WHA62/2009/REC/2

WORLD HEALTH ORGANIZATION
*ORGANISATION MONDIALE DE LA SANTÉ*

# SIXTY-SECOND WORLD HEALTH ASSEMBLY

**GENEVA, 18–22 MAY 2009**

**VERBATIM RECORDS OF PLENARY MEETINGS AND LIST OF PARTICIPANTS**

# *SOIXANTE-DEUXIÈME ASSEMBLÉE MONDIALE DE LA SANTÉ*

***GENÈVE, 18–22 MAI 2009***

***COMPTES RENDUS IN EXTENS0 DES SÉANCES PLÉNIÈRES ET LISTE DES PARTICIPANTS***

**GENEVA**
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# PREFACE

The Sixty-second World Health Assembly was held at the Palais des Nations, Geneva, from 18 to 22 May 2009, in accordance with the decision of the Executive Board at its 123rd session. Its proceedings are issued in three volumes, containing, in addition to other relevant material:

Resolutions, decisions and annexes – document WHA62/2009/REC/1

Verbatim records of plenary meetings, list of participants – document WHA62/2009/REC/2

Summary records of committees, reports of committees – document WHA62/2009/REC/3

For a list of abbreviations used in these volumes, the officers of the Health Assembly and membership of its committees, the agenda and the list of documents for the session, see preliminary pages of document WHA62/2009/REC/1.

In these verbatim records, speeches delivered in Arabic, Chinese, English, French, Russian or Spanish are reproduced in the language used by the speaker; speeches delivered in other languages are given in the English or French interpretation. The texts include corrections received up to 19 February 2010, the cut-off date announced in the provisional version, and are thus regarded as final.

# AVANT-PROPOS

La Soixante-Deuxième Assemblée mondiale de la Santé s'est tenue au Palais des Nations à Genève du 18 au 22 mai 2009, conformément à la décision adoptée par le Conseil exécutif à sa cent vingt-troisième session. Ses actes paraissent dans trois volumes contenant notamment :

les résolutions et décisions et les annexes qui s'y rapportent – document WHA62/2009/REC/1

les comptes rendus in extenso des séances plénières et la liste des participants – document WHA62/2009/REC/2

les procès-verbaux et les rapports des commissions – document WHA62/2009/REC/3.

On trouvera dans les pages préliminaires du document WHA62/2009/REC/1 une liste des abréviations employées dans la documentation de l'OMS, l'ordre du jour et la liste des documents de la session ainsi que la présidence et le secrétariat de l'Assemblée de la Santé et la composition de ses commissions.

Les présents comptes rendus in extenso reproduisent dans la langue utilisée par l'orateur les discours prononcés en anglais, arabe, chinois, espagnol, français ou russe, et dans leur interprétation anglaise ou française les discours prononcés dans d'autres langues. Ces comptes rendus comprennent les rectifications reçues jusqu'au 19 février 2010, date limite annoncée dans leur version provisoire, et sont donc considérés comme finals.

# ПРЕДИСЛОВИЕ

Шестьдесят вторая сессия Всемирной ассамблеи здравоохранения проходила во Дворце Наций в Женеве с 18 по 22 мая 2009 г. в соответствии с резолюцией, принятой Исполнительным комитетом на своей Сто двадцать третьей сессии. Материалы сессии публикуются в трех томах, в которых, помимо других документов, содержатся:

Резолюции, решения и приложения – документ WHA62/2009/REC/1

Стенографический отчет о пленарных заседаниях, список участников – документ WHA62/2009/REC/2

Протоколы заседаний комитетов, доклады комитетов – документ WHA62/2009/REC/3

Список сокращений, используемых в этих изданиях, перечень должностных лиц Ассамблеи здравоохранения, а также членский состав комитетов, повестка дня и список документов для данной сессии, приводятся в начале документа WHA62/2009/REC/1.

В стенограммах заседаний выступления на английском, арабском, испанском, китайском, русском и французском языках приводятся в оригинале; выступления на других языках даны в переводе на английский или французский языки. Указанные тексты включают исправления, полученные до 19 февраля 2010 г., как о том было объявлено в предварительных протоколах, и потому настоящая редакция считается окончательной.

# INTRODUCCIÓN

La 62.ª Asamblea Mundial de la Salud se celebró en el Palais des Nations, Ginebra, del 18 al 22 de mayo de 2008, de acuerdo con la decisión adoptada por el Consejo Ejecutivo en su 123.ª reunión. Sus debates se publican en tres volúmenes que contienen, entre otras cosas, el material siguiente:

Resoluciones y decisiones, y anexos: documento WHA62/2009/REC/1

Actas taquigráficas de las sesiones plenarias y lista de participantes:
documento WHA62/2009/REC/2

Actas resumidas de las comisiones e informes de las comisiones: documento WHA62/2009/REC/3.

En las páginas preliminares del documento WHA62/2009/REC/1 figuran una lista de las siglas empleadas en estos volúmenes, la composición de la Mesa de la Asamblea y de sus comisiones, el orden del día, y la lista de documentos de la reunión.

En las presentes actas taquigráficas los discursos pronunciados en árabe, chino, español, francés, inglés o ruso se reproducen en el idioma utilizado por el orador. De los pronunciados en otros idiomas se reproduce la interpretación al francés o al inglés. Las actas contienen las correcciones recibidas hasta el 19 de febrero de 2010, fecha límite anunciada en la versión provisional, y por consiguiente se consideran definitivas.

# مقدمة

انعقدت جمعية الصحة العالمية الثانية والستون في قصر الأمم بجنيف في الفترة من 18 إلى 22 أيار/ مايو 2009، طبقاً لما قرره المجلس التنفيذي في دورته الثالثة والعشرين بعد المائة. وتنشر محاضرها في ثلاثة مجلدات تتضمن، بالإضافة إلى بعض المواد الأخرى ذات الصلة، ما يلي:

القرارات والمقررات الإجرائية والملاحق - الوثيقة ج ص ع2009/62/ سجلات/1

المحاضر الحرفية للجلسات العامة وقائمة بأسماء المشاركين - الوثيقة ج ص ع2009/62/ سجلات/2

المحاضر الموجزة للجان وتقارير اللجان - الوثيقة ج ص ع2009/62/ سجلات/3

وللاطلاع على قائمة الاختصارات المستخدمة في وثائق المنظمة وأعضاء مكتب جمعية الصحة وعضوية لجانها وجدول أعمال الدورة وقائمة بوثائقها انظر الصفحات التمهيدية للوثيقة ج ص ع2009/62/ سجلات/1.

وترد الكلمات التي أُلقيت بالعربية أو الصينية أو الإنكليزية أو الفرنسية أو الروسية أو الأسبانية في هذه المحاضر الحرفية باللغة التي تكلم بها المتحدث، أما الكلمات التي أُلقيت بلغات أخرى فترد ترجمتها الإنكليزية والفرنسية. وتتضمن النصوص التصويبات التي تم تلقيها حتى 19 شباط/ فبراير 2010، وهو الموعد النهائي المعلن في النسخة المؤقتة، وهي بالتالي تعتبر نهائية.

# 序 言

根据执行委员会第一二三届会议的决定，第六十二届世界卫生大会于2009年5月18日至22日在日内瓦万国宫举行。会议记录分三卷出版。除刊载其它有关材料外，还刊载：

决议，决定和附件 — 文件WHA62/2009/REC/1

全体会议逐字记录，与会人员名单 — 文件WHA62/2009/REC/2

各委员会摘要记录，委员会报告— 文件WHA62/2009/REC/3

各卷中使用的缩写清单、卫生大会的官员及其各委员会的组成、议程及会议文件清单，见文件WHA62/2009/REC/1先行页。

阿拉伯文、中文、英文、法文、俄文或西班牙文发言的逐字记录，用发言人使用的语言刊载；其它语言的发言用英文或法文译文刊载。这些记录只采纳了2010年2月19日以前收到的更正，这是临时文本中宣布的截止日期，因而它们是最后的文本。

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## COMPOSITION DE L'ASSEMBLÉE DE LA SANTÉ

# VERBATIM RECORDS OF PLENARY MEETINGS

# COMPTES RENDUS IN EXTENSO DES SÉANCES PLÉNIÈRES

## FIRST PLENARY MEETING

**Monday, 18 May 2009, at 10:10**

**President:** Dr L. RAMSAMMY (Guyana)
**later:** Mr N.S. DE SILVA (Sri Lanka)

## PREMIÈRE SÉANCE PLÉNIÈRE

**Lundi 18 mai 2009, 10 h 10**

**Président :** Dr L. RAMSAMMY (Guyana)
**puis :** M. N.S. DE SILVA (Sri Lanka)

### 1. OPENING OF THE ASSEMBLY
### OUVERTURE DE L'ASSEMBLÉE

The PRESIDENT:

Distinguished delegates, excellencies, ladies and gentlemen, In my capacity as President of the Sixty-first World Health Assembly, I have the honour to open the Sixty-second World Health Assembly. Ladies and gentlemen, the Sixty-second World Health Assembly is now convened.

On behalf of the Health Assembly and the World Health Organization, I have great pleasure in welcoming our special guests, Mr Sergei Ordzhonikidze, Director-General of the United Nations Office at Geneva and representative of the Secretary-General of the United Nations; Mr Pierre-François Unger, Counsellor of State, Head of the Department of Social Action and Health of the Republic and Canton of Geneva, and officials of the Republic, Canton, City and University of Geneva, and of organizations in the United Nations system. I also welcome the representatives of the Executive Board. I welcome all of you.

### 2. ADDRESS BY THE REPRESENTATIVE OF THE SECRETARY-GENERAL OF THE UNITED NATIONS
### ALLOCUTION DU REPRÉSENTANT DU SECRÉTAIRE GÉNÉRAL DE L'ORGANISATION DES NATIONS UNIES

The PRESIDENT:

It is now time for me to invite Mr Ordzhonikidze, Director-General of the United Nations Office at Geneva, representing the Secretary-General of the United Nations, to speak.

Mr ORDZHONIKIDZE (Director-General of the United Nations Office at Geneva, representing the Secretary-General of the United Nations):

Mr President, Madam Director-General, Mr Counsellor of State, excellencies, ladies and gentlemen, it is a great pleasure for me to welcome you to the Palais de Nations for the annual World Health Assembly.

The health of each human being is the very foundation of our collective progress and development. Securing better health and access to adequate, affordable care are key components of WHO's Millennium Development Goals. Regrettably, despite advances, we are not fully on track in realizing these goals before the 2015 deadline. There is an urgent need to enhance primary care, in particular to reverse the negative trends in maternal and newborn health where there has been far too little progress so far. Effective health care systems are a critical factor in achieving and sustaining economic gains that will allow our fellow human beings to escape the poverty trap.

At this time of deep economic and financial crisis, there is understandably a concern that present levels of financing for international health development may not be maintained. As the international community will have a responsibility to ensure a continued focus on and funding for the strengthening of global public health, donor commitments must be matched by exploration of innovative avenues for the financing of health systems. The outbreak of pandemic influenza A (H1N1) 2009 virus has demonstrated unequivocally that challenges to public health are global in scope with severe local effects.

Disease does not respect borders or institutional boundaries. It can be confronted effectively only through concerted, coordinated multilateral efforts linking national, regional and international levels and anchored in global solidarity and support.

Concerning climate change, it represents a significant constraint on public health. It is global in scope but its consequences will not be evenly distributed; developing countries stand to be hardest hit. It is the hope of the United Nations that the consideration of the impact of climate change may contribute to the momentum for a new, comprehensive, inclusive, and redefined climate deal to replace the Kyoto Protocol to the United Nations Framework Convention on Climate Change at the fifteenth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change in Copenhagen this December.

Just as the health of individuals is connected across borders in our globalized world, so the global public health agenda is linked to the United Nations' broader agenda. Our efforts for security and development, more generally, can have a profound impact on public health. Currently, global military expenditure has topped US$ 1.3 trillion, draining much-needed resources away from development, including health. With stronger efforts for disarmament, funds could be redirected towards development-related investments also in the health sector. As we work together to reinforce our responses in the health area, we must not lose sight of these connections.

In a world of interrelated challenges, human health is often the first victim. We need strong partnerships to deliver solutions to both existing and emerging health threats. Together we can prevent diseases, save lives and enable communities to thrive. The Health Assembly has a particular role and responsibility in taking forward these collective efforts and I know that you have the commitment to make it happen. I wish you a productive Health Assembly.

## 3. ADDRESS BY THE REPRESENTATIVE OF THE CONSEIL D'ÉTAT OF THE REPUBLIC AND CANTON OF GENEVA
## ALLOCUTION DU REPRÉSENTANT DU CONSEIL D'ÉTAT DE LA RÉPUBLIQUE ET CANTON DE GENÈVE

The PRESIDENT:

Thank you very much; we wish to extend our thanks to the United Nations for your traditional hospitality.

I now invite to the floor Mr Pierre-François Unger, Counsellor of State, Department of Social Action and Health of the Republic and Canton of Geneva.

M. UNGER (représentant du Conseil d'État de la République et Canton de Genève):

Monsieur le Président, Madame le Directeur général de l'OMS, Monsieur le Directeur général de l'Office des Nations Unies à Genève, Excellences, Mesdames et Messieurs les Ministres, Mesdames et Messieurs les Ambassadeurs, Mesdames et Messieurs les délégués, Mesdames et Messieurs, à l'occasion de la Soixante-Deuxième Assemblée mondiale de la Santé, j'ai le plaisir et l'honneur de vous souhaiter, au nom des autorités fédérales, des autorités cantonales et des autorités communales, une très cordiale bienvenue en Suisse et à Genève.

Au cours de vos travaux, vous allez vous pencher spécialement sur les effets de la crise économique et financière sur la santé dans le monde, thèmes centraux de santé publique qui sont bien sûr aussi l'objet de très grandes préoccupations des responsables de la politique sanitaire genevoise et en particulier du Ministre de la Santé et de l'Économie que je suis.

Ce matin, j'aimerais avant tout mettre l'accent sur l'importance de cette institution remarquable qu'est l'OMS. L'éclatement soudain de la crise de la grippe A (H1N1) a montré ces dernières semaines combien l'existence de l'Organisation mondiale de la Santé était justifiée. En effet, le monde entier a été à l'écoute de ce que son Directeur général et son équipe lui communiquaient jour après jour. La qualité, la précision, le sérieux et tout à la fois la retenue dont ont fait preuve vos collaborateurs tout au long de ces journées tendues ont dévoilé au grand jour une équipe solide et de très haute compétence et, avec vous surtout, Docteur Chan, une personnalité de tout premier plan, la personne, sans aucun doute, qu'il fallait à cet endroit et à ce moment de notre histoire. Je tiens à vous remercier de tout cœur, chère Madame, au nom de Genève, au nom de la Suisse, mais aussi au nom de tous ceux qui, sceptiques d'abord, puis inquiets, enfin rassurés par votre leadership naturel, ont suivi partout dans le monde vos propos et la sagesse de vos décisions, grande sagesse, observée encore dans la décision de l'Organisation de limiter la tenue de l'Assemblée de la Santé à cinq jours afin de permettre à tous les participants, à vous Mesdames et Messieurs, en provenance de pays touchés par l'épidémie de grippe A (H1N1) de pouvoir retourner au plus vite chez vous de manière à poursuivre les mesures que vous avez entreprises. Leur présence est en effet indispensable pour mettre au point les dispositifs de préparation à une éventuelle pandémie.

Autour de vous, Madame le Directeur général, une équipe de collaborateurs efficaces et de conseillers avisés ont su vous soutenir et répondre aux attentes angoissées du monde. Qu'ils soient ici également remerciés. Ils ont démontré de manière claire aussi bien les progrès de la science médicale que les limites actuelles de nos connaissances et de nos moyens d'intervention. Ils ont donc avant tout su faire preuve d'humilité, mais également de compétence et donc d'esprit de décision. Ils ont su redonner espoir aux plus inquiets.

De toute crise, surtout si elle présente un caractère mondial, il y a des leçons à tirer. J'en verrais personnellement trois en ce qui concerne cette crise de la grippe A (H1N1) : la première, c'est que l'on ne peut rien faire seul et que le monde aujourd'hui a besoin de l'OMS. La deuxième, c'est que l'OMS est au cœur d'un réseau mondial de protection de la santé de nos peuples. La troisième, c'est que la plupart des crises ont des effets multiplicateurs, ce qu'il est facile de démontrer cette fois, puisque la crise sanitaire ne fait, hélas, que compliquer la crise économique qui nous frappe durement depuis plusieurs mois déjà.

La crise que nous vivons démontre une nouvelle fois l'importance de la coopération internationale, d'une communication très ouverte, très transparente, d'un leadership mondial aussi, sur le plan de l'information bien sûr, mais également des opérations. Dans ces deux domaines, l'OMS a prouvé et prouvera toujours son sens des responsabilités. Elle s'est montrée prête à soutenir les États qui ont fait appel à elle. Le rôle central de l'OMS dans l'architecture internationale de la santé a été confirmé et même renforcé. La santé mondiale se construit chaque jour, l'OMS en est l'épicentre. Deuxièmement, l'OMS est au centre d'un réseau très dense d'institutions qui participent ensemble aux efforts de protection de la santé mondiale. Ce réseau a son cœur à Genève et les autorités suisses et genevoises sont bien décidées à le renforcer. Il s'agit d'un capital intellectuel, d'un capital humain sans pareil dont le monde entier bénéficie, c'est une dynamique du bien contre la maladie, le combat

d'une immense équipe désintéressée qui mérite notre reconnaissance et notre soutien. Troisièmement, la crise sanitaire ne fait qu'aggraver la crise économique. Certains pays souffrent déjà de cet effet multiplicateur. Nous sommes tous conscients que la tâche de ceux qui se battent pour maintenir les budgets de la santé va encore se compliquer ; c'est donc le moment d'être créatif, de trouver de nouvelles manières de rationaliser, d'économiser et d'améliorer encore nos systèmes de santé. C'est l'occasion aussi de rappeler au Ministre de l'Économie – même si moi-même je suis confondu dans les deux rôles, étant Ministre de l'Économie et de la Santé –, que la santé est un domaine économique majeur. Tout le monde est confronté à la hausse spectaculaire des coûts, mais à nous de développer la recherche, l'innovation, mais aussi des processus nouveaux.

Cette année, l'Assemblée mondiale de la Santé se trouve devant l'impérieuse nécessité de repenser le financement et les dépenses de l'OMS. Genève, qui est fière d'abriter une organisation aussi prestigieuse, veillera à ce qu'elle se développe harmonieusement, que ses collaborateurs puissent être épanouis et que ses bâtiments puissent rester en bon état. Il est donc important que l'Organisation gère ses fonds destinés à ses activités locales et à son centre genevois de manière sage, mais aussi de manière prospective en prévision de ses développements futurs.

Madame le Directeur général, Mesdames et Messieurs, chers hôtes, vous le voyez, Genève est fière de vous accueillir une nouvelle fois pour l'Assemblée mondiale de la Santé. Genève tient à la santé du monde, elle veut son amélioration constante, quels que soient les aléas de la conjoncture ou des relations internationales. Sachez que vous aurez du côté des autorités qui vous accueillent le soutien constant que mérite votre remarquable mission. Je souhaite mes meilleurs vœux à la réussite de vos travaux, je vous souhaite un excellent séjour dans notre belle ville et vous remercie de votre attention.

## 4. ADDRESS BY THE PRESIDENT OF THE SIXTY-FIRST WORLD HEALTH ASSEMBLY
## ALLOCUTION DU PRÉSIDENT DE LA SOIXANTE ET UNIÈME ASSEMBLÉE MONDIALE DE LA SANTÉ

The PRESIDENT:

Thank you very, very much, Mr Unger. We are pleased to be in your city and I want to assure you that your people have been great ambassadors; they have made us feel at home.

Colleagues, excellencies, delegates, ladies and gentlemen, the time has now come for me to demit office as President of the Sixty-first World Health Assembly. I want to extend my profound gratitude and thanks to our Director-General and her staff at the World Health Organization for the generous support and respect that they have shown me. I also want to thank all of you for the support you have provided at the Sixty-first World Health Assembly and throughout the year as we prepared for the this Health Assembly. I would like to acknowledge the support of my Vice-Presidents. As they will not have an opportunity to speak today, on their behalf, I want to express our collective gratitude.

This year, we meet amidst an unravelling new disease. But it also has been an exciting year and it has been by any measure an eventful year as health ministers, countries and the world have faced many challenges. Yet we have not conceded any space to the microbes and mysterious diseases that confront us and those determinants of health outside of our control. We are not worse off one year later. I believe our response to pandemic influenza A (H1N1) 2009 virus has shown that we have learnt from our confrontation with severe acute respiratory syndrome (SARS). It is true that we face many old nemeses of health and it is also true we face new and emerging challenges. But we also have many new opportunities to obtain health for all. Indeed, ladies and gentlemen, the way pandemic influenza A (H1N1) 2009 virus has revealed itself and the way the general public has been engaged represent a new way of dealing with health in the world. Indeed, it is the first time in our history that our peoples have walked along with us and have been walked through the process as we go from level to level. This has never been done before and I want to congratulate the Director-General and the staff of WHO.

As we embark on our Sixty-second World Health Assembly we are also on the last lap in the stadium towards the Millennium Development Goals. Many people are pessimistic. Many fear that too many countries are on the brink of failure and will not achieve the Goals. Many feel despondent and I concede that the Millennium Development Goals need not be inevitable. Our collective efforts have ensured that we are today better poised than ever before to attain them. We must move from being poised to being able to accomplish these goals. As a parting task, I thought that I would set the context. We are all working in our various countries and communities to achieve longer and healthier lives for people. We want to enable people to live long and healthy lives in which the burden and suffering of disability are reduced. This is true in Switzerland. It is equally true in Guyana. It is no less the truth in China, India, the United Republic of Tanzania or Uruguay – it is a common thread. Sisters and brothers, this goal is universal and applies equally to developed countries, such as Canada, France, Germany, the United Kingdom of Great Britain and Northern Ireland, the United States and others, and to developing countries such Botswana, Haiti and others. It is embraced as an inalienable right for citizens everywhere in the world.

In my address to the Health Assembly in 2008 I called for a minimum life expectancy of 70 years in all countries in the world by 2025. I called this the "70 by 25" goal, a premise based on people living longer and on the lowering of mortality, particularly under-five and maternal mortality; vaccines for preventable diseases; the reduction of morbidity and mortality related to HIV/AIDS, tuberculosis and malaria; the elimination of nutrition deficiencies; the diagnosis and treatment of persons with mental disorders; the reduction and elimination of tobacco-related and alcohol-related illnesses, and so on. My call for longer life expectancy and greater freedom from disability must however be seen in the context of a surrogate call for greater fairness in how we train health-care professionals, in how we address the issue of supply, mix and distribution of human resources and in the definition of the system through which we deliver health care. It was at the Sixty-first World Health Assembly and it is today at the Sixty-second World Health Assembly, ultimately a call for health equity, health financing and health system strengthening. For us to derive maximum benefit from the financial and human resources investment, we must strengthen health systems. There are no "ifs" and no "buts". Health system strengthening must not be a set of buzz words. Health system strengthening must be bread-and-butter issues for health ministers and for WHO.

Whereas we can argue with great justification that health-care financing is one of the more important prerequisites for guaranteed good health, we cannot deny the importance of an adequate human-resource supply. If an inadequate supply is arguably the major basis for the shortcomings of the health systems in developed countries, it is definitely the very essence of the failings of health systems in developing countries. The fact is that we have to work together to guarantee access to a motivated, skilled and supported health worker for every person in every village everywhere. But for developing countries, a continuing and worsening human-resource crisis confronts us today. We all deliver health care within the constraints of human resource shortages and we do so in the milieu of a bludgeoning demand by our peoples for quality health care and amidst new, re-emerging, rapidly spreading and deadlier epidemics to deal with. We do so with the realization of global warming and climate change that bring more disasters on populations that are already overwhelmed with health problems. Ensuring that enough health-care professionals are available, addressing the supply side and ensuring the proper mix and distribution of this supply are the real challenges that face health ministers and health ministries around the world. We get up every morning and go to bed every night facing the challenge of human-resource inadequacies in our countries.

Migration of health workers from developing countries to developed countries is a major cause of underdevelopment in the world. As I demit the position of President of the World Health Assembly, I call for a special effort, a special agreement, perhaps a special fund, to be established for contributions by all recruiting countries to support training of the health workforce in developing countries. Health workers are our common collective asset. The resources available for human-resource development must be a common asset. The inequity in training must stop and must stop now.

We are never, of course, without crisis. Last year at this time we experienced major disasters in Myanmar and China and all of us in solidarity with our sisters and brothers in Myanmar and China ensured that these countries' governments and people overcame these disasters. As we meet today, pandemic influenza A (H1N1) 2009 virus is at our doors. But as nations we are better prepared to deal

with multiple crises. The implementation of the International Health Regulations (2005) has helped and the implementation of the global strategy and plan of action on public health, innovation and intellectual property since last year has provided us with a significant new tool to improve health.

Last year, I urged that we do not merely deal with climate change as an inconvenient truth. This year, the prestigious journal *The Lancet* has called climate change the greatest challenge of the twenty-first century and I believe that this is also the sentiment of our Director-General. As health ministers we must ensure that we charter a robust advocacy for the mitigation of greenhouse gases, but we must also have effective adaptation responses.

Excellencies, distinguished delegates, chronic noncommunicable diseases are increasingly bringing a greater disease burden, accounting for more than half the global mortalities and global morbidity story. At the Sixty-first World Health Assembly, I called for a Millennium Development Goal-Plus to address chronic noncommunicable diseases. All those who know me in this room know that I will not in my address go without reiterating my call for a Millennium Development Goal-Plus. Chronic noncommunicable diseases are making too many of our sisters and brothers ill and nonproductive and are bringing too many deaths to our doors. WHO has played a lead role; ministers of health and ministries of health must intensify their leadership role. Together, we must lead a different fight against chronic noncommunicable diseases. We must ensure that we place this high on the health agenda and keep it there.

In September this year, at the 49th Directing Council of PAHO, the WHO Regional Office to which I belong, we will address the issue of mental health. It is my view that we are not yet prepared to face the truth. Mental disorders affect a significantly large percentage of our populations wherever we live. The increasing suicide rates in the world cannot be addressed without a sound mental health programme and without robust drug demand reduction programmes, among other things. The former president of Guyana, Dr Cheddi Jagan, proposed in the early 1990s a new global human order. We see this in operation today in the form of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the International Drug Purchase Facility (UNITAID). Without these initiatives we could never achieve health for all and would be worse off today. We must all work to advocate more reliable support for the Global Fund and all these initiatives. I believe all countries should become part of UNITAID. I do not want to itemize a list of mandates. We already have a long list for the Director-General and her staff and for all of us. The new President will do so. But I do want to appeal to all the responsible persons at the Global Fund, PEPFAR and other funds. These must be further expanded and sustained. Within these funds there is no way to deal with illnesses such as HIV/AIDS, tuberculosis and malaria. But I do want to appeal to WHO, UNICEF, UNFPA and UNAIDS, which are all organizations that have special remits and mandates. We are also supposed to be working together. These relationships must be strengthened. To my friend Michel Sidibé, I do not know if he is here, I want to say, brother, we need to join with WHO to vigorously promote health system strengthening.

Before I close I would like to extend an appeal, an appeal for mercy, and I hope I will not offend anyone. I would like to urge all of us to join in this appeal. Two of our public health colleagues are presently in prison. I appeal to the authorities in the Islamic Republic of Iran to show mercy and justice to these two young public health professionals. Please, sisters and brothers, accept my best wishes and let us work together towards the Millennium Development Goals, for longer, healthier lives for people everywhere in every country. Let us work together so that every child, and every child coming into the world at this moment, can live long enough to dream of long, productive and healthy lives. Thank you very much. That constitutes my closing address. We must deal with two important agenda items. But I do know that our guests have a busy schedule and need to take leave of us. So, I will suspend the meeting for a few minutes as we bid farewell to our special guests.

**The meeting was suspended at 10:50 and resumed at 10:52.**
**La séance est suspendue à 10 h 50 et reprend à 10 h 52.**

## 5. APPOINTMENT OF THE COMMITTEE ON CREDENTIALS
## CONSTITUTION DE LA COMMISSION DE VÉRIFICATION DES POUVOIRS

The PRESIDENT:

Ladies and gentlemen, we will start with the first two agenda items. The first is item 1.1 of the provisional agenda, Appointment of the Committee on Credentials. The Health Assembly is required to appoint a Committee on Credentials in accordance with Rule 23 of the Rules of Procedure of the World Health Assembly. In conformity with this Rule, I propose for your approval, the following 12 Member States: Albania, Andorra, Belize, Brunei Darussalam, Cape Verde, Chad, Greece, Lao People's Democratic Republic, Maldives, Mozambique, Oman and Venezuela (Bolivarian Republic of), to be members of the Committee on Credentials. I therefore ask if there is any objection. Since I see no evidence of an objection and hear no comments, I declare that the 12 Member States as members of the Committee on Credentials as proposed by me are so appointed.

## 6. ELECTION OF THE PRESIDENT
## ÉLECTION DU PRÉSIDENT

The PRESIDENT:

We now come to the second agenda item and will proceed with item 1.2 of the provisional agenda, Election of the President, and at that time I can join you in my seat. In accordance with Rule 24 of the Rules of Procedure of the World Health Assembly (former Rule 26) as amended in resolution WHA61.11, at each regular session, the World Health Assembly shall elect a President and five Vice-Presidents who shall hold office until their successors are elected. As you will recall, the Committee on Nominations was abolished as part of that amendment. You have before you a white paper that contains the names of delegates proposed for consideration following consultations within their respective WHO regions as well as their respective countries. To consider the nomination for the office of President of the Sixty-second World Health Assembly, I recall that in accordance with the practice of regional rotation that the World Health Assembly has followed for many years in this regard, the President of the Sixty-second World Health Assembly should be chosen from among delegates of Member States in the WHO South-East Asia Region. I understand that the delegates of Member States in the South-East Asia Region have met and have made their selection; that selection is contained in the white paper in front of you. As the white paper shows, Mr Nimal Siripala de Silva of Sri Lanka, the Honourable Minister, is proposed for the office of President of the Sixty-second World Health Assembly. And I now therefore ask you for endorsement of this proposal.

(*Applause/Applaudissements*)

That is indicative, ladies and gentlemen, of acceptance of the proposal before us. So in the absence of any other observation, and as it appears that there are no other proposals, I suggest that in accordance with Rule 78 of its Rules of Procedure that the Health Assembly approve the nomination and elect its President by acclamation. Once again I ask for your applause.

(*Applause/Applaudissements*)

Mr Nimal Siripala de Silva is thereby elected President of the Sixty-second World Health Assembly and I now invite him to take his seat on the rostrum.

**Mr Nimal Siripala de Silva (Sri Lanka) took the presidential chair.**
**M. Nimal Siripala de Silva (Sri Lanka) prend place au fauteuil présidentiel.**

The PRESIDENT:

Your excellencies, honourable ministers, ambassadors, delegates, Director-General, I should like to thank this august Assembly for its trust in electing me as the President of the Sixty-second World Health Assembly. I would like to express my appreciation to Dr Leslie Ramsammy, my predecessor, for his contribution to the last World Health Assembly. I shall deliver the customary President's address later today and we shall now continue with our work.

## 7. ELECTION OF THE FIVE VICE-PRESIDENTS, THE CHAIRMEN OF THE MAIN COMMITTEES, AND ESTABLISHMENT OF THE GENERAL COMMITTEE ÉLECTION DES CINQ VICE-PRÉSIDENTS, DES PRÉSIDENTS DES COMMISSIONS PRINCIPALES ET CONSTITUTION DU BUREAU DE L'ASSEMBLÉE

The PRESIDENT:

We shall now turn to the nomination for the offices of Vice-Presidents of the World Health Assembly.

### Election of the five Vice-Presidents
### Élection des cinq vice-présidents

The PRESIDENT:

Since the South-East Asia Region has filled the post of President, we should be equitable and choose the Vice-Presidents from among delegates from the other five WHO regions. In this regard, the following proposals have been received: Mr André Mama M. Fouda (Cameroon) Dr Óskar Ugarte Ubilluz (Peru), Dr Abdulkarim Rasa'a (Yemen), Mr Lars-Erik Holm (Sweden) and Ms Amenta Matthew (Marshall Islands). Are these proposals acceptable to the Health Assembly?

(*Applause/Applaudissements*)

In the absence of any objections and your applause, I take it that it is the wish of the World Health Assembly to elect the five delegates mentioned for the posts of Vice-President of the Sixty-second World Health Assembly. I therefore declare that they have been elected. I shall now determine by lot the order in which the Vice-Presidents shall be requested to serve should the President be unable to act in between sessions. The names of the five Vice-Presidents have been written down on five separate sheets of paper which I am going to draw by lot: Dr Ugarte Ibillaz (Peru), Mr Fouda (Cameroon), Mr Holm (Sweden), Dr Rasa'a (Yemen) and Ms Matthew (Marshall Islands); that will be the order. There will be seating arranged for the Vice-Presidents on the stage to the right of the podium. I would suggest that the Vice-Presidents take their seats on the stage at the second plenary meeting this afternoon.

### Election of the Chairmen of the main Committees
### Élection des présidents des commissions principales

The PRESIDENT:

We shall now turn to the election of the Chairmen of the main Committees.

For the office of Chairman of Committee A, Dr Fernando Meneses González of Mexico has been proposed. Is this proposal acceptable? I see no objection; Dr Fernando Meneses González is therefore elected as Chairman of Committee A.

(*Applause/Applaudissements*)

For the office of Chairman of Committee B, Dr Stephen McKernan of New Zealand has been proposed. I see no objection. Therefore, Dr Stephen McKernan is appointed as Chairman of Committee B.

(*Applause/Applaudissements*)

## Establishment of the General Committee
## Constitution du Bureau

The PRESIDENT:

We shall proceed to the election of 17 members of the General Committee, in accordance with Rule 29 of the Rules of Procedure. The General Committee consists of the President, the Vice-Presidents, the Chairmen of the main committees and 17 delegates to be elected by the World Health Assembly. In order to have an equitable geographical distribution of the General Committee, I propose that the Health Assembly elect the remaining members of the General Committee as follows: five Member States from the African Region, three Member States from the Region of the Americas, one Member State from the South-East Asia Region, five Member States from the European Region, two Member States from the Eastern Mediterranean Region, and one Member State from the Western Pacific Region. You have before you, in the white paper, proposals for the nomination of the 17 members of the General Committee. I shall repeat these proposals by region: the African Region: Côte d'Ivoire, Guinea-Bissau, Kenya, Rwanda and Swaziland; the Region of the Americas: Costa Rica, Cuba and United States of America; the South-East Asia Region: Bangladesh; the European Region: Armenia, Czech Republic, France, Russian Federation and United Kingdom of Great Britain and Northern Ireland, the Eastern Mediterranean Region: Afghanistan and Djibouti; and the Western Pacific Region: China.

Does the World Health Assembly agree with these 17 proposals?

(*Applause/Applaudissements*)

As I see no objection, I take it therefore that it is the wish of the Health Assembly to elect these Member States as members of the General Committee. It is so decided. We have now completed our business. May I express my thanks to you for all your cooperation. The meeting is adjourned.

**The meeting rose at 11:10.**
**La séance est levée à 11h10.**

## SECOND PLENARY MEETING

**Monday, 18 May 2009, at 15:15**

**President:** Mr N.S. DE SILVA (Sri Lanka)
**later:** Mr C. VALLEJOS (Peru)

## DEUXIÈME SÉANCE PLÉNIÈRE

**Lundi 18 mai 2009, 15 h 15**

**Président :** M. N.S. DE SILVA (Sri Lanka)
**puis :** M. C. VALLEJOS (Pérou)

### 1. PRESIDENTIAL ADDRESS
### DISCOURS DU PRÉSIDENT

The PRESIDENT:

The Health Assembly is called to order.

Director-General, Vice-Presidents of the Health Assembly, honorable ministers of health, excellencies, distinguished delegates, ladies and gentlemen.

*Ayubowan* – "May you live long!"

I bring you warm greetings from the President and the people of Sri Lanka. I am extremely honoured to have been elected the President of the World Health Assembly this year and accept with humility the responsibilities that you have bestowed upon me.

Rather than as a mere personal honour, I consider this an honour for my motherland, Sri Lanka, which over the years has demonstrated its unstinted commitment to providing quality health care as illustrated by our impressive health indicators. It is also an honour for my Region, the South-East Asia Region, which has now emerged as a leading region in socioeconomic development despite facing multiple challenges. I am boundlessly grateful to all of you for honouring my country, the region I represent and myself personally.

I would also like to record my appreciation for the excellent leadership provided by the outgoing President, Dr Leslie Ramsammy, Honourable Minister of Health of Guyana. I will strive to maintain the very high standards that he has set for us. I must mention the strong and consistent support and encouragement I have always enjoyed from my President, Honourable Mahinda Rajapaksa and the Honourable Prime Minister, Mr Ratnasiri Wickremanayake, and my former President, Mrs Chandrika Bandaranaike Kumaratunga. Most of the past 10 years of my ministerial career have been spent in the Ministry of Health, and I had the privilege of serving two terms on the Executive Board, culminating with the singular honour of being the Chairman for the past 12 months. My close association with WHO has enabled me to expand my own vision of health in general, and international health in particular, and enhanced my motivation a great deal. In particular, I recall with some pride the role I was able to play as the Chairman of the WHO/UNICEF/UNFPA Coordinating Committee on Health, and the opportunity to support the realization of the vision of Dr Gro Harlem Brundtland that

finally led to the adoption of the Framework Convention on Tobacco Control. I am also grateful for the generous help and advice that I have received from the Directors-General of WHO, starting with Dr Gro Harlem Brundtland, Dr J.W. Lee and our present Director-General, Dr Margaret Chan. In fact, Madam Director-General, I owe a great debt of gratitude to you and to our Deputy Director-General, Dr Asamoa Baa, as well as Dr Samlee, Regional Director for South-East Asia, for all your kindness and your valuable guidance and assistance extended to me, especially during the past year.

Since the Sixty-first World Health Assembly last year, there have been monumental changes in our world, which will impose a great many challenges on the work of our Organization in the years to come. I will refer to some of these presently because how effectively WHO converts these challenges into opportunities will determine how well we support the health development of the needy populations of the world. It is important to realize that there are many external factors that influence health development in a nation, which are in fact challenges that could be overcome by proper application. Improving daily living conditions and thereby the quality of life of the people, reducing poverty, ensuring equity in distribution of power and resources, providing easy access to education and health and ensuring gender equity are some of these challenges that impact on the health and well-being of our people. Therefore, it is pertinent that countries give priority to overcoming these challenges as they form the cornerstones of social justice, which, when adequately addressed, will accelerate health development, adopting the principles of social determinants of health.

The indispensable role of WHO in global health became evident yet again during the past two months with the sudden emergence of the public health threat of the pandemic influenza A (H1N1) 2009 virus. We realized that the preparations that the countries had already made to combat the threat of avian flu and the introduction of the new International Health Regulations (2005) helped this in great measure. The response to influenza (H1N1) 2009 has been an excellent example of global multilateral cooperation in health protection, led by our Director-General, Dr Margaret Chan. We can take pride in this. The United Nations system and humanitarian agencies responded quickly and effectively to support the Secretariat to prevent a pandemic and ensured that the poorer nations were not hit disproportionately hard by this potential health crisis. We must all appreciate the excellent work of the Secretariat in supporting the Member States, particularly the weaker ones, in meeting the serious threats. This level of cooperation and this type of global health architecture must continue in non-emergency situations too, with WHO providing the technical leadership. In fact, in our ongoing discussions on avian influenza virus-sharing we should make sure that we reach a just and fair resolution of this contentious issue.

The other most crucial challenge to health came from the recent global financial and economic crises of unprecedented scale and scope. As a result of this economic tsunami, which swept across the world, the health systems of all countries faced a great challenge that threatened their very survival. Here, too, WHO acted proactively and was the first to hold an international high-level consultative meeting just prior to the last Executive Board meeting, which I had the privilege to chair. We had an excellent opportunity to discuss the potential implications of the crisis to the health sector and proposed major recommendations to mitigate the adverse impact. We should be happy that practically all of the subsequent discussions at different international forums have been building on this framework of WHO. Now the challenge before the international organizations and WHO is to ensure that the health systems are not adversely affected by the financial crisis. WHO must coordinate the global level support with the other United Nations agencies, the development banks, the foundations and Member States. WHO must also step up efforts to ensure the protection of health budgets to better focus public expenditure on the health needs of the poor and to monitor the events as they unfold. It is also important to use the situation to our advantage by taking measures to restructure our health systems and health policies towards addressing the health needs of the poor.

Although different countries are at different stages of achievement of the Millennium Development Goals, with commendable but mixed results, they all show some similarities. Each country is making efforts to ensure that mother and child health is highlighted in their national health development plans; all are making investments to ensure that quality skilled care, especially at and around birth, is available at the community level, backed up by high-quality hospital services, for the management of complications; and they are making sure that these services are accessible and affordable to all women and children. However progress in neonatal health has been slower in most

countries. We well know that the reasons for high maternal and young child mortality are not only medical but also have social and economic dimensions. Due attention to health systems' strengthening, and other social and economic factors will be essential for accelerating progress towards meeting the Millennium Development Goals.

Unprecedentedly, today climate change poses a major and largely unfamiliar challenge. While our personal health may seem to relate mostly to prudent behaviour, occupation, environment, and health-care access, sustained population health requires the fundamental life-support of the climate system. Although some of the health impacts of climate change may be beneficial overall, scientists consider that most of the health impacts of climate change would be adverse. Climatic changes over recent decades have probably already affected some health outcomes. Indeed, WHO estimated, in *The world health report 2002*, that climate change was responsible in the year 2000 for increased worldwide diarrhoea and expanded prevalence of malaria in some countries. By contrast, the public-health consequences of the disturbance of food production, rising sea levels and population displacement due to physical hazards, land loss and civil conflict, may not become evident for several decades. Indeed, consideration of risks of global climate change to human health will play a central role in future sustainability of health systems. WHO has to be extremely proactive to meet the challenges of climate change on health. There is a need to systematically promote interactions among researchers and policy-makers to facilitate the incorporation of research findings into policy decisions in order to protect population health. This is critical, no matter what the climate brings. Finally, each country must develop its own home-grown ways and means of meeting the adverse effects of climate change.

It is unfortunate that man-made internal conflicts and terrorist activities and their consequences are becoming more frequent in many parts of the world. Apart from the large-scale displacements of populations, the associated health issues have become dominant in these situations. The physical health needs as well as the psychosocial health needs have now emerged as major challenges. In this scenario, while each country will certainly have to strengthen its own disaster preparedness plan, we also need simultaneously to strengthen the global disaster-preparedness plans which could respond swiftly and effectively at times of such man-made disasters.

Drawing a lesson from my own country Sri Lanka, we were able to effectively meet the devastation caused by the Asian tsunami in 2004 because of the strength and resilience of our health system, and the overwhelming goodwill of the international community. At this very moment in Sri Lanka my Ministry, with a generous inflow of international support, is handling the health needs of more than 200 000 internally-displaced persons who have been liberated from the clutches of the Liberation Tigers of Tamil Eelam terrorist group. My health staff – doctors, nurses and other paramedical personnel from the south – have responded spontaneously and positively and are now working under extremely difficult conditions to deliver quality basic health care to these people. His Excellency the President has set up a special task force to attend to the psychosocial needs of this population, with the participation of the professional colleges and other agencies. We have set up mobile clinics and field hospitals to meet this unexpected demand, and I thank WHO and some of our friendly countries and international agencies for their prompt response in this regard. This support was possible through the Emergency Fund established by the WHO South-East Asia Region for exactly such purposes on a proposal made by me several years ago, in response to the tsunami that hit many of our countries.

The subject of medicines has also become very important for a number of reasons, especially in relation to their accessibility, efficacy, quality and rational use. There is one concept that has remained unchanged through all the trials and turbulences of the health services and that is the essential medicines concept, upon which over 150 countries have formulated their national Lists of Essential Medicines. Governments must be bold in times of crisis: a national medicines policy should be applicable to all sectors of health care. There is no difference in the same disease whether a patient is in the private sector or the public sector. Professor Senaka Bibile, a highly respected health professional from my country, was a pioneer in this field and there is an important lesson from his work. He developed the concept of an essential medicines list in Sri Lanka in the late 1950s and provided information about the medicines and maximizing the effect of the list. Professor Bibile was later invited by WHO and UNDP to expand this work and performed a yeoman service to the international community. We were pleased that WHO recognized this work last year when it selected Sri Lanka to celebrate the 30th anniversary of the adoption of the Essential Medicines concept. The

financial crisis is a very logical opportunity to reinforce and further strengthen essential medicines within health services in both the public and the private sectors. A national medicines policy that encompasses the salient features of safety, efficacy, quality and access to all is a must for all countries.

The unprecedented migration of health personnel and its adverse consequences on the health systems of the developing countries has been on our agenda for some time now. I believe we have made some progress through a much clearer definition and articulation of the problems, by achieving consensus on the urgent need for action, and by developing a draft code of conduct to be observed, mainly by the destination countries. But I still feel that we have not been able to do enough. I do understand that the issue is complicated and involves many sectors and concerns, such as human rights. But in the end, the net result continues to be the unavailability of highly trained and urgently needed health personnel in the developing countries. I hope that we will be able to evolve a formula for health-personnel migration that will address individual rights and needs of the health personnel without undermining the health systems and the essential health-care services in our countries.

The world has seen many successes in health, especially in communicable diseases and reproductive health. Yet, we need to continue the thrust on malaria, tuberculosis and HIV/AIDS, and build on the early successes. But we are now facing a double burden following the epidemiological transition with increased burden due to noncommunicable diseases. These demand long-term care and more complex and expensive technology, all of which place tremendous strains on the resources of our health systems. We need to work with other related sectors and forge people-friendly partnerships between the public and private sectors to meet this challenge. I am pleased that the Director-General has decided that, despite the reduced budget that is available to WHO, the noncommunicable diseases component will remain untouched.

I think it is incumbent on me to say a few words about the evolving global architecture for health. While the place of WHO is secure and indispensable, the emergence of disease-specific funding agencies, foundations and other nongovernmental partners that are engaging in health development has added a newer dimension to the global health scenario. While we welcome the emergence of these agencies and partners, particularly for HIV/AIDS, malaria, tuberculosis and others – it will certainly be good for global health – we also need to ask ourselves a number of questions. At the country level as well as at the global level, we find that there is a great deal of duplication and overlap in programmes, and unnecessary expenditure for maintaining parallel administrations and the staff of these agencies. It is timely to draw our attention to this situation and to rectify it so that the funds can be diverted to more essential and productive functions. Here, we must look at the place of WHO and how it can best adapt to the rapidly changing, complex and comprehensive global health environment. How can we strengthen the role of WHO as the global leader in health in the twenty-first century? Or, how can WHO lead the crusade to ensure the promotion and assurance of social justice and equity as a primary principle of public health? Looking more inward, we might need to make an evaluation of WHO's relevance to the international community and to Member States in the current global health context of competing actors. I am sure that the Director-General, who is extremely perceptive and sensitive, has already thought about these possibilities and will no doubt take the necessary action.

Let me assure this august audience that in my work as the President I will be guided by no other principles and values than those that we in WHO hold dear and cherish: equity, social justice, fairness and humanism. I am fully confident and encouraged by the knowledge that I will have the unstinted guidance and support of the Director-General and her excellent Secretariat during my tenure. I am proud of your trust, and I will justify it to the best of my competence and knowledge.

As I conclude, let me remind ourselves that things always change. The world is changing. As new winds blow away many certainties of the recent past, new challenges and opportunities and new paradigms take their place on the world health stage. And they will inevitably leave their impact even in remote corners of our world, and WHO should be well placed to guide all of us through them. As one of the greatest sons of Asia, Gautama Buddha, said over 2500 years ago: "Without health life is not life; it is only a state of languor and suffering – an image of death". Therefore, it is my fervent wish and hope that we will be able to send a strong message from this Health Assembly that we need to work together as partners in this noble mission and, as this is our common destiny, the developed and developing countries will continue to work more closely together for global health development. Thank you.

## 2. ADOPTION OF THE AGENDA AND ALLOCATION OF ITEMS TO THE MAIN COMMITTEES
## ADOPTION DE L'ORDRE DU JOUR ET RÉPARTITION DES POINTS ENTRE LES COMMISSIONS PRINCIPALES

The PRESIDENT:

The first item to be considered this afternoon is item 1.4, Adoption of the agenda and allocation of items to the main committees, which was examined by the General Committee at its first meeting earlier today.

The General Committee examined the provisional agenda for the Sixty-second World Health Assembly (document A62/1), as prepared by the Executive Board and sent to all Member States. The Committee also considered a proposal from the Director-General, prepared in consultation with the President of the Sixty-first World Health Assembly, the Chairman of the 124th session of the Executive Board, and Member States, for a shortened duration of this Health Assembly and consequently for a revised provisional agenda.

The General Committee considered the proposal and agreed to postpone discussion of the following items of the provisional agenda as contained in document A62/1: provisional agenda item 12.14, Strategic Approach to International Chemicals Management; provisional agenda item 12.16 Food safety; and provisional agenda item 12.17, Viral hepatitis. These items were proposed by the Committee to be considered by the 126th session of the Executive Board in January 2010.

Moreover, provisional agenda item 12.8, WHO's role and responsibilities in health research; provisional agenda item 12.9, Counterfeit medical products; provisional agenda item 12.10, Human organ and tissue transplantation; provisional agenda item 12.12, Chagas disease: control and elimination; provisional agenda item 12.13, Strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services; provisional agenda item 18.1, The election of the Director-General of the World Health Organization; provisional agenda item 19, Management matters, Partnerships; provisional agenda item 20, Collaboration within the United Nations system and with other intergovernmental organizations were proposed for consideration by the Sixty-third session of the World Health Assembly in May 2010.

The General Committee decided to keep the provisional agenda item "Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis" on the revised agenda as item 12.9. This item will now be considered by Committee A.

In addition to the items proposed for postponement to the 126th session of the Executive Board and the Sixty-third World Health Assembly, the General Committee recommended the deletion of the following two items from the provisional agenda, as there are no corresponding items of business to deal with under them: Provisional agenda item 5, Admission of new Members and Associate Members, as the Committee had been informed that no new applications have been received; and provisional agenda item 17.6, Assessment of new Members and Associate Members, as the Committee was informed that there are no amendments proposed.

Am I correct in assuming it is agreed to delete these items? I see no objections; it is so decided.

May I therefore assume that the Health Assembly agrees to adopt the provisional agenda as contained in document A62/1, as amended? As I see no objection, it is so decided.

Document A62/1/Rev.1, reflecting the changes in the agenda, will be distributed tomorrow morning. The General Committee also decided to recommend to the Plenary that the Sixty-second World Health Assembly should close on Friday, 22 May, given the fact that the provisional agenda has been revised and a number of items have been postponed. Does the Plenary agree to this proposal? As I see no objection, it is so decided.

The provisional agenda of the Health Assembly was prepared by the Executive Board in such a way as to indicate a proposed allocation of items to Committees A and B, on the basis of the terms of reference of the main committees. It is understood that, later in the session, it may become necessary to transfer items from one committee to another, depending on each main committee's workload. The General Committee will meet again on Wednesday, 20 May to review the progress on dealing with the

agenda and to make any adjustments to allocation of items to committees or to the timetable that are necessary. Does the Health Assembly agree with these proposals? As I see no objection, it is so decided.

Returning now to the meetings of the Plenary, in order to facilitate the organization of the work of the week, I should like to propose – and this is a procedure followed on previous occasions – that the order of the list of speakers for the discussion under agenda item 3 should be strictly adhered to, and that further inscriptions should be taken in the order in which they are made. These inscriptions should be handed to the Office of the Assistant to the Secretary of the Assembly, or during the Plenary to the officer responsible for the list of speakers on the rostrum. I propose that the speakers' list should be closed tomorrow, Tuesday, at 10:00. I assume that these proposals are acceptable to everyone.

## 3. REPORT OF THE EXECUTIVE BOARD ON ITS 123RD AND 124TH SESSIONS RAPPORT DU CONSEIL EXÉCUTIF SUR SES CENT VINGT-TROISIÈME ET CENT VINGT-QUATRIÈME SESSIONS

The PRESIDENT:

We shall now move on to item 2, Reports of the Executive Board on its 123rd and 124th sessions.

The Executive Board has an important role to play in the affairs of the Health Assembly. This is quite in keeping with WHO's Constitution, according to which the Board has to give effect to the decisions and policies of the Health Assembly, to act as its executive organ and to advise the Health Assembly on questions referred to it. The Board is also called upon to submit proposals on its own initiative. The Board, therefore, appoints four members to represent it at the Health Assembly. The role of the Executive Board representatives is to convey to the Health Assembly, on behalf of the Board, the rationale and nature of recommendations made by the Executive Board for the Health Assembly's consideration. Statements by the Executive Board representatives, speaking as members of the Board appointed to present its views, are therefore to be distinguished from statements of delegates expressing the views of their governments.

I now have the pleasure of giving the floor to the representative of the Executive Board, Sir Liam Donaldson, Vice-Chairman of the Board.

Sir Liam DONALDSON (Vice-Chairman of the Executive Board):

Thank you, Mr President, Dr Chan, distinguished delegates, ladies and gentlemen. First of all, I would like to congratulate you, Mr President, and the other office bearers, on your election and wish you every success in chairing this session of the Health Assembly, which has a very full and interesting agenda.

I am here to report briefly on the last two meetings of the Executive Board held in May 2008 and January 2009. At its 123rd session in May 2008, the Board concluded that more work was needed on the revision of the WHO Guiding Principles on Human Organ Transplantation and the Board requested the Secretariat to develop policy guidelines on WHO's engagement with partnerships. Both items were subsequently discussed at the January session. The Board also approved the statutes of the Dr LEE Jong-wook Memorial Prize for Public Health and noted that the report on WHO publications policy and the report on meetings of two expert committees.

As you have heard from the President, the January meeting of the Board began with a seminar involving an expert panel on the global economic recession and its impact on health. When we moved on to formal business, the Board endorsed the proposed workplan on climate change and health and, after considering the Secretariat's report on the final report of the Commission on Social Determinants of Health, the Board recommended to the Health Assembly a resolution on reducing health inequities through action on the social determinants of health and, of course, will be considering that later on in this Health Assembly's agenda. Members of the Board also welcomed the attention being given to neglected tropical diseases in general, as well as to Chagas disease in particular, and the Board recommended to the Health Assembly the adoption of a resolution on the control and elimination of

this disease. Under the agenda item on primary health care including health systems strengthening, the Board adopted two resolutions: one focused on primary health care and the second on traditional medicine. Regarding WHO's role and responsibilities in health research with its draft strategy on research for health, the Board has recommended a resolution to the Health Assembly calling for the endorsement of the research strategy. The Board also welcomed the revision of the WHO Guiding Principles on Human and Organ Transplantation and also recommended a resolution to the Health Assembly on this matter. Board Members made several comments and suggestions on the draft Action Plan for the Prevention of Avoidable Blindness and Visual Impairment, and the Secretariat used these comments and suggestions to strengthen the final draft that has been submitted to the Sixty-second World Health Assembly for consideration. The Board requested the Secretariat to prepare a revised report on counterfeit medical products for the Health Assembly and to present, in a separate document, details on the role, function and membership of the International Medical Products Anti-Counterfeiting Taskforce. After considering the report on the international recruitment of health personnel and the draft global code of practice, the Board decided that further consultation and participation were needed on the part of Member States before consensus could be reached on this Code of Practice. It was agreed that after broad consultation, including discussion at regional committees, the Director-General would submit a further report to the Board at its 126th session in January 2010.

