

THIRD PLENARY MEETING

Tuesday, 20 May 2008, at 09:15

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

TROISIEME SEANCE PLENIERE

Mardi 20 mai 2008, 09h15

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

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

The PRESIDENT:

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

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

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

Mme RAOUL (Congo):

Monsieur le Président, Madame le Directeur général, Mesdames et Messieurs les Ministres et chefs de délégation, distingués invités, c'est pour moi un privilège et un réel plaisir, en ma qualité de Présidente de la cinquante-septième session du Comité régional OMS de l'Afrique et de chef de la délégation de la République du Congo, de prendre la parole pour exprimer les profondes

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

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

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

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

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

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

Je vous remercie.

Dr SUPARI (Indonesia):

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

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

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

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

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

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

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

Professor KHALFIN (Russian Federation):

Г-н ХАЛЬФИН (РОССИЙСКАЯ ФЕДЕРАЦИЯ):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Спасибо большое.

Mrs MUGO (Kenya):

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

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

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

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

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

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

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

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

Asante sana!

El Sr. CORDOVA VILLALOBOS (México):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dr LANKARANI (Islamic Republic of Iran):

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

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

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

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

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

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

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

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

Dr CAO MINH QUANG (Viet Nam):

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

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

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

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

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

Dr RAMADOSS (India):

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

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

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

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

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

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

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

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

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

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

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

Mr KONSTANTOPOULOS (Greece):

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

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

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

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

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

Mme BACHELOT-NARQUIN (France):

Monsieur le Président, Mesdames et Messieurs les Ministres, Mesdames et Messieurs les délégués, au moment où nos pensées vont aux populations chinoise et birmane plongées dans l'affliction, le soixantième anniversaire de l'Organisation mondiale de la Santé est pour nous l'occasion de nous tourner résolument vers l'avenir. La dimension globale des questions de santé impose, en effet, de plus en plus aux Etats de conjuguer leurs efforts pour converger vers un même but. L'OMS a donc vocation à jouer, dans cette perspective, un rôle de plus en plus éminent – c'est ce qu'elle fait depuis 60 ans – et je veux rendre hommage à son Directeur général, Madame Chan, à son bilan, à son histoire.

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

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

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

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

Le quatrième défi est celui de l'accès aux médicaments. Dans ce domaine nous devons faire preuve de créativité pour financer les besoins. L'accès aux médicaments est un des domaines dans

lesquels la seule aide publique ne suffit pas. C'est pourquoi, la France a choisi, en plus de son importante contribution au Fonds mondial et à l'Alliance GAVI au travers d'UNITAID, avec d'autres partenaires, de développer les financements innovants. Sur cette question extrêmement sensible, qui mobilise depuis quelques années les groupes de travail de l'OMS, je voudrais vous faire partager un espoir, l'espoir que pourra être rétablie dans les mois et les années qui viennent l'alliance sacrée qui a existé entre trois acteurs essentiels et complémentaires : les Etats, les associations de patients et l'industrie pharmaceutique, voilà ce qui doit être notre objectif. Oui ce sont des objectifs ambitieux qui déterminent, pour l'avenir, la perspective de notre action commune. La France, pour sa part, au sein de l'OMS, jouera pleinement son rôle.

Ms REHMAN (Pakistan):

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

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

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

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

In relation to tuberculosis, malaria and HIV/AIDS, we are glad that our investments are bearing fruit with impressive results at the intermediate outcome level. We do recognize that there are challenges, but we are committed to addressing them. The tuberculosis control programme is being strengthened by implementing a programme of directly observed treatment short course all over the country, and based on the Roll Back Malaria strategy, a national programme is now focused on high-risk districts.

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

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

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

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

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

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

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

**Dr Ponmek Dalalay (Lao People's Democratic Republic),
Vice-President, took the presidential chair.**

**Le Dr Ponmek Dalalay (République démocratique populaire lao),
Vice-Président, assume la présidence.**

The PRESIDENT:

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

Mr MABUZA (Swaziland):

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

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

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

At the Southern African Development Community, we are privileged to be receiving renewed attention for the elimination of malaria as resources are mobilized at global level for fighting the disease. We are honoured to have hosted the first World Malaria Day as the region moves to scale up malaria control efforts for impact and progress to elimination. We therefore call upon the authorities to assist Member States in the process of certification for malaria-free status. A Southern African Development Community strategic framework for the control of tuberculosis has been developed with technical support from the Stop TB strategy. More resources are required for strengthening laboratory

capacity, especially in the face of multidrug-resistant and extensively drug-resistant tuberculosis. The Development Community region is aware of the increasing incidence of noncommunicable diseases, neglected tropical diseases and emerging diseases, as well as the increasing burden of maternal and child mortality. While measures are being taken by individual Member States to deal with these challenges, we believe that WHO's strong leadership will spearhead the right initiatives to combat these problems as we move forward with even more vigour to achieve the aim of universal access and achieve the Millennium Development Goals.

