

NINTH PLENARY MEETING

Saturday, 24 May 2008, at 16:25

President: Dr L. RAMSAMMY (Guyana)

NEUVIEME SEANCE PLENIERE

Samedi 24 mai 2008, 16h25

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CLOSURE OF THE SESSION

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The PRESIDENT:

The Health Assembly is now called to order. We shall consider the last item on our agenda. This is item 9, Closure of the Assembly. At this time I would have called on the Chairman of Committee A, Dr Francesco Cicogna of Italy and I reiterate our gratitude to him at this time, but we have completed that part of the agenda item already. I shall now therefore invite the Chairman of Committee B, Dr Anastasio Reuben Sicato (Angola) to come to the rostrum. I was privileged to be several times in Committee B and saw the patience and the grace with which he conducted the business of Committee. Dr Sicato, you have the floor.

Dr SICATO (Angola) (Chairman of Committee B):

Thank you, Mr President. Mr President, distinguished guests, Dr Chan, ladies and gentlemen, it has been an honour and privilege for me and my country to serve as Chairman of Committee B. It gives me great pleasure to report on the work of Committee B during this year's Health Assembly. I think the Committee worked very effectively this year – after finishing its agenda items, Committee B took over two items from Committee A. Delegations and staff worked hard to complete the task. We were able to accomplish the approval of one decision and 12 resolutions in all. In the meetings, the debates were rich and constructive, producing very interesting ideas that I shall remember for a long time. I would like to mention the very special efforts of all Member States, that came together around the resolution on the health-related Millennium Development Goals. For me, it was a pleasure to be part of this process. I would like to pay tribute to the goodwill and flexibility shown by the delegations. Everyone had an open mind and differences were settled quickly and effectively. I thank you, Mr President, for your leadership and support in helping to make this a very productive Health Assembly. I would like to extend our thanks to you, Director-General, Dr Chan, for your commitment and dynamism. We thank you for your support and we wish you the very best for the coming years. Lastly, I would also like to thank the Secretariat who helped to make this a very successful Health Assembly. They were with us all the time to make sure that the work could be done in the best possible conditions. Thank you and I wish all of you good health, bon voyage and a safe journey home. *Muito obrigado a todos*. Thank you very much.

The PRESIDENT:

Muito obrigado, Dr Sicato. I wish to thank Committee B and its Chair and commend them for the work they have done. From the comments that have been made throughout this Health Assembly, both in plenary and in committee, I take it that the Health Assembly would wish me to commend the Board on the work it has performed and express our deep appreciation for the dedication with which the Board has carried out the tasks assigned to it, and so on your behalf I extend our commendation to the Board.

Before I call on the Director-General to make her final remarks to the Sixty-first World Health Assembly I am going to give the floor for a brief moment to the delegate from Ecuador.

La Sra. BAQUERIZO GUZMÁN (Ecuador):

Ecuador hace esta declaración en nombre del Grupo de las Américas. Señor Presidente, el GRULA desea expresarle la más sincera felicitación por la forma como ha conducido la 61ª Asamblea Mundial de la Salud y hace extensiva esas felicitaciones a los Presidentes de las Comisiones A y B y al Presidente del Grupo de Trabajo de la Comisión A. El GRULA, en el 60º aniversario de la Constitución de la Organización Mundial de la Salud y el 60º aniversario de la Declaración Universal de Derechos Humanos, desea reconocer y felicitar la excelente labor que viene realizando la Directora General y la Secretaría de la OMS a su cargo. El récord de participantes registrado este año en la 61ª Asamblea Mundial de la Salud refleja la importancia que los gobiernos otorgan a los temas de salud como prioritarios de su política nacional e internacional. El GRULA quiere también reconocer los excelentes resultados alcanzados en esta Asamblea, en particular las dos estrategias adoptadas por consenso sobre las enfermedades no transmisibles y la estrategia sobre salud pública, innovación y propiedad intelectual. El GRULA da la bienvenida a estos compromisos, que serán un aporte para continuar el trabajo para lograr salud para todos. Finalmente, señor Presidente, el GRULA quiere agradecer a los colegas de la OPS que han apoyado y acompañado a este grupo regional, así como a los intérpretes, traductores y seguridad, que han sido parte de este proceso de la 61ª Asamblea Mundial de la Salud que concluye el día de hoy. Muchas gracias.