The Board noted several reports including those on the global strategy and plan of action on public health, innovation and intellectual property and on avian and pandemic influenza, although, of course, the two meetings occurred before the emergence of H1N1 that we have been talking about today. The Board welcomed consideration of the complex issue of the role of the private sector in the delivery of health care as a timely item, but after a long discussion Members concluded that further work was needed before substantive consideration could be given to this item and the Board agreed that the Secretariat should prepare a revised report for submission to the Sixty-second World Health Assembly, taking into account the comments of Members during a very extensive discussion.

Apart from technical and health matters, the Board also considered the draft amended Medium-term strategic plan covering the period 2008–2013 and the Programme budget covering the period 2010–2011. The Director-General assured Members that she would take account of all the views expressed during the discussion in revising the Proposed programme budget for 2010–2011 for submission to the Health Assembly. The Board also noted a report on the scale of assessments 2010–2011, recommending adoption of that scale by the Health Assembly, confirmed amendments to the Financial Rules and recommended a resolution on this matter also to the Health Assembly. After reviewing the draft policy guidelines on partnerships the Board welcomed the progress made and agreed that the draft guidelines should be submitted to the Health Assembly for review and endorsement. Under staffing matters, Dr Samlee Plianbangchang was reappointed as Regional Director for South-East Asia and Dr Shin Young-soo was appointed as Regional Director for the Western Pacific.

Mr President, the other Executive Board representatives and I would like to assure you that we will be available during the Health Assembly in committees and we stand ready to lend our full support and provide additional information on how the Board handles certain items if that information is needed for discussion of the various resolutions, reports and papers during the work of the Health Assembly. Thank you.

The PRESIDENT:

Thank you, Sir Liam, for your excellent report. I should like to take this opportunity of paying a tribute to the work of the Executive Board and, in particular, to express our appreciation and our warm thanks to the outgoing Members, who have contributed very actively to the work of the Board. This concludes our review of item 2 of our agenda.

## 4. ADDRESS BY THE DIRECTOR-GENERAL
## ALLOCUTION DU DIRECTEUR GÉNÉRAL

The PRESIDENT:

We shall now take item 3 of the agenda. I therefore give the floor to Dr Margaret Chan, Director-General. You have the floor, Madam.

The DIRECTOR-GENERAL:

Mr President, honourable ministers, excellencies, distinguished delegates, Dr Mahler, ladies and gentlemen, over the past three decades, the world has, on average, been growing richer; people have, on average, been enjoying longer and healthier lives. But these encouraging trends hide a brutal reality. Today, differences in income levels, in opportunities and in health status, within and between countries, are greater than at any time in recent history. Our world is dangerously out of balance, and most especially so in matters of health. The current economic downturn will diminish wealth and health, but the impact will be greatest in the developing world. Human society has always been characterized by inequities. History has long had its robber barons and its Robin Hoods. The difference today is that these inequities, especially in access to health care, have become so deadly. The world can be grateful that leaders from 189 countries endorsed the Millennium Declaration and its Goals as a shared responsibility. The Millennium Development Goals are a profoundly important way to introduce greater fairness in this world. Populations around the world can be grateful that health officials are recommitting themselves to primary health care. This is the surest route to greater equity in access to health care. Public health can be grateful for backing from the Commission on Social Determinants of Health. I agree entirely with the findings. The great gaps in health outcomes are not random. Much of the blame for the essentially unfair way our world works rests at the policy level. Time and time again, health is a peripheral issue when the policies that shape this world are set. When health policies clash with prospects of economic gain, economic interests trump health concerns time and time again. Time and time again, health bears the brunt of short-sighted, narrowly focused policies made in other sectors. Equity in health matters. It matters in life-and-death ways. The HIV/AIDS epidemic taught us this in a most visible and measurable way. We see just how much equity matters when crises arise.

The world is facing multiple crises, on multiple fronts. Last year, our imperfect world delivered, in short order, a fuel crisis, a food crisis and a financial crisis. It also delivered compelling evidence that the impact of climate change has been seriously underestimated. These crises come at a time of radically increased interdependence among nations, their financial markets, economies and trade systems. All of these crises are global, and all will hit developing countries and vulnerable populations the hardest. All threaten to leave this world even more dangerously out of balance. All will show the consequences of decades of failure to invest in health systems; decades of failure to consider the importance of equity, and decades of blind faith that mere economic growth is the be-all, end-all, cure-for-all. It is not. The consequences of flawed policies show no mercy and make no exceptions on the basis of fair play. As we have seen, the financial crisis has been highly contagious, moving rapidly from one country to another, and from one sector of the economy to many others. Even countries that managed their economies well, did not purchase toxic assets and did not take excessive financial risks are suffering the consequences. Likewise, the countries that contributed least to greenhouse gas emissions will be the first and hardest hit by climate change. And now we have another great global contagion on our doorstep: the first influenza pandemic of this century, which is in prospect. For five long years, outbreaks of highly pathogenic H5N1 avian influenza in poultry, and sporadic, frequently fatal, cases in humans, have conditioned the world to expect an influenza pandemic, and a highly lethal one. As a result of these long years of conditioning, the world is better prepared, and very scared. As we now know, a new influenza virus with great pandemic potential, the new influenza A (H1N1) 2009 strain, has emerged from another source on another side of the world. Unlike the avian virus, the new influenza (H1N1) 2009 virus spreads very easily from person to person, spreads rapidly within a country once it establishes itself, and is spreading rapidly to new countries. We expect

this pattern to continue. Unlike the avian virus, influenza (H1N1) 2009 presently causes mainly mild illness, with few deaths, outside the outbreak in Mexico. We hope this pattern continues. New diseases are, by definition, poorly understood when they emerge, and this is most especially true when the causative agent is an influenza virus. Influenza viruses are the ultimate moving target. Their behaviour is notoriously unpredictable. The behaviour of pandemics is as unpredictable as the viruses that cause them. No one can say how the present situation will evolve. The emergence of the influenza (H1N1) 2009 virus creates great pressure on governments, health ministries, and WHO – on all of us – to make the right decisions and take the right actions at a time of great scientific uncertainty. On 29 April, I raised the level of pandemic influenza alert from phase 4 to phase 5. We remain in phase 5 today. This virus may have given us a grace period, but we do not know how long this grace period will last. No one can say whether this is just the calm before the storm. The presence of the virus has now been confirmed in several countries in the southern hemisphere, where epidemics of seasonal influenza will soon be picking up. We have every reason to be concerned about interactions of the new (H1N1) 2009 virus with other viruses that are currently circulating in humans. Moreover, we must never forget that the H5N1 avian influenza virus is now firmly established in poultry in several countries. No one can say how this avian virus will behave when pressured by large numbers of people infected with the new influenza (H1N1) 2009 virus. The move to phase 5 activated a number of stepped-up preparedness measures. Public health services, laboratories, WHO staff and industry are working around the clock. A defining characteristic of a pandemic is the almost universal vulnerability of the world's population to infection. Not all people become infected, but nearly all people are at risk. Manufacturing capacity for antiviral drugs and influenza vaccines is finite and insufficient for a world with 6800 million inhabitants. It is absolutely essential that countries do not squander these precious resources through poorly targeted measures.

As you heard this morning, we are trying to get some answers to a number of questions that will strengthen risk assessment and allow me to issue more precise advice to governments. I have listened very carefully to your comments this morning. As the chief technical officer of this Organization, I will follow your instructions carefully, particularly concerning criteria for a move to phase 6, in discharging my duties and responsibilities to Member States. Ideally, we will have sufficient knowledge soon to advise countries on high-risk groups and recommend that efforts and resources be targeted to these groups. While many questions do not have firm answers right now, I can assure you on one point. When WHO receives information of life-saving importance, such as the heightened risk of complications in pregnant women, we alert the international community immediately. To date, most outbreaks have occurred in countries with good detection and reporting capacities. Let me take this opportunity to thank the governments of these countries for the diligence of their surveillance, their transparency in reporting, and their generosity in sharing information and viruses. An influenza pandemic is an extreme expression of the need for solidarity before a shared threat. We are fortunate that the outbreaks are causing mainly mild cases of illness in these early days. I strongly urge the international community to use this grace period wisely. I strongly urge you to look closely at anything and everything we can do, collectively, to protect developing countries from, once again, bearing the brunt of a global contagion. I have reached out to the manufacturers of antiviral drugs and vaccines; I have reached out to Member States, donor countries, United Nations agencies, civil society organizations, nongovernmental organizations and foundations. I have stressed to them the absolute need to extend preparedness and mitigation measures to the developing world. The United Nations Secretary-General is joining me in these efforts, which are tireless.

As I said, equity in health matters in life-and-death ways. It matters most especially in times of crisis. The world of today is more vulnerable to the adverse effects of an influenza pandemic than it was in 1968, when the last pandemic of the previous century began. The speed and volume of international travel have increased to an astonishing degree. As we are seeing right now with influenza (H1N1) 2009, any city with an international airport is at risk of an imported case. The rapidly increased interdependence of countries amplifies the potential for economic disruption. Apart from an absolute moral imperative, trends such as those towards outsourcing and just-in-time production compel the international community to make sure that no part of the world suffers disproportionately. We have to care about equity. We have to care about fair play. These vulnerabilities, to imported cases, to disrupted economies and businesses, affect all countries. Unfortunately, other vulnerabilities

are overwhelmingly concentrated in the developing world. On current evidence, most cases of severe and fatal infections with the influenza (H1N1) 2009 virus, outside the outbreak in Mexico, are occurring in people with underlying chronic conditions. In recent years, the burden of chronic diseases has increased dramatically, and shifted dramatically, from rich countries to poor ones. Today, about 85% of the burden of chronic diseases is concentrated in low- and middle-income countries. The implications are obvious. The developing world has, by far, the largest pool of people at risk for severe and fatal infections with influenza (H1N1) 2009. A striking feature of some of the current outbreaks is the presence of diarrhoea or vomiting in as many as 25% of the cases. This is unusual. If virus shedding is detected in faecal matter, this would introduce an additional route of transmission. The significance could be especially great in areas with inadequate sanitation, including crowded urban shantytowns.

The next pandemic will be the first to occur since the emergence of HIV/AIDS and the resurgence of tuberculosis, also in its drug-resistant forms. Today's world has millions of people whose lives depend on a regular supply of drugs and regular access to health services. Most of these people live in countries where health systems are already overburdened, understaffed, and poorly funded. The financial crises is expected to increase that burden further, as more people forego private care and turn to publicly financed services. What will happen if sudden surges in the number of people requiring care for influenza push already fragile health services over the brink? What will happen if the world sees the end of an influenza pandemic, only to find itself confronted, say, with an epidemic of extensively drug-resistant tuberculosis. We have good reason to believe that pregnant women are at heightened risk of severe or fatal infections with the new virus. We have to ask the question. Will spread of the influenza (H1N1) 2009 virus increase the already totally unacceptable levels of maternal mortality, which are so closely linked to weak health systems? In the midst of all these uncertainties, one thing is sure. When an infectious agent causes a global public-health emergency, health is not a peripheral issue. It moves straight to centre stage. The world is concerned about the prospect of an influenza pandemic, and rightly so. This Health Assembly has been shortened for a good reason. Health officials are now too important to be away from their home countries for more than a few days. Much is in our hands. How we manage this situation can be an investment case for public health. The world will be watching, and one big question is certain to arise. Are the world's public health services fit-for-purpose under the challenging conditions of this twenty-first century? Of course not. And I think the consequences will be quickly, highly and tragically visible. Now comes the second question. Will something finally be done? At the same time, we cannot, we dare not, let concerns about a pandemic overshadow or interrupt other vital health programmes. In fact, many of the issues you will be addressing this week, or have addressed in recent sessions, concern exactly the capacities that will be needed during a pandemic, or any other public health emergencies of international concern.

The health sector cannot be blamed for lack of foresight. We have long known what is needed. An effective public health response depends on strong health systems that are inclusive, offering universal access right down to the community level. It depends on adequate numbers of appropriately trained, motivated and compensated staff. It depends on fair access to affordable medical products and other interventions. All of these items are on your agenda. I urge you, in particular, to complete work under the item on public health, innovation and intellectual property. We are so very close. The International Health Regulations (2005), also on your agenda, give the health sector an advantage that financial managers, at the start of last year's crisis, did not have when faulty policies precipitated a global economic downturn. The International Health Regulations (2005) provide a coordinated mechanism of early alert, and an orderly system for risk management that is driven by science, and not by vested interests. I must remind you: we need to finish the job of eradication of poliomyelitis, as guided by the ongoing independent evaluation. I must also remind you that this job is already providing solid benefits as we reach for the goal of ridding the world of one of its most devastating diseases. Right now, the vast surveillance networks and infrastructure in place for poliomyelitis eradication are being used to step up surveillance for cases of infection with influenza (H1N1) 2009 virus, especially in sub-Saharan Africa and the Asian subcontinent. The Proposed programme budget is also on your agenda. WHO is prepared to lead the response to a global public health emergency. Our services in several areas are strained, but we are coping. We need to be assured that we can continue to function well, especially if the emergency escalates.

I have a final comment to make. Influenza viruses have the great advantage of surprise on their side. But viruses are not smart. You are. We are. Preparedness levels, and the technical and scientific know-how that supports them, have advanced enormously since 1968. We have the revised International Health Regulations, and we have tested and robust mechanisms like the Global Outbreak Alert and Response Network. As I said, an influenza pandemic is an extreme expression of the need for global solidarity. We are all in this together. And we will all get through this together. Thank you.

*(Applause/Applaudissements)*

The PRESIDENT:

Thank you, Dr Chan for your inspiring comments, which crystallize the global challenges in the area of health. We know that you are a great inspiration and at the same time you are a lady of action. Your timely intervention against the influenza A (H1N1) 2009 virus has given a great credibility to WHO. And in the financial crisis, you made a timely intervention and that, too, gave WHO great credibility. So, we thank you. Your knowledge and dedication are invaluable assets to WHO.

Before continuing our consideration of item 3, I would like to remind you of Rule 99 of the Rules of Procedure, which reads:

> "At the commencement of each regular session of the Health Assembly, the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than twenty-four hours after the President has made the announcement in accordance with this Rule."

On this occasion, I would like to draw your attention to the fact that, according to Articles 24 and 25 of the Constitution, the Board shall consist of 34 persons designated by as many Members. This year, the 12 vacancies to fill will be as follows: in the African Region, 1; in the Region of the Americas, 2; in the South-East Asia Region, 1; in the European Region, 4; in the Eastern Mediterranean Region, 2; and in the Western Pacific Region, 2. We shall now resume consideration of agenda item 3.

The theme of the general discussion this year is the impact of the economic and financial crisis on global health. Delegates wishing to do so, may also submit their statements in writing for inclusion in the record, as provided in resolution WHA20.2. I would like to also draw your attention to resolution WHA50.18 recommending that delegates should limit their statement to five minutes and I repeat, five minutes. The debate on agenda item 3 is now open. The first two speakers on the list are Mexico and South Africa, speaking on behalf of the countries of the Southern African Development Community. May I invite them to come to the rostrum.

El Dr. CÓRDOVA VILLALOBOS (México):

Señoras y señores, honorable señor Nimal Siripala de Silva, Presidente de la 62ª Asamblea Mundial de la Salud, doctora Margaret Chan, Directora General de la Organización Mundial de la Salud, distinguidos delegados, señoras y señores: En esta ocasión, la Asamblea Mundial de la Salud se reúne en un entorno histórico por diversos motivos. Por primera vez desde la aprobación del nuevo Reglamento Sanitario Internacional, el mundo está en la fase 5 de la alerta pandémica mundial, como consecuencia del surgimiento y expansión de un nuevo virus de la influenza humana A (H1N1). Por otro lado, la alerta pandémica que sin duda tendrá repercusiones en los sistemas de salud de los países involucrados, ocurre en el contexto de una crisis financiera global que ya estaba ejerciendo grandes presiones sobre las economías y los sistemas de salud de todas las naciones.

La respuesta de la OMS a este complejo reto ha sido responsable, inmediata y efectiva. Por ello, México hace un reconocimiento a todo el personal de la Organización, y en particular a su Directora

General, la Dra. Margaret Chan, por su liderazgo en la conducción del esfuerzo internacional para enfrentar esta nueva condición.

México ha pasado momentos inciertos y difíciles a partir de la detección de los primeros casos de neumonías atípicas en varios estados del país. Ahora, podemos afirmar con razonable optimismo que, a partir de la primera semana de mayo, se ha observado una tendencia descendente en el número de casos nuevos de influenza. Ello indica que las medidas adoptadas por nuestro Gobierno, con el apoyo y colaboración de la sociedad, y basadas en nuestro Plan nacional de preparación y respuesta ante una pandemia de influenza han sido efectivas. Si bien nos encontramos ante un evento inédito, estábamos preparados para enfrentarlo. Los especialistas mexicanos detectaron y caracterizaron oportunamente el brote, identificaron el agente como un virus influenza A no tipificable y, con la colaboración de la Agencia de Salud Pública del Canadá y los Centros de Control de Enfermedades de los Estados Unidos, estableció que se trataba de un nuevo virus y alertamos a la comunidad internacional.

Ante un patógeno hasta entonces desconocido con una aparente tasa de ataque elevada y cuya virulencia y letalidad eran inciertas, México notificó a la OMS y puso en marcha el plan de contención de pandemia involucrando a todos los sectores de la sociedad y a los distintos órdenes de Gobierno.

Activamos una extensa movilización nacional que incluyó medidas extraordinarias de prevención y distanciamiento social tales como el cierre de todos los centros infantiles y planteles educativos del país. También se hizo una distribución masiva de materiales y equipos para la protección de personal y se recurrió a la reserva estratégica de antivirales y otros medicamentos. Al mismo tiempo, se lanzó una campaña masiva en medios de comunicación que contribuyó a que todos los sectores de la sociedad apoyaran y participaran en las acciones de mitigación.

Hasta el día de hoy, México ha reportado 3646 casos confirmados de influenza y 70 muertes, si bien los casos están distribuidos en 31 de las 32 entidades del país, la epidemia se concentró en las zonas urbanas; más aún, hay casos confirmados sólo en 224 municipios de un total de 2443, es decir, únicamente se han presentado casos de influenza en menos del 10% de los municipios del país.

Durante el desarrollo de este evento, México ha actuado de manera responsable y transparente ante la comunidad internacional en el marco del Reglamento Sanitario Internacional. México asume su responsabilidad con la OMS y con los Estados Miembros y como parte de este compromiso informamos constante, puntual y detalladamente a esta Organización sobre el desarrollo de la epidemia. Lo hicimos sabiendo que ello arrojaría beneficios para el sistema sanitario mundial, pero consecuencias también, conscientes de que la percepción de que México fue el epicentro de una pandemia podría acarrear otras consecuencias negativas para el país y su economía. Estas consecuencias ya se resienten de manera notable en sectores como el turismo, una fuente de ingresos clave para el país, como nuestro comercio exterior, las inversiones y el empleo. Es posible que algunos de esos efectos económicos adversos sean inevitables para un país que notifique una epidemia de este tipo, por lo que es necesario explorar mecanismos para atenuarlos.

Por lo tanto, México propone que en esta Asamblea Mundial de la Salud se discuta la posibilidad de crear un fondo económico de contingencia auspiciado por los organismos financieros multilaterales como el Banco Mundial y el Fondo Monetario Internacional. También nos preocupa el daño a la cooperación internacional que se deriva de la adopción de medidas unilaterales tendientes a restringir la circulación de bienes y personas sin justificación científica y en contra de las recomendaciones de la Organización Mundial de la Salud.

Señor Presidente: El riesgo de una gran pandemia por el virus A (H1N1) identificado originalmente en México y en los Estados Unidos sigue latente y no podemos bajar la guardia en los esfuerzos globales coordinados por la OMS, pero también podemos aprovechar este evento para aprender, innovar y mejorar los sistemas sanitarios nacionales y el global. Por lo pronto, esperamos que la experiencia y el conocimiento científico adquiridos en México durante las últimas semanas contribuyan a que otras naciones y el Sistema Internacional de Salud estén mejor preparados para enfrentar esta epidemia.

Por ello, el Gobierno mexicano ha entregado a la Organización Mundial de la Salud las cepas y la secuencia genética de los virus aislados en nuestro país. Estamos convencidos de que la secuencia genética, los aislados virales y cualquier otra información proveniente del virus de la influenza son un bien público global que debe utilizarse en beneficio de la humanidad, incluyendo la fabricación de una

vacuna que sea accesible por igual a todos los países. No debemos escuchar las voces que en este momento claman por actitudes aislacionistas y discriminatorias, antes bien debemos de privilegiar aquellos que nos unen como humanidad, que es la salud.

Muchas gracias y, recuerden, la epidemia en México está bajo control y los esperamos como siempre con los brazos abiertos.

Dr SEFULARO (South Africa):

Mr President, Director-General, heads of United Nations agencies, honourable ministers and delegates, ladies and gentlemen, on behalf of the Southern African Development Community Member States, I am greatly honoured to be able to give this year's statement by the Development Community to the Sixty-second World Health Assembly.

The region of the Southern African Development Community consists of 15 countries with an estimated combined population of 200 million, with an annual average population growth rate of 2.2% and an average total fertility rate of 4.9 births per woman. Like most developing regions, the Development Community continues to be afflicted by preventable communicable diseases in the form of HIV/AIDS, multidrug-resistant tuberculosis, malaria, cholera and lifestyle diseases manifesting as noncommunicable diseases such as heart diseases, hypertension, diabetes, cancer, injuries and trauma. The high burden of disease, together with the high population growth and fertility rates coupled with an average per-capita income of less than US$ 1000, clearly has a significant impact on the health status of the peoples of the region.

The Development Community region has prioritized health as one of the critical areas in its regional cooperation and deeper integration agenda. It has been widely acknowledged that access to quality health care is not only central to the ultimate goal of poverty eradication and improvement of the standard and quality of life of the people of the region, but is also a critical factor towards achieving accelerated and sustainable economic development. The high prevalence and cost-burden of communicable diseases and noncommunicable diseases and of neglected tropical diseases such as schistosomiasis, leprosy, onchocerciasis, lymphatic filariasis and others, have necessitated a collective approach to addressing these challenges.

I am pleased to report that the health ministers of the Southern African Development Community have adopted the strategy of addressing health-care delivery through the primary health care and public health approach, that focuses on social determinants of health and strengthening of health systems. We have noted that this Health Assembly will deliberate and give progress reports on issues such as eradication of poliomyelitis, malaria, primary health care, including strengthening of health systems; maternal, newborn and child health; gender; rational use of medicines, which still pose major challenges in our region. Although some significant improvements have been recorded in recent years, countries of the Southern African Development Community continue to experience high infant and maternal mortality rates. The recent global economic crisis has the potential to erode the gains made in maternal and child health in the region, as resources for this may not realize expected increases. The growing epidemic of tuberculosis, including multidrug-resistant and extensively drug-resistant tuberculosis, also stand to be exacerbated by diminishing resources in the current economic climate. The Development Community region hopes that this situation will receive serious attention. More than 30 million cases of malaria per year are reported in the Development Community region alone. In some Member States, up to 40% of the population suffers from malaria annually. For this reason, the Development Community has welcomed the recent decisions to allow the use of DDT for malaria control in our efforts towards eradication.

As a region, our fundamental goal is to build strong health systems that are based on the foundations of equity, good governance and justice. In pursuit of our goals we are fully aware that there will be no easy victories. However, the Development Community region remains committed to its vision, because for us, access to health care is above all, a basic human right. The other challenges that the Development Community region experiences are the emergence of resistance to first line antiretroviral medicines, commonly used anti-tuberculosis and anti-malarial medicines. The high cost of placing patients on newly developed medicines because of resistance to older medicines cannot be underestimated. Close to 50% of the population in the Development Community region lack regular

access to affordable, quality, safe and efficacious medicines. To address this, Member States in the region have expressed their political will and commitment to improve and strengthen pharmaceutical programmes; in many instances they have also allocated resources towards this goal. However, despite their best efforts, access to essential medicines still remains a challenge. The major underlining factors limiting effective implementation of national medicine policies and expanding access to essential medicines include the high burden of communicable and noncommunicable disease, insufficient human and financial resources, inadequately functioning health systems and medicine supply systems.

The region of the Southern African Development Community is also addressing the issue of migration of health workers to industrialized countries, particularly highly trained and skilled health personnel. The region has resolved to formulate strategies to address issues of gender-based violence, human trafficking and other vices which are apparently increasing at an alarming rate. The Development Community region has also recognized the threat of pandemic human influenza and has put in place preparedness and response plans at both regional and national levels by focusing on limiting the health impact and economic and social disruption in an anticipated outbreak. Interventions are required that address root causes of vulnerability of children and youth within a context defined by HIV/AIDS, poverty, ignorance and hunger.

As the the Southern African Development Community region, we would like to make an earnest appeal to WHO to consider the following important elements that will help us achieve just and equitable health systems for all our peoples: that WHO increase support to Development Community countries in the implementation of the Ouagadougou Declaration, which is an essential pathway to achieving the Millennium Development Goals; that WHO continues to support specific interventions aimed at mitigating the effects of climate change in the Development Community region; that WHO continue to assist Development Community countries to promote gender equality, and that WHO as an organization continue to be gender-sensitive in its employment and deployment policies; that WHO continue to be attentive and responsive to both the collective and individual needs of all Development Community countries; and that WHO redouble its efforts in resource mobilization to support primary health care including strengthening of health systems.

Let me conclude by thanking the WHO Director-General, Dr Margaret Chan, for her effective stewardship of WHO. In addition, the Development Community region also wishes to reiterate its commitment to work with Dr Luis Gomes Sambo, the WHO Regional Director for Africa, in his pursuit of health for all the peoples of the Southern African region. I thank you.

Mr WITTHAYA KEAWPARADAI (Thailand):

Mr President, honourable ministers, Madam Director-General, Dr Margaret Chan, distinguished delegates, ladies and gentlemen, the financial crisis which commenced in 2008 has aggravated the unresolved food and fuel crises. These were further exacerbated by the new crisis from the potential influenza pandemic, which has resulted in an unprecedented impact on the global community and livelihood of people. To cope with this financial crisis, the universal health-coverage scheme that Thailand has implemented successfully plays a major role in absorbing the adverse impacts on health of the Thai population. Despite the reduction of the total Government budget by 13% in 2010 compared with 2009, budget allocation to the universal health coverage scheme increased by 9.3%. The budget for continued provision of antiretroviral medicines and renal replacement therapy has been maintained. Moreover, the Government has instituted a system for the unemployed and those laid off or who lose their social insurance benefits, whereby they are automatically transferred to the universal health-coverage scheme.

In the midst of the crisis, there is always opportunity. The Thai Government has announced its determination to strengthen health infrastructure by focusing on establishing health-promoting hospitals in every subdistrict nationwide. This will, of course, lead to the increase in equitable access to health care, especially in the rural areas. Moreover, we are empowering the community by expanding the key role of nearly one million village health volunteers nationwide to be responsible for the health of their own communities. This includes visits to pre- and post-natal care mothers, newborns, small children, the handicapped and the elderly.

To cope with the influenza pandemic, we are now using three strategies. First is public education and communication; second is prevention of the spread of the disease using the active surveillance response team to investigate cases and village health volunteers for early detection and campaigning among communities for maximum preparedness; and lastly, readiness in treatment and hospital settings. To leverage regional collaboration in controlling this influenza pandemic, the Royal Thai Government hosted the ASEAN Plus Three Health Ministers Special Meeting on Influenza A (H1N1) 2009 on 7 and 8 May 2009, chaired by the Minister of Health of the Philippines. A joint ministerial statement was adopted on consensus for immediate action on the preparedness plan at national and regional levels. It also calls for the increase in the level of stockpiling of antiviral and other essential medicines, medical devices and personal protective equipment for effective responses to the pandemic. Most importantly, the statement urges the Director-General of WHO to support an equitable access to flu vaccines and promote the vaccine-production capacity among countries in ASEAN+3 and other developing countries.

Thailand places high importance on health development in every aspect. We are also determined to promote and advocate the work of our health professionals. The Prince Mahidol Award Foundation was established to award individuals or institutions for outstanding performance in medicine and public health research. His Majesty the King of Thailand confers the award himself every year. The prominent Prince Mahidol awardees include Dr Margaret Chan, the Director-General of WHO, Dr Harald zur Hausen and Dr Barry Marshall, recent Nobel laureates. We fully believe that the Prince Mahidol Award will be a driving force to enhance morale and encourage health professions to dedicate and contribute significantly to the well-being of mankind.

In conclusion, the Royal Thai Government being fully aware of the potential impact from various crises on health, demonstrates its strong political and financial commitment to proactively manage the crises in order to protect health of the population and health systems.

Ms SEBELIUS (United States of America):

Mr President, Madam Director-General, fellow delegates, it is my honour to represent the United States of America and address the Health Assembly and I want you to know that the United States is here to work with you and we are here to listen. President Obama and I know that this is a unique moment in our history, a moment at which we come together to improve the health of all our nations. We are committed to partnering with you to advance the cause of social justice, to expand access to health care and reduce health disparities. And we know that working together, we can achieve the goals we all share.

I want to begin my remarks today with an update on the influenza A (H1N1) 2009 virus and a word of gratitude. Several weeks after this outbreak began, we are cautiously optimistic that this virus might be less severe than was first feared, based on initial reports from our close neighbour, Mexico. While this is good news, we are continuing to act aggressively and appropriately to help mitigate the consequences of the outbreak and protect public health. Today, I would like to outline just a few of those actions. The United States has distributed millions of treatment courses of antiviral drugs across the United States and Mexico to help save lives. Our agencies are working together in an unprecedented way to develop a vaccine and ensure that production of seasonal 'flu vaccine continues. We know that there are things that everyone can do to reduce the risk of infection and have conducted a massive public campaign to inform Americans and help stop the spread of this virus. In times of crisis, clear, concise, accurate information is essential and our Government has used traditional media and the new methods of the Internet to spread information that can help limit the spread of the virus. As in the past, we have worked closely with WHO and the international community, evaluating the threat the new influenza virus poses, sharing information about the spread of the disease within our borders, and coordinating our response. Our WHO Collaborating Center for Influenza in the United States has developed, and is in the process of distributing, kits that will allow the new virus to be rapidly detected to over 130 countries. In addition, the sequence of the new virus has been shared with our international partners and with industry so that we can be better prepared across the globe. We have worked with WHO to deploy to Mexico American experts who are working as part of a trilateral team to respond to and better understand this virus. The United States Centers for Disease Control and

Prevention, a WHO Collaboration Centre is testing specimens from other countries that have not been subtyped in their home country. And our emergency operations centre is hosting liaisons from PAHO, the European Centre for Disease Prevention and Control, the Chinese Center for Disease Control and Prevention and the Public Health Agency of Canada so we can better coordinate our response.

But there is more work to be done – work that we must do together – but we have much to be proud of. Viruses know no borders and the success we have achieved to date would not have been possible without an unprecedented level of international preparation and cooperation. So, on behalf of President Obama and the American people, I want to thank you for your leadership, cooperation and tireless efforts to help protect our public health. Let me offer a special word of thanks to the Director-General, Dr Margaret Chan, whose strong leadership ensured the world responded quickly and appropriately to this outbreak. We recognize that the United States has an important role to play both in response to the outbreak and in our shared work to improve the health of our people and our nations. Together, we have made progress. The President's Emergency Plan for AIDS Relief and the United States' work to fight malaria and tuberculosis have saved over a million lives in countries around the world.

But today alone, 26 000 children will die from poverty and preventable diseases. HIV/AIDS infection rates remain unacceptable – both in the United States and in countries across the globe – and the HIV/AIDS pandemic now has a woman's face. Diseases that we know how to treat take the lives of millions every year. We can and must do more. President Obama is committed to ushering in a new era in global health, an era that no longer tackles disease and illness in isolation. Instead, our world demands a new, integrated approach to public health – one that seeks to understand and target the many factors that can threaten the lives and livelihoods of all our citizens. The President has requested US$ 63 000 million over the next six years to support a holistic approach and the approach will work to fight previously neglected tropical diseases. It will focus on women and families. We know that every minute of every day a woman dies from complications related to pregnancy or childbirth. President Obama's agenda will help improve maternal and child health, and support a full range of family planning reproductive health services for women. This new initiative will expand our efforts to fight HIV/AIDS, malaria and tuberculosis and will build on what we know works. But it will also use new resources to make smart, cost-effective investments in programmes that make whole communities healthier. It will emphasize disease prevention and seek out strategies that do not battle one disease, but rather battle the conditions that allow diseases to thrive. And we believe this initiative is compatible with the implementation of the International Health Regulations (2005), which we continue to support.

As we implement this new initiative, we will seek your advice and expertise. We will not operate in isolation or ignore the good work that so many of your countries have done. Instead, international partnerships, cooperation and consultation will be the hallmarks of this new initiative. We know we must all work together to tackle the challenges we face and we are pleased that Chinese Taipei is seated as an observer in the Health Assembly. This action helps to fill a gap that had existed in the global health network. We welcome Chinese Taipei's presence and participation in this Health Assembly and hope that experts from Taiwan will be able to participate consistently and meaningfully in technical meetings of WHO, for the benefit of global public health. Together, all our nations will build on the good work that is saving lives in nations around the world. We will tackle decades-old challenges that continue to plague our planet. And we will implement the new comprehensive strategy to improve global health.

We know the United States alone cannot take on every challenge. In a world with a seemingly infinite number of challenges, we have limited resources. But, let me make it clear that President Obama will not shy away from the opportunity to lead and collaborate as we work together to protect the health and safety of communities across the globe. I want to thank you for your warm welcome and I look forward to meeting and speaking with all of you in the days ahead. I thank you very much.

Professor CHEN Zhu (China):
尊敬的主席、尊敬的总干事、各位部长、各位同事：

本届卫生大会在国际金融危机席卷全球，甲型H1N1流感拉响了全球公共卫生警报的时刻召开，具有特别重要的意义。我相信，本次会议将有利于国际社会凝聚共识，协调行动，增进理解，提高全球卫生系统应对危机的能力，加快推进千年发展目标的实现。

2009年3月以来，一些国家发生甲型H1N1流感疫情。国际社会快速反应，积极动员，采取各种措施遏制疫情的播散。在此过程中，世界卫生组织及时向成员国通报疫情信息，提供病例定义、实验室诊断、临床治疗等技术指南，并协调有关国家提供病毒毒株。我谨代表中国政府，感谢并赞赏世界卫生组织在应对突发公共卫生事件方面发挥的杰出领导作用。感谢墨西哥、美国、加拿大同行与各国分享经验。中国愿意与国际社会加强合作，共同努力，控制大流感的蔓延。

中国是发展中国家，人口众多且密度很大，地区发展不平衡，卫生基础设施相对薄弱。本次疫情出现后，中国政府汲取2003年非典疫情的教训，给予高度重视，密切关注疫情的发展，本着依法、科学原则，建立了多部门参与的联防联控工作机制，中央政府专门拨款50亿元，及时采取果断防范措施，保障人民群众的健康。在发现输入性病例后，我们按照《国际卫生条例（2005）》要求，在第一时间向世卫组织及有关国家和地区通报，及时与有关方面保持密切沟通，提供航班、乘客等详细信息，积极开展患者救治、接触者追踪工作，强化对流感样病例和不明原因肺炎的监测，加强对民众的健康教育和风险沟通，大力增加技术和物质储备，工作是有序、有力、有效的。我们也加强了与东盟和日本、韩国等周边国家应对甲型H1N1流感的区域合作，并承诺举办实验室诊断技术培训班，为地区防控提供力所能及的帮助。

主席先生，

甲型H1N1流感疫情再次告诉我们，一个稳固的公共卫生体系是应对各种新发、突发传染病疫情的有力保障。然而，当前的国际金融危机正在侵蚀着全球公共卫生体系建设。中国政府充分认识到，加快医疗卫生事业发展，不仅有利于扩大投资，拉动相关产业发展，而且有助于改善人们的消费预期，增强消费信心，既是保障民生的优先重点，又是应对危机的有效手段。中国政府把深化医药卫生体制改革作为拉动内需和保障民生的结合点。2009年4月，中国政府决定启动新一轮卫生改革方案，在未来三年新增8500亿元，着力推进五项工作：一是将基本医疗保障覆盖率提高到90%以上，并提高受益水平；二是健全基层医疗卫生服务体系；三是对城乡居民免费提供基本公共卫生服务，致力于改善健康公平；四是初步建立国家基本药物制度；五是推进公立医院改革试点，减轻群众看病负担。

主席先生，

目前发生的甲型H1N1流感疫情与世界金融危机重合，对全球经济和社会发展的冲击不容低估，特别是对发展中国家。发展中国家财力拮据，公共卫生系统匮乏和脆弱，应对疫情更加

困难。疫情可能造成发展中国家出口减少，外资撤离，财政赤字。全球卫生，特别是发展中国家的卫生工作面临巨大挑战。为此，我提出以下建议：

第一，必须开展国际合作应对全球公共卫生危机。为此，我在此倡议，今年7月份在北京召开防控甲型H1N1流感国际研讨会，交流防控经验和措施，共同研讨提高应对流感大流行的能力，欢迎有关国家和地区派员参会。中国政府愿意与世界各国、各国际组织加强合作，实现信息、技术和防控经验共享。

第二，必须加大对发展中国家发展卫生事业的支持。实现千年发展目标是各国政府的庄严承诺，也是国际社会的共同责任。实现千年发展目标仅剩6年的时间。我们要克服当前的困难，推进这一进程。国际社会应该高度关注，并采取切实行动尽量帮助减少危机对发展中国家的危害。发达国家和国际组织应该承担应尽的责任和义务，继续履行援助、减债等承诺，切实保持和增加对发展中国家援助，特别是卫生领域的支持和帮助。

第三，认真履行《国际卫生条例（2005）》。本次甲型H1N1流感疫情是自2005年《条例》修订以来，出现的第一次全球性的公共卫生危机。当前的疫情虽然有所缓和，病毒的毒力比人们预料的温和，但是决不能放松警惕，更要防范病毒在秋冬季卷土重来。各国应该支持世界卫生组织总干事和秘书处继续发挥其领导力，协调各方合力攻关，并提高发展中国家疫苗和抗病毒药物的可及性和可支付能力。我们也呼吁制药公司承担社会责任，为更多发展中国家的制药企业开放生产权。

主席先生、各位同事，

积极稳妥应对国际金融危机，防范甲型H1N1流感，保护人类健康，事关世界经济持续发展，事关世界各国和各国人民福祉。人人都有平等的生存权利，人人都有公平获得卫生服务，享受经济发展、社会进步带来成果的权利。我相信，只要各国政府、国际组织等国际社会践行强烈的责任感和使命感，地不分南北，人不分种族，我们一定能够通力合作、共克时艰。

谢谢大家！

**Dr C. Vallejos (Peru), Vice-President, took the presidential chair.**
**Le Dr C. Vallejos (Pérou), Vice-Président, assume la présidence.**

Ms JURASKOVÁ (Czech Republic):

Mr President, Madam Director-General, excellencies, members of the Executive Board, I am speaking on behalf of the European Union. Mr President, let me first express my sincere congratulations on your election as President of the Sixty-second World Health Assembly. I would like to assure you of European Union support for your work. The European Union continues to follow closely the health and humanitarian situation in your country in the light of recent events.

We would like to assure you that we are paying the highest attention to the current situation regarding influenza A (H1N1) 2009. Member States of the European Union would like to express their gratitude to WHO for its professional leadership and effective management of this serious issue and to the international community for the effective and close collaboration shown. We now need to share the lessons learnt in many areas, particularly within the context of the revised International Health Regulations and the Global Influenza Surveillance Network. Rapid and transparent information-sharing has enabled prompt initiation of preventive measures, build-up of diagnostics and development of vaccines, as well as providing vital assistance to those countries in need. We would like to acknowledge the hard work that has been done in the Intergovernmental Meeting on Pandemic Influenza Preparedness, which will improve the global system of influenza surveillance.

We would like to express our understanding for the proposal to shorten the agenda of the Sixty-second World Health Assembly and the 125th session of the Executive Board. The European Union is fully aware of the necessity to postpone some agenda items to subsequent sessions. At the same time, we want to point out especially the importance of the issues of counterfeit medical products, transplantation of human organs and tissue, tuberculosis and food safety, which should retain our full attention.

Despite the fact that we are still facing the financial and economic crisis and its full effects on all the countries, the European Union encourages all countries to maintain their efforts to strengthen and improve their health systems, because we all know that investments in health and the social sector are fundamental to human welfare. At times of crises, the most vulnerable groups tend to suffer most and therefore attention to universal access and equity are needed. The European Union stresses the importance of the health-related Millennium Development Goals. We are strongly committed to the implementation of the Goals, in particular those of improving maternal and child health and promoting gender equality. Protecting health from climate change and promoting health equity, health security and healthy environments under a changing climate are essential for present and future generations. The European Union welcomes initiatives that encourage the health sector's role to reduce emissions and highlight the health impacts of climate change.

It also welcomes the participation of the Chinese Taipei in the Sixty-second World Health Assembly as an observer. We believe that this, combined with participation in the International Health Regulations (2005), will enable Chinese Taipei to meaningfully participate in, and contribute to, the work of WHO.

With regard to the budget issues, the European Union would first of all like to welcome measures taken by WHO in view of the financial and economic crisis. The European Union has given careful attention to the Proposed programme budget 2010–2011 budget and the revised Medium-term strategic plan 2008–2013, which are essential tools for the governing of this Organization. We are convinced that WHO needs to further consolidate budget levels, to increase implementation capacity, to reduce the growing and accumulated carryover and finally to strengthen the role of partnerships in relation to the budget and the financing of WHO's strategic objectives.

Let me conclude by expressing our deepest appreciation of the hard and effective work of WHO, particularly in efforts to stop the spreading of influenza A (H1N1) 2009, as well as to deal effectively with the impact of the global economic and financial crisis. Let me assure you once again of the full support of the European Union in all your endeavours to make this session successful.

The PRESIDENT:

I thank the honourable delegate of the Czech Republic. I now give the floor to the honourable delegate of Jordan who will speak on behalf of the Arab Health Ministers Council.

Dr AL FAYEZ (Jordan): الدكتور نايف هايل الفايز (الأردن):

بسم الله الرحمن الرحيم،

السيد الرئيس، سعادة الدكتورة تشان المديرة العامة لمنظمة الصحة العالمية، أصحاب المعالي، أيها السيدات والسادة،

يسعدني أن أتقدم إليكم، سيادة الرئيس، باسم السادة وزراء الصحة العرب وباسمي شخصياً، بالتهنئة على انتخابكم رئيساً لجمعية الصحة العالمية الثانية والستين، كما يشرفني أن أتقدم باسم المجموعة العربية بعميق الشكر والتقدير إلى المديرة العامة لمنظمة الصحة العالمية الدكتورة تشان على تعاونها الوثيق مع بلداننا العربية في مختلف المجالات الصحية.

السيد الرئيس، يأتي هذا الملتقى الهام في ظل الأزمات المتلاحقة التي يشهدها عالمنا اليوم، والتي تؤثر على الصحة في كل دولة بشكل مباشر وخاصة النامية منها وفي هذا الإطار نشيد بجهود منظمة الصحة العالمية في التحذير من الأزمة المالية العالمية وانعكاساتها على الصحة. وندعو المجتمع الدولي إلى تحمل مسؤولياته لتخفيف عبء الأزمة على الفئات الأكثر احتياجاً بالدول النامية.

أيها السيدات والسادة، يواجه العالم منذ الشهر الماضي تحدياً حقيقياً بسبب انتشار جائحة الأنفلونزا (H1N1)، وبدأت دول العالم معه في اتخاذ كافة الإجراءات الاحترازية اللازمة للاستعداد المبكر للتصدي لهذا المرض. وفي هذا السياق، عُقدت العديد من اللقاءات دولياً وإقليمياً وعربياً. وقد دعا رئيس المكتب التنفيذي لمجلس وزراء الصحة العرب، وزير الصحة بالمملكة العربية السعودية، بالتنسيق مع جامعة الدول العربية لعقد المكتب التنفيذي لمجلس وزراء الصحة العرب لدورة طارئة في العاصمة الرياض بالمملكة العربية السعودية وباستضافة كريمة من حكومة خادم الحرمين الشريفين بتاريخ ٥ أيار/ مايو ٢٠٠٩، صدر عنها بيان وقرار الرياض. كما عقد وزراء الصحة لدول مجلس التعاون اجتماعاً في الدوحة عاصمة قطر بتاريخ ٢ أيار/ مايو ٢٠٠٩. وكذلك عقد وزراء الصحة بدول المغرب العربي اجتماعاً مماثلاً في طرابلس بالجماهيرية العربية الليبية بهدف الاستعداد للتعامل مع هذا الوباء إذا ما وصل إلى المنطقة العربية والتي بدورها تعمل على وضع خطة عربية موحدة لمواجهة هذا المرض، وبالتوازي مع ذلك، وجب التأكيد على أهمية تطبيق مبادئ التضامن الدولي والعدالة والمساواة وتنفيذ اللوائح الصحية الدولية. وقد يكون من المناسب بحث إمكانية تشكيل لجنة خبراء لدراسة تصنيف مخاطر الوباء تفاديا لتحمل الدول النامية أعباء مالية هي في غنى عنها.

السيد الرئيس، أيها السيدات والسادة، إنني، من هذا المنبر الدولي رفيع المستوى، أذكّر بالعدوان الغاشم الذي شنه جيش الاحتلال الإسرائيلي على أبناء الشعب الفلسطيني الأعزل في قطاع غزة وما ترتب عليه من مئات الشهداء وآلاف الجرحى والمصابين معظمهم من النساء والأطفال والشيوخ، مستخدماً الأسلحة المحرمة دولياً، واستهداف الطواقم الطبية والإسعافية والمستشفيات ودور التعليم ودور العبادة ومدارس وكالة الأونروا وتسبب في تدمير البنى الاقتصادية والصحية والاجتماعية في القطاع.

إن الوضع الراهن في قطاع غزة والانتهاكات الإسرائيلية المتكررة في حق الشعب الفلسطيني في حياة حرة كريمة وانهيار نظامه الصحي في ظل حصار جائر ينذر بعواقب وخيمة على الصحة العمومية لسكان القطاع قد تمتد آثاره لتطال العديد من دول المنطقة. وبعيداً عن الصراعات العسكرية والخلافات السياسية وما أفرزه العدوان الإسرائيلي على لبنان عام ٢٠٠٦ وعلى قطاع غزة عام ٢٠٠٨ من نمط جديد في الاستهتار بالقواعد والأسس الصحية وانتهاك حقوق الإنسان، فإننا نطالب منظمة الصحة العالمية بتشكيل لجنة دولية مستقلة لتقديم تقرير متكامل حول حجم المأساة الإنسانية والصحية، وانتهاكات إسرائيل لاتفاقيات جنيف بشأن المدنيين، وعرض تقرير اللجنة على جمعية الصحة العالمية في دورتها القادمة.

وإدراكاً من الدول العربية بحجم المأساة الإنسانية والصحية التي نتجت عن العدوان الإسرائيلي على غزة، فقد بادر وزراء الصحة العرب إلى عقد اجتماع طارئ لوزراء الصحة العرب في العاصمة الرياض بالسعودية، في كانون الثاني/ يناير ٢٠٠٩، تمخض عنه قرار وبيان الرياض الذي يجري الآن تنفيذه وإن كان هذا لا يعفي المجتمع الدولي من تحمل مسؤولياته تجاه هذه المسألة الإنسانية. وفي هذا الإطار، فإننا نرحب بنتائج مؤتمر شرم الشيخ الدولي لدعم الاقتصاد الفلسطيني، لإعادة إعمار قطاع غزة، الذي استضافته جمهورية مصر العربية بتاريخ ٢ آذار/ مارس ٢٠٠٩، والذي يُعد خطوة هامة في هذا الاتجاه. ونقدر جهود جميع الدول الأعضاء في تقديم الدعم المادي لأبناء الشعب الفلسطيني لمجابهة العدوان الغاشم على أراضيه. وهنا لابد أن أشير إلى أن تقرير الأحوال الصحية في الأراضي الفلسطينية المحتلة بما فيها القدس الشرقية والجولان السوري المحتل، قد أغفل وللأسف ما أبلغته الحكومة السورية كتابة إلى أمانة المنظمة حول الحالة الصحية في الجولان المحتل مما يلقي بظلال من الشك على مصداقية ومحتوى هذا التقرير.

أيها السيدات والسادة، إننا، إذ نؤكد على الدور الهام الذي تقوم به منظمة الصحة العالمية، والدول الأعضاء، فإننا ندعوها إلى مواصلة جهودها، والاستمرار في إرسال الفرق الطبية والإغاثية، ورفع الحصار المفروض على قطاع غزة. كما نؤكد على أن هناك مناطق عربية أخرى تحتاج إلى جهود داعمة، سواء في الصومال أو جيبوتي أو جزر القمر أو دارفور بالسودان.

أيها السيدات والسادة، في مواجهة التحديات الصحية المشتركة التي تواجه دولنا العربية فإننا نعمل على تكثيف البرامج والمشروعات الصحية المشتركة لتقوية النُظم الصحية وتحقيق جهود المؤسسات الصحية ومواجهة الأمراض المعدية وغير المعدية، ووضع السياسات والاستراتيجيات اللازمة، وتنمية وتعزيز قدرات العاملين بالقطاع الصحي من أجل تحقيق الأهداف الإنمائية للألفية، كما تؤمن الدول العربية بأهمية الرعاية الصحية الأولية اليوم أكثر من أي وقت مضى، وجاء الإعلان الصادر عن مؤتمر قطر الدولي عام ٢٠٠٨

بالتعاون مع منظمة الصحة العالمية متمشياً مع الرؤية الطموحة للرعاية الصحية الأولية وتعزيز مفاهيمها. وقد تبنى القادة العرب هذه الرؤية في القمة الاقتصادية والتنموية والاجتماعية التي عُقدت في الكويت في كانون الثاني/ يناير ٢٠٠٩.

سيادة المديرة العامة، إننا، في الختام نتطلع إلى المزيد.

The DIRECTOR-GENERAL:

I would like to thank the honourable delegate of Jordan, representing the Arab Health Ministers Council, for making the statement. I just would like to provide some information to Members on the omission of the report submitted by the Syrian Arab Republic on the situation in Golan. We have tried our very best to track down the report. We have not been able to find the report submitted to WHO, but we thank the Syrian Arab Republic for providing us with a fresh copy and we will issue a corrigendum to that report tomorrow.

Mrs MUGO (Kenya):

Mr President, the Kenyan delegation congratulates you on your election and commends the Director-General for her statement. We thank WHO for supporting our country in the surveillance and preparatory measures against influenza A (H1N1) 2009. Let me briefly highlight progress made and key challenges faced by our country's health sector since the last Health Assembly.

Preliminary results of the demographic and health survey carried out in 2008 indicate significant improvements in the key indicators, in comparison with 2003, which showed: a population of 33 million; gross domestic product of US$ 19 per capita; a human-resource development index of 0.491; an average life expectancy of 48 years; a maternal mortality ratio of 414 per 100 000; an infant mortality rate at 77 per 1000; and an under-five mortality rate of 115 per 1000.

To improve safe motherhood and newborn health, the country has adopted several strategies, including an improved referral system and an increased number of health facilities and health-care providers. However, attainment of Millennium Development Goals 4 and 5 requires more attention and funding than the current allocation. HIV/AIDS, malaria and tuberculosis remain the greatest cause of morbidity and mortality in the country. Achievements in the fight against malaria include: 52% of pregnant women and 65% of children under five years now sleep under insecticide-treated nets; indoor residual spraying in all epidemic-prone and some endemic districts; change of first-line treatment of artemisinin-based combination therapy (ACT); reduced malaria morbidity in sentinel districts by 50%; no malaria epidemics experienced in the last five years; and all health facilities in endemic districts giving malaria–preventive treatment to pregnant mothers. However, additional resources are required to sustain these gains and the strategies towards the ultimate goal of eradicating malaria.

In the control and management of HIV/AIDS, the latest AIDS Indicator Survey, in 2008, revealed that our HIV prevalence is 7%. Over 200 000 people living with HIV now receive antiretroviral treatment as compared to only 2000 people five years ago. We have also introduced male circumcision as an HIV-preventive strategy. The case notification rate for tuberculosis is 70% and the treatment success rate has steadily improved from 79% in 2002 to 86% in 2008. Further, initiation of collaborative activities against tuberculosis and HIV has significantly reduced deaths from comorbidity. However, multidrug-resistant and extensively drug-resistant tuberculosis pose great danger to our population.

We have recently launched a community strategy which recognizes the community's role in promoting health and preventing diseases. We are also working on initiatives with the private sector and other organizations to address our health issues. The public-health sector employs 33 000 health workers, of whom 45% are nurses. Over the last four years, more than 4000 health workers have been recruited with resources from government and development partners. However, our human-resource crisis still persists, especially the migration of skilled health workers. From 1993 to date, over 5000 health workers have migrated from the country. Although we can employ more, it is impossible to replace the lost skills, experience and training expenses. Kenya is not able to recruit all the qualified health workers into the public sector due to resource limitations. This unusual situation has made it

possible for Kenya to export nurses to countries within the region through bilateral agreements. We have, however, developed a health human-resource strategic plan which aims at reducing the extent and impact of having inadequate numbers of health workers and of their uneven distribution, through better workforce planning.

The attainment of national health goals and targets will be undermined by the current global financial and economic instability. At the same time, new and emerging diseases pose a threat to our health-care system by diverting resources from prioritized health issues. Kenya therefore proposes a bailout funding facility for countries with vulnerable health systems. We also supported the G-20 London Summit of April 2009 which committed to providing US$ 1.1 trillion stimuli for developing countries. We request that this funding be a grant and not a loan. There is also need for development partners to meet their commitments of financing the Millennium Development Goals. We also strongly call for an integrated and coordinated approach to funding in the health sector, and more emphasis should be placed on health systems strengthening.

In conclusion, I reiterate the commitment of the Kenyan Government to its health sector, as demonstrated by its increase of health funding from 4% of the national budget in 2002 to 9% in 2008. Although this is still below the Abuja target of 15%, it is a big step in the right direction. We also encourage strengthening of public–private partnerships in order to accelerate attainment of the Abuja target and the health-related Millennium Development Goals. Thank you.

Dr HAQUE (Bangladesh):

Mr President, Madam Director-General, fellow ministers, distinguished delegates, it is an honour for me to address the Sixty-second World Health Assembly. We are meeting under the threat of a new virus that has triggered a pandemic alert across the world. Bangladesh is committed to working with the international community to combat this threat. We have stepped up our vigilance to detect any potential case. We commend the role of WHO and our Director-General in helping the developing countries, as she said, on a minute-by-minute basis for the preparedness of the whole nation.

My delegation takes note of the Director-General's report. We appreciate her proactive leadership and timely intervention in the wake of this fast-evolving threat. We hope that this Health Assembly will approve practical recommendations to guide WHO to effectively support the developing countries in particular.

Bangladesh remains committed to attaining the Millennium Development Goals, including the health-related Goals. It gives me immense pleasure to tell you that despite economic constraints and frequent natural calamities, we have made steady progress in both economy and health over the past years. We ranked eighth among the most successful 16 of 64 developing countries working towards reaching the child-survival Goal. We made noteworthy progress in child immunization, prevention of nutritional blindness, improvement of life expectancy and maternal health. We have already met Millennium Development Goal targets in tuberculosis detection and treatment success. HIV prevalence among high-risk groups is less than 0.08%.

We have developed a good health-care infrastructure extending down to the villages. They are linked with referral facilities. We have 8000 community clinics already functioning and another 10 000 should be functioning soon. There will be one clinic for every 6000 persons living in villages in rural areas. We have a prominent sector of private health-care providers. We are looking to update our policy framework to strengthen the oversight of both the private and public health sectors.

