FIFTH PLENARY MEETING

Wednesday, 21 May 2008, at 09:10

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

CINQUIEME SEANCE PLENIERE

Mercredi 21 mai 2008, 9h10

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

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

The PRESIDENT:

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

2. EXAMINATION OF CREDENTIALS
VERIFICATION DES POUVOIRS

The PRESIDENT:

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

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

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

have found them to be in keeping with the Health Assembly's Rules of Procedure. I would therefore recommend to the Health Assembly that the Dominican Republic be accepted as having formal credentials. Does the Health Assembly agree with this procedure? Since there is no objection, it is so decided.

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

The PRESIDENT:

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

Dr NJIE (Gambia):

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

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

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

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

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

of such diseases implies that their long term treatment consumes a disproportionate share of an already overstretched health budget. Cancer of the cervix and breast continue to affect the health of Gambian women.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Благодарю за внимание.

Ms AASRUD (Norway):

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

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

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

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

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

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

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

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

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

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

The PRESIDENT:

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

Dr SKILLING (Federated States of Micronesia):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dr LAWAL (Nigeria):

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

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

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

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

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

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

Dr KULZHANOV (Kazakhstan):

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

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

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

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

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

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

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

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

Desde el año 2000 se vienen aplicando medidas, tanto en el sector de la salud como en otros vinculados con el desarrollo en cada uno de nuestros países, para que puedan efectivamente alcanzarse los ocho Objetivos de Desarrollo del Milenio acordados, tres de los cuales están relacionados con la salud: el 4 (reducir la mortalidad infantil), el 5 (mejorar la salud materna), y el 6 (combatir el VIH/SIDA, paludismo y otras enfermedades).

Sin embargo, a pesar de que se han registrado algunos progresos, muchos de nuestros países aún están lejos de lograr esos objetivos, razón por la cual habrá que aplicar nuevos planteamientos para acelerar los avances hacia su consecución.

Es el caso en particular de la Región de África de la OMS, donde los progresos están siendo más lentos. Los Estados Miembros que participaron en la 56ª reunión del Comité Regional reiteraron en la resolución AFR/RC56/R6 que la atención primaria de salud sigue siendo válida para mejorar la eficiencia y el desempeño de los sistemas de salud con el propósito de acelerar los progresos para lograr los Objetivos de Desarrollo del Milenio.

La reciente Conferencia Internacional sobre atención primaria de salud y sistemas de salud en África, celebrada del 28 al 30 de abril de este año en Ouagadougou, tuvo como objetivo principal el de llamar la atención a los políticos de nuestra Región sobre la necesidad de reactivar la atención primaria de salud como una de las vías para alcanzar los Objetivos del Milenio en la Región. No puedo dejar de aprovechar esta oportunidad para felicitar al Sr. Gomes Sambo por el éxito de esa Conferencia, cuya participación en número de delegados presentes e importancia de los debates habidos merece todo nuestro elogio.

Reiteramos y reafirmamos aquí nuestro compromiso de implementar con determinación las recomendaciones de la Conferencia para que en Santo Tomé y Príncipe la ejecución de los Objetivos de Desarrollo del Milenio relacionados con la salud sea una realidad. En Santo Tomé y Príncipe desplegamos esfuerzos con el apoyo de nuestros colaboradores de cooperación en el sentido de mejorar la salud de nuestras poblaciones y dar cumplimiento a los Objetivos definidos en la Cumbre del Milenio.

En relación al objetivo 4, la tendencia creciente que se observaba entre 1991 y 1995 en las tasas de mortalidad en menores de cinco años y en las tasas de mortalidad infantil hoy se ha invertido y éstas se encuentran en regresión, cayendo respectivamente de 138 por 1000 nacidos vivos en 1995 a 52 por 1000 en 2006, y de 89 por 1000 nacidos vivos en 1995 a 43 por 1000 nacidos vivos en 2006. Mejorías relacionadas con el esfuerzo y expansión de la atención primaria de salud, entre los que

sobresalen los esfuerzos en la lucha contra el paludismo, la elevada tasa de cobertura de las vacunas, un buen programa de salud sexual y reproductiva y los esfuerzos en materia de nutrición infantil.

En relación al objetivo 5, se registraron en los últimos años progresos muy significativos en la asistencia a la mujer, como consecuencia de un mejor desempeño del programa de salud sexual y reproductiva. Todavía la mortalidad materna se mantiene relativamente alta. A pesar de una reducción del orden del 50% entre 2005 y 2006, la tasa de mortalidad materna es superior a la verificada en 1990, cuando era de 62 por 1000 nacidos vivos. A pesar de todo, la tendencia en la evolución de la tasa de mortalidad materna es decreciente. La aprobación del Roteiro Nacional para la reducción de la mortalidad materna y neonatal, que esperamos ocurra en breve, nos permite pensar que un progreso significativo será posible en este dominio.

La mejoría de la capacidad de gestión del sistema de salud, la sostenibilidad de los éxitos alcanzados a nivel de la lucha contra el paludismo asegurando una capacidad nacional intrínseca para financiarlos, el esfuerzo de la participación de las comunicaciones y forjar nuevas colaboraciones, son los principales desafíos que afronta el sector de la salud, y es prioritario superarlos.

Para ello contamos con nuestra voluntad inequívoca de mejorar la salud de nuestras poblaciones y el apoyo variado de los colaboradores de cooperación, a quienes desde esta tribuna les enviamos nuestros sinceros agradecimientos.

Señor Presidente: en un mundo globalizado e interdependiente como es el nuestro, es vital que todos los pueblos logren un nivel de salud que les permita participar plenamente en el esfuerzo del desarrollo socioeconómico de sus países. Este propósito no podrá ser alcanzado si vedamos el acceso de este o aquel país a nuestra Organización. Tal situación viene sucediendo con la República de China (Taiwán), país que sin embargo viene dando una contribución en el desarrollo sanitario de otros pueblos, se ve negada su integración como Miembro de pleno derecho a la Organización Mundial de la Salud y consecuentemente a la implementación independiente del Reglamento Sanitario Internacional. Es tiempo, Excelencias, de hacer justicia a los 23 millones de taiwaneses admitiendo que su país se convierta en miembro de pleno derecho de la Organización Mundial de la Salud. Es este pedido que le hacemos y que gustaríamos ver brevemente concretizado. Muchas gracias.

Dr LIOW TIONG LAI (Malaysia):

Honourable President, excellencies, ladies and gentlemen, may I first of all thank the President for giving me this opportunity to address this important Health Assembly. Last year Malaysia celebrated her fiftieth year of independence and we are proud to announce that we have achieved all but one of the Millennium Development Goals. Malaysia has done well in achieving good health for the population, especially in reducing maternal mortality. The maternal mortality rate has declined from more than 500 per 100 000 live births in the 1950s to 30 per 100 000 live births in 2006.

A significant contribution to the reduction in the maternal mortality rate in Malaysia is the increase in safe deliveries conducted by trained personnel in both the government and private sectors, from a mere 20% in 1957 when we achieved independence, to 98.3% in 2006. Malaysia has made a strong commitment to meet the goals and targets set out in the Millennium Development Goals. Malaysia has, in fact, made tremendous progress in the reduction of the under-five mortality rate since 1970. Within 36 years, the under-five mortality rate has declined from 52 per 1000 live births in 1970 to 8.5 per 1000 live births in 2006, which translates into an 83.6% reduction. In addition, Malaysia has also achieved a remarkable reduction in the infant mortality rate, from 40.8 per 1000 live births in 1970 to 6.6 per 1000 live births in 2006.

This remarkable achievement in health status is due to the strong commitment by health-care providers and policy-makers. Malaysia has developed a robust health infrastructure and invested in human capital development and comprehensive family health programmes. We are strengthening our maternal child health services and are constantly striving for new innovative ways of enhancing equity, accessibility and quality of our health-care services.

Malaysia has achieved all the Millennium Development Goals except Goal number 6, that is, combating HIV/AIDS, malaria and other diseases, including tuberculosis, which pose some challenges for us. Malaysia is committed to the WHO global plan to stop tuberculosis in the Western Pacific Region and has achieved the target of detecting 70% of estimated cases and successfully treating 85%

of these cases. We are confident we will be able to halt tuberculosis and reverse its incidence by 2015 in line with the Goals. As for malaria, we have achieved the set target and aim for malaria elimination by 2015. With regard to HIV, Malaysia is happy to report a decline in the number of reported new cases of HIV infection, from 6756 in 2002 to 4549 in 2007.

Tele-primary Care is Malaysia's first home-grown enterprise-wide electronic clinic management and clinical information system. It is being used in 69 sites connecting various players from rural health clinics and district health offices to urban hospitals and the central headquarters in a seamless manner. It has enabled the rural population to access specialist care closer to their homes. Currently more than 1 million patients are receiving care through the system. Tele-primary Care will be expanded to the rest of the country in due course.

Malaysia is fully supportive of WHO's initiative for global eradication of poliomyelitis and to date Malaysia has contributed US$ 1.3 million. Noting that WHO still has a funding gap of US$ 175 million for 2008, it is with great pleasure that we announce to the Health Assembly that the Government of Malaysia will make a further US$ 1 million contribution towards the programme for global eradication of poliomyelitis.

The twenty-first century has become extremely challenging for most of us, particularly with looming threats posed by outbreaks of infectious diseases, including avian and pandemic influenza. To mitigate the impact of the threat of pandemic influenza, the Government of Malaysia has allocated about US$ 15 million annually for the purchase of drugs, vaccines and stockpiling personal protective equipments, under the National Influenza Pandemic Preparedness Plan.

The growing burden of diseases is not limited to infectious diseases. Noncommunicable diseases are also putting increasing stress on our health-care delivery system. I am glad to note that this year, the Health Assembly will have on its agenda, a discussion on the implementation of a global strategy for the prevention and control of noncommunicable diseases, which Malaysia fully supports.

The theme of this year's World Health Day is "Protecting health from climate change". Climate change is a major issue facing the world. There is concern regarding the effect of climate change on the fundamental determinants of health including air, water, food, shelter and freedom from disease. To address these issues and in order to mainstream health into the climate change discourse, Malaysia is taking the lead in organizing a health ministerial conference on climate change in the Asia-Pacific region, which will be held in Kuala Lumpur from 18 to 19 September this year. We look forward to the active participation of all delegations.

The stakes are high and the challenges are many, but I am sure with the strengthening of cooperation and collaboration among countries in the world today, together with the strong leadership and support of WHO, we can all make a difference and make this world a healthier place to live in. Thank you.

Dr MALLINGA (Uganda):

Mr President, distinguished ladies and gentlemen, Uganda joins the rest of the Member States in congratulating you on being elected the President of the Sixty-first World Health Assembly. We pledge to give you all the necessary support during your term of office.

We equally join the rest of the Member States in thanking the Director-General for successfully steering WHO in the past year. Uganda is particularly grateful to WHO for the support and guidance in the following areas: human resources for health that culminated in a successful Global Health Workforce Alliance 2008 Forum, which took place in March 2008 in Kampala, Uganda; response to and containment of recent disease outbreaks: Marburg, Ebola and meningitis, which took place in Uganda; health promotion and management of health related conditions in conflict areas, as we have had problems in the northern part of Uganda; and control and elimination of *Haemophylus influenzae* type b disease.

As we deliberate during this Health Assembly, Uganda would like to emphasize the need to effectively involve communities in the delivery of basic health care services. Uganda would like to share with you the successes we have had with: Child Days Plus, which is a month when we follow up health care for children wherever they are to carry out immunizations, deworming and supplementary vitamin A; the Village Health Teams in which we have appointed two persons who will work as

advocates of health in every village; working with communities in the control and management of epidemics; and civil society organizations – we are encouraging them all over the country.

Uganda would like to draw the attention of the Health Assembly to refocus our efforts on the following areas to enable us to effectively deliver health programmes: human resources development; strengthening health systems; scaling up proven best practices; addressing neglected tropical diseases and noncommunicable diseases; and technology transfer relevant to health.

Uganda would like to join the rest of the world in sending our sympathy to the countries that have recently suffered tremendous loss of life and property from natural disasters, China and Myanmar.

In conclusion, Uganda will be hosting the following important conferences to which you are all cordially invited: Stop Cervical Cancer in Africa, from 21 to 22 July 2008, and the African Programme for Onchocerciasis Control from 8 to 11 December 2008. It is not difficult to locate Uganda. You go up to the Mediterranean, then follow the Nile from Egypt. You go through Sudan; at Khartoum don't turn left to the Blue Nile, continue ahead until you reach a large body of water: that will be Lake Victoria, you will be in Uganda. Thank you very much.

Mr O'CONNOR (New Zealand):

Mr President, Madam Director-General, I wish to start by expressing the heartfelt support of the New Zealand people for the people of China and Myanmar following the recent natural disasters in those countries. The New Zealand Government is committed to assisting both countries to address the consequences of these disasters, including the huge impact on public health, so that they may recover and rebuild as quickly as possible.

For those of you who do not know New Zealand, or have not seen the *Lord of the Rings* movie, we are about as far from Geneva as you can get, short of being in Antarctica. We are a country of some 4.2 million people, with an economy still very reliant on primary production, in particular diary products – something dear to my heart as a former farmer.

Yet the journey from New Zealand to Geneva for the Health Assembly each year is always a high priority. We place considerable emphasis on having a minister here and on participating actively in the discussions. Our country remains strongly committed to the work of WHO and, as we are discussing specifically this year, the achievement of the Millennium Development Goals.

The Millennium Development Goals represent the central development challenge of our era, and the health dimensions as expressed in Goals 4, 5 and 6 are central to their achievement. In global health development, the Millennium Development Goals have put us all on notice – can we deliver this basic building blocks for human development?

New Zealand has a strong record of supporting low- and middle- income countries to make greater progress towards achieving the Millennium Development Goals, and we will continue to do so. In our view, it is essential that progress by the global health sector towards achieving the Millennium Development Goals is presented clearly to the Health Assembly each year. This requires particular attention to progressing the goals in the poorest communities both within, and between, countries. We must ensure that attainment of the overall goals has not been at the expense of progress for the most vulnerable. No minister should leave the Health Assembly without being clear as to the world's progress on these goals and the actions required in the coming year.

There is concern about ongoing, and in many cases, widening, health inequalities within and between countries. New Zealand has its own challenges regarding social and ethnic health inequalities, and we have explicity focused on these over the past eight years. There can be no greater inequity than knowing you are going to die early by virtue of your membership of a particular ethnic or social group.

Our Government's approach to addressing health inequalities is twofold. First, we continue to address the fundamental determinants of health in a number of ways. These include ensuring affordable housing for people on low incomes, increasing incomes for people in low-paid jobs and those receiving State welfare assistance, creating jobs, and increasing access to education from preschool to tertiary levels. Action in these areas is essential for population-wide health improvements, and for health inequalities to be addressed effectively. In this regard, New Zealand

awaits with interest the report and recommendations of the WHO Commission on Social Determinants of Health. Secondly, we are convinced that a strong primary health-care sector is central to reducing health inequalities. We have therefore developed a strategy to transform primary health care by investing heavily to make it more affordable, reorienting it towards prevention and keeping the population well, and involving communities in its governance.

This required a long-term vision and we are already beginning to see the benefits. Recent evidence shows that New Zealand's health-care system is making an increasing contribution to improvements in life expectancy and health outcomes. And a survey of New Zealanders last year showed that the groups with poorest health now have much better access to primary health care than they did five years ago. Cost has effectively disappeared as a barrier to access for these groups. They are now more likely to receive advice on smoking, diet, physical activity and other preventive actions. Another benefit is that the difference in life expectancy between our indigenous Maori population and other New Zealanders has started to close for the first time in decades. The New Zealand experience strongly supports the renewed focus on primary health care that WHO is pursuing under Dr Chan's leadership. We fully endorse this focus and believe it is essential if the health-related Millennium Development Goals are to be achieved. Likewise, we believe that much more can be achieved by the universal application of often uncomplicated low-cost interventions for the whole population, especially among people whose needs are greatest. We need to make the right thing to do, the easiest thing to do.

New Zealand is also deeply concerned about the double burden of communicable and noncommunicable diseases experienced by low- and middle- income countries. The impact of noncommunicable diseases is increasing in these countries and there is a need for more concerted efforts by Member States to address this. I am personally responsible for the implementation of programmes to address noncommunicable diseases in New Zealand, and I am convinced that we need to do more in this area globally. I was very interested in the proposal by the President of the Health Assembly, Dr Ramsammy, in his address yesterday, for a Millennium Development Goals Plus goal and specific targets for noncommunicable diseases. This is an approach we have recently adopted in New Zealand, with the development and implementation of ten national targets, including targets to reduce smoking rates, to increase fruit and vegetable intake, to increase breastfeeding rates, and to improve diabetes management. The draft action plan for the global strategy for the prevention and control of noncommunicable diseases, on the agenda for this Health Assembly, is an important next step forward. New Zealand has proposed a resolution to accompany this action plan, to help ensure it is given due weight in national, regional and global efforts to address noncommunicable diseases. New Zealand wishes to work with other interested Member States to find ways to increase funding for implementation of the draft action plan. This cannot wait – we cannot claim progress in improving world health if all we do is replace devastating communicable diseases with destructive noncommunicable diseases. We need to move from talk to action and we must do it now.

Finally, one of my important responsibilities is tobacco control, and I want to congratulate the Canton of Geneva on the decision to become smoke-free, a hugely important step for health. We look forward to attending the Sixty-second World Health Assembly in 2009 in a smoke-free Geneva. Thank you, Mr President.