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

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

Dr KIM Soung-yee (Republic of Korea):

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

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

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

Even during the process of rapid economic growth, Korea never neglected efforts to promote health and combat disease. We are now eager to share with developing countries the experience we have gained in building a primary health-care system. We look forward to strengthening our efforts to pass on the valuable lessons we have learnt. We will seek to continue to expand the scale of official development assistance to realize shared goals such as the Millennium Development Goals.

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

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

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

M. BEN-YIZRI (Israël):

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

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

Je sais que la question de nos relations avec les Palestiniens occupe encore une place très importante dans l'ordre du jour de cette vénérable Assemblée. J'en suis toujours surpris, doutant qu'il n'y ait pas de sujets plus importants dans le domaine de la santé et me demandant si vous connaissez vraiment la situation réelle sur le terrain. Je tiens ainsi à vous faire savoir que malgré la tension qui règne sur le plan de la sécurité, nous continuons à avoir des contacts quotidiens avec l'Autorité palestinienne, dans le domaine tant du diagnostic et du traitement que de l'hospitalisation dans les hôpitaux d'Israël où il n'est d'ailleurs pas rare qu'un terroriste blessé soit hospitalisé dans le même service et à côté d'un membre de notre famille. La coopération est également de mise en ce qui concerne les stages de médecins, d'infirmières et du personnel de laboratoire. De plus, toutes les commissions bilatérales se réunissent en application des Accords d'Oslo et de Paris, ce qui ne s'était pas produit ces huit dernières années, avant le début et la reprise des discussions bilatérales. Je tiens également à vous informer que je me suis rendu en visite en Italie il y a quatre mois, avec mon collègue palestinien, le Dr Abou-Moughli, Ministre de la Santé, car un centre de traumatisme et de médecine d'urgence commun à Israël et à l'Autorité palestinienne doit y être fondé sous l'égide du Ministère italien de la Santé ; nous espérons que ce projet avancera à grands pas.

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

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

Merci infiniment pour votre attention.

El Sr. SORIA ESCOMS (España):¹

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

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

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

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

La evidencia científica indica que el aumento de las temperaturas y la menor calidad del aire y del agua están ocasionando un incremento en la incidencia de algunas enfermedades, lo que hace necesaria una política sanitaria y medioambiental apropiada. Por esto, apoyamos de manera decidida la resolución que se presenta sobre esta materia.

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

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

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

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

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

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

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

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

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

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

En los futuros planes internacionales, debemos incluir la prevención de enfermedades no transmisibles que ocasionan una elevada morbilidad, como las cardiovasculares y la diabetes. En España hemos puesto en marcha estrategias nacionales en coordinación con los gobiernos regionales, las asociaciones de pacientes y las sociedades científicas, colaboración que puede aportar una valiosa experiencia para todos ustedes.

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

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

El Sr. BALAGUER CABRERA (Cuba):

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

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

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

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

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

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

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

Excelencias: Este año la Organización Mundial de la Salud dedicó el Día Mundial de la Salud a los efectos del cambio climático, que tienen una influencia decisiva para el cumplimiento de los Objetivos de Desarrollo del Milenio, pues pueden provocar el surgimiento de nuevas enfermedades, la disminución de la producción de alimentos, el incremento de los vectores, la disminución del agua, el

enrarecimiento del aire y el incremento de los desastres naturales. Expresamos nuestras condolencias y solidaridad a los pueblos y Gobiernos de China y Myanmar por los recientes desastres naturales que han provocado numerosas pérdidas humanas y materiales, cuyas causas no son ajenas a los efectos del cambio climático.

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

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

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

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

Dr TSHABALALA-MSIMANG (South Africa):

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

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

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

We recall that soon after the adoption of the Millennium Development Goals, South Africa, among others, noted the lack of attention to noncommunicable diseases, including, of course, the unnatural causes of disability and death, such as traumas. My country is implementing a number of interventions to address noncommunicable diseases and causes of disability and death; these include prevention, development of clinical guidelines and setting of targets. We therefore fully support the current calls for global targets on noncommunicable diseases, and hope that in the near future we will also move towards the setting of targets for the unnatural causes of disability and death. Africa, through the African Union, has highlighted the importance of health in development through the development and adoption of the Africa Health Strategy by our Heads of State and Government. I am happy to announce, as the Chairperson of the African Union Bureau of Health Ministers, that African Ministers of Health, meeting in Geneva on 17 May, adopted the implementation plan for this strategy. We therefore

urge all our collaborating partners to support us in implementing this plan. The Africa Health Strategy 2007–2015 emphasizes the need to strengthen health systems in order to respond to the many competing health challenges facing us. Central to the functioning of our health systems is the availability of well-trained and motivated human resources for health. Africa was the first continent to bring this matter to the attention of the Health Assembly and other global forums. We therefore consider it critical that developing countries, and Africa in particular, be adequately consulted and also play a central role in the development of the code of practice on the international recruitment of health personnel that is under way.