In the past few months, remittances, garment exports, governmental and nongovernmental organizations, microcredits, bumper rice production and well-managed macroeconomic programmes helped us to sustain the country's economy. Recently, we have seen a declining trend in manpower export, a return of workers migrated earlier and a fall in exports and job cuts in garment industries, still a vibrant sector dominated by female workers. In the event of a fall in household income, families relying on private health-care providers will suffer more. An increase in chronic hunger and malnutrition may add to making vulnerable groups more prone to illness and drug-resistant infections. To address the ongoing global economic crisis and consequent health impact, the Bangladeshi Government established a high-level national taskforce and has announced a stimulus package. It has

introduced creative interventions for different vulnerable groups, including the poor, women, children, the elderly and the malnourished. The health service will maintain and improve its efficiency, quality and coverage.

It is worth mentioning that our Government, under the leadership of the Honourable Prime Minister Sheikh Hasina, marked its first 100 days on 19 April 2009. We received a massive electoral mandate to assume charges at a critical juncture, confronting economic challenges both at home and globally. We offered the nation the vision for establishing a poverty-free, digital Bangladesh by 2021. The health agenda included optimum health services for all citizens. The Ministry of Health and Family Welfare posted good progress in the first 100 days. We will soon finalize a national health policy focusing on meeting the challenges of the twenty-first century with a pro-poor health service. This year we observed World Health Day creatively. On that occasion, we organized a Health Service Week to boost the services of the health facilities in the public sector all over the country.

In the first 100 days, my Ministry also connected all hospitals, medical schools and health managers' offices with Internet up to the subdistrict level. These are working to strengthen our health management information systems. We introduced cell-phone based telehealth services in all 482 subdistricts. We have introduced teleconferencing systems with district health managers to facilitate real-time virtual meetings and patient care. More sophisticated telemedicine services will soon be functioning in several hospitals, linking the specialized hospitals with those in remote settings. Our objective is to reach up to the village level, linking with 18 000 community clinics. We request technical assistance from WHO in this regard.

Despite substantial progress, we are lagging behind in attaining Millennium Development Goal 5, that is, the reduction of maternal mortality. We have developed what we call the "Chougacha Model", a home-grown model for local community-based interventions to provide maternal and child health care. We want to replicate this successful model across the country. In the area called Chougacha we attained the maternal mortality rate – 147 deaths per 100 000 livebirths – set for 2005, and have already gone down to 119. As regards the infant mortality rate, set at 31 deaths per 1000 livebirths for 2015, we have attained it in 2008. In this model we have involved the local people with the functioning of the hospitals which have emerged from this excellent programme. We would therefore like to replicate it and we would like you to see it as well. We request much-needed technical assistance from WHO for further scaling-up of this programme. This type of cost-effective model could be a good safeguard for sustaining our achievements under Millennium Development Goals 4 and 5.

Like many other countries, Bangladesh is confronting formidable challenges in attaining health for all. We will need active and generous support of all development partners, non-State donors and fund providers, international organizations like WHO as well as relevant nongovernmental organizations and think tanks to improve our health services.

El Dr. GOMES TEMPORÃO (Brasil):

Señor Presidente, señora Directora General, distinguidos delegados: La presente Asamblea se reúne en un momento de una crisis sistémica con diversas dimensiones: la crisis financiera empezada en los países desarrollados; los impresionantes cambios climáticos; y la actual epidemia provocada por un nuevo tipo de influenza. Las tres crisis representan un momento de particular importancia para los trabajo de esta Organización.

En tiempos de crisis económica, nuestros gobiernos deben comprometerse a mantener la salud en el centro de sus políticas. Las inversiones en salud no solamente contribuyen a garantizar la realización de un derecho humano fundamental, sino que también crean las condiciones para el desarrollo pleno de nuestras sociedades. En el Brasil, las exitosas políticas sociales del Gobierno Lula no sufrirán ningún retroceso.

A fin de seguir mejorando la salud pública en un momento de crisis, debemos ser aun más capaces de identificar y actuar sobre los determinantes sociales de la salud. La atención primaria de salud debe ser el principio rector para el fortalecimiento de los sistemas nacionales de salud. Acercar los sistemas de salud de las comunidades a partir de políticas basadas en la atención primaria, conduce a mejores resultados médicos, menores costos y mayor satisfacción de los usuarios. Eso lo prueba la experiencia brasileña.

Pero ningún país puede enfrentar esa crisis solo. De la misma manera que estamos empezando a reestructurar la arquitectura financiera internacional, debemos hacer esfuerzos para lograr un sistema global de financiación de la salud que atienda a los objetivos de solidaridad y cooperación. Experiencias como la UNITAID deben ser valorizadas, profundizadas y replicadas.

La rápida propagación de la nueva epidemia de influenza demuestra que la salud es definitivamente una cuestión global y necesita cooperación y respuestas coordinadas. Los Ministros de Salud de la Comunidad de Países de Lengua Portuguesa nos reunimos hace tres días e hicimos una declaración sobre el tema.

Felicitamos a la Directora General y su equipo por el liderazgo en ese cuadro de emergencia de salud pública. El Brasil está comprometido con la finalización del nuevo régimen para el intercambio de virus gripales y el acceso a vacunas y otros beneficios. Solicitamos a la OMS que inmediatamente coordine esfuerzos para la ampliación de la capacidad de producción de vacunas, antivirales y kits de diagnóstico a precios asequibles, con el fin alcanzar rápidamente una cobertura para todos los que la necesitan. La fabricación de esos productos debe ser facilitada al mayor número de centros posibles, con vistas a permitir que todos los gobiernos - de países desarrollados o en desarrollo - puedan atender a las necesidades de salud de sus ciudadanos. El Brasil cuenta con centros calificados que pueden contribuir a ese esfuerzo global. En ese sentido, quisiera asociarme a mi colega de México acerca de la propuesta de donación del virus H1N1, de su secuencia genética y de las demás informaciones provenientes del virus como bien público.

No debemos ignorar esta oportunidad para alcanzar justicia en la forma en que la comunidad internacional comparte los beneficios del progreso tecnológico, sobre todo en situaciones de emergencia de salud pública. El Brasil defiende el amplio acceso para todos los países, incluso con la utilización de flexibilidades de los acuerdos internacionales.

La aplicación efectiva de la estrategia mundial sobre salud pública, innovación y propiedad intelectual tendrá un rol esencial en ese sentido y en el fortalecimiento de la OMS para luchar contra enfermedades que afectan a los países en desarrollo de manera desproporcionada, promover el acceso a los medicamentos y construir capacidades tecnológicas locales. La estrategia mundial y la Declaración Ministerial de Doha relativa al Acuerdo sobre los ADPIC y la Salud Pública constituyen un marco para reafirmar que las cuestiones de salud pública deben prevalecer sobre los intereses comerciales.

Como señal de apoyo y compromiso del Brasil con el rol fundamental de esta Organización en la interrelación entre los temas de salud pública, innovación y propiedad intelectual, mi Gobierno hizo una contribución financiera a la aplicación de la estrategia mundial.

Creo que es necesario mencionar la incautación, en territorio europeo, de un cargamento de medicamentos genéricos procedente de la India que pasaba en tránsito hacia el Brasil. Esto no fue un episodio aislado, y es motivo de gran preocupación para los países en desarrollo. Además de ética y jurídicamente inaceptable, medidas como ésta pueden denegar el acceso a los medicamentos esenciales para el mundo en desarrollo.

El intercambio de ideas y experiencias entre los países puede conducir a una mejor comprensión de nuestra realidad y a acciones mejor articuladas. Junto con los otros miembros de la Iniciativa Política Externa y Salud Global, trabajamos para incluir definitivamente la perspectiva de la salud en la agenda diplomática internacional.

Mi país está profundamente comprometido en aumentar la cooperación Sur-Sur. Una cooperación que se dirija a la promoción de la capacidad técnica en los países más pobres. Más allá de la ayuda de emergencia, es siempre importante que los países estén capacitados para estructurar sus sistemas de salud. Un ejemplo concreto es la donación que estamos haciendo de una planta para la producción de antirretrovirales a Mozambique.

En el ámbito de la Unión de Naciones Suramericanas (UNASUR), hemos instituido el Consejo de Salud de Suramérica. El Consejo se dedicará a temas como el acceso universal a medicamentos, el desarrollo de sistemas universales de salud, la formación de recursos humanos y la articulación de un sistema de vigilancia sanitaria para la región.

Finalmente, señor Presidente, quisiera decir que la crisis que enfrentamos constituye también una oportunidad para construir un mundo más justo y solidario. Esta Organización - como la agencia

especializada de las Naciones Unidas para la Salud -, cumple un rol central y estratégico en este sentido. Muchas gracias.

Ms MCLUCAS (Australia):

Madam Director-General, President and Vice-Presidents of the Health Assembly, honourable ministers, distinguished delegates, excellencies, ladies and gentlemen, Australia has had a long record of active engagement with, and participation in, both the Health Assembly and WHO. It is therefore a great honor for me, as Parliamentary Secretary to the Australian Minister for Health and Ageing, to address this Health Assembly today. The Health Assembly's Plenary theme, the impact of the economic and financial crisis on global health, is an important issue for all nations and one that should not be overshadowed by the very immediate issues facing us regarding influenza A (H1N1) 2009. The influenza outbreak is, in fact, a stark reminder that we cannot allow the current economic and financial crisis to undermine our efforts to build an effective global health system. Uncoordinated, individual action, or inaction, can multiply the global effects of outbreaks. Conversely, coordinated detection, prevention and response can contain those adverse effects. An encouraging takeout from the recent events is how much the experience of recent years, and of all our work globally, to build surveillance and planning capacity, has facilitated a speedy and effective international response.

Now, as WHO often reminds us, health in the twenty-first century is a shared responsibility, involving equitable access to essential care and collective defence against transnational threats. It is vital that our responses, national and global, to both the influenza outbreak and the financial crisis are consistent with these principles. One dictionary definition of a "crisis" is a "a decisive or vitally important stage in the course of anything" – and in this definition, perhaps the most important word is "decisive". The challenges of the financial crisis for global health – maintaining our commitment to critical health services and providing ongoing support to developing countries in building capacity and strengthening health systems – highlight the importance of making sound evidence-based investments in solid and sustainable health system architecture. Having in place equitable health financing systems, robust primary health care systems, good data systems for policy development, and well trained health workforces, are just some of the important features to ensure the resilience of health systems in difficult times.

Australia is fortunate in having a high-quality health system that supports universal provision of health services while not excluding private services for those who have the capacity to pay. Australia's Medicare system provides us with affordable, accessible health care that enables most people to see their doctor free of charge or access free treatment in public hospitals. Our Pharmaceutical Benefits Scheme makes a wide range of necessary prescription medicines available at affordable prices. And we are working hard to increase the focus on prevention, so that we can keep people well and out of hospital. While the global financial crisis presents challenges for all health systems, it should not automatically be a barrier to ongoing health-system reform. Australia, for instance, has committed itself to a major health-reform agenda and we intend to maintain our reform momentum despite changed economic circumstances. In fact, the need for economic stimulus is driving a renewed investment in key health infrastructure such as hospitals, clinical schools and medical research facilities. This will not only benefit job creation but will help build the health infrastructure of the twenty-first century. Current financial circumstances also highlight the importance of reform options that are not just about spending more money. Encouraging the health sector and other sectors of the economy to give more emphasis to prevention is one example. Strengthening the primary health-care system by making it more multidisciplinary and better equipped to manage chronic disease is another. Making better use of the currently available health workforce and ensuring that governments have a sound evidence base for their health-purchasing decisions are also important. These are just some reforms that Australia is implementing – reforms that we hope will improve the long-term sustainability of our health system to enable us to respond to unexpected shocks like the global financial crisis and to longer-term pressures from population ageing, technological advances and the growing burden of chronic disease.

The global financial crisis also provides a salient reminder of the importance of ensuring equity of access to health services and health outcomes in all countries. And it highlights the importance of

ensuring that strong partnerships are in place at all levels of government, business and community organizations to address economic and social disadvantage – and not just that resulting from current economic circumstances. Promoting social inclusion is a key priority for our Government, as is closing the gap in health outcomes and life expectancy between our indigenous and non-indigenous populations. The recent influenza outbreak and the current global financial environment demonstrate the criticality that countries not become excessively inward-looking in times of crisis. Donor countries like Australia must continue their commitment to supporting health system strengthening in our regions as well as globally. We must also maintain our commitment to the Millennium Development Goals. Australia is in fact increasing its support for the maternal and child health Goals. And we will continue to work with countries in our Region to build partnerships and exchange knowledge between us.

In conclusion, the current economic environment and the current influenza outbreak, should be seen as a call for us to continue our global commitment to deliver "health for all" through reforms to our own systems and working collaboratively across the globe. WHO remains a critical partner for us all in this process. Let us all make the most of this "crisis", that is, a moment for "decisive change".

Mr HANSSEN (Norway):

Excellencies, ladies and gentlemen, we are currently facing a number of serious global health challenges. It is quite a combination; a potential influenza pandemic, and economic crisis and dramatic climate changes. And all these threats affect our health. The outbreak of influenza A (H1N1) 2009 has posed a serious challenge. WHO has responded very decisively. It has not only swiftly classified the severity of the outbreak but also provided wise advice on appropriate responses. Although we do not know how severe the influenza will be, the world has never been better prepared for an influenza pandemic. Let me commend WHO and Dr Chan for the excellent leadership in this difficult situation. We must use this opportunity to further strengthen our preparedness and response plans.

We are in the midst of a massive global economic crisis. To me, the economic crisis – and the vulnerability it imposes on many people – underline the importance of public and universal health and welfare systems. As was emphasized at the recent WHO conference in Oslo on the economic crisis, investment in health improves wealth. Good health means wealth. And we know that primary health care contributes to economic development. It is the basic building-block of health systems. In times of economic crisis we must continue to prioritize health and protect spending on health and, especially, also to provide quality health services for the most vulnerable. WHO must be in the forefront. WHO must lead the way in protecting and securing investments in health. We need more, not less, money for health. Norway would therefore support an even more ambitious WHO, also in budgetary terms.

In my view, the crisis may increase social inequalities in health. These inequalities are results of the way we distribute resources. And they are unfair. I believe that social inequalities can only be tackled if our policies are built on universal welfare, supplemented by targeted policies. In this regard, I greatly welcome the resolution on social determinants of health. Let us then create the global action movement that WHO's Commission on Social Determinants of Health calls for.

If we are to succeed, health ministers and WHO need broad support from other sectors, Norway is part of the Foreign Policy and Global Health Initiative, where seven foreign ministers from different regions have decided to work together to make foreign policy and diplomacy more responsive to public health. We have seen how this adds value in building new alliances for health. Now this item is also placed on the agenda of the United Nations General Assembly. The Millennium Development Goals must be fulfilled. In times of crisis, we need to remember that the poor, especially women and children, are the most vulnerable and the most affected. A necessity for achieving the Millennium Development Goals is a gender-sensitive policy with a focus on women's rights.

We are living through a time of great change; a time of demographic change; a time of ageing populations. As all countries will need more health personnel, developed countries have a moral obligation not to empty developing countries of their scarce health workers. The burden of disease is changing. The number of patients with chronic diseases is rapidly increasing. I strongly believe that in order to meet the health needs of our populations we will need to adjust to these changes. In particular, a central task for WHO in the years to come will be to guide its Member States to develop effective

tools and measures to reduce diseases caused by lifestyle. Only then can we achieve our goals of a healthier population.

Mr AVRAMOPOULOS (Greece):

Mr President, dear colleagues, let me begin by extending my warm congratulations to you Mr President and the other officers of the Health Assembly on your election to this high office and wish you the best of success in this position. We are confident that you will continue to make progress on the important issues confronting humanity and that under your leadership the role and work of WHO will become more relevant to the lives of billions of people. Let me also express our deep appreciation to the Director-General for her untiring efforts to respond to the current situation relating to the influenza A (H1N1) 2009 virus.

The global influenza crisis has become a frightening actuality that had the potential to assume even more dangerous proportions if we had failed to take urgent and collective action. Rising to its responsibility, WHO has reduced the tension. The leading role of the Organization and the guidance offered to the international community were of extreme importance at this particular time, in one of the most difficult moments of modern history, vastly increasing the world's capacity to cope with this international threat.

We meet again in the quest for better health in the midst of a global health crisis. Our presence here today is not a sign of crisis but of confidence. The statement made by the Czech Republic on behalf of the European Union and its 27 Member States has the full support of my country, Greece. Crises of this nature prove once again that viruses do not recognize borders, underline the high level of interdependency among nations and upgrade the role of strategic partnerships among regional and international organizations. They also demonstrate the vital importance of early-warning systems and preparedness to reduce risks in advance. This is why we are in favour of strengthening health-care systems and their surveillance capacity as well as recognizing the necessity of continuous collaboration and coordination at national, regional and international levels, in order to prevent and respond to public health threats. At this point, I wish to add a personal note of grateful appreciation to Mr Marc Danzon and his staff from the WHO Regional Office in Copenhagen for their valuable contribution in this context.

The expanding outbreak of the new influenza around the world has raised concern about a global pandemic. It is widely recognized that a pandemic virus, even if mild, may cause serious disruption in modern societies. In case of a pandemic, multiple aspects of everyday living will be affected. The disruption in social interactions will place a huge burden on the structures of individual countries, not only affecting public health but also impacting on the financial and political status of an individual country. At this time of preparedness, we continue to be concerned about the geographical expansion, but moreover about the potential effects of the spread of this new virus in our communities. Technical consultation is necessary in order better to elucidate the course of the current epidemic in the affected areas. Furthermore, robust data are necessary to clarify whether there is an increase in severity of the circulating new strain compared to seasonal influenza.

As our technical experts are suggesting, besides the inherent characteristics of this new virus, the vulnerability of our population and the capacity of our societies to respond will be the most important factors influencing the impact of disease, if and when it comes. In Greece, the Ministry of Health and Social Solidarity has taken a leading role in coordinating the response to this emerging pathogen both at the national and the community level. Special emphasis has been placed on informing citizens on the readiness of the health structures to respond to suspect cases and on immediate measures to reduce potential transmission within our country. I was informed a short while ago that the first case of infection was reported in Athens by the Hellenic Centre for Disease Control. We are not surprised; all measures have been taken in line with international regulations. Furthermore, we prepare as if a pandemic is imminent according to WHO recommendations by enhancing our protective measures and by continuous actions at the prefectural level to increase the readiness of our communities to deal with such a possibility. We have already increased and diversified our national antiviral stockpile and we have planned interventions to reduce transmission at the community level. Sensitive issues such as prioritization of the groups receiving antiviral drugs and equal access to

community-wide protective measures are further discussed and planned, keeping in mind that the individual country situation may differ.

As the hope for an effective and safe specific vaccine against the new virus appears on the horizon we anxiously follow the developments regarding the production of such a vaccine that will be administered to the citizens of the world. We are now exploring such issues as production capacity and delivery of the new vaccine to individuals in our country. The best use of such a vaccine would be to target at-risk groups after taking careful consideration of other factors like the susceptibility to seasonal influenza, which remains an important health threat.

At this important junction, we face a public health emergency and the potential for global consequences. We must stand wise, without fear or panic; we must show trust in science, and maintain clarity and transparency in our communication with the citizens in our countries. We have to collaborate with each other by sharing expertise and by maintaining a high level of communication. This has been achieved so far and has increased optimism about the outcome of this crisis. With such optimism, I want to say that we were prepared and we will be even better prepared, no matter what the course of the new influenza will be. The world is looking upon us and we have to deliver. Thank you for your attention.

Professor OSOTIMEHIN (Nigeria):

Mr President, I bring you greetings from my country, Nigeria, and I also wish to use this forum to congratulate you on the assumption of the presidency of the Sixty-second World Health Assembly. Kindly also allow me to commend and appreciate the contributions of the Director-General of WHO, Dr Margaret Chan, for her continued promotion of the mandate of this global body, especially the prompt and efficient way in which WHO rose to the challenge of the influenza A (H1N1) 2009 pandemic threat. The Government of Nigeria also uses this opportunity to commend other nations of the world for their immediate and prompt response, particularly affected nations, and we send our condolences to the nations that have suffered fatalities and other attendant consequences of the outbreak.

During the Sixty-first World Health Assembly, several issues were at the heart of an agenda which Nigeria had committed itself to addressing, and these include eradication of poliomyelitis, maternal and child health, malaria control, pandemic influenza prevention and control, noncommunicable disease prevention and control, and national legislation on health.

Regarding the eradication of poliomyelitis, as you may be aware, Nigeria made commendable progress from 1998 to 2002 but suffered a major setback in 2003–2004 as a result of controversies over the safety of the oral poliovirus vaccine. That setback ensured that Nigeria today is one of only four countries in the world that has yet to interrupt wild poliovirus transmission. Following this, poliomyelitis eradication efforts were intensified and include new innovations aimed at improving the effectiveness of eradication activities, utilization of the more effective monovalent oral poliovirus vaccine (mOPV) and mOPV3 with an integrated approach, and adoption of the Immunization Plus Days. During Immunization Plus Days, a broad range of child-survival interventions resulted in marked improvement of the quality of vaccinations and a significant decline in the incidence of wild poliovirus transmission in Nigeria. However, progress could not be sustained, resulting in a major resurgence of wild poliovirus in 2008, so that the Sixty-first World Health Assembly adopted a resolution that urged Nigeria to "reduce the risk of the international spread of poliovirus by quickly stopping the polio outbreak in northern Nigeria through intensified eradication activities that ensure all children are vaccinated with oral poliomyelitis vaccine". Since then, Nigeria has put in place important measures and has also recorded commendable outcomes.

These measures include enhanced supplemental immunization activities. Nigeria has implemented six rounds of supplemental immunization campaigns, three of which have been national. The quality of these campaigns has shown a steady improvement. During these campaigns, 550 of the 774 local government areas achieved 90% coverage, and that increased to 627 during the March 2009 campaign. As a result of the steady improvement in quality of the supplemental immunization campaigns, the number of unvaccinated children during campaigns declined significantly.

The efforts to improve routine immunization performance are bearing modest dividends and national routine OPV3 coverage has increased from 47% at the beginning of 2008 to 63% in the first quarter of 2009 – a very significant 75% increase within 12 months!

In regard to acute flaccid paralysis surveillance certification standard performance was maintained at national level and in all but one state in 2008. At the local government level, 73% of all local governments in the country met the two main surveillance performance indicators for acute flaccid paralysis. Both national poliomyelitis laboratories in the country located at Ibadan (in the south) and Maiduguri (in the north) maintained WHO accreditation in 2008.

The improved quality of immunization activities has impacted positively on population immunity. The proportion of cases aged 6–35 months suffering from acute flaccid paralysis not associated with poliomyelitis who were reported never to have received a single dose of OPV declined from 15% in 2006 to less than 5% by the first quarter of 2009. Similarly, the proportion of such cases aged 6–35 months who were reported to have received at least three OPV doses increased from 62% in 2006 to 78% by the first quarter of 2009. The most dramatic improvement in population immunity was registered in Kano, where for the first time ever, the proportion of unvaccinated children dropped to less than 20%.

Closely following the poliomyelitis issue is that of the outbreak of epidemics in Nigeria, specifically cerebrospinal meningitis and lassa fever. We have effectively contained these outbreaks and put measures in place to ensure prevention of future outbreaks. The immediate actions taken by our Ministry to mitigate the impact of these outbreaks include enhancing surveillance activities, providing relevant drugs for case management, thus reducing mortality, and strengthening laboratory and diagnostic capabilities. In addition, the states' epidemiologists and all those involved were retrained. It is worth noting that of the 20 million doses of vaccines against cerebrospinal meningitis available in the world, six million doses came to Nigeria. Similarly, the country has effectively managed the outbreak of avian influenza in a successful manner and the last confirmed case of avian influenza in Nigeria was seen in October 2007. Every preventive measure has been put in place and is working.

In the light of these challenges, we wish to state here, therefore, that Nigeria is fully prepared for the influenza A (H1N1) 2009 virus outbreak that has affected a large number of countries. We have taken steps to ensure that we remain virus-free. No case has been recorded in Nigeria to date. To keep it this way, we have embarked upon massive sensitization and public health education at the highest political level. The WHO interim case definition with surveillance guidelines and influenza laboratory guidelines have been disseminated. And we have also put our Port Health Services on the alert.

In fulfillment of our compact with our people and also our commitment to the international community, Nigeria is making every effort to be on track for the achievement of the Millennium Development Goals. We are on track for Goal 6, while Goals 4 and 5 remain seriously challenged. This is not unconnected with a poor health system and the skewed resource allocation to issues that directly concern these two Goals. In order to stop, and indeed reverse, this trend and achieve Goals 4 and 5, we have put into place the Integrated Maternal, Newborn and Child Health strategy and that is working. We have also embarked in recent times on a specific unique health intervention called the "Midwives Service Scheme" to address the human resource gap in implementing this strategy to improve maternal health.

In addition to the high disease burden traceable to communicable ailments that are easily preventable and controlled by a functional and equitable health system, diseases related to poor lifestyles are also on the increase. We are implementing a global protocol and wish to use this forum to announce that smoking has been banned in public places in our Federal Capital Territory. In line with the African Union (AU) Summit Declaration of 2006 on malaria targets, Nigeria is on course to ensure that the population has access to prompt and effective malaria treatment. Children and pregnant women use insecticide-treated nets, and we also treat pregnant women with intermittent preventive therapy. We have been able to mobilize unprecedented resources and I believe that by 2010 we should be able to reach 80% of the population. I am also pursuing increasing regional cooperation. We are very keen to ensure and strengthen our regulatory environment at the regional and international levels. The issue of drug distribution and counterfeit medicines is very important to my country. We wish to use this forum to call again on WHO to continue to keep these in the public discourse.

Finally, in response to repositioning the Nigerian health sector to meet its challenges, we have articulated an agenda for health and we are also putting together a national strategy for health development. The overarching goal for this plan is to significantly improve the health status of Nigerians through the one reference plan and one health investment framework, for ownership, alignment, harmonization, and mutual accountability by all. Specifically, the framework addresses leadership and governance for health; health service delivery; human resources for health; health financing; health information systems; community ownership and participation; partnerships for health development; and research for health.

Finally, let me once again express appreciation of the efforts and commitment of all our development partners towards the success of our endeavours. We will continue to solicit your support in our efforts to meet national and global health goals. Thank you.

Ms RISIKKO (Finland):

Mr President, distinguished colleagues, ladies and gentlemen, it is a great pleasure for me to address this Health Assembly on behalf of the Government of Finland. We fully associate ourselves with the statement made on behalf of the European Union. We are today meeting in the middle of a threat of a virus pandemic. Finland would like to thank WHO and the countries affected for their prompt and systematic efforts in this matter. Finland would like to emphasize that in global epidemics like this we need concerted action and WHO is the right body to lead the way. Rapid information-sharing has enabled prompt initiation of preventive measures, build-up of diagnostics and development of vaccines. Now we need to share the benefits of this and support Member States that need help in preparing for the epidemic.

We are confronted today by other serious challenges too. It is our task to ensure that these crises do not lead to unnecessary human suffering. From the severe recession Finland faced in the early 1990s we have learnt the importance of maintaining well-functioning welfare services in times of hardship. With this in mind, Finland welcomes the Director-General's efforts to strengthen primary health care. Finland has a long experience in universal primary health care. A well-functioning health service structure cannot be replaced by disease-specific initiatives. We have been painfully reminded of this in relation to health-related Millennium Development Goals. For example, maternal health cannot be improved without a functioning horizontal health service structure.

Finland would like to congratulate the Director-General, Dr Chan, WHO and the Commission for their work on social determinants of health. We would like to see WHO maintain strong global-level advocacy for social determinants of health and foster collaboration with the relevant bodies, especially within the United Nations system. The mainstreaming of social determinants of health into WHO's own work needs to be continued and implementation strategies both for the global and national levels need to be further developed. In Finland, we have been implementing a "health in all policies" approach in our policy-making for a long time. We have established an intersectoral Government policy programme for health promotion to foster healthy public policies. We have also launched an intersectoral action plan to reduce health inequalities.

The potential effects of the financial and economic crisis on WHO's funding are a matter of concern. As we have failed to raise the regular budget, the increasing share of extrabudgetary resources remains a necessity. Over recent years Finland has increased its funding to WHO. Finland prefers not to earmark its contribution in order to allow the Organization to allocate funding according to its priorities as decided by the governing bodies. Thank you for your attention.

Ms AGLUKKAQ (Canada):

Mr President, Madam Director-General, distinguished delegates. It is a pleasure for me to be Canada's voice at the Health Assembly to advance our common goals of improving global public health and health security. In this age of globalization, it is critical that we address our health challenges by working together. Like all of you, in recent weeks Canada's attention has been focused on the response to and management of the outbreak of influenza A (H1N1) 2009 virus. It goes without saying, that this topic will be one of the dominant issues of our discussions during this Sixty-second World Health Assembly. Before I go any further, I would like to take this opportunity to congratulate Dr Chan and

WHO for their leadership shown during this crisis. Clear communication and the use of expert analysis and advice have helped all affected countries deal quickly and effectively with this outbreak. On behalf of all Canadians, thank you, Dr Chan for your continued strength in leadership on this file.

I come from Canada's newest Arctic territory called Nunavut. For a variety of reasons, not least of which include geography, our approach to solving problems in Canada's North is to build consensus and work together. I have used this philosophy as a guide for my approach to Canada's response to the influenza A (H1N1) 2009 virus. Canada is pleased to have contributed to the global response to this latest outbreak. Our scientists played a key role in identifying this strain of influenza. In the early days, hundreds of samples from Mexico were flown to our National Microbiology Laboratory in Winnipeg for testing. And thanks to our partnership with Mexico, the early analysis from this testing has improved our understanding of the virus. As well, Canadian scientists have been successful in completing the genome sequencing of Canadian and Mexican samples of the virus, and we have shared this information with researchers around the world. This is an important step that adds to our collective knowledge of the virus and its impact in populations. Collective planning efforts that have been undertaken at a global level in recent years have served us well in responding to the spread of this virus. The flow of information between health officials in all countries continues to benefit the response efforts of all. It has been a test of our ability to cooperate effectively and to work together during this time. I have said many times back home in Canada, "We're all in this together and we'll get through this together." We must continue to work together nationally and internationally to develop well-informed, measured responses to this outbreak. And I can assure all Members that in Canada, we will continue to play our part against influenza A (H1N1) 2009.

While we are all preoccupied with current events, we as global citizens must not lose sight of the long-term health issues that need to be addressed in order to improve the health and well-being of people around the world. We must push forward on initiatives to achieve greater equity in health. Improving access to primary health care in developing countries must continue to be one of our collective global priorities. By improving the basic living conditions of many of the world's people, we will have a positive impact on their health. We need to work to ensure that those who are most at risk get access to the health services they need.

Canada is committed to the agenda set out by WHO. As we take on new challenges, we must follow through with the commitments we have made in the past. Through this Health Assembly, just like we do back home in Nunavut, we can work together to prevent health problems and respond to health emergencies wherever they arise. Thank you.

The PRESIDENT:

We have now completed our list of speakers for today and it is time for us to adjourn the meeting.

**The meeting rose at 18:45.**
**La séance est levée à 18h45.**

## THIRD PLENARY MEETING

**Tuesday, 19 May 2009, at 09:15**

**President:** Mr N.S. DE SILVA (Sri Lanka)

## TROISIÈME SÉANCE PLÉNIÈRE

**Mardi 19 mai 2009, 9 h 15**

**Président :** M. N.S. DE SILVA (Sri Lanka)

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

The PRESIDENT:

The Health Assembly is called to order. This morning the Health Assembly will resume its consideration of item 3 of the agenda. The first two speakers on my list are Indonesia and Viet Nam. May I invite them to come to the rostrum. I give the floor to the delegate of Indonesia.

Dr SUPARI (Indonesia):

President of the Health Assembly, Director-General of WHO, excellencies, honourable delegates, ladies and gentlemen, allow me, at the outset, to congratulate His Excellency Dr Nimal Siripala de Silva, Minister of Healthcare and Nutrition of Sri Lanka, for his successful election as the President of this Health Assembly. This Sixty-second World Health Assembly calls us to resolve an important global health agenda, while at the same time, we are facing an "imminent" pandemic of the novel influenza A (H1N1) 2009 virus. We would like to thank Dr Margaret Chan for bringing us together to discuss the H1N1 cases.

I am seriously concerned about the fragility of the world we live in. It was only some six months ago that we experienced the collapse of Lehman Brothers, which marked the starting point of our journey to sustain life during a financial crisis – with its subsequent snowball effects in different sectors worldwide – leading to an economic downturn "pandemic". Early last month we were shocked by another outbreak of the novel influenza A (H1N1) 2009 virus in Mexico and its ongoing transmissibility, which were emphasized by the measures made by WHO to increase the pandemic alert level from 3 to 4, then to 5. WHO even considered increasing the alert level to 6, and further announced the imminent pandemic of novel influenza A (H1N1) 2009. WHO's undertakings, in one way or another, have led to serious unfair worldwide reaction to Mexico and Mexicans – similar to stigmatization and introducing trade barriers – which are jeopardizing Mexico's economic recovery. This is happening despite, as we understand, the low-case fatality rate of the current virus, which is less than 2%, and below the case fatality rate of seasonal flu. At this point, I would like to address my deepest sympathy to the victims of this outbreak.

Excellencies, honourable delegates, ladies and gentlemen, I understand the serious outbreak of this novel virus, but I am not going to speculate on the snowball effects of the current double burden of the economic and health crisis. More importantly, I would like to draw your attention to current facts. First, unfortunately, WHO only applies transmissibility/epidemiologic determinants as criteria for pandemic-alert levels. It does not apply other important indicators like severity/clinical indicators such as morbidity

and mortality and also virological/gene sequence indicators (high or low pathogenicity). It would be to our advantage if in future WHO could redefine or improve the criteria for determining the pandemic-alert level. Second, WHO has not been forthcoming in a timely and systematic manner in recommending countries with production capacity to start producing their own generic supplies of antivirals. Third, developed countries have all signed deals with vaccine-makers to ensure that they get the first batches of pandemic vaccine of the production line, leaving developing countries at risk. And last, many developed countries have placed "advance contracts" for more than 200 million doses of vaccine against pandemic influenza, representing over half of current total production of flu vaccine; then what is left for us, the developing countries.

The ongoing mechanism of pandemic preparedness and response has reminded me of an important event in this Health Assembly two years ago, when developing countries called for the overhaul of the pandemic influenza surveillance system, resulting in resolution WHA60.28. At this point, I should like to reiterate the important value of fair and transparent sharing of the influenza virus and fair and equitable sharing of benefits as stipulated in resolution WHA60.28. The intergovernmental meeting process has achieved important progress on the Framework and Standard Material Transfer Agreement, establishment of an advisory mechanism and the ongoing development of an influenza virus traceability mechanism. There are remaining key issues to be finalized, and I therefore would like to have guidance from this Health Assembly this week.

Allow me to thank the leadership of Ms Jane Halton, and indeed, I treasure the investment of the Government of Australia and your team's continuous and relentless support in building and monitoring the discussions up to the achievements we have today. In the spirit of the Foreign Policy and Global Health initiative, I must also convey my sincere gratitude to the Government of Norway in bridging the discussion by its willingness to lead the informal consultations, aiming at facilitating the intergovernmental meeting discussions. The solidarity demonstrated by developing Member States in the process is highly appreciated. Finally, I must convince your excellencies and the global health communities that our collective efforts are vital and viable for the long-term solutions of global public health. Dr Chan, Indonesia is always happy to sincerely support your leadership. Thank you very much.

Mr NGUYEN QUOC TRIEU (Viet Nam):

Honourable Mr Nimal Siripala De Silva, President of the Sixty-second World Health Assembly, excellencies, Dr Margaret Chan, Director-General of WHO, distinguished delegates, ladies and gentlemen. In the context of the current international economic and financial crisis, the challenge for policy-makers is how to provide people with proper health protection and promotion, especially for vulnerable groups. I have the honour to represent the Government of Viet Nam to speak to the international community about what we have done for our people in health care and protection, especially when we have had to cope with the threat of the spread of influenza A (H1N1) 2009.

Unavoidably, Viet Nam must face the global economic and financial crisis, the consequences of which include a high inflation rate and decrease in national growth. However, we insist on pursuing equity, and the effectiveness in development of the health sector.

In order to reach these goals, the Government of Viet Nam has promulgated several important policies such as health-system operation and health-care financing reforms aimed to ensure equity and effectiveness in development and increasing state investment in health at a higher rate in comparison to the government average, of which at least 30% is allocated to preventive medicine. We have also continued our health-service delivery system reforms, empowering the state hospitals and encouraging the development of health in the private sector. Communal health-care facilities have also been consolidated and the national drug policy is being implemented. In 2009 Viet Nam, for the first time, approved a law on health insurance, to assure universal health insurance by 2014.

The international community in general and Viet Nam in particular are not only experiencing a global economic financial crisis but also threats of an outbreak and spread of influenza A (H1N1) 2009. In joining the international community in taking the necessary actions, Viet Nam has shown its role and responsibility in preventing and monitoring the novel influenza. Viet Nam has reactivated its national rapid response system and the National Steering Committee on Human Flu Prevention and has set up four committees for monitoring, treatment, communication and logistics. However, we still

have difficulties, such as the shortage of specialized quarantine facilities at our border entries, antivirals and personal protection equipment. On this occasion, the Ministry of Health of Viet Nam would like to call for support and cooperation from the international community to help us in our efforts to control the epidemic.

At the ASEAN+3 Health Ministers' Special Meeting on Influenza A (H1N1) held 7 and 8 May 2009 in Bangkok, the Government of Viet Nam agreed to the contents of the joint declaration and is strongly committed to restricting and monitoring the threats of the influenza A (H1N1) epidemic. I believe that close collaboration between countries in the ASEAN+3 and WHO Member States, through joint action, will be the solid foundation to deal with the current epidemic appropriately and in a timely way.

The Health Assembly is the international forum for Member countries to share information, achievements and experiences. Viet Nam highly appreciates WHO's leading role in pursuing better global health care. It is our honour to share our progress in providing health care to our people, especially in the context of the economic and financial crisis and the outbreak and spread of the current influenza A (H1N1). Once again, we would like to express our full commitment to work hand in hand with the international community to achieve a healthier world and more sustainable development.

Professor KYAW MYINT (Myanmar):

Mr President, excellencies, distinguished delegates, ladies and gentlemen. First and foremost, may I congratulate Mr Nimal Siripala de Silva for his election as President of the Sixty-second World Health Assembly. The year 2008 witnessed grave disasters in many parts of the world. Cyclone Nargis struck Myanmar on 2 and 3 May 2008 and was the gravest natural disaster our country has experienced in its history. Official reports stated that over 130 000 people were dead and missing; 450 000 houses were totally destroyed and 350 000 houses partially damaged. About two thirds of the health facilities in the storm-hit areas were either completely or partially destroyed, of which 30 different types of hospitals were affected.

The Ministry of Health deployed more than 2000 medical and public health personnel to the affected areas to provide health assistance. In addition, international medical teams as well as several hundreds of nongovernmental and intergovernmental organization workers also provided health care and assistance to the storm victims. The Ministry of Health worked closely with the health cluster, led by WHO. As a result of the collective public-health interventions of the Ministry of Health, public and private sectors, United Nations agencies, international organizations, local and international nongovernmental organizations, no communicable disease outbreaks occurred. The number of reported cases was within the margins of normal seasonal trends.

At this juncture, I would like to take this opportunity to express my deepest gratitude to the Director-General of WHO for her kind guidance and the moral and material support that WHO has provided for the storm victims of our country and to other United Nations organizations and national and international nongovernmental organizations. In times of economic and financial crisis, social sectors such as health, education and welfare are most likely to be affected through budget cuts. Health sectors in developing countries must depend on financial assistance from donors and in the wake of a financial crisis of global extent, dwindling external financial assistance will further adversely affect provision of health services. The people most adversely affected in these instances will be the poor, unless social protections are in place. The World Bank has highlighted the need to ensure that health spending be targeted to the poor.

In Myanmar, health-service provision is almost free with the exception of user-charges in some hospitals. Access by the poor is ensured by waiving user fees. All hospitals have established trust funds through donations from well-wishers to augment the mechanism to protect the poor. Resource allocation is prioritized to services with better return and targeted to those most in need. Through targeting the rural population and targeting for universal coverage, it is expected that there will be less impact in the face of economic downturn in the country. Member States of WHO should share knowledge and experience among each other to reduce the negative impact of the economic and financial crisis on global health. We believe that we will be able to strive through these difficult times

by strongly reaffirming the values and principles of primary health care as the basis for strengthening our health systems.

The current outbreak of the influenza A (H1N1) 2009 has called for a global action for pandemic preparedness. Based on preparedness plans put into place during the worldwide outbreak of severe acute respiratory syndrome in 2003, Myanmar adopted a national strategic plan for pandemic preparedness in 2006. We started preparatory actions for the outbreak on 26 April and have been alerting the public daily through all forms of the media ever since. Control measures are being taken at airports, seaports and ground-crossing border areas through a rigid surveillance system.

Myanmar, as a member of the international community, would like to commend the role of WHO in combating influenza A (H1N1), and looks forward to the Director-General giving the necessary guidance and support in controlling the infection. Thank you.

Dr MADZORERA (Zimbabwe):

Mr President, honourable colleagues, ladies and gentlemen. I wish to congratulate you, Mr President on your election to lead this Sixty-second World Health Assembly. On behalf of the Government and people of Zimbabwe, may I first convey our heartfelt sympathies and condolences to the Government and people of Mexico and other counties for the loss of life due to the influenza A (H1N1) epidemic. I wish to commend WHO for its leadership in the global response to the epidemic.

Over the past decade, Zimbabwe has been experiencing an economic recession with far-reaching consequences for health-care delivery. While Zimbabwe is committed to providing its citizens with the best possible health care, the vagaries of the global economic crisis have posed challenges to our health system. For us, the global economic crisis could not have come at a worse time than this.

The formation of the inclusive government in Zimbabwe is a welcome development. Our Government calls upon our development partners to help revise the public-health infrastructure. We urge that the world now meet its political pledge by financially supporting the political dispensation to alleviate the suffering of Zimbabweans caused by a decade of negative growth. Our fierce cholera epidemic, which is still smouldering, is simply the face of years of negative investment in infrastructure, plant and equipment. We strongly believe that the humanitarian crisis caused by water and sanitation inadequacies cannot be abated without substantial investment in infrastructure development and rehabilitation of plant and equipment. Zimbabwe, together with its partners and friends, needs a paradigm shift so that we can start addressing these challenges holistically, paying close attention to their true origins and offshoots. The gains made in the first three months of this inclusive government ought to be acknowledged. We should not lose the momentum. Therefore, we call upon the developed world, our traditional partners in development, not to concentrate on their own problems to the exclusion of the developing countries. It is at a time such as this that the developed countries need to strengthen their resolve to honour the 0.7% of GDP commitment to health-sector financing in the developing countries.

Sub-Saharan Africa bears the greatest burden of HIV/AIDS, tuberculosis and malaria and relies heavily on the Global Fund to fight AIDS, Tuberculosis and Malaria. There is a risk that stringent disbursement criteria may be imposed as the pie shrinks. We hope the donor community will not be persuaded to consider taking this potentially unfruitful route. As climate change negatively impacts on food production, with resultant food insecurity at household level, the ripple effect will no doubt culminate in price increases, putting food beyond the reach of many, especially in the vulnerable developing countries. This will be more pronounced in war-stricken countries and countries experiencing famine. Let us not forget that the foundation of good health is good nutrition.

In its emergency recovery programme, Zimbabwe is focusing on the following critical elements: one, human resources for health; two, drugs and consumables; three, plant, equipment and infrastructure; and four, transport and communication. With these in place, we will be able to deliver on our promise to the people of Zimbabwe to reduce the disease burden. We still have challenges and glaring resource gaps, but we also wish to announce that there are many partners who have already started collaborating with us, particularly in the areas of human-resource retention and drug supply.

On behalf of the Government of Zimbabwe, I would like to thank WHO Director-General, Dr Margaret Chan, who at our request swiftly responded by dispatching a team of health experts to help control the ravaging cholera epidemic. I would also like to acknowledge the enormous contribution of many other health partners, nongovernmental organizations, international organizations, United Nations agencies and the countries of the Southern African Development Community.

Let me also urge all our development partners to further support our health system strengthening programme, especially the human-resources aspect of the retention scheme, and the other priority areas that I have already highlighted. Thank you.

Dr JAMEEL (Maldives):

Mr President, honourable ministers of health, ladies and gentlemen. Mr President, before I proceed any further, may I take this opportunity to congratulate you as the President of the Sixty-second World Health Assembly. We are confident that under your leadership this will be a very successful session of the Health Assembly. In this era of globalization and interdependence, health issues present new challenges in face of the economic crisis and the threat of pandemic influenza that go far beyond our national borders and have an impact on the collective security of people around the world. Our experience with the severe acute respiratory syndrome, avian A (H5N1) influenza and, currently, influenza A (H1N1) 2009 has made us aware of the need for effective surveillance and strategies such as collaboration among countries, proper infection-control measures and coordinated efforts of several actors and networks of relevant scientific institutions to maximize our knowledge and capacity to handle such new challenges. My country is happy to report that with the present concern over the influenza A (H1N1) 2009, we have been able to use this opportunity to fulfil many of the requirements stipulated in the International Health Regulations (2005). Our national pandemic preparedness plan developed on WHO guidelines has been activated and is being tested.

At this point I would like to draw your attention to the critical geographical location of the Maldives. Our main economy is based on tourism and any global pandemic will no doubt have a devastating effect on our already fragile economy. Therefore, we urge WHO and all our friends to assist us with their expertise or in any other way in preparing for a pandemic. While we are recovering from the impact of the tsunami and the resettlement of the displaced population, we are now confronted with the global economic crisis. In the past, Maldives has been spending over 11% of the national budget on health care. We believe that the social needs of people cannot be left to the private sector. At the same time, we need to accept that no longer can the public sector alone provide all the essential services to its population. As with many governments, Maldives is confronted by fiscal constraints that force us to carefully prioritize and restrict public expenditures. For the first time in the history of our country, we have a democratically elected government. We realize that we have several challenges in our health-care system. The present Government reiterates that primary health care is the right approach to strengthen the health system, taking into account the social determinants of health for achieving the Millennium Development Goals. My Government fully realizes the potential benefits of partnering with the private sector. Appropriate convergence of interests and expertise in a private–public partnership in practice may lead to a better managed and cost-effective project execution and health-service delivery by taking steps to minimize risks, and that public funds are used in accordance with the partnership's stated objectives through better performance and improved outputs. No doubt there are also important risks to manage private–public partnerships, and planning and effective private–public partnership involves careful review of the allocation of financial risks and rewards, decision-making, appropriate legislation and strengthened regulatory mechanisms.

The global climate is changing and Maldivians are concerned about how the impact will affect their health, the environment and the well-being of communities. The President of the Maldives, His Excellency Mohamed Nasheed, has unveiled a plan to make our country carbon-neutral within a decade. The announcement comes only days after scientists issued new warnings that rising seas caused by climate change could engulf low-lying nations like the Maldives, in this century. In addition, there is growing concern over the impact of the climatic change on vector-borne diseases, especially when, in the Maldives, we were able to eradicate diseases like malaria and poliomyelitis

over a decade ago. While we are already experiencing some of the negative impacts of climate change, we lack the capacity to plan and mitigate for its predicted effects on public health.

I would like to note the challenges and successes we continue to have in meeting the Millennium Development Goals. We have achieved all Millennium Development Goals except Goals 6 and 7, and we are confident that we will be on target in achieving these two goals before 2015. We believe that the achievement of the Goals is central to economic stability and health security. The number of people with visual impairment is expected to increase unless we take quick action. Therefore, we strongly support the two resolutions WHA56.26 and WHA59.25 calling for increased support for prevention of visual impairment. This will not only reduce individual suffering but provide significant social and economic benefits and contribute to achievement of the Goals. Therefore, it is important to stress that if we are to make greater progress, we have to strengthen our alliances and support national efforts to move ahead by reaching out to every institution that provides services to communities: national institutions, nongovernmental organizations, civil society and religious institutions.

Mr President, honourable ministers and ladies and gentlemen, together and as individuals, we share the power, responsibilities and possibilities to make the world a better home for people living with dignity, their right to life, health, education and safety. Before I conclude, I extend my praise to Dr Margaret Chan, Director-General of WHO, for her untiring work to make the world a healthier place. I also extend my sincere thanks to our Regional Director, Dr Samlee Plianbangchang, for his continuing support. I thank you all for your kind attention.

El Dr. BALAGUER CABRERA (Cuba):

Señor Nimal Siripala de Silva, Presidente de la 62ª Asamblea Mundial de la Salud, excelencias: Luego de saludar a todos los presentes, deseo expresar mis condolencias a todos los países que han tenido que lamentar pérdidas de vidas humanas como consecuencia de la pandemia de influenza A (H1N1) y particularmente al hermano pueblo mexicano que en sus inicios fue uno de los más afectados por este virus.

En Cuba, desde el 27 de abril, se comenzaron a aplicar las medidas legítimas y atinadas contempladas en el plan nacional de preparación para el enfrentamiento a la pandemia de influenza. Con estricto apego al Reglamento Sanitario Internacional se otorgó énfasis particular a la vigilancia y el cumplimiento de las medidas relacionadas con el control sanitario en fronteras, sobre todo en aeropuertos, puertos y marinas, así como la vigilancia clínica y epidemiológica de los casos de infección respiratoria aguda e infección respiratoria grave y al estudio de todos los casos sospechosos. Hasta la fecha nuestro país ha reportado tres casos confirmados: jóvenes mexicanos que estudian medicina en Cuba y que arribaron después de sus vacaciones entre el 26 y el 27 de abril. Esta amenazante pandemia ocurre en un momento en que nuestro mundo, estrechamente interconectado e interdependiente, sufre los efectos de la grave crisis económica y financiera con consecuencias devastadoras, en particular sobre los sistemas de salud de los países en desarrollo.

La Organización Mundial de la Salud y, en especial la Dra. Margaret Chan, han expresado en varias ocasiones su preocupación por los efectos de la crisis en las poblaciones y sectores más pobres y grupos vulnerables que son los que primero y con más fuerza se ven castigados por el deterioro económico. Baste sólo decir que 10 millones de niños fallecen cada año por causas prevenibles, y que la diferencia entre la esperanza de vida entre los más ricos y los más pobres sobrepasa los 40 años. También la Organización Mundial de la Salud ha expresado que la meta fundamental de la recuperación económica son las personas, por lo que es necesario enfatizar en la justicia y la equidad social.

En relación a esta crisis, el compañero Fidel Castro expresó lo siguiente: «A nuestro mundo no sólo lo amenazan las crisis económicas cíclicas cada vez más graves y frecuentes. El desempleo, la ruina y las pérdidas fabulosas de bienes y riquezas son inseparables compañeras de las cíclicas leyes del mercado que rigen hoy la economía mundial».

Y nuestro Presidente, el compañero Raúl Castro manifestó: «La crisis es un resultado previsible del sistema capitalista de producción y distribución. Las crisis no se resuelven con medidas administrativas ni técnicas porque son de naturaleza estructural; tienen alcance sistémico y afectan

cada vez más a la economía en un planeta globalizado e interdependiente. Menos aún fortaleciendo el papel y las funciones de instituciones financieras como el Fondo Monetario Internacional, cuyas políticas funestas contribuyeron decisivamente a la génesis y el alcance de la actual crisis. La crisis nos plantea enormes desafíos de dimensiones incalculables e impredecibles. No tenemos otra opción que unirnos para enfrentarlas».

En la década de los noventa afrontamos en Cuba una crisis económica debido a la caída del campo socialista en Europa del Este, a lo que se sumó el endurecimiento del bloqueo de los Estados Unidos contra nuestro país, que condujo a la desaparición súbita de los mercados con los que manteníamos cerca del 85% de nuestro comercio exterior y la disminución de un 70% de la capacidad importadora del sistema de salud pública. Ante esta situación, nuestro Gobierno adoptó una política orientada a mantener y preservar los indicadores de salud de la población cubana. Fueron priorizados los grupos vulnerables y las acciones para conservar la vida. No se aplicaron recetas neoliberales ni terapias de choque. Se adoptaron medidas para perfeccionar la calidad de la atención médica que aún conservamos, entre ellas el perfeccionamiento de la atención primaria de salud como base del sistema de salud cubano y la formación de especialistas de medicina general integral en una concepción revolucionaria del médico.

El desarrollo científico médico no se detuvo: más bien se fortaleció. Se crearon nuevos centros de investigación científica que produjeron nuevas vacunas, como la antimeningocócica tipo B y contra la hepatitis B, por ingeniería genética, y la vacuna contra el *Haemophilus influenzae*, por síntesis química, única en el mundo.

La existencia de un sistema político de justicia social y equidad permitió compartir los escasos recursos disponibles y garantizó que los indicadores de salud de la población no sufrieran mayores afectaciones; incluso los indicadores referidos a la mortalidad mantuvieron su tendencia a la disminución. En el 2008, la tasa de mortalidad infantil en Cuba fue de 4,7 por 1000 nacidos vivos y la esperanza de vida fue de 77,97 años.

Las varias crisis que afectan al mundo actual y que amenazan con acabar con la existencia de la vida y del planeta requieren: la solidaridad y la complementariedad, no la competencia; la armonía con nuestra madre tierra y no el saqueo de los recursos naturales; un sistema de paz basado en la justicia social y no en políticas guerreristas; garantizar el acceso a la salud como derecho humano, fundamental para todos; recuperar la condición humana de nuestras sociedades y pueblos y no su reducción a simples consumidores y mercancías.

El Movimiento de los Países No Alineados ha expresado que la crisis económica y financiera es hoy una de las más graves amenazas que afecta al mundo. Sobre este tema, los Ministros de Salud del Movimiento adoptaremos mañana una declaración que reflejará la visión del Sur sobre el impacto de la crisis en la salud y las medidas que es imprescindible implementar por la comunidad internacional. Les deseo éxitos en los trabajos de esta 62ª reunión de la Asamblea Mundial de la Salud. Muchas gracias.

Ms JEON Jae-hee (Republic of Korea):

Mr President Nimal Siripala de Silva, Madam Director-General, distinguished delegates, ladies and gentleman, I am deeply honoured to speak today on behalf of the Republic of Korea. It also gives me a sense of solidarity to be with fellow health ministers. Ladies and gentlemen, the current development clearly shows that a pandemic influenza can pose a considerable health risk to humans anytime, anywhere.

We have realized once again that establishing a solid global health security system should be a top priority in our health policies. Taking this opportunity, I would like to commend Dr Margaret Chan and all the WHO staff for their outstanding leadership and expertise. The International Health Regulations (2005) have been indispensable for Member States to respond promptly and effectively to the situation. However, WHO is urged to take more action. An influenza pandemic knows no national boundary. It requires all Member States to work together across borders. National measures for infectious disease surveillance, information-sharing and emergency response should be coordinated at the global level.

Health ministers and experts here today stand at the forefront in the fight to protect people's right to health. To keep economic hardship from affecting people's health, social safety nets should be expanded. Statistics in my country show that it is not just the poor and the vulnerable but the middle class whose health is threatened by economic turmoil. To reinforce the social safety net, the Government of Korea has additionally increased this year's welfare budget by 5%–7% to 19.7 trillion won, or US$ 15 billion. With this budget, we will support health care and welfare to provide a minimum level of subsistence for Koreans hit hard by the current economic difficulties. Our Government will also strive to make sure the economic crisis will not discourage Korea's efforts towards the Millennium Development Goals. Korea has continued to increase the size of its official development assistance to put this contribution to better use. We are developing and refining long-term assistance plans. At the same time, we are looking at ways to share our successful development experiences with other countries.

