

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?

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 Councillor 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 vœux 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 NOMINATIONS¹
PREMIER RAPPORT DE LA COMMISSION DES DESIGNATIONS¹

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 NOMINATIONS²
DEUXIEME RAPPORT DE LA COMMISSION DES DESIGNATIONS²

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.

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 Ponemek 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 Ponemek Dalalloy (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 States 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.