

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, regrettably 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，中国卫生部与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》适台安排达成一致。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-Straits 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，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.

الدكتور حمد بن عبد الله المانع (المملكة العربية السعودية):

Dr AL-MANEA (Saudi Arabia):

السيدة المديرية العامة لمنظمة الصحة العالمية، أصحاب المعالي وزراء الصحة، السيدات والسادة،

يطيب لي أن أقدم إليكم سيادة الرئيس، باسم وزراء الصحة العرب، وباسمي شخصياً التهاني لانتخابكم رئيساً لجمعية الصحة العالمية الحادية والستين، كما يسعدني أن أقدم باسم المجموعة العربية بعميق الشكر والتقدير لسعادة الدكتور 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 أهني كافة الدول الأعضاء ونهني 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، أملين أن يكون هناك تمثيلاً عربياً منصفاً في منظمة الصحة العالمية للإسهام في تحقيق الأهداف المرجوة.

إننا نقرب من الذكرى السنوية الثلاثين لإعلان ألما - 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 نظمها الصحية، وإنني أمل أن يتم الاستفادة من خبرات المنظمة بتبادل الخبرات حول تقييم النظم 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 ونظم 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 مكافحة نجحت حتى الآن في التصدي لانتشاره والحلول دون تطوّر 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 لنباتول 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 معقولاً 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 مؤكداً 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 إيطارية 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، وبنيتها الأساسية وزرع القنابل العنقودية، فلا بد 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 وذويعهم، 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 أدناً 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 تشييتنا ونكتبنا 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.