The PRESIDENT:

Thank you very much, the representative from Ecuador and I am sure those sentiments are shared by all of our delegations here, particularly as they relate to the Director-General and to the work of staff at the Health Assembly. It is now my pleasure to ask the Director-General, Dr Margaret Chan, to make her closing remarks to this Health Assembly.

The DIRECTOR-GENERAL:

Thank you, Mr President, honourable ministers, excellencies, distinguished delegates, colleagues, ladies and gentlemen: first and foremost, let me express my heartfelt gratitude for your achievements. As I stated on Monday, health problems are increasingly shaped by powerful forces outside the direct control of the health sector. Faced with these forces, public health has to struggle to take a proactive role. You have seized opportunities to do so. Resolutions such as those endorsing the action plan for noncommunicable diseases, and for reducing the harmful use of alcohol, are prime examples. They establish a foundation for national and collective strategic actions, actions that have great preventive power, although we all know the way forward will not be easy. You have taken a huge step forwards with the item on public health, innovation and intellectual property. With this, public health leaps ahead in addressing two fundamental and long-standing needs: to improve access to existing interventions and to include diseases of the poor in the drive to develop new products. This is a major breakthrough for public health and I congratulate you all. It is a major breakthrough for public health that will benefit many millions of people for many years to come. This is a contribution to fairness in health and is proactive public health at its very best.

In other areas, you have given WHO a clear mandate to perform its role. Concerning climate change, you want the Secretariat to make those sectors shaping environmental and energy policies more keenly aware of the high stakes for human health. Countries and especially small island developing nations, gave numerous examples of serious health effects being documented right now. I appreciate the need to respond to climate change with the utmost urgency. The resolution on this matter gives WHO and countries some clear responsibilities.

As an ongoing theme throughout this Health Assembly, we have seen strong commitment to the health-related Millennium Development Goals as a stimulus for innovative action and a benchmark for monitoring progress. A second welcome theme expressed in many debates was the emphasis given to the strengthening of health systems. I appreciate, too, the enthusiasm shown during the technical briefing on primary health care. Above all, during this Sixty-first World Health Assembly, health leaders from around the world have joined together in a united front – a united front on many very big and very difficult issues. You consistently demonstrated a desire to reach consensus and showed great flexibility in achieving compromise, despite some significant differences. Many of you put in long hours, often well into the small hours; I am aware of the many intense behind-the-scenes consultations and I thank you again for demonstrating the Geneva spirit. These are good omens, as WHO enters its seventh decade of work to improve global health for all people and in all countries. Thank you.

(Applause/Aplaudissements)

The PRESIDENT:

And now, excellencies, distinguished delegates, ladies and gentlemen, we come to the last lap and as President of this Health Assembly, I do have the last say. It has been an exciting week. Not just for me, but for all of us, and it is time to close the Sixty-first World Health Assembly. I have been impressed at how people listen to each other – we do listen to each other. I have been impressed at how many people have come to me, remarking on specific parts of my opening address, and at how many people came to me with the hope that I would say something in my closing address about issues that are dear to their hearts.

I am not a veteran of the Health Assemblies like Dr Cicogna, but I have been to several. And I was impressed with the diversity of issues that this Health Assembly has had to address, and the large number of technical matters that we had to address. And we have done so successfully. We will leave here – regardless of the differences we had and the heated debates we may have had – satisfied that we were up to the task before us, and we were up to the task because of the people, our sisters and brothers in the various countries that we represent.