As a representative of the country of the late Director-General Dr Lee Jong-wook, I am reminded of his dedication and service to the health of humankind and the advancement of WHO. Last Saturday, I visited the JW Lee Centre for Strategic Health Operations. Touring the building, I realized how much importance he attached to international cooperation in epidemic response. What makes this year's Health Assembly more significant to Korea and to Dr Lee's memory is that the Dr LEE Jong-wook Memorial Prize for Public Health will be awarded starting this year. The Prize will be presented each year to a person or a group who has contributed to the elimination of human diseases, following Dr Lee's footsteps. Congratulations to the Infectious Diseases, AIDS and Clinical Immunology Research Center of Georgia, as the first winner of the Dr LEE Jong-wook Memorial Prize for Public Health.

The Government of Korea will actively join international endeavours for improved health, along with WHO and other Member States.

Dr SKVORTSOVA (Russian Federation):
Д-р СКВОРЦОВА (Российская Федерация):

Глубокоуважаемый г-н Председатель, глубокоуважаемая г-жа Генеральный директор Всемирной организации здравоохранения, дорогие коллеги,

Шестьдесят вторая сессия Всемирной ассамблеи здравоохранения проходит в непростой ситуации, связанной с угрозой возникновения пандемического гриппа на фоне продолжающегося финансового кризиса и экономической нестабильности. Неожиданное возникновение и распространение нового подтипа вируса гриппа A(H1N1) позволило еще раз всем осознать необходимость и важность хорошо скоординированного международного сотрудничества, позволяющего быстро и адекватно реагировать на угрозу глобального значения.

В Российской Федерации необходимые меры по предупреждению эпидемии гриппа были предприняты в первый же день после поступления информации о регистрации случаев заболевания в рамках сложившейся в нашей стране системы оперативного реагирования под руководством Межведомственной правительственной комиссии. Для предупреждения завоза и распространения гриппа установлен контроль за состоянием здоровья пассажиров, прибывающих из эпидемически неблагополучных стран. На сегодня уже осмотрены более 72 000 пассажиров более 1100 рейсов. В стране развернуты 76 экспресс-лабораторий для диагностики гриппа и пять справочных лабораторий. Во всех 82 регионах России осуществляется мониторинг выполнения противоэпидемических мер, обеспечена готовность лечебных учреждений к возможной госпитализации заболевших; создан резерв противовирусных препаратов, к которым чувствителен штамм вируса A(H1N1). Ведущие российские научно-исследовательские центры начали разработку вакцины на основе штаммов, предоставленных Всемирной организацией здравоохранения. Налаживание производства российской вакцины станет серьезным подспорьем для всего мира.

По состоянию на сегодняшний день случаев заболеваний, вызванных новым вирусом гриппа, в Российской Федерации не зарегистрировано. Ситуация находится под контролем. Представляется, что опыт России по противодействию гриппу может быть полезен для всего

международного содружества, Россия может выполнять функции координационного и методологического центра для стран ближнего и дальнего зарубежья.

Глобальный финансово-экономический кризис не обошел нашу страну. Однако своевременно был разработан и принят правительством комплекс антикризисных мер. Серьезной антикризисной мерой явилась концентрация ресурсов на решение наиболее значимых для нашего общества проблем, объединенных в Национальный приоритетный проект в сфере здравоохранения, созданный по инициативе Президента страны. Несмотря на кризис, в 2009 г. финансирование Приоритетного проекта увеличено на 8% по сравнению с 2008 г. и планируется дальнейшее увеличение в 2010 году.

Первые три года реализации проекта уже доказали его высокую эффективность: снижена общая смертность населения на 9%, младенческая - на 22,7%, материнская - на 15,4%; повысилась рождаемость населения страны на 18,7%. В целом, убыль населения страны сократилась более чем вдвое, а продолжительность жизни увеличилась на два с половиной года. За первые четыре месяца 2009 г., несмотря на развитие кризиса, зарегистрировано дальнейшее поступательное улучшение показателей здоровья населения Российской Федерации.

Безусловно, адекватное финансирование здравоохранения должно сопровождаться эффективным расходованием средств. Нами предприняты меры по государственному регулированию цен на жизненно важные лекарственные препараты. Особое внимание уделяется информатизации здравоохранения с созданием системы персонифицированного учета медицинских услуг и их финансового сопровождения, единой системы электронного документооборота, системы кадрового и инфраструктурного планирования. Данные меры позволяют обеспечить прозрачность движения финансовых потоков, повысить эффективность использования финансовых и материально-технических ресурсов, а также в целом повышают качество медицинской помощи.

В настоящее время подготовлена Концепция долгосрочного развития здравоохранения Российской Федерации до 2020 г., основанная на принятии государственных гарантий оказания бесплатной качественной медицинской помощи населению страны.

Важно отметить, что сегодня Россия не только решает национальные проблемы здравоохранения, но и готова наращивать свой вклад в международную систему здравоохранения, в координацию и реализацию специализированных программ Всемирной организации здравоохранения. Ограниченное время не позволяет широко отразить нашу программную деятельность, но, пользуясь случаем, мы хотели бы проинформировать уважаемых участников Ассамблеи, что 19-20 ноября текущего года в Москве состоится Первая всемирная конференция по дорожной безопасности, которая проводится правительством Российской Федерации при участии и поддержке Всемирной организации здравоохранения. Мы ожидаем участия министров здравоохранения всех заинтересованных государств – членов Всемирной организации здравоохранения.

В заключение хотелось бы поблагодарить Секретариат Всемирной организации здравоохранения и лично г-жу Генерального директора Маргарет Чен за организацию обсуждений по актуальным проблемам глобального здравоохранения, результаты которых, безусловно, будут иметь важное значение для решения задач национальных систем здравоохранения и для успешного развития всего международного сообщества.

Спасибо.

Dr FATIMIE (Afghanistan):

Mr President, honourable ministers, distinguished delegates, ladies and gentlemen, good morning. Mr President, please accept my heartiest congratulations on your election to preside over the Sixty-second World Health Assembly. I wish you every success in this important position.

The health sector in Afghanistan is emerging as a leading social sector. Investment in health over the last seven years is bearing fruit. A 25% reduction in infant and child mortality, expansion of basic health services to almost 85% of the Afghan population and 25% improvement in the overall quality of

health services are some examples of our success. However, we are not satisfied. There is still a long way to go to provide access to basic health services for Afghans living in far remote, underserved areas of the country. Poliomyelitis eradication is the biggest global public health initiative. Afghanistan stands fully committed to this cause. His Excellency, Hamid Karzai, the President of Afghanistan, on many occasions, in the country and at international forums, has expressed his commitment that poliomyelitis eradication is a priority of the Afghanistan Government. I am pleased to inform you that poliovirus has been confirmed in only the southern region (only two provinces), with the rest of the country considered poliomyelitis-free. I would like to use this opportunity to extend my appreciation of the very close working relationship with our brothers from Pakistan and hope that soon we will together realize the dream of a poliomyelitis-free Afghanistan and Pakistan.

We are thankful to the Director-General of WHO, Dr Margaret Chan, and Regional Director for the Eastern Mediterranean, Dr Hussein Abdel-Razzak Al Gezairy, for their kind support to the key important areas of the health sector in Afghanistan, including women's health development and empowerment and continuous quality development of the national health system in Afghanistan.

This Health Assembly is convened at a time when the world faces the threat of a potential pandemic of influenza A (H1N1) 2009. Other countries have been stricken and Afghanistan is no exception. Afghanistan is ready to work closely with neighbouring countries and health partners, including WHO, to prepare for an adequate response to any adverse development.

Afghanistan's national development strategy emphasizes achieving the objectives of its Millennium Development Goals for 2005–2020, with special focus on improving maternal and child health and reducing their mortality. Achieving these objectives depends on the commitment and sustained support of the international community.

I would like to take this opportunity to bring to your kind attention the growing problems of mental health and drug addiction. These problems are threatening not only the health of people throughout the world but also global peace, security and stability. If sufficient attention is not paid to these emerging problems, without a doubt insurgency activities will be increased tremendously and many effectives will commit suicide and many others will carry out suicide attacks, usually forgetting civilians. Crime, intolerance and violence will reach a high peak.

My humble request to WHO's leadership is to further strengthen partnerships among the Member States in order to respond properly in a collective manner to these prevailing problems. At this critical time, there is a pressing need for collective, prompt action of WHO Member States to make every effort to initiate health activities as a solution for these problems that not only improve health but also promote peace, harmony, understanding, friendship, respect, trust, confidence, solidarity, cooperation, coordination, interaction, growth, participation, effective partnership, good planning, teamwork, commitment, a feeling of belonging, lasting development and durable stability. Security-contributing factors such as uncontrolled urbanization, unempowerment, poverty, ignorance, injustice, inequity and inequality require appropriate solutions.

In conclusion, I would like to thank the United States Agency for International Development, the World Bank, the European Union, the Global Fund to Fight Aids, Tuberculosis and Malaria, the GAVI Alliance, the Japan International Cooperation Agency, the Canadian International Development Agency, the Organization of the Islamic Conference, the World Health Organization and UNICEF and other agencies and many countries and institutions for their continuous support to the health sector of Afghanistan.

Ms TEODORO JORGE (Portugal):

Mr President, distinguished Director-General, honourable delegates, I would like to start by congratulating Dr Margaret Chan for her strong leadership in the command of WHO during these difficult times; times of a deep economic and financial crisis putting pressure on health and social sectors, with the consequent risk of comprising the achievement of the Millennium Development Goals; times of an influenza pandemic risk, for which WHO and Member States have been preparing themselves with such essential tools as the International Health Regulations (2005) and national pandemic preparedness plans.

There is a need for solidarity in times of crisis. There is a need for investing in health as a critical factor for sustainable economic recovery. The response to crisis needs to be multisectoral and to seek health gains in a perspective of health in all policies. Primary health care is an essential part of the solution. *The* W*orld Health Report 2008* makes the case that primary health care is more relevant now than ever before. In this report, Portugal is referred to as a bold example of success. This year, Portugal holds the presidency of the Ibero-American Conference, comprising 22 countries. Primary health care is the main theme of the ministerial meeting next June.

Poverty induces poor health and poor health is a constraint for people to get out of poverty. Crisis strikes, first and foremost, the more vulnerable groups. Migrants are an example of increased vulnerability. We are proud of having promoted the approval of a resolution on health of migrants at the last Health Assembly and expect it to be a focus in the next one.

Honourable delegates, Portugal currently holds the presidency of the Community of Portuguese-speaking Countries. Last week, the eight health ministers agreed on a common strategic plan for health that constitutes a collective vision for cooperation in health among its member states. This strategy represents a firm commitment towards sharing, continuity and solidarity. It aims at increasing coordination, maximizing the impact of financial and human resources and is supported by innovative financing schemes. The strategy targets human resources for health information and communication technologies in health, public health and epidemiological surveillance and response to emergencies and natural disasters. In this regard, the eight health ministers have committed themselves to work together and with other countries on critical aspects of the influenza pandemic. They also appeal to WHO and the international community to ensure equity both in the distribution and in the sharing of technologies. This coordination illustrates one of the main recommendations of WHO: global solidarity in the search for responses and solutions that benefit all countries. We count on the WHO Regional Office for Africa to be a privileged partner in our multilateral cooperation within the community of Portuguese-speaking countries.

Let me express our deep gratitude for the extraordinary work of WHO in fighting the pandemic and also working closely with countries and allowing them to adopt timely and effective responses. Portugal would also like to express its deep gratitude to the WHO Regional Office for Europe. We have been closely cooperating with the Office in the framework of biennial agreements which have been instrumental for the design, monitoring and evaluation of our national health strategy.

In this regard, I would like to convey my special thanks to WHO Regional Director for Europe, Dr Marc Danzon, for his contribution to the success of all our collaborations. Portugal stands ready to closely pursue its strategic partnership with WHO at global, regional and country levels. I wish you all health and happiness. Thank you for all your help.

Dr BAGHERI LANKARANI (Islamic Republic of Iran):

*Bismillah as-rahman arrahim.* In the name of God, the Compassionate, the Merciful. Mr President, congratulations to you and the Bureau for your deserved election to this important office. I wish you every success in steering the work of the Health Assembly. Allow me also to extend my appreciation to the Director-General and her colleagues in the WHO Secretariat for their untiring and valuable efforts over the past several weeks to effectively address the influenza A (H1N1), 2009 pandemic risk. We assure them of our preparedness to fully cooperate with WHO in achieving success in the fight against the new virus. Our collective enterprise this year takes place under very special circumstances. The global financial crisis is unfolding and worrisome from the health perspective. It has not been so long ago that the WHO Commission on Social Determinants of Health concluded that health is a core and multidimensional development issue, which has helped convince our policy-makers that healthy people make healthy economies. As a follow-up to the consultation process that was initiated last January by the Director-General, we are confident that this general discussion will assist us to arrive at an objective and comprehensive understanding of the impact of the financial crisis on health.

The crisis must be viewed within the wider context of the extremely skewed and uneven distribution of *wealth* across the development divide. It is the result of policy choices and decisions on the developed side, which make many nations more vulnerable on the developing side and undermine

their development efforts, leading to their increased marginalization. Predictions on the extent to which the current financial crisis will adversely affect developing and least-developed countries, in particular in their health sector, are highly alarming. They point to unemployment, and a decline in people's income and government tax revenues that lead to failing protective safety nets, eroding savings and pension funds, less access to essential life-saving medicines and less public spending on health at a time when more and more people turn to the publicly financed health sector. Health personnel and the health-care sector are also being affected, with more adverse consequences for populations. Likewise, funding for research could be much more difficult to obtain.

Governments do indeed have the ultimate responsibility to ensure the success of this campaign at a national level. Effective and successful pursuit of national policies must be supported by conducive and enabling external environments to ensure sustained financing for international health development. We call again on the developed countries as well as the United Nations system and other multilateral financial organizations to undertake what is needed to live up to their commitments according to the agreed decisions and measures. These include: promoting an open, rule-based, transparent and nondiscriminatory and predictable multilateral trading system and removing constraints on market access for developing countries. International financial cooperation for development has a critical role in the development process of all developing countries. Although the bulk of the savings available for investment could and, in fact, should come from domestic sources, foreign capital represents an indispensable valuable complement. Artificial and politically tainted constraints on investment and access to credit should be removed. Foreign direct investment and private flows to developing countries need to be increased. Developed partners should live up to their commitment on official development assistance. Moreover, as has been argued by the developing world for quite a long time, the international financial system needs to be reformed in order to, inter alia, reduce the impact of excessive instability of capital flow and ensure transparency in the international financial system and the participation of developing countries in decision-making of the international financial institutions.

The report of the specialized health mission to the Gaza Strip, contained in document A62/24 Add.1, has brought to world attention the horrible health effects of the Israeli aggression in Gaza last January. According to the report, the aggressors did whatever in their power to deprive the whole population of a basic health-care system by deliberately targeting health facilities and health workers. As another report of the WHO Secretariat indicates, the aggressors also killed 543 children and women in the course of the aggression. In view of the horrible crimes committed, this Health Assembly should act now to condemn the crimes and atrocities committed by the aggressors and hold them responsible for their crimes and accountable for the damage they caused.

Allow me Mr President to close by expressing regret over the point raised yesterday morning by the outgoing President of the Sixty-first World Health Assembly in the opening session of the Sixty-second World Health Assembly and stress that the mere fact that individuals belong to the health workers' community does not give them immunity from judicial prosecution for offences that they may commit.

La Dra. MARTÍNEZ (Paraguay):

Señor Presidente, estimados colegas, ministros y ministras, delegados y representantes de la comunidad internacional: Reciban nuestros cordiales saludos y nuestro especial agradecimiento por la oportunidad de compartir con ustedes algunas reflexiones en esta 62ª Asamblea Mundial de la Salud.

La República del Paraguay es un país en desarrollo sin litoral marítimo de la América del Sur, que desde el pasado 20 de abril de 2008 ha iniciado a través del voto popular un cambio político en su democracia, luego de 61 años de hegemonía en el gobierno de un solo partido político, el Partido Colorado. Cambio éste, que apunta a la construcción de un nuevo sistema social, político y económico que busca garantizar la justicia independiente, el desarrollo con equidad social y protección del medio ambiente, la soberanía energética, la salud como derecho inalienable y la participación comunitaria y social para afianzar la transparencia de la gestión pública, la lucha contra la corrupción y la construcción de la gobernanza.

Quisiéramos colaborar en esta reunión tan importante con nuestra visión sobre algunos aspectos que a nuestro criterio deberán ser abordados con prioridad en los próximos años, considerando la difícil situación que atravesamos todos los países, en todos los rincones del mundo, con relación a la crisis económica mundial; a la crisis global del medio ambiente y la seguridad alimentaria; a la presencia de las enfermedades pandémicas y otras del alto riesgo social que ya vienen padeciendo nuestros países desde hace varias décadas.

El primer punto a señalar, por su implicancia en el presupuesto y la financiación de nuestros sistemas de salud, guarda relación con las políticas de medicamentos y el desarrollo de nuevas tecnologías, donde la innovación, la producción y la comercialización de medicamentos, insumos y vacunas deben ser protegidas contra prácticas monopólicas y del comercio meramente lucrativo, que dificultan a las comunidades económicamente más vulnerables el acceso oportuno y universal. En ese sentido, hacemos votos para preservar en nuestros países y nuestras regiones la política de fondos rotatorios, como un modelo de financiamiento de vacunas y otros medicamentos que garantiza precio y calidad, y ya nos ha permitido salvar la vida de millones de niños y familias en todo el mundo.

Aquí cabe destacar y felicitar a México, los EE.UU. y el Canadá por la conducta de responsabilidad social y ética humana que han mostrado ante el mundo frente a la pandemia de influenza A (H1N1), respetando de manera irrestricta el Reglamento Sanitario Internacional, brindando información veraz, transparente y oportuna para la vigilancia epidemiológica, apoyando y financiando el intercambio de conocimientos y experiencias y, finalmente, brindando a la comunidad internacional, de manera desinteresada, todo el conocimiento biológico y genético de esta pandemia, como un bien público para que puedan ser utilizados en los mejores centros de investigación en el mundo, para el mayor conocimiento del comportamiento de esta nueva enfermedad y la elaboración de la nueva vacuna.

El segundo punto que pongo a vuestra consideración tiene relación con la política de recursos humanos en salud, que debe privilegiar la formación y capacitación del personal de salud, la investigación, el intercambio de experiencias y conocimientos y las garantías del trabajo seguro y digno. Nadie duda hoy que los recursos humanos en salud son el factor más crítico para el funcionamiento de nuestros sistemas nacionales de salud, donde frente a las dificultades ya mencionadas, se ha sumado de manera exponencial la migración de profesionales, desde los países con mayor vulnerabilidad social hacia los países mejor desarrollados. Situación que, sin duda, ha empeorado nuestras desigualdades en la oferta de servicios. Colocamos este reclamo a fin de reiterar su importancia mundial y, por lo tanto, la necesidad de buscar soluciones entre los países desarrollados y en desarrollo para que dicha crisis sea enfrentada con mayor responsabilidad, solidaridad y ética social.

Otro aspecto que deseamos destacar, que ya ha sido señalado en esta Asamblea por otros oradores, es la importancia de entender la salud como un factor determinante del desarrollo político, social y económico, y no como un factor de gasto que compite con los recursos para el desarrollo. En este contexto de austeridad en el financiamiento de la salud, queremos alentar a los países a continuar el compromiso con la atención primaria de salud como una de las estrategias más rentables para garantizar la salud de manera universal y equitativa. Así también, el compromiso con el desarrollo social que no sólo busque la acumulación de la riqueza, sino también el desarrollo de todos aquellos determinantes de la salud que ofrecen mejores oportunidades a las personas, familias y comunidades para acceder a una mejor y más prolongada calidad de vida.

Deseamos que estos desafíos que enfrentamos hoy todos los países, tanto desde una mirada global como particular, en cada uno de nuestros países y regiones, nos permitan comprender que el camino hacia las respuestas a nuestras necesidades siempre será a través del diálogo, la integración, la cooperación, el respeto a las diversidades y el apoyo solidario de los que hoy tienen mayor desarrollo y mayores oportunidades.

Finalmente, hacemos llegar nuestras sinceras felicitaciones a la Organización Mundial de la Salud y la Organización Panamericana de la Salud, en la persona de sus Directoras, la Dra. Margaret Chan y la Dra. Mirta Roses, por el gran liderazgo y excelente trabajo que han demostrado en estos tiempos de crisis.

Y como dice un antiguo refrán «solos, cada uno de nosotros puede avanzar muy rápido, pero juntos, es seguro que llegaremos más lejos». Muchas gracias.

Dr LIOW Tong lai (Malaysia):

Mr President, Malaysia would like to congratulate you on your election as President of the Sixty-second World Health Assembly. The effects of the global financial crisis are hitting countries all over the world. Malaysia is concerned that as the situation worsens, there may be a move by some countries to cut back on investments in health; matters pertaining to health may no longer be a priority. Such moves obviously jeopardize the health of the people and whatever has been gained and achieved over the years will stagnate and even be nullified; we must not allow this to happen.

Malaysia is fully committed to ensuring that all Malaysians continue to enjoy good health, one that is accessible, affordable and equitable. The Government is the major health-care provider in Malaysia. Therefore, despite the financial crisis, which is also affecting Malaysia, the Government is still firmly committed to providing adequate funding for health. In view of the adverse economic situation, more Malaysians are seeking treatment at public-health facilities; there is also a reduction in the number of persons who can afford using private health-care facilities. We are already seeing a 30% increase in patient visits to our public health-care facilities. The Government budget for health in Malaysia will continue to increase to meet this expected demand and the needs of the population. More importantly, we will continue to provide a safety net for the underprivileged and the poor, something that we have always been doing since our independence more than 50 years ago.

It must be remembered that low-income countries and some middle-income countries are highly dependent on international assistance and external resources to fund their health services. For such countries, any contractions in donor funding at this critical time can have a catastrophic impact on their health-care services. The poor and disadvantaged will be the most affected. Malaysia, therefore, urges donors and international organizations to continue their commitment to provide assistance to these countries. In addition to the financial crisis, we are now facing another trial in the form of a global pandemic. Within a period of one month, influenza A (H1N1) has spread to 40 countries, involving more than 9000 cases and more than 70 deaths and the numbers are increasing as I speak.

We are also concerned that this virus is highly contagious and has the potential to become more virulent. Although it has been stated that the pandemic is generally mild, we have in fact noted that a significant number of young people who are in a reproductive age group have died from this disease. It is very clear from the magnitude of this pandemic that the spread of the disease is closely associated with travel. At a recent ASEAN+3 Health Ministers' special meeting on influenza A (H1N1) held in Bangkok on 7 and 8 May 2009, members expressed solidarity, harmonization, coordination, collaboration and sharing information, strategic plans, resources and experiences in dealing with the spread of this influenza pandemic. The meeting also recommended that exit-health screening from the affected areas should be implemented.

Malaysia is very encouraged by the quick responses from WHO in alerting the global community regarding the outbreak of influenza A (H1N1) 2009. We hope that the momentum gained thus far will continue in keeping with the stewardship role of WHO in providing direction, technical support and information to Member countries. Malaysia will continue to support WHO in all its efforts to protect the global community and hopes that WHO will not waiver from a commitment in stewardship in handling this global crisis. In responses to Health Assembly resolutions on strengthening pandemic influenza preparedness and responses in 2005, Malaysia has developed its national influenza pandemic preparedness plan 2000–2006. Among others, it outlines the cooperation between the Ministry of Health and various other related agencies, including the non-health sectors. Malaysia is fully aware of the impact of climate change on health and had in fact organized the Asia-Pacific Health Ministers' Conference on Climate Change and Health in September 2008. This resulted in the issuance of the Kuala Lumpur 2008 Communiqué which called for mainstreaming of health into climate change discourse and capacity-building to address the health impact of climate change. Whether we face a financial crisis or grapple with the trials of the influenza A (H1N1) pandemic or in any other crisis situation, Malaysia will continue to uphold the principle that the health of the people should never ever be compromised.

Mr KVITASHVILI (Georgia):

Mr President of the Health Assembly, Madam Director-General, distinguished delegates, ladies and gentlemen. It is my honour to be in front of you today and, on behalf of the Government of Georgia, I would like to welcome the Sixty-second World Health Assembly and wish you successful and productive work over the next couple of days.

For years Georgia has struggled to reform the health-care sector, one of the worst legacies from the Soviet past. Overstaffed and underutilized secondary and primary care, with its outdated and excessive infrastructure, was a serious impediment to the proper functioning of this sector. A new wave of reforms was initiated in 2006 to "substitute" the old hospital network with a modern one. At the same time, the State started the privatization process, with various incentives, to create investor interest in financing, owning and operating hospital networks. The August 2008 military conflict, which was followed immediately by the global financial crisis, slowed down the process, forcing participating private companies to struggle to raise the necessary funds and the Government had to get involved. The State had assisted the fund-raising process, and there are some signs of improvement.

Concurrently, other reforms in the health and social sectors have continued. The most important one concerns social-sector financing, including health services. Despite the crisis, the Government of Georgia managed to increase the overall social budget by 13% and health budget by 23% in 2009. Targeting of social assistance to the most poor has considerably improved. Since 2005, the State has been conducting a poverty study that has identified 900 000 people as poor, or within the poverty range (about 25% of the population) who, in addition to social benefits, receive health insurance coverage from the State. The State distributes health insurance vouchers to the poor, which are then accepted by participating private insurance companies. This is a unique model that we have been testing for several years, and given the success of this programme, which improved access to health services for the poor and increased the revenues for health-care facilities, the State committed itself to continue insuring the poor and also to introduce an additional State co-financed affordable insurance programme which was launched in March 2009 and where the State finances two-thirds of the premium for the basic package that covers urgent trauma and primary-care services.

Equally important is the commitment of the Government to maintain a free-market environment for price-setting of health services and at the same time to keep these services at the affordable level. Service providers are free to negotiate prices with the insurance companies and the pricing for State-financed procedures (which include tuberculosis, heart surgery and cancer) are adjusted to the average market rates to facilitate the deflation of health costs.

Our main priority remains the strengthening of primary health care and provision of universal coverage of the entire population. Recently, a "village doctor" presidential programme was implemented, which provides modern conditions to health personnel in remote areas. Several hundred primary health care facilities have been refurbished and equipped with modern technology, and this programme actually reversed the flow of migration of health personnel from remote areas and many returned back to their villages.

We will stand committed to implementing the recommendations of the Oslo meeting on Health in time of global economic crisis: implications for the WHO European Region, with strengthening primary health care at its core. We thank the WHO Regional Office for Europe and the Norwegian Government for hosting this important meeting. Georgia is committed to continuing to improve the health of its people. We will continue to mobilize all necessary resources to reach the universal coverage goal and to ensure high-quality health services for the Georgian people. Georgia is proud to be a member of the WHO family. As the current President of the WHO Regional Committee for Europe, I will continue to advance key issues on the European agenda, including health-system strengthening, addressing social determinants of health and responding to global threats, such as climate change and pandemic influenza, through adequate policies and actions.

My Government is very pleased with our cooperation with WHO and I am grateful for the support and guidance of the WHO Regional Office for Europe. My special thanks to Dr Marc Danzon, who has been a great friend and mentor and I congratulate WHO, especially the Director-General Dr Margaret Chan for her exemplary leadership in dealing with the pandemic influenza situation. And finally, I would like to express my gratitude to the Sixty-second World Health Assembly and I am

confident that together we will successfully overcome many challenges that are ahead of us. Thank you.

Mr AL HIGAZI (Libyan Arab Jamahiriya): السيد الحجازي (الجماهيرية العربية الليبية):

السيد رئيس جمعية الصحة العالمية، سيادة الدكتورة مارغريت تشان المديرة العامة لمنظمة الصحة العالمية، السادة وزراء الصحة، السادة رؤساء الوفود، سيداتي سادتي، تحية طيبة وبعد،

إنه لمن دواعي سروري أن أكون بينكم للمشاركة في إنجاح أعمال جمعية الصحة العالمية الثانية والستين لمنظمة الصحة العالمية التي تسعى جاهدة للحفاظ على الصحة والوقاية من الأوبئة والأمراض والحد من الأمراض السارية والمزمنة.

وإن الظروف الاقتصادية التي يمر بها العالم اليوم قد أثرت على الدول النامية والدول الأفريقية بالخصوص وهذا ينعكس سلباً على برامج الصحة في هذه الدول، وعليه نطلب من الدول المانحة ألا تقلل من مساهمتها ومساعدتها بل تعمل على زيادة تلك المساعدات والمساهمات لدعم البرامج التنموية الصحية في أفريقيا.

أيها السادة يأتي اجتماعنا اليوم والعالم يمر بوضع حرج خاصة والكثير من الأوبئة والأمراض الفتاكة تجتاح العالم وتهلك أهله ويبقى علينا أن نتكاتف من أجل بلوغ الهدف المنشود والمحافظة على نسيج الحياة واستمراره. إن مرضاً مثل الأنفلونزا من النمط A (H1N1) يحتم علينا اتخاذ الكثير من الإجراءات للحد من تأثيره بل والقضاء عليه ولكن ذلك يجب أن يدعونا للتفكير في أسبابه خاصة في المحافظة على الممارسات الأخلاقية في المهن الطبية.

السيد الرئيس، السيدة المديرة العامة، السادة المندوبين سيداتي سادتي، إن أمامكم جدول أعمال مركزاً ومهماً وإنني أود أن أؤكد على بعض النقاط الهامة التالية: أولاً الدعوة لتطوير النظام العالمي والوقائي للتحرك من أجل الوقاية من جائحات طبية قد تحدث مستقبلاً والعمل على اتخاذ الإجراءات الكفيلة للحد من تأثير الأوبئة والكوارث؛ ثانياً التعاون الدولي في تبادل المعلومات خاصة في ما نواجهه اليوم من تأثير لوباء الأنفلونزا من النمط A (H1N1) والسعي الجاد من أجل إيجاد السبل الكفيلة للحد من تأثيره وإيجاد السبل الكفيلة للقضاء عليه؛ ثالثاً العلاقات الوطيدة بين البيئة والصحة فأغلب جوائح الصحة تكون نتيجة لعدم الاهتمام بالظروف البيئية المحيطة. ومن هنا فإنني أرى ضرورة توثيق الارتباط بين منظمتنا وبرنامج الأمم المتحدة للبيئة وأن تتوحد جهودهما لإصحاح الإنسان وبيئته فسيكون لذلك كبير الأثر في الوقاية من كثير من الأمراض وإقلال الفقر والعوز اللذين يسببان أغلب الأمراض؛ رابعاً أعيد التأكيد على خلو ليبيا من الأنفلونزا من النمط A (H1N1) وحتى الآن كما أؤكد بأن ليبيا خالية من شلل الأطفال وهنا يهمني للتأكيد على ضرورة التنسيق للجهود الدولية للقضاء على مخزونات فيروس الجدري في بعض المختبرات الدولية تحت أي سبب؛ خامساً أتمنى عليكم أيها السادة زيادة الاهتمام بمرض الأيدز والملاريا والدرن وهو من الأمراض التي تفتك بدول كثيرة خاصة في أفريقيا وذلك عن طريق دعم برامج التوعية والبحث عن طريقة للإقلال من تكلفة علاجه؛ سادساً أؤكد على ما طالبت به ليبيا في كل المحافل الدولية واجتماعات منظمة الصحة العالمية ومشاوراتها المختلفة من كراتشي إلى أمستردام إلى جنيف واسطنبول من أجل الوصول في أقرب وقت إلى نظام يحمي الفقراء والضعفاء من جشع واستغلال الأغنياء لهم والقيام بشراء أعضائهم. فزراعة الأعضاء رغم تقديمه لعمل عظيم للبشرية إلا أن استمرار تجارة زراعة الأعضاء أمر مقلق يحتاج للاهتمام، وأخيراً اسمحوا لي أيها السادة أن أحييكم وأتمنى لأعمال جمعيتكم النجاح والتوفيق والسلام عليكم.

M. FOUDA (Cameroun):

Monsieur le Président de la Soixante-Deuxième Assemblée mondiale de la Santé, Mesdames et Messieurs les Vice-Présidents et membres du Bureau, Madame le Directeur général de l'OMS, Excellences, Mesdames et Messieurs les Ministres, Mesdames et Messieurs les Ambassadeurs, Mesdames et Messieurs, il m'échoit l'honneur et l'agréable devoir de prendre la parole, au nom des 46 États Membres de la Région africaine de l'OMS pour saluer l'engagement, la détermination et

surtout l'espoir qui transparaissent clairement de l'allocution prononcée à l'ouverture de ces assises par le Dr Chan, Directeur général de l'OMS. Je voudrais au nom de mes pairs de la Région africaine de l'OMS, féliciter chaleureusement le Dr Chan pour la richesse de son allocution. Nous en retenons notamment que l'OMS s'est pleinement déployée depuis la fin de la Soixante et Unième Assemblée mondiale de la Santé, aussi bien pour assumer ses missions statutaires d'autorité directrice et coordonnatrice dans le domaine de la santé à l'échelle mondiale, que pour mettre en œuvre le mandat spécifique que vous a confié la dernière Assemblée de la Santé. Dans cette exaltante mission qu'elle a su conduire sans répit, elle n'a pas manqué de placer la Région africaine au cœur de ses actions, exécutant ainsi avec fidélité les engagements pris d'accorder une place toute particulière à cette Région, au moment de son accession à cette haute fonction. Pour preuve, je me permets de rappeler le niveau de mise en œuvre de certaines des actions fortes, objets des décisions et résolutions aussi bien de la Soixante et Unième Assemblée mondiale de la Santé que de la cinquante-huitième session du Comité régional OMS de l'Afrique à laquelle elle nous avait fait l'honneur de prendre part personnellement.

S'agissant de la poliomyélite, force est de constater que malgré des efforts louables déployés par les États Membres de la Région africaine et la qualité de l'appui technique du Bureau régional, l'objectif de l'éradication sera retardé du fait de la résurgence des cas dans certains pays d'Afrique de l'Ouest et du Centre notamment. Pour ce qui est du changement climatique et de la santé, il y a tout lieu de se féliciter que pour la première fois, et ce sous l'égide du Bureau régional OMS de l'Afrique et du Programme des Nations Unies pour l'Environnement, se soit tenue à Libreville en août 2008 la Première Conférence interministérielle sur la santé et l'environnement en Afrique. L'un des résultats concrets de ces assises a été la Déclaration de Libreville sur la santé et l'environnement en Afrique, assortie d'une feuille de route. En revanche, la réalisation des objectifs du Millénaire pour le développement reste un horizon relativement éloigné pour la plupart des pays de la Région africaine du fait que peu de progrès ont été enregistrés à cet égard ces dernières années, pour des raisons techniques et financières notamment. En effet, il nous reste encore un long chemin à parcourir dans notre lutte contre le paludisme et la tuberculose, la prévention du VIH/sida et l'amélioration de la santé de la mère et de l'enfant. Aussi la Région africaine de l'OMS s'est-elle engagée à réinscrire cette question cruciale à l'ordre du jour de son prochain Comité régional en vue d'examiner les actions et stratégies susceptibles d'accélérer les progrès vers la réalisation des objectifs du Millénaire pour le développement. Concernant la Stratégie mondiale et le Plan d'action pour la santé publique, l'innovation et la propriété intellectuelle adoptés l'année dernière, il me plaît de porter à la connaissance de l'Assemblée de la Santé que notre prochain Comité régional aura à se pencher également sur cette importante question, afin d'examiner la perspective et les actions à prendre par les États Membres de notre Région. Notre souci, en entreprenant cette démarche, est de favoriser l'accessibilité des vaccins à des coûts abordables et surtout de valoriser la contribution des pays de la Région africaine au processus de fabrication des vaccins. Cette option s'applique aussi au Règlement sanitaire international dont les exigences de mise en œuvre seront encore réaffirmées lors du prochain Comité régional. Consciente qu'elle n'aurait pu faire ce chemin sans votre implication personnelle, la Région africaine de l'OMS, par ma voix, vous renouvelle, à vous-même Madame le Directeur général et à l'ensemble de votre équipe, sa profonde reconnaissance.

Cette Soixante-Deuxième Assemblée mondiale de la Santé serait comme une autre, si le contexte international actuel n'était pas marqué par la crise financière internationale et l'épidémie de la grippe A (H1N1). Face à ces menaces nouvelles dont toutes les conséquences ne sont pas encore totalement maîtrisées et dont les développements futurs sont encore incertains, l'OMS est à nouveau interpellée au tout premier plan. En tant que garante de la fourniture de l'assistance technique appropriée et, dans les cas d'urgence, de l'aide nécessaire, à la requête des gouvernements ou sur leur acceptation, le rôle de l'OMS est crucial dans ce nouvel environnement où des périls nouveaux menacent la santé publique. Aussi l'occasion me semble-t-elle fort opportune de saluer l'action anticipatrice que l'OMS conduit, sous le leadership effectif du Dr Chan, pour entamer la réflexion sur le sujet de la crise financière et la santé dans le monde et les efforts inlassables de mobilisation de la communauté internationale autour de l'épidémie de la grippe A (H1N1). Pour sa part, la Région africaine partage entièrement votre analyse de cette situation doublement critique et soutient votre action. Nous nous réjouissons notamment de la dotation des pays africains en quantité appréciable de

Tamiflu, de la diffusion des directives pour aider les pays à faire face à cette épidémie qui pourrait devenir une pandémie redoutable et, enfin, du plaidoyer que vous menez pour la mise en place d'une plate-forme de riposte concertée. Il importe de tenir constamment compte de la Région africaine qui constitue une zone particulièrement vulnérable et fragile, de par sa situation épidémiologique, son système de santé encore en consolidation et surtout de la faiblesse de son économie. Je rappelle que l'analyse de la mise en œuvre du budget 2008-2009 de l'OMS révèle un déficit budgétaire important pour la Région africaine, mais je suis confiant que Madame le Directeur général prendra les mesures nécessaires pour combler ce déficit. C'est pourquoi je voudrais en appeler à la solidarité internationale et à un appui toujours renouvelé de l'OMS pour préparer nos États Membres à faire face efficacement aux conséquences malheureuses de la crise financière mondiale et, le cas échéant, aux dangers de la pandémie de grippe A (H1N1). Je vous remercie tous de votre bienveillante attention.

Mr DUKPA (Bhutan):

Mr President, excellencies, ladies and gentlemen, I bring to this Sixty-second World Health Assembly, the warmest greetings and best wishes from his Majesty the King and the people of Bhutan, the Land of Gross National Happiness! Mr President, I join the previous speakers in congratulating you on your election as the President of the Sixty-second World Health Assembly. We are confident that under your able leadership you will steer the deliberations to a fruitful conclusion. As we convene this session amidst the outbreak of influenza A (H1N1) 2009, I would like to acknowledge with appreciation the lead role taken by WHO under the able stewardship of the Director-General, Dr Margaret Chan. I would also like to commend the swift action taken by the countries affected and call for a coordinated international response to tackle this global threat.

I am happy to report that Bhutan is doing fairly well in primary health care but not at the cost of curative and diagnostic services. We in Bhutan believe that both wings of the health-care system or services are equally important. The theme of the current tenth five-year plan, which began last year, is "Eradication of Poverty", for which the health and education sectors are seen as the main drivers. Therefore, the health sector has been receiving 10%–17% of the overall budget outlay of the plan. For sustainability of the services that we provide, on the basis of equitable justice, the Bhutan Health Trust Fund was established in 1998 to meet the health-care financing shortfalls for essential medicines, vaccines and reproductive health. The Trust Fund is approaching the initial target of US$ 24 million but has a shortfall of US$ 1 million. We hope to make this fund fully operational by June 2010.

With regard to the current global economic and financial crisis, even though Bhutan has not been seriously affected, as a landlocked and least-developed country we are seriously concerned about its impact on our development efforts. On our part, the Government has taken several measures to reduce costs through administrative reforms, promotion of transparency, revision of procurement procedures, advocacy for zero tolerance to corruption and strengthening institutional machineries such as the Royal Audit Authority, Anti-Corruption Commission, Office of the Attorney General and Public Accounts Committee of the Parliament. I am happy to inform you that Bhutan is on track to achieve all the Millennium Development Goals. However, we will still require greater support from the international community and development partners to achieve all the Goals by 2015.

In conclusion, I wish to acknowledge WHO for its role in improving the lives of millions around the world and remain fully cognizant of its technical leadership in the health arena and look forward to WHO's continued stewardship in an enhanced way. I wish all the delegates a happy, healthy life. *Tashi Delek* from the Himalayan Kingdom of Bhutan.

El Dr. SORATTI (Argentina):

Gracia señor Presidente. Señora Directora General de la Organización Mundial de la Salud, doctora Margaret *Chan*, señoras ministras, y señores ministros, distinguidos delegados: Me honra participar en esta honorable 62ª Asamblea Mundial de la Salud, en representación del Ministerio de Salud de la República Argentina, y compartir con ustedes nuestras preocupaciones y experiencias recientes en los dos temas centrales, crisis económico-financiera y amenaza de pandemia.

Podemos afirmar que la crisis financiera mundial se desató en un contexto en el que nuestra región se encontraba en pleno crecimiento económico, con sistemas democráticos sólidos y mejorando sus índices de desarrollo socioeconómico.

Por ello es que uno de los efectos más temidos de esta crisis, originada en los países desarrollados, es el desempleo y el consecuente aumento de la vulnerabilidad extrema en el pleno ejercicio del derecho de ciudadanía de nuestros pueblos.

De allí que el principal objetivo del Gobierno argentino es, justamente, la adopción de aquellas políticas que permitan controlar las consecuencias de esta grave crisis sobre nuestro pueblo y, en el tema que nos ocupa, la salud de los argentinos.

La salud debe ser concebida como un derecho humano y quedar fuera de la lógica de la reglas del mercado. En ese sentido, la intervención del Estado es crucial.

Por ello, la decisión ha sido poner énfasis en potenciar las políticas que mejoren el acceso a bienes y servicios de toda la población, fortaleciendo la estrategia de atención primaria de salud en sus diferentes componentes, entre otros: *a*) provisión pública y gratuita de medicamentos esenciales a 6000 centros de atención primaria en todo el país y fomento de la producción pública de insumos y medicamentos para la salud; *b*) implementación, con plena participación del Consejo Federal de Salud, de las intervenciones tendientes a reducir la mortalidad infantil y la mortalidad materna; *c*) desarrollo del programa de medicina familiar mediante el fortalecimiento de las capacidades de los centros de atención primaria de salud.

A nivel global hemos iniciado un camino tendiente a superar la costosa segmentación y fragmentación de nuestro sistema de salud, promoviendo la progresiva integración del financiamiento y de un modelo de servicios de salud integrado, en búsqueda de la mayor eficacia, efectividad y racionalidad en la utilización de los recursos. Ello en el marco de un enfoque de determinantes sociales de la salud. Precisamente, estamos invitando a todos los países a participar en la primera «Feria Mundial de Municipios y Salud: Derechos, Ciudadanía y Gestión Local Integrada para el Desarrollo» que tendrá lugar del 18 al 21 de agosto de 2009 en la Ciudad Autónoma de Buenos Aires.

A estas líneas de acción para afrontar el impacto de la crisis sobre las condiciones de salud y la capacidad de los sistemas, debemos agregar nuestra alta valoración de la integración regional como una fortaleza en construcción.

El segundo tema dominante hoy es la amenaza pandémica. La comunicación de la aparición del nuevo virus de influenza A (H1N1) por parte de la OMS motivó medidas inmediatas de alerta en nuestro sistema de vigilancia y control, como paso inicial de la implementación del plan de contingencia para la pandemia de influenza; la activación de la Unidad Coordinadora Nacional, convocada por el Jefe de Gabinete de Ministros del Gobierno Nacional, le dio el impulso de intervención intersectorial que permite abordar la emergencia movilizando todos los recursos necesarios.

El ya incipiente inicio de la circulación de los virus de influenza estacional y otros virus respiratorios en nuestro país, como en todos los países del Sur en época invernal, agrega un riesgo mayor que, sumado a las lagunas del conocimiento acerca del nuevo virus y su comportamiento, generan un desafío de envergadura que nos preocupa seriamente por el potencial daño en las próximas semanas.

Valoramos, y mucho, el intercambio de información entre los países para afrontar este desafío. Las reuniones virtuales de Ministros de Salud de las Américas organizadas por la OPS en estas semanas han sido de enorme valor. Las videoconferencias y el estrecho vínculo entre las autoridades sanitarias de los países del MERCOSUR y de los países andinos nos han generado fortalezas al compartir información y estrategias.

Finalmente, manifestamos nuestro firme apoyo a las iniciativas para considerar las cepas aisladas del nuevo virus como un bien público; las decisiones que tiendan a asegurar el acceso al tratamiento medicamentoso a todos los pueblos con equidad, y el acceso a las seguramente próximas vacunas para, en particular, las poblaciones más vulnerables del planeta como prioridad. Muchas gracias.

Mr OSMAN (Brunei Darussalam):

*Bismallah ar-rahman arrahim. Assalamu alaikum Warahmalullahi Wabarakatuh* and good morning.

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

We meet here in the midst of issues such as global warming, food and energy security as well as pandemics that could emerge as a potential threat in years to come. The current downturn in the globalized economy will also change the global health landscape. It has been widely recognized that health care is too often the first victim of not only bad governance or of conflict but also in economic or financial downturn. The World Bank has estimated that there may be an additional 200 000–400 000 child deaths per year if current economic trends continue. There are unanswered questions about what type of support to health care is most appropriate and most effective in these difficult situations. But perhaps the more interesting questions centre on how health care fits into wider political or developmental strategies. Just as the G20 is leading the global response to the economic recession, WHO is best placed to take forward global commitments on health care. In this regard, Brunei Darussalam congratulates the Director-General for taking the initative in convening the High-Level Consultation on the Financial and Economic Crisis and Global Health held on 19 January 2009. Brunei Darussalam also welcomes Dr Margaret Chan's recent statement at the High-Level Consultation in which she promised to improve its efficiency and, in particular, to enhance its work to monitor the impact of the financial crisis on health.

At a time when the world is focused on mitigating the effects of an economic recession with the added burden of an impending influenza pandemic, we have the responsibility of keeping health squarely and centrally on the list of both national and international political priorities. We need to determine the means of tracking and monitoring the impact of the global economic crisis in our country to mitigate the effects of the crisis on poor people and vulnerable groups. We require well-targeted safety-net programmes and policies, which, in turn, are dependent upon reliable, real-time data. We need to take stock of the resources available and examine what is needed to establish such a crisis monitoring system. In stepping up our readiness to face the pandemic, it is understandable that there is a tendency for us to stockpile medicine, personal protective equipment and other essentials. However, there is a need for us to exercise prudence in stockpiling to minimize wastage. This is especially so when we are being confronted with the added burden of getting extra budget to purchase medicine and personal protection equipment. In this context, perhaps the private sector, especially the pharmaceutical companies, could support those countries, particularly the developing countries that are most vulnerably affected by any outbreak, to have access to the vaccines at affordable prices. WHO has to play a role in ensuring health equity and accessibility during this current financial climate, with the pandemic exerting an added financial burden.

Brunei Darussalam continues to remain committed to ensuring health security in its efforts towards achieving the Millennium Development Goals. However, like many other countries in the world, Brunei Darussalam is also facing serious challenges in health security in the midst of the current economic downturn, coupled with the decline in oil prices and the impending influenza pandemic. Brunei Darussalam has adopted a policy promoting health security that has given the highest political commitment to providing comprehensive health-care services from primary to tertiary level to its people in the past few decades. The Government of Brunei, through the Ministry of Health, has over the years spent more than 6% of its national budget on health. The health budget for the 2009–2010 financial year has been increased by 8.5% compared with 2008–2009.

Mr President, excellencies, ladies and gentlemen, in dealing with the current pandemic threat of influenza A (H1N1) 2009, allow me to express my delegation's sincere appreciation for the Director-General's leadership in managing this challenging time amidst limited information and uncertainties. I wish to specifically highlight that investments in health care system strengthening during the severe acute respiratory syndrome and influenza A (H5N1) alerts has certainly assisted and contributed significantly to the relatively smooth and calmer response in managing this influenza A (H1N1) 2009 situation. In addition, the efforts towards achieving the requirements of the core competency for implementation of the International Health Regulations (2005) are equally important. As we continue to address this evolving situation, WHO leadership and guidance are critical in supporting Member States to take the necessary steps in protecting and securing the health of their populations. With this in mind, we have to increase our vigilance and efforts to continuously monitor potential dangers, increase capacity and enhance further collaboration between governments. In this respect, we are thankful for the close collaboration among health officials in WHO. The theme of this year's Health Assembly "Impact of the economic and financial crisis on global health" is very fitting indeed. It serves as a reminder to renew our commitment to make this world a more secure place and of the importance of coordinated action and cooperation between our governments.

Without access to proper health care, there can never be real development. Health must be at the core of development; it is not just a desirable add-on. In a globalized world, the health and security of the poorest nations are inextricably linked with the health and security of the richest. I would like to end with the words from the Nobel Prize-winning economist, Paul Krugman, who has summed up the challenge by saying that: "Investing in reducing inequalities in health and in education, is not only important for reasons of ethics and equity but contributes to restoring economic efficiency, functional markets and global growth." Thank you.

El Dr. UGARTE UBILLUZ (Perú):

Distinguido señor Presidente de la 62ª Asamblea Mundial de la Salud, distinguida Directora General de la Organización Mundial de la Salud, señores y señoras ministros y ministras y representantes de los países participantes en esta Asamblea.

La Delegación del Perú coincide plenamente con el informe presentado por la Dra. Margaret Chan, Directora General de la OMS, en el sentido de que el logro de los Objetivos de Desarrollo del Milenio relacionados con la salud se ve amenazado por la crisis económica internacional, las consecuencias del cambio climático y enfermedades emergentes y reemergentes, como la reciente epidemia de la nueva influenza A(H1N1).

Coincidimos también en que la actual crisis económica mundial no debe llevar a sacrificar las políticas sociales y menos las políticas sanitarias conducentes a lograr los Objetivos de Desarrollo del Milenio. Creemos firmemente que la OMS debe hacer llevar a todos los foros políticos y económicos internacionales su planteamiento de mantener y ampliar el financiamiento de las políticas de salud como parte de las políticas anticíclicas frente a la crisis económica.

Coincidentemente con esta orientación, el Gobierno del Perú ha incrementado en un 14% su presupuesto general del 2009 y en un 200% su presupuesto de inversión en infraestructura y equipamiento de salud con relación al año 2008. Continuamos en la lucha por reducir la desnutrición crónica infantil, la mortalidad materna y la mortalidad infantil, así como las enfermedades transmisibles emergentes y reemergentes. En el Perú, hemos añadido también el control y la reducción de enfermedades crónicas y degenerativas.

Estamos en condiciones de anunciar que el Perú ya alcanzó en el año 2008 la meta de reducción de la mortalidad infantil prevista para el año 2015, es decir, hemos reducido a una tercera parte la tasa de mortalidad infantil que teníamos a inicio de la década de los noventa. Sin embargo, lejos de estar satisfechos con este resultado, nos estamos poniendo nuevas metas orientadas a reducir las brechas que todavía subsisten entre nuestras poblaciones urbanas y rurales, y entre las poblaciones de mayores y de menores ingresos. Sin embargo, nuestros avances no son iguales en la reducción de la desnutrición crónica infantil y de la mortalidad materna por lo cual estamos reforzando los planes correspondientes para el periodo 2009-2015.

También estamos incrementando los recursos para el control y la reducción del VIH/SIDA, la malaria y la tuberculosis, particularmente en sus formas resistentes. En la lucha contra el VIH/SIDA y la tuberculosis venimos recibiendo un importante financiamiento del Fondo Mundial que, sumado a los recursos públicos, nos permite priorizar la prevención y el tratamiento de todos los casos diagnosticados con buenos resultados. Con relación a la malaria, estamos desarrollando un programa conjunto con Venezuela, Colombia y el Ecuador, también con apoyo del Fondo Mundial, que ha permitido reducir drásticamente la incidencia de esta enfermedad en nuestros respectivos países.

Saludamos la actuación de la Organización Mundial de la Salud frente a la epidemia de la nueva influenza A (H1N1), nos solidarizamos con México y nos alegramos por la evolución favorable que viene teniendo. Asimismo, saludamos el aporte que México está haciendo, con el apoyo de otros países, en el conocimiento científico de esta nueva infección viral, que pone a disposición de todo el mundo. Es nuestra apreciación que en los primeros dos meses de evolución esta epidemia tuvo un flujo de transmisión preferentemente Norte-Norte; pero en las últimas semanas, por lo menos en el continente americano, se constata también una transmisión Norte-Sur. Si bien hasta el momento, como en el caso del Perú, se trata de pocos casos importados, no podemos dejar de señalar el riesgo de propagación de esta influenza en los países del Sur que están pasando al invierno y por lo tanto, a condiciones climatológicas menos benignas, con las tradicionales influenzas estacionales. Nos serán muy útiles las lecciones aprendidas y las orientaciones que la OMS acuerde en la presente Asamblea.

Adherimos a la estrategia de la atención primaria de salud y anunciamos que hemos iniciado una gran reforma de nuestro sistema de salud a través de la Ley de Aseguramiento Universal que garantizará el acceso oportuno de toda la población a servicios de salud de calidad. De otro lado, respaldamos la preocupación de la Directora General de la OMS con relación a la necesidad de analizar las consecuencias del cambio climático en la salud de la población mundial y de adoptar medidas urgentes y efectivas.

En la medida en que la OMS ha incorporado como parte de su reflexión el tema del reclutamiento internacional del personal de salud y la necesidad de establecer códigos de conducta entre los países miembros, proponemos que se analice el mecanismo de compensación a los países proveedores de recursos humanos calificados en salud, que hoy tienen graves carencias debido a la migración hacia otros países. Finalmente, quiero enfatizar la importancia que tiene la coordinación regional y subregional para el desarrollo de estrategias sanitarias cada vez más específicas y efectivas. El Perú siempre valorará el apoyo de la OPS y en particular, de su Directora Regional, la Dra. Mirta Roses. También consideramos de gran utilidad la coordinación de los países andinos a través del Organismo Andino de Salud y la coordinación del Consejo Suramericano de Salud (UNASUR-Salud), constituido el pasado mes de abril. Muchas gracias.

Dr WATANABE (Japan):

Mr President, honourable ministers, distinguished delegates, ladies and gentlemen. On behalf of the Government of Japan, I would like to highly commend Dr Chan for her outstanding leadership and to WHO and the respective Member States for their coordination in addressing the current outbreak of influenza A (H1N1) 2009. I would also like to express my heartfelt sympathy and condolences for those who are infected and lost their lives, mainly in Mexico, as a result of spread of this new virus. We have confirmed a rapid infection spread over the past several days in Japan as well. Accordingly, the Japanese Government has established a response headquarters, headed by the Prime Minister, and is making every effort to tackle this challenge, recognizing that this is a matter of grave concern for national crisis management. We are starting active epidemiological investigation in order to think out preventive measures against infection spread. We will adopt the more appropriate measures based on the investigation.

To cope with this global crisis, the WHO Secretariat and Member States need to strengthen their coordination more than they have done to date. Consequently, at the recently convened ASEAN+3 Health Ministers' Special Meeting on Influenza A (H1N1), I stressed the importance of global coordination. The current outbreak of influenza A (H1N1) is the first case for which "a public health emergency of international concern" was declared since the revised International Health Regulations (2005) came into effect in 2007. In accordance with the Regulations, the pertinent Member States have promptly reported

information on the outbreak to WHO. In addition, through the sharing of virus samples with WHO, assessment of the situation and development of vaccines are proceeding swiftly. We are very much pleased to see that the WHO network is functioning well.