La Dra. PALAU (Honduras):

Honorable señora Directora General de la OMS, honorable señor Presidente de la Asamblea Mundial de la Salud, excelentísimos embajadores, honorables señores ministros, damas y caballeros: La delegación de Honduras, en nombre de la subregión de Centroamérica, Panamá y la República Dominicana, desea expresarle nuestras más sinceras felicitaciones por su elección a la Presidencia de esta magna Asamblea. Sabemos que con su nutrida experiencia contribuirá a que nuestros trabajos concluyan en beneficio de la humanidad.

Deseamos manifestar que nos vemos muy complacidos por el informe de la Directora General de nuestra Organización, cuyo contenido compartimos plenamente. Asimismo patentizamos nuestras muestras de apoyo y solidaridad con los pueblos de la República Popular China y Myanmar por la pérdida de miles de valiosas vidas durante los desastres naturales ocurridos recientemente.

Nuestra subregión comparte problemas sociales y de salud, como pobreza y pobreza extrema, que varía desde un tercio hasta dos tercios de la población, moderadas tasas de mortalidad maternoinfantil, malnutrición crónica, con predominio de desnutrición, enfermedades vectoriales, especialmente dengue y malaria, VIH/SIDA, y tuberculosis. Dados los esfuerzos realizados, nuestros índices en salud han mejorado en los últimos años y actualmente ocupamos una posición intermedia a nivel mundial, y nuestra subregión presenta actualmente retos como el incremento de enfermedades crónicas no transmisibles como diabetes, hipertensión, cáncer y obesidad, que actualmente forman parte de las 10 primeras causas de morbimortalidad en nuestra región.

Dentro de las medidas exitosas comunes a nuestros países se encuentran programas de vacunación exitosos que han permitido la erradicación de enfermedades como la poliomielitis y el sarampión, países en la región que reportan más de dos años de no tener casos de rubéola, el descenso importante de otras patologías como meningitis por H. influenza y hepatitis B.

Se han iniciado esfuerzos para implementar el Reglamento Sanitario Internacional, definir, unificar, y fortalecer sistemas de información y vigilancia epidemiológica comunes, y estrategias comunes, entre las que podemos mencionar:

- construir y fortalecer espacios de intercambio de experiencias y buenas prácticas;
- desarrollar sistemas de cooperación técnica entre países;
- renovar el apoyo político de las instancias rectoras de la salud a la estrategia de Atención Primaria de Salud;
- desarrollar normas comunes para el fortalecimiento de la capacidad institucional de las Autoridades Sanitarias Nacionales;
- desarrollar las capacidades de liderazgo y gestión mediante programas regionales de desarrollo de recursos humanos;
- definir, implementar y alimentar sistemas integrados de información intersectorial;
- definir, implementar y alimentar sistemas integrados de información sobre los avances y desafíos que la implementación de la estrategia de Atención Primaria de Salud presenta en los ocho países;
- desarrollar programas transfronterizos de cooperación entre países en Atención Primaria de Salud con un enfoque intersectorial (en especial que incluya agua y saneamiento básico);
- afrontar regionalmente la violencia social y la violencia contra la mujer mediante el desarrollo de sistemas integrados de información;
- reconocer que en la región centroamericana, los desastres naturales asociados al cambio climático deben ser considerados como un determinante del desarrollo humano y que, asociados a los otros determinantes entre los cuales la pobreza aparece como el determinante estructural han aumentado la vulnerabilidad de las poblaciones;
- definir, implementar y alimentar sistemas integrados de información que permitan realizar una vigilancia del cambio climático y sus impactos en la salud;
- desarrollar programas de cooperación transfronteriza a través de los entes regionales de agua y saneamiento, para garantizar el sistema de abastecimiento de agua en aquellos países afectados por emergencias sanitarias y desastres;
- profundización de la política regional de medicamentos que está en marcha con todos sus componentes: desarrollo de mecanismos regionales para controlar y garantizar la calidad de los medicamentos, estudios de calidad de medicamentos, bioequivalencia, compra consolidada, desarrollo de lineamientos para introducción de nuevos medicamentos, desarrollo de esquemas básicos de medicamentos en concordancia con compra;
- desarrollo de programas regionales para mejorar el acceso a tecnologías caras y complejas que pueden ser adquiridas en conjunto, administradas por un país y que brinden servicios a la región;
- establecer equipos para el análisis de la viabilidad y factibilidad de establecer sistemas de protección social transnacionales para grupos vulnerables específicos;
- afrontar con un enfoque regional y con respuestas regionales los retos que plantea la salud de los migrantes a partir del diseño e implementación de programas solidarios de atención;
- diseño e implementación regional de programas de formación y capacitación en el campo de la salud sexual y reproductiva, con perspectiva de género;

- desarrollo de una estrategia regional que abarque componentes de promoción de estilos de vida saludables, identificación y atención de las enfermedades no transmisibles, en especial cáncer, *diabetes mellitus*, hipertensión arterial;
- desarrollo de una estrategia regional para el abordaje de las enfermedades transmitidas por vectores que incluya la meta de erradicación de algunas de ellas, en especial malaria a un mediano plazo;
- profundización de la estrategia regional de control del VIH/SIDA, tuberculosis y de otras enfermedades transmisibles;
- definir, implementar y alimentar sistemas integrados de vigilancia epidemiológica de enfermedades transmisibles y no transmisibles;
- desarrollo de un sistema de acreditación y certificación regional de instituciones formadoras en ciencias de la salud y desarrollo de sus instrumentos regulatorios;
- complementar cada una de las áreas de acción identificadas con acciones regionales dirigidas a fortalecer las capacidades de los trabajadores de salud en todas las áreas;
- desarrollo de una estrategia regional de investigaciones esenciales en salud pública;
- creación de laboratorios regionales: ante la falta de capacidad en la mayor parte de los países de la región para tener laboratorios con niveles de bioseguridad II y III, y con énfasis en VIH/SIDA y tuberculosis, sobre todo en aspectos como genotipaje y resistencia a medicamentos de segunda línea;
- tener también la capacidad a nivel de la región de la subtipificación de dengue;
- promover la seguridad alimentaria desde una perspectiva intersectorial que permita mejorar el acceso a alimentos en cantidad y calidad suficiente;
- fortalecer la participación del sector salud en las acciones regionales destinadas a la seguridad alimentaria en la región;
- asumir desde la Región de Centroamérica y la República Dominicana las obligaciones que establece el Reglamento Sanitario Internacional (2005) y promover la cooperación entre los países;
- definir, implementar y alimentar un sistema integrado de información para monitorear la adopción e implementación del Reglamento Sanitario Internacional por parte de los ocho países;
- fortalecer la participación de los países y de las instancias regionales en los foros regionales relativos a salud, ambiente y agricultura;
- aumentar la participación del sector salud y de las organizaciones sociales que desarrollan acciones en salud comunitaria en los programas regionales para enfrentar desastres y desarrollar una estrategia regional en salud para enfrentar desastres y emergencias sanitarias.

Esta agenda se analizará en reuniones programadas para su revisión, y será presentada en el Consejo de Ministros de Salud de Centroamérica, en El Salvador y en la XXIV reunión del Sector Salud de Centroamérica y la República Dominicana, a realizarse en el mes de septiembre en Tegucigalpa (Honduras).

Los países de la subregión tenemos la voluntad de mejorar la situación de salud. Por medio de la autoridad sanitaria nacional estamos logrando cumplir el papel rector en salud y ejercer un liderazgo intersectorial con capacidad de convocatoria y orientación a los socios en la tarea de impulsar el desarrollo. Estamos propiciando la plena participación comunitaria y fortaleciendo la atención primaria de salud, así como la de todos los agentes de transformación, incluyendo al sector privado, para alcanzar las metas nacionales de salud, pero necesitamos del apoyo de los países industrializados y organismos internacionales de financiamiento para cumplir nuestras metas, esperando que la mejoría de nuestros indicadores no se convierta en un desincentivo para mantener ese apoyo, como suele suceder.

El acceso a medicamentos y tecnologías de salud es un requerimiento justo y humano para alcanzar una respuesta efectiva a los requerimientos de salud. Por ello, consideramos que la estrategia mundial sobre salud pública, innovación y derechos de propiedad intelectual, que se encuentra aún en discusión, es una base sólida para lograr el acceso a medicamentos para todos, en especial para aquellas poblaciones más pobres, y nos dará la oportunidad de promocionar la investigación y el desarrollo para las enfermedades olvidadas que desproporcionadamente afectan a los países más pobres.

Por las consideraciones antes anotadas, los gobiernos de la subregión estamos fuertemente comprometidos con el «Derecho a la salud para todos» y con este mensaje central nuestra labor de alcanzar los Objetivos de Desarrollo del Milenio. Muchas gracias.

Mr MIHALJEVIC (Montenegro):

Mr President, Madam Director-General, excellencies, ladies and gentlemen, first of all, I would like to express our deep condolences to the delegations of China and Myanmar for the tragic disasters that have cost the lives of thousands of their compatriots and caused huge material devastation.

Mr President, let me congratulate Dr Margaret Chan, the Director-General of WHO, for her excellent work and for her organization of this important event. In view of the targets and tasks as defined by the Millennium Declaration of September 2000, one can say that Montenegro is on track to achieve all the health-related Millennium Development Goals. In order to set up an adequate infrastructure for their achievement, the Government of Montenegro has adopted several strategic documents: the Development and Poverty Reduction Strategy, the Action Plan for Children, the National Action Plan for Youth, the Action Plan for Gender Equality, the Strategy for Development for Social Welfare for the Elderly 2008–2012, the Strategy for Violence Prevention and the Decade of Roma Inclusion. Montenegro has undertaken numerous reform processes, adopting a new Law on Health Care and several strategies: the Health System Development Strategy, the Reproductive Health Strategy, the HIV/AIDS Strategy, the Tobacco Control Strategy, the Strategy for Mental Health Protection and the National TB Strategy. The health sector has a special role to play in the process of achieving the Millennium Development Goals, as three out of the eight goals are directly related to the improvement and protection of health. Despite some deterioration in the mortality rate of children under five years of age in the period from 1990 to 2000, due to the well-known events in our region and the large number of refugees and displaced persons who came to Montenegro during that period, the prospects for achieving the universal goal remain strong. The infant mortality rate in Montenegro over the past five years has been less than 10 per 1000 – in 2006, 11 per 1000 – indicating a decreasing tendency since 1950, though with some fluctuation in the values of this indicator during that period. In Montenegro almost all women give birth with professional attendance, which is one of the subtargets necessary for achieving this most sensitive Millennium Development Goal. In addition to this, all the services relating to the protection of expectant mothers, infants and small children are free, thus accessible to all the citizens of Montenegro. Since 2000 there have been no cases of a mother dying due to pregnancy, labour or childbirth complications, which reflects an adequate maternal health care. The immunization rate of 93% for preschool children and 94% for schoolchildren is demonstrating a rising trend, and there is a strong likelihood that by 2015 more than 95% of the children will be covered by immunization. Specific interventions for combating HIV/AIDS, tuberculosis and other diseases, identified in the respective Action Plans within the National Strategies, provide for continuous and well-planned measures for protection against these diseases. In brief, Mr President, those are some of our results and achievements. Thank you all very much.

Dr VIT (Czech Republic):

Mr President, Madam Director-General, ladies and gentlemen, let me express my sincere gratitude to WHO, as well as to all the people who have participated in the organization of the Sixty-first World Health Assembly, for their outstanding efforts, and for giving me the opportunity to address this extraordinary event.

I would also like to align my country with the statement made by the representative of Slovenia on behalf of the European Union and express the Czech Republic's consideration that WHO – in respect of its activities in the field of international cooperation – is a very significant institution involved in the areas of improving the overall state of public health, determining the direction of the maintenance of the global health concept, and coordinating the response to crises, which keep challenging the present-day world.

In my speech, I would like to focus on one important issue: the International Health Regulations (2005), which is a significant international legal instrument applied in the area of international health

safety. The International Health Regulations (2005), which were adopted by resolution WHA58.3 of the Health Assembly, is an international legal instrument that is legally binding upon all Parties. The goal of the Regulations is disease prevention and protection, control of disease proliferation, and ensuring a response in the sphere of public health that would be capable of challenging existing risks but would at the same time eliminate any needless interference in international transport and trade.

The Regulations entered into force on 15 June 2007. If all things go well, the States Parties will produce and implement their own plans for ensuring basic supervision and response capacity as required by the Regulations within five years of their entry into force. The Czech Republic is already implementing them gradually so that they will be in place by 2016 at the latest.

The Czech Republic supports the urgent nature of cooperation with WHO, and with the European Centre for Disease Prevention and Control, and it is capable of applying and effectively employing the International Health Regulations (2005).

Let me conclude my address by expressing my profound respect and support for the work performed by WHO, which continues to contribute significantly to higher quality of life for the global population. Thank you for your attention.

Mr VUKCEVIC (Serbia):

Mr President, Madam Director-General, excellencies, distinguished delegates, ladies and gentlemen, allow me to express, on behalf of the Republic of Serbia, sincere condolences to the people of China and Myanmar for the tragic recent events in those countries. We are sending a message of sympathy to their governments at this terrible time; the Government of Serbia has already decided to send humanitarian aid to the areas affected by the natural disasters.

The Republic of Serbia highly appreciates the report of the Director-General, Dr Margaret Chan, in particular her warning on global health crises. Serbia fully supports the statement made by the Slovenian delegation on behalf of the European Union.

It is a great honour for me to have the opportunity to address the issue of the Millennium Development Goals, and to express the strategic commitment of the Republic of Serbia to achieve the set targets by the year 2015. Our national Millennium Development Goals are very high on the governmental agenda, and in October 2004, the Government of Serbia set up a task force to monitor the implementation of goals and plans arising out of the United Nations Millennium Declaration. The Millennium Development Goals have been nationalized in the Republic of Serbia, through an extensive consultation process, and the health-related Millennium Development Goals have been incorporated into all strategic documents and laws of the Ministry of Health of the Republic of Serbia. In order to achieve some of our national health-related Millennium Development Goals, the Ministry of Health is using donations from the Global Fund for two projects: the first is combating HIV/AIDS, and the second is coping with multidrug-resistant tuberculosis. We are also working hard to reduce the child mortality rate and to improve maternal health, especially in vulnerable groups such as the Roma population, internally displaced persons and refugees.

I would like to express our deep gratitude to the Secretariat for its excellent organization of the Health Assembly, a forum where we can work together with other delegations with the aim of addressing essential global health issues. Thank you.

Mr IKRAMOV (Uzbekistan):
Г-н ИКРАМОВ (Узбекистан):

Уважаемый Председатель, Ваше Превосходительство г-жа Генеральный директор Маргарет Чен, уважаемые министры, дамы и господа, коллеги и друзья.

Прежде всего, позвольте от имени делегации Республики Узбекистан приветствовать г-на Лесли Рамзами с избранием его Председателем и пожелать ему и избранным заместителям Председателя всяческих успехов в их трудной и, надеемся, плодотворной работе. В свою очередь, представители нашей страны будут всемерно содействовать в работе текущей Ассамблеи.

Г-н Председатель.

Эпоха глобализации создала условия для огромного позитивного роста в сфере новых технологий, в развитии мировой торговли и инвестиций. Нынешнее поколение людей в любой стране мире имеет сегодня надежду на то, что они станут жить богаче, здоровее, образованнее, чем их родители. Практически во всем мире успешно решаются проблемы всеобщего начального образования, снижения младенческой и детской смертности. Растет продолжительность жизни людей.

Здоровье общества, как и здоровье каждого гражданина, представляет стратегическую цель каждого государства, условие его национальной безопасности. В связи с этим, считаем своевременным и в высокой степени актуальным включение в повестку дня данной Ассамблеи вопроса, касающегося изменения климата и воздействия его на здоровье.

В этом аспекте хотелось бы акцентировать внимание делегатов, что техногенное влияние на окружающую среду в полной мере проявилось и в центрально-азиатском регионе. Я имею в виду проблему Аральского моря.

Угрожающие масштабы эта проблема приняла в 60-е годы XX века. Интенсивное освоение новых земель, дальнейшее развитие орошаемого земледелия, строительство для этого ирригационных систем по всей территории Центральной Азии, продолжающийся рост потребностей в воде для бытового и промышленного потребления создали условия для одной из самых крупных в новейшей истории глобальных экологических катастроф - высыхание некогда одного из красивейших водоемов на нашей планете.

Сегодня стало совершенно очевидно, что в Приаралье возник сложный комплекс экологических, социально-экономических и демографических проблем, имеющих по происхождению и уровню последствий международный глобальный характер, что, несомненно, отразилось на здоровье проживающих здесь десятков миллионов людей. Понимание этой проблемы нашло свое подтверждение и в Докладе Организации Объединенных Наций за 2005 г. о человеческом развитии в Центральной Азии, в котором отмечено, что истощение Аральского моря имеет не только региональное, но и глобальное значение.

Все эти вопросы и связанные с ними пути решения проблемы нашли свое отражение в "Прошедшей в Ташкенте в марте этого года международной конференции, посвященной проблемам Арала, их влиянию на генофонд населения, растительный и животный мир и мерам международного сотрудничества по смягчению их последствий". Многие из сидящих в этом зале были участниками этого форума, по итогам которого была принята Ташкентская декларация.

На этом примере я хотел бы отметить, что негативное влияние изменения климата на здоровье не связано с социальным статусом регионов и в одинаковой степени касается как развитых стран, так и стран со средними уровнями доходов.

С угрожающими последствиями изменения климата можно сравнить лишь только стихийные катастрофы, свидетелями которых мы стали в эти дни. И здесь, с этой высокой трибуны, от имени Правительства Республики Узбекистан хочу выразить слова искреннего соболезнования народам Китая и Мьянмы и отметить высокую степень поддержки мировым сообществом в организации совместных усилий по ликвидации последствий землетрясения и шторма.