I have been honoured, therefore, to serve as President of the Sixty-first World Health Assembly. I am indeed moved by the many expressions of support over this past week. And so I want to thank all of you.

I will first start with the Director-General, and with her staff. Every staff member of WHO provided the kind of support that I, and we, needed to successfully move forward. And so I say to all of them: thank you very much, Director-General, Legal Counsel, all the administrative staff and technical persons. I want to say “thank you”. I am tempted to identify a few of them, but if I do so, I might very well miss one or two, which would not be fair. So, let me just say to all of them, the Assistant Directors-General, and others “thank you very, very much”, on my behalf and on behalf of all of you. I don’t want to miss out the Deputy Director-General, either. I think the Chairs of the Committees did a wonderful job. All of you, for the active participation, and particularly those who had to stay late into the evenings, work into the early morning hours; this is why we have had successes in public health through the decades. No matter what, we have been able to overcome our challenges.

I should not forget the interpreters. We come from different parts of the world, we speak different languages, but we could speak to each other without even knowing the other’s language, and that’s because of our interpreters. So, I say “thank you” to them.

The Sixty-first World Health Assembly has been strong in its quest for social justice, and it provided an inspirational platform for a re-energized promotion of social justice through health for all.

Our guest speakers, Princess Muna Al-Hussein, and Archbishop Desmond Tutu, were passionate in their appeals for social justice. Ministers and delegates from country after country were equally moved to speak of social justice, the Director-General in her opening address and now in her final address, and myself as President of the Sixty-first World Health Assembly, made social justice a theme for our addresses.

Excellencies, talk of social justice, however, is mere rhetoric and a useless expression of platitudes, unless we can also define how far we are willing to go to achieve this fundamental objective of equity. As long as some people are living in abject poverty, as long as there are child and maternal deaths from preventable causes, as long as some children are deprived of life-saving vaccines, there can be no comfort zone for any of us. And social justice will continue to elude us.

One thing events like the Health Assembly do, as this Health Assembly has done, is to reinforce in all of us our common truth. We all want the same things: health for all, better lives for our people. Let us, therefore, make the Sixty-first World Health Assembly the launching pad for a new global health perspective; one that is not satisfied with merely making progress towards the Millennium Development Goals, but one which is willing to set bold global equity targets that include elimination of poverty, the elimination of preventable child and maternal deaths, and the attainment of life expectancy at birth of no less than 60 years for every country by 2025. I call this the “60 by 25” Initiative.

The Sixty-first World Health Assembly has reinforced the global commitment to the Millennium Development Goals. I am of the view that, even as we intensify national and international efforts and strengthen our monitoring of the implementation of the Millennium Development Goals, we should prepare the Sixty-second World Health Assembly to take these bold global aspirations forward. I believe that, even as we strengthen our monitoring of the implementation of the Millennium Development Goals, even as we maintain an annual scorecard, we should prepare the Health Assemblies of the future to be a champion advocate for these bold global aspirations. In my opening address to this Health Assembly I tried hard to articulate this vision of health for all. It has been 30 years since Alma-Ata promised health for all by the year 2000. Today the hopes generated by Alma-Ata have been reignited by the zeal to attain the Millennium Development Goals. We must see the Millennium Development Goals not as ends in themselves but as a critical springboard for the end of poverty, the elimination of all preventable child and maternal deaths and for the increase in life expectancy.