Countries and the international community have been taking action to enhance the preparedness against a threat of the pandemic avian influenza A (H5N1) since 2005. We highly appreciate that such an effort has contributed well to responding to the current outbreak of influenza A (HlN1) 2009. In this regard, along with other donor countries, Japan has provided assistance to the developing countries in their efforts to advance preparedness, and we should continue our vigilance against the highly pathogenic avian influenza A (H5N1). In order to accurately assess the risk of a pandemic and advance the development of vaccines, information on avian influenza A (H5N1) cases and virus samples should be shared with WHO. Japan has repeatedly urged the importance of avoiding creation of geographical vacuums in the public health network in response to health issues such as influenza. From this perspective, we welcome and regard it opportune that Chinese Taipei attended this Health Assembly as an observer for the first time.

We must not forget that besides influenza, the current global economic crisis is threatening human security and greatly affecting the vulnerable people, not only socially and economically but also in the aspect of health. To strive to meet health-related Millennium Development Goals, where there is a concern that they may not in fact be achieved, it is essential to take a comprehensive approach that addresses the fight against infectious diseases, maternal and child health care and health system strengthening in a balanced manner. In particular, health systems, the health workforce, health information/surveillance and health financing are crucial and need to be strengthened, along with research and development, in a balanced manner. With this point in mind, we are going to contribute actively to the deliverables at this Health Assembly.

To conclude, I would like to point out that influenza A (H1N1) 2009 has an enormous impact not only on health but also on society and economy. To deal with the enormous health and other related issues, Japan is ready to enhance the cooperation with the international community, including WHO. Thank you very much for your kind attention.

Professor AKDAĞ (Turkey):

Mr President, excellencies, ladies and gentlemen, first of all, let me extend my sincere congratulations on your election as the President of this august body. I also congratulate the other distinguished officials elected and wish you all every success.

In 2008 we witnessed the most important economic downturn since the 1930 depression, and started to talk about a global economic crisis and its adverse consequences. Nevertheless, in 2009 we are more intensively dealing with this crisis and trying to prevent its damages. No country is immune. Of course, the health sector will be affected by this recent economic distress. We all know that the economists tend to cut back on government expenditure during challenging times, and unfortunately, health expenditures are among the first items to be cut down. However, we have a crucial responsibility at this point and that is to prevent the economic crisis from turning into a social and welfare crisis. Therefore, health should not suffer. Today, we have achieved some progress in many health areas. Accordingly, we should make the utmost effort to avoid any setbacks to this progress. We should increase awareness in the international community and organizations about the priority of health, which should not be sacrificed because of economic shortages. In this context, I believe that the role and responsibility of WHO are more significant at this time.

Historically, wars and conflicts have always had devastating consequences. They result in pain, suffering and trauma. Most importantly, lives are lost; lonely orphans and many other tragedies are left behind. Unfortunately, we still witness conflicts in different parts of the world that continue to create casualties and have a severe influence on humanity. The recent tragedy in the Gaza Strip has led all of us to be deeply concerned about the grave humanitarian situation. Its health institutions and personnel are under serious pressure to cope with the results of the heavy fighting. We should put more emphasis on the reconstruction of the health infrastructure and availability of humanitarian assistance to the Gaza Strip. I would like to take this opportunity to thank the WHO Regional Office for Europe and the

Regional Office for the Eastern Mediterranean, particularly Dr Danzon and Dr Al Gezairy, together with Director-General, Margaret Chan, for their support in helping Turkey deliver medical assistance.

To achieve health-related Millennium Development Goals and to overcome global health challenges, we need to strengthen the health systems. Improving health through efficient policies and effective actions is the main purpose of the health systems. This can be achieved only be efficient service delivery, resource generation and effective financing and stewardship. In our health system strengthening efforts, we have made a significant transition over the last six years with the implementation of a comprehensive reform programme. An important example is the effective implementation of a tobacco-control programme.

I would like to highlight the significance of the recent developments as a result of the influenza A (H1N1) 2009 virus. We have once more witnessed that outbreaks do not recognize borders. A couple of years ago, Turkey and several other countries faced a similar threat due to the outbreak of the avian influenza A (H5N1). It is always a challenge to bring an outbreak under control; it requires serious, hard work and comprehensive and intensive efforts. There are, of course, several factors that can help to be successful in this challenge. Yet we cannot claim that any country is completely and fully equipped to fight the outbreak; international technical expertise, information and communication are needed.

In conclusion, as you may be aware, Turkey's three-year term as a member of the Executive Board is ending this year. During its term, Turkey has always attached importance to solidarity and close cooperation between Member States and to strengthening the technical expertise of WHO. Now, I would like to wish every success to the members of the Executive Board. Last but not least, whether it is a financial or a public health threat, it is certain that we are going through hard times. Therefore, effective and sustainable solidarity and cooperation are now more important than ever. We should share our experiences and best practices, and work in solidarity to overcome these hard times. Protecting health from crises means protecting our future. Thank you.

Mr BHATTARAI (Nepal):

Mr President, Madam Director-General of WHO, honourable ministers, excellencies, distinguished delegates, I have the honour to make this statement on behalf of the Honourable Minister of Health and Population of Nepal, Mr Giriraj Mani Pokharel. He sends his warm greetings to the distinguished delegates and best wishes for the success of this Health Assembly. Let me congratulate Dr Nimal Siripala de Silva, Minister of Health of Sri Lanka, on his election to the presidency of the Sixty-second World Health Assembly. The Nepalese delegation is pleased to see a South Asian leader guiding this important Health Assembly. We pledge our full support to you, Mr President, and express confidence that with your skills and experience, the Health Assembly will reach a successful conclusion.

We welcome the call made by Madam Diretor-General in her statement yesterday to the international community to collectively work and protect developing countries from the impact of an influenza pandemic. We commend the extraordinary leadership she has provided to our Organization, and commitment to strengthen the public health system.

The potential for a pandemic of influenza A (H1N1) 2009 has necessarily commanded the attention of this Health Assembly. However, it is equally vital to use this opportunity to plan our coordinated response to the impact of the global financial crisis on health. A wave of global recession is adding vulnerabilities to economies that have remained relatively unaffected. No nation is immune to these waves of a potential pandemic and a global financial crisis in this increasingly interdependent and interconnected world.

The progress made in the health sector is challenged by these impending threats. Since the People's Movement of April 2006 restored a democratic government and put the people at the centre of governance in Nepal, we have worked systematically to revitalize the primary health care approach. We first introduced free universal care in subhealth posts, health posts and primary health care centres and targeted free care in district hospitals. We have now introduced universal free maternity care at public facilities, and selected essential drugs are universally provided through the district hospital level. Increased service utilization and equitable access to health care are already discernible. The challenge before us is to protect the progress already made, and build upon it in this environment of global

economic contraction. It is a fitting time to recall that the health-related Millennium Development Goals are quite sensitive indicators of capacity for economic productivity. When women die in childbirth, whole families, communities and the nation are impoverished by the loss. When children are malnourished, the country's future productivity withers on the vine.

The High-level Consultation on the Financial and Economic Crisis and Global Health, organized by WHO in January 2009, emphasized that countries reliant on donor funding in health, and those emerging from conflict, are especially vulnerable at this time. Nepal fits both these criteria, yet our work over the past three years has positioned us to weather this storm, if three components can be safeguarded. They are: first, the primary health care approach that we have instituted; second, the domestic commitment to increased health funding that we have established; and third, sustained international assistance aligned to our country's needs and policies, including the public health system. To safeguard these components, an institutional mechanism for the revitalization of primary health care has been created. This year, the Government plans to launch health nutrition and development cooperatives, building upon our grass-roots primary care network, increase community management under a concept of mutual rights and responsibilities and increase emphasis on prevention through productivity and access to resources. We plan to expand our efforts to address the health of the urban poor. We have signed an International Health Partnership Country Compact with our external development partners. Efforts to increase the national budget for health and health research continue and a new health policy based on the primary health care approach is close to finalization.

We look forward to the recommendations of the High-level Task Force on Innovative International Financing for Health Systems. We anticipate enhanced concrete international assistance as a result of its work; and also continued strengthening of mutual commitments to country-led harmonized development cooperation. We also welcome the recent proposal for a global fund for the Millennium Development Goals and urge that the International Health Partnership global compact commitments be at the heart of any such new architecture. The interrelated global financial and economic crisis along with the spread of viruses have greatly undermined our efforts towards attaining the health-related Millennium Development Goals. I would like to express the commitment of my Government to work together with WHO at the national, regional and international levels in promoting equitable access to health care to realize the goal of providing health for all. Thank you.

La Sra. MUÑOZ (Uruguay):

Muy buenos días. Muchas gracias, señor Presidente, señores asistentes, quiero agradecer la posibilidad que tiene mi país de presentar algunas consideraciones sobre la crisis internacional en el sector de la salud y la situación del Uruguay en la actualidad.

Recibimos en el año 2005 un país que había desarrollado durante los noventa una política liberal, aperturista, concentradora y excluyente con consecuencias reflejadas en la caída del nivel de riqueza del país, de la inversión, el consumo y las exportaciones; una alta tasa de desempleo y una precariedad laboral con caída del salario real.

La propuesta del Gobierno que integramos liderado por el Dr. Tabaré Vázquez a partir del año 2005, puso en marcha un modelo distributivo incluyente que proponía crecer y distribuir al mismo tiempo. Para ello no hay otra forma que una activa intervención del Estado y una reconstrucción de un Estado moderno de bienestar, que incida en los tres ejes que transforman el crecimiento en distribución.

La redistribución de los ingresos, en particular apelando al aumento de salarios y jubilaciones, aumentando la cantidad y calidad del empleo y haciendo hincapié en las políticas sociales. Para ello se puso en marcha una triplicación del presupuesto de los gastos sociales, en especial en salud, educación y protección social; una reforma de la salud; una reforma tributaria; una reforma en la educación y en la protección social. Los resultados mostraron un aumento del producto interno bruto per cápita de US$ 4003 en el año 2004, a US$ 9200 en la actualidad. Una disminución de la pobreza del 30,9% al 21,7% en la actualidad.

Con relación a la reforma de salud, podemos decir que tenemos un Seguro Nacional de Salud de cobertura universal, que ha integrado los subsistemas públicos y privados mediante la creación de un fondo nacional único y centralizado de salud que se nutre de los aportes de los ingresos de los

trabajadores, de los pagos de las empresas y de los aportes del Estado; que pagan a las instituciones prestadoras de salud tanto públicas y privadas per cápita de acuerdo al riesgo de sus afiliados y, que además del pago por riesgos, se incluye el pago por meta prestacional. Esa reforma está basada en el acceso universal de todos los ciudadanos uruguayos, en la justicia social y en el fortalecimiento del sector público, que ha pasado de un gasto de US$ 190 millones en el año 2005 a US$ 525 millones para el año 2009, lo que consideramos una inversión apropiada en salud y en políticas sociales.

Una mayor accesibilidad por bajas en los copagos en las instituciones de asistencia médica colectiva o del sector privado con gratuidad para enfermos crónicos como los diabéticos, gratuidad para exámenes de control del embarazo, exámenes preventivos para mujeres, como mamografías y Papanicolaou, reducción del ticket de medicamentos, set de ticket gratuitos para los jubilados y gratuidad de las órdenes para los controles preventivos de los niños hasta los 14 meses.

Fortalecimiento del primer nivel de atención con un cambio en el modelo, haciendo énfasis en el primer nivel de atención, desplegando en todo el país el Programa Nacional de Control del Tabaco como fortalecedor de ese primer nivel y, en esta oportunidad, queremos decir que se realizará en Uruguay la Conferencia de las Partes, la COP 4, del 13 al 21 de noviembre de 2010, conferencia a la cual invitamos a todos los participantes en esta reunión.

Se ha desarrollado el Proyecto Uruguay Saludable, con gran satisfacción de todas las comunidades, que lleva los proyectos de salud a los lugares más remotos de nuestro país, y el Programa Nacional de Nutrición, que hace hincapié en la desnutrición, tanto en la malnutrición por defecto como por exceso.

Se han concertado más de 80 convenios de complementación asistencial entre el sector público y el privado, y se ha decretado sobre los tiempos de espera, y ligado al pago por metas asistenciales en el seguro integral de salud. Quiere decir que, recibimos un país destrozado por el neoliberalismo, y hemos trabajado cinco años en la reconstrucción nacional, pero en particular en la reconstrucción del tejido social y la calidad de vida de la población. Generamos crecimiento y distribución al mismo tiempo. Del 25% del presupuesto que se pagaba para deuda pública, se ha transformado en que el 10% se paga para deuda pública, y el resto para políticas sociales. El sistema de salud, universalizó y dio justicia al acceso a la salud.

Se han adoptado medidas de protección social para que el peso no recaiga, como siempre había sucedido, sobre la clase trabajadora. El país llegó a la crisis internacional del año 2008, con una economía en crecimiento y una sociedad fortalecida y protegida por las políticas socioeconómicas desarrolladas entre 2005 y 2008. Hemos actualmente bajado el 5% del presupuesto, exclusivamente de gastos de funcionamiento, y no de políticas sociales. Por lo tanto, esta situación de emergencia humanitaria que padecemos, nos ha encontrado en situación de menor vulnerabilidad, por lo que queremos agradecer a la Dra. Margaret Chan su liderazgo frente a las pandemias en general, y en particular, en esta situación. Uruguay ya se ha preparado, conjuntamente con el Ministerio de Ganadería, Agricultura y Pesca, desde el año 2006, ante la eventualidad de la pandemia del virus H5N1. En el 2006 y 2007 llevó esos planes de contingencia a todos los municipios del país y a todas las organizaciones sociales que lo componen. Esa herramienta actualizada al H1N1 nos ha permitido posicionarnos rápidamente, y con un comité de expertos, adaptar los manuales preexistentes. Queremos agradecer también la honestidad intelectual y la generosidad de México, al donar la cepa del virus H1N1. El trabajo mancomunado de México, Estados Unidos y Canadá nos ha permitido, a todos los países, sacar enseñanzas y prepararnos mejor frente a estas contingencias. Bregamos por la accesibilidad rápida a la vacuna, para todos los países que así lo necesitan, y reafirmamos nuestro compromiso y agradecimiento a la Dra. Mirta Roses, Directora General de la OPS, por la sabia conducción que ha realizado en la Región, en estos días de tanta preocupación para nuestras comunidades. Muchas gracias señor Presidente.

Mr MCKERNAN (New Zealand):

*E nga iwi, nga mihi nui ki a koutou katoa; no reira rau rangatira ma; tena koutou, tena koutou, tena koutou katoa.*

First, Mr President, a special welcome to you and welcome to all ministers and delegates from the people of New Zealand. It is a privilege to be here to address the Sixty-second World Health Assembly

and its Member States. New Zealand values its membership at this Health Assembly and membership of the Executive Board. We look forward to continuing a long-standing contribution to discussions on the global health agenda; and today to discuss the theme "Impact of the economic and financial crisis on global health". The recent global response to the outbreak of influenza A (H1N1) 2009 and the corresponding threat of an influenza pandemic highlight just how important it is that countries and their health systems continue to be adequately prepared to respond to threats to global health security such as an unprecedented global economic crisis. New Zealand has always been alert to the risks of influenza, having in 2001 held one of the first national exercises in the world to test readiness for a pandemic.

As a small open country, New Zealand is particularly vulnerable to the rise and fall of the economic prospects of the wider international community. However, even in the face of the worsening economic situation, New Zealand remains committed to ensuring our health system continues to thrive and respond to the health needs of our population. We are also committed to continuing support to other countries in our region that need our assistance. The New Zealand Government is maintaining its future health-funding track and we are striving towards delivering better, faster, more convenient health services to the people of New Zealand. To this end, our focus is on making sure that every dollar spent on health is well spent. We have seen the huge benefit of working globally on influenza A (H1N1). Ensuring the best health in the face of economic difficulties also requires a global approach. Firstly, it is vital that the funding that goes into health globally gets maximum benefit. This requires concerted efforts to improve the way our health systems function.

The New Zealand Government has set a clear expectation that its health system will operate differently to develop and support stronger clinical leadership within our system, to achieve improvements in productivity and better value for money. We want our system to be more responsive to the priorities of New Zealanders, which includes the dedicated development of new elective surgery theatres to improve services for New Zealanders. We are also introducing new health performance targets for emergency departments and cancer-treatment waiting times.

New Zealand also has a commitment to our primary health care strategy, which is bipartisan and remains essential given the pressure on health resources. Getting people to access care early remains a key goal. There are a number of initiatives that we are progressing, including supporting the development of more multidisciplinary integrated family health-care centres. Globally, clinical leadership is recognized as fundamental driver of better health outcomes by helping health services to retain skilled clinicians and attract new staff. We recognize that a key to success is to enable health professions to become leaders in improving quality of care across all parts of the system, in collaboration with health managers and policy-makers. We are also committed to addressing the crises facing our health workforce, with greater investment in workforce planning and incentives.

New Zealand continues to support neighbouring countries, with the Pacific as the primary focus of our development assistance programme. The Pacific is characterized by small, already vulnerable economies where global crises impact with particular severity. There is a risk in some Pacific countries that the global economic crisis may impact on resources allocated for basic health services. This is of concern given the already uneven progress on meeting the health-related Millennium Development Goals in the Pacific, and the double burden the region faces from both communicable and noncommunicable diseases.

New Zealand is working closely with Australia and other donors to monitor closely the unfolding impacts of the global crisis on different countries. This will include increasing our focus on sustainable economic development so that Pacific countries are better placed to take advantage of eventual economic recovery. We are doing this while maintaining our health and education programmes in the Pacific. These programmes will give priority to primary health care and the strengthening of health systems. Strong, well-integrated health systems and a multisectoral approach to health care are critical. New Zealand is a strong supporter of this approach and we urge our partners to continue to focus on these critical areas. Our assistance includes support for several human resources for health initiatives spearheaded by WHO in the Pacific region. These include ongoing support of WHO fellowships, support for the WHO Pacific Islands Mental Health Network and training programmes for Ministry officials to enhance their capacity and skills.

Finally, I want to emphasize that New Zealand remains strongly committed to the work of WHO and to the achievement of the Millennium Development Goals. It is important for all of us to maintain

our focus on these Goals in light of the relatively slow progress being made with the health-related Goals in particular. Key to their achievement will be an improvement in the way health systems function and, in the face of a global economic crisis, continued commitment to ensure that the funding that goes into health achieves maximum benefit. Thank you, Mr President.

*E noho va; tena koutou, tena koutou, tena koutou katoa.*

El Sr. MARTÍNEZ OLMOS (España):

Señor Presidente, distinguidos delegados: Estamos en una Asamblea que seguramente será trascendente en la historia de la Organización Mundial de la Salud. La globalización nos trae nuevos desafíos, y hace más necesario que nunca disponer de sistemas sanitarios fuertes. Sistemas sanitarios basados en la atención primaria de la salud y que dispongan de fuertes estructuras para la salud pública. Porque el objetivo que todos compartimos es el de conseguir la equidad y la solidaridad en la distribución de los servicios sanitarios; son tiempos, por tanto, para la salud pública. Y es importante que nuestros sistemas sanitarios actúen monitorizando los determinantes sociales de la salud y estableciendo acciones eficaces frente a la desigualdad sanitaria. Porque es importante reducir las desigualdades, y es hoy más importante que nunca, traer aquí, los objetivos que hace ya años, la Organización Mundial de la Salud planteó con su Estrategia de Salud para Todos.

Estamos viviendo momentos importantes en lo que se refiere a la actuación de los sistemas sanitarios con ocasión de la crisis que se ha originado por el nuevo virus de la gripe A (H1N1), que ha puesto de manifiesto la capacidad de la Organización Mundial de la Salud para liderar las acciones a nivel internacional. Queremos reconocer el trabajo realizado por la Organización Mundial de la Salud y especialmente por su Directora General, la Dra. Chan. Pero también, esta crisis ha puesto de manifiesto la capacidad y fortaleza de los sistemas sanitarios. En el caso español, un sistema nacional de salud, construido en poco más de dos décadas, que ha sido capaz de responder con eficacia a un desafío relevante, dando una imagen ante los ciudadanos, de que estamos ofreciendo posibilidad de respuesta, de prevención y de atención sanitaria, ante una de las crisis más importantes de los últimos tiempos. Y también esta crisis ha puesto de manifiesto la importancia de la preparación que hemos tenido todos los países, a lo largo de estos últimos años, para poder anticipar estos desafíos.

España quiere una Organización Mundial de la Salud fuerte. Creemos que tiene que jugar un papel muy relevante en el futuro y aprender las lecciones de estos últimos años, y especialmente de estas últimas semanas. Ahora tenemos la necesidad de asegurar la disponibilidad de la vacuna pandémica para todos. Y nosotros creemos que la Organización Mundial de la Salud tiene que hacer posible que esta vacuna llegue a todos los países que lo necesiten, con criterios epidemiológicos y de necesidad, y a precios asequibles para todos; porque es importante que pueda estar disponible para todas aquellas naciones que lo necesiten. Y creemos importante fortalecer los sistemas sanitarios. Si analizamos la experiencia española, hemos sido capaces de construir un sistema nacional de salud, en poco más de dos décadas, en el que estamos invirtiendo tan sólo el 6% del producto interior bruto. Y nos permite disponer de unos servicios sanitarios de cobertura universal de gran calidad y con una cartera de servicios de las más amplias del mundo. Pero en estos momentos de crisis económica global, el sistema nacional de salud español, al igual que los sistemas sanitarios de muchos países, se está mostrando como una fuente capaz de generar riqueza, capaz de generar empleo, empleo estable, empleo de calidad, empleo de profesionales altamente cualificados y no deslocalizables. Y por lo tanto, también las actuaciones del sistema nacional de salud son un ejemplo a seguir, como un elemento de salida de la crisis económica.

Señor Presidente, distinguidos delegados: Hagamos que esta Asamblea marque un antes y un después de la lucha conjunta, frente a los desafíos de salud pública que tenemos que afrontar todos juntos, con criterio de equidad y frente a las desigualdades. Muchas gracias.

Mrs GIDLOW (Samoa):

Mr President, Madam Director-General of WHO, honourable ministers, distinguished delegates, ladies and gentlemen. As Minister of Health from Samoa, it gives me great pleasure to speak on behalf of Pacific island countries. We congratulate you, Mr President, and the rest of the office for assuming the

leadership role of this august body. We support you and will work with you to make this year's Health Assembly a success.

The Pacific island countries represent one of the most diverse and vast regions in the world. Although separated geographically, the Pacific Ocean unites us. We believe in collective actions and concerted efforts as small island States in meeting the demands of our respective populations. Despite our stretched capacities and geographic isolation, we strive to deliver the best we can.

The Health Ministers' Yanuca Island Declaration in 1995 or the Declaration on Healthy Islands, conveyed a political will and determination to ensure that healthy islands are places where: children are nurtured in body, mind and spirit; environments invite learning and leisure; people work and age with dignity; ecological balance is a source of pride; and the ocean that surrounds us is our heritage. This 1995 ministerial declaration was followed by a series of political commitments made after every second year to practically translate the direction as agreed in the Cook Islands, Palau, Papua New Guinea, Tonga, Samoa and most currently in Vanuatu in 2008. This reaffirmed our determination to address issues that affect the health of our people according to our national contexts. For years, the health sector in the Pacific island countries have worked diligently to implement regional and global frameworks in health promotion, primary health care, the Millennium Development Goals and many other relevant health outlines to strengthen our health systems at country level.

This collective statement focuses on the "Impact of climate change on health", because it is in the small island States where this threat is already seen and felt in a most significant way. The May 2009 issue of the *Lancet* journal states with clarity that "Climate change is the biggest global health threat of the 21st century." Nowhere in the world is this statement so true than in the small island countries. We are passionate about climate change because small island States are the least responsible for climate change but the most affected. We are already experiencing climate-change impacts on health, but the fearsome reality of climate change's impact on the small island States is coming to terms with displacement of our people, thereby losing our livelihood, our culture and, worst of all, our identity. Additionally, the displaced populations will undoubtedly add more mental health challenges to adopted countries.

As I speak for the Pacific island countries, I cannot help but think of the health workers who are at this very moment trying to manage the current influenza A (H1N1) 2009 situation at country level with limited resources, limited technical capacities and limited access to medication if and when it happens. It has been three weeks today since the initial warning of this global emergency was conveyed. Most of us, if not all, have truly felt the disadvantaged realities of being small, poor and isolated, as we have yet to receive the assured tangible assistance in our countries. If the influenza A (H1N1) 2009 virus had really reached our shores within the last three weeks, we would have been in a terrible situation. The experiences of Spanish influenza in 1918 continue to haunt us.

However, Dr Margaret Chan's presentation at the Commonwealth Health Ministers Meeting on Sunday reaffirms that strengthening our health systems, improving our general surveillance, rebuilding and revisiting our health-care capacities and actively engaging our communities in pursuing basic and simple hygiene practices are the strategic directions to pursue during these trying times.

We reiterate our call every year for help to address the growing noncommunicable diseases among our populations. The increasing trend of lifestyle-associated diseases is worsening and affecting our young population at an unprecedentedly high rate. The adoption by the Pacific island countries of a countrywide approach in countering lifestyle-related diseases in the last two years is finally demonstrating a more genuine multisectoral approach in action. The Pacific island countries are still very much affected by communicable diseases. We continue to deal with tuberculosis by using the directly observed treatment short-course principles. However, the growing number of the island countries with cases of multidrug-resistant tuberculosis is causing a significant threat to health. Malaria, lymphatic filariasis, dengue fever and typhoid are still endemic in most of our countries. High rates of HIV/AIDS, like we see in Papua New Guinea, constitute a health crisis that threatens the development of our nations. Others recognize that the conditions that contribute to the rapid spread of HIV is just as real in their small States. Health ministers have agreed on a region-wide strategy to address this, which health sectors in collaboration with civil society and other stakeholders pursue.

In conclusion, Mr President, allow me to make a few remarks about my country. Samoa's health reform, which began in 1998, culminated in the separation of the former Ministry of Health to establish a

new entity, the National Health Service to focus on publicly funded hospital care. The Ministry of Health was tasked with a reformed mandate of a regulatory and monitoring authority for Samoa's health sector. Samoa remains committed to strengthening its health system through primary health care and health promotion and remains vigilant in realizing the Director-General's simple but practical advice for all countries that the strengthening of health systems is the only way that we can improve the many other facets of health service and health care – whether it be health-information strengthening, health-service provision, health financing, human resources for health, health technologies and supplies and, most important, health governance and stewardship. I thank your Mr President and the Health Assembly for hearing us today.

Mr LITZMAN (Israel):

Mr President, dear colleagues, I would like to start by thanking WHO and its leaders for the manner in which they handled the influenza A (H1N1) 2009 crisis. As I represent a country that takes part in all the decisions that are made and takes upon itself to comply with WHO guidelines, I am filled with appreciation for the manner in which WHO leaders handled this crisis and for their level of professionalism. The fact that all the countries of the world are forced to deal with the new influenza proves once again – as if such proof were really needed – the importance of WHO but even more than that, the importance of the connection between the different countries and the exchange of information and real-time reports between them. We all remember past epidemics, and although we do not want to make any comparisons – after all, worldwide health system and medical technologies have advanced considerably since those times – there is a haunting feeling that such an epidemic at a higher intensity might spread throughout the globe again, and for that we must prepare ourselves without delay. Therefore, cooperation is of immense importance, and this is an excellent opportunity to enhance cooperation between different countries, although some have not always succeeded in cooperating with each other. I also think that we should reconsider the commonly acceptable methods of medicine distribution in order to prevent an unnecessary purchase frenzy. Needless to say, Israel will support any arrangement that is determined by the Organization.

Now, putting aside the influenza scare, please allow me to use the coming minutes to shortly review Israel's health system. Israel, as you know, is facing hard times. On the one hand, we are still under threat of terrorist attacks that are mainly targeting innocent populations. This fact requires us to allocate enormous health-care resources into treatment of casualties of the hostilities, chiefly in the field of mental health. On the other hand, a new government was recently formed in Israel and sounds of political overtures are once again heard in our region. Yes, the road is still very long and the negotiations will be tough, but maybe it will lead us – and maybe even within our own generation – to a change in our region's political and security conditions.

I am well aware of the fact that the issue of our relations with the Palestinians still occupies a considerable part of the agenda to this distinguished Health Assembly. I am always astonished by that and find myself thinking: are there not more important health-related issues to discuss? And do you really know what truly happens on the ground? I want to inform you that despite the tension that exists between us, we continue to uphold daily ties with the Palestinian Authority, besides the close connection that has been formed between us in these days of the influenza A (H1N1) crisis. These ties are not limited to the diagnosis, treatment and hospitalization in Israeli hospitals, where it is not a rare sight to find in the same hospital ward both the terrorist and his victim lying side by side; further cooperation can also be witnessed in advanced study programmes for doctors, nurses and laboratory technicians.

In the fields of medicine and health, I can proudly announce that Israel is making huge steps in medical technology. It was only a few months ago that we defined a new services basket of medications and technologies in which we included almost all the life-saving medicines as well as new vaccines for children. It is true that there are still some technologies that we have not managed to include in our publicly funded health-care services basket due to economic reasons, and as a result, these technologies are not available for the entire population regardless of religion, gender or race. However, I truly hope that in the future we will managed to provide each patient with what he needs.

We are also continuing – just as you are, my dear colleagues – in our preparations for the event of an influenza pandemic, which hopefully will not occur. In getting ready to face any unexpected event,

Israel values WHO's leadership and seeks to create a joint programme with its neighbours, including in the implementation of the International Health Regulations (2005). In the fields of emergency and natural disasters, we are also prepared to face the grimmest future events, and I would be happy to share details about these fields with you.

My dear colleagues, I truly hope that by next year we will manage to speak more about health and medical research rather than about political or health-related catastrophes, and I call on all States to invest in finding cures to serious illnesses, and medicinal technology for the welfare of the general humanity instead of investing in technological exploration. I thank you for listening.

Dr JALLOW (Gambia):

Mr President, on behalf of the Government and people of the Gambia, it is my honour and pleasure to address this esteemed Sixty-second World Health Assembly and to congratulate you in your new office as President of this Health Assembly. Mr President, the Gambia wishes to commend WHO through your high office for the tact and timeliness of the Director-General's response to the recent outbreak of the influenza A (H1N1) 2009. The composure and professionalism of her expert committee on influenza have averted not only confusion and panic but also provided the much needed leadership and direction for synergy and convergence.

The Gambia recognizes the global public-health challenge being poised by influenza viruses of pandemic potential. In collaboration with our WHO country team, core country capacity is being built in the areas of case detection, risk assessment and rapid containment strategies. Surveillance measures are being put in place, especially at the airports and seaports and other entry points. WHO has also assisted in the procurement of antivirals and masks.

The Government of the Gambia recognizes health as a central long-term driver of economic growth. 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 the President of the Republic of the Gambia, Professor Jammeh has accorded the health sector high-class priority in the Government agenda for overall and sustainable development.

In this process, our health sector has undergone impressive transformation, with emphasis on the provision of basic, essential and quality health care made accessible to all Gambians, at a cost they can afford, in the spirit of self-reliance and self-determination as enshrined in the Declaration of Alma-Ata on primary health care. Accordingly, health-sector policies, which are both vision- and mission-driven, revolve around the wider national "Vision 2020", which calls for the attainment of quality health care for all Gambians. The Gambia established a national eye care programme following a prevalence survey of blindness and eye disease in 1986. The leading causes of blindness were cataracts (47%), trachoma (17%) and other corneal opacities mainly associated with childhood measles or harmful eye medicine (11%). At least 84% of these conditions are preventable and curable. The Gambia has gained remarkable achievements in the following areas; the blindness prevalence rate was reduced from 0.7% to 0.4%, and trachoma, the leading cause of preventable blindness, was reduced from 17% to 5%. In the Gambia, eye-care services are no longer a vertical programme but are fully integrated into the national health-care delivery system. In addition, the Gambia also hosts a subregional eye-care centre, which serves as a centre of excellence in providing training to eye-care providers. The Gambia's achievements in eye care have been shared with other neighbouring countries in the subregion within the framework of the Health for Peace Initiative which involves the Gambia, Guinea, Guinea-Bissau and Senegal. The Gambia coordinates the eye-care component of the initiative and, as such, has provided technical support to the neighbouring countries in planning and conducting cataract-surgery camps.

In the area of reproductive and child health, the complications of pregnancy and childbirth remain a key factor in morbidity and mortality among women and girls in the Gambia, and the Government places a high priority in tackling this menace with all stakeholders. To this end, key strategies are being implemented as part of the Gambia's road map, with positive results, for example: the maternal mortality ratio has declined from 1050 per 100 000 live births in 1990 to 556 per 100 000 live births in 2006; the neonatal mortality rate declined from 65 per 1000 live births to 31.2 per 1000 between 1995 and 2001; and the infant mortality rate also declined from 92 per 1000 live births in 1993 to 75 per 1000 in 2003.

The Gambia has also achieved a 96% coverage in antenatal attendance and an increased rate of 62% in institutional delivery; and 84% of under-five children are fully immunized and 74% have received second-dose tetanus toxoid. But not withstanding these gains the indicators remain unacceptably high as efforts aimed at accelerated reduction are challenged by the paucity of trained nurse–midwives, frequent shortages of basic and emergency drugs for obstetric and newborn care; inadequate funds to speedily and effectively scale up implementation of key strategies and best practices such as emergency maternal, newborn and child health.

In the area of malaria, the Gambia has achieved over 60% use of insecticide-treated bednets by children under the age of five. Efforts against malaria in pregnancy are being scaled up to cover all the regions in the Gambia. The strategy is being implemented by the Government, nongovernmental organizations and some private health facilities. Long-lasting insecticide-treated bednets are widely distributed countrywide. Over 300 000 of these nets were distributed to pregnant women and children under five with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Access to effective antimalarial drugs for treatment of malaria has been scaled up nationwide with the use of artemisinin-based combination therapies.

The Regional Committee for Africa, through resolution AFR/56/R6 in 2006, endorsed the revitalization of health service using the primary health care approach as a way of accelerating the achievement of the Millennium Development Goals. In addition, the Regional Committee, in 2008, adopted a resolution on the implementation of the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the new Millennium. Although the framework for implementation of the Declaration is yet to be finalized, the Gambia has identified some critical challenges that need to be addressed: human resources for health, the referral system, health financing, strengthening health-information systems and community ownership and participation.

The effects of climate change on health is now clearly documented. Many countries in the African Region, including the Gambia, experience weather-related emergencies of varying degrees. In terms of risk reduction, an emergency preparedness and disaster management committee has been set up in the Gambia, chaired by Her Excellency, the Vice-President. A surveillance and forecasting system for adverse weather conditions has also been set up at the Department of Fisheries and Water Resources. The Gambia is particularly vulnerable to floods, sea-level rise and coastal erosion. Variations in rainfall patterns can enhance the breeding of potential vectors of medical importance.

The Gambia's poverty-reduction strategy recognises that poverty clearly impacts on health. In a wider context, it is actually ill health that sets the stage for poverty and underdevelopment. According to a national household survey, the poor spend a disproportionate share of their hard-earned income on seeking health care, while the better-off spend far less. Since the passing of the poliomyelitis eradication initiatives in 1988 by the Health Assembly, the Gambia has been implementing all the strategies adopted for the eradication of poliomyelitis. In 2006 the country attained poliomyelitis-free status. Since then, no case of poliomyelitis has been found. Twenty-two acute flaccid paralysis cases were registered against our target of 14 acute flaccid paralysis cases. Laboratory analyses revealed that all 22 cases were negative for wild poliovirus; the percentage of acute flaccid paralysis cases with stools collected within 14 days of onset is 100%.

Finally, the Gambia is vulnerable to the looming global food security shock, as 60% of our staple food 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, President Jammeh, the effects of the global crises will be felt in the short term. Without a concerted effort and rapid global response, gains achieved in the health sector and the attainment of Millennium Development Goals will be compromised. I thank you for your kind attention.

Dr DOSKALIYEV (Kazakhstan):
Д-р ДОСКАЛИЕВ (Казахстан):

Глубокоуважаемые г-н Председатель, дамы и господа!

Прежде всего позвольте поблагодарить за предоставленное слово и присоединиться ко всем прозвучавшим здесь поздравлениям по случаю избрания Председателем Ассамблеи г-на Нималя де Сильва и пожелать ему успешной и плодотворной работы.

Позвольте выразить Генеральному директору ВОЗ г-же Маргарет Чен искреннее уважение и благодарность за поддержку и помощь в реализации совместных мероприятий, направленных на укрепление партнерства в условиях международного финансового кризиса. Присутствие в этом зале многих моих коллег из более чем 190 государств - членов ВОЗ подчеркивает нашу общую политическую волю и готовность сообща развивать тесное партнерство на благо здоровья граждан наших стран.

Развитие современного мира представляет особые требования к устойчивому развитию и безопасности любой страны, основой которой является здоровье населения. В этой связи вопросы здоровья населения и развития здравоохранения являются приоритетными для правительства Казахстана.

Казахстан поступательно выполняет решения, принятые на ассамблеях и исполкомах ВОЗ, международных конференциях по здравоохранению, и остается приверженцем своевременного достижения Целей развития тысячелетия.

Правительство нашей страны оперативно отреагировало на финансовый кризис и разработало антикризисную программу, нацеленную на минимизацию последствий кризиса, в том числе на здоровье населения.

Думаю, что выражу общее мнение о том, что лучше Генерального директора ВОЗ д-ра Чен никто не дал характеристику нынешнему кризису. Было сказано, что настоящий кризис - это оружие массового разочарования.

В стране под руководством президента реализуется политика по поддержке, защите здоровья населения в условиях глобального кризиса. Данные мероприятия носят системный характер. Основным документом, который будет определять системные решения существующих проблем в отрасли на ближайшие три года, является Стратегический отраслевой план, основными направлениями которого являются: первое - "укрепление здоровья граждан" через усиление доступной первичной медико-санитарной помощи; второе - "повышение эффективности управления системой здравоохранения" и улучшение доступности качественных лекарственных средств; и третье - "развитие кадровых ресурсов", отвечающих потребностям общества.

В целях достижения конечных результатов Министерством разработаны 70 целевых индикаторов и показателей деятельности служб здравоохранения. При этом степень достижения конечных результатов определяется путем оценки адекватного освоения вложенных ресурсов.

В области социальной защиты предусмотрены гарантии и обязательства государства по социальным выплатам.

Первоочередной мерой является политика стимулирования и роста заработной платы. Планируется следующее: заработная плата бюджетников и стипендии в 2009 г. и 2010 г. будут увеличены на 25%, в 2011 г. - еще на 30%.

Для реализации социальных гарантий и обязательств средний размер пенсии в 2010 г. планируется увеличить на 25% и на 30% - в 2011 году. По отношению к 2007 г. это означает увеличение в два с половиной раза. Размер базовой пенсионной выплаты возрастет до 50%.

В целях стимулирования рождаемости и улучшения демографической ситуации с 2010 г. предусмотрено: единовременное пособие на рождение четвертого ребенка и последующих детей увеличится в пять раз; родителям, опекунам, воспитывающих детей-инвалидов, будет впервые введено пособие в размере минимальной заработной платы; вносятся изменения в условия вознаграждения и выплаты соответствующих специальных государственных пособий многодетным матерям: к 2012 г. ежемесячные пособия по уходу за ребенком по достижению им одного года будут увеличены в среднем в два с половиной раза.

Полагаю, что комплекс антикризисных мер, разработанных Правительством Казахстана, позволит с минимальными потерями пройти кризисные времена, сохранив и улучшив здоровье граждан, вывести на новый качественный уровень систему здравоохранения, работающую на принципах эффективности, сохраняя высокую доступность медицинской помощи всему населению.

Считаю важным остановиться на проблеме предупреждения эпидемии гриппа A(H1N1). Нами в интенсивном режиме проводятся мероприятия по предупреждению и профилактике гриппа. Имеются определенные запасы вакцин и специальных препаратов. Однако мы понимаем, что этого может быть недостаточно, и Казахстан готов к оперативному обмену информацией и желал бы иметь компетентную поддержку и готовность к совместному сотрудничеству как со стороны ВОЗ, так и ряда других заинтересованных международных организаций.

Признавая серьезность и особенности эпидемии ВИЧ/СПИДа, которая оказывает влияние не только на сферу здравоохранения, но и на другие сферы жизни и деятельности населения, должен признать, что задача Целей развития тысячелетия по обеспечению всеобщего доступа ВИЧ-инфицированных к лечению пока, к сожалению, остается практически не выполненной.

На наш взгляд ключевыми компонентами успешной борьбы со СПИДом является равное партнерство между развивающимися и развитыми странами, международными и местными неправительственными организациями, а также участие гражданского общества в этом процессе. Международное сотрудничество в борьбе со СПИДом должно иметь стратегический и более скоординированный характер. По нашему мнению, принцип "триединства" должен стать основой для дальнейшей политики и программ как государства, так и международных организаций.

В заключение позвольте подчеркнуть, что в XXI веке роль сектора здравоохранения в мировом развитии только начинает возрастать, и мы уверены, что сможем внести свой вклад в устойчивое и динамичное развитие наших стран.

Благодарю за внимание.

The PRESIDENT:

It is now time to adjourn this morning session. The meeting is adjourned.

**The meeting rose at 12:40.**
**La séance est levée à 12h40.**

## FOURTH PLENARY MEETING

**Tuesday, 19 May 2009, at 14:35**

**President:** Mr N.S. DE SILVA (Sri Lanka)
**later:** Mr A.M. FOUDA (Cameroon)

## QUATRIÈME SÉANCE PLÉNIÈRE

**Mardi 19 mai 2009, 14 h 35**

**Président :** M. N.S. DE SILVA (Sri Lanka)
**puis :** M. A.M. FOUDA (Cameroun)

### 1. INVITED SPEAKERS
### INTERVENANTS INVITÉS

The PRESIDENT:

Good afternoon, ladies and gentlemen. The Health Assembly will now take up consideration of item 4 of the Agenda; Invited speakers.

It is an honour for me to welcome, on behalf of this Health Assembly, our first invited speaker, the Eighth Secretary-General of the United Nations, Mr Ban Ki-moon.

I think he needs no introduction but it is my duty to introduce him. From his earliest days in office, the Secretary-General has identified global health as one of his top priorities. He has been working to strengthen the United Nations system and he has reached out to foundations, research centres, civil society and the private sector to help build partnerships to advance the cause of global public health. The Secretary-General has been a consistent voice for the health needs of the poorest and the most vulnerable – especially at a time of economic crisis. He has been a leading advocate for women's health. In the face of the outbreak of influenza A (H1N1) 2009, he has been a strong voice of support for WHO's leadership and coordination efforts. His presence here is another demonstration of his commitment to the cause that brings us together – the advancement of global public health for all. Please join me in welcoming Secretary-General Ban Ki-moon. It is with pleasure that I invite Mr Ban Ki-moon to go to the rostrum. Mr Ban Ki-moon, you have the floor.

*(Applause/Applaudissements)*

Mr BAN Ki-moon (Secretary-General of the United Nations):

Mr President of the Sixty-second World Health Assembly, Dr Chan, Director-General of WHO, honourable ministers, public health leaders, ladies and gentlemen, it is a great honour for me to participate in and address this august Health Assembly at a critical juncture for global health. At the outset, I would like to highly commend Dr Chan for her extraordinary leadership in addressing this crisis in close coordination with the Member States. I want to salute the ministers and public health leaders for their hard work not only in this crisis, but also for their response to health challenges each and every day.

Mrs Sarah Brown, thank you for being here to share your voice. This morning I visited the JW Lee Strategic Health Operations Centre at WHO. They call it the SHOC room, but I have a confession to make: I was not shocked. I was very much energized. Energized by the professionalism, dedication and commitment of WHO staff and colleagues from Member States and collaborating centres. They are the face of the global response to a global crisis. They are the symbol of multilateral cooperation at its best. Thank you for doing so much to build a healthier world.

Ladies and gentlemen, distinguished ministers, here today, the H1N1 strain of influenza A is "Topic A". This outbreak spotlights yet again the interconnected nature of our world. Geography does not guarantee immunity. A threat to one is a challenge to all. From the beginning, I have been in constant contact with Dr Chan. I know there are still many unanswered questions about this new virus. We do not yet know how far and how fast it will spread, how serious this illness will be, and, indeed, how many lives will be lost. As previous pandemics have shown, the situation can unfold in stages; what begins as mild in the first stage might be less so in the next. That is why WHO has not let down its guard. That is why the world must remain vigilant and alert to the warning signs.

The spread of the influenza A (H1N1) 2009 virus illustrates some of the fundamental truths of public health. It helps us better to understand the challenge we face today: how do we build resilience in an age of unpredictability and interconnection? You are a big part of this answer. That is clear from the steps that you have taken in the last weeks – and the lessons we have learnt.

First, we have learnt that your hard work has paid dividends. Advance planning for a pandemic has served the world community well. We have never been better prepared to respond. Second, we have learnt the value of transparency. We must know what is going on. The response to the influenza pandemic shows just what is possible in terms of real-time information and intelligence. Third, we have learnt the value of investment in strong public health systems. They are the guardians of good health in normal times and the bedrock of our response to the new outbreaks and emerging diseases. Fourth, we have learnt the value of coordination – among agencies and countries, and among the public, private and voluntary sectors.

That is why Dr Chan and I met this morning with executives of the main vaccine producers. Partnerships with the private sector are absolutely vital in going forward. But we are also learning that coordination is not an end in itself. That is my fifth and fundamental point: solidarity. Global solidarity must be at the heart of the world's response to this crisis. Solidarity in the face of this particular outbreak must mean that all have access to drugs and vaccines. It means that virus samples and data are shared. It means that self-defeating restrictions on trade and travel are avoided. It means that WHO and vital bodies have the resources they need when they need them. It means that we all act in the interests of the poorest and most vulnerable people in the world. I pledge my full commitment.

We have been talking about the crisis of the day; but we are here at this Health Assembly to look beyond, to get to the fundamentals. Why did I make global health one of my top priorities as Secretary-General of the United Nations? Because health is fundamental to everything we do at the United Nations. A healthier world is a better world, a safer world, and a more just world. If we fall short on health, we cannot simply go back later and pick up where we left off. There is no pause button. There is only rewind. Children start falling ill again from preventable diseases, families suffer, communities break down. In the blink of an eye, the damage to generations can be too far gone. That is why I say that cutting investment on health at times of recession is not just morally wrong, it is economically foolish. And it is why we must continue to engage.

We must also be realistic. Yes, we need more resources. But we also must do more with what we have. There are two overriding realities. On the first hand, this is a world of multiple crises. Problems do not stay confined to tidy corners. On the other hand, this is an age of austerity. Budgets everywhere are getting squeezed. Then how do we move forward from here? By thinking imaginatively, by working the interconnections. As Dr Chan so effectively reminds us, we must remember that health is an outcome of all policies.

Distinguished ministers, ladies and gentlemen, as we seek out connections, there is perhaps no single issue that ties together the security, prosperity and progress of our world than women's health. It touches the heart of every issue and the soul of every person and every society. Everywhere, especially in the poorest countries, women's health is the nation's health. Women, after all, care for

the children, women often grow the crops, women hold families together, women are in the majority as societies age, women are the weavers of the fabric of society.

In my first year as Secretary-General, I convened leaders from the United Nations system, the world of philanthropy, the private sector and civil society to focus on twenty-first century health priorities. They all agreed that we must begin with maternal health. We know the alarming statistics: every year another half a million mothers die from complications during pregnancy and childbirth. But we also know that maternal health is a key barometer of a functioning health system. If a health system is available and accessible 24 hours a day, seven days a week and capable of handling normal deliveries and emergencies, then it is equipped to provide a wide range of other services as well. In other words, maternal health is the mother of all health challenges. Today, maternal mortality is the slowest moving target of all the Millennium Development Goals, and that is an outrage. Together, let us make maternal health the priority it must be. In the twenty-first century, no woman should have to give her life to give life.

Distinguished ministers, public health leaders, ladies and gentlemen let me close by saying I know that we can do all of these things. My confidence is not based just on wishful thinking. It is rooted in the progress that you have achieved throughout the years: fighting poliomyelitis, wiping out smallpox, eradicating dracunculiasis, increasing access to HIV/AIDS prevention, care and treatment and leading the way on tobacco control. Much, much more is needed and much, much more is possible. Whether the meltdown is in the polar icecaps or the financial markets, we must continue to connect our common challenges. And the fight must be joined. That means nurturing more partnerships: to strengthen health delivery; to ensure that well-trained staff provide safe and effective services; to innovate and find smarter ways of working, of using new technology, of raising resources. And that will take the continued leadership and example from ministers of health and from your WHO.

When crisis looms, the story is often told in numbers: how many people's lives are at risk, how many more will be pushed into poverty, how many jobs are threatened. Understanding the magnitude of the threat is part of our job in the United Nations. We work with our Member States and spring into action. We offer food and shelter. We help keep the peace. But that is only part of our responsibility. The bigger part is prevention: what we can do to prevent the worst of those predictions from coming true. In so many ways, that means you, distinguished delegates.

Let us stay fixed on the fundamental that is health. Let us connect the power to get results with the principles of global justice. This is how we will make the global community more resilient. This is how we ensure that wherever the next threat to health, peace or economic stability may emerge, we will be ready and we must be ready. And I thank you for showing the way. Thank you very much for your commitment.

(*Applause/Applaudissements*)

The PRESIDENT:

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

Your excellencies, ladies and gentlemen, I am now pleased to welcome, on behalf of the Health Assembly, Mrs Sarah Brown. In 2008, Mrs Brown became the Patron of the White Ribbon Alliance for Safe Motherhood. Most recently, she has been working to establish a network of national and international champions for the issue of maternal health, working in close collaboration with the Global Leaders Network, focusing on establishing task forces in developing countries and in pushing for international support to reduce the number of maternal and infant deaths. It is with pleasure that I invite Mrs Brown to go to the rostrum. Madam, you have the floor.

Mrs BROWN (White Ribbon Alliance for Safe Motherhood):

Thank you Mr President for your kind introduction. Distinguished ministers and delegates, ladies and gentlemen, I must start by thanking Dr Chan, for her personal invitation that brings me here

today to the Sixty-second World Health Assembly. It is a great privilege to be here and to have the opportunity to share the message of the maternal mortality campaign with this distinguished gathering of the world's health ministers and public health leaders, professional observers from across the medical world and the many nongovernmental organizations represented here at this meeting.

Dr Chan, your individual commitment to the unresolved issue of maternal mortality as the Millennium Development Goal that has fallen so dramatically behind and your determination to change this is impressive. I know that there are many competing health demands on politicians and clinicians alike, and so it is a clear demonstration of your leadership that today you present maternal mortality as the keystone to unlocking the potential of all the Millennium Development Goals – a priority for all health ministers and governments from all over the world.

I would also like to thank WHO for its role in harnessing global efforts to improve health worldwide. I grew up in a family where my parents were educators and in public health, and the notion of professional service and the chance to contribute to the work of WHO was a huge honour, as it is for me today. Under Dr Chan's leadership, this great institution is set to meet the giant global health challenges of this century and it must be this century that reaches a turning point in how we look after all of our global citizens. It is also an honour to follow on from United Nations Secretary-General Ban Ki-moon, whose personal commitment to all the Goals is without bounds and I know that we will do all we can to support his fight to reach these targets, no matter that we have fallen behind.

So, I speak today on maternal mortality to health ministers although I am not a health minister. And I speak today to doctors, nurses and midwives and I have none of the qualifications that you have as qualified skilled health professionals. And I speak today on maternal mortality to researchers and scientists – and I certainly do not have the brilliant qualifications you all do.

I speak today on maternal mortality only as a mother, on behalf of the half a million mothers who die every year: just about the most avoidable, the most preventable deaths of all. And for every death 30 more suffer debilitating and painful injury from pregnancy and childbirth. I speak today for young girls, since in the developing world the leading cause of death for 15-to-19-year-old girls is maternal death. I speak for mothers, young and old, injured and dying needlessly in pregnancy and childbirth from the most basic of failings – most of them eliminated 100 years ago in the advanced countries; some 50 years ago in the reconstruction after the war in other countries and also in some countries in Latin America and in South-East Asia where I have seen at first hand how countries have been making remarkable progress over just the last decade or so in bringing maternal mortality rates down to meet the Millennium Development Goal targets. And yet mothers in sub-Saharan Africa and elsewhere in South-East Asia are dying from those diseases when we have the medicine, the science, and the technology to prevent these deaths.

When I see a mother dying as she tries to save her newborn child; when I hear of mothers dying for simple lack of sanitation, and when I know that many mothers die because there is no one there with them to take them through those difficult and painful moments, I know that it is the duty of all of us here to move the world to action against such avoidable tragedies. And so my plea today is: if we have the science, the technology, the medicine, the knowledge, the cultural understanding, the means to educate and inform and if we are moved to act, then let us show that we have not only the compassion but the moral commitment and the political will as well.

When one mother survives, a lot survives with her. A mother's survival is the key to her baby's welfare and often her baby's life. A mother's survival can help prevent her family being hit by malaria. Her treatment, if she is HIV-positive, can prevent transmission to her baby and ensure that she can care for her family rather than the other way around. A mother's survival surely means malaria deaths and HIV transmissions fall. A mother's survival can ensure that all her children, including her girls, go to school, which has such a significant bearing on future life chances and health outcomes. A mother's survival means the best of care for those children born with physical and intellectual disabilities who are the most vulnerable of all. A mother's survival can ensure that her children receive the right nutrition, ensure that they receive the immunizations that will ensure their health during their first tender years. And clean water – how many times do we need to remind ourselves who it is in the village that goes to get clean water? Girls and women. Here, at WHO, I know that I do not have to tell you the value of clean water. So, saving the lives of mothers, reducing maternal mortality is the most central of the Millennium Development Goals: not peripheral, not an afterthought, not on the margins

but right in the mainstream where so much of the rest of our health objectives depend. It is what you might call the goal of goals: a "megagoal", a defining objective.

But, if a mother's survival is the acid test of whether we are going to meet our Millennium Development Goals, how is it that this is the Millennium Development Goal that has made the least progress? How is it that the Goal I think matters most and is most easily attainable appears today to be the least achievable? By 2015, on present estimates, we will not have achieved the 75% reduction that the Goal entails. We will not meet that Goal, on the present rate of progress in 2020, 2050 or any future date set, as the overall rate of reduction remains unchanged and has done for over 20 years. I say another century is too long for mothers who are suffering to wait. So we ask ourselves: why is this happening? And what can we do to rectify it?

All of the great health issues demonstrate the right priorities, but they are overwhelming. And the rapid response to emergency health needs makes strengthening our health systems overall all the more important. There has been over the last year or so a growing momentum. There is an understanding that we must all work together, matching up horizontal and vertical solutions to integrate our efforts. Indeed, with the current global economic climate that we now face, never has there been such an important time to collaborate in our efforts, and integrate and better use the resources we have, in order to maximize their reach. You know, that if a health system is strong enough to cope with mothers in pregnancy and childbirth, as United Nations Secretary-General Ban Ki-moon has said, then it will be able to cope with so much else. A health system that works for the mother, works also for early infant care, works for vaccinations, works for infection control for blood transfusions, for emergency surgery, for every member of the community. There is now better understanding than ever before that if we build for mothers then we build for everyone.

Over a year ago, the maternal mortality campaign was convened, a campaign that brought together governments, the grass-roots membership of the White Ribbon Alliance for Safe Motherhood, many of the larger nongovernmental organizations and campaigning charities, other international organizations and academic institutions, the private sector and individuals.

