

FOURTH PLENARY MEETING

Tuesday, 20 May 2008, at 14:40

President: Dr L. RAMSAMMY (Guyana)

later: Ms M. MARIPUU (Estonia)

QUATRIEME SEANCE PLENIERE

Mardi 20 mai 2008, 14h40

Président: Dr L. RAMSAMMY (Guyana)

puis: Ms M. MARIPUU (Estonie)

1. INVITED SPEAKERS INTERVENANTS INVITES

The PRESIDENT:

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

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

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

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

Her Royal Highness Princess MUNA AL-HUSSEIN:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Applause/Applaudissements)

The PRESIDENT:

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

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

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

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

The Most Reverend Desmond Mpilo TUTU:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Applause/Aplaudissements)

The PRESIDENT:

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

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

The PRESIDENT:

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

Mr OSMAN (Brunei Darussalam):

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

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

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

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

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

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

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

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

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

Assalamu alaikum warahmatullahi Wabarakatuh.

Mr DUKPA (Bhutan):

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

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

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

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

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

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

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

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

Mr GOMES TEMPORÃO (Brazil):

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

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

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

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

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

M. CLEMENT (Canada):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Le Dr YODA (Burkina Faso):

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

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

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

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

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

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

Le Dr PONMEK DALALOY (République démocratique populaire lao):

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

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

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

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

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

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

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

Mr DE SILVA (Sri Lanka):

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

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

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

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

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

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

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

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

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

The PRESIDENT:

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

La Dra. CHANG (Ecuador):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ms RISIKKO (Finland):

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

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

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

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

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

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

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

Thank you for your attention.

Ms MARIPUU (Estonia), Vice-President, took the presidential chair.

Mme MARIPUU (Estonie), Vice-Présidente, assume la présidence.

Mr KHAN (Bangladesh):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mr QUASHIGA (Ghana):

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

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

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

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

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

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

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

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

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

Mr POKHAREL (Nepal):

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

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

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

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

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

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

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

Mrs TEODORO JORGE (Portugal):

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

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

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

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

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

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

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

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

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

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

Professor HORVATH (Australia):

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

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

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

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

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

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

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

The PRESIDENT:

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

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