In the vein of social justice, the Sixty-first World Health Assembly continues public health's robust commitment to immunization. This is another of the equity issues we clearly are willing to confront. The Sixty-first World Health Assembly reaffirmed immunization programmes as a public good, a flagship programme for public health, and I would hope that our future world ensures, to take a slogan from the United States of America, that no child is left behind when it comes to vaccines that save lives. Sustainable financing is critical for these programmes and national governments must play critical roles in providing vaccines as a public good. But in our new global human order, we must see immunization as a responsibility, too, of global resources. Critical to global success for immunization remains the question of productive capacity. WHO must play a vital role in ensuring safe and quality vaccines for the global immunization programme while creating a level playing field for developing countries to contribute to the productive capacity for vaccines. In this regard, the Sixty-first World Health Assembly forcefully demonstrated our determination to stop counterfeit health products from entering the market place. While we were unable to conclude an agreement on counterfeit medical products, we have made significant progress and have catered for continued dialogue. We have indeed prepared the way for the Sixty-second World Health Assembly to conclude this matter so that we can provide a milieu for quality health commodities in the future. We all want the same end result: quality and affordable health commodities. I will not accept that this determination is merely a guise for unfairly limiting participation in the global productive capacity for effective health products.

Of relevance too, is that the Sixty-first World Health Assembly has advanced the dialogue on public health, innovation and intellectual property. Intellectual property rights are integral in guaranteeing research and investment in new health products, but these rights must be utilized in a manner that would not prevent accessibility and affordability and must in no way contribute to global inequity. The historic TRIPS agreement must be strengthened and WHO through its Executive Board

and its Health Assembly must accelerate progress in this area. Indeed, the Sixty-first World Health Assembly will be remembered for the tremendous progress we made towards a collective, comprehensive agreement. It is a date that we should all write in our diaries. It is evident, too, that the work is not completed but there is no doubt that we have made giant progress, recognizing the need for equity, accessibility and affordability of health commodities. We can now begin the implementation of the global strategy and plan of action for a fair, equitable public health, innovation and intellectual property instrument. But we recognize the need for further improvement to the strategy, and the Executive Board and the Sixty-second World Health Assembly have specific instructions in this regard to improve the instrument that we have handed to them and to the world.

We can no longer deal with the chronic noncommunicable diseases and their heavy disease burden as business as usual. If we have deaths due to neuropsychiatric disorders and unintentional and intentional deaths due to violence and accidents, the chronic noncommunicable diseases account for almost 80% of all deaths globally. Do we need any more compelling reasons to raise the profile of chronic noncommunicable diseases? I was therefore disappointed, not in us, but when the Millennium Development Goals did not include consideration of the chronic noncommunicable diseases. I believe that the Sixty-first World Health Assembly has established a good platform for the correction of this anomaly through its endorsement of the action plan for the global strategy for the prevention and control of noncommunicable diseases. Whatever we call the instrument for corrective action, whether it is the strategy or whether it is Millennium Development Goal Plus, it is a positive way forward. It is a sensible strategy to locate the goals of this plan within the Millennium Development Goals so that we do not have to develop an instrument that will compete for countries' attention and against the Millennium Development Goals. I ask that we think of that.

One of my disappointments with the Sixty-first World Health Assembly is its weak emphasis on the question of disability. For our colleagues in public health, disability has been an orphan problem for far too long. I will use the words of Archbishop Tutu: Help me, help me to keep my promise to my disabled sisters and brothers in my country and in other countries to help lift the profile of disability. I do not want to disappoint them. I would hope my presidency has brought enough attention to disability and a legitimacy of the health sector in leading the fight to prevent and control disability. I understand that the next issue of *The world health report* will place a focus on disability. I would also hope that the Sixty-second World Health Assembly will provide greater hope for those who are disabled. But, we must correct the emphasis on rehabilitation and fund the mental rights of those who are disabled. While strengthening these approaches, it is high time that we begin to advocate and provide for comprehensive prevention programmes for disability. This is clearly the remit of public health. Let us not abdicate our responsibility.

The Sixty-first World Health Assembly has strenuously kept the public health focus on the tremendous negative impacts of tobacco on health and development. We can no longer justify to ourselves, to the citizens we represent and to future generations any reticence in dealing with this obnoxious substance. The excellent technical presentations throughout this Health Assembly must serve to strengthen our resolve to end the use of this killer substance. This is not an issue of personal choice, it is certainly not an issue of informed personal choice. Smoking diminishes people's fundamental right to a safe environment. I have never heard anyone justifying a public health approach of not addressing the issue of suicide for example, on the basis that this is a matter of personal choice. Tobacco kills, there can be no dispute. For those who smoke today, we must begin a global crusade for cessation. For those who do not smoke, we must help them never to smoke.

