout
Cheffe-adjointe de l'Unité santé, Division Assistance

Dr P. Duda
Chef de secteur

Dr A. Berzig
Chef de secteur

Dr H. Nasreddine
Division Assistance, Unité santé

Mme S. Arsac-Janvier
Pharmacienne

FEDERATION INTERNATIONALE DES SOCIETES DE LA CROIX-ROUGE ET DU CROISSANT-ROUGE – INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Lady Jocelyn Keith
Vice-Chair, Advisory Body on Health and Community Services

Dr P. Duplessis
Special Envoy for Avian and Human Influenza

Mr C. Lamb
Special Adviser, International Relations

Mr P. Carolan
Senior Officer, Voluntary Blood Service

Ms K. Elder
Senior Health Officer

Mr J. Peat
Senior Public Health Officer

Ms G. Lo
Senior Health Officer, Asia Pacific Region and First Aid

Dr A. Tamman
Senior Emergency Health Officer

Dr M.M. Etwilb
Senior Regional Adviser for Asia Pacific

Ms N. Mhlanga
Attaché

Ms J. Muller
International Representation Officer

Ms Y. Carolan

OBSERVATEURS INVITES CONFORMEMENT A LA RESOLUTION WHA27.37

OBSERVERS INVITED IN ACCORDANCE WITH RESOLUTION WHA27.37

PALESTINE – PALESTINE

Dr F. Abu-Mughli
Minister of Health

Dr M. Abu-Koash
Ambassador, Permanent Observer, Geneva

Dr A. Al-Masri
Deputy Minister, Ministry of Health

Dr I. Tarawiya
Assistant Deputy Minister, Ministry of Health

Mr I. Zuhairi
Deputy Permanent Observer, Geneva

Ms A. Hussen
Permanent Observer Mission, Geneva

Ms S. Atout
First Secretary, Permanent Observer Mission, Geneva

REPRESENTANTS DE L'ORGANISATION DES NATIONS UNIES ET DES INSTITUTIONS APPARENTEES

REPRESENTATIVES OF THE UNITED NATIONS AND RELATED ORGANIZATIONS

ORGANISATION DES NATIONS UNIES – UNITED NATIONS

Ms C. Momal-Vanian
Senior Political Adviser, Office of the Director-General

Mr T. Liharevschi
Associate External Relations Officer, Office of the Director-General

Ms M. Kohonen
Coordinator/Senior Human Rights Officer, Human Rights and Economic and Social Issues Unit, Office of the High Commissioner for Human Rights

Ms J. Sotomayor
Human Rights Officer, Human Rights and Economic and Social Issues Unit, Office of the High Commissioner for Human Rights

Ms P. Oberoi
Human Rights Officer, Human Rights and Economic and Social Issues, Office of the High Commissioner for Human Rights

Mr M. Darrow
Coordinator/Senior Human Rights Officer, Millenium Development Goals Unit, Office of the High Commissioner for Human Rights

Mr S. Bayarmagnai
Human Rights Officer, Millenium Development Goals, Development Goals Unit, Office of the High Commissioner for Human Rights

Mr J. Scherrens
Human Rights Officer, Migrant Workers Committee, Office of the High Commissioner for Human Rights

Dr D. Nabarro
UN System Senior Coordinator for Avian and Human Influenza

Ms T. Kay
Director, Emerging Social Issues Division, United Nations Economic and Social Commission for Asia and the Pacific

Ms M. Muller
Senior Policy Adviser

FONDS DES NATIONS UNIES POUR L'ENFANCE –
UNITED NATIONS CHILDREN'S FUND

Dr N. Alipui
Director, Programme Division

Dr P. Villeneuve
Associate Director, Programme Partnership, UNICEF Office, Geneva

Dr K. Mukelabai
Liaison Officer

CONFERENCE DES NATIONS UNIES SUR LE COMMERCE ET LE DEVELOPPEMENT –
UNITED NATIONS CONFERENCE ON TRADE AND DEVELOPMENT

Ms E. Tuerk
Economic Affairs Officer, Trade Negotiations and Commercial, Diplomacy Branch

PROGRAMME DES NATIONS UNIES POUR L'ENVIRONNEMENT –
UNITED NATIONS ENVIRONMENT PROGRAMME

Mr W. Asnake
Programme Officer, UNEP Office, Geneva

PROGRAMME DES NATIONS UNIES POUR LES ETABLISSEMENTS HUMAINS –
UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME (UN-HABITAT)

Mr A. Abbas
Acting Director, UN-HABITAT Office, Geneva

FONDS DES NATIONS UNIES POUR LA POPULATION–
UNITED NATIONS POPULATION FUND

Ms S. Tellier
Director, UNFPA Office, Geneva

Ms S. Hamid
External Relations Officer

Mr V. Fauveau
Senior Maternal Health Adviser, UNFPA Office, Geneva

Ms K. Hektoen
Consultant, UNFPA Office, Geneva

**PROGRAMME ALIMENTAIRE MONDIAL –
WORLD FOOD PROGRAMME –**

Mr D. Belgasmi
Director, WFP Office, Geneva

**OFFICE DE SECOURS ET DE TRAVAUX DES NATIONS UNIES POUR LES REFUGIES DE PALESTINE DANS LE PROCHE-ORIENT –
UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES IN THE NEAR EAST**

Dr G. Sabatinelli
Director of Health

Mr M. Burchard
Head, UNRWA Representative Office, Geneva

Ms E. Mancusi
Senior Liaison Officer, UNRWA Representative Office, Geneva

**HAUT COMMISSARIAT DES NATIONS UNIES POUR LES REFUGIES –
OFFICE OF THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES**

Ms N. Cornier
Reproductive Health Officer, Public Health and HIV Section

Ms F. Abdalla
Senior Nutritionist, Public Health and HIV Section

Ms E. Hamouda
Senior Operations Officer, Public Health and HIV Section

Mr H. Le Guillouzic
Senior Public Health Officer, Public Health and HIV Section

Ms T. Brown
Intern, Community Development, Gender Equality and Children Section

ONUSIDA – UNAIDS

Ms D. Landey
Deputy Executive Director

Mr M. Sidibe
Deputy Executive Director, Programme

Mr E. As Sy
Director, Partnerships and External Relations

Mr T. Martineau
Director, Executive Office

Mr L. Loures
Director, Strategic Country Intelligence Office

Mr G. Tembo
Chief, Aid Effectiveness Division

Mr R. Greener
Team Leader, Economics and Development Analysis Team

Mr J. Rehnstrom
Chief, Budget, Finance and Administration

Ms M.B. Lerner
Chief, Resource Mobilization

Mr N. Varughese
Senior Adviser, Strategic Country Intelligence Office

Ms H. Frary
Chief, Board and UN Relations

Mr J. Tyszko
External Relations Officer, Board and UN Relations

Mr A. Tiwari
Advocacy Officer, UNAIDS India

Mr S. Furgal
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Senior Health Specialist, Department of Health, Nutrition and Population

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Communications Adviser, Network Operations Department

Ms A. Soucat
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Ms K. Krackenberger
Consultant, Department of Health, Nutrition and Population

Ms A. Rafamatanantsoa
Programme Assistant, Department of Health, Nutrition and Population

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