I am delighted that the international medical professional organizations which should be involved are: the International Federation of Gynaecology and Obstetrics, which represents the world's obstetricians and gynaecologists and is a founder member; the International Confederation of Midwives is a member and this week I have spoken to the International Council of Nurses; so the doctors, midwives and nurses are all on board. And so too is WHO, and the rest of the powerful "Health 4" agencies, UNICEF, UNFPA and the World Bank who have drawn up a compact to collaborate and I would urge all four to continue to do more. But do not forget that national governments are welcome to join too. The United Kingdom (both our Department of Health and our international development teams are signed up) and Norway. So, we have those two countries on board and founding support from Australia, India and Tanzania. But there is an open invitation for anyone else to join. I call on all of you ministers to consider carefully whether you would add your government's health department to the growing list of organizations supporting the maternal mortality campaign. What does this mean? What do you have to do? How much do you have to spend? What do you need to take action on?

If I can just go back a step: the medical and academic world lost a great figure at the end of last year. Dr Allan Rosenfield, the former Dean of the Mailman School of Public Health at Columbia University, a man who had worked in maternal and child health in Nigeria, the Republic of Korea and Thailand took on board what he experienced first hand. It was Dr Rosenfield who first wrote for *The Lancet* the article in 1985 entitled "Where is the M in MCH?", "MCH" being Maternal and Child Health. Some of you here I know will remember it. And soon after came the 1987 Safe Motherhood Conference that gathered in Nairobi to address this great and shocking issue of the deaths of half a million mothers every year in pregnancy and childbirth. A great commitment was then made to right this wrong.

And yet 20 years later, the follow-up conference in 2007 in London (the Women Deliver Conference), reported that there was no real change in the overall figures. Still these same numbers of deaths and injuries: women dying for the same reason as ever – lack of access to affordable quality health care – no skilled birth attendant available before during or after birth – lack of equipment or

supplies or transport, cultural and economic barriers or simply lack of public will for accessing the health-care facilities if they do exist.

Let us be very clear. I should be the last person speaking to experts with clinical and medical understanding. But women who die in pregnancy and childbirth die mostly from low-cost affordable interventions that do not occur if a skilled health worker is available and called on with the suitable supplies, then a life can be saved thanks to 40 cents worth of oxytocin or misoprostol to prevent postpartum haemorrhage, or three cents of magnesium sulphate to stop pre-eclampsia. A life saved. Job done. A family continues.

There is growing understanding too of the essential obstetric interventions that provide the bottom line in numbers of lives saved. There was a stunning article in the *New York Times* just this week that has received much comment on this very subject. I know that in the United Kingdom its own Royal College of Obstetricians and Gynaecologists has been rapidly developing a programme to update and increase the training of skilled health workers, doctors and midwives in many countries where maternal death rates are high. I remember talking to a young doctor in a hospital in Uganda, where the course had recently been completed, and asking him how he thought it had worked for him. And he replied: "I was saving lives immediately and have been every day since". You cannot ask for more than that.

I meet and hear from many other professional organizations, ground-breaking foundations and nongovernmental organizations – government programmes too – that have developed effective interventions that are working. There is much expertise and goodwill to draw on and all the data you need from a programme like Making Pregnancy Safer, right here at WHO. So, there is no longer an excuse not to try. The many nongovernmental organizations and civil society organizations can better mobilize than they have ever been able to do before. The White Ribbon Alliance for Safe Motherhood now has members in 118 countries. And alongside the "H4" organizations, there is also the considerable expertise and commitment of the Maternal Health Task Force funded by the Bill & Melinda Gates Foundation. And of course, the Partnership for Maternal Newborn and Child Health is there to take all these issues forward.

My own Government in the United Kingdom has maintained its commitment to international development and emphasis on maternal and infant mortality. And the leadership of Prime Minister Jens Stoltenberg of Norway has had the greatest impact in setting in motion this new momentum for the Maternal Mortality Campaign. His Network of Global Leaders is working hard and he has generously appointed me and Bience Gawanas of the African Union as the Co-Chairs of the High Level Leadership Group on Maternal Mortality so that we can focus our efforts too. And support also comes from other quarters: the United Nations Secretary General's Special Envoy for Malaria and the team in the Roll Back Malaria Partnership readily understand so well that to reach their goal to eradicate malaria they must save the lives of mothers too. And of course, there is the United Nations itself and Secretary-General Ban Ki-Moon's unwavering commitment to work harder to meet the Millennium Development Goals with maternal mortality at the heart of it all.

Those of you attending from Africa may well have been at the African Union Conference of Ministers of Health last week in Addis Ababa and witnessed the launch of the African Union Campaign on Accelerated Reduction of Maternal Mortality in Africa. Anyone who does not think that Africa wants to prioritize this issue should think again. Every health minister should think about this and know what their plan is. The good news is that others are thinking about this too. Sustained political leadership to provide quality health care for the poorest and most vulnerable is what pays dividends for each of you, for your people and for your country.

It is not just about developing countries, though it mostly is, with 99% of maternal and neonatal deaths occuring in the world's poorest countries in sub-Saharan Africa and South-East Asia. But every country can look at its own record: there are also great disparities in even the wealthiest countries. The success of the maternal mortality campaign is due in part to its being built around a few key objectives, objectives that all organizations can sign up to and build into their work. The messages are simple and clear: to put girls and women at the centre of funding for health system strengthening; to work with all countries that want to initiate, develop or just plain implement health plans in which maternal and infant mortality reduction figures large; and to urge and thank the United Nations Secretary General for making the reduction of maternal mortality a top priority. The campaign also

seeks: to appoint national champions to mobilize action at country level; to continue to work together more effectively to work out exactly what makes a health plan succeed; and, finally, but very significantly, we must find a way to get maternal mortality recognized as a key indicator of a functioning health system, what the Secretary-General calls the barometer, the defining measurement of success in all programmes.

This international campaign is growing all the time, every day, and there will be key influential points this year: at Secretary-General Ban Ki-moon's Forum on Advancing Global Health meeting next month; at the G8 meeting in Italy in June; as the United Nations General Assembly comes together in September, and later this year the White Ribbon Alliance for Safe Motherhood is organizing its gathering in Tanzania. Each step of the way it is important that leaders in every country address this issue and are steering it. While we need our campaign to keep up the pressure on the global stage, what is vital is that the long overdue success in reducing maternal mortality will come from the work that is done at the national level, where the grass roots at the bottom and the global activity at the top meet to turn policy into a living reality for families and communities. As ministers, that is the point where you come in.

What I ask of you today is that whatever the breadth of your brief, whatever the range of health challenges you are working on, whatever your personal focus may be, that you also take on maternal health and remove the political barriers, whatever they may be, to addressing this issue. For your country and with your influence across borders, your collective political will will be the strongest agent of change. You can harness the efforts of civil society and clinicians to support you, and if you do so, you will be unstoppable. I can also tell you that there are many First Ladies and wives of Prime Ministers, too, who would gladly join your efforts and add their voice.

If we succeed in combining all our efforts, the results are potentially phenomenal. Building for women will mean building a lasting future for our world. Please, let us work together to make sure that maternal mortality is a problem of the past and not our children's future. Please make sure under your watch that safe motherhood is a right you can deliver in your country for the women and the communities they serve. Thank you very much.

*(Applause/Applaudissements)*

The PRESIDENT:

Thank you very much, Mrs Brown.

On behalf of the Health Assembly, I wish to express our appreciation for your unstinted support and commitment to safe motherhood and sharing with us your thoughtful words.

Excellencies, ministers, this concludes our consideration of item 4 of our Agenda. I would now like to request that delegates remain seated for a few moments while the Director-General and I bid farewell to our guests. Thank you.

**Mr A. M. Fouda (Cameroon), Vice-President, took the presidential chair.**
**M. A. M. Fouda (Cameroun), Vice-Président, assume la présidence.**

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

Le PRÉSIDENT :

L'Assemblée va maintenant reprendre l'examen du point 3 de l'ordre du jour parallèlement à la troisième séance de la Commission A.

Les deux prochains orateurs inscrits sur la liste sont les Philippines et le Royaume-Uni de Grande-Bretagne et d'Irlande du Nord. J'invite les délégués de ces deux pays à venir à la tribune.

Je donne la parole au distingué délégué des Philippines.

Dr DUQUE III (Philippines):

Madam Director-General, Margaret Chan; to the President of the Sixty-second World Health Assembly; the other officials of this Health Assembly; my fellow health ministers from the Member States of WHO, a pleasant afternoon to each and every one of you.

The global economic and financial crisis has tremendous implications for health and the ability of health systems to deliver vital health goods and services. While the effects will be differently felt by people in developed and developing countries, the repercussions of this crisis on health outcomes, particularly for the poor will no doubt be grim. Without a deliberate strategy to mitigate its impact and to target interventions to sustain funding for the health needs of the poorest populations, the crisis can dangerously erode our past gains in the fight against disease and poverty.

It should be noted that earlier this year, the report of the High-level Consultation on the Financial and Economic Crisis and Global Health suggested five areas where action at global, regional and country level – with support from WHO – would help the health sector weather this global financial storm. Taking one step further from the aforementioned areas, it is hereby recommended that a concrete global strategy and action plan be crafted by the Health Assembly and its Member States to prevent the current global economic recession from adversely affecting global health, thereby averting a potential health crisis in the process.

It is clear that protecting global health from the adverse consequences of the global economic crisis requires each country closely and consciously, to adopt a proactive stance to mitigate, if not insulate, public health from a harmful collision course. Now, more than ever, it must be accepted as a reality that fiscal pressure due to the global crisis will affect health-sector spending. Thus, there should be a conscious, planned and deliberate effort to protect financing for health and sustain health-related expenditures at the global, regional and country levels. It is in this manner that the following basic principles to achieve improvements in health should be revisited, because such principles are likewise applicable in averting a global health crisis.

First, positioning health as a prerequisite for socioeconomic development – sustaining and improving health provides substantial economic payoffs. Meanwhile, poverty reduction provides a strong rationale for greater investments in health. Secondly, crafting a health-care financing strategy that would spell out the required public spending for health, whether this be a tax-based health financing or a social health insurance-based financing or both, over the medium and long term. In the Philippines, the Department of Health has developed the Health-care Financing Strategy 2010–2020 that aims to transform the current health-financing reality towards a more efficient and equitable system that would protect the poor from the impoverishing costs of health care. As a cushion against the global financial turmoil, the national Government is also implementing its Economic Resiliency Plan, a focus of which is to boost spending for health and other vital social services. Under this plan, the Government has added investments to ensure the full national government contribution to the National Health Insurance Program to enrol indigents and to increase the depth of social health insurance support for health-care services. Increased spending on health will also make for greater access to higher-quality care through the upgrading of hospitals and the establishment of more government-operated community pharmacies. Thirdly, enhancing the performance of the health sector to maximize investments in health: political commitment is essential in sustaining and improving the effectiveness and efficiency of the health system and in ensuring that spending is targeted to the best buys in delivering health care. Fourthly, ensuring universal access to quality essential health care: people should have broad access to essential promotive, preventive and curative services that are cost effective, efficacious and affordable. Fifthly, improving macroeconomic and social conditions for better health gains: improving the social conditions of the most vulnerable groups in the population increases their opportunity to pursue better outcomes in health and meet national and global health goals and objectives.

As health leaders, we are well aware that health financing objectives – such as increasing the level of spending for health at the national and global levels, changing the current patterns of spending that veer away from household out-of-pocket sources and increasing aid effectiveness for health, do not solely depend on the initiatives of a government. Partnerships, cooperation and collaboration, close monitoring and coordination and, above all, good governance in protecting funding for health and

ensuring that it is efficient and effective are vital across many sectors and fronts at the global, regional and country levels. Certainly, concerted action among countries must be achieved and a concrete plan of action, with specific actions divided into phases and stages, must be drafted by the Health Assembly in order to stop or avert any global health crisis from becoming an inevitable reality.

Finally, in response to the influenza A (H1N1) 2009 issue, let me tell you that the ASEAN+3 countries, including China, the Republic of Korea and Japan, met on 8 May 2009 in Bangkok, for a special meeting, which I chaired, to discuss issues and consider measures to address the real threat of a pandemic of influenza A (H1N1) 2009. The joint statement will be made available and distributed to Member States. Thank you very much.

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

Thank you Mr President. Madam Director-General, distinguished delegates, a great deal has been said in the Health Assembly about the outbreak of the new variant of influenza A (H1N1) 2009 virus and we are continuing our discussions over the next few days. This has been an enormously valuable opportunity and it is an opportunity to take stock of the situation and refine our pandemic plans. The United Kingdom of Great Britain and Northern Ireland does not wish to cover the ground on influenza A (H1N1) 2009 that has already been extensively discussed. So, in these remarks I would just like to make three important points. First, to commend the leadership of the Director-General and her staff in responding to this public health emergency. The United Kingdom of Great Britain and Northern Ireland has been pleased to play a part in supporting her and her team, in particular in bringing together our experts to the service of WHO. Secondly, to note that as things currently stand, the Director-General does not have a formal statement from the Health Assembly to support continuation of her work to protect the world's population. The United Kingdom believes we should have a resolution empowering the Director-General to take any action she deems necessary, consulting with Member States at her discretion. The resolution should be short, to the point, and we should not leave Geneva without passing it. Thirdly, we must look to the future and end the cycle of chasing pandemics with inadequate vaccine strategies. We must charge the scientific community with developing an influenza vaccine that is broad-spectrum, long-lasting and cheap. That way, we have the chance in future not just to prevent pandemics, but to contain and mitigate them.

On other important matters, the United Kingdom of Great Britain and Northern Ireland is strongly committed to the programmes in which it has been heavily involved, in particular: climate change and health, where the action plan we will discuss this week is critical in the run-up to the forthcoming Copenhagen negotiations; the social determinants of health, where we must work to address the social causes of health inequalities that are seen in every country of the world; and achievement of the Millennium Development Goals, where we must apply the same urgency and determination as we do in the face of a potential influenza pandemic.

Finally, we must take up the baton that was passed to us by Sarah Brown in her moving and eloquent speech and by the United Nations Secretary-General in his comments on the campaign for safe motherhood and putting maternal health higher up the international agenda where it belongs. Thank you, Mr President.

M. BIANCHERI (Monaco):

Monsieur le Président de séance, Madame le Directeur général, Excellences, Mesdames et Messieurs, ma délégation se félicite, en premier lieu, du compromis qui a pu être atteint sur la question de la présence du Taipei chinois à l'Assemblée mondiale de la Santé. Grâce à la souplesse dont les parties concernées ont fait preuve, nos travaux s'en trouveront facilités et accélérés.

Nous le savons, la crise économique et financière majeure que nous traversons n'épargne aucun pays ni aucun secteur d'activité. Il est malheureusement à redouter que des domaines de toute première importance, tels que la santé, l'éducation ou l'aide publique au développement, s'en trouvent affectés, avec comme conséquence dramatique d'accabler davantage encore ceux qui sont déjà les plus vulnérables. De son côté, l'Organisation mondiale de la Santé, dont le financement repose en grande majorité sur les contributions volontaires des États Membres, a des raisons légitimes de nourrir des

craintes quant à l'avenir de ses programmes. En effet, malgré le dévouement exceptionnel de son personnel, l'Organisation ne pourra mener à bien ses importantes missions sans un financement adéquat. Dans ce contexte difficile, et comme l'a rappelé le Directeur général lors de la récente Conférence d'Oslo consacrée aux conséquences de la crise sur la santé, il est essentiel de ne pas oublier la notion de justice, et d'accentuer au contraire nos efforts dans cette direction.

La principauté de Monaco en est profondément convaincue et c'est ainsi que nous avons pris un certain nombre de mesures. Tout d'abord, et conformément à la volonté de notre Prince Souverain de consacrer à l'aide publique au développement un montant équivalant à 0,7 % du revenu national brut, les crédits correspondants seront majorés de 25 % par an, jusqu'à atteindre cet objectif, ce qui devrait être réalisé en 2012, ainsi que nous l'avons déjà mentionné publiquement à plusieurs reprises. En second lieu, il est à souligner qu'à ce jour, 46 % de notre aide publique au développement sont consacrés à des actions relevant du domaine d'intervention « Santé et secteur social », parmi lesquelles le partenariat hospitalier, la lutte contre les pandémies et les maladies orphelines, la lutte contre la malnutrition, l'accès aux soins de base, la formation de personnels de santé, la construction de structures de soins de santé primaires, la prise en charge du handicap, le soutien à l'enfance en situation précaire et l'accès à l'eau potable. Cette part de notre effort, qui devrait s'élever à 55 % en 2009, est appelée à continuer d'augmenter sensiblement dans les années à venir, preuve de l'importance que la Principauté attache aux questions sanitaires et sociales et à une action sur le terrain dans ce domaine. Enfin, c'est avec un grand plaisir que j'ai l'honneur d'annoncer la continuation et le renforcement du partenariat fructueux engagé en 2007 entre l'OMS et la Principauté de Monaco. La récente visite du Dr Chan à Monaco – je l'en remercie encore et tiens à l'assurer qu'elle sera toujours la bienvenue – a en effet été l'occasion de renouveler l'Accord-cadre liant l'Organisation mondiale de la Santé à la Principauté, par lequel cette dernière s'engage, à partir de l'année prochaine et jusqu'en 2013, à tripler le montant annuel qu'elle alloue à l'Organisation pour le financement d'actions dans certains domaines prioritaires tels que les conséquences du changement climatique sur la santé ou la lutte contre certaines maladies telles que la poliomyélite, le paludisme et les maladies tropicales négligées. Au-delà de cet aspect, je tenais également à réaffirmer notre soutien au Département OMS Interventions sanitaires en cas de crise en faveur duquel nous avons alloué, en 2008, plus de 50 % du budget dédié à l'aide humanitaire d'urgence. Et c'est avec une grande attention que nous suivons l'évolution préoccupante de la situation humanitaire et sanitaire tant à Sri Lanka qu'au Darfour. Les engagements de mon pays s'inscrivent dans la continuité, puisque depuis notre adhésion, en 1948, nous avons toujours appuyé l'action de l'Organisation mondiale de la Santé.

Au cours des derniers mois, l'Organisation a eu à faire face à un nouveau défi, celui de la grippe A (H1N1). L'actualité de cette nouvelle maladie demeure brûlante et je ne puis manquer d'exprimer ici toute la sympathie et la solidarité de la Principauté et de tous ses habitants envers les pays touchés, et plus particulièrement à l'endroit des familles inquiètes ou endeuillées. Bien qu'aucun cas de grippe n'ait été, à ce jour, observé sur notre territoire, nous maintenons notre vigilance à un niveau élevé et mettons en application les recommandations et prescriptions de l'Organisation mondiale de la Santé, que nous considérons comme fondamentales et incontournables. D'autres orateurs l'ont dit avant moi : le Directeur général et son équipe ont parfaitement su gérer cette situation problématique. Nous devons continuer à les écouter et à les soutenir. Ils ont ainsi démontré une fois de plus que l'OMS constitue un formidable outil au service de l'humanité. On ne saurait s'en passer. C'est pourquoi je formule le souhait que nos délibérations au cours des jours qui viennent permettent à l'Organisation d'aller de l'avant et de surmonter les jours difficiles que nous traversons.

Je vous remercie de votre attention.

Le Dr RANAIVOHARISOA (Madagascar):

Monsieur le Président de séance, Madame le Directeur général, Excellences, Mesdames et Messieurs les Ministres, Mesdames et Messieurs les Ambassadeurs, honorable assistance, Mesdames et Messieurs, d'abord, nous félicitons M. de Silva et son équipe de vice-présidents pour leur élection en tant que Président et Vice-Présidents de la Soixante-Deuxième Assemblée mondiale de la Santé. Nous adressons également nos remerciements au Dr Chan et à sa formidable équipe pour avoir pu

organiser cette Assemblée au rythme des événements auxquels nous devons faire face. Nous tenons à exprimer nos sincères condoléances aux pays victimes de l'épidémie de grippe A (H1N1).

Madagascar a l'honneur de vous présenter la déclaration suivante. Dans l'optique de la réalisation des objectifs du Millénaire pour le développement, mon pays a enregistré des résultats très encourageants parmi lesquels nous pouvons citer la réduction de la mortalité infantile, la réduction de la mortalité attribuable au paludisme, la diminution de la mortalité maternelle grâce à une prise en charge efficace et gratuite des accouchements dystociques par des césariennes, ce qui vient renforcer l'allocution du représentant du Secrétaire général de l'ONU prononcée il y a quelques instants.

La réalisation de ces avancées est due à la conjugaison d'une volonté politique inébranlable des autorités malgaches, aux appuis techniques et financiers des pays partenaires par le biais des relations bi- et multilatérales et également à l'appui des associations philanthropiques. Avec l'appui des partenaires en particulier l'OMS, avec comme slogan « Vigilance sans alarmisme », Madagascar a pu élaborer son plan de contingence contre la grippe A (H1N1). Madagascar est un pays toujours victime des effets dévastateurs du changement climatique dont la sécheresse, les cyclones avec inondation et leurs conséquences alimentaires et sanitaires. Madagascar, comme tous les autres pays, ne sera pas épargné par les effets de la crise financière. Cette situation risque d'augmenter davantage la vulnérabilité de toute la population malgache, par la diminution ou la suspension des appuis techniques et financiers en cours ou promis par les partenaires. L'ostracisme dont Madagascar est victime est regrettable. Pour relever ces défis, Madagascar aimerait solliciter ses partenaires financiers et techniques à observer dans un élan de solidarité « La loi du plus juste pour une justice sociale ». Que les pays et les associations donateurs honorent leurs promesses et assument leurs engagements. Je vous remercie de votre aimable attention.

Mr HOLM (Sweden):

Mr President, Madam Director-General, distinguished delegates, Sweden aligns itself with the statement made by the Czech Republic on behalf of the European Union. The novel influenza A (H1N1) 2009 outbreak took us all by surprise. This outbreak has shown the importance of global solidarity to build capacity for surveillance and response in all countries in order to limit disruptive effects on societies and economies. The revised International Health Regulations (2005) provide an important tool for protecting global health, without causing unnecessary restrictions on international trade and travel. Sweden remains highly committed to the continued implementation of these Regulations and we give our full support to WHO in this matter.

Last year, when we met here at the Health Assembly, we celebrated the 60th anniversary of WHO and the 30th anniversary of the Alma-Ata Declaration. At that time, the economic crisis had not yet made an impact on our societies. Now, the turmoil is affecting us all. Yet low-income countries and poor people, whose health status and rights remain weak, are those who are most affected by its consequences. Now is the time to show solidarity among continents, countries and peoples. It is key to build awareness of the ways in which the economic downturn may affect global health. The WHO budget is one of the most essential tools for promoting global health. Sweden welcomes the fact that the Director-General, Dr Chan, has responded to views expressed at the Executive Board meeting in January. We appreciate the reduction of the base programmes. Sweden is pleased that the current proposal better reflects and balances the global burden of disease, even though further improvements still remain to be made. In times of change it is essential that WHO swiftly adapt to decisions made by the governing bodies.

We are now beyond the halfway point in the most ambitious attempt in history to reduce poverty. The Millennium Development Goals have put development and health at the top of government agendas. But the economic crisis has put the ambitions at risk. We recently heard United Nations Secretary-General Ban Ki-moon, and Mrs Sarah Brown and earlier this week the Secretary of the Department of Health and Human Services of the United States of America, Ms Sebelius, all underline the importance of working to improve maternal health. Maternal and newborn health is the Goal that is lagging behind the most. This is unacceptable, and it is a reflection of deep-rooted inequalities between women and men. Sweden shares the concern expressed by Member States, WHO and other organizations within the United Nations family during the course of the year. We remain fully

committed to ensuring the continuation of our common efforts on the Millennium Development Goals. While communicable diseases are an enormous burden for a large number of Member States, we must not lose sight of the fact that noncommunicable and chronic diseases are growing at a rapid pace and represent the major burden of disease. Sweden calls for continued and strengthened efforts on noncommunicable diseases.

We appreciate the efforts of WHO to revitalize primary health care as a means to strengthen health systems around the world. Many of the health problems that WHO is addressing require comprehensive approaches as well as collaboration with a broad range of international, regional and national partners. Well-designed and resourced primary health care is a cost-efficient way of promoting and maximizing health outcomes, not least in times when resources are increasingly scarce.

It is promising to see the issue of social determinants of health on the agenda for this year's Health Assembly. We are grateful to the Commission on Social Determinants of Health for highlighting the relation between living conditions and health status. Member States have an important role to play in moving this agenda forward. Sweden fully supports the resolution of the Executive Board and we confirm our long-term commitment to reducing inequitable differences in health status.

I would like to wrap up by saying a few words about antimicrobial resistance which is a rapidly growing global health problem that knows no borders. Antibiotics are essential for all modern medical treatment. But due to widespread overconsumption, the occurrence of resistant bacteria has skyrocketed. Now is the time to act if we want to put an end to this growing problem. During the upcoming Swedish Presidency of the European Union, we will focus on antimicrobial resistance and the need for developing new antibiotics.

We must maintain our commitment to promote health in order to secure progress towards a more equal world. As resolution 63/33 of the United Nations General Assembly in New York pointed out last autumn, diseases and inadequate health conditions are now considered a security issue. The main theme of the High-level segment of the United Nations Economic and Social Council – which is taking place in Geneva in July this year – is indeed global health. These examples are two out of a broad range of engagements illustrating an ongoing trend. The recognition of health as an important international issue and driver for development makes me hopeful. Thank you.

Professor MILOSAVLJEVIĆ (Serbia):

Mr President, your excellency Dr Margaret Chan, Director-General, honourable health ministers, ladies and gentlemen, I am greatly honoured to speak before this Health Assembly on behalf of the Republic of Serbia today. Please allow me to congratulate you, Mr President and the other members of the General Committee, on your election and wish you every success in fulfilling your responsibilities. I am sure that the Sixty-second World Health Assembly will benefit from your wisdom and experience.

Allow me, please, to begin my address by expressing serious concerns on the recent new influenza A(H1N1) 2009 virus spreading worldwide. This new health threat reminds us of the importance of good international communication and joint mobilization, solidarity and intersectoral approach in coping with new health challenges. WHO, as always, addresses this challenge in a timely and forceful manner, supporting its Members in their efforts to protect the health of their citizens. In this connection, the financial resources needed for implementation of a health-in-all-policies approach is particularly stressed. We are all aware of threats to the health systems and overall well-being that are caused by the financial and economic crisis. So this particular health crisis is forcing us to focus on urgent actions needed to overcome the effects of the financial and economic crisis, as well to act on a long-term basis. Protecting health budgets in order to be able to address health-insurance coverage properly is particularly important in the light of new emerging events. Both crises should be used as an opportunity to ensure universal access to health and social services in order to provide equity. Nowadays, more than ever, an overall approach with good coordination of all stakeholders ensures "more money for health and more health for the money". The main principles of the Tallinn Charter : Health Systems for Health and Wealth that addresses promotion of shared values of solidarity by paying due attention to the needs of the poor and other vulnerable groups will inform all future government measures, guided by the ministries of health.

The financial and economic crisis is having, and is likely to continue to have, major implications for the public finances of our countries. Like other countries in the European Region, we launched an economic stimulus plan focused on boosting public health investment, promoting employment and providing credit support. However, in view of the financial crisis, international collaboration has also been very important, particularly the support of the International Monetary Fund, the World Bank and the European Union with acceleration of new project negotiation and approval. It is also important and extremely valuable to learn from the experience of others. The implementation of all needed government measures in overcoming the financial and economic crisis will be an opportunity to invest in expanding immunization programmes, renewing primary health care and improving the quality of hospital care. Strengthening health systems in our countries is essential for securing real and sustainable improvements in the health status of the population.

On a long-term basis, governments are now more sensitive to the vital role of health for sustained economic growth. The policies designed to overcome the crisis are an opportunity to encourage healthy investments and improve health system performance, including health- and environment-related investments in economic recovery plans. Health-supporting investments in energy saving, pollution reduction or controlled use of chemicals, as well as responsible behaviour of health policy-makers by applying these measures within the health sector, will reduce costs relating to coping with the health impacts, provide positive example and drive the activities of all sectors.

It is not easy to be optimistic in these hard times of multiple crises: health threats caused by the recent new influenza A (H1N1) 2009 virus, an emerging financial and economic crisis and the challenge of climate changes. But please allow me to shed some optimistic light on the subject. These emerging crises are urging us, health ministers, to advocate that our governments take quick and efficient action in order to avoid and stop development of any further negative impacts on health.

Last but not least, I would like to use this opportunity to thank our dear colleague, Regional Director for Europe, Dr Marc Danzon for the excellent cooperation and support he has shown us, the Member States in the European Region; through our many challenges over the past 10 years led by high-quality expertise, a positive spirit and an optimistic and humane approach.

In conclusion, I wish to reiterate that we are ready to work with WHO for the benefit of humanity. I am confident that under the capable leadership of Dr Margaret Chan, WHO will receive new impetus in health-improvement programmes, including pandemic influenza preparedness, sharing of influenza viruses, access to vaccines and other benefits, which are particularly important to us now when solidarity is a necessity. Thank you very much for your kind attention.

M. MATTEI (France):

Monsieur le Président de séance, Madame le Directeur général, Mesdames et Messieurs, les graves conséquences d'une éventuelle pandémie de grippe préoccupent les gouvernements et les responsables de santé du monde entier. L'Assemblée mondiale de la Santé s'est ouverte cette année sous cette menace qui nous impose des défis de nature nouvelle, met à l'épreuve les dispositifs dont nous nous sommes dotés sous l'égide de l'OMS et notre capacité à réagir de manière appropriée. La France tient à féliciter l'OMS, et en particulier le Dr Chan et les équipes autour d'elle, pour la manière dont elle gère jusqu'à ce jour cette crise sanitaire et pour les responsabilités individuelles et collectives qu'elle a su mobiliser. Nous lui sommes particulièrement reconnaissants d'avoir toujours réaffirmé que la menace d'une grippe pandémique n'avait en rien régressé, qu'il était important de ne pas baisser notre garde ou de réduire les mesures de préparation. La mise en œuvre pleine et entière du Règlement sanitaire international révisé constitue la pierre angulaire de la sécurité sanitaire internationale.

Cette épidémie de grippe survient dans le contexte d'une crise financière brutale et profonde qui frappe les pays développés comme les pays en développement et constitue une grave menace pour les systèmes de santé des pays et pour la santé mondiale. Cette crise financière est inédite par sa dimension et parce qu'elle intervient à un moment particulier. La mondialisation nous confronte aux défis de l'interdépendance croissante et à la multiplication de facteurs comme le changement climatique, qui ont des répercussions sur la santé et sur les systèmes de santé. Les pays développés sont engagés dans des réformes de leurs systèmes de santé, en vue d'améliorer leur efficience et la

qualité des soins. Malgré les avancées enregistrées vers la réalisation des objectifs du Millénaire pour le développement, les efforts de la communauté internationale doivent être impérativement maintenus. Enfin, l'apparition – ou la résurgence – de maladies infectieuses constitue une menace permanente pour la sécurité sanitaire mondiale.

Dans ce climat de fortes turbulences, il importe de définir avec rigueur nos priorités et d'être déterminés dans la poursuite des ambitions que nous nous sommes fixées. La dégradation qui frappe le monde aujourd'hui aura un impact important sur la santé des populations. La détérioration attendue des déterminants sociaux de la santé est de nature à agir négativement sur l'état de santé des personnes socialement les plus vulnérables. De nouvelles menaces s'ajoutent à celles qui sont visées par les objectifs du Millénaire pour le développement, menaces que nous devons sans cesse surveiller et anticiper, comme la progression fulgurante des maladies chroniques, notamment dans les pays en développement, l'impact de l'environnement sur la santé ou la sécurité sanitaire.

Malgré ce contexte défavorable – ou plutôt à cause de ce contexte –, la santé doit continuer à être conçue comme un investissement majeur pour l'avenir de nos populations et rester à ce titre une priorité nationale et internationale. Les pays doivent maintenir les objectifs d'amélioration de l'accès aux services de prévention et de soins, d'une meilleure efficience des systèmes de santé, de réduction des inégalités de santé. En effet, c'est au moment où la crise économique touche les populations que celles-ci doivent pouvoir compter sur les systèmes de protection sociale pour couvrir leurs besoins essentiels. Au niveau international, l'investissement dans le domaine de la santé reste crucial : il contribue à relancer l'économie, à assurer une stabilité sociale dans les pays et à renforcer la sécurité mondiale. Les dépenses en matière de santé ne sauraient donc être utilisées comme une variable d'ajustement aux fins de réaliser des économies budgétaires.

Mon pays est convaincu que l'élan qui vise à accélérer les progrès vers la réalisation des objectifs du Millénaire pour le développement ne doit pas être brisé. Nous pensons qu'il convient d'assurer un flux constant de moyens de financement des institutions internationales de la santé. La France, pour sa part, maintiendra ses importants engagements vis-à-vis des organisations internationales de la santé. En complément des ressources budgétaires traditionnelles des États, les mécanismes de financement innovants, qui génèrent des fonds stables, additionnels, prévisibles et pérennes, ont un rôle déterminant à jouer. Ils sont aussi particulièrement bien adaptés au domaine de la santé, qu'il s'agisse d'accélérer les programmes de vaccination ou de garantir un accès durable aux traitements essentiels.

Le Fonds UNITAID, hébergé par l'OMS, permet l'achat de médicaments à moindre coût. Plus de 80 pays ont pu bénéficier d'un budget de US $300 millions, et des baisses substantielles de prix des médicaments ont été obtenues. La mise en place de la Fondation du Millénaire pour les financements innovants en matière de santé, qui recueillera le produit de contributions volontaires sur les billets d'avion, permettra à l'avenir de « changer d'échelle » et de compléter les ressources d'UNITAID. La France est attachée au développement de systèmes de couverture maladie dans tous les pays, y compris les pays en développement : ils peuvent permettre de protéger la santé de tous et en particulier des plus fragiles face à la crise. En se réunissant à Paris en mai 2008 lors d'une conférence consacrée à la couverture universelle du risque maladie et notamment à son financement, les représentants de nombreux gouvernements des pays industrialisés comme des pays en développement ont montré l'importance qu'ils accordaient à des solutions pratiques et réalistes. Nous pensons également que la santé mondiale peut gagner à être mieux intégrée dans les préoccupations et l'agenda de la diplomatie traditionnelle. L'Initiative « Diplomatie et santé », qui s'est constituée entre sept pays représentatifs des différentes Régions de l'OMS, vise à répondre à la nécessité de placer la santé mondiale au cœur de l'action diplomatique.

Nous avons besoin de systèmes de santé universels, équitables, solidaires et préparés à la gestion des risques sanitaires et à la gestion des risques financiers afin de protéger la santé de tous, en particulier des plus vulnérables face à la crise financière et économique actuelle. Nous sommes convaincus que nous pouvons compter dans cet objectif sur l'engagement total de l'OMS et de son Directeur général. Je vous remercie.

Dr PATSALIDES (Cyprus):

Mr President, excellencies, distinguished colleagues and delegates, it is indeed an honour for me to be given the opportunity to address the Sixty-second World Health Assembly here in Geneva on behalf of the Government of the Republic of Cyprus. I wish to align myself with the statement made by the Czech Republic on behalf of the European Union. The timing of the Sixty-second World Health Assembly is particularly important given the increased pressure that the simultaneous occurrence of the current financial crisis and influenza A (H1N1) 2009 places on the global health structure.

Influenza A (H1N1) 2009 has clearly demonstrated that there are no frontiers or borders during the spreading of communicable diseases. It is actually the first time that WHO has raised the level of alert to Phase 5. Until then, we were working on the theoretical analysis of such scenarios. Now, we are called to take concrete action to deal with the parameters of an existing phenomenon.

The sharing of information and usage of guidelines issued by WHO have indeed helped us deal with the initial outbreak. These have at the same time indicated the importance of a globally coordinated response based on continuing collaboration among States. In addition, the need to assess the flow of information has demonstrated that WHO has played and ought to play a central coordinating role in the formulation of such guidelines. Joint actions are a basic component for the effective implementation of the common strategy that needs to be followed. A fundamental pillar of such a strategy is obviously the promotion and support of research and development activities in the health field. Taking into account the current excessive demand for vaccine stockpiles worldwide, it is important that WHO has an advisory role in equal distribution among Member States, paying particular attention to the needs of small and less-developed States.

Apart from the influenza outbreak, public health is threatened by the impact of the current financial and economic crisis. The consequent risk of diverting investments away from health systems is imminent. Recent discussions under the WHO umbrella have illustrated that investing in national health systems produces both sustainable development and financial growth. Recent political decisions in Cyprus have been taken in this context. The percentage of the population having access to free public health care has been increased to 85%. Population groups with severe, chronic or mental illnesses and individuals in emergency conditions are also covered free of charge. Additionally, other vulnerable groups are entitled to receive free health-care services, aimed to promote above all, social coherence.

Total expenditure on health as a percentage of gross domestic product has increased to 6.2% for 2009, representing an increase of approximately 15% compared with 2008. National expenditure on social coverage and welfare has increased to 18.1%, of which the retirement pension scheme accounts for 8.2% and infrastructure for primary health care for 4.7%. In addition, emphasis has been placed on programmes for promoting public health through education and, of course, through preventive medicine. Strengthening primary health care services aims at responding to the needs of the most vulnerable groups: the young and the elderly, migrants and minorities, the low-skilled, people with long-term illnesses and poor and disabled individuals. The main drive is to enhance social protection in an attempt to reduce inequalities in health.

The usefulness of preparing efficient, flexible and credible preventive and recovery responses is obvious. We should focus on supportive and collaborative international interaction on a timely and substantiated mutual exchange of information, based on experience, expertise, policies, action directions and learning exercises. In the midst of these difficult times, we are presented not only with challenges but also with an opportunity to strengthen national health systems, which must be part of a wider economic and development plan. Increased allocation of funds to health can promote effective health management and create, of course, financial sustainability.

The outbreak of influenza A (H1N1) 2009 and the range of its consequences brought to the forefront issues that require common response, partnership and concerted efforts. The work of WHO in facilitating and formulating these efforts has been instrumental and, in that regard, we thank and commend Director-General, Dr Margaret Chan, and her team for the excellent job they have done so far. I would also like to congratulate you, Mr President, on assuming your duties as the President of the Sixty-second World Health Assembly and express our support for your demanding mission.

In concluding, I would like to reiterate that WHO has our full support in its duty of professional and effective leadership on the specific issue of influenza A (H1N1) 2009 and the overall spectrum of public health. Thank you.

Mr ASAMITDIN (Uzbekistan):
Г-н АСАМИТДИН (Узбекистан):

Уважаемый г-н Председатель, уважаемая Генеральный директор г-жа Маргарет Чен, Ваши Превосходительства, министры здравоохранения, уважаемые делегаты, дамы и господа,

Прежде всего, позвольте поздравить г-на Нэймала де Сильва от имени делегации Республики Узбекистан с назначением на пост Председателя Шестьдесят второй сессии Всемирной ассамблеи здравоохранения.

Г-н Председатель,

В настоящее время возрастает понимание того, что система здравоохранения является важным детерминантом здоровья. Итогом проводимых с 1998 г. реформ системы здравоохранения в Республике Узбекистан явилось создание собственной национальной модели системы здравоохранения. Создана организационно-институциональная структура оказания медицинских услуг, включающая первичное звено здравоохранения с вновь учрежденными сельскими врачебными пунктами. Функционирует единая многоуровневая система оказания экстренной медицинской помощи, организованы специализированные медицинские центры по оказанию высокотехнологических и прогрессивных методов лечения.

В целях усиления профилактической направленности медицины, являющейся менее затратной, в нашей стране за последние 10 лет количество амбулаторных поликлинических учреждений увеличено на 26%. На 40% сокращено количество маломощных и нерентабельных стационарных лечебных учреждений.

Г-н Председатель,

Системы здравоохранения должны на устойчивой основе обеспечивать медицинским обслуживанием всех граждан на основе равного доступа к квалифицированной медицинской помощи. В связи с этим сегодня как никогда более необходимо обратить особое внимание не только на сохранение финансирования здравоохранения, но и на повышение эффективности расходования имеющихся ресурсов.

Из года в год увеличивается объем направляемых средств на здравоохранение Узбекистана из государственного бюджета. Прирост финансирования по отношению к 2007 году составил 37,7%. Проводится комплекс мер по расширению доступа к качественным, эффективным и безопасным лекарственным средствам, а также развитию местного фармацевтического производства. В Узбекистане функционируют 107 отечественных предприятий, производящих лекарственные средства и изделия медицинского назначения. Проводится работа по привлечению иностранных инвестиций в целях укрепления материально-технической базы, лечебно-профилактических учреждений, особенно учреждений экстренной медицинской помощи, родовспоможения, службы крови, а также специализированных и социально значимых учреждений. Реализуется более 10 кредитных и грантовых проектов. В соответствии с инвестиционной программой, в 2008 году освоено 43,4 млн. долл. США, из них по кредитным проектам - 24,2 млн. долл. США, а по грантам - 19,2 млн. долл. США.

Г-н Председатель,

В целях укрепления службы охраны материнства и детства, которая возведена в ранг государственной политики, в стране реализуется ряд крупномасштабных государственных программ, направленных на повышение медицинской культуры в семье, укрепление здоровья женщин, рождение и воспитание здорового поколения.

Важным результатом в данном направлении стало создание разветвленной сети скрининг-центров, осуществляющих систематический контроль за состоянием здоровья будущих матерей и способствующих рождению здоровых детей. Значительно укрепилась и материально-техническая база родовспомогательных учреждений.

В корне изменена система материального стимулирования и оплаты труда врачей и медицинского персонала, размеры их заработной платы и механизм поощрения поставлены в непосредственную зависимость от степени сложности и напряженности выполняемой работы, качества оказываемой медицинской помощи. В каждом медицинском учреждении образованы фонды материального стимулирования и развития медицинских организаций. В результате за последние два года заработная плата медицинских работников возросла более чем в два раза.

Г-н Председатель,

В условиях финансово-экономического кризиса предусматривается государственный контроль за централизованной закупкой лекарственных средств и медицинского оборудования, особенно для лечения социально значимых заболеваний; дальнейшее развитие отечественной фармацевтической промышленности в целях покрытия потребностей населения в лекарственных препаратах; усиления работы с международными финансовыми институтами по получению дополнительных инвестиций и грантов в страну.

В заключение, пользуясь данной трибуной, хочу поблагодарить страны-доноры, международные правительственные и неправительственные организации, международные фонды за оказываемую помощь Узбекистану в сфере здравоохранения.

Благодарю за внимание.

Mr JÓNASSON (Iceland):

Mr President, Director-General, distinguished delegates, at present we are faced with difficult circumstances in the global economy that affect us all. Iceland was among the first countries to be hit by the crisis and it was hit very badly. The unemployment rate has been climbing, many individuals have lost their savings, and pension funds have been badly hit. The full cost of the crisis is yet to be determined and what is of utmost concern is what will eventually be the social costs. Owing to the collapse of the private banks this State, i.e. the general public, is to be burdened with heavy debts in the future. The crisis has already had an impact on the health-care system in our country, as we have had to cut down our health expenses by more than 6.5% this year and they are expecting an even higher cut for next year. But in a time of austerity, how do we decide what to cut and what not to cut? In Iceland we have started by setting priorities.

We recently concluded national elections and the voters gave the Government that came to power earlier in the year a clear mandate to continue and prioritize new values of equality, social justice, solidarity, sustainable development, gender equality, moral reform and democracy in Iceland. These values guide us in the measures that we are taking to protect health spending and the provision of health care. Every effort is being made to protect low-income earners and those who are most vulnerable. In my opinion, it is extremely important to emphasize more collaboration and partnership and to foster an open and creative environment with active cooperation and participation of all sectors of communities, including the labour unions, to reach a consensus on where we are leading our health-care system. The outcome of these meetings has emphasized the need to make better use of primary health care, and it has been recognized that we should draw lessons from the crisis by tracking results and delivering better value for money. We have been hearing ever-stronger demands from our society that we need to return to the collective world and that market individualism is not going to solve the task facing us. It is an ideology – or it is the ideology of neoliberalism – which is, in fact, the cause of our problems, not the solutions, and more and more people are recognizing this.

In Iceland we have made an effort to make drugs available at affordable prices so that they are within the financial reach of the health-care service and individuals in need. This has been done by promoting the use of more affordable drugs, only subsidizing the cheapest available drugs that meet recognized quality standards. This, of course, is not in accordance with free-market principles and, as was to be expected, we have already felt the cold breath of the pharmaceutical industry down our back. In order to survive the financial crisis we need, however, to continue to promote rationality and we will do so and use the most cost-effective resources when possible at all levels of health services. The ongoing dramatic changes in the global macroeconomic climate are likely to have far-reaching consequences. In spite of the extremely difficult situation that we are now faced with, many

developing countries were already experiencing seriously overstretched and underfunded health-care systems before the economic crisis. For these countries, the effects might be even more devastating if the developed world does not honour its commitments. Therefore, I am pleased to see that the agenda item on the monitoring of the achievement of the health-related Millennium Development Goals is still on our agenda, especially maternal health.

But we are faced not only by economic threats; we have other imminent threats, as the recent outbreak of influenza A (H1N1) 2009 has reminded us. The response of WHO to the current outbreak clearly demonstrated the importance of international coordination of appropriate actions. The revised International Health Regulations (2005) have improved health security by strengthening effective mechanisms for outbreak alert and response within both WHO Member States and worldwide. The Regulations have made the Organization able to respond firmly to possible emergencies and outbreaks of pandemic diseases. Cooperation and sharing of information and experience between Member States are becoming more and more important because of the diversity of threats of a complex nature. With effective cooperation, we are better prepared to control the spread of diseases and to react to other challenges with which we are faced. Dear colleagues, I thank you.

Dr DIAS VAN-DÚNEM (Angola):

Mr President, honourable ministers and heads of delegations, excellencies, distinguished delegates ladies and gentlemen, on behalf of the delegation of the Republic of Angola and on my own behalf, I would like to congratulate you, Mr President, and the General Committee on your election for the Sixty-second World Health Assembly, wishing every success to this important event at a time that the world is experiencing a financial and economic crisis and the influenza A (H1N1) 2009 epidemic in some Member States. I would like to express the solidarity of the people of Angola with the people of Mexico, the United States of America and other countries affected by the influenza A (H1N1) 2009 epidemic.

The threat that this potential pandemic represents for the world and WHO's response are a clear demonstration that solidarity and efficient global coordination are very important in addressing all existing and arising health issues. The influenza A (H1N1) 2009 potential pandemic makes us reflect on our own health system's capacity to respond. Our concerns are the accessibility to both early diagnosis and adequate treatment in the context of scarce financial and technical resources. But we are convinced that under WHO guidance we can become stronger and more effective in dealing with health problems in the interest of our population.

Our country experienced a long war which resulted in the destruction of health and other basic infrastructure such as water and sanitation, weakening the national health system and aggravating diseases like malaria, tuberculosis, sleeping sickness and other communicable diseases. At the same time, noncommunicable diseases such as diabetes, cancer and hypertension are increasing. All this led the country to have most of the worst health indicators such as maternal and child mortality. With the end of the war in 2002, Angola started a reconstruction process adopting health as one of the main priorities with a view to ensuring an equitable and efficient health-system response to our health problems and to reversing current indicators.

For the next years, government programme priorities are targeting the reduction of maternal and child mortality, reduction of the burden of communicable diseases – mainly, malaria, tuberculosis, sleeping sickness, HIV/AIDS – vaccine-preventable diseases and noncommunicable diseases, including mental health problems, accidents and trauma. For the success of this programme, a multisectoral approach was adopted, including in this effort all sectors linked to social determinants in order to accelerate the achievement of the Millennium Development Goals. To facilitate the coordination among sectors and civil society a national health policy is being developed, establishing a common vision for long-term and sustainable health development. The strengthening of the national health system, based on primary health care, through the revitalization of the health district system, is also key to the success of our programme.

We are thankful for the continuous support and technical guidance from the Director-General of WHO, Dr Margaret Chan, and from the Regional Director for Africa, Dr Luis Gomes Sambo. We also

take this opportunity to thank all health development partners for their support to our country to deal with health challenges. Thank you, Mr President.

Mr ZHARKO (Belarus):
Г-н ЖАРКО (Беларусь):

Уважаемый г-н Председатель, уважаемые дамы и господа,

Делегация Республики Беларусь с большим вниманием выслушала доклад Генерального директора и высоко оценивает работу по его подготовке. Мы разделяем озабоченность в отношении влияния экономического и финансового кризиса на здравоохранение, который при неблагоприятном развитии ситуации может затруднить достижение Целей тысячелетия в области развития.

Масштабы непосредственного влияния глобального финансового кризиса на ситуацию в Беларуси определить не просто. Необходимо учитывать, что серьезные экономические проблемы, наблюдаемые на глобальном уровне, оказывают отрицательное воздействие и на экономику Республики за счет снижения экспорта, сокращения объемов инвестиций, инфляции, повышения цен на лекарственные препараты и расходные материалы.

Вместе с тем, мне хочется говорить не о наличии финансового кризиса в Беларуси, а о влиянии последствий мирового финансового кризиса на экономику страны, на здравоохранение, считая такую формулировку более корректной.

При углублении финансового кризиса усложнится ситуация с расчетами за поставленную продукцию в связи с высоким удельным весом используемого импортного оборудования и медикаментов. Конечно, при этом нужно проводить жесткую политику по оптимизации использования средств, выявлению имеющихся у медучреждений резервов.

Сложившийся в настоящее время мировой финансовый кризис заставляет нас по-новому взглянуть на целый ряд традиционных подходов к оценке эффективности инвестиционных проектов, перспективам развития коммерческих медицинских организаций и платным услугам в бюджетных учреждениях. В случае ухудшения финансовой и экономической ситуации прогнозируется падение спроса на платные услуги со стороны населения, уменьшится количество заключаемых договоров на оказание платных услуг с предприятиями.

Что касается организации здравоохранения негосударственной формы собственности, мы прогнозируем, что, в первую очередь, понесут урон косметология и эстетическая стоматология, но к кардиологам, гастроэнтерологам, наркологам и психиатрам на фоне стрессов поток пациентов возрастет.

Мы не должны недооценивать негативное влияние на здоровье человека социальных стрессов, вызванных мировым финансовым кризисом. Социальные аспекты кризиса связываются с такими основными проблемами, как безработица и снижение заработной платы. Для нашего здравоохранения на первом этапе эти последствия будут минимальными. Бюджет уже утвержден, поэтому запланированные уровни заработной платы в текущем году будут обеспечены. Безработица работникам бюджетных учреждений здравоохранения не угрожает. Напротив, возможен даже некоторый приток кадров из медучреждений негосударственных форм собственности.

При возникновении сложностей с финансированием отрасли можно будет на время отложить ряд инвестиционных программ, связанных с новым строительством, с капитальным ремонтом медицинских учреждений, с приобретением нового дорогостоящего оборудования. Эти средства, составляющие значительные суммы, можно рассматривать как финансовый резерв отрасли на кризисный период.

В кризисной ситуации появляется новый импульс для развития отечественной медицинской и фармацевтической промышленности. Значимость такого шанса в нынешней системе лекарственного обеспечения трудно переоценить, поскольку наше здравоохранение сильно зависит от зарубежных фармацевтических компаний. Очевидно, что закупая у отечественного производителя лекарства, диагностические приборы или наборы реагентов, государство создает ресурс для дальнейшего развития отечественных производителей, дает

возможность вести и внедрять новые разработки, что служит задачей развития отрасли здравоохранения.

Нельзя оставить без внимания тот факт, что утвержденный Правительством Республики Беларусь план действий, направленный на оздоровление ситуации в финансовом секторе и отдельных отраслях экономики в приоритетности закупки отечественных товаров, должен положительно отразиться на состоянии белорусской медицинской и фармацевтической промышленности.

В заключение необходимо отметить, что степень влияния кризисных явлений на здравоохранение зависит от глубины и длительности мирового финансового кризиса. Тем не менее, при любых финансовых катаклизмах здоровье граждан страны дороже всего. Руководство страны и отрасли исходит из этого принципа и предпринимает все усилия для выхода из сложившейся сложной финансовой ситуации без ущерба для текущих возможностей оказания медицинской помощи.

Благодарю за внимание.

La Sra. OROZCO CHAMORRO (Nicaragua):

Excelentísimo señor Presidente, doctora Chan, ministros de salud, estimados delegados, señoras y señores: La presente Asamblea Mundial de la Salud se lleva a cabo en un contexto mundial trascendental, caracterizado por la inesperada crisis financiera internacional, los altos precios de los alimentos, el calentamiento global y la amenaza de la pandemia de la influenza A(H1N1) que afecta ya a 40 países en todo el mundo y que ha producido casi 9000 casos confirmados por laboratorio, y más de 70 personas fallecidas.

En esta grave situación que atraviesa la humanidad, y en nombre de la región centroamericana y de la República Dominicana, con más de 50 millones de habitantes y con grandes potenciales de recursos naturales y turísticos, me dirijo a ustedes como Presidencia Pro Tempore del Consejo de Ministros de Salud del Sistema de la Integración Centroamericana (SICA) con el propósito de darles a conocer los resultados de la respuesta regional ante la epidemia de influenza, los cuales se enmarcan en la implementación del Reglamento Sanitario Internacional.

El 28 de abril de 2009, cinco días después de haberse declarado la alerta pandémica en México, por iniciativa del Presidente de la República de Nicaragua, el comandante Daniel Ortega, Presidente Pro Tempore del SICA, se reunieron en Managua los Ministros de Salud de Centroamérica y de la República Dominicana, representantes del CDC, de Atlanta, funcionarios de la OPS y de los Estados Unidos Mexicanos para tomar de inmediato los acuerdos necesarios para evitar la propagación de esta grave epidemia y establecer los mecanismos oportunos de vigilancia sanitaria y control regional. Asimismo, se exhortó a la comunidad internacional a que pusiera a disposición de la región los recursos técnicos y financieros suficientes para enfrentar esta crisis sanitaria.

En seguimiento a estos acuerdos, los Ministros de Salud de Centroamérica y de la República Dominicana han realizado diferentes reuniones a través de videoconferencias con la Directora Regional de la OPS en Washington a fin de monitorear la evolución de la epidemia y coordinar nuevas acciones conjuntas en vista de la presencia de casos confirmados en algunos países de Centroamérica.

Un hecho importante a destacar en esta respuesta regional ha sido por un lado el desarrollo del enfoque de prevención y promoción en todas las acciones sanitarias, sin descuidar la atención médica y, por otro lado, haber logrado una amplia participación y movilización ciudadana en cada uno de nuestros países para poder identificar y remitir precoz y oportunamente a las unidades de salud a las personas con síntomas de infección respiratoria aguda, evitándose la propagación masiva del virus A(H1N1) a pesar de la cercanía con otras regiones más afectadas.

Deseo reconocer el gesto solidario de México al poner a disposición de la humanidad, a través de la OMS/OPS toda la información del virus A(H1N1) y sus lecciones aprendidas obtenidas en el enfrentamiento de este mal.

Igualmente, quiero aprovechar la ocasión para expresar un profundo reconocimiento a la OMS/OPS por su apoyo técnico y material a la región. Sin embargo, deseo ratificar la importancia de crear un fondo común específico para hacer frente a estas contingencias y así responder a las necesidades de:

- Fortalecimiento de las capacidades tecnológicas en los laboratorios a nivel nacional y regional
- Capacitación de recursos humanos en salud
- Fabricación oportuna de una vacuna específica para el virus A(H1N1), que nos coloque en mejores condiciones para hacer frente a esta epidemia.