Just a few seconds to you, Director-General and your staff. You are the premier world health institution and the people who work here must be examples. Those who smoke and are staff members of WHO should enter a cessation programme immediately, and those who will become staff members and are smokers should enter a cessation programme before they start working. We cannot tell people that this is a killer substance and then when people visit us they see you outside smoking. How do we tell people to stop this? Clearly, lifestyles continue to be a strong determinant of health and if there are any ministers who smoke, this is your time to go home and enter the cessation programme. I don't have to. The use of tobacco and other harmful useless substances such as alcohol constitutes great dangers for humankind. The global assault on tobacco has intensified. The Health Assemblies provide

a vehicle to affirm our position and to take stock as we have properly done through the WHO Framework Convention on Tobacco Control.

I believe that the Sixty-first World Health Assembly has established a platform for future Health Assemblies to craft global assaults on the harmful use of alcohol. It has to be an assault. We must continue to highlight the role of the harmful use of alcohol on premature deaths and avoidable disease burden, unintentional and intentional injuries and deaths through violence, particularly against women and children, and accidents. The fact is, ladies and gentlemen, we consume too much alcohol. This is one time we are not using a product as advised. The Sixty-first World Health Assembly has set the stage for greater action to be taken to prevent the harmful use of alcohol.

The Sixty-first World Health Assembly provided an opportunity for the Commission on Social Determinants of Health to update us on the work they have done so far. Clearly, health is an integral part of development and I believe we cannot separate health and development. We must fully integrate the social determinants in our formulation of interventions to support health for all. When all is said and done, the realization of health is unequivocally linked to the adequacy of human resources. The fact is that the health sector is woefully inadequate in its human resource capacity, both in developed and developing countries. Most developed and some better-off developing countries provide less than half of the human resources they need for their health sector. The consequence is a shift, a brain drain, from developing to better-off and developed countries. We desperately need in the better-off developing countries – it is not just the developed countries – an equitable solution to ensure that the human resource needs of developing countries, indeed all countries, are met, while people's fundamental rights of movement are still retained. I would hope the delegations leaving the Health Assembly will ensure that the Sixty-second and subsequent World Health Assemblies take urgent actions to correct this problem. We need action, not more meetings. I would expect that the work of the Global Health Workforce Alliance will be given prominence in the Sixty-second World Health Assembly. The progress report and the strengthening of nursing and midwifery give a good example of task-shifting which WHO is now promoting. Task shifting is one of the innovations we must promote if we are to solve the global human resource problem. It is now time for an inventory of existing task-shifting strategies and experience, and an inventory of all the task-shifting possibilities to be prepared by WHO.

The Sixty-first World Health Assembly has taken a firm stance on genital mutilation. Some of the dangerous, unethical and demeaning practices in the world must be addressed rapidly. Our position on genital mutilation is a demonstration that we are not afraid to become involved in stopping demeaning and immoral practices. Genital mutilation is but one practice that demeans the human race. In a similar manner we must identify and promote actions that militate against other demeaning practices. Human conflicts contribute to significant public health challenges. Our concern with the health of migrants and with the health of the Palestinian people are vivid examples of issues that will continue to challenge us. We must continue to advocate and promote strong actions for peace, recognizing the need to develop a way for people's health to take precedence over political, ethnic, religious and other divisions. We need to formulate an understanding, a global treaty that will permit a health response within some global framework which guarantees health for people caught in intra-country and intercountry conflicts, regardless of which side of the conflict they are from. The health of people must not be dependent on our ability to determine which side is right.