Господин Председатель, в качестве страны, подписавшей Декларацию тысячелетия, Узбекистан выполняет свои обещания приняться за вызовы, изложенные в Целях тысячелетия в области развития. Многие Цели тысячелетия в области развития касаются здравоохранения, и Правительство Узбекистана уделяет особое внимание сектору здравоохранения.

Следующий момент, который несомненно войдет в историю работы настоящей Ассамблеи, - это инициирование Глобальной стратегии по профилактике неинфекционных заболеваний и борьбе с ними. В этом направлении Правительство нашей страны продолжает планомерную работу по дальнейшему реформированию системы здравоохранения, направленную, в том числе, и на решение этой задачи.

Так, в 2007 г. были приняты указ и постановление о мерах по совершенствованию организации деятельности медицинских учреждений Республики. Кроме того, на уровне

Парламента Узбекистана начата работа по утверждению Национальной программы по сахарному диабету.

Республика Узбекистан - молодое, независимое государство, по количеству населения являющееся самой большой страной в Центральной Азии. Отличительной особенностью Республики является нестандартная демографическая структура населения, удельный вес детей и подростков до 18 лет, составляющий более 45%.

Своеобразие такой ситуации, задачи по развитию здорового человеческого потенциала, сложившаяся социальная инфраструктура с преимущественным проживанием населения в сельской местности, высокий уровень детского населения, – все это требует дифференцированных деловых подходов в системе здравоохранения. И в этой связи мы хотели бы отметить, что при принятии основных документов, резолюций и программ по здравоохранению необходимо учитывать особенности регионов, которые зачастую не зависят от их географической близости. Применение и учёт основных детерминант, характеризующих такие страновые особенности, позволит глубже и точнее реализовать задачи, определенные в Целях тысячелетия в области развития.

Министерством здравоохранения и Правительством был утвержден целый ряд программ социальной политики по реформированию здравоохранения, включающей иммунопрофилактику. Эти многочисленные мероприятия не были бы возможны без соответствующего взаимодействия с международными и неправительственными организациями.

Пользуясь случаем, от имени Правительства Узбекистана хочу поблагодарить международные фонды, агентства, такие как ГАВИ, ЮНИСЕФ, ЮНФПА, ЮНЭЙДС, Глобальный фонд и другие, а также правительства партнеров нашей страны за содействие и поддержку в реализации реформ в сфере здравоохранения.

Спасибо за Ваше внимание.

The PRESIDENT:

I now give the floor to the delegate of Antigua and Barbuda who will speak on behalf of the Member States of the Caribbean Community.

Mr MAGINLEY (Antigua and Barbuda):

Mr President, Dr Chan, colleague ministers, Dr Ramsammy, it is indeed a great honour to note that you are the first member in 30 years from our region to preside as President of the Health Assembly. All delegations from our region congratulate you and wish you every success.

I deem it a distinct honour to address this Sixty-first World Health Assembly on behalf of Antigua and Barbuda, Bahamas, Barbados, Belize, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Suriname, and Trinidad and Tobago, represented at this Health Assembly, and all the other Member States of the Caribbean Community.

Functional and technical cooperation in the Caribbean in the area of health dates back to the 1960s with the meetings of Standing Committees of Ministers of Health. In 1985, the first Caribbean Cooperation in Health Initiative was established as a mechanism through which Member States could collaborate on common health concerns that, when addressed at a regional level, would be cost-effective and mutually beneficial for all Parties. Cooperation has been largely facilitated with the able assistance of international organizations and donor partners. WHO, through PAHO, has been integral to the development of many of the health systems in our countries.

Our populations have enjoyed what could be described as a reasonably good health status – one which is comparable to that of developed countries. These achievements have been largely due to the primary health-care strategies that Member States have practised, and they were further consolidated after the signing of the Declaration of Alma-Ata. The primary health-care system that has enabled our countries to achieve a significant reduction in maternal and child mortality and the elimination of vaccine-preventable poliomyelitis and measles is now under threat as a result of the global shortage of health workers. We believe that there is a need for recommitment to this philosophy in the face of the new threats to human health and well-being.

The current food crisis is of great concern to us. The situation of Haiti, a Caribbean country, is an example of what can occur in a global situation of tight food markets, high oil prices and global economic slowdown. In our region, there has been a 30% increase in flour prices and rice prices have doubled in the past six months. We believe there is a need to promote community self-reliance by promoting domestic kitchen gardens. The impact of food prices on the cost of living has made the Heads of Government of our subregion revise the generalized tariffs on extra-regional food imports. This has increased the possibility of more and cheaper processed food entering our region. These situations obviously raise the spectre of a re-emergence of protein-energy malnutrition in children and a rise in obesity and its concurrent negative health impacts on the population of our sub-region.

The Caribbean is taking climate change and its effect on human health very seriously. The Heads of Government have demonstrated their political astuteness in commissioning a Caribbean Community Climate Change Centre in Belize to monitor the situation on behalf of the small island States and low-lying coastal-zone countries. There are emerging recommendations on the need for better disaster plans and preparedness to mitigate the effects of adverse weather on populations; from providing shelters and safe water, as fresh-water sources are threatened by rising sea levels, to improving housing safety and building shelters for children as protection against severe weather.

In 2005, the Report of the Caribbean Commission on Health and Development identified chronic noncommunicable diseases as the principal disease conditions affecting our region. Based on credible evidence of the exorbitant costs being incurred to treat diabetes, hypertension and heart disease, the Heads of Government of the Caribbean Community, meeting in Port-of-Spain in September 2007, have given the region the goal of reducing the incidence of these diseases and thereby the premature mortality attributable to them. The fourteen-point Declaration of Port-of-Spain, "Uniting to stop the epidemic of chronic NCDs", has provided a blueprint for our subregion in support of a comprehensive promotion and prevention programme that has been acknowledged as the first in the world. Our region welcomes the WHO global strategy for the prevention and control of noncommunicable diseases and we hope shortly to begin to use some of its tools to bolster surveillance and enhance personal care. We will soon be putting in place a major subregional programme to combat the influence of tobacco, a major contribution to chronic noncommunicable diseases.

Outbreaks of malaria in Bahamas and Jamaica have highlighted the need for basic surveillance at the community level, as no country is immune from the reintroduction of these diseases, where they had previously been eliminated. There is also a need for continued management of community environmental concerns as a major platform of our primary health care response. Our laboratory systems clearly need to be maintained and strengthened. While we have had some benefits from quality improvement programmes in that area, our regional public health laboratory needs continued technical assistance and support to guarantee its reliability.

HIV/AIDS was one of the three priorities identified by our Heads of Government in the Nassau Declaration on Health, 2001. It continues to occupy the attention of the region's decision-makers. The Pan Caribbean Partnership Against HIV/AIDS has been hailed as an example of international best practice. The region has now completed its second strategic framework and looks forward to support from PAHO, WHO, UNAIDS and other partners for its implementation. The situation in the region has stabilized considerably with respect to infection rates, and mortality rates have declined significantly as effective treatments have come within reach of all our Member States. In this regard, we want to express our thanks to the Government of Brazil for its support for our eastern Caribbean States.

The Caribbean Community applauds WHO's leadership in providing a forum for the discussion of issues related to intellectual property rights, innovation and public health. Costs of pharmaceuticals and clinical supplies continue to present major challenges for our small States. We are now even more aware of the importance of these negotiations in view of our embrace of comprehensive strategies to manage chronic noncommunicable diseases, including cancer. As we did for HIV/AIDS treatment, we support legitimate strategies to keep our costs lower than they currently are. As we strive to achieve this, we want to commend WHO and PAHO for their leadership and efforts to support our countries, not only in establishing rational drug use and procurement policies, but also in ensuring that our

subregion has the capacity to deal with the growing threat of counterfeit pharmaceuticals, an issue which is to be discussed at this august Health Assembly.

With regard to the International Health Regulations (2005), the region has been successful in developing a port health assessment tool with the assistance of the Caribbean Subregional Office in Barbados and the Caribbean Epidemiology Centre. This has been followed up with the recent publication of Port Health Surveillance guidelines, which not only embrace surveillance but also include the effective policies and regulations necessary for port health in a region where most national incomes are derived in the main from tourism. The Caribbean Epidemiology Centre has been able to report that five countries in our subregion have completed their national capacity assessments. Chief medical officers, at their annual meeting in Suriname in April, gave their commitment to speed this process along to meet the June 2009 deadline for completing this requirement.

In our subregion, the CARICOM Single Market and Economy supports the free movement of goods and services. Under services, there is growing movement of skills. We have begun in a comprehensive way to examine the contingent rights of migrants. In particular, our Heads of Government have requested a regional health insurance study to examine how the health needs of our migrant workers can be respected. We wish to convey our gratitude to the Regional Office for the Americas for its commitment to see this study initiated and completed.

Our subregion is proud of its contribution to global immunization. Our efforts led the way in the Americas and in the world with respect to the elimination of measles, with our "big bang" effort in 1991. Since then, with the assistance of a robust surveillance system to detect rash with fever, not only have we been able to remain disease-free, but we have also been able to achieve an excellent understanding of the epidemiology of other rash illnesses such as dengue fever. We have also paved the way for the elimination of congenital rubella syndrome in our region. We would like to recognize the efforts of the nurses, epidemiologists and surveillance teams for the excellent work they are doing. In the past few days, we have detected an imported case of measles in Jamaica. This has prompted a massive epidemiological response by the Government of Jamaica with the assistance of the Caribbean Epidemiology Centre to restrict this to a single case. Our region applauds the efforts of Jamaica and supports our sister country's efforts to keep our region free of indigenous measles transmission. We commend WHO and the GAVI Alliance for their work in global measles elimination. Our subregion is already exploring the use of new vaccines against pneumococcus, rotavirus and human papillomavirus. We want our unflinching support for financing mechanisms for vaccine procurement such as PAHO's Revolving Fund to be recorded here.

We wish to register our support for the leadership of WHO in discussing the harmful effects of alcohol on human health. The CARICOM Council for Human and Social Development, at its meeting with Ministers of Trade in January 2008, reaffirmed its support for the approach taken by the Caribbean Commission on Health and Development in its 2005 report. We commend the Executive Board for its decision to let this be a broad-based discussion, with both public health and commercial interests being at the table.

In conclusion, I take this opportunity on behalf of the CARICOM Council for Human and Social Development to congratulate Dr Margaret Chan on her stewardship as Director-General of WHO over the past year. We appreciate the difficulties, in particular those of the past few weeks in Myanmar and her native China, and we express our support for WHO's efforts to mitigate the health effects of these and other disasters. We reach out and express our solidarity with colleagues from Myanmar and China. We also wish to express our appreciation to WHO/PAHO for the tremendous support it has given the Caribbean region through its regional and subregional offices. It was heartening to note that the programme of work outlined by Dr Chan covers issues that are of concern to the countries of the Carribbean Community, and in particular we are pleased to note the emphasis on primary health care.

It is my hope that our deliberations at this Sixty-first World Health Assembly will contribute to consolidating approaches that will effectively address these and other issues which will be beneficial to the people of the Caribbean region. Thank you.

Dr Yoosuf (Maldives), Vice-President, took the presidential chair.
Le Dr Yoosuf (Maldives), Vice-Président, assume la présidence.

Dr DUQUE (Philippines):

Mr President, Madam Director-General, fellow minsters and delegates, friends, ladies and gentlemen. First of all, allow me to thank you for giving me the opportunity to articulate the Philippine Government's strategies and efforts to win our race towards achieving the Millennium Development Goals, and very importantly how these achievements with respect to the Millennium Development Goals ought to be monitored. Certainly, monitoring progress is crucial to determine where the world stands in achieving the Goals by 2015. Coordination of efforts to monitor performance of the Member States of WHO in connection with the Millennium Development Goals, will ensure global harmonization of statistics that will prevent duplication and confusion in the collection of data from different countries. Through the harmonization and dissemination of statistics relating to the Millennium Development Goals, through analytical reports and an integrated web portal, WHO can provide timely and reliable information to governments, development agencies and funding organizations, thus helping them to tailor policies, programmes and interventions to different populations. The establishment of a global health observatory through the United Nations reporting system is therefore an effective mechanism to strengthen WHO's function in terms of monitoring the global health situation and emerging international trends. By building on the existing data infrastructure and collaborating closely with partners, WHO can provide a meaningful analysis of global health initiatives and their impact on the health and lives of people for whom actions related to the Millennium Development Goals are currently targeted. The Philippines' first and second progress reports on the eight Millennium Development Goals showed that we are on track with most of the Goals, though admittedly we lag behind with regard to a few of the targets. Uneven progress and wide disparities exist within the country despite several examples of success. These shortcomings are brought about by inadequate investments in health and insufficient political commitment across different localities. Regrettably, they leave behind the poorest and the most disadvantaged sectors in our society who remain unreached by needed health interventions.

The unparalleled increase in the Philippines' health budget in 2008 (from 16.1 billion pesos in 2007 to 25.7 billion pesos) gives us the leverage to act more boldly and no excuse to fail in meeting the Millennium Development Goals. At a time when much remains to be done, there has to be total commitment to maximize country energy and resources toward achieving maximum results, even perhaps going beyond what is required of us by the global Millennium Development Goals. Hence, in accordance with the objectives of the Philippine health sector reform agenda to accelerate progress in achieving better health for all Filipinos, the Philippines announces its emergency initiative for faster and earlier results toward the health-related Millennium Development Goals. MDGmax is a strategy with bolder targets and a more rigorous time-line for action. It is a deliberate commitment to direct country efforts and investments for the poorest and most needy sectors using cost-effective interventions, which can generate the greatest impact.

To effectively meet and exceed the Millennium Development Goals, a critical balance and a simultaneous approach need to be achieved between a disease-specific focus and system-based solutions. It would be advisable to make the Millennium Development Goals a starting point and an opportunity for health system strengthening. An extra feature of our country's new challenge to achieve the health-related Millennium Development Goals is to include indicators of health financing in monitoring performance with respect to the Millennium Development Goals. Social health insurance takes a central role in our poverty prevention and reduction efforts since ill-health, in general, and catastrophic health-care costs, in particular, bring about significant economic hardships, which curtail government efforts to fight and prevent poverty. Our goal is to achieve 85% population coverage by 2010 and 95% coverage by 2012. We aim to continually increase the social health insurance share in total health expenditures to 30%, and to reduce out-of-pocket expenditures to about 25%–30% by 2012. We also concur that implementation issues within and beyond the health system will have to be addressed if the health-related Millennium Development Goals are to be achieved. These include weak operational and regulatory capacity, a dwindling health workforce, deficient information systems, unmet financing commitments, the volatility of external aid and resources, and the fragmentation and inefficiencies in the local and international response. All of these are essential

components of the information needed to monitor performance with respect to the Millennium Development Goals.

We support WHO plans to strengthen the monitoring of the health-related Millennium Development Goals in all countries and commit ourselves to a more intensive effort to achieve the Goals through adequate investments in health and sustainable action in the years to come. Monitoring achievements will not only track country performance, but also foster accountability and transparency of action among governments and global stakeholders in honouring their commitments. This will also provide an opportunity for good competition among countries in promoting and advancing effective policies as well as in overcoming obstacles to achieve the health-related Millennium Development Goals.

Le Dr ALLAH KOUADIO (Côte d'Ivoire):

Monsieur le Président de séance, nous renouvelons toutes nos félicitations aux membres du Bureau pour leur élection à la tête de notre Assemblée. Je voudrais avant tout propos exprimer du haut de cette tribune la compassion de l'ensemble du peuple ivoirien à l'égard des peuples de Chine et du Myanmar, durement éprouvés par les catastrophes naturelles. La Côte d'Ivoire est solidaire de leurs souffrances.

La Côte d'Ivoire félicite le Secrétariat pour le rapport soumis à l'Assemblée de la Santé et encourage l'OMS pour tous ses efforts en vue d'atteindre les objectifs du Millénaire pour le développement. A mi parcours du délai fixé en 2015 par la Déclaration du Millénaire, le bilan concernant la réalisation des objectifs du Millénaire pour le développement est mitigé, notamment pour les pays en développement dont fait partie la Côte d'Ivoire. En effet, la guerre qu'a connue la Côte d'Ivoire à partir de septembre 2002 a occasionné bien des difficultés au niveau tant de la mise en oeuvre des programmes et projets au titre des objectifs du Millénaire que du suivi des indicateurs de ces mêmes objectifs de 2002 à 2005. Certaines activités prioritaires du plan décennal de développement sanitaire 1996-2005 n'ont pu être menées à terme. Le système d'information et de gestion sanitaire ne pouvait suivre l'évolution des indicateurs que sur environ la moitié du territoire.

Cependant, avec le début du processus de sortie de crise en 2006, les activités sanitaires développées par le Gouvernement s'étendent à nouveau à l'ensemble du pays. Quelques signes d'amélioration de l'état des indicateurs sont perceptibles. En effet, en ce qui concerne la réduction de la mortalité infanto-juvénile, elle est passée de 150 pour 1000 en 1990 à 125 pour 1000 en 2005, soit une baisse de 17 % (en route vers l'objectif d'une réduction de deux tiers). L'adoption, avec le concours de l'UNICEF, de la stratégie accélérée pour la survie et le développement de l'enfant ainsi que l'amélioration de la couverture vaccinale liée au développement de stratégies nouvelles avec l'appui de partenaires tels que l'initiative GAVI (73 % en 2006 pour le vaccin antirougeoleux) nous donnent bon espoir d'approcher de cet objectif. En ce qui concerne l'amélioration de la santé de la mère, le taux de mortalité maternelle a légèrement baissé, passant de 597 décès pour 100 000 naissances vivantes en 1998 à 543 décès pour 100 000 naissances vivantes en 2005, soit une diminution de 10 % (toujours en route vers l'objectif d'une réduction de trois quarts). L'amélioration progressive du nombre d'accouchements assistés par du personnel qualifié (de 45 % avant l'an 2000 à plus de 55 % en 2006), le recrutement exceptionnel de près de 1300 médecins par l'Etat ivoirien en 2007, l'augmentation de la capacité de formation des sages-femmes ainsi que la construction prochaine de centres sanitaires dans les zones rurales devraient aider à poursuivre cette amélioration.