Finalmente, deseo manifestarles que las delegaciones de los países centroamericanos y de la República Dominicana mantendremos una participación activa y constructiva en los debates de esta estratégica Asamblea Mundial de la Salud, teniendo presente que en este siglo XXI sólo podemos contrarrestar las enfermedades emergentes a través de un acción conjunta y solidaria de todos los países del mundo unidos. Muchas gracias.

Mr HOOD (Grenada):

Thank you, Mr President, minister colleagues; Dr Ramsammy, immediate past President, who put the Caribbean more firmly in WHO's view as the first member from our region in 30 years to sit as President of this Health Assembly, ladies and gentlemen. It is a distinct honour to address this Sixty-second World Health Assembly on behalf of the members of the Caribbean Community – Antigua and Barbuda, Bahamas, Barbados, Belize, Grenada, Guyana, Haiti, Jamaica, Saint Lucia, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Suriname and Trinidad and Tobago – represented at this Health Assembly and the others who are unavoidably absent.

We meet at a time when the global economic and financial crisis, the worst since the Great Depression in the 1930s, poses a serious challenge for countries around the world, in particular those in the developing world. The implications for the health sector needs no elaboration. More than ever, we need a strong WHO to give leadership at this time: a global crisis needs a global response. Especially in the case of small open economies like ours in the Caribbean, a strong PAHO is most essential. As if to compound our dilemmas, we are confronted by health emergencies such as influenza A (H1N1), health consequences of climate change and an upsurge of chronic noncommunicable diseases, all requiring urgent attention. The current outbreak of influenza A (H1N1) 2009 has not caught us off guard thanks to WHO, which through its regional offices, has been in the forefront of planning for this eventuality. The Caribbean response has been predicated on the work coordinated by the Caribbean Epidemiology Centre and PAHO. In this regard, we believe that the policy position of our heads of government to support a regional epidemiology centre has been fully vindicated. The greater economies of scale have been achieved in tackling the significant intercountry public health problems, requiring clear expertise in laboratory diagnostic and epidemiological surveillance.

In this context the countries of the Caribbean Community are moving towards the establishment of a Caribbean Public Health Agency. This is essentially the merger of the public health functions currently delivered by five separate regional health institutions. It is our fervent hope that PAHO will remain committed to this approach and that it will continue to serve to catalyze other developing partners in support of this new entity. This agency will focus primarily on surveillance of disease and disease conditions, with strong support from a laboratory function.

While our region strives to arrive at a single market and economy through single-market policies, it has been recognized that our social vulnerabilities can also be effectively tackled through enhanced functional and technical cooperation. In the area of health, mutual cooperation dates back to the 1960s when effective collaboration with PAHO resulted in the Caribbean becoming the first region in the world to eliminate poliomyelitis and measles. The establishment of the first Caribbean Cooperation in Health strategy in 1985 is a further illustration of a mechanism which fosters cost–effectiveness and mutually beneficial regional programmes. The region is grateful for the able assistance of international organizations and donor partners, especially WHO, through PAHO.

Our populations have enjoyed what could be described as a reasonably good health status that is comparable to that of the developed world as many indicators will show. Chief among these is the significant reduction in maternal and child mortality. For most countries the level is 25 per 1000. These achievements have been largely due to our commitment to the primary health care strategy which Member States had practised but which became further strengthened after they became signatories to the Declaration of Alma-Ata in 1978. But this effective system has been under threat from the global

shortage of health workers. We applaud the innovative efforts of some of our countries, especially Belize, Guyana and Jamaica, in addressing these needs.

There are several other issues of relevance but permit me to highlight three: first, the climate-change influences. The Caribbean has taken the issue of climate change and its effect on human health quite seriously. The heads of government have demonstrated their political astuteness by establishing the Caribbean Community Climate Change Centre in Belize to monitor the situation on behalf of the small island states and low-lying costal zone countries. They have also commissioned the Caribbean Task Force on Climate Change and Development to coordinate a regional response in the negotiating theatres leading up to Copenhagen. Its major thrusts are maintaining carbon emissions at acceptable levels of $CO_2$, incorporating new approaches to energy and supporting the Climate Change Adaptation Fund. In our discussions at the Commonwealth Annual Conference over the past weekend, it is clear that much more attention must be paid to the implications of climate change for health and development. Secondly, the Caribbean wishes to keep the response to chronic noncommunicable diseases high on the policy agenda. This is adequately represented in a Declaration of Port-of-Spain arising out of the first-ever summit of heads of government at the World Summit on Chronic Non-Communicable Diseases in September 2007. Thirdly, we are pleased that the Pan Caribbean Partnership against HIV and AIDS continues to be an internationally respected best practice for coordinating our regional response to HIV. We look forward to the continued support of PAHO/WHO, UNAIDS and other international partners. In this respect, the Government of Jamaica will be hosting a Latin America consultation meeting from 3 to 6 June 2009 on the HIV pandemic and its interrelations with regional public health and development goals.

In conclusion, I take this opportunity on behalf of the Caribbean Community to congratulate Dr Margaret Chan on her stewardship as Director-General of WHO over the past year. We concur with her in recognizing that "our world is dangerously out of balance". We also wish to express our appreciation to PAHO for the tremendous support it has given to the Caribbean Region through its regional and subregional offices. It is my hope that our deliberations at this Health Assembly will contribute towards the consolidation of approaches to address effectively these and other issues which will be beneficial to the people of the Caribbean region. I thank you.

M. MBAYE (Sénégal):

Monsieur le Président de séance, Madame le Directeur général, Excellences, Mesdames et Messieurs, je vous adresse mes chaleureuses félicitations pour votre nomination à la tête de notre Assemblée de la Santé. Ces félicitations vont également à Mme le Directeur général de notre Organisation, pour son engagement en faveur de l'amélioration de la santé publique mondiale.

Au début de la présente crise économique et financière mondiale, la plupart des pays africains n'avaient pas jugé nécessaire d'élaborer des stratégies pour y faire face. Aujourd'hui, ils commencent à en subir durement les conséquences. Ainsi, au Sénégal, du fait de la faiblesse des sommes envoyées par les travailleurs émigrés, des milliers de ménages sont dans une situation précaire. De plus, du fait de la récession mondiale, les exportations de nos produits vont baisser. Cela va affecter davantage nos économies, déjà très faibles. Par ailleurs, selon le Fonds monétaire international, l'aide au développement pourrait baisser dans les prochaines années, avec probablement un impact négatif sur les dépenses consacrées à la santé et aux questions sociales. Les pays en développement déploient d'énormes efforts pour rendre leurs systèmes de santé plus efficaces et plus équitables. Mais l'assistance de la communauté internationale leur est indispensable. Si elle venait à baisser – comme le prédit le FMI – les budgets alloués aux grandes campagnes de lutte contre certaines maladies seraient affectés d'autant et des milliers d'Africains seraient privés de soins de base, avec des effets désastreux sur la santé publique mondiale. C'est pourquoi, nous lançons un appel à la communauté internationale pour que le financement de l'aide sanitaire soit augmenté ou, à tout le moins, maintenu à son niveau actuel.

Au Sénégal, nous considérons que le soutien de la communauté internationale n'est pas une panacée. C'est pourquoi nous exploitons toutes les opportunités qui s'offrent à nous au niveau national. C'est ainsi que nous essayons de mobiliser de nouveaux acteurs pour profiter de leurs possibilités de financement. De même, nous faisons de l'approche multisectorielle un axe majeur de

notre nouveau plan de développement sanitaire. Le défi est d'assurer une prise en charge concertée des déterminants de la santé, de réduire les inégalités, de lutter contre l'émergence des maladies évitables et, ainsi, de réduire le besoin de financement. L'amélioration des politiques publiques, prônée dans le dernier rapport sur la santé dans le monde, constitue un objectif que nous poursuivons résolument depuis l'adoption des conclusions de la Commission des Déterminants sociaux de la Santé. Elle devrait fortement contribuer au développement sanitaire de notre pays. Pour améliorer l'accès aux soins et à la couverture du risque maladie, nous œuvrons au développement de mécanismes de financement solidaire, comme des mutuelles de santé dans le secteur informel. Nous pensons également que la promotion de la médecine traditionnelle pourrait contribuer à résoudre beaucoup de problèmes de santé. Déjà des médecins et des tradipraticiens collaborent pour améliorer la qualité des soins de santé destinés aux populations. De son côté, le Gouvernement sénégalais met en œuvre un plan stratégique 2007-2010 allant dans le même sens.

Le Sénégal est venu à cette Assemblée de la Santé avec l'espoir que les États Membres, avec à leur tête les plus nantis d'entre eux, prendront le ferme engagement de traduire en actes la solidarité internationale que nous clamons tous. Aussi, voudrais-je inviter tous les États à soutenir l'Initiative « Politique étrangère et santé globale » lancée en 2007 ; celle-ci vise à placer les questions de santé au cœur de la politique étrangère et à contribuer à ce que la concertation autour de ces questions renforce la solidarité internationale. Son succès pourrait donc nous aider à concrétiser nos espérances.

Je viens de vous livrer le message de Mme Thérèse Coumba Diop, Ministre de la Santé du Sénégal. Je vous remercie de votre attention.

El Sr. OBAMA ASUE (Guinea Ecuatorial):

Señor Presidente de la 62ª Asamblea Mundial de la Salud, señora Directora General, miembros de la Mesa, distinguidos delegados, señoras y señores: Me sumo a la declaración que esta mañana ha hecho el representante de los países africanos expresando nuestra felicitación al Presidente de la Asamblea y a los miembros de la Mesa por su acertada elección.

El Gobierno de Guinea Ecuatorial expresa a la vez su solidaridad con los países afectados por la gripe A(H1N1). Asimismo, acogemos con beneplácito los esfuerzos de México, los Estados Unidos, el Canadá y España por las medidas tomadas hasta ahora para tratar de frenar esta crisis.

Es un gran honor para mi delegación el tomar la palabra en esta sesión de la 62ª Asamblea Mundial de la Salud en esta bella ciudad de Ginebra, reunión que se celebra en un momento particularmente difícil, por una parte para el sistema sanitario mundial, debido a la amenaza de la pandemia de la gripe A(H1N1) con sus efectos devastadores para gran parte de los países con economías débiles, y por otra, la crisis económica con efectos negativos para la mayoría de las economías del globo, la cual incide sin piedad sobre las poblaciones pobres del planeta, golpeando de manera singular a las capas sociales más vulnerables.

Según un informe de la UNESCO, del presente año, «más de 390 millones de personas en África subsahariana, que ya viven en condiciones de extrema pobreza, perderán US$ 18 millones, que equivalen a US$ 46 por persona, lo cual supone una reducción del crecimiento previsto para el presente año a casi cero». La UNESCO además prevé una pérdida del 20% del rédito per cápita en las poblaciones más indigentes del continente africano.

Señora Directora General, señoras y señores: mi país, Guinea Ecuatorial, está sufriendo al igual que otros los efectos de la crisis económica, que afecta seriamente al sector salud, lo que se traduce en la actualidad en la reducción de las actividades tendentes a mejorar la calidad asistencial, en un aumento de la mortalidad materna e infantil y de la desnutrición, y en la dificultad de alcanzar los Objetivos de Desarrollo del Milenio y los planes fijados por el Gobierno de mi país en la Segunda Conferencia Económica Nacional, celebrada en noviembre de 2007.

En la reciente Cumbre de la Unión Africana celebrada en Addis Abeba, se adoptó el lema de «Desarrollo de la Infraestructura en África con énfasis en el Transporte, Energía e Inversiones». El Banco Africano de Desarrollo, uno de los conductos de la asistencia a África, puntualizó que muchos proyectos de desarrollo perderán su financiación debido a las restricciones crediticias actuales, cuyo efecto negativo se vería acrecentado por una reducción de la demanda de los recursos básicos africanos por parte de los países industrializados afectados por esta recesión.

Como es del conocimiento de muchas delegaciones presentes en esta Asamblea, nuestro país, Guinea Ecuatorial, desde hace algo menos de una década tiene como fuente principal de ingresos la producción de petróleo. Sin embargo, la desvalorización de dicho producto de US$ 140 a US$ 53 el barril constituye un golpe duro a nuestra economía como país emergente con muchos proyectos en cartera.

Señoras y señores: para atenuar el impacto de este panorama económico financiero tan sombrío y negativo sobre todo para la salud de nuestra población, el Gobierno de mi país se anticipó a los efectos de la crisis adoptando las siguientes medidas: 1) La organización de la Segunda Conferencia Económica Nacional y la consecuente adopción del Plan Nacional de Desarrollo Económico y Social «Guinea Ecuatorial Horizonte 20/20», para la diversificación de la economía, el refuerzo del capital humano en el sector de la salud y el desarrollo de un sector social capaz de reducir considerablemente el nivel actual de pobreza, y garantizar el acceso equitativo a los servicios sociales de calidad a toda la población. 2) La creación y puesta en funcionamiento de un Fondo para el Desarrollo Social en colaboración con la USAID, financiado al 100% por el Gobierno de la República de Guinea Ecuatorial. Con este fondo, el Gobierno está asegurando prioritariamente la financiación de los proyectos de salud, educación, promoción de la mujer, medio ambiente, etc., para garantizar la cohesión social como base para la consecución de los Objetivos de Desarrollo del Milenio en 2015. 3) El fomento del partenariado con el Fondo Mundial de Lucha contra el SIDA, la Tuberculosis y la Malaria, de un lado y de otro lado con el sector privado (empresas petrolíferas) en la lucha contra el paludismo a fin de ofrecer un paquete de servicios gratuitos a las mujeres embarazadas y los niños menores de cinco años que incluyen: *a*) diagnóstico y tratamiento precoz, *b*) distribución de mosquiteros impregnados de insecticida de larga duración, *c*) pulverización intradomiciliaria. 4) El refuerzo de la colaboración con los organismos internacionales y la sociedad civil, cuya contribución ha permitido la implementación de las actividades de impacto en la lucha contra las endemias nacionales. 5) La rehabilitación de la infraestructura sanitaria existente y la construcción de otras para incrementar la capacidad y calidad asistencial. 6) La asignación por el Gobierno de importantes recursos económicos para la adquisición de medicamentos esenciales, a precios accesibles a la población, así como el establecimiento de un sistema de gestión que garantice el suministro regular de estos medicamentos a los centros sanitarios del país.

Señora Directora General, señor Presidente: Es muy importante señalar que a pesar de los esfuerzos del Gobierno y sus socios para el desarrollo, seguimos enfrentándonos todavía con serios desafíos para mejorar considerablemente la calidad de la oferta y la demanda de servicios de salud, como es nuestro deseo. Estos desafíos son: 1) La alta dependencia de la asistencia técnica externa como consecuencia de la insuficiencia de recursos humanos nacionales de salud cualificados. 2) Deficiente información de la población sobre la infección/transmisión y prevención de las enfermedades sexualmente transmisibles, incluyendo el VIH/SIDA. 3) Deficiente descentralización de la gestión del sistema de salud e insuficiente participación de la comunidad en la planificación y toma de decisiones sobre su propia salud. No obstante, la planificación actual permite augurar un futuro mejor para la solución de estas dificultades.

Antes de terminar esta intervención deseo expresar mi sincero agradecimiento a la Directora General de la OMS por la acogida que me ha dispensado tanto a mí como a la delegación que me acompaña.

Considerando la posibilidad de que la reunión del Comité Regional en 2010, se celebre en Guinea Ecuatorial, formulamos cordialmente una invitación para que la señora Directora General visite nuestro país, cuando ella libremente pueda antes de la celebración de dicho evento.

Finalmente, felicitamos a todos los que de una forma directa o indirecta han contribuido a la organización de esta magna Asamblea. Esperamos que los debates que se mantendrán durante el desarrollo de la misma contribuyan positivamente al fortalecimiento de los sistemas nacionales de salud de nuestra Región de África y del mundo entero. Muchas gracias.

M. BOUDA (Burkina Faso) :

Monsieur le Président de séance, Mesdames et Messieurs les Ministres, honorables délégués, permettez-moi tout d'abord de féliciter M. le Président pour sa brillante élection à la tête de cette Assemblée mondiale de la Santé. Cette Assemblée de notre Organisation se tient dans un contexte marqué par les conséquences de la crise économique et financière internationale et par l'émergence de la grippe A (H1N1) avec ce que cela comporte comme défis nouveaux pour la communauté internationale. Permettez-moi de féliciter Mme le Directeur général de l'OMS pour l'autorité avec laquelle elle préside aux destinées de notre Organisation et le professionnalisme avec lequel elle gère la nouvelle grippe aux côtés des États Membres.

Dans de nombreux pays en développement en général et au Burkina Faso en particulier, des progrès sensibles ont été accomplis en matière de santé en vue d'atteindre les objectifs du Millénaire pour le développement. Ces progrès ont été réalisés grâce aux effets conjugués d'une politique nationale résolument engagée en faveur de la santé des populations, et d'une croissance économique soutenue qui autorise une allocation conséquente de ressources intérieures en faveur de la santé. Au Burkina Faso, les progrès réalisés se traduisent par la subvention partielle ou totale des coûts des prestations au profit de certains groupes spécifiques comme les femmes et les enfants. On peut citer, entre autres, la gratuité des soins préventifs pour les femmes enceintes et les enfants de moins de cinq ans ; la subvention à hauteur de 80 % des accouchements et des soins obstétricaux et néonatals d'urgence ; la gratuité de la prise en charge du paludisme grave chez les femmes enceintes et les enfants de moins de cinq ans ; la subvention des produits contraceptifs ; la prise en charge des urgences sans prépaiement ; la réduction du coût d'accès aux médicaments antirétroviraux pour les malades du sida ; la gratuité du traitement de la tuberculose et des autres grandes endémies ; la gratuité de la vaccination et de la prise en charge des maladies à potentiel épidémique lors des épidémies. Ces réductions du coût des prestations sont sous-tendues par l'augmentation régulière du budget de l'État alloué à la santé ; l'amélioration continue de la couverture du pays en infrastructures sanitaires ; la généralisation de l'utilisation des médicaments essentiels génériques ; et enfin, l'augmentation régulière du nombre de personnels de santé grâce à un recrutement annuel.

Malheureusement, les conséquences de la crise économique et financière mondiale risquent de remettre en cause ces acquis et de freiner les progrès nécessaires pour relever les défis futurs, notamment par la réduction des financements extérieurs. Pour prévenir les éventuels effets de la crise sur la santé de ses populations, le Burkina Faso, en dépit de ses ressources limitées, a pris des mesures importantes, entre autres sur le plan économique par la suppression temporaire des droits de douane sur certains produits de première nécessité ; la baisse du prix du carburant à la pompe ; le renforcement des mesures de réduction des barrières financières à l'accès aux services de santé citées plus haut et à ceux des autres secteurs sociaux comme l'éducation ; l'amélioration de la mobilisation des ressources intérieures. Sur le plan stratégique, le Gouvernement a réaffirmé et concrétisé l'option d'une gestion axée sur les résultats et de la mise en œuvre effective d'interventions sanitaires à haut impact. Les efforts de l'État sont complétés par les initiatives novatrices de financement de la lutte contre la maladie comme le Fonds mondial de lutte contre le VIH/sida, la tuberculose et le paludisme, l'Alliance mondiale pour les vaccins et la vaccination (GAVI), UNITAID, etc.

Le Burkina Faso saisit l'occasion qui lui est offerte pour exprimer sa profonde gratitude à tous ses partenaires. Notre vœu le plus ardent est que ces mécanismes de financement soient pérennisés afin que cette crise économique et financière n'engendre pas une crise sanitaire majeure dans nos États. Pour terminer, le Burkina Faso exprime toute sa satisfaction pour le statut d'observateur conféré au Taipei chinois à cette Soixante-Deuxième Assemblée mondiale de la Santé, événement qui marque un tournant dans la vie de notre institution commune, l'OMS, et dans les relations multilatérales. Je vous remercie de votre aimable attention.

Mme RAOUL (Congo):

Monsieur le Président de séance, Madame le Directeur général de l'OMS, Mesdames et Messieurs les Ministres et chefs de délégation, c'est pour moi un privilège et un réel plaisir que de prendre la parole au nom de mon pays, le Congo. Je saisis cette occasion pour adresser mes

félicitations au Président de la Soixante-Deuxième Assemblée mondiale de la Santé pour sa brillante élection ainsi que pour celle des membres du Bureau. A Mme le Directeur général de l'Organisation mondiale de la Santé, en ces moments difficiles d'un mandat marqué par l'épidémie de la grippe A (H1N1), nous exprimons notre soutien moral et tous nos encouragements.

La République du Congo, mon pays, à l'instar de tous les autres États de la Région africaine OMS, s'efforce de mettre en œuvre les différentes résolutions, recommandations et stratégies adoptées aussi bien par l'Assemblée mondiale de la Santé et les sessions du Comité régional de l'OMS pour l'Afrique que par l'Union africaine. Dans la mise en œuvre de sa politique nationale, un plan de développement des services sanitaires vient d'être mis en place pour renforcer les différentes interventions. Les principaux axes stratégiques sont le renforcement des capacités de leadership, de gestion et de fonctionnement d'un système de santé décentralisé ; la mise en place d'un système efficace de gestion des ressources humaines pour la santé ; la réhabilitation et l'équipement des formations sanitaires ; l'amélioration de l'accès au paquet de services essentiels de qualité. En ce qui concerne la lutte contre la maladie, quelques avancées significatives sont observées, notamment la certification de l'éradication de la poliomyélite. Le paludisme et le sida, premières causes de morbi-mortalité, font l'objet d'une attention particulière de la part du Gouvernement. Ainsi, M. le Président de la République a décidé de rendre gratuit le traitement antipaludique chez les enfants de 0 à 15 ans et les femmes enceintes. La gratuité s'applique également au dépistage du VIH, au bilan biologique des personnes vivant avec le VIH et au traitement antirétroviral. Le Congo a en outre adopté une feuille de route nationale pour l'accélération de la réduction de la mortalité maternelle, néonatale et infantile. C'est le cadre de référence qui définit les stratégies et interventions prioritaires à entreprendre en vue de renforcer la lutte contre la mortalité maternelle, néonatale et infantile en République du Congo. Cette feuille de route se justifie par la situation déplorable de la santé des mères, des nouveau-nés et des enfants qui se caractérise par des taux de morbidité et de mortalité très élevés. Son élaboration réalisée dans un processus participatif, s'est inspirée des orientations nationales et internationales en matière de santé, y compris celles de la feuille de route proposée par l'Union africaine.

Je ne saurais terminer mon propos sans aborder le problème de la crise financière et de ses effets sur la santé des populations. En effet, cette crise a engendré un repli sur soi des pays industrialisés et une réduction de l'aide publique au développement. La situation est particulièrement désastreuse pour les pays dont l'économie ne repose que sur une seule production. À notre avis les tentatives de solutions pourraient être celles-ci : maintenir le niveau des investissements en santé tel qu'il se présente aujourd'hui dans nos pays respectifs. Pour cela, nous devons nous battre au sein de nos propres gouvernements pour ne pas permettre que le budget de la santé subisse des coupes sombres à cause de la crise ; la solidarité internationale doit plus que jamais être de la partie. Laisser une partie de l'humanité, la plus importante, sombrer dans l'indifférence, c'est l'autre partie de l'humanité qui risquerait de couler avec elle ; dans les moments de crise, l'on doit faire preuve d'innovation tous azimuts et établir des échanges entre les pays sur les innovations porteuses.

Pour terminer, je saisis cette occasion pour remercier tous les partenaires pour le développement qui œuvrent dans le domaine de la santé. Je vous remercie.

Dr YANKEY (Ghana):

Mr President, I wish to join my colleagues in congratulating you on assuming the Presidency of the Sixty-second World Health Assembly. I also wish to take this opportunity to commend WHO for the efficient and swift manner in which it has handled and is still handling the influenza A (H1N1) 2009 crisis. Ghana wishes to thank the Health Assembly for choosing the theme for this year. It is obvious that the unprecedented financial crisis confronting the world today has the potential of derailing progress that has been made in the health sector in the last few years. This is especially so in the developing world, and for that matter we are grateful to the Health Assembly for putting it on the agenda.

Although the crisis started in the developed world it has had, and continues to have, a devastating effect on the vast majority of people living in less developed countries. But despite the continuing challenges we face as developing countries, we have made some significant progress in our efforts to improve the health status of the poor and vulnerable. For instance, Ghana has been able to

register an almost 30% reduction in child mortality within the past five years. The decline in childhood malnutrition is beginning to stabilize and access to health services has increased. These improvements have been the result of significant increases in investments made in the health sector in the last few years. It is important to protect these gains and to build on them.

We are at a point in the history of mankind where, despite the scientific advances we have made in the health sector, we continue to be confronted by health challenges, some of which have managed to reverse progress we have made over the years. We have an unprecedented arsenal of drugs, yet our children continue to die of malaria and other preventable and easily curable diseases. Indeed, we are in an era when the lines between economics, health and development have become increasingly blurred. Maintaining health is expensive, but managing ill-health is even more expensive. For those of us who managed to put some economic cost on the burden of diseases we carry, the results are frightening. In Ghana, for instance, malaria alone costs us over US$ 770 million a year. Without sustained investments in health to curb its incidence, while at the same time sustaining the gains we have made in other areas, we shall continue to make minimal progress, which will fall short of what we need to meet the Millennium Development Goals.

It is against this background that Ghana welcomes the renewed attention of WHO to primary health care principles. We believe that these principles are even more relevant today to deal with the current public health challenges and to mitigate the effects of the global financial crisis. We, in Ghana believe that over the last 30 years the accumulated global experience in the implementation of the primary health care programme should help us in reorganizing our health systems to be able to bring basic health care closer to the people who need it most. It should also provide the needed expertise to make the necessary adjustments in the light of new knowledge so that we can make an impact within the shortest possible time.

We need a radical review of the role of the health sector in the management of our disease burden. We in Ghana believe that this burden has become more complex and requires substantial and aggressive advocacy for behavioural changes not only of individuals but of organizations that influence health at the local level. It also offers significant opportunities for WHO to increase the scope and depth of its cross-sector dialogue at country level. In this regard, Ghana would like to endorse the strategic direction of WHO for the next five years and call for increased support for intersectoral forums for health at country level. Ghana also believes that the time has come for extensive review of our health policies to reflect the current opportunities and challenges. We would, therefore, like to ask for an increased focus on building in-country capacity for policy analysis and review in the context of the Medium-term strategic plan.

Although massive aid will be required in the medium term to help sustain the gains we have made so far, Ghana calls on developing countries to use monetary and fiscal policies to deal with the crisis and to look more to domestic sources of funding to boost primary health care coverage. It is only by doing so that we will be able to expand the social safety nets required to protect the poor and vulnerable. We would therefore like to call for subregional alliances in dealing with common diseases and implementing health interventions. Presenting such a unified front will make us progress more rapidly and help us obtain more lasting effects on our populations.

Ghana would like to congratulate WHO on the sustained focus on malaria. We are happy to note the increased coverage of interventions for prevention and treatment of malaria. As one of the countries involved in the malaria vaccine trial, we would like to express our delight at the early positive results and wish to call for sustained efforts towards making it available for universal use. It is our conviction that the malaria vaccine holds not only a health promise but a very significant economic promise for endemic countries. In view of the huge disease burden cost of malaria on the national economy already referred to, the Government of Ghana has committed itself to eliminating malaria and ensuring that it no longer constitutes a public health burden on the country. We believe that this is possible and, with the collaboration of countries in the West African subregion, we should be able to mount a sustained subregional onslaught on malaria in the coming years. I wish to use this opportunity to invite WHO and all our health partners to begin to support regional efforts at controlling and eliminating malaria since the vector knows no geographical boundaries. Ghana will be happy to lead the fight against malaria in the West African subregion, and we will require the support of WHO and our health partners.

In the spirit of the Paris Declaration on Aid Effectiveness and as part of the Accra Agenda for Action, as well as the current partnership and cooperative spirit being exhibited by our partners, Ghana is confident of unconditional support for this initiative. Ghana will continue to collaborate with WHO and other bodies to promote the health of the world. Ghana is, therefore, happy to host the United Nations Economic and Social Council Africa Regional Ministerial Meeting on eHealth to be held in Accra, Ghana in June of this year, and I take this opportunity to welcome you all to this conference. I thank you for your attention.

M. MALLY (Togo):

Monsieur le Président de séance, Mesdames et Messieurs les Vice-Présidents et membres du Bureau, Madame le Directeur général de l'OMS, chers collègues, Mesdames et Messieurs les Ministres et chefs de délégation, Mesdames et Messieurs les Ambassadeurs, chers invités, Mesdames et Messieurs, Monsieur le Président, permettez-moi d'utiliser cette opportunité pour vous féliciter de votre élection à la tête de la Soixante-Deuxième Assemblée mondiale de la Santé.

La crise financière mondiale, la crise pétrolière, le changement climatique, les pandémies virales, notamment celle du virus A (H1N1), sont des défis pour nos systèmes de santé et surtout pour les pays les moins avancés et encore plus pour les pays en crise ou sortant de crise sociopolitique. Au-delà de ces problèmes, ils doivent également affronter d'autres difficultés d'ordre économique et social. En effet, mon pays, le Togo, vient de sortir d'une longue crise sociopolitique qui a entraîné des répercussions négatives sur le financement de son système de santé. Cette situation a été aggravée par la suspension depuis plus d'une décennie d'une grande partie de l'aide internationale. Ainsi, le système de santé du Togo se caractérise par une faiblesse de son organisation institutionnelle, une insuffisance dans la gestion des ressources matérielles et humaines ainsi qu'une pénurie de personnel. Dans le cadre de la lutte contre la maladie, le paludisme, la tuberculose et le VIH/sida sont les principales causes de morbidité et de mortalité enregistrées surtout chez les populations cibles vulnérables. Le profil épidémiologique montre ces dernières années une tendance marquée par l'émergence des maladies non transmissibles comme l'hypertension artérielle, le diabète, etc. La situation d'urgence et de catastrophes liée au changement climatique est caractérisée ces deux dernières années par les inondations qui ont entraîné fondamentalement la destruction des infrastructures socio-économiques et sanitaires (ponts, écoles, dispensaires) ; cela a favorisé des épidémies de choléra à répétition ayant fragilisé une fois encore la situation sanitaire déjà très difficile.

Aujourd'hui, avec l'amélioration de la situation sociopolitique et la reprise de la coopération internationale, le Gouvernement togolais a entrepris des efforts pour le renforcement de son système de santé. C'est ainsi qu'un code de santé publique vient d'être voté par l'Assemblée nationale, instrument indispensable pour le renforcement du système de santé. Le document de stratégie de réduction de la pauvreté vient aussi d'être élaboré et sera bientôt adopté par le Gouvernement ; ce document prend en compte les actions prioritaires sanitaires dans sa composante « Amélioration de l'offre des services sociaux » qui concourent à la réalisation des objectifs du Millénaire pour le développement. Afin de mieux programmer les activités sanitaires, un plan national de développement sanitaire (2009-2013) est élaboré et mis en œuvre. Par ailleurs, un plan quinquennal de développement des ressources humaines (2008-2012) a été élaboré et est aussi mis en œuvre ; il est concrétisé par le recrutement de près de 1070 agents toute catégorie confondue en 2008 et 600 autres recrutements pour cette année 2009, chiffre tout de même insuffisant ; reste également le problème de motivation de ce personnel. La gratuité des antirétroviraux au profit des malades du sida, la distribution de plus de 1 200 000 moustiquaires imprégnées d'insecticide au cours des campagnes de masse au profit des groupes vulnérables que sont les enfants de moins de cinq ans et les femmes enceintes, ainsi que la subvention de certains médicaments au profit des populations sont d'autres mesures mises en place. Tous ces efforts sont freinés par les crises qui secouent le monde ces derniers temps, à savoir la crise alimentaire, les crises pétrolière et financière. Toutes ces crises inhibent les capacités de l'État à poursuivre leur action pour améliorer la situation sanitaire. C'est pourquoi, tout en remerciant l'OMS pour son appui constant, le Togo sollicite la poursuite et le renforcement de son soutien notamment dans les domaines de la surveillance des maladies, la gestion des épidémies et des catastrophes, la

formation du personnel, le renforcement des capacités institutionnelles, la promotion des actions en faveur du couple mère-enfant, ceci en opérant des choix judicieux.

Je ne saurai terminer mon propos sans rendre un hommage mérité au Directeur général de l'OMS pour le leadership et l'efficacité avec lesquels la grippe A (H1N1) est gérée. Le Togo souhaite la poursuite des efforts entrepris en la matière afin de préserver les pays à faible revenu de maladies nouvelles qui risquent de compromettre dangereusement leurs efforts de développement. Je vous remercie de votre aimable attention.

M. MOPIPI MUKULUMANYA (République démocratique du Congo) :

Monsieur le Président de séance, Mesdames et Messieurs les membres du Bureau, Excellences, Mesdames et Messieurs les Ministres de la Santé, Madame le Directeur général de l'OMS, distingués délégués, permettez-moi de joindre ma voix à celles de tous ceux qui m'ont précédé à cette tribune pour féliciter M. le Président et les membres du Bureau pour leur brillante élection. Je vous souhaite au nom de mon pays un fructueux mandat. Je voudrais également féliciter Mme le Directeur général pour la manière efficace dont elle conduit notre Organisation. Je voudrais vous remercier, Madame, pour la constance de vos préoccupations en faveur de la santé de la mère, du nouveau-né et de l'enfant, en particulier dans les pays en développement.

La République démocratique du Congo félicite le Dr Chan pour la promptitude et la mesure de sa réaction face à la situation provoquée par la grippe A (H1N1). Mon pays apprécie à sa juste valeur le précieux appui qu'elle lui avait donné dans le cadre du dispositif mis en place contre la survenue et l'extension de la grippe A (H1N1). Veuillez accepter, Madame, l'expression de notre profonde gratitude.

Mon pays est en train de sortir d'une longue crise multiforme qui a fragilisé son système de santé. Malgré les faiblesses actuelles de notre système de santé, les efforts consentis dans le domaine de la promotion et de la prévention sont en train de porter leurs fruits même si nous n'avons pas encore atteint le niveau souhaité. Dans le domaine de la santé maternelle et infantile, mon pays s'efforce, par la formation du personnel et l'amélioration des structures de prise en charge, d'infléchir l'excès de mortalité et de morbidité dans ce domaine. Pour ce qui est de la vaccination, des progrès réels sont faits pour l'amélioration des couvertures vaccinales. En matière de la lutte contre la cécité évitable, mon pays a fait ces dernières années des progrès très significatifs : par exemple, le nombre d'opérations de la cataracte est passé de 5000 en 2005 à 10 830 en 2008. Tout dernièrement, grâce à la mise en application du Règlement sanitaire international, mon pays a, en collaboration avec l'Argentine que je remercie chaleureusement, retrouvé un voyageur qui est venu chez nous, suspect ; heureusement qu'il se porte bien actuellement ! Dans le cadre de la lutte contre la grippe A (H1N1), mon pays vient d'organiser, à l'initiative du Président Joseph Kabila, Président en exercice de la Communauté économique des États de l'Afrique centrale, une réunion extraordinaire des Ministres de la Santé de la CEEAC avec entre autres objectifs de créer des synergies positives à l'échelle de la sous-région de l'Afrique centrale.

Mon pays est en train de payer un lourd tribut pour avoir accepté l'appel de la communauté internationale en accueillant pour des raisons humanitaires des ressortissants des pays frères. Avec les conflits armés, notre économie et par voie de conséquence notre système de santé ont été fragilisés. Il nous semble juste que la communauté internationale, à l'appel de laquelle nous avions répondu, a le devoir de nous aider à nous relever de la situation actuelle. C'est pour cela que je lance un vibrant appel à l'Organisation mondiale de la Santé pour se joindre à notre plaidoyer en faveur d'une mobilisation des ressources nécessaires en vue du renforcement de notre système de santé, mais aussi à l'endroit de la communauté internationale pour soutenir la relance économique de notre pays. En effet, sans une croissance économique soutenue, la pérennisation des interventions efficaces dans le domaine de la santé est simplement aléatoire. Pour cela, la consolidation et la paix sont un préalable indispensable. Je vous remercie de votre aimable attention.

Mr JAKHRANI (Pakistan):

Mr President, ministers, excellencies, ladies and gentlemen, Pakistan, with a population of more than 165 000 000 has one third of the entire population of the WHO Eastern Mediterranean Region. Like the rest of the world, Pakistan faces multiple health challenges. These challenges have been compounded by the current financial and economic crisis. However, despite all the odds, the newly-elected democratic Government has placed health at the top of its development agenda and is committed to providing the best possible health services to our people. We understand that a healthy population is a prerequisite for national growth and development. In this regard, we took the initiative for a new comprehensive national health policy in consultation with all stakeholders. The policy is now in its final stages of completion and provides equitable and affordable health care to all citizens and is focused on revitalizing primary health care towards achieving national targets for the Millennium Development Goals by 2015. Our approach has been developed in accordance with the six vital building-blocks proposed by WHO. I would like to highlight Pakistan's national health scenario by focusing on three aspects: one, major initiatives taken by Pakistan in the health sector; two, challenges faced by Pakistan; and three, areas where we need international support and cooperation.

Major initiatives: since the launch of the Lady Health Worker Programme in 1994, our maternal mortality rate has improved from 600–800 to 350–400 per 100 000 live births. Similarly, the infant mortality rate has decreased from 180 to 89 per 100 000. In order to address maternal and neonatal health challenges, Pakistan launched a National Maternal, Neonatal and Child Health Programme in 2007. The Programme, aimed at addressing health needs of mothers and newborn children, works in tandem with the Lady Health Worker Programme at the grass-roots level. We have dedicated programmes on HIV/AIDS, tuberculosis, malaria, hepatitis, influenza control and blindness control. We are happy to announce that our tuberculosis control programme has achieved two output indicators of the Millennium Development Goals. Continuing with the same efforts, we are confident that we will achieve the tuberculosis-related Goals by 2015.

We are also in the process of launching programmes on noncommunicable diseases and strengthening of health systems. We are committed to achieving poliomyelitis eradication in Pakistan. Despite all odds, we are making consistent efforts towards achieving universal immunization. A measure of our commitment is the fact that, despite our financial constraints, our Government has already spent over US$ 74 million per year on a poliomyelitis-eradication programme.

Challenges: Pakistan is fighting extremism and militancy in the north-west of the country. These operations have displaced around two million people. Our biggest challenge is to provide urgent health services to this huge number of displaced persons. It is the responsibility of the international community to support Pakistan and provide humanitarian assistance to avoid a catastrophe. We call upon the Health Assembly to take notice of this humanitarian disaster and to assist Pakistan in overcoming this challenge. We also face the increasing burden of terrorism-related trauma, injuries and burns cases. Pakistan faces a health disease burden in both communicable and noncommunicable diseases. Among the communicable diseases, we face a high incidence of viral hepatitis and multidrug-resistant tuberculosis. Among the noncommunicable diseases we face a high incidence of cardiovascular diseases and diabetes. We face an increasing challenge of addressing the health-related needs of more than one million internally displaced persons concentrated in 11 relief camps in Pakistan. We also continue to face health-related problems resulting from the presence of over three million Afghan refugees.

Need for international cooperation and support: we appreciate and acknowledge the international support and assistance provided by both bilateral and multistakeholder donors, such as the United Nations agencies led by WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, the United Kingdom Department for International Development, the Japan International Cooperation Agency, the German and International Development Cooperation and the United States Agency for International Development, to name a few. While the support has enabled us to address the health needs of our population, much more needs to be done. Pakistan needs financial assistance and technical support in addressing the health needs of our population for particular diseases as well as for health system strengthening. We again call upon all international donors to come forward and address the immediate needs of the internally displaced people in Pakistan.

Lastly, turning to some of the precautionary measures taken by the Government of Pakistan regarding the influenza A (H1N1) 2009 pandemic, we have allocated 14 beds in all government hospitals to cater for any emergency and launched public-awareness campaigns on emergency preparedness, precautionary measures and identifying symptoms of influenza A (H1N1) 2009.

To conclude, I would say that yes there are challenges, yes there are difficulties, yes there are competing development and security requirements, but with persistent dedication, hard work and international support and cooperation, we are committed to overcoming the challenges and building a healthier Pakistan for our future generations. Thank you very much.

El Sr. MANTILLA OLIVEROS (República Bolivariana de Venezuela):

Señor Vicepresidente, señora Directora General, ministros y ministras de salud, delegados y delegadas, señoras y señores: Los felicitamos por la conducción y la organización de este importante evento. La República Bolivariana de Venezuela reconoce este importante esfuerzo.

La Organización Mundial de la Salud no puede permanecer silente frente a una grave crisis devastadora que, aparte de aumentar la pobreza, afecta la salud de los hombres y mujeres, niños y niñas del planeta.

Esta crisis originada en los países capitalistas más desarrollados, como consecuencia de la falta de regulación del sistema financiero, de la codicia de los banqueros, de la aplicación de medidas neoliberales, genera un impacto sin precedentes en la salud de la población del planeta que pone en riesgo centenares de miles de vidas, especialmente en los países más vulnerables.

Asimismo, amaneció abril con una epidemia cuyo origen no está claro y que ha puesto en zozobra a la comunidad mundial y que al mismo tiempo nos obliga a tomar medidas orientadas a preservar la salud como un derecho humano universal por encima de los intereses económicos y comerciales.

Ante esta situación, Venezuela ratifica la continuidad de la política de mantener la inversión en salud adoptada por el Gobierno revolucionario que preside Hugo Chávez Frías y al mismo tiempo hace un llamado a la comunidad internacional para asumir el compromiso de dar cumplimiento a los Objetivos de Desarrollo del Milenio a través de acciones para facilitar el acceso a los medicamentos y servicios de salud declarándolos como bienes sociales de la humanidad. Es una excelente ocasión para ver el pasado y el presente y asumir el compromiso de transformar el futuro con acciones concretas, convencidos de que sólo a través de una alternativa socialista los países podremos salir de la profunda crisis que el mundo atraviesa en este momento.

Es por ello que no podemos eludir el compromiso ético de avanzar en la construcción de sociedades con rostro humano, más justas e inclusivas, en las cuales la salud, como parte del derecho a la vida, debe estar al alcance de todos y de todas. Este es el modelo socialista que estamos construyendo en la República Bolivariana de Venezuela bajo la conducción y el liderazgo del Gobierno que preside Hugo Chávez Frías. Muchas gracias.

Le Dr BINAGWAHO (Rwanda):

C'est un honneur et un plaisir que de présenter devant cette auguste Assemblée le chemin que le Rwanda fait pour atteindre les objectifs du Millénaire pour le développement. En ce qui concerne la mortalité de nos citoyens, elle a diminué : en 2000, nous avions pour les enfants de moins d'un an, 107 morts pour 1000 naissances vivantes ; en 2007, ce chiffre est passé à 62. C'est un progrès, mais nous sommes quand même loin des 28 morts pour 1000 naissances vivantes que nous aimerions atteindre pour 2012. En ce qui concerne la mortalité des enfants de moins de cinq ans, il y a aussi une diminution : nous sommes passés de 196 pour 1000 naissances vivantes à 103 ; là aussi, nous sommes encore loin de notre objectif national qui est plus ambitieux que les objectifs du Millénaire pour le développement, à savoir 50 enfants qui décéderaient pour 1000 naissances vivantes. Les plus grandes causes de mortalité des enfants sont les infections pulmonaires, le paludisme, la diarrhée, la malnutrition ; bien sûr, l'année dernière, le paludisme est passé en troisième position alors qu'il était en première position, ce qui est aussi un objectif du Millénaire vers lequel nous faisons des progrès.

Ensuite, je voudrais signaler que le Rwanda, en termes de gouvernance du secteur de la santé, s'est amélioré en faisant signer à tous ses partenaires ce que l'on appelle « une approche sectorielle de la santé » : cela nous permet de beaucoup mieux coordonner leur action autour de notre politique et de notre stratégie nationale et d'aligner leur soutien sur nos priorités. Nous avons réussi à le faire au niveau central et nous sommes en train de le faire aussi au niveau du district parce que nous voulons planifier en partant de la base, de sorte que le plan national reprenne le plan global de tous les districts. Nous avons aussi pu créer un climat de confiance parce que nous avons 10 % de nos partenaires qui appuient directement le budget du secteur de la santé. Pour ce qui est de la planification, nous nous fondons sur des données concrètes qui proviennent de notre gestion électronique du système de santé. Nous gérons les grands programmes électroniquement, depuis le moindre centre de santé jusqu'au sommet, nous gérons ainsi la réponse au VIH, le programme de lutte contre le paludisme, l'épidémiologie nationale, les biens du secteur privé et les ressources humaines du secteur de la santé. Nos grands défis sont et restent la santé maternelle et infantile, la croissance de la population, la nutrition, les finances du secteur santé, les ressources humaines en quantité et en qualité, le renforcement du secteur de la santé et les infrastructures sanitaires. En ce qui concerne la population, nous avons un taux de fécondité de 5,5 contre 6,4 précédemment : il y a donc une amélioration, mais, malgré tout, nous voulons mettre l'accent sur le planning familial, une grande priorité de notre Gouvernement. C'est un défi aussi parce que nous avons 57 % de notre population qui a moins de 18 ans, c'est-à-dire une population qui est en âge de se reproduire ; on doit la convaincre d'avoir au maximum deux enfants par couple : ce n'est pas chose aisée si on veut pouvoir maîtriser la croissance de la population. Nous avons essayé de donner confiance à la population dans le système de santé, en améliorant la qualité et la quantité des soins et en lui donnant un système d'assurances de soins de santé appelé « mutuelles ». Quelque 92 % des Rwandais sont affiliés à une assurance-santé, soit par l'assurance des fonctionnaires, soit par l'assurance privée. Une loi a été promulguée qui prévoit que le Gouvernement est censé payer pour ceux qui ne peuvent pas s'assurer. L'espérance de vie s'est accrue de quatre ans, comme on a pu le lire récemment dans la dernière étude de la Banque mondiale. Ces mesures ont augmenté la consommation des soins préventifs et des soins curatifs, d'où une diminution de la mortalité. Vous voyez donc qu'en donnant confiance au système de santé, les familles comprendront que leurs enfants risqueront moins de mourir.

Une autre stratégie est la mise à disposition de contraceptifs au niveau local par des agents de santé communautaires volontaires ; on a vu une augmentation de 10 % en 2000 à 27 % en 2005, soit presque trois fois la consommation de contraceptifs par les ménages en âge de se reproduire. Mais il y a encore du chemin à faire : notre objectif national est que 70 % des ménages en âge de se reproduire utilisent des moyens de contraception. Nous avons encore un taux de mortalité maternelle élevé, même si nous sommes passés de 1071 cas en 2000 à 750 cas pour 1000 naissances vivantes en 2005. Le problème est lié au fait que notre pays est montagneux et présente des difficultés de transport : en effet, les transports médicalisés n'arrivent pas à la maison de tout un chacun. Voulant changer cela, nous avons commandé massivement des ambulances. En arrivant à Genève, j'ai appris que 54 d'entre elles sont en cours de livraison. Nous allons aussi rénover 90 maternités et équiper tous les centres de santé du pays en matériel de réanimation néonatale et en moyens d'accouchement sans danger. Avec environ 500 centres de santé et hôpitaux, le Rwanda est bien desservi, mais le problème reste encore l'accès du fait que le pays est très montagneux.

Pour ce qui est de la nutrition, nous avons un taux de malnutrition élevé : 45 % des enfants de moins de cinq ans, dont 4 % souffrent de malnutrition chronique et 1 % de malnutrition sévère et aiguë. Nous combattons cela en visitant chaque maison pour mesurer les enfants et amener les enfants mal nourris dans les services de soins ; cette grande campagne qui s'étale sur deux semaines est couplée à des messages qui incitent à changer le comportement des populations. Un exemple : dans notre culture, on ne boit pas le lait de chèvre alors que les chèvres, nombreuses, pourraient être une source de protéines ; on voudrait changer des habitudes de cette sorte, mais il est difficile de combattre la culture ; je suis sûre qu'on y arrivera. On fait aussi la promotion des jardins potagers et on encourage une nutrition plus équilibrée ; la malnutrition est surtout due à l'ignorance, ce n'est pas nécessairement le manque de nourriture qui est la cause mais la mauvaise utilisation de ce que l'on a. Comme nombre de pays africains, nous avons une pénurie de ressources humaines pour la santé. Nous élaborons actuellement une stratégie et un plan de ressources humaines pour le secteur de la santé en

visant la structure suivante : avoir dans chaque district cinq spécialistes : un pédiatre, un gynécologue, un spécialiste des maladies internes, un chirurgien et un anesthésiste. Nous avons aussi envoyé 60 jeunes médecins se spécialiser à l'étranger et entre-temps nous avons recruté des médecins étrangers pour combler les besoins immédiats.

Comme je le disais au début de ma présentation, la pénurie de ressources humaines a été comblée grâce à notre gestion électronique du système de santé. En ce qui concerne le VIH/sida, 70 % des personnes séropositives qui ont besoin d'antirétroviraux sont sous traitement actuellement ; je crois qu'on peut dire que nous avons atteint la couverture universelle, mais il ne faut pas s'arrêter là : en effet, toutes les personnes séropositives vont prochainement entrer dans le stade sida et il faut donc prévoir des traitements pour elles aussi.

En conclusion, je peux vous dire que si nous avons des défis à relever, notamment en matière d'infrastructure, d'augmentation de la population, de pratiques culturelles et de ressources humaines, nous avons aussi un plan qui, j'en suis certaine, nous permettra d'atteindre les objectifs du Millénaire pour le développement. Je vous remercie de votre attention.

Mr SCHMALE (International Federation of Red Cross and Red Crescent Societies):

Mr President, thank you very much. And congratulations to you and the General Committee on your election. But first let me congratulate the distinguished representative of Rwanda on her comment in her statement that I think we all have to remember; it is about the importance of trust in the health-care system. This is one of the things that we are all about in the Red Cross and Red Crescent movement, and it is very reassuring to have it said so strongly by the representative of a valued partner today.

We are very pleased to see that the theme for this debate has been set around the impact of the current financial and economic crisis on global health. It is an extremely important subject because it conveys a message all by itself about the importance of ensuring that resources are available for health and health-care services. With our worldwide network of National Red Cross and Red Crescent societies, present in virtually every community in the world and with the strength of its enormous resource of trained volunteers, we have a window into the real experiences of real people as they confront this crisis. We see the suffering which comes from unemployment, from the failure of pension schemes, the curtailment of national social security services, the loss of economic opportunities through reduced trade and exports, and the difficulties faced by people in so many countries in obtaining food, housing, fuel and the necessities of life. We also detect an increase in some countries of calls to national telephone help lines; some of them are operated by our member national societies in their role as auxiliaries to the public authorities, and from that we can see the statistics on the basis of these calls for help from individuals in mental pain in their communities.

In many countries, our national societies are working alongside their government's safety net services and helping find ways to bring the population safely through this financial crisis. We see two main areas of involvement which now need priority attention if WHO is to make an effective contribution to this safe passage. First, there must be sustained investment in the promotion of prevention, with prevention being kept high in the health policy agendas of all governments and their partners. It is also clearly important that prevention measures are accessible to all vulnerable groups. This, in turn, requires careful assessment of vulnerability, which will frequently require different methodologies from those used by most governments. For example, community-assessment tools used at the grass-roots level. This is important as the groups at risk identified at the community level will often be different from groups identified as vulnerable among a wider national population. Secondly, to achieve this assessment and to provide the right care and support there must be much more participation of communities in the design and implementation of programmes. This must include women and young people. Youths, in particular, are facing special vulnerability and risk because of the crisis, and the role of women in such community programming is obvious. For the population to enjoy good health at a time like this, they also need to be confident in the future of the programming done for their benefit. An important contribution governments should make to this will be through taking measures to build a culture of prevention which has within it an atmosphere of trust. And I once against thank the distinguished representative of Rwanda.

The culture of prevention contributes to national development and growth, and shows the population the value of health as a development asset. In Viet Nam, for example, the Viet Nam Red Cross is working with the Ministry of Health on a programme of mass poultry vaccination, which is linked to human health programmes that help communities to maintain their economic potential while improving their own health standards. Similarly, in Africa, the bednet and vaccination programmes managed by the Red Cross and Red Crescent Societies alongside governments in countries most affected by malaria and measles have helped many people be much more free from concerns about their well-being and much more able to contribute to economic recovery. These considerations apply to our work against poliomyelitis and had there been more time available, I would have spoken on the importance, in this case, of ensuring that resources provided actually reach the communities concerned. Because without healthy citizens, it is virtually impossible for any country to develop and grow.

We urge all governments to recognize this point much more explicitly, and to engage their Red Cross or Red Crescent National Society partner to determine how best to meet this vital national preventive need at this time of crisis and to maintain the prevention programme into the future in recognition of its contribution to development and growth.

In other words, health ministries should seize the opportunity that any crisis like this presents to bring to their finance ministries and the whole of government a clear understanding of the essential need for a healthy population if the country is to recover and maximize its economic potential. So I close by restating the point that it is very important that ministers go from this Health Assembly back home to ensure that the resources they obtain through their budgets and the resources they get from international assistance do indeed go to the people in need. And we can help make sure that happens. Thank you very much.

Mr GAWANAS (African Union):

Mr President, Director-General, honourable ministers, it is an honour for me to address you on behalf of the 53 African Union Member States. Allow me to congratulate you, the Honourable President of the Health Assembly, on your election to steer the Sixty-second World Health Assembly, and also support the work of WHO during your term in office. As has been underscored by most statements, one of your first responsibilities is the response to the influenza A (H1N1) 2009 pandemic. Fortunately, WHO and other stakeholders have already done commendable work and provided leadership, information, updates and tools for emergency preparedness and response. This is a good example of where the world must act as one family to solve a global health challenge.

I would also like to commend WHO, led by Dr Margaret Chan for the untiring efforts to promote health around the world and particularly in developing countries which have faced a very heavy burden of disease. I wish to take this opportunity also to congratulate Mr Michel Sidibe on his election as the new Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Africa appreciates the contributions of other United Nations agencies and various other development partners, foundations and funding initiatives and commends them for their increased resource mobilization which has saved lives, reduced the numbers of orphans and vulnerable children and improved the general well-being of many families. We also commend the global initiatives which have facilitated developing countries' endeavours towards universal access to comprehensive services and achievement of the Millennium Development Goals. We are all aware that these initiatives will bear fruit with strong health systems and assurance of universal access to primary health care, provided there is good coordination and harmonization of related health partnerships.

In spite of the current economic crisis, food security and good nutrition should be kept high on the WHO and global development agenda as well as the issues of maternal health. This directly relates also to addressing the immense challenges of climate change.

The African Union Ministers of Health recently convened in Addis Ababa, Ethiopia, under the theme "Universal Access to Quality Health Services: Improve Maternal, Neonatal and Child Health". This was because Africa is strongly convinced that improving maternal and child health is fundamental to the promotion of socioeconomic development. In this regard, a campaign for

accelerated reduction on maternal mortality in Africa was launched, with the slogan "Africa cares: no woman should die while giving life". The July 2010 summit will also focus on the theme of maternal, neonatal and child health, and in preparation for that important debate, I think all initiatives on maternal health are welcome. I would like to add my voice to that of the Secretary-General of the United Nations and Mrs Sarah Brown, with whom I have the privilege to co-chair the High Level Leadership Group on Maternal Mortality, when they put the centrality of women's lives on your health agenda. I would therefore conclude by urging all WHO Member States to promote public–private partnerships, to promote access to medicines and commodities as well as strengthening health systems. This is also necessary for the control of neglected tropical diseases and mental illness. With individual and collective commitment at all levels and good coordination, we will attain our goals sooner rather than later.

Before I conclude, the African health ministers have declared the last Friday of every February as "Africa Healthy Lifestyles Day". And we join the world in action to counter the intensifying burden of noncommunicable diseases. As much as we should promote international solidarity, I think it is also important to promote inter-African solidarity because every life that is lost on the continent is a life lost for Africa. I thank you.