The global food crisis facing us today cannot be ignored. It is a significant public health challenge we must confront. Throughout this meeting we have spoken eloquently about its potential for affecting the health of people and its potential to foster further human conflicts. We need to embark on urgent potential interventions. While we have highlighted the issue at this Sixty-first World Health Assembly we must accept that there needs to be vigilance and an active participation by public health. Not by merely adopting mitigating interventions but by advocating and promoting interventions to ease the escalating food costs and shortages. One way we could do this is by engaging in the future direction and extent of land use for biofuel production. In keeping with the recommendation of the International Food Policy Research Institute, WHO must support a pause or moratorium on land conversion for biofuel production. I would truly hope that this Health Assembly will provide an impetus for re-examination of some of the biofuel policies. Clearly, too, in the short and medium term we need a global fund for assistance in the provision of affordable food for the

millions who are now in further danger of starvation and undernutrition. Research for better yields, better crops, improved export opportunities and capacities, opening up of new land for agriculture, and improved drainage and irrigation are all interventions that must become part of our advocacy. The seeds for human conflicts have been unwittingly sown and we must act early to prevent a public health calamity. There is rising need for food and other products in a crowded world with scarce natural resources, compounded by climate change. I am encouraged by the great interest exhibited by delegates to the Health Assembly. More than anything else, the Health Assembly is not in doubt about climate change. There is solidarity on this issue. We must keep the spotlight on climate change, with an eye for change. We must demand a place at the table to address one of the most dangerous public health challenges facing mankind. The Sixty-first World Health Assembly provided a unique opportunity for public health now to play a leading role in advocating and recommending changes to mitigate climate change.

Much has been said here at the Health Assembly relating to HIV/AIDS although this meeting did not seek to comprehensively address HIV/AIDS, the subject of high-level meetings in two weeks in both the United States of America and Uganda. One of the problems with our efforts to stop HIV/AIDS is that we have not sought to learn from our past successes and indeed it appears sometimes as if we are intent on abandoning tried and proven strategies. Leadership in the efforts to stop the disease can and must come from public health. Efforts to remove this responsibility from public health are short-sighted and dangerous. It is my view that the global efforts to stop HIV/AIDS have suffered from various attempts to remove overall responsibility from public health. Unfortunately I believe that too many persons and groups have seen the struggle to control HIV/AIDS as a jurisdictional battle when in fact there is no conflict. This is unequivocally a public health challenge and must be confronted with allies, coalescing around public health to bring success. It appears that we have confused public health with efforts in other areas, and processes and agendas determined by others have often become more important than saving lives.

As I end this address one of my friends happened to be a friend of many of us in this room. Over the years we have come to know this man very well. He has led his organization with expertise and with passion and he has made a real difference in the fight against HIV/AIDS. I regret he is not here this afternoon because he is out on business. I am told that his brief attendance at this Health Assembly was the last one in his capacity as head of his organization. I think it would be remiss on my part if on your behalf I do not say to Dr Peter Piot that we will miss him and that we are sad that he is leaving us at this time, but we also understand that life moves on. And his legacy in the work he has done at UNAIDS will allow us to be successful in the battle against HIV/AIDS.

Colleagues, I have enjoyed myself as President of the Sixty-first World Health Assembly. I leave with my conviction that health for all, better lives for people, is not a pie-in-the-sky dream. I leave resolute in my advocacy for global collective action to end poverty, to end preventable child and maternal deaths, to bring longer and more productive lives for families everywhere, to bring dignity and integrity to people's lives. These goals are not only possible but it is my strong belief that they can be achieved soon. I might still be alive to celebrate these victories. I certainly dream that I will be alive to celebrate these victories. The vision is there, sisters and brothers. Let us dream, let us dream much about this day. I believe that we have the wisdom to make our dreams reality and so I say to all of you like the Jamaicans, as my colleagues from Jamaica say: Walk, walk well as we go home. *Merci, muchas gracias, spusibo, obrigado*, thank you, sisters and brothers. And so the Sixty-first World Health Assembly has come to an end.

The session closed at 17:10.

La séance est close à 17h10.