Concernant la lutte contre le VIH/sida, la prévalence est passée de 7 % fin 2003 à 4,7 % fin 2005. Le nombre de personnes vivant avec le VIH ayant accès au traitement antirétroviral a connu une augmentation de plus de 183 %, passant de 17 000 en 2005 à 48 000 en 2007, et ce grâce aux partenaires que sont le Fonds mondial et le plan d'urgence du Président pour la lutte contre le sida (PEPFAR). L'intégration des activités de prévention de la transmission mère-enfant du VIH/sida au paquet minimum d'activités ainsi que le développement d'activités de communication pour le changement de comportement, avec la participation des groupes communautaires et des organisations non gouvernementales, devraient apporter une accélération à la lutte contre le VIH.

Pour ce qui est de la lutte contre le paludisme, cette affection représente la première cause de morbidité en Côte d'Ivoire et la première cause de mortalité chez l'enfant. L'intégration d'associations

à base d'artémisinine dans la prise en charge des cas de paludisme est une réalité, mais l'accessibilité financière à ces traitements reste une problématique dans notre pays. Dans le domaine de la prévention, seulement 17 % des enfants de moins de 5 ans dorment sous une moustiquaire. Cette proportion n'est que de 3 % pour les moustiquaires imprégnées d'insecticide. Pour remédier à cette situation, plusieurs programmes de distribution de moustiquaires imprégnées d'insecticide ont été développés. Ainsi, en 2007, 318 000 moustiquaires imprégnées ont été distribuées gratuitement aux femmes enceintes et aux enfants de moins de 5 ans. Plus de 3 millions de moustiquaires supplémentaires seront distribuées d'ici la fin de 2008. Nous sollicitons encore le concours des partenaires multilatéraux intéressés à la lutte. Nous sollicitons également l'appui des partenaires dans nos projets d'amélioration de l'hygiène environnementale des populations parce que lutter contre le paludisme, c'est aussi lutter contre le moustique, son vecteur. S'agissant de la tuberculose, nous avons, en 2006, adopté la stratégie mondiale Halte à la tuberculose recommandée par l'OMS pour stopper cette affection, ce qui devrait nous permettre d'atteindre les objectifs du Millénaire pour le développement d'ici 2015.

La sortie de crise en Côte d'Ivoire est devenue une réalité : le pays est totalement réunifié et l'autorité de l'Etat est désormais rétablie sur tout le territoire. La Côte d'Ivoire est bien avancée dans le processus de normalisation de ses relations avec les bailleurs de fonds multilatéraux (Banque mondiale, FMI, BAD), ce qui lui permettra dans quelques mois de consacrer beaucoup plus de ressources au secteur de la santé. Enfin, le nouveau plan de développement sanitaire 2008-2012, qui a identifié l'ensemble des facteurs limitants, devrait permettre à la Côte d'Ivoire d'accélérer le processus pour se rapprocher des objectifs du Millénaire pour le développement. La Côte d'Ivoire remercie l'OMS de promouvoir les objectifs du Millénaire pour le développement et sollicite son appui pour les atteindre. Je vous remercie.

Professor MWAKYUSA (United Republic of Tanzania):

Mr President, Madam Director-General, honourable ministers, excellencies, distinguished guests, ladies and gentlemen, I would like to take this opportunity to congratulate you as the President of the Sixty-first World Health Assembly. I would also like to assure you of our continued support as you perform the important function of steering us through this Health Assembly. Allow me to take this opportunity to express my country's sincere condolences to the families of the peoples who have lost their lives following the cyclone in Myanmar and the earthquake in China.

We congratulate you, Madam Director-General, on your clear and in-depth report, which my delegation fully supports. The report outlined how we have performed during the past year, the challenges we have been facing, and the way we could overcome more challenges through the revitalized primary health-care approach.

The United Republic of Tanzania, like other Member States, has been implementing various interventions to address the Millennium Development Goals and has recorded some progress in attaining these Goals, especially those related to the health sector. This effort has involved many key players with the Government at centre stage; we have had important inputs from civil society organizations, the private sector, development partners and communities, and we would like to register our appreciation to all of them.

We have observed an encouraging decline in the under-five mortality rate, which is attributed to: sustained high coverage of vaccination above 80% for three consecutive years, 2005, 2006 and 2007; scaling up of the strategy for the integrated management of childhood illness – 94% of districts are implementing this strategy; increased bednet coverage from 2% in 1999 to 23% in 2005 and the introduction of new artemisinin-based combination therapy as a front-line treatment drug that is given free to our populations; provision of services for the prevention of mother-to-child transmission synchronized with training of best feeding practices; and increased enrolment in health training institutions to address the shortage of human resources. Our speed in attaining Goal 5 is not very encouraging. In order to address this we launched a plan to accelerate reduction of maternal, newborn and child deaths in Tanzania, for 2008–2015.

Mr President, HIV/AIDS still remains one of the major health problems in Tanzania with a prevalence rate of 7% (2004). Recently, Tanzania has been implementing a national campaign on

voluntary counselling and testing under the leadership of His Excellency the President of the United Republic of Tanzania, Jakaya Mrisho Kikwete. Following this campaign, which was countrywide, we are observing a decreasing trend in the prevalence rate, which stands at 4.9%. We are validating this data and final results will be shared. We are commemorating the thirtieth anniversary of the Alma-Ata Declaration on primary health care, and Tanzania has approved a 10-year primary health care development programme. It will soon approve its third five-year health sector strategic plan, targeting all levels of our communities, starting with households. With regard to the new challenges and global crises on food security, climate change and pandemic influenza, Tanzania would like to stress that joint collaborative efforts are critical between developed and developing countries, as the effects of these crises do not respect boundaries.

Mr President, Tanzania supports the resolution for revitalizing the primary heath care strategy and would like to reaffirm its commitment to achieving the Millennium Development Goals.

Ms LLOYD (Seychelles):

Mr President, distinguished heads of delegations, ladies and gentlemen. It is indeed a pleasure and an honour for me to address this eminent Health Assembly. Seychelles would like to join other delegations in congratulating the President on his election to the highest office of this most important world forum. At these difficult times for the peoples of China and Myanmar, the thoughts and prayers of the people of Seychelles also go to them.

Mr President, ladies and gentlemen, talk of Seychelles and immediately idyllic scenes of turquoise Indian ocean waters, pristine sandy beaches and verdant tropical forests spring to mind. Today, although tempted, I am not going to talk to you about that side of my country. Neither will I talk to you about the good public health indicators that we have recorded over the years. Nor will I dwell on the relatively good progress that Seychelles is making towards the health-related Millennium Development Goals. Instead, I would like to put before you some challenges that Seychelles and other small island developing countries have to grapple with, in order to make strides forward in the health sector. The high cost of health care and associated health financing challenges, deficiencies in human capital, emerging and re-emerging diseases together with rising expectations for the highest possible level of health care are only some of these challenges. Globalization, increasing cross-border travel and cross-fertilization of cultures are bringing new lifestyles, new behaviours, new nutrition and new threats to our pristine environments. The rising prevalence of diabetes, hypertension, cancers and traumas, the rising prevalence of HIV/AIDS and other sexually transmitted diseases, all demand that we juggle our resources in almost magic ways in order to meet the health needs of our population. The depletion of the ozone layer and the change in world climate are also forcing us to adapt and change our way of life. While all these challenges are not unique to small islands, they do increase our vulnerability and increase demand on our already limited resources.

Development assistance to some small nations, in health and other sectors that impact on health, has sharply fallen in recent years. Sometimes the explanation given to us is that our populations are small and therefore our needs are small. At other times the explanation given is that our health and economic indicators are too good and therefore we do not qualify for certain forms of assistance. The irony is that countries like Seychelles are being penalized because of their good performance in health.

If this approach continues and assistance stops, the hard work, the huge health investments and the good health indictors will all be washed away. Diseases will re-emerge and we will have to start all over again. What a huge waste it will be for mankind. I am sure we all agree that the world cannot let this happen.

Therefore, Mr President, I would like to make a fresh appeal to the world community to respond to the special circumstances of small island States. My intervention is also an invitation to small island States. Let us come together and speak out as one voice. I note that some initiatives in this regard have already taken place at regional and subregional levels. I call on partner agencies to support and even reinforce these initiatives.

Mr President, these are indeed challenging and exciting times in the protection, promotion and restoration of world health. The only hope for improving the health of the world is in genuine collaboration, genuine and lasting partnerships around the globe. It lies in sharing knowledge, sharing

responsibilities and sharing resources. No problem has ever been too big for humankind to deal with. Let us stand together as one big world family. Let the big genuinely help the small and let the strong genuinely help the weak; let us give the world a real chance to achieve its vision of health for all and health by all. It is possible, and working together, big and small, strong and weak, we can and should make it happen. I thank you for your attention.

Le Dr NTAWUKULIRYAYO (Rwanda):

Monsieur le Président de séance, Madame le Directeur général, Mesdames et Messieurs les Ministres, distingués délégués, Mesdames et Messieurs, permettez-moi tout d'abord de me joindre à tous ceux qui ont pris la parole et qui ont présenté un message de solidarité et de vives condoléances aux peuples chinois et birman suite aux tremblements de terre et au cyclone qui ont frappé la Chine et le Myanmar et entrainé de sérieuses pertes humaines et divers dégâts matériels.

C'est un honneur et un réel plaisir pour moi de m'adresser à cette auguste Assemblée de la Santé pour brosser brièvement la situation sanitaire au Rwanda, pays des mille collines. La vision globale du Gouvernement rwandais vise l'année 2020 comme l'aboutissement de tous ses plans d'action axés sur le développement complet d'une population riche et en bonne santé. Comme le secteur de la santé a été endeuillé par le génocide des Tutsi en 1994 au Rwanda, c'est aussi le secteur dans lequel beaucoup d'efforts sont consentis pour être développé, et les résultats atteints ces cinq dernières années sont vraiment louables.

Permettez-moi de vous citer quelques domaines prioritaires, dont les résultats encourageants indiquent que le Rwanda atteindra sans aucun doute les objectifs du Millénaire pour le développement. S'agissant de la lutte contre la mortalité de l'enfant (objectif 4), ces dernières années, le Rwanda est parvenu à réduire de 30 % le taux de mortalité infantile, qui est passé de 86 pour 1000 naissances vivantes en 2005 à 60 pour 1000 naissances vivantes au cours du premier trimestre de 2008. Il a réduit de 35 % le taux de mortalité des enfants de moins de 5 ans, qui est passé de 152 pour 1000 naissances vivantes en 2005 à 99 pour 1000 naissances vivantes dans le premier trimestre de 2008. Quant à la réduction de la mortalité maternelle (objectif 5), entre 1995 et 2000, 1071 mères pour 100 000 naissances mourraient chaque année en donnant la vie. Entre 2000 et 2005, ce chiffre a été réduit à 750 pour 100 000 naissances vivantes. Dans la lutte contre le VIH/sida (objectif 6), 3 % seulement de la population rwandaise est infectée et notre objectif d'ici 2020 est d'arriver à la prévalence zéro. Tandis que dans la lutte contre le paludisme, la distribution de moustiquaires imprégnées chez les femmes enceintes et les enfants de moins de 5 ans, associée à de bonnes conditions d'hygiène à tous les niveaux, l'emploi d'agents de santé communautaires dans notre système sanitaire et le paiement du personnel soignant en fonction de leur performance ont permis de réduire de deux tiers les cas de paludisme au Rwanda l'année passée. Les défis sont cependant énormes, tels que le renforcement des systèmes de santé, la fidélisation du personnel, les infrastructures et les équipements, pour ne citer que cela. Il convient d'agir en combinant l'innovation et un partenariat accru, intégré et axé sur les résultats dans le domaine de la prévention et du traitement des différentes maladies.

Je m'en voudrais de terminer sans signaler que le Rwanda a un système d'assurance-maladie à base communautaire couvrant 75 % de la population et qui est fondé sur la solidarité et l'équité. Enfin, il va sans dire que tous ces succès sont dus à la politique de bonne gouvernance, à la stabilité politique de notre pays et à la sécurité totale que connaît actuellement le Rwanda. Je vous remercie.

El Sr. ALCAINE CASTRO (El Salvador):

Señor Vicepresidente: El Salvador expresa sus condolencias a las personas que han perdido sus seres queridos, sus casas y sus medios de vida en China y Myanmar recientemente.

Señor Vicepresidente, compartimos el criterio de la Directora General en la identificación de tres amenazas a la seguridad internacional: la crisis alimentaria, el cambio climático y la gripe aviar.

En cuanto a la crisis alimentaria, gracias a políticas públicas enfocadas en semilla mejorada, apoyo a fertilizantes y acceso al crédito, impulsadas desde el inicio del Gobierno del Presidente Elías Antonio Saca en el 2004, hemos tenido una tasa de crecimiento acumulada del 25% en el sector agrícola e incrementado en 80% las exportaciones. Este año se reforzó el programa de semilla

mejorada con el apoyo de Taiwán. Como resultado, esperamos una cosecha record 15% superior a la del año anterior. También, el pasado 30 de abril, el Presidente Saca creó la Comisión Nacional Multidisciplinaria para el estudio, análisis y recomendaciones a fin de paliar los efectos adversos generados por la situación económica imperante, invitando a todas las fuerzas del país, incluyendo a los partidos de oposición. Otras acciones recientes han sido la creación de una reserva estratégica de alimentos y la búsqueda conjunta de soluciones a nivel centroamericano.

En cuanto al cambio climático, se han destinado, desde 2005, recursos por más de US$ 80 millones, la inversión más grande en este sentido en más de 50 años, para realizar más de 22 obras de mitigación, como en el Lago de Llopango y en la Cordillera del Bálsamo, entre otras, a fin de minimizar la posibilidad de inundaciones en el futuro.

En cuanto a energías alternativas, El Salvador apoya la producción de biocombustibles basados en caña de azúcar o en higuerillo que no ejercen ninguna presión en los precios de los alimentos y tiene un rendimiento mayor a otras alternativas.

Con relación a la gripe aviar, con el apoyo de los Estados Unidos, la región centroamericana (también El Salvador) cuenta con un Centro Regional de Capacitación que ha desarrollado varios cursos de vigilancia epidemiológica para beneficio de los países que la conforman.

Señor Vicepresidente: El Salvador sigue comprometido con el alcance o la superación de los Objetivos de Desarrollo del Milenio. Como el Presidente Saca planteó en su discurso inaugural: «lo social no es complemento de nada, sino la base de todo». De ese mandato, en el sector salud, particularmente con los fondos generados por la Ley del Fondo Solidario para la Salud, provenientes del tabaco, licor y armas se ha impulsado un sistema de atención integral en salud bajo el modelo de salud familiar, que hace partícipe a la familia y a la comunidad en la solución de sus problemas de salud y preservación.

Con esta estrategia se ha logrado proveer, a veces en asociación con organismos no gubernamentales, más del 80% de cobertura rural con promotores de salud para atención primaria, contando adicionalmente con médicos y enfermeras itinerantes. En el área urbana, se cuenta con 40 unidades de salud de atención primaria, abiertas las 24 horas del día y otras 100 abiertas los fines de semana. También tenemos el programa hospital sin paredes, que lleva especialistas conforme a petición de gobiernos municipales adonde sus servicios son requeridos. Hemos incluido en nuestros cuadros de vacunación la vacuna contra el rotavirus y la vacuna contra la influenza. También hemos logrado instalar una red de 30 hospitales y 597 centros de atención primaria en los 262 municipios del país.

La empresa privada colabora con el fortalecimiento del azúcar con vitamina A, la sal con yodo y la harina de trigo con ácido fólico y vitaminas del complejo B.

Con estas acciones se ha logrado en cuanto a los ODM reducir la mortalidad infantil de 44,91 a 22 de 1990 a 2005; mejorar la salud materna de 158 en 1993 a 71,2 en 2005; reducir la tuberculosis de 45,7 en 1991 a 26 en 2005; y reducir significativamente el paludismo de 13,432 en 1987 a 67 en el 2005.

Finalmente, señor Vicepresidente: estamos seguros que China y Taiwán van a encontrar la solución a sus diferencias políticas en el futuro. Sin embargo, el tema salud necesita ser tratado con prioridad para beneficio de todos. En ese sentido, esperamos que pueda ser encontrada la forma de garantizar la seguridad de salud mundial y particularmente el cumplimento del Reglamento Sanitario Internacional para todos los seres humanos, incluidos los 23 millones de taiwaneses con la participación de sus autoridades. Gracias señor Vicepresidente.

Dr MARTINS (Timor-Leste):

Mr President, Madam Director-General, distinguished delegates, ladies and gentlemen, on behalf of the delegation of the Democratic Republic of Timor-Leste and on behalf of my country, I would like to congratulate His Excellency, Dr Leslie Ramsammy, on his election as the President of the Sixty-first World Health Assembly. Our congratulations also go to all the Vice-Presidents and Chairpersons of the Committees. I am sure that under your able guidance this important forum will debate, discuss and decide on substantial health issues that are confronting the world.