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

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

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

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

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

Ms NISHIKAWA (Japan):

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

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

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

This year represents the midpoint to 2015 which is the target date for achieving the Millennium Development Goals. I greatly respect WHO for providing able leadership in the fight against the three major infectious diseases of HIV/AIDS, tuberculosis and malaria, and for making full use of its excellent

technical expertise. Having said this, however, many other issues remain to be addressed, including those concerning the health of mothers, babies, and children, which remain just as serious as before.

This year, Japan will host the Fourth Tokyo International Conference on African Development, and the G8 Hokkaido Toyako Summit. In the Davos Forum in January this year, the Prime Minister, Yasuo Fukuda, stated that the forthcoming Summit would discuss “development” and “Africa”, and the focus of “development” would be placed on “health, education and water” with a human security perspective. Moving towards achieving the health-related Millennium Development Goals, Japan believes that further efforts on control and prevention of individual infectious diseases are needed. Equally important is balanced implementation of a comprehensive approach, including strengthening of health systems, such as developing the human resources required for greater protection against infection, securing maternal and child health, and revitalizing research and development.

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

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

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

M. DI BARTOLOMEO (Luxembourg):

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

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

Le Luxembourg a fait de la santé et de l’eau des secteurs prioritaires de sa politique de coopération au développement. Sur le plan tant bilatéral que multilatéral, l’OMS est un de nos

partenaires privilégiés. En 2007, nous avons partagé avec les pays en développement 0,9 % de notre richesse nationale. Nous avons pris des engagements financiers pluriannuels à l'égard de nos partenaires afin de rendre notre coopération aussi prévisible que possible. Nous encourageons tous les pays industrialisés à respecter les engagements pris et à réserver 0,7 % de leur produit national brut à cette coopération, au plus tard d'ici 2015.

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

Dr KAKAR (Afghanistan):

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

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

Contracting with non-state providers to deliver the basic package has allowed for a rapid expansion of health-care delivery, including immunization and emergency obstetric care, which is now

accessible to about 65% of the population. Community-based health care is an integral part of the basic package, where around 16 000 community health workers are presently deployed in over 5000 villages, providing vital services to some of the most disadvantaged communities. The plan is to train a total of about 25 000 community health workers to reach all corners of Afghanistan. In support of primary health-care services, the essential package of hospital services provides effective secondary and tertiary care for referrals from the basic health facilities currently in 17 of the 33 provinces in the country. The Ministry of Health would like to acknowledge with deep appreciation the contribution of donors and partners who have provided the technical and financial support for the initiative to provide health services through contracting nongovernmental organizations. This assistance has been the foundation for our success so far, and we depend on our partners to continue their assistance until we can consolidate our gains, rebuild the infrastructure, develop the human resources and ensure the financial resources to have a sustainable, effective and equitable health system in Afghanistan.

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

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

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

Ms LARSSON (Sweden):

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

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

Distinguished Director-General – in your inauguration speech, you mentioned that you want WHO to be judged by the impact it has on the health of people in Africa and the health of women. These are important priorities as they encompass the poorest of the poor – for example uneducated women in rural Africa. In November, I visited a number of African countries. I encountered a strong commitment and far-reaching ambitions to improve health. But I also met pregnant women waiting for hours for

clinical care. And women who could not access any care at all. The harsh reality is that which causes at least half a million women's premature deaths globally every year due to birth- and pregnancy-related complications – deaths that in many cases are preventable. But Director-General, as you also pointed out, women do much more than give birth. Improving women's health is essential. Primarily because it is their fundamental human right. But also because it is in the interests of society as a whole. Women carry an enormous burden of ill-health. Improving women's health requires efforts to promote women's self empowerment, such as guaranteeing primary education for girls and getting rid of discriminatory laws. But it also requires accessible primary health care at an affordable cost, along the lines that Alma-Ata set out 30 years ago. And it requires health systems that are able to offer skilled attendance at deliveries in rural areas. At the midpoint, we are far from reaching the health-related Millennium Development Goals. Of the targets of the Millennium Development Goals maternal health is the one lagging furthest behind. Only by addressing the underlying structural problems can we perform better.

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

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

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

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

Mr THORDARSON (Iceland):

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

We have observed with interest the work of the Commission on Social Determinants of Health. With that initiative, WHO has undoubtedly driven the attention of Member States and global health partners towards the social determinants of health. The Commission identifies some of the key causes of poor health and inequalities between and within countries. Most importantly, it urges Member States to

address the main factors leading to ill-health and inequities, one of these determinants being the lack of access to health-care systems in many part of the world. The Declaration of Alma-Ata in 1978 was a milestone in the history of WHO. In that declaration, primary health care was defined as the basis for health-care delivery around the world. Therefore, it is now appropriate, 30 years later, that *The world health report 2008* is devoted to one of the priority areas of WHO, the strengthening of primary health care.

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

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

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

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

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