My country, Timor-Leste, has faced waves of grave crises. The most critical crisis occurred in 2006, which led the country to another internal conflict. This culminated in the attempt made by rebels on the lives of the President Dr José Ramos-Horta and the Prime Minster Kay Rala Xanana Gusmão on 11 February 2008. Fortunately, the country was able to cope with this crisis. Through all these crises, the health sector has performed remarkably well. It has won the trust of all communities, and through our efforts and those of partners, it has served as a bridge to peace and solidarity in my country. The people and the Government of Timor-Leste once again wholeheartedly express their gratitude to the United Nations and its agencies, the international community, international nongovernmental organizations and the private sector for their support during these crises.

We also continue to face huge challenges, which serve to remind us of how much more we need to do if we are to achieve the health-related Millennium Development Goals. For us, access to quality health services is the key. We have therefore been working closely with our partners to improve this through a mantra of what I call "one vision, but many hands". We have launched the national strategy of improving service delivery and increasing access through a basic services package for primary health care and hospitals, as well as the *serviso integradu da saude comunitaria, or SISCa*, which means integrated community health services. Communities are empowered to decide with local health authorities where, when and how outreach and mobile services will be organized and delivered. In support of these strategies, we are strengthening nursing and midwifery by establishing new nursing and midwifery schools in the University of Timor-Leste, expanding and increasing coverage of routine immunization through the Basic Services Health Package and SISCa and establishing a network of family health promoters.

Key challenges include donor coordination and coordination of technical assistance. We have made some progress in aligning donor and partner health priorities with the national priorities through Joint Annual Health Sector Review and Planning summits and the establishment of a Department of Partnership Management to coordinate all funding. WHO has helped us to cope with these challenges and I look forward to WHO's assistance, in particular to my Ministry in coordinating technical assistance.

Mr President, before I conclude my speech, please allow me to convey my deep condolences to the families and friends who lost their loved ones in the two countries affected by the recent natural disasters, China and Myanmar. Thank you very much.

M. FILLON (Monaco):

Monsieur le Président de séance, Madame le Directeur général, Excellences, chers collègues, cette époque de tragédies, comme l'a appelée Mme le Directeur général, a vu récemment deux catastrophes frapper la Chine et le Myanmar. Aux peuples des pays qui ont été si durement atteints, la Principauté de Monaco voudrait adresser un message de sympathie attristée et de solidarité. Sitôt connues les affreuses nouvelles, nous avons adressé à ces pays une contribution destinée à les aider. L'OMS et son Département Interventions sanitaires en cas de crise ont réalisé sur place un remarquable travail auquel je tiens à rendre hommage ici. Le soixantième anniversaire de l'Organisation mondiale de la Santé est pour nous l'occasion de redire au Directeur général et à tout le personnel de l'Organisation notre soutien constant et formuler nos voeux de succès pour les actions présentes et pour celles qu'ils mèneront durant les soixante années à venir, au moins. Ce ne sont pas les défis qui manquent et l'actualité récente est venue nous rappeler combien la coopération internationale est importante pour réagir vite et adéquatement au profit des populations en détresse.

Les objectifs du Millénaire pour le développement constituent, dans leur ensemble, le plan d'action dont s'inspire le Gouvernement de la Principauté de Monaco dans l'élaboration de ses programmes de coopération. Depuis plusieurs années, Monaco porte une attention plus particulière au domaine de la santé : nous y consacrons 45 % de notre aide publique au développement. Notre coopération avec l'Organisation mondiale de la Santé concerne différents programmes et nous avons voulu que notre engagement, pour être plus efficace, s'étende sur plusieurs années. Je citerai à ce titre la lutte contre la poliomyélite, tout d'abord. Comme l'a dit ici même Mme le Directeur général, nous sommes très près du but. Il serait donc catastrophique de relâcher nos efforts ; il convient même d'aller plus loin pour parvenir à court terme à une éradication complète, s'agissant de la lutte contre la

drépanocytose, plus particulièrement au Niger; en coopération avec le Ministère de la Santé du Niger, le bureau local de l'OMS et les organisations non gouvernementales des deux pays ont mis en place un projet de centre de référence pour le dépistage, l'accompagnement médical et psychologique des patients et de leur famille, ainsi que la fourniture de médicaments et de produits nécessaires au traitement à bas coût de la maladie ; ce centre, situé à proximité de l'hôpital de Niamey, doit être développé également en tant que pôle de recherche. La lutte contre le paludisme: sur l'île de Sainte Marie à Madagascar, nous avons mis en place un projet pilote de dépistage, de sensibilisation et de traitement ; aujourd'hui, ce projet se développe et s'étend sur la Grande Ile et un centre de référence est en cours de construction dans la capitale malgache. Quant à l'aide humanitaire d'urgence de la Principauté, je voudrais souligner que nous la consacrons majoritairement à des projets de santé que l'OMS conduit ou auxquels elle participe.

Nous ne nous en tiendrons pas là, tant notre coopération avec l'OMS nous paraît efficace, constructive et surtout concrète. Tous les jours, nous pouvons en voir et en mesurer les effets. C'est pourquoi nous travaillons à d'autres projets, dont certains pourraient prendre corps en 2009. Car, au-delà des préoccupations et des drames humains qui occupent nos réflexions et nos débats, nous pensons que l'Organisation mondiale de la Santé se doit d'apporter au monde des raisons d'espérer sans lesquelles plus rien ne serait possible. J'espère que nous ne conclurons pas les travaux de cette Assemblée sans cette note d'espoir. Je vous remercie de votre attention.

Dr ALI (Iraq): الدكتور خميس علي (العراق):

بسم الله الرحمن الرحيم،

سيدي الرئيس، السيدات والسادة المحترمون، السلام عليكم ورحمة الله وبركاته، ننتهز هذه الفرصة لنعرب عن مواساتنا وتضامننا مع شعبي الصين وميانمار. من لا يعرف العراق أو تاريخ العراق نقول له إنه بلد حضارات الآشوريين والبابليين والسومريين، إنه بلد ما بين النهرين والشعراء. واليوم هناك من يفتخر بفرقه الرياضية. أقول لكم إن لدينا في العراق فرقاً مقاتلة في المجال الصحي، لقد استشهد وجُرح الكثير منهم إنهم جزء منكم.

لقد دأبت جمهورية العراق على أن تكون السباقة للمشاركة في كافة الأنشطة والفعاليات الدولية التي من شأنها أن تعزز وتطور ميادين التعاون والتنسيق مع المنظمات الدولية بشكل عام ومع منظمة الصحة العالمية بشكل خاص حيث تولي الدولة اهتماماً كبيراً بالجانب الصحي لما له من أهمية كبيرة في تعزيز أسس التنمية المستدامة. وإن الدستور العراقي يؤكد على ذلك ويجعل الصحة من الحقوق الأساسية للمواطن، وذلك لا يشمل مجرد خلو المواطن من المرض أو العاهة وإنما تتبنى الدولة المفاهيم الأساسية للصحة.

لقد تم التأكيد على تطوير الشراكة ضمن أهداف الألفية باعتبار أن ذلك يشكل حجر الزاوية للارتقاء بكافة البرامج الصحية. كما تبنت جمهورية العراق، ضمن سياستها الصحية، التأكيد على الرعاية الصحية الأولية ضمن منطلقات فعالية تعزيز الصحة العامة في المجتمع باعتبار أن ذلك المرتكز الأساسي للنجاح. إن أي نظام صحي يؤكد على أهمية الوصول إلى مجتمع لهدف تخفيض معدلات المراضة والوفيات لكافة فئات المجتمع بشكل عام وللأطفال وللأمهات في المجتمع بشكل خاص باعتبارهم من الفئات الحساسة في المجتمع.

إن الخدمات الصحية في العراق تُقدم من خلال أكثر من ألف وثمانمائة مركز صحي رئيسي وفرعي وأكثر من مائتي مستشفى إلا أن هذا لا يمثل سوى ثلاثين بالمائة فقط من احتياجات العراق. وبالرغم من الظروف الصعبة التي يمر بها العراق فقد تم منع حدوث تفشيات وبائية عديدة وتم السيطرة على تفشيات أخرى كما هو الحال في السيطرة والتصدي لحالات الكوليرا التي حدثت في عام 2007. وكانت نسبة الوفيات فيها حوالى أقل من 0.5٪ وكذلك الاستمرار في برنامج استئصال شلل الأطفال والتخلص من الحصبة، هذا بالإضافة إلى تخفيض معدلات وفيات الأطفال والأمهات حيث أشار المسح المتعدد المؤشرات في جولته الثالثة والمنفذ عام 2006 بأن معدل وفيات الأطفال الرضّع قد انخفض إلى أربعة وثلاثين وفاة لكل ألف مولود حي وأن وفيات الأطفال ما دون سن الخامسة قد انخفض إلى واحد وأربعين وفاة لكل ألف مولود حي، بعد أن كانت هذه المعدلات حوالى مائة وثماني وفاة لكل ألف مولود حي ومائة وواحد وثلاثين وفاة لكل ألف مولود حي على التوالي، حسب ما أشار إليه المسح المنفذ عام 1999. كما انخفض معدل وفيات الأمهات إلى أربع وثمانين وفاة لكل مائة ألف مولود حي، حسب ما أشار إليه مسح صحة الأسرة المنفذ في الأعوام 2006-2007، بعد أن بلغ هذا المعدل مائتين وأربعة وتسعين وفاة لكل مائة ألف مولود حي وحسب ما أشار إليه مسح عام 1999.

وبالرغم من انخفاض معدلات وفيات الأطفال والأمهات إلا أنها مازالت أكثر من مثيلاتها في البلدان المجاورة للعراق وفي البلدان الأخرى، مما يتطلب جهوداً استثنائية تركز على التعامل مع الخدمات الصحية بأسلوب إدارة الأزمات جنباً إلى جنب مع وضع الخطط التي تحسن وتطور من تلك الخدمات حيث تم تنفيذ العديد من البرامج والفعاليات التي تحسن من تلك الخدمات وبما يتناسب مع

كافة الظروف والمستجدات الوبائية والديموغرافية كالتحذير والاستجابة لحالات الطوارئ وبضمنها طوارئ الصحة العامة وضمان مأمونية خدمات نقل الدم وتحسين الخدمات العلاجية وتنظيم الأيام الوطنية للتلقيح ضد شلل الأطفال والتلقيح بلقاح الحصبة المنفردة والحصبة المختلطة حيث تجاوز عدد الأطفال الملقحين دون سن الخامسة أربعة ملايين طفل وفي جميع محافظات جمهورية العراق.

كما أن العراق قد صادق على الاتفاقية الإطارية بشأن مكافحة التبغ واتخذ خطوات عملية لتطبيقها، هذا بالإضافة إلى تطبيق البرامج الخاصة بالمبادرات المجتمعية وتطوير المناطق لغرض الانطلاق نحو تأهيل المجتمع. وختاماً، وفي الوقت الذي نقدم شكرنا الجزيل لمنظمة الصحة العالمية ولكل من قدم لنا الدعم. نتطلع إلى المزيد من المساندة للنهوض بالعملية الصحية متمنين لكم النجاح والتوفيق في أعمال مؤتمركم هذا.

والسلام عليكم ورحمة الله وبركاته.

Dr PARIRENYATWA (Zimbabwe):

Mr President, excellencies, ladies and gentlemen, I wish to congratulate the President for his election to chair the Sixty-first session of the World Health Assembly. Allow me to start by passing my condolences to the Governments and people of China and Myanmar following the devastating earthquake and cyclone respectively.

As we celebrate 60 years of sterling work in the promotion of health and prevention of disease by WHO, I wish to congratulate the Director-General, Dr Margaret Chan, and her team for the able leadership over the years that she has been Director-General. The adoption of the Alma-Ata Declaration on primary health care in 1978 opened many avenues for us in Zimbabwe that have impacted positively on the health and lives of our nationals.

Zimbabwe has been applying the primary health care approach in a wholesome manner. Through the approach complimented by programmes such as the integrated management of childhood illness, health promotion and preventive activities, we have been able to inform individuals, families and communities on health and disease, thereby reducing communicable and preventable diseases such as diarrhoea, acute respiratory infection and skin conditions. The Village Health Worker programme is one of the pillars of primary health care in Zimbabwe. Through the village health workers, health programmes, including community home-based care, outreach programmes and child health-care services, have been made available to communities and have increased access to care in those communities. Family planning services are provided at household level through the community-based distributors, which have given us a contraceptive usage rate of 55%.

I wish to give you a few statistics just to indicate the status of the Zimbabwe health system. The Expanded Programme on Immunization has maintained coverage of over 80%. We introduced the pentavalent vaccine in January 2008 with support from UNICEF and the GAVI Alliance. The Zimbabwe Demographic Health Survey of 2005–2006 identified that the under-five child mortality rate has fallen from 122 per 1000 to 82 per 1000. We are still, however, concerned about the figures in the latest WHO health statistics of 2008, which we need to analyse together with WHO. The maternal mortality rate has fallen from 1068 per 100 000 live births in 2002 to 555 per 100 000 live births. However, in order for us to meet Millennium Development Goal 5, it is imperative that we increase the number of midwives at the periphery so that we can provide quality care to pregnant women and to the newborn. The implementation of the Zimbabwe Reproductive Health Road Map launched in 2007 will help in realizing Goal 5.

Through a vigorous behavioural change strategy on HIV prevention and using the universal access to HIV prevention strategies such as prevention of mother-to-child transmission, the ABCD strategy and the Provider Initiated Counselling and Testing Program, among others, we have been able to sustainably reduce HIV prevalence in the last eight years from a peak of 33% to the current rate of 15.6% in 2007. This we have achieved largely using our own domestic resources in spite of the very harsh economic environment persisting in Zimbabwe. Currently more than 104 000 people are now receiving antiretroviral therapy, again, largely through using our home-grown AIDS levy. The Government of Zimbabwe will continue to strive to reduce HIV prevalence through the use of complementary funds from the Global Fund to fight AIDS, Tuberculosis and Malaria and other partners who have remained focused positively on Zimbabwe.

Zimbabwe has identified a focal person for the implementation of the International Health Regulations (2005). The reintroduction of DDT in indoor residual house spraying in vector control of malaria, coupled with the strengthening of intermittent presumptive therapy in malaria in pregnancy and scaling up of insecticide-treated net use for pregnant women and children under the age of five with resources from the Global Fund's Round 1, has enabled us to reduce malaria prevalence in the last two seasons from 155 per 1000 to 94 per 1000.

We are working on the big challenge of human resources and have put into place innovative methods such as the training of primary care nurses. They have been sent out to rural health centres and this has alleviated the huge shortage of nurses in those rural areas. We still have other challenges; these challenges are well known and include inadequate funding for postgraduate training at specialist levels for haematologists, neurologists and neurosurgeons, those working with emergency medicine, and radiologists.

We believe that the strengthening of midwifery training programmes and health systems, including equipment, infrastructure and retention packages, are areas where WHO is required to play a leveraging role. We look forward to the continued support of WHO in our efforts to provide access to care for all the people of Zimbabwe. I thank you.

Dr Ramsammy (Guyana), President, resumed the presidential chair.
Le Dr Ramsammy (Guyana), Président, reprend la présidence.

Lady KEITH (International Federation of Red Cross and Red Crescent Societies):

Mr President, distinguished delegates, ladies and gentlemen, the International Federation of the Red Cross and Red Crescent Societies welcomes this opportunity to contribute to the Sixty-first World Health Assembly with its emphasis on ends and means – ends in the sense of reviewing progress towards the Millennium Development Goals, and means in terms of the partnerships that will be essential if the great and growing gap between the "haves" and the "have-nots" is to be addressed. Quite apart from any other indicators, those of us who have spent our working lives in public health know only too well that the larger the gap between rich and poor in any country, the poorer will be the public's health overall.

It is now six months since we in the International Federation sat with many of you in the 30th International Conference of the Red Cross and Red Crescent. In the final Declaration, "Together for Humanity", we – those of us in our 186 national societies and the government representatives from the 194 States Parties – responded to the deep concern that people everywhere, especially the poorest of the poor, face an increased burden, especially a health burden, due to the rise in disasters and the scarcity of resources induced by multiple factors such as environmental degradation and climate change contributing to poverty, migration, violence and conflict. We resolved to work with our partners to raise awareness of these serious humanitarian concerns, including addressing their root causes, and to provide humanitarian assistance to the most vulnerable people. For us and, we believe, for you, that partnership has a very significant status, that of being auxiliary to government. Indeed, the same Declaration, "Together for Humanity", charged all of us with optimizing that relationship at all levels in the humanitarian field.

The date, 11 May 2008, marked exactly three years since the signing of our letter of partnership with WHO. The basis of our cooperation is our complementary approach to vulnerability to disease as a major cause of poverty, just as poverty itself is a major contributor to vulnerability to disease. Threats to public health compromise the productivity and productive potential of individuals, communities and entire nations. Over these three years, not only have individual national societies taken the opportunity to establish similar letters of partnerships with their ministries of health, but at each of the International Federation's Global Health and Care Forums, we have signed a similar letter at a regional level. This year, indeed just last week, the WHO's Regional Director for Europe, on behalf of the World Health Organization, and the Secretary General, on behalf of our Federation, signed the letter of partnership for work in that Region, and we are signalling today our intention to encourage a similar effort in the Western Pacific Region for our next year's Forum, a forum which,

incidentally, will mark 150 years since our founder, Henry Dunant, saw people in need and mobilized volunteers to respond to those needs without discrimination.

The "how" is thus becoming well established. The challenge is to show results. We, like you, live with the Millennium Development Goals in front of us. We, like you, have a desperate sense that time is flying past and that things are getting worse. At other opportunities during this Health Assembly, many of my colleagues will contribute specific examples of small successes, human successes such as the impact of volunteers working alongside the distribution of insecticide-treated bednets to ensure that these are hung properly and used effectively. The success of that tiny intervention has already saved many lives and has reduced infection by more than 25%, making a real contribution to the achievement of Millennium Development Goal 6. In the Pacific, my own region, we are seeing our national societies develop our community-based first-aid scheme, in some cases designated as the official provider of this education and service, to extend the scheme to be the community-based health and first-aid scheme, using primary health-care principles of "health by the people", the very basis of our Global Health and Care Strategy, with huge potential to empower women (Goal 3), reduce child mortality (Goal 4) and improve maternal health (Goal 5) while also helping to combat diseases such as HIV/AIDS and malaria by basic health promotion.

Last week, we dedicated our Global Health and Care Forum to our far-sighted forebears whose Declaration of Alma-Ata 30 years ago tapped into that well-spring of health, the community. We gave the Forum the theme "Primary health care starts with people" and we were honoured by the presence of Dr Mahler, former WHO Director-General and architect of the Alma-Ata Declaration.

At this time of anxiety, disasters such as those in China and Myanmar, threats of pandemic influenza, desperate food insecurity, especially in Ethiopia, and the prospects of malnutrition and even starvation in a world which also sees anti-obesity campaigns, when the growing gap between rich and poor within countries and between countries inevitably leads to a lowering in the overall public health, can we not, as one of the largest volunteer community-based organizations in the world, work with you to lift our eyes, our efforts and the hope and well-being of the most vulnerable people?

As you will have gathered from my accent, I also come from that small cricket-playing country on the other side of the world. The Maori people of New Zealand have a saying "*Nau te rourou, naku te rourou, ka ora te manuhiri*". This can be translated as "With your basket of knowledge, skills and resources, and my basket of knowledge, skills and resources, the people will be cared for". *Kia ora tatou*.

Mr DE SKOWRONSKI (Order of Malta):

Mr President, Madam Director-General, excellencies, distinguished delegates, please accept my congratulations, Mr President, on behalf of the Sovereign Order of Malta, on your election to preside over the Sixty-first World Health Assembly. We wish you, and the other Bureau members, success in your task. We also present our compassion to those who lost their loved ones in the two recent natural disasters. We are active in helping those who are still suffering.

Since our last Health Assembly, the Order of Malta has continued to provide health services all over the world, and in particular in those regions most affected by man-made and natural disasters. According to our mission, all aid is given free and irrespective of nationality, religion or race of those in need. Last year the total value of this humanitarian assistance was over US$ 1 billion.

The consequences of climate change on health being WHO's focus for 2008, we wish to reiterate our concern at the devastating influences of global warming on the quantity and quality of drinking water, which affects primarily the poorest and in particular children and infants, who need more potable liquids per weight and for whom the consequences of dehydration are more serious as the ingestion of polluted liquids carries diseases such as diarrhoea, cholera and hepatitis. For this reason the Order of Malta continues to develop its water purification projects in areas affected by drinking-water shortage. New programmes of rainwater harvesting and storage have been started in Sri Lanka and could be extended to other regions in need. Furthermore, programmes for the development of sewage systems help affected populations improve their sanitation level.

The aid of the Order of Malta, which has only a small extraterritorial area, reached 120 countries. Through Malteser International, its worldwide relief agency alone, it reached in 2007

over 7 million people, more than the population of many WHO Member States. Such aid was concentrated last year in Africa, Asia, the Middle East and the Americas. In Myanmar, Malteser International, being present with a local branch for the last seven years, was one of the rare humanitarian organizations in a position to intervene immediately in the emergency caused by the recent cyclone and continues to provide help to the victims in the Irrawaddy area. In the Order's maternity hospital in Bethlehem, the most modern neonatal equipment was installed at the end of 2007, thanks to the support of the Belgian Government and the United States Agency for International Development. This cutting-edge maternity hospital is the only one in this area of Palestine, where some 40 000 babies, including quintuplets, were born.

In its traditional fight against leprosy, the Order of Malta has won two new battles: first, it has reactivated the forgotten, but badly needed, clinical research to find new ways to eradicate this disease. Several grants have been made by the Order of Malta Grants for Leprosy Research to scientists in the new domains of genomics, genetics, early diagnosis and nerve involvement. This is the second year of novel research and funds for three more years are secured. The total value exceeds US$ 1 million. The first results are encouraging and were reported to the 17th International Leprosy Congress in Hyderabad. Unfortunately, the relevance of this disease continues to be understated by certain epidemiological data. Secondly, in the battle against the ostracism of leprosy patients, the Order of Malta's leprosy institute in Dakar, Senegal, is being integrated into the orthopaedic department of the University Hospital. Thus, for the first time in a country in which the disease is endemic, leprosy patients will be treated together with other patients in a teaching hospital setting. In this model, the social exclusion, referred to recently by the Japanese delegation at the Human Rights Council, will start to disappear. This will require some additional funds, which will be welcome to the project.

Mr President, the Order of Malta's humanitarian assistance is being more and more guided by the Millennium Development Goals, particularly those related to the health sector. We are proud to contribute to the objectives of WHO and to work in close cooperation with its headquarters and regional offices to improve the health status of the populations most in need. In this context, we thank the Director-General for her support and wish her and her staff success in their noble role. Thank you, Mr President.

Monseñor REDRADO MARCHITE (Santa Sede):

Señor Presidente, señora Directora General, señoras y señores: la delegación de la Santa Sede felicita al Presidente por su elección a la presidencia de la 61ª Asamblea Mundial de la Salud y formula sus fervientes votos por el éxito de los trabajos. Saludo con deferencia a la Dra. Margaret Chan, a la vez que le felicito por su autorizada guía de la Organización Mundial de la Salud.

Deseo manifestar la gratitud de la Iglesia católica por el importante y determinante aporte de la Organización para prevenir, curar y eliminar las patologías y pandemias que a lo largo de los años habían causado innumerables muertes. La Conferencia Internacional de Alma-Ata se coloca en la misma dirección y sigue siendo de gran actualidad.

Señor Presidente, mi delegación desea que las cuestiones inscritas en el orden del día de esta Asamblea Mundial encuentren la justa atención y convergencia.

En los últimos años se han observado señales positivas de progreso en la eliminación de la poliomielitis y en el acceso al paquete de vacunas esenciales para los muchos niños que viven incluso en zonas de conflictos armados. No obstante esto, permanecen elevadas y preocupantes tasas de mortalidad infantil, así como también el SIDA, la tuberculosis y otras patologías infecciosas, sobre todo en los países pobres. Pedimos a los Estados un mayor compromiso en la prevención y curación de estas patologías para que no queden en una buena declaración de intentos.

La delegación de la Santa Sede desea expresar su grave preocupación y rechazo de cuanto, en el ámbito de la estrategia de la promoción de la salud reproductiva, daña la dignidad o incluso llega a suprimir la vida prenatal. En esta prospectiva, tal estrategia deberá también evitar de equiparar conferencias promovidas con la colaboración sustancial de algunas ONG, a reuniones que, sin embargo, tienen un carácter esencialmente gubernativo.

La delegación de la Santa Sede sigue estando también preocupada del impacto que tienen los cambios climáticos en la salud. El calentamiento progresivo del planeta y el aumento brutal de la

frecuencia y de la gravedad de los fenómenos climáticos extremos como las fuertes tempestades, las oleadas de calor, la sequía y las inundaciones ya han comenzado a producir efectos negativos en la salud. A esto hay que añadir el incremento de la contaminación ambiental causada por los desechos industriales y radioactivos, como también por la contaminación del agua de los ríos en muchos países en vías de desarrollo. Todo esto lleva a efectos negativos en la producción alimentaria, en la disponibilidad de agua potable y en la calidad del aire, creando inéditas y preocupantes situaciones socio-sanitarias que requieren respuestas adecuadas e inmediatas.

Señor Presidente, frente a este grave y peligroso cuadro global, nuestra respuesta no puede prescindir de la sensibilización de la persona humana para una gestión responsable de los recursos de la creación, que son un don del Creador a la humanidad. De aquí la llamada del Papa Benedicto XVI a «cambiar el modelo de desarrollo global». En su reciente discurso en las Naciones Unidas, hablando siempre del imperativo ético de salvaguardar el ambiente, el Papa Benedicto XVI ha subrayado lo siguiente: «… *la acción internacional dirigida a preservar el entorno y a proteger las diversas formas de vida sobre la tierra no ha de garantizar solamente un empleo racional de la tecnología de de la ciencia, sino que debe redescubrir la auténtica imagen de la creación. Esto nunca requiere optar entre ciencia y ética: se trata más bien de adoptar un método científico que respete realmente los imperativos éticos*». Gracias, señor Presidente.

La Sra. GARCÍA GONZÁLEZ (Costa Rica):[1]

Mejorar el acceso a la atención en salud de toda nuestra población, en especial la de los grupos más vulnerables por sus condiciones de vida y género, ha sido una de las principales metas en materia social de nuestro país. Además de la universalidad de dicho acceso, nuestro país se ha abocado a buscar mecanismos para mejorar la calidad del mismo.

En relación al Objetivo 4: Reducir la mortalidad infantil, nuestro país ha logrado importantes avances. Mientras que en 1990 por cada 1000 nacidos vivos se reportaron 14,78 muertes, en el año 2006 dicha cifra disminuyó a 9,71, sin duda un logro sin precedentes, sin embargo para el 2007 se incrementó levemente a 10,05 por 1000 nacidos vivos.

En relación al Objetivo 5: Mejorar de la salud materna, éste representa uno de los indicadores donde el país también ha alcanzado logros muy significativos. Mientras que en el 2006, la mortalidad materna fue de 3,9 por cada 10 000 nacimientos, en el 2007 pasó a 1,91 por 10 000 nacimientos. Esto debido a las estrategias de intervención implementadas en el mejoramiento de la calidad de la atención durante el embarazo, parto y post-parto. En cuanto a la atención de partos en nuestras instituciones hospitalarias, fue de un 98%. En relación con el control prenatal, nuestro país ha alcanzado un 90% de cobertura de la población gestante (que inicia el control prenatal en el primer trimestre), de la cual, el 50% ha sido con criterios de calidad.

Recordemos que la mortalidad materna es uno de los indicadores utilizados para medir el desarrollo de un país, por tener un alto impacto económico. Según información del «International Center for Research on Women», se calcula que a nivel mundial la mortalidad materna y neonatal tiene un costo de US$ 15 000 millones, perdidos en producción potencial cada año. El conjunto de servicios de salud materna tiene un costo menor a US$ 1,50 por persona, y con ello se puede mejorar en forma sustantiva la salud de las mujeres en los 75 países donde ocurren el 95% de las muertes materno-infantiles. De manera que es de una alta relevancia que los países del mundo inviertan en la salud de las mujeres y hagan efectivo su potencial, no sólo como madres sino como contribuyentes indispensables para el sustento y desarrollo de sus familias y las transformaciones de sus países.

Ante lo anterior, es evidente que invertir en la salud de las mujeres y en especial en la reducción de la mortalidad materno-infantil supone un importante ahorro para nuestras sociedades, una inversión de US$ 5500, retornaría triplicada en mejora de la productividad.

En relación con el Objetivo 6: Combatir el VIH/SIDA, el paludismo y otras enfermedades, específicamente en materia de VIH/SIDA, se está trabajando con el Plan de Monitoreo y Evaluación

[1] Texto presentado por la delegación de Costa Rica para su inclusión en las actas, de conformidad con la resolución WHA20.2.

del Plan Estratégico Nacional con el fin de fortalecer las campañas de prevención y control, con énfasis en poblaciones de riesgo. En el caso de la malaria también se están realizando acciones para su prevención y control que han incidido positivamente en su disminución (alrededor del 50% con respecto al año 2006). No sólo se está actuando con las personas (toma de muestra, diagnóstico oportuno y tratamiento inmediato y supervisado), sino que se están realizando una serie de acciones para el control del medio y que tanto la empresa privada como la comunidad asuman la responsabilidad del caso.

Todos constituyen importantes logros para la salud costarricense. Sin embargo, en estos momentos el desafío que enfrentamos es lograr el mantenimiento o disminución de estas tasas y seguir trabajando en la reducción de las brechas a mediano y largo plazo entre las diferentes áreas geográficas y grupos poblacionales del país.

De ahí que pese a los logros alcanzados en esos indicadores y a los grandes esfuerzos realizados por nuestro país en materia de salud, sentimos una profunda preocupación por la progresiva exclusión de Costa Rica por parte de los cooperantes internacionales. Recientemente nuestro país fue excluido de participar en la Octava Ronda del Fondo Mundial de Lucha contra el SIDA, la Tuberculosis y la Malaria y por ende los recursos externos para seguir trabajando fuertemente en materia de VIH/SIDA se han visto fuertemente afectados.

Cabe destacar que a la fecha nuestro país ha aprovechado al máximo los cada vez más reducidos recursos provenientes de la cooperación internacional. En ese sentido, es de gran relevancia para el país seguir contando con el apoyo de la comunidad internacional como complemento a las acciones que hemos venido desarrollando para mantener y mejorar los niveles de salud de nuestra población.

Le Dr JEAN LOUIS (Madagascar):[1]

Excellence, Mesdames et Messieurs, c'est un grand honneur et un réel plaisir pour moi de prendre la parole devant cette auguste Assemblée de la Santé pour un aperçu de la mise en oeuvre des différentes initiatives engagées dans la réalisation des objectifs du Millénaire pour le développement liés à la responsabilité partagée aussi bien nationale qu'internationale.

La Déclaration du Millénaire, adoptée lors du Sommet du Millénaire en 2000, a mis en exergue les devoirs des dirigeants mondiaux à l'égard de tous les citoyens du monde, en particulier les groupes vulnérables. Ayant souscrit à cette Déclaration, l'Etat Malagasy sous le leadership de S. E. M. Marc Ravalomanana, Président de la République de Madagascar, a pris l'engagement ferme de redoubler d'efforts pour atteindre les objectifs du Millénaire pour le développement à travers le Madagascar Action Plan. Pour la réalisation de l'objectif 1 de réduire l'extrême pauvreté et la faim, la consolidation des efforts de stabilisation de la situation macroéconomique avec l'engagement des réformes structurelles ciblant le monde rural vise à assurer la sécurité alimentaire au niveau des ménages et à diminuer les risques de vulnérabilité. Cette démarche est orientée vers l'appui aux organisations paysannes, la facilitation de leur accès aux intrants, aux équipements agricoles et au crédit, à la sécurisation foncière. Pour la lutte contre la malnutrition, des initiatives ont été développées et mises en oeuvre avec l'appui des partenaires, comme la mise en place de sites de nutrition communautaires, la promotion de l'allaitement maternel exclusif, la supplémentation en vitamine A et en fer, le déparasitage systématique des enfants, l'iodation du sel, la prise en charge dans les centres de récupération nutritionnelle des enfants souffrant de malnutrition sévère et les programmes d'aide alimentaire.

Concernant les objectifs 4, 5, 6 directement liés à la santé, l'évolution est globalement positive, et il est encourageant de constater une baisse constante de la mortalité des enfants de moins de 5 ans grâce à l'intensification des campagnes de vaccination, à la généralisation des interventions sanitaires de base telles que la distribution des moustiquaires à imprégnation durable, de vitamine A, de mébendazole et au développement de la prise en charge intégrée des maladies de l'enfant au niveau communautaire pour combattre la pneumonie, le paludisme et les diarrhées. L'objectif 5 semble difficile à atteindre car, malgré le renforcement du cadre politique de la santé de la mère et de l'enfant,

[1] Le texte qui suit a été remis par la délégation de Madagascar pour insertion dans le compte rendu, conformément à la résolution WHA20.2.

la mise en oeuvre des stratégies de renforcement des soins obstétricaux et néonatals d'urgence de base, l'amélioration des pratiques communautaires des soins aux mères et aux nouveau-nés à domicile, la vulgarisation du planning familial, l'évolution est lente ; les efforts à fournir sont encore très importants pour améliorer l'efficacité du système sanitaire dans son ensemble. Concernant l'objectif 6, Madagascar figure encore parmi les pays du sud du Sahara qui affichent un taux de prévalence du VIH/sida estimé à 0,5 % selon le rapport de l'ONUSIDA en 2006. L'engagement personnel du chef de l'Etat dans la lutte, la facilitation de l'accès au service de dépistage et de prise en charge des infections sexuellement transmissibles et du sida et la prise en compte de la dimension VIH/sida dans les stratégies sectorielles figurent parmi les stratégies qui ont fait leurs preuves. Cependant, l'incidence forte des infections sexuellement transmissibles et l'existence de nombreux comportements sexuels à risque peuvent faire craindre une évolution rapide du VIH à Madagascar. Durant les cinq dernières années, la mise en oeuvre du programme régulier de prise en charge des cas au niveau communautaire et des formations sanitaires, la distribution gratuite de moustiquaires à imprégnation durable dans le cadre du programme élargi de vaccination de routine des femmes enceintes et des enfants de moins de 5 ans et des campagnes de la semaine de la santé de la mère et de l'enfant, l'introduction du traitement préventif intermittent chez la femme enceinte, la campagne d'aspersion intradomiciliaire d'insecticide dans les hautes terres centrales et la surveillance des épidémies de paludisme ont permis de maîtriser cette maladie qui se trouve actuellement dans une phase d'inversion de la tendance. La tuberculose reste une maladie très active et la lèpre se trouve en phase d'éradication. Les stratégies de lutte contre le VIH/sida, le paludisme, la tuberculose et la lèpre ont été fortement soutenues par les partenaires nationaux et internationaux, ce qui a permis d'accroître l'efficacité des actions du fait de la mobilisation de l'expertise technique et des importantes ressources. Les taux de prévalence et de létalité de ces maladies accusent dans l'ensemble des tendances de régression.

Au total, Madagascar a réalisé des progrès tangibles dans la réalisation des objectifs du Millénaire pour le développement liés à la santé. Cependant, ces progrès sont loin d'être suffisants. Les actions prioritaires reposent sur l'allocation de ressources en priorité aux services de santé de base ; le renforcement du système de santé en augmentant l'investissement dans les infrastructures, les matériels et équipements pour les soins obstétricaux et néonatals d'urgence de base et complets ; la disponibilité de personnel qualifié et motivé réparti équitablement ; le développement des activités d'information et d'éducation sanitaire pour prévenir certaines maladies endémiques et promouvoir la santé de la reproduction des adolescents et le planning familial ; la mise en place d'un système intégré de surveillance des maladies endémo-épidémiques au niveau communautaire ; et le renforcement du système de suivi-évaluation.

De nombreux décès peuvent être évités par la mobilisation des ressources nécessaires dans le cadre d'une responsabilité partagée et soutenue. La mobilisation de nouvelles sources de financement s'avère impérative pour l'aide au développement, et il est très important que le Gouvernement s'engage à poursuivre ses efforts pour augmenter le budget alloué à la santé en vue d'atteindre les 15 % fixés dans la Déclaration d'Abuja. A cet effet, nous saluons les efforts de l'OMS et des autres partenaires pour l'opérationnalisation du Partenariat mondial pour la santé de la mère, du nouveau-né et de l'enfant, qui s'engage à contribuer à la réalisation des objectifs 4 et 5. Les réunions de Londres et du Cap ont recommandé par ailleurs le développement d'un partenariat national et mondial pour des actions concertées ainsi qu'un financement prévisible et à long terme pour la santé reproductive, la santé du nouveau-né et de l'enfant. La réalisation des objectifs du Millénaire pour le développement doit reposer sur l'engagement ferme des autorités nationales, l'intensification de partenariats et la mobilisation de ressources suffisantes pour des actions efficaces et efficientes en faveur de la santé et du bien-être de la population. Excellences, Mesdames et Messieurs, je vous remercie de votre attention.

Mr RI Tcheul (Democratic People's Republic of Korea):[1]

Mr President, Dr Margaret Chan, Director-General, honourable delegations. First of all, on behalf of the delegation of the Democratic People's Republic of Korea, I congratulate you, Dr Leslie

[1] The text that follows was submitted by the delegation of the Democratic People's Republic of Korea for inclusion in the verbatim records in accordance with resolution WHA20.2.

Ramsammy, on your election as President of this Health Assembly and wish you all the best in your endeavours to ensure the success of the Health Assembly. My delegation appreciates the Director-General's report, which puts forward innovative approaches to rectifying inequalities in existing health systems and to enhancing the role of the Organization.

The reality of the new millennium illustrates that the eradication of extreme poverty, and the promotion of health and socioeconomic development are inextricably linked, and that therefore, we cannot successfully achieve the Millennium Development Goals, in particular the goal of poverty eradication, without such development. The world health situation demands that all Member countries make joint efforts to remove the risk factors harmful to human beings, and that WHO play a leading role in this regard. My delegation considers that the theme entitled "monitoring achievement of health-related Millennium Development Goals" will provide a good approach – one that, in our view, will reflect actual requirements when we celebrate the sixtieth anniversary of the founding of WHO and review the implementation of the Goals this year.

The number of deaths caused by HIV/AIDS, tuberculosis and malaria has decreased over the eight years since the adoption of the Millennium Development Goals. However, human life is still being lost as a result of various causes. In this regard, my delegation believes it is timely that prevention and treatment of communicable diseases, including avian influenza; health and intellectual property; the International Health Regulations (2005); and the implementation of health-related Millennium Development Goals are on the agenda of the current Health Assembly.

In the past, the technical and logistic support from WHO has significantly contributed to health developments at the national level. However, various difficulties and challenges still remain. In fact, combating tuberculosis, one of the important health-related Millennium Development Goals, is becoming more difficult as a result of the increasing prevalence of multiple-drug resistance due to the misuse and abuse of medicines. Avian influenza is also becoming a source of concern to the international community since the disease is growing at epidemic rate. Therefore, we think that WHO's support should place emphasis on eliminating major communicable diseases according to the situation of each Member State. The protection and promotion of people's health is a supreme principle of the activities of the Government of the Democratic People's Republic of Korea, and it is guaranteed by health policies and health law, such as complete free medical care, and the people's health law. With the Government's policy of preventive medicine, we will further enhance the quality of health services by strengthening the technical capacity of hospitals at different levels, improving the manufacturing and distribution of medicines and medical equipment and enhancing primary health care. The Secretariat, including the Regional Office for South-East Asia, has in recent years provided considerable support to the Democratic People's Republic of Korea in the renovation of the country's Ri people's hospitals, the strengthening of health infrastructures and the training of health professionals in advanced skills and knowledge. We take this opportunity to express our thanks to WHO for its support. Finally, my delegation reaffirms its commitment to offer active cooperation during the course of the Health Assembly with a view to the successful conclusion of the discussion of all issues on the agenda in order to make a positive contribution to the achievement of the Millennium Development Goals and the development of health throughout the world. Thank you.

Dr KABIA (Sierra Leone):[1]

Mr President, Madam Director-General, honourable ministers, head of delegations and distinguished delegates, I would first like to congratulate you, Mr President, on your election as President of this Health Assembly and wish you success. I am greatly honoured to address this august body that collectively literally takes care of the health of our world – no mean task!

Let me start by expressing my heartfelt condolences to the Governments and peoples of China and Myanmar on the recent disasters that befell both countries. As a country just emerging from a decade-long war, we are well aware of the devastating effects loss of human life and destruction of

[1] The text that follows was submitted by the delegation of Sierra Leone for inclusion in the verbatim records in accordance with resolution WHA20.2.

property have on affected communities. I know this is small comfort but I would like to express solidarity with the peoples of China and Myanmar.

We as a nation have come a long way. We now enjoy stability, as well manifested by the recent election of a new Government in a democratic and transparent election. Our country, however, is still plagued by severe constraints directly as a result of the war which completely decimated all aspects of life and government, including the health sector. The decade-long civil war left the health sector with serious challenges that need urgent attention: Sierra Leone is faced with an acute human resource shortage for health crises. We have only 18 medical officers, four paediatricians, three surgeon specialists, 160 nurses and 200 midwives for a population of 5.3 million. To say that the health services delivery system is overstretched would be an understatement! It is a system that is characterized by poor infrastructure, lack of essential equipment, drugs and supplies and a broken management system. This is what we inherited as a Government and this helps to explain why we have some of the worst health indicators in the world.

The population's disease burden is characterized by a high prevalence of largely preventable communicable diseases, such as malaria (35%), acute upper respiratory infection (21.7%) and diarrhoeal illness (8.1%). Together with malnutrition, these account for 75% of all under-five consultations in the outpatient setting. The under-five population makes up 49% of consultations in the peripheral health units. It is also true that in the post-conflict era, the worst affected subpopulation groups are our children and women of childbearing age – as indicated by the unacceptably high under-five and maternal mortality rates of 267 per 1000 and 1300 per 100 000, respectively. The Government has acted to address the issue by: the adoption of reproductive and child health policies (2007); implementation of a reproductive and child health strategic plan, launched by the President, that seeks to provide high-quality, affordable and accessible care; joint development partners' appraisal with institutional management and capacity assessments; and the creation of a new directorate for reproductive and child health. The challenge lies in mobilizing the required resources, both financial and human, to achieve the goals and objectives of the strategy, in order to meet the Millennium Development Goals, particularly Goals 4 and 5.

Another area of major activity is the strategy to combat the burden of malaria. The Government promotes the Roll Back Malaria Partnership programme and currently insecticide-treated nets have been made available to 75% of households, also antimalarial medications are available free to vulnerable groups (children of school-going age, pregnant and lactating women and the elderly). The Government is determined to continue its relentless fight against malaria. Immunization and vaccination programmes, supported by the Government of Sierra Leone and the GAVI Alliance, are making tremendous progress in helping reduce the incidence of measles, leprosy and tuberculosis. Thankfully, poliomyelitis has been eradicated and Sierra Leone has been declared poliomyelitis-free. We appeal to the international community to make vaccines more available and affordable for low-income countries.

The threat of an avian influenza pandemic requires preparedness and vigilance by all, controlled by the implementation of regulations and availability of vaccines and therapy using oseltamivir in case of an outbreak. With respect to HIV/AIDS, the Government, through the National AIDS Secretariat under the chairmanship of the President himself, is spearheading the fight against AIDS and HIV by promoting vigilance, education, prevention, surveillance, counselling, testing and treatment. Antiretroviral therapy is free. It is of note that, at this point, HIV prevalence is 1.57% (national average), and 3% among youth and 4% among pregnant women. Our Government is committed to doing everything in its power to turn things around.

The area of noncommunicable diseases is one that is only now beginning to be recognized as contributing to significant morbidity and mortality in low-income countries through diseases such as coronary artery disease, hypertension, strokes and chronic kidney disease. We shall promote awareness and lifestyle modification, education, diagnostic and treatment modalities, as well as research to enhance effective planning. We would welcome more support from WHO, in the form of technical assistance, to undertake institutional and management assessment of our hospitals, define gaps, help design financial and management systems, and build capacity.

Lastly, let me express my gratitude on this podium to all organizations, agencies and governments who have helped our country and our people. I would like to pay a special tribute to the

people of Sierra Leone who, despite all the adversity they have faced in the past, and continue to face, remain positive, optimistic, forward-looking and resilient. A nation with such an outlook cannot fail! I thank you for your attention.

Mr ITALELI (Tuvalu):[1]

Mr President, we thank you for giving us the floor. My delegation would like to echo other Member countries in commending the work of WHO in all regions of the world.

Tuvalu welcomes the United Nations Millennium Development Goals, and is well on its way to achieving the health-related Millennium Development Goals by 2015. The Tuvalu national health plan prioritizes maternal and child health. Its integration into reproductive health services and alignment with national development plans have secured political commitment and sustainability. Since 1990, significant progress has been made towards reducing child mortality in Tuvalu. We continue to enjoy very high coverage in the expanded programme for immunization and we therefore applaud the continuous support from WHO and UNICEF in this regard. The provision of primary health-care services throughout the country remains a key strategy. Tuvalu has achieved the lowest possible level of maternal mortality, and 100% of births are attended by trained and skilled health personnel. Despite this, obstetrics emergencies remain a challenge in our remote outer islands' settings. My delegation requests the assistance of WHO in this area. Despite our small numbers, Tuvalu is at high risk of HIV infection. Recent HIV and sexually transmitted infection surveillance points to an increasing problem, and is now considered a priority in the national developmental plan.

Mr President, we congratulate WHO for including climate change and health in this year's agenda. Tuvalu is one of the first countries to start being submerged because of the adverse effects of climate change. Climate change is already affecting the health of my people. The existence of Tuvalu, and its culture, traditions, men, women and children, are under threat. My delegation therefore humbly requests WHO and the international community to continue to draw attention to the serious risk of climate change to global health security. Once again, Mr President, thank you for giving us the opportunity.

Mr SHIRALIYEV (AZERBAIJAN)[1]:
Г-н ШИРАЛИЕВ (АЗЕРБАЙДЖАН)[2]:

Мы с большой заинтересованностью заслушали выступления уважаемых коллег по механизмам преодоления рисков для ликвидации полиомиелита, поскольку в свое время в Азербайджане эта проблема стояла очень остро. К счастью, на сегодняшний день это уже скорее история, и мы можем гордиться достигнутыми в этом направлении успехами.

Между тем, в начале 1990-х годов в стране была крайне тяжелая эпидемиологическая ситуация со стабильным сохранением очагов с эндемической передачей полиомиелита. В Республике было зарегистрировано 182 случая полиомиелита или почти 50% от всей общеевропейской заболеваемости. Свободными от инфекции были лишь 15% административной территории Азербайджана.

Абсолютное число зарегистрированных случаев - 69 и относительный показатель - 0,94 на 100 000 населения были самыми высокими среди стран Европейского региона.

Положение осложнялось еще и тем, что после распада Советского Союза начались перебои со снабжением вакцинами и, по существу, была прекращена работа по иммунопрофилактике.

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[1] The text that follows was submitted by the delegation of Tuvalu for inclusion in the verbatim records in accordance with resolution WHA20.2.

[1]The text that follows was submitted by the delegation of Azerbaijan for inclusion in the verbatim records in accordance with resolution WHA20.2.

[2] Данный текст представлен делегацией Азербайджана в соответствии с резолюцией WHA20.2, для включения в стенограммы выступлений.

И только тесное сотрудничество с международными организациями дало зримые позитивные результаты. Появился стабильный канал поступления вакцин через Всемирную организацию здравоохранения в порядке оказания гуманитарной помощи.

Утвержденная Правительством Национальная программа иммунопрофилактики была ориентирована на внедрение активных иммунизационных подходов, рекомендованных Всемирной организацией здравоохранения для прекращения передачи дикого полиовируса на всей территории Республики.

В Азербайджане была внедрена трехсистемная иммунизационная стратегия, включающая, помимо рутинных прививок, и дополнительные мероприятия в виде Национальных дней иммунизации и массовых кампаний по подчистке на территориях повышенного риска.

Традиционное участие в кампаниях по иммунизации высшего руководства Республики - как общенационального лидера Гейдара Алиева, так и нынешнего Президента Азербайджана г-на Ильхама Алиева - по существу выдвинуло проблему борьбы с полиомиелитом в ранг общегосударственной политики, мобилизуя для этой работы общественные объединения, органы государственной власти и управления, всю общественность страны.

Именно во многом благодаря этому нам удалось добиться того, что с октября 1995 г. в Республике вообще не регистрируются случаи полиомиелита.

Историческое решение сертифицировать Европейский регион Всемирной организации здравоохранения как регион, свободный от полиомиелита, объявленное в 2002 г. в Копенгагене, - самое выдающееся событие в области общественного здравоохранения в новом тысячелетии.

Успех в Европе был достигнут благодаря осуществлению беспрецедентной серии четко скоординированных Всемирной организацией здравоохранения национальных кампаний иммунизации.

Однако мы не можем остановиться на достигнутом. Необходимо продолжать осуществление комплекса мероприятий, чтобы поддерживать высокие уровни охвата плановыми прививками, используя в необходимых случаях мероприятия по дополнительной иммунизации, и обеспечить высокое качество лабораторного надзора за полиовирусами до тех пор, пока не будет достигнута глобальная ликвидация полиомиелита во всем мире

Благодарю за внимание.

El Sr. ABAGA ESONO (Guinea Ecuatorial):[1]

Señor Presidente: le felicito a usted y a los miembros de la Mesa por su elección para dirigir los trabajos de esta magna Asamblea y felicito asimismo a la Directora General por su excelente labor y capacidad organizativa de los trabajos de la 61ª Asamblea Mundial de la Salud.

La delegación de la República de Guinea Ecuatorial, se suma a los demás países en presentar su pésame y dolor a la República Popular China y la República de Myanmar por las catástrofes naturales acaecidas recientemente en sus respectivos países, con la pérdida de muchas vidas humanas.

El Gobierno de la República de Guinea Ecuatorial, entiende que la salud es uno de los elementos principales que garantiza el desarrollo de los pueblos, por ello, el Presidente de la República de Guinea Ecuatorial, su Excelencia Obiang Nguema Mbasogo, concede la máxima prioridad al sector social en general y de forma especial al desarrollo de los programas del sector salud y con el fin de superar y conseguir los Objetivos de Desarrollo del Milenio y canalizar mejor los recursos provenientes de la explotación del petróleo. Deseo informarles que Guinea Ecuatorial organizó recientemente la Segunda Conferencia Económica Nacional, donde se han asignado prioritariamente importantes recursos al sector de la salud.

De la misma manera, se ha creado un Fondo para el Desarrollo Social mediante el cual se están realizando las siguientes acciones: a) para la reducción de la mortalidad infantil: organización de campañas de inmunización para mejorar la cobertura de vacunación a los niños menores de cinco

[1] Texto presentado por la delegación de Guinea Ecuatorial para su inclusión en las actas, de conformidad con la resolución WHA20.2.

años; reforzamiento de la Estrategia del Manejo Integral de las enfermedades del niño; puesta en marcha de un amplio Programa Nacional de lucha contra el Paludismo con acceso gratuito de los medicamentos antipalúdicos a las mujeres embarazadas y niños; telas mosquiteras impregnadas y las actividades de rociamiento intradomiciliario; b) para mejorar la salud materna: implementación de una hoja de ruta nacional para acelerar la reducción de la mortalidad materna y neonatal; puesta en marcha de un proyecto para la prevención y tratamiento gratuito de las fístulas obstétricas; puesta en marcha de un programa de diagnóstico precoz de prevención y tratamiento gratuito del cáncer del cuello uterino con la realización de más de un centenar de intervenciones quirúrgicas con éxito en el último año; c) para combatir el VIH/SIDA, el paludismo y la tuberculosis se están implementando las siguientes actividades: puesta en marcha de un marco normativo de referencia y la adopción de un plan multisectorial contra la pandemia del SIDA; manejo integral de los casos, así como el acceso gratuito de los antirretrovirales a todos los enfermos de SIDA; puesta en marcha de un programa nacional de reducción de prevalencia de la tuberculosis, centrado en la identificación y tratamiento gratuito de los enfermos.

Pero sin embargo, señor Presidente, tenemos todavía por delante varios desafíos para mejorar la salud de nuestra población y poder cumplir así los Objetivos de Desarrollo del Milenio, para ello seguimos solicitando el apoyo técnico de la OMS en las áreas de desarrollo de recursos humanos, y en la aplicación del Reglamento Sanitario Internacional.

Finalmente, agradecemos a todos los socios que de manera directa o indirecta nos apoyan en la realización de todas estas acciones. Muchas gracias.

Dr TENAUA (Kiribati):[1]

Mr President, Madam Director-General, fellow ministers, distinguished delegates, ladies and gentlemen, before I proceed, please allow me, first of all, to convey to you and to fellow delegates attending this Health Assembly, the warm greetings and good wishes of my Government and the people of Kiribati whom I and the members of my delegation are representing here today. Let me also take this opportunity to congratulate you on your appointment as President of this Sixty-first World Health Assembly. My delegation has full confidence in your capable leadership and trusts that, through our support and cooperation, you will be able to guide this Health Assembly smoothly to a successful and productive conclusion. It would be remiss of me not to acknowledge what has been done by the outgoing President, so, if I may, Mr President, let me also take this opportunity to formally recognize and put on record my country's full appreciation of the achievements of the former President. Much of WHO's work and performance and many of its achievements since the last Health Assembly, as reported by the Director-General, can be attributed to her great leadership, so she also deserves to be thanked and congratulated.

My delegation takes full note of the Director-General's report and, on behalf of my country, I also would like to thank Dr Chan and members of her staff for the dedicated hard work they apparently have put into the preparation and compilation of such a very comprehensive and well-presented report. I would very much like to share, in more detail, my delegation's observations relating to the issues highlighted in the report but, given that delegates are required to confine their statements to the theme of this year's Health Assembly, unfortunately I cannot go beyond the restricted parameters of that said theme.

My country, Kiribati, is one of the smallest of the smallest least developed countries in almost all respects. The country is made up of 33 very thin strips of low-lying (about 6 metres above sea level at the most) and widely scattered coral atolls which, in total, make up a land area of 750 km^2 to support its present total population of about 100 000, which has been growing at an alarming rate of more than 2% every year. Consequently, its population density has now reached 389 per $km^{2.}$ Not only that, but it is endowed with a very narrow resource base for raising and sustaining the health status of its fast-growing population on a par with or close to the millennium health development standards.

[1] The text that follows was submitted by the delegation of Kiribati for inclusion in the verbatim records in accordance with resolution WHA20.2.

However, despite these inevitable and rather unfortunate geographical, demographic and socioeconomic features, Kiribati, like other similar least developed small island States, is also equally required to achieve the same goals and targets within the same time frames set by the United Nations Millennium Development Goals.

With the level and kind of external assistance that it has constantly been receiving from WHO and other multilateral and bilateral arrangements, overall, Kiribati has been able to make only modest progress in some indicators of the health-related Millennium Development Goals (e.g. under-five mortality rate, infant mortality rate, contraceptive prevalence rate, condom use rate, and condom use by HIV/AIDS high-risk groups) while for others (e.g. environmental health or water and sanitation indicators) it still has a very long way to go. Alone or without external assistance, Kiribati would have been unable to make this modest progress, so I would like to take this opportunity to put on record my country's gratitude and appreciation to WHO and other international agencies, including development partners, for all the assistance they have generously been providing and through which Kiribati has been able to make the progress so far achieved. My country's recent partnerships with Taiwan and Cuba have also contributed greatly in this regard, so the commendable contributions of these two recent partners do deserve special mention and acknowledgement here as well.

However, being inevitably disadvantaged in almost all respects and still having a long way to go in terms of the health-related Millennium Development Goals, coupled with the fact that Kiribati will be among the countries to be hit first and hardest by the impacts of climate change, it is imperative that the United Nations, through WHO and other related United Nations bodies and development partners, pay closer attention to such small countries with unique features like Kiribati and provide them with the right kind and amount of assistance that will better enable them to address or at least cope with the unique underlying causes of their health problems – old and new. And in doing so, I would highly recommend a national or country-based approach to avoid a common, yet continuing, situation where the needs of the very small countries are often overshadowed by those of their bigger brothers and sisters. Only then can the health problems, together with the unique underlying causes of such problems, in these small countries be better understood and these countries helped to design more appropriate and effective strategies that will better enable them to reach a significant portion, if not all, of the Millennium Development Goals and thus be better prepared to cope with new emerging diseases, including the health impacts of climate change, to which these countries are very vulnerable. Thank you very much for your attention.

Mrs CATRINICI (Republic of Moldova):[1]

Mr President, Madam Director-General, ladies and gentlemen. During the last eight years, the Republic of Moldova, a country of the WHO European Region, undertook a number of actions regarding integration of the Millennium Development Goals in the health system development agenda. In this context, the Government of Moldova undertook to promote health in all sectoral policies and the involvement of each citizen in the process of implementation of the Goals. The health systems in the Republic of Moldova have undergone reorganization. The Ministry of Health has redirected its stewardship function to developing policy, promoting the implementation of high-quality systems, establishing assessment and accreditation structures, and improving licensing mechanisms for medical personnel and activities. In this regard, we express our sincere gratitude for the technical assistance offered by international development partners, which strive to support our Ministry in undertaking these activities.

Mandatory health insurance, launched in 2004, has led to better access to health services, particularly for those in greatest need, and to a more receptive health system in order to meet the needs of the population. Family medicine has become a key component of the health-care system and taking into account this priority, we are relying on its proving to be cost-effective and that it will have a major impact on health indicators at national level. At the same time, we plan to strengthen and make

[1] The text that follows was submitted by the delegation of the Republic of Moldova for inclusion in the verbatim records in accordance with resolution WHA20.2.

maximum use of its potential by assuring the financial autonomy of primary health-care assistance in order to achieve the Millennium Development Goals, especially those related to reducing infant and maternal mortality rates, fighting tuberculosis, HIV/AIDS, sexually transmitted diseases and other diseases. During past months we faced a mumps outbreak despite the high immunization coverage rate, an occurrence that convinced us that we must be careful to control communicable diseases.

In the context of strengthening mother and child medical assistance in the Republic of Moldova, different programmes are being implemented in accordance with WHO's technical recommendations and global initiatives, such as: Making Pregnancy Safer, integrated management of childhood illness, the reproductive health strategy, the audit methodology "beyond the numbers" and the concept of creating family-friendly conditions in maternity hospitals. Thus, our country, being one with a modest income per capita, has made considerable progress, implementing cost-effective interventions within mother and child medical assistance, and reducing infant mortality by 44% over the period 2001–2007. The maternal mortality rate decreased by around three times over the same period. However, we are still deeply concerned regarding the continuance of preventable mortality cases.

No less attention is paid to issues related to the younger generation's health and behaviour. In accordance with WHO's policy in the field, the Ministry is implementing the concept of youth-friendly services. In the Republic of Moldova, HIV infection is beginning to affect the heterosexual population. From this perspective, we are hoping that the youth-friendly health centres that have been established will contribute to the prevention of the spread of HIV. HIV/AIDS and tuberculosis remain the major problems for our country. In this sense, the Moldovan Government has undertaken activities focused on two components: strengthening the health system at the stewardship level and legislative framework; and integration of health services and assuring their continuity.

The implementation of a national programme has been undertaken with technical and financial support from international organizations, such as WHO, UNICEF, UNAIDS, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other international and regional institutions, in partnership with governmental and nongovernmental structures in accordance with transparency and receptiveness principles.

We are confident that achievement of the Millennium Development Goals requires strong and effective health systems, and their constant adaptation to the needs of the population. We are certain that improving communication in the process of health stewardship and the social dialogue involving population and civil society in improving the health system, as well as the alignment of standards with international ones, will allow us to achieve the expected goals. Finally, allow us to express our deep gratitude to WHO and other development partners for the assistance and support offered to the Republic of Moldova in the process of transforming the Millennium Development Goals into reality.

Mr ZIBE (Papua New Guinea):[1]

Mr President, Vice-Presidents, Madam Director-General, fellow ministers, ladies and gentlemen, together with other countries I express sympathy to China and Myanmar for the destruction and lives lost due to the natural disasters affecting each of the two countries.

I acknowledge the challenge provided by Dr Chan at the meeting of the Commonwealth Ministers of Health for all of us to work together for world health and the good of humanity, and to address global vulnerability. I also acknowledge that Papua New Guinea has some of the worst health indicators in the Asia-Pacific region. As the new Minister responsible for Health and HIV/AIDS, I am committed to doing everything I can to reverse the poor health indicators and the spread of HIV in the country. When taking up office as Minister for Health seven months ago, I decided to focus on primary health care. Papua New Guinea has experienced a population growth of 2.7%. HIV infection has become a generalized epidemic; in the country, communicable diseases are prevalent and noncommunicable diseases are emerging. Global warming is already having an impact on small island atolls and malaria is bound to become prevalent in higher altitudes of the country.

[1] The text that follows was submitted by the delegation of Papua New Guinea for inclusion in the verbatim records in accordance with resolution WHA20.2.

A total of 87% of my country's population of 6.2 million people live in rural areas. Only 3% of roads are paved and many villages can only be reached on foot. Most travel between provinces is by air. The capital, Port Moresby, is not linked by road with the rest of the country. Overall, the national geography and difficulties in communication make the delivery of health services very challenging. Papua New Guinea has over 800 different tribes and only attained independence 33 years ago. Given this complexity and the need to have an impact on the poor health indicators, we must focus on strengthening health systems.

We know that maternal mortality is a proxy for measuring access to services and the quality of the health system in any country. Noting this, I acknowledge the major and complex health challenges in Papua New Guinea. I have made it my business to refocus attention on primary health care and on doing something about these major challenges. The health sector is responsible for one national referral hospital, 18 provincial hospitals, 68 district hospitals or major health centres and all provincial health authorities throughout the country. There is no reliable communication between hospitals, major health facilities and health system managers. We do not have links to Internet services to keep in touch with our international contacts. Our hospitals and major health facilities, administrators and research institutions operate in isolation, which affects service delivery and impacts on health outcomes.

I am committed to reforming the health sector so that it is cost-effective, accountable and transparent. I see modernizing and bridging the information technology gap in my country as an important tool for improving health system management. Upon returning from the Sixty-first World Health Assembly I will launch our new health-sector corporate plan. I have also introduced a National Health Week which will focus on action to address priority health problems as part of our drive to meet the Millennium Development Goals. A few months ago, I set up a task force to look into our chronic drug supply problems. The task force's findings are being implemented. I believe that with improved technology and the planned development of the Papua New Guinea Health Net, my Department will be able to ensure that the drug supply system is effective and we are able to monitor all stocks and ensure the quality of drugs. I am also restructuring the National Department of Health to enable it to focus on its core roles and responsibilities and develop effective means to support the provinces (the implementation arm of the Government) within a decentralized system of governance. Over the years we have not been able to fully account for and keep an accurate track of health workers throughout the country. In July 2008 the Department will conduct its annual health conference which will focus on human resources planning and management. The meeting of the Commonwealth Ministers of Health on 18 May 2008, which focused on e-health, provided the additional impetus for us to build the Papua New Guinea Health Net and develop e-health strategies as part of the reform process. I hope that by so doing we are able to reform the health system so that it is transparent, accountable and effective in service provision to the rural majority and the urban poor in Papua New Guinea.

Mr President, before I conclude I want to raise a unique challenge my country faces resulting from the global demand for natural resources and the exploitation of them. Environmental damage directly due to exploitation of these resources is expected to have a significant public health impact on the lives of the majority of my people if the process of resource exploitation is not managed well. Finally, we are committed to the Paris Declaration and have for some time implemented the sector-wide approach. However, despite this, we have noted a tendency to create parallel systems and wish to call on all our partners to be sensitive and to support us in strengthening our systems. Building our capacity will ensure that our partners have trust and confidence in our systems, so they are able to work through existing government systems.

We are grateful for the support of WHO over the years and of all our multilateral and bilateral agencies, and commit ourselves to ongoing partnerships in health and development. Thank you.

El Sr. GAUTO (Paraguay):[1]

Gracias, señor Presidente: Deseo, en primer lugar, expresar la satisfacción de mi delegación por verlo dirigir nuestros debates y formulo mis mejores votos por el éxito de su importante labor. En segundo lugar, permítame manifestar también los sentimientos de pesar de mi país por las catástrofes naturales que afectaron a dos de los miembros de la OMS, Myanmar y la República Popular China, a quienes transmitimos nuestras condolencias por la enorme pérdida de vidas humanas como consecuencia de dichos fenómenos.

Hemos escuchado con gran atención y sincera satisfacción el informe de la Directora General, la Dra. Margaret Chan, quien de manera clara y precisa nos ha ilustrado sobre los avances logrados en la lucha contra las enfermedades y su prevención, así como las nuevas amenazas que enfrenta la humanidad al iniciarse este siglo XXI. Queremos transmitirle nuestros agradecimientos por sus esfuerzos y los de su equipo de la OMS, así como el compromiso del Gobierno del Paraguay para apoyar dichos esfuerzos.

Señor Presidente, la Declaración del Milenio de las Naciones Unidas ha orientado los procesos de mejoramiento de la salud de nuestros países, sin embargo es evidente que para muchos países será difícil alcanzar plenamente los objetivos propuestos.

El Paraguay ha logrado mejoras sustantivas en lo que compete a varios de los objetivos del área de la salud, entre los cuales podemos citar la tendencia a la disminución de la mortalidad materna y la infantil, así como mejoras en el control de la epidemia de VIH/SIDA, la tuberculosis y el paludismo; aunque no en los niveles deseados de acuerdo a las metas.

Estas circunstancias han motivado la adopción de estrategias para incrementar los logros. Así, se han definido políticas para mejorar el acceso de la población a los servicios públicos de salud, como la gratuidad en la atención prenatal y el parto, y de las enfermedades prevalentes en los niños y adolescentes, incluyendo la gratuidad en la provisión de medicamentes esenciales.

El programa ampliado de inmunizaciones ha mantenido una cobertura adecuada, con resultados satisfactorios. Se han incorporado otros grupos etarios, como los adultos mayores para la vacuna contra la influenza estacional.

Se ha desarrollado un programa integrado de lucha contra la pobreza, que incluye la provisión de incentivos monetarios a poblaciones en extrema pobreza y alimentos a niños menores de tres años y embarazadas.

El programa de lucha contra el SIDA provee en forma gratuita el tratamiento de las personas infectadas y se ha incentivado la detección en las embarazadas para su tratamiento oportuno. Al efecto, se cuenta con un presupuesto propio y la ayuda del Gobierno del Brasil, que provee medicamentos específicos.

El programa de control de la tuberculosis cuenta con el apoyo del Fondo Mundial y ha permitido que la estrategia DOTS pueda expandirse a casi todo el territorio nacional. La incidencia y la prevalencia tienen una tendencia a disminuir.

Señor Presidente, mi país tuvo que hacer frente a un repentino brote de fiebre amarilla en el mes de febrero del presente año. Esta enfermedad había sido erradicada en el Paraguay hace varias décadas pero, por razones atribuibles al cambio climático, volvió a aparecer, generando alarma en la población por el resultado fatal de algunos casos. Merced a la oportuna intervención de la oficina encargada de las respuestas a epidemias y pandemias de la OMS, hemos recibido un lote de dos millones de unidades de vacunas antiamarílicas, que permitió la implementación de la vacunación masiva de la población con el apoyo de la OPS/Oficina Regional de la OMS; con resultados altamente satisfactorios, no teniendo casos desde hace varias semanas. Deseamos transmitir a la Dra. Chan y a su equipo los agradecimientos del Gobierno y pueblo del Paraguay.

Señor Presidente, quisiera expresar a esta honorable Asamblea la preocupación del Paraguay por la situación de discriminación y exclusión que sufren los 23 millones de taiwaneses para acceder a los beneficios de la acción colectiva en la promoción de la salud y, asimismo, para hacer frente a

[1] Texto presentado por la delegación de Paraguay para su inclusión en las actas, de conformidad con la resolución WHA20.2.

emergencias, brotes de enfermedades o epidemias. Creemos que es una responsabilidad de todos hallar una solución a este problema que viene planteándose año a año, sin que hasta ahora se lo haya considerado seriamente. Es necesario que la OMS haga una propuesta razonable a Taiwán para integrarlo al Reglamento Sanitario Internacional (2005) y a los demás instrumentos que hemos habilitado para hacer que la salud para todos sea una realidad. Muchas gracias.

The PRESIDENT:

Members, this was the last listed representative to speak. Before I bring this plenary session to an end, I will ask the representative of Cyprus who has asked for the floor to speak. Please, Sir.

Mr NICOLAOU (Cyprus):

We asked for the floor to briefly respond to a reference made the day before yesterday, to Cyprus, by the distinguished representative of Gambia.

The reference to Cyprus was, to say the least, unfortunate, bears no comparison and is irrelevant to the issue that was under discussion the day before yesterday. The actual situation in my country is well known and clearly defined by the United Nations Security Council and General Assembly resolutions as well as by the presence of a United Nations peacekeeping force on the island. The reference to Cyprus was made under agenda item 1.4. We request that this brief statement be included in the minutes of the Sixty-first World Health Assembly. Thank you very much.

The PRESIDENT:

Thank you. That short statement will be included in the minutes.

The Health Assembly has therefore concluded its work on item 3 of its agenda. I did ask the Vice-Presidents to help me carry through this agenda, but I wanted to be here at the end of this agenda item because, indeed, the number of representatives that wanted to speak would have taken us throughout today unless we all work together to bring it to a conclusion. And unless we could do so, Committee B would not be able to start its work and we have a full workload. I want to thank all of you for cooperating, for the countries that stood down, for the countries that reduced their statements so that they could fit into the time slot. I think it shows what we can do when we work together and I wanted to be here specifically to say thank you to all of you. I wanted to thank you because we have in fact done it much earlier than we anticipated. This plenary is ended for the day.

The meeting rose at 12:45.
La séance est levée à 12h45.