Mrs PICTET-ALTHANN (Order of Malta):

Mr President, distinguished delegates, on behalf of the Sovereign Order of Malta I wish to congratulate you, Mr President, on your election to the Sixty-second World Health Assembly and wish you, as well as the members of the General Committee much success in your task.

During 2008 and 2009 the Order of Malta has continued to expand its health activities around the world. Although small in territorial surface, the Order has provided health care, shelter and assistance to populations in need, of all religions and races, which are equivalent in number to medium-sized States. Indeed, we are present with programmes in 120 countries and recognized as sovereign by more than half of the States represented at this Health Assembly. This recognition is important, as it facilitates our mission in support of the sick, the poor and the refugees in your countries. Since the last Health Assembly, diplomatic relations have been established with four new states: the Bahamas, Canada, Sierra Leone and Ukraine.

Obviously, the Order of Malta is present in the hot spots of humanitarian and health disasters. In Sri Lanka its emergency aid for internally displaced civilians focuses on improving sanitary conditions in the camps by distributing hygiene kits accompanied by counselling. In Pakistan, we are also assisting, with medical teams, persons displaced by recent events in the Swat valley. In the Democratic Republic of the Congo, the Order supports more than 350 health centres, carries out vaccination campaigns and offers medical and psychological care for abused women and assistance for trauma patients. Programmes in Darfur include similar health-care and rehabilitation activities. Following the outbreak of the cholera epidemic in Zimbabwe, the Order supported an immediate relief programme by providing medical supplies and equipment. Furthermore, the Order has had ongoing activities in less visible regions or in areas in which a follow-up of reconstruction was and is still needed, such as in Haiti, Indonesia and Pakistan.

The Order of Malta provides assistance both upstream and downstream through disaster preparedness, as for example by raising homes above flood water levels in India or ensuring drinking-water and reconstruction after earthquakes. Its presence, for several years now, in vulnerable regions through a local infrastructure enabled the Order of Malta to assist immediately those in need following recent natural disasters such as those in Myanmar and Italy. One year after Cyclone Nargis the Order continues its relief programme in the Irrawaddy Delta. Focus areas of work are health care, water, sanitation and hygiene. In central Italy last month we saved lives by intervening on the very first day of the earthquake with trained sniffer dogs, thus ensuring the rescue of survivors. Medical personnel, rescue workers and specialized nurses are currently continuing the Order's assistance to displaced persons in the camps' medical centres. The illnesses treated by the Order's Hospitaller services and by its worldwide relief organization range from communicable diseases, mainly tropical ones, to psychological consulting for victims of violence and non-transmissible diseases such as Alzheimer's.

The Order of Malta has also initiated care for forgotten victims such as albinos in Africa, who suffer not only stigma but also discrimination and persecution. This is due to ancient beliefs, very difficult to overcome in a few generations. Hundreds of thousands of African albinos live in fear for their physical integrity and deserve psychological and medical attention in order to avoid premature blindness and deadly skin cancers. In recent months, the Order of Malta has also supported the Japanese delegation's efforts at the United Nations Human Rights Council in introducing a resolution calling for the elimination of discrimination against persons affected by leprosy and their family members. In Sudan, for instance, the Order's worldwide relief agency, Malteser International not only supported leprosy-screening programmes, but also organized community events to discuss the dignity of leprosy patients. Our new clinical research programmes to improve detection and treatment of leprosy are progressing and new findings could be discussed at a medical symposium gathering of interested parties in 2010.

In summary, the Sovereign Order of Malta is increasing its health-related actions at all levels: prevention, treatment, recovery and follow-up on all continents, not only for visible patients but also for forgotten ones, and we thank WHO Member States for their support in its mission. Thank you, Mr President.

Archbishop ZIMOWSKI (Holy See):

Mr President, I wish to present the Holy See's sincere congratulations and good wishes on your appointment to this important office. Recently appointed by His Holiness Pope Benedict XVI as the President of the Pontifical Council for Health Pastoral Care, I consider it a great honour to share with the delegates at this Sixty-second World Health Assembly some of the reflections and concerns of the Holy See. In relation to the impact on health and health care during this period of global economic crisis, the Holy See shares the preoccupation already expressed by other delegates. The current crisis has raised the spectre of the cancellation or drastic reduction of external assistance programmes, especially for less-developed countries. This will dramatically jeopardize the state of their health systems, which are already overburdened by endemic, epidemic and viral diseases. Pope Benedict XVI in his message to the G-20 observed that "the way out of the current global crisis can only be reached together, avoiding solutions marked by any nationalistic selfishness or protectionism". He therefore calls for "a courageous and generous strengthening of international cooperation, capable of promoting truly humane and integral development".

My delegation also wishes to point out the great importance and the particular responsibility that is carried by faith-based organizations and thousands of Church-sponsored health-care institutions in the provision of support and treatment to those living in poverty. The increasing financial burden placed on governments during this economic crisis is felt even more acutely by the Church-sponsored institutions that are often deprived of access to government or international funding and yet persevere in the struggle to serve those most in need. The values that motivate such service on the part of faith-based organizations, in addition to the overriding value of the sacredness and dignity of human life, include some of the same principles articulated in the resolution on primary health care being considered by this Health Assembly. I refer to principles such as equity, solidarity, social justice and universal access to services.

In 1998 the Pontifical Council for Health Pastoral Care – prompted by WHO – conducted research in local churches on the challenges faced by the international community in the attainment of health for all. The results of this enquiry showed that one of the greatest challenges was the implementation of the principle of equity. A decade later, I am afraid that this challenge still holds in most countries. My delegation therefore notes with great attention the resolution concerning the social determinants of health, proposed for passage by this Health Assembly, and is particularly interested in the urgent plea contained therein for governments "to develop and implement goals and strategies to improve public health with a focus on health inequities". Furthermore, there is a shared concern for the millions of children globally who do not reach their full potential due to the serious gaps in health equity. This same concern was addressed by Pope Benedict XVI to the participants at the 2008 International Conference of the Pontifical Council for Health Pastoral Care, when he called for "a decisive action aimed at preventing illnesses as far as possible" among these children and when

they are present, treating them "by means of the most modern discoveries of medical science as well as by promoting better standards of hygiene and sanitation, especially in the less fortunate countries".

We cannot allow such defenseless children, their parents and other adults in low-income communities throughout this world to become even more vulnerable as a result of the global economic crisis, which is largely fuelled by selfishness and greed. Thus, the Holy Father insists that we "need a strong sense of global solidarity between rich and poor countries, as well as within individual countries, including affluent ones. A common code of ethics is also needed, consisting of norms based not upon mere consensus but rooted in the natural law inscribed by the Creator on the conscience of every human being" because "justice cannot be created in the world solely through good economic models, necessary though they are. Justice is achieved only if there are upright people". Thank you, Mr President.

Dr Ching-chuan YEH (Chinese Taipei):

Thank you Mr President for giving me the floor. On behalf of Chinese Taipei, I would like, first of all, to congratulate you on your election as President of this year's Health Assembly and assure you of my support and cooperation. It is a great privilege for Chinese Taipei to participate in the Sixty-second World Health Assembly as an observer. I would like to express my most sincere gratitude to Director-General Dr Chan and her staff in the Secretariat who invited us and helped with all the arrangements.

In a world where diseases transcend national borders, international health affairs require broader multilateral cooperation. The participation of Chinese Taipei in the Health Assembly is imperative, as the world is witnessing the threat of a possible influenza A (H1N1) 2009 pandemic at this juncture. Only by uniting together can the world be capable of fighting against transnational health threats. For all these years, WHO has served as a pivotal and reliable platform for all international health matters. We therefore cherish this opportunity to work alongside our counterparts from all over the world. Chinese Taipei will therefore continue to abide by the norms and rules of the international health community, and will cooperate with all WHO Member States in the global health arena. We are able and willing to contribute to the work and activities of WHO. We are the frontrunner in viral hepatitis control, tobacco control and e-health internationally. I pledge that we will contribute more to the international community starting today. We believe that the inclusion of Chinese Taipei in those WHO activities will undoubtedly strengthen the world's ability to deal with public health emergencies.

WHO has always played an important role in disease control. We are very happy to announce that we have already joined the International Health Regulations network this January. This is a significant step forward for Chinese Taipei. And for the world, there will be one less breach in WHO's line of defence against pandemic influenza. We have mobilized our biotechnology and pharmaceutical industries to join in this battle. We are willing to share with you our new advances and experiences. I have full confidence that united we can meet the challenges of this pandemic influenza.

Mr President, the participation of Chinese Taipei is not only for the benefit of the 23 million people in Taiwan but also in the best interests of the 6.8 billion around the world. I thank you again for giving us the opportunity to benefit from the collective wisdom of this great organization and in return to make our contribution. I wholeheartedly wish every success for the Sixty-second World Health Assembly. Thank you. *Cheche!*

Le PRÉSIDENT :

Je remercie le distingué délégué de Taipei chinois. Notre séance touche à sa fin. À ce niveau, Mesdames et Messieurs, merci de votre attention soutenue. La séance est levée.

**The meeting rose at 18:20.**
**La séance est levée à 18h20.**

## FIFTH PLENARY MEETING

**Wednesday, 20 May 2009, at 09:20**

**President:** Mr N.S. DE SILVA (Sri Lanka)

## CINQUIÈME SÉANCE PLÉNIÈRE

**Mercredi 20 mai 2009, 9h20**

**Président :** M. N.S. DE SILVA (Sri Lanka)

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

The PRESIDENT:

The Health Assembly is called to order.

This morning, the Health Assembly will consider the first report of the Committee on Credentials which held its meeting yesterday, under the chairmanship of Mr Joseph M. Casals Alis of Andorra. The report is contained in document A62/42 which you have all received. Does the Health Assembly wish to comment on the report? In the absence of any comments, does the Health Assembly agree to approve this report? I see no objection. The report is therefore approved.

### 2. EXAMINATION OF CREDENTIALS
### VÉRIFICATION DES POUVOIRS

The PRESIDENT:

In addition to this report, I have been informed by the Secretariat that, since yesterday's meeting, formal credentials have been received from Colombia and Luxembourg which had previously submitted provisional credentials, as is reflected in the Committee's report. In accordance with previous practice, I have examined the formal credentials of these Member States and have found them to be in keeping with the Health Assembly's Rules of Procedure. I would therefore recommend to the Health Assembly that Colombia and Luxembourg be accepted as having formal credentials.

Does the Health Assembly agree with this procedure? I see no objection. It is so decided.

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[1] See reports of committees in document WHA62/2009/REC/3.

[1] Voir les rapports des commissions dans le document WHA62/2009/REC/3.

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

The PRESIDENT:

We shall now resume our discussion on item 3 of the agenda. The first two speakers on my list are Djibouti and Belgium. May I invite them to come to the rostrum. I give the floor to the distinguished delegate of Djibouti

M. ABDILLAHI MIGUIL (Djibouti):

Monsieur le Président, Mesdames et Messieurs les membres du Bureau, Mesdames et Messieurs les Ministres, Madame le Directeur général de l'OMS, honorables délégués, Mesdames et Messieurs, permettez-moi tout d'abord de féliciter le nouveau Bureau de la Soixante-Deuxième Assemblée mondiale de la Santé et son Président pour leur élection et de leur souhaiter un mandat fructueux en ces temps de globalisation des épidémies émergentes et de crise financière mondiale. Permettez-moi également de rendre hommage au Directeur général de l'OMS, le Dr Chan, dont j'ai pu apprécier en tant que membre sortant du Conseil exécutif de l'OMS, la réactivité exemplaire et l'engagement sincère en faveur de la santé des populations.

Au cours de ces trois dernières années, mon pays, représenté dans les instances exécutives de l'OMS et du Fonds mondial de lutte contre le VIH/sida, le paludisme et la tuberculose, a fait de son mieux pour contribuer efficacement aux travaux de ces organes et aux efforts de plaidoyer qu'impliquait cette fonction notamment pour la mobilisation de ressources financières en faveur de la lutte contre les trois maladies. Mon pays, la République de Djibouti, est engagé dans un processus de réforme du secteur de la santé qui se caractérise par des efforts budgétaires, avec une augmentation régulière qui a permis de passer en moins de quatre ans, de 4 % à 12 % du budget national, soit plus de 300 % d'augmentation. Cette augmentation se justifie par le développement quantitatif et qualitatif des ressources humaines, le renforcement du plateau technique, y compris le recours à des technologies modernes, en vue de renforcer les capacités d'investigation et des soins spécialisés de nos infrastructures, ainsi que l'extension des structures sanitaires de base conformément aux normes de la carte sanitaire que nous nous sommes fixés. Malgré tous ces efforts, je dois avouer que nous sommes loin de satisfaire les besoins sanitaires de nos populations, d'autant que l'émergence des nouvelles crises mondiales n'arrange rien. Au niveau de la Corne d'Afrique, où est situé mon petit pays la crise sanitaire est surtout la conséquence du durcissement des conflits armés et de la sécheresse récurrente dont les foyers ne cessent de s'étendre, créant une charge supplémentaire pour notre système de santé : car nous accueillons continuellement sur notre territoire des personnes en détresse, fuyant les affres de la guerre ou les sols arides. Cette situation mérite une attention particulière de la part de la communauté internationale.

Je partage les préoccupations de mes collègues qui se sont exprimés avant moi à propos de la crise financière mondiale dont les effets dévastateurs ne se limiteront pas au secteur économique, mais qui risquent de mettre en péril tous les efforts entrepris dans le cadre de la réalisation des objectifs du Millénaire pour le développement, en particulier ceux liés à la santé. Ma plus grande crainte est que cette crise remette en cause les engagements du Millénaire qui, il faut bien le dire, ont valeur de pacte entre les pays en développement d'une part et les pays développés et les institutions financières internationales d'autre part. Aussi, plutôt que le désengagement ou le repli sur soi, la voie salutaire pour tous reste l'adaptation des mécanismes innovants de mobilisation et de gestion rationnelle des financements.

L'apparition de la grippe A (H1N1) et sa progression fulgurante constituent un défi de santé publique auquel nous devons faire face dans l'unité et la cohésion. Cette situation gravissime montre également toute l'importance d'adhérer aux dispositions du Règlement sanitaire international – et de l'appliquer individuellement – qui reste le seul outil capable de nous épargner des débordements et de stopper la progression du virus A (H1N1), et d'un éventuel virus recombiné puisque l'hypothèse n'est pas à écarter selon les spécialistes de la santé. Nous devons tous soutenir les efforts de l'Organisation

mondiale de la Santé qui, sous la houlette du Dr Chan, fait tout son possible pour nous informer et orienter nos actions en temps réel sur l'évolution de la grippe.

Je ne pourrai conclure mon allocution sans évoquer la situation sanitaire de la Palestine ainsi que celle qui prévaut en Somalie. Les conditions sanitaires de ces populations interpellent la communauté internationale et nous ne pouvons pas rester sans rien faire. C'est pourquoi, je lance un appel solennel pour que le rapport diligenté par l'OMS, qui avait pour mission de faire le point de la situation sanitaire de la Palestine, soit diffusé en sa version complète et que des solutions d'urgences soient apportées à ces populations dont la dernière agression militaire israélienne dans la Bande de Gaza n'a fait qu'aggraver une situation sanitaire déjà catastrophique. Enfin, Monsieur le Président, je lance un appel solennel à l'ensemble des pays Membres pour qu'ils apportent une assistance humanitaire à la population somalienne victime d'une guerre civile qui dure depuis plus de 20 ans et qui est aujourd'hui sous le feu du terrorisme international.

Mme ONKELINX (Belgique):

Monsieur le Président, avant tout, un grand merci à toutes les équipes de l'OMS et à son Directeur général évidemment pour le soutien dans le combat que nous menons contre le virus A (H1N1). En quelques mots, si je devais souligner l'élément le plus intéressant en matière de coordination internationale, ce serait le Règlement sanitaire international (2005). Et s'il fallait insister sur les améliorations pour l'avenir, ce serait dans le sens d'une augmentation de l'échange d'informations en temps réel. En effet, pour le combat que nous menons dans un contexte globalisé, en cette ère de technologies avancées, la circulation de l'information en temps réel est tout à la fois essentielle et à notre portée.

Cela étant dit, à cette heure de crise sanitaire, on en oublierait presque que nous nous trouvons engagés dans une crise économique et financière globale de grande ampleur, qui rend plus périlleux encore, le défi de financer nos soins de santé. Tout étant dans tout, dans ce village global, j'ajouterai aussi que la pandémie pourrait rapidement, s'il y avait des complications – j'espère que ce ne sera pas le cas – poser le principal obstacle à une reprise après la crise, avec la réduction des déplacements et de la consommation, les journées chômées, et sans parler bien entendu, des décès dus au fléau. Quel cauchemar, si une crise nourrissait l'autre, et inversement. Or un système de santé solide offre une formidable protection contre l'une et l'autre crise. J'ai dit le surcroît de difficulté à financer les soins de santé. « Surcroît » parce qu'il n'a pas fallu la crise pour mesurer le défi croissant que constituait le financement des soins de santé. En effet, la pression exercée par le vieillissement de la population et le développement de nouvelles technologies entraîne une croissance mécanique des dépenses de santé. Nous avons dès lors tous peur, dans nos pays respectifs, des futurs budgets et des difficultés à défendre l'augmentation de nos budgets. Dès lors, je pense qu'il faut rappeler que la croissance des dépenses en soins de santé est certes nécessaire pour le bien-être de la population, mais qu'elle provoque aussi une haute valeur ajoutée sociale et économique. La santé, c'est de l'emploi – un gros pourvoyeur d'emplois – et la santé c'est de la croissance économique : par exemple le système social solidaire joue un rôle important dans les secteurs des médicaments et des technologies médicales. C'est tout le travail de conviction que nous menons dans mon pays où nous avons voulu que le système des soins de santé soit universel, accessible et de grande qualité : nous avons plaidé et obtenu depuis un certain nombre d'années une croissance de 4,5 % par an au-delà de l'inflation ; c'est un combat de tous les jours, mais c'est vraiment un combat nécessaire pour nos populations.

Cela étant dit, seul un système efficient et transparent des soins de santé jouit aussi de la crédibilité nécessaire. Il faut dans l'administration des soins de santé comme dans celle des marchés financiers par exemple autant de rigueur, ni moins, ni plus. Ainsi, le remboursement des nouveaux médicaments ou des nouvelles procédures doit-il se faire en fonction de la plus-value scientifiquement démontrée. De même, la qualité des soins doit nécessairement être mesurée ; l'universalité des soins n'a évidemment de sens que si ces soins sont de qualité. Autant d'angles d'approche où la coopération internationale peut évidemment donner sa pleine mesure. L'Organisation mondiale de la Santé peut ici prêter ce soutien essentiel à ceux d'entre nous dont les systèmes de santé peinent davantage à freiner la spirale des coûts et la fuite des professionnels. Même dans les systèmes de soins universels et solidaires de haute qualité, on remarque l'existence d'une accessibilité différenciée des groupes

sociaux à la santé, particulièrement dans le domaine des maladies chroniques. Ma crainte est que la crise accentue l'impact de ces déterminants sociaux de la santé. Il nous faudra évidemment avoir beaucoup de vigilance dans les années à venir. Sur le plan international, la crise – les crises – risquent d'encourager le chacun pour soi ; je crois au contraire qu'elle devrait nous inciter, conformément aux conclusions d'Oslo, à travailler davantage les uns avec les autres. C'est la raison pour laquelle la Belgique contribuera, par exemple, au Fonds d'urgence pour la santé publique pour l'achat de vaccins et d'antiviraux, si ce Fonds est réellement constitué selon le vœu du Dr Chan que j'encourage dans sa démarche.

Parce que l'humanité est une et qu'il est vain d'évoquer la solidarité en interne si c'est pour pratiquer son antithèse sur le théâtre international ; c'est ensemble que nous sommes les plus forts face à l'adversité, que celle-ci se prénomme « grippe », « cancer » ou « tuberculose ». À nous, à la solidarité. Merci de votre attention.

Dr AL-HASNAWI (Iraq): الدكتور الحسناوي (العراق):

بسم الله الرحمن الرحيم،

وقل اعملوا فسيرى الله عملكم ورسوله والمؤمنون صدق الله العظيم،

السيد رئيس الجمعية السيدة المديرة العامة، السلام عليكم ورحمة الله وبركاته، السادة ممثلي الدول الأعضاء،

إنه ليشرفني أن أكون معكم في هذا اليوم، وأنقل لكم تحيات الشعب العراقي وتحيات قائده وتحيات مسؤوليه. سادتي لقد حرصت جمهورية العراق على المشاركة في كافة النشاطات والفعاليات الدولية الهادفة إلى تحقيق صحة الشعوب من خلال تعزيز وتقوية التعاون والتنسيق مع المنظمات الدولية بشكل عام ومنظمة الصحة العالمية بشكل خاص. إن العراق يولي اهتماماً متميزاً بصحة المواطن ويعتبرها ركيزة أساسية للتنمية المستدامة إضافة إلى كونها من الحقوق الأساسية للمواطنين التي نص عليها الدستور الجديد في العراق الجديد.

في العراق يتم تقديم الخدمات الصحية الحكومية للمواطنين من خلال المؤسسات الصحية المنتشرة في عموم العراق بما يتناسب مع الكثافة السكانية وبما يؤمّن خدمات الرعاية الصحية الأولية والثانوية والثالثية المتيسرة لكل الناس كما يقدم القطاع الخاص خدماته للمواطنين. وتسعى وزارة الصحة إلى تطوير نظم رصينة وفعالة وتحسين هذه الخدمات كماً ونوعاً وجعلها متكاملة مع خدمات القطاع العام علماً بأن الخدمات الوقائية كافة تقدم مجاناً في العراق. ولقد تبنى العراق تطبيق نظام الرعاية الصحية الأولية منذ بدايته وتعمل وزارة الصحة على تطوير هذا النظام مع الصعوبة التي نواجهها الآن في وضع العراق السياسي والاجتماعي. ولقد عقدت مؤتمرات كثيرة لتطوير هذا الجانب وكان آخرها مؤتمر تطوير النظام الصحي المنعقد في بغداد في حزيران/ يونيو ٢٠٠٨ والذي خرج بتوصيات عديدة تدعم التكامل بين مستويات الرعاية الصحية وتطبيق نظام طب الأسرة ونظام الإحالة. ولعله من المناسب أن أعطيكم نبذه مختصرة عما يجري في العراق. أولاً خفض معدلات وفيات الأطفال حديثي الولادة وكذلك الرضع وكذلك بالنسبة إلى عموم الشعب العراقي والأمهات. ثانياً الحفاظ على خلو العراق من شلل الأطفال وللعام التاسع وكما أكد على ذلك الرصد الوبائي الفعال حيث أن آخر حالة سجلت في العراق كانت في ٢٨ كانون الثاني/ يناير ٢٠٠٠ والعمل جار على الحصبة والكزاز الوليدي والمضي نحو التخلص منهما. كذلك الملاريا لم تسجل إلا حالة واحدة في عام ٢٠٠٨. ثالثاً البدء بتطبيق برنامج الاكتشاف المبكر لارتفاع ضغط الدم والسكري وعوامل الخطورة للأمراض غير الانتقالية على مستوى الرعاية الصحية الأولية. رابعاً البدء بتطبيق نظام طب الأسرة ونظام الإحالة والتدبير المتكامل لأمراض الطفولة والمستشفيات الصديقة للأطفال والأمهات. خامساً تشجيع البحوث والدراسات الميدانية والاستفادة منها في وضع الخطط الاستراتيجية والتنفيذية. سادساً الاهتمام بتطوير خدمات الطوارئ وضمان مأمونية نقل الدم وتطوير الرصد الوبائي للإصابة بفيروس العوز المناعي والأمراض المنقولة جنسياً. سابعاً العمل على تطوير نظام المعلومات. ثامناً الاهتمام بتحسين الاكتشاف المبكر لحالة التدرن الرئوي. تاسعاً الاهتمام بسلامة الغذاء وهذا من الأمور الأخرى التي عملنا في العراق الجديد على تطويرها.

الحضور الأفاضل لابد أن نشكر أولئك الذين ساهموا في إعداد جدول أعمال هذه الدورة لما يتصف به من عملية وبرؤية مستقبلية واضحة للتحديات الكبيرة التي تواجه العالم خلال السنين القادمة. نحن في العراق

نرى بأننا جزء من المجتمع العالمي والمجتمع الدولي إن كان على مستوى الصحة أو على المستوى الاجتماعي أو الجانب السياسي لذلك نحن في العراق الجديد نود أن نفتح القنوات مع كل الدول في العالم للمساعدة على تطويره على المستوى الصحي وعلى المستويات الأخرى وأشكركم جميعاً وأشكر لكم استقبالي في هذه اللحظة المناسبة وشكراً لكم جميعاً.

El Sr. GARZÓN (Colombia):

Señor Presidente: Colombia venía trabajando en el Plan de Preparación para la Pandemia por virus H5N1, con algunas dificultades en la operatividad del mismo.

Ante la situación actual, se dio una muy importante respuesta a nivel institucional, tanto nacional como local, de manera coordinada; se ha trabajado en adaptar dicho plan y ejecutar los diferentes componentes requeridos, con énfasis en: definir y precisar líneas de mando; declarar la situación de desastre nacional, para tomar las decisiones requeridas; instaurar el Puesto de Mando Unificado; activar el Plan Nacional de Emergencias; activar los grupos técnicos de trabajo; fortalecer la vigilancia en los diferentes niveles, incluyendo el fortalecimiento de la red nacional de laboratorios; adecuar el marco normativo para la vigilancia y el control sanitarios en puertos, y activar los comités respectivos en los principales puntos de tráfico internacional; definir compra ponderada de antiviral e insumos para bioseguridad; adecuar las guías dirigidas a la comunidad, e implementar el Plan de comunicaciones; generar informe oficial cada día, de alertas, casos sospechosos, probables y confirmados. A 19 de mayo de 2009, hay 784 alertas, 226 casos sospechosos, un caso probable 12 casos confirmados y 545 casos descartados, 480 de éstos por laboratorio.

Se plantea a la Asamblea Mundial de la Salud: precisar los procesos como se definieron los cambios a la fase 4 y a la fase 5, y gran ponderación para definir la fase 6; precisar lo que representa la fase declarada a nivel mundial, con la situación que se presenta en dicho sentido, para cada país; tener una estrategia de ponderación y modulación, en las recomendaciones periódicas, de acuerdo al rumbo que tome el comportamiento de las infecciones por virus nuevo A (H1N1); precisar las implicaciones que tiene, la eventual recomendación de establecer reservas de antiviral y vacuna para el virus nuevo, en relación a otras necesidades de mayor impacto en salud pública, para los países en desarrollo; priorizar los enfoques de solidaridad y las estrategias más relevantes pora mitigar el impacto de esta situación, frente a los intereses comerciales de productores de medicamentos y otros insumos para atención de esta situación; aprovechar la coyuntura, para definir e implementar acciones adecuadas y equivalentes, para los riesgos generados por la influenza estacional y otros problemas de prioridad en países en desarrollo, como malnutrición, malaria, SIDA, Tuberculosis, entre otros; generar adecuadas estrategias de investigación, para la prevención, seguimiento e intervención de las diferentes causas de infección respiratoria aguda, en países de mayor vulnerabilidad, con apoyo solidario de los países desarrollados. ¡Mil gracias!

Dr RASA'A (Yemen): الدكتور عبد الكريم يحيى راصع (اليمن):

بسم الله الرحمن الرحيم،

شكراً سيدي الرئيس، أبارك لك بانتخابك رئيساً لهذه الدورة وأبارك للسادة المندوبين، وأتقدم بجزيل الشكر والتقدير للسيدة المديرة العامة مارغريت تشان على جهودها الكبيرة في مختلف الأمراض ومؤخراً في مكافحة الأنفلونزا من النمط A (H1N1).

تسعى الحكومات في مختلف الدول إلى تحقيق أفضل مستوى من الصحة لمواطنيها من خلال التخطيط المبني على البراهين والحقائق بغرض تقديم أفضل مستوى من الخدمات الصحية والتي من الواجب أن تتسم بالجودة وتيسير الحصول عليها وفعاليتها وعدالة توزيع جغرافيتها بين الفئات العمرية المختلفة.

ومما لا شك فيه أن أي تخطيط استراتيجي أو تخطيط عمليات قصير المدى في مجال الصحة وتقديم الخدمات لابد أن يرتكز على إطار موجه من السياسات والاستراتيجيات الصحية. هذه السياسات

والاستراتيجيات الصحية تأتي ترجمة لسياسات واستراتيجيات شاملة تضعها الدول بناءً على المعطيات المحلية والدولية والأهداف بعيدة المدى التي تسعى لتحقيقها بالإضافة إلى الموارد المتاحة.

وعلى الصعيد الدولي، وفي وضعنا الحالي وفي إطار العولمة والتي أضحى فيها العالم بمختلف قراراته وبلدانه وأجناسه كقرية واحدة تنتقل فيه المفردات متأثرة والمؤثرة على الصحة بدون حدود وتصبح فيه السياسات الصحية والاستراتيجيات المنبثقة عن الدول والحكومات موضع اهتمام مشترك من الجميع وتضع على عاتق النظم الصحية في هذه الدول مسؤولية التنسيق وضمان مواءمة السياسات والتوجهات المختلفة للتعامل مع هذه الأولويات والقضايا المشتركة.

إن العولمة بمختلف مفرداتها ومعطياتها لتشكل واحدة من أكبر التحديات التي تواجه النظم الصحية في بلداننا النامية منها والمتقدمة على السواء.

لقد طرحت العولمة علينا مشكلة الاعتماد على بعضنا البعض. ولقد بدأت البلدان المتقدمة في إصلاح نظامها الصحي وعليها أن تساعد الدول النامية في مواصلة الجهود في هذا التقدم.

ولعل أفضل مثال لهذه المسؤولية والتنسيق المشترك ما تعرضت له بلدان العالم خلال الأسابيع الماضية والمتمثل في وباء الأنفلونزا من النمط A (H1N1) الذي يتعاظم يوماً تلو الآخر خطر انتشاره في كافة أرجاء المعمورة مما يحتم علينا جميعاً العمل بشكل مشترك وبتنسيق مستمر في رسم السياسات ووضع الاستراتيجيات الكفيلة بحماية مواطني بلداننا وصحة مجتمعاتنا في إطار روح المسؤولية المشتركة، وفي إطار التنسيق لوضع السياسات والاستراتيجيات لاحتواء الوباء الحالي. وبمبادرة من الجمهورية اليمنية والتي ترأس الدورة الحالية الرابعة والثلاثون لمجلس وزراء الصحة بدول مجلس التعاون تم عقد اجتماع طارئ لوزراء الصحة في دول المجلس للتعاون في دولة قطر في الثاني من شهر أيار/ مايو الحالي بناءً على استضافة دولة قطر وذلك لبحث أوجه التنسيق المشترك والخروج برؤية مشتركة وسياسة متفق عليها لمكافحة هذا الوباء.

ويطيب لنا أن أشكر بامتنان منظمة الصحة العالمية ومديرها الإقليمي لقيامهما بدورهم التقني والمهني والإنساني في ظل الجهود الحالية لاحتواء خطر انتشار الوباء الحالي للأنفلونزا من النمط A (H1N1). وأخص بالذكر دورهم التنسيقي والتوجيهي في وضع السياسات والاستراتيجيات الدولية والإقليمية والمحلية لتوحيد الإجراءات الاحترازية وتكثيف الترصد لمكافحة هذا المرض وتوفير المخزون الاستراتيجي من الأدوية واعتماد المختبرات المرجعية. وإنني أدعو الخبراء والعلماء في المنظمة للإسراع في إنتاج اللقاح وتوفيره للدول جميعاً وعلى الخصوص الدول النامية وكذلك السماح لمصانع الأدوية في إقليمنا بتوفير الأدوية اللازمة من التاميفلو وكسر الاحتكار التي تمارسه شركات الأدوية. علينا أن نحمي بلداننا من الاحتكارات التي تحاول الربح في مجتمعات متضررة وأن نضمن للشعوب الفرصة لإتاحة تصنيع الأدوية واللقاحات لأن ذلك سينقذ الآلاف من الأطفال والأمهات.

لقد شكل الوضع الحالي واحداً من تحديات العولمة التي استدعت تعاون الجميع وتضافر الجهود على كافة المستويات للوقوف صفاً واحداً لمجابهتها. إلا أن التحديات تتجاوز هذا الإطار الوبائي حيث تواجه بلدان هذا العالم أجمع ونظمه الصحية تحديات أخرى ومنها التغير المناخي والأزمة المالية العالمية، هذا التسونامي الاقتصادي العالمي الذي هدد الدول الكبيرة والصغيرة على السواء، الأمر الذي يقتضي منا جميعاً السعي نحو تعزيز التعاون والتنسيق على مستوى دولي في وضع السياسات والاستراتيجيات وتعزيز القدرات المحلية في مجال تحليل الوضع الصحي ووضع الأولويات ورسم السياسات على المستويات الوطنية.

لقد أشار الأمين العام في كلمته إلى أن العمل الدؤوب يؤتي ثماره وأن التخطيط المسبق للجوائح قد ساعد المجتمع الدولي في مواجهة الجائحة وعودة إلى أهمية رسم السياسات والاستراتيجيات الصحية والتي تشكل الأساس الموجه للتخطيط الاستراتيجي والتخطيط لعمليات قصيرة المدى.

إن بلداننا النامية تسعى جاهدة لتحقيق المرامي الإنمائية للألفية بحلول عام ٢٠١٥ وبالأخص تلك المتعلقة بالصحة والمتمثلة في تخفيض وفيات الأطفال والأمهات ومكافحة الأمراض وعلى رأسها الأيدز والسل والملاريا. وفي إطار العولمة والالتزام الدولي تم التوقيع من قِبَل رؤساء وقيادات دول العالم على الإعلان الدولي الخاص بالألفية في عام ٢٠٠٠ وتكاثفت الجهود الدولية نحو تحقيق تلك المرامي وحشد الموارد المالية والتقنية الكفيلة بدعم الجهود الوطنية. ولقد استطاعت الجمهورية اليمنية أن تحقق تقدماً ملحوظاً في العديد من

المؤشرات المتعلقة بالمرامي الإنمائية في مجال الصحة إلا أنه لايزال يتوجب القيام بجهود كبيرة للوصول إلى تحقيقها خلال الأعوام الخمسة والنصف المتبقية.

ولقد استطاعت اليمن أن تترجم ذلك في المبادرات العالمية في هذا الجانب وهو الذي أثمر إعلان خلوها من شلل الأطفال بعد مرور أكثر من ثلاث سنوات على تسجيل آخر حالة إصابة بشلل الأطفال إلى جانب العمل الجاد نحو التخلص من مرض الحصبة والتي كانت تحصد الآلاف من أطفالنا سنوياً حتى عام ٢٠٠٥، بينما لم تسجل أي حالة وفاة بمرض الحصبة منذ عامين، وانخفاض الإصابة من ثلاثين ألف حالة إلى ثلاث حالات عام ٢٠٠٨. ويتواصل الحديث هنا عن مكافحة الأمراض السارية والقابلة للتمنيع والتي خطت بلادنا نحو الحد منها خطوات كبيرة من خلال رفع معدل التغطية بالتحصين الروتيني من ٥٦٪ عام ٢٠٠٦ إلى ٨٧٪ عام ٢٠٠٨ وعبر التوسع بالأنشطة الإيصالية التي تستوعب احتياجات جميع القرى والمواقع السكانية في الجمهورية برغم تشكلاتها. كما أننا مستمرون في مبادرة نحو التخلص من مرض الكزاز الوليدي وتحصين النساء في الفئات العمرية من ١٥ إلى ٤٥ سنة بخمس جرعات من اللقاحات حيث يتم تحصين ثلاثة ملايين ومائتي ألف امرأة في الفترة ٢٠٠٨-٢٠٠٩.

وتجدر الإشارة هنا إلى أن الحكومة تدفع جزءاً كبيراً من قيمة اللقاح مما جعل اليمن نموذجاً يُحتذى به فيما يتعلق بالاستمرارية المالية المتاحة لتعزيز الجهود في استمرار التحصين الروتيني.

وقد أدت هذه الجهود لانخفاض نسبة الوفيات من ١٠٢ لكل ١٠٠٠ طفل إلى ٧٨ لكل ١٠٠٠ طفل. ولعل من الملائم هنا أن نتناول جهوداً كبيرة بذلت في مكافحة الأمراض السارية الأخرى كالملاريا والبلهارسية والأيدز والسل. فبعد أن كانت اليمن إحدى أكثر الدول وبائية بالملاريا والبلهارسية والسل فإنها تشهد اليوم سيطرة حقيقية على هذه الأمراض مما يؤكد جديتنا في الترصد الوبائي والسيطرة على انتشار هذه الأمراض وخفض معدلات حدوثها والحد من تأثيراتها الخطرة على سلامة المجتمع.

غير أنه لابد من حض المجتمع الدولي على مساندة اليمن والدول النامية الأخرى في جهودها نحو مكافحة هذه الأمراض خاصة وأننا نتحدث عن عبء مراضة مزدوج يتطلب منا النظرة الجادة كذلك إلى الأمراض غير المعدية وفي مقدمتها مرض القلب والسرطان والداء السكري وأمراض العين وهي التي أخذت حظها من الاهتمام السياسي والتقني في اليمن.

ونحن نؤكد على أهمية الشراكة من المانحين والدول القادرة على الدعم في سبيل تعزيز النظم الصحية وتقديم حزمة متكاملة من الخدمات ذات الأولوية على المستوى الوطني نحو تعزيز الحالة الصحية ولدينا نموذج ناجح يتمثل في دعم التحالف العالمي للقاحات لتعزيز النظام الصحي الذي يقدم حزمة متكاملة من الخدمات في إطار سبعة من برامج الرعاية الصحية الأولية التي نعتبرها بوابة الصحة العامة في بلادنا.

إنني أتفق على ما طرحه الأمين العام للأمم المتحدة أن صحة الأمومة هي ميزان حرارة نظامنا الصحي وخدمات الأمومة هي أم الخدمات الصحية. وأتفق على ما طرحته السيدة سارة براون أن هدف الأهداف هو وفيات الأمهات وهو من مرامي الألفية الثالثة وعلينا أن نسعى جميعاً إلى تحقيقه.

نحن بحاجة إلى نظام صحي عالمي عادل لمواجهة المخاطر الصحية ولمواجهة الأزمة الاقتصادية العالمية التي تهدد أساسات اقتصادياتنا وتؤثر على تحقيق مرامي الألفية.

وعلينا أن نواصل تحقيق الأهداف التي وضعناها لتحقيق مرامي الألفية وألا نجعل الأزمة الاقتصادية تعيق تحقيق تلك المرامي.

ومن هذا المنبر ومن خلال اجتماعات جمعية الصحة العالمية والتوصيات التي سيتم تداولها والاتفاق عليها أدعو إلى بذل مزيد من الاهتمام والأخذ بالنقاط التالية:

الدعوة إلى اجتماع دولي أو اجتماعات إقليمية بها في عام ٢٠١٠ بخصوص المرامي الإنمائية للألفية المتعلقة بالصحة ويهدف إلى الآتي: استعراض التقدم المحرز في سبيل تحقيقها للمرامي والمتزامن مع مرور عشر سنوات على البدء بهذه الجهود المشتركة؛ مراجعة السياسات والاستراتيجيات الصحية على المستويين الدولي والإقليمي وبلدانه ومدى تواؤمها مع الأهداف المعلنة وسبل تحقيقها؛ الاتفاق على إعلان دولي بخصوص المرامي الإنمائية للألفية المتعلقة بالصحة وإعلان الخمس سنوات القادمة ٢٠١١-٢٠١٥ سنوات تعجيلية وبذل كل الجهود الدولية للتوصل إلى تحقيق تلك المرامي؛ الدعوة إلى حشد الموارد من الدول المتقدمة وتقديم العون للدول النامية لمساعدتها في تحقيق المرامي الإنمائية للألفية المتعلقة بالصحة.

كما أدعو منظمة الصحة العالمية للعب دور أكبر في رسم السياسات والاستراتيجيات الإقليمية لمجابهة تحديات العولمة والمتغيرات الوبائية والمناخية والاقتصادية في إطار التنسيق بين الدول إقليمياً ودولياً وتعزيز المجال البحثي والمعلومات لإبراز الحقائق والبراهين العلمية التي يستند إليها في وضع السياسات والاستراتيجيات الصحية ووضع إطار موحد لتحليل أداء النظم الصحية وتقديم الدعم الفني لوزارة الصحة على المستويات الوطنية لتعزيز قدراتها على وضع السياسات والاستراتيجيات الصحية.

كما أدعو شركاء التنمية من دول ومنظمات وهيئات مانحة إلى تكثيف الجهود وحشد الموارد الفنية في إطار مساعدتها للدول النامية لتحقيق المرامي الإنمائية للألفية المتعلقة بالصحة وحث المنظمات والهيئات المانحة على تحقيق فعالية الدعم والالتزام والسعي نحو تحقيق إعلان باريس.

وأحث الدول النامية على التنسيق البلداني وتبادل خبراتها الفنية بين وزارات الصحة فيما يخص رسم السياسات والاستراتيجيات الصحية والاستفادة من القدرات الدولية وتعزيز قدراتها المحلية البحثية والتحليلية ومنها إجراء المسوحات الدورية والدراسات لاستخلاص مؤشرات الإنجاز والدروس المستفادة.

وأدعو منظمة الأمم المتحدة إلى أن تتخذ الإجراءات القانونية تجاه إسرائيل وما مارسته من انتهاكات ضد الأطفال والنساء والمنشآت الصحية لضربها المستشفيات وسيارات الإسعاف وخرقها لاتفاقية جنيف. وأدعو أن يتم استعراض التركيز بالكامل على الأوضاع في قطاع غزة من قِبَل اللجنة المكلفة من المنظمة.

وأخيراً، أتوجه بالشكر للدكتور عبد الرزاق الجزائري المدير الإقليمي لشرق المتوسط التابع للمنظمة على دعمه المستمر لليمن وأتوجه بالشكر الجزيل للدكتورة مارغريت تشان المديرة العامة وعلى دعمها لكم وأشكركم على حسن استماعكم والسلام عليكم.

Dr GHEBREMEDHIN (Eritrea):

Mr President, honourable ministers and heads of delegations, excellencies, distinguished delegates, ladies and gentlemen, on behalf of the delegation of Eritrea, I would like to congratulate you, Mr President, and the Bureau for your election at the Sixty-second World Health Assembly and wish you all the success in this important position at a time when the world is experiencing an economic crisis and the pandemic of influenza A (H1N1) 2009. I would also like to express our appreciation for the leadership of the Director-General, Margaret Chan and our Regional Director, Dr Luis Gomes Sambo's in this difficult time and their efforts in revitalizing primary health care across the globe and in our region.

Eritrea is a country located in East Africa, with a population of about four million. At the time of liberation in 1991, the Government of the State of Eritrea inherited a health-care system totally inadequate in terms of physical facilities, trained human resources as well as an inequitable distribution of resources, availability of drugs and other medical supplies. Since liberation however, concerted efforts have been made by the Government and the public to rehabilitate existing health facilities and to construct new ones to improve access to health care. In addition, the Government engaged in equipping the health facilities with the necessary medical equipment and supplies and, most important of all, with the development of human resources.

As reflected in its macro-policy, the Government is committed to improving the health status of the population. Examples of our achievements since liberation only 18 years ago which demonstrate the Government's commitment to health, include a 50% decline in both infant and under-five mortality. The infant mortality rate declined from 81 per 1000 live births in 1991 to 40, while the under-five mortality rate was reduced from 148 per 1000 live births in 1991 to 72 at present. Maternal mortality estimates developed by WHO, UNICEF, and the World Bank for 2005 indicate the level of maternal mortality for Eritrea at 450 per 100 000 live births, which is below 50% of the 1995 Eritrea Demographic and Health Survey estimate, which was 998 per 100 000.

Malaria morbidity and mortality rates have been reduced by more than 80% and 90% respectively, compared with 1999 figures. The prevalence of HIV/AIDS has been contained at a relatively low 1.33%. Over 90% of children aged 12 to 23 months have at least three doses of vaccines against diptheria, pertussis and tetanus, poliomyelitis, hepatitis B, and haemophilus influenzae type B. Over three-fourths of children aged 12–23 months are fully vaccinated, this represents a substantial increase from below 10%

fully vaccinated in 1991. The availability of essential drugs in the country has also been persistently over 90% at all times.

As both the Government and the Ministry of Health see the development of human resources at the centre of development efforts, the doctor-to-population ratio improved from one in 37 000 at the time of liberation to around one in 13 000 at the moment; likewise the nurse-to-population ratio has improved from one in 9000 at the time of liberation to one in 3000 at present.

As a result of all these concerted efforts, the availability of health care within a 10 km radius, or two-hour walk, improved from 45% at the time of liberation to 78% today. And as a result of the impact of the efforts made in health and other development and social service programmes, the life expectancy at birth improved from 49 years in 1991 to 63 years at present.

Our Ministry of Health's efforts to improve the health status of the public has been based on the principles of primary health care. According to the Government's macro-policy and health policy, equity, community involvement, multisectoral approach and political commitment are among the core guiding principles of the health system. We feel that Eritrea is a real example of the impact and potential of primary health care, working under good governance and political commitment at all levels and a functioning health system. As much as we want to learn from the experience of other countries, we are also willing to share our successful experiences in primary health care. Thank you Mr President.

M. DE ASSUNÇÃO CARVALHO (Sao Tomé-et-Principe):

Monsieur le Président, Madame et Messieurs les Vice-Présidents, chers délégués, Mesdames et Messieurs, tout d'abord, je tiens à vous féliciter, Monsieur le Président, pour votre élection en qualité de Président de la Soixante-Deuxième Assemblée mondiale de la Santé. J'adresse également mes vives félicitations à Mme le Directeur général de l'OMS, le Dr Margaret Chan, et je la salue pour ses efforts en faveur du développement de notre Organisation et la santé de nos peuples. Je saisis également cette sublime occasion pour saluer les chefs des délégations et les délégués ici présents, ainsi que les membres du Conseil exécutif, pour le travail remarquable qu'ils ont accompli afin que la Soixante-Deuxième Assemblée mondiale de la Santé soit couronnée de succès.

Face au fléau de la grippe A (H1N1), il est urgent que des mesures de contrôle et de surveillance soient prises afin de réduire le risque de propagation et de contagion, d'intensifier les campagnes de prévention et de suivre de près l'évolution de l'apparition de souches virales plus virulentes en limitant la propagation et la menace de ce qui peut être un des problèmes de santé les plus préoccupants aujourd'hui. Sao Tomé-et-Principe a élaboré un plan d'urgence pour contenir ce fléau et a mis en place des mesures de surveillance et de contrôle, afin de détecter très tôt les cas d'infection, de les contenir et de les gérer.

Nous nous réjouissons des priorités données aux différents points de l'ordre du jour de cette Assemblée et de leur pertinence. Toutefois, nous tenons à souligner l'importance des soins de santé primaires, y compris le renforcement des systèmes de santé, la mise en œuvre et le suivi des objectifs du Millénaire pour le développement, les systèmes d'information sanitaire et les technologies s'y attachant. Pour nous, le renforcement des soins de santé primaires ne se limite pas à la revitalisation de ce secteur, mais doit prendre en compte aussi le développement des ressources humaines qui font défaut en quantité et qualité. Une carence qui se fait sentir durement dans mon pays. Conscients des difficultés énormes auxquelles nous sommes confrontés dans le domaine des ressources humaines à Sao Tomé-et-Principe, nous tenons à exprimer devant vous notre engagement à prendre des mesures adéquates pour l'élaboration du plan d'action, y compris le renforcement des capacités techniques et organisationnelles de notre Département des Ressources humaines, et demandons l'appui nécessaire de l'OMS à cet effet. À Sao Tomé-et-Principe, les difficultés dans différents secteurs pour atteindre tous les objectifs fixés pour 2015 sont visibles. Toutefois, les objectifs de santé qui visent à réduire la mortalité infantile, à combattre le VIH/sida, le paludisme et d'autres maladies sont à notre portée.

D'importantes activités sont en cours de développement contre les maladies transmissibles, en particulier le paludisme. Dans ce contexte, nous avons ravivé parmi nos concitoyens le sens du défi que représente l'élimination de ce fléau dans notre pays, tout en développant des activités avec l'appui de nos partenaires bilatéraux et multilatéraux. De cette tribune, nous tenons à exprimer notre gratitude

pour l'appui reçu de ces partenaires. Toutefois, nous aimerions exprimer notre préoccupation majeure à propos du retard dans la mise en œuvre de la stratégie de pulvérisation intradomiciliaire au cours de l'année 2008. De ce fait, et en raison de ce retard pendant les premiers mois de 2009, nous avons constaté une relative augmentation de cas de paludisme par rapport aux deux dernières années. Nous dénonçons les retards causés par une bureaucratie excessive de certaines agences contractantes responsables de la gestion des fonds mis à notre disposition par nos partenaires. Il est impératif que la vie humaine devienne une priorité pour ces institutions, qu'elles accélèrent les procédures de déblocage des fonds et des budgets déjà approuvés et auxquelles le pays a participé, et qu'elles réexaminent les règles bureaucratiques qui entravent l'essor de nos acquis dans ce domaine. Pendant les quatre dernières années, nous avons atteint une réduction du taux de morbidité du paludisme de plus de 90 % et un taux de mortalité encore plus élevé. Toutefois, il est important et urgent que nous soyons prêts à assurer la durabilité et la pérennité des actions qui sont maintenant en cours et éviter de répéter les erreurs commises dans le passé. Plus que jamais, nous devrons redoubler d'efforts en vue d'assurer l'intégration de nos activités de lutte contre le paludisme dans nos différents plans sectoriels de développement national, et de rendre réel le rêve de voir Sao Tomé-et-Principe libre du paludisme. La situation du VIH/sida à Sao Tomé-et-Principe reste préoccupante en dépit des avancées significatives dans la lutte contre cette épidémie. Les résultats préliminaires d'une enquête menée au niveau national cette année montrent une prévalence d'environ 1 %. Des activités supplémentaires devraient nous permettre d'accroître le nombre de dépistage volontaire et notre capacité à fournir des médicaments antirétroviraux à ceux qui en ont besoin. Depuis le lancement des traitements antirétroviraux par nos services de santé, l'accès à ces médicaments est assuré par le biais de notre coopération bilatérale. Dans ce contexte, notre préoccupation principale est l'incapacité de notre pays à assurer à lui seul et par ses propres moyens la viabilité de l'accès des citoyens au traitement. Pour le VIH/sida comme pour la tuberculose, nous avons élaboré des plans stratégiques et opérationnels de suivi et d'évaluation des programmes, afin de renforcer la communication pour le changement de comportement. La forte baisse de la mortalité infantile constatée ces quatre dernières années est liée à l'expansion des soins de santé primaires, notamment au progrès enregistré dans la lutte contre le paludisme ainsi que le taux élevé de couverture vaccinale. Si on arrive à maintenir le rythme actuel de baisse de mortalité chez les enfants, il est fort probable que nous atteindrons nos objectifs. Les soins prénatals pendant la grossesse, l'augmentation de plus de 90 % des accouchements assistés par du personnel qualifié et l'amélioration des soins obstétricaux dans les hôpitaux ont permis de réduire le taux de mortalité maternelle. Pourtant, ce taux reste élevé, compte tenu de nos objectifs fixés. Nous accorderons une grande attention à la mise en œuvre des objectifs du Millénaire pour le développement.

Notre plus grande appréhension est l'incertitude de pouvoir financer nos activités à cause de la crise économique et financière internationale. Le poids des maladies non transmissibles dans la morbidité et la mortalité dans notre pays ne cesse de s'alourdir. Le diabète, les maladies cardio-vasculaires, les cancers et les traumatismes dus aux accidents de la route sont aujourd'hui des problèmes graves de santé publique. L'explosion de ces maladies implique également une demande accrue de ressources humaines qualifiées pour y faire face. Nous sommes conscients de l'importance du système de l'information sanitaire dans le contexte de la gestion de la santé. Nous entreprenons actuellement des efforts pour la réorganisation de ce système afin d'offrir un service mieux coordonné et efficace et pouvoir gérer au mieux nos décisions.

Inviter le Taipei chinois à participer aux travaux de l'Assemblée mondiale de la Santé, en tant qu'observateur, est en accord avec les pratiques actuelles de l'OMS. Elle permettra également la mise en œuvre de la participation universelle inscrite dans la Constitution de l'OMS, et sera bénéfique au système de santé globale, puisque le Taipei chinois pourra apporter sa contribution technique à la communauté internationale. Merci de votre attention.

Ms SOARES (Timor-Leste):

Honourable ministers and delegates, representatives of international organizations, ladies and gentlemen, first, I would like to congratulate the President of the Sixty-second World Health Assembly, the Vice-Presidents and the Chairmen of the committees, and I extend my deepest appreciation to the

Director-General for her achievements. Today, 20 May, Timor-Leste, a young nation with one million population celebrating its seventh year of independence, has managed to accomplish affirmative actions in order to address the health challenges and development expectations of its population. We do acknowledge that Timor-Leste still has a long way to go compared with other nations in the world.

From mid-2007 to 2008, the new Constitutional Government's focus on the health sector has been primarily directed towards assessing the strengths and weaknesses of the national health system in order to better move ahead. In 2008 our Ministry of Health introduced a new approach to health-service delivery by focusing on community participation and empowerment in health and its more vulnerable groups such as mothers, children, the disabled and the elderly. To achieve the Millennium Development Goals, priority focus is now on interventions to reduce maternal and child mortality rates; improve the nutritional status of the population; and reduce mortality rates caused by infectious diseases such as respiratory diseases, malaria, tuberculosis and HIV/AIDS. At the institutional level, reforms are being introduced at both organizational structure and support systems; we are building networks to improve human resources, especially of health professionals.

Within current health developments, more support is required for our young nation's health system so as to be able to provide an effective response to an imminent influenza pandemic. In the context of influenza A (H1N1) 2009 a national emergency preparedness team was immediately formed in Timor-Leste following the WHO alert from phase 3 to phase 4, with the mandate to prepare a contingency plan for the country. In order to strengthen our surveillance system, the Ministry of Health, with direct support from the WHO office in Dili, established links with the Centers for Disease Control in Indonesia and Australia as well as the WHO Collaborating Centre for Reference and Research on Influenza in Melbourne (Victoria) through Darwin in the Northern Territory. The Centre for Disease Control in Darwin helped us by donating laboratory testing kits.

Our national medical teams are now fully prepared and ready to receive any suspected or confirmed cases; triage and isolations rooms have been set up in our national hospital. The national surveillance team is in daily contact with all health facilities for updated information, as well as for dissemination of information to all communities. WHO has supported the Ministry of Health by supplying some antiviral drugs in the early stage, and we continue to collaborate with our neighbouring countries – such as Australia, Indonesia and Singapore – in acquiring essential drugs and medical supplies in preparation for an eminent pandemic. It is, however, pertinent to state that due to a high international presence in Timor-Leste (with the United Nations mission), we need the support of our South-East Asian member countries and other regions to share information, mobilize resources and access knowledge and resources to better protect our people.

In times of global economic crises, Timor-Leste expects donors to maintain their commitments towards health-sector development so as to ensure continuity of care and services to our people. Therefore, I would like to urge all of us here today to put health first in our priorities and enhance WHO's role in leading the global health agenda. Thank you very much for the opportunity.

Professor MILOSAVLJEVIĆ (Serbia):[1]

Mr President, your excellency Dr Margaret Chan, Director-General, honourable health ministers, ladies and gentlemen, I am greatly honoured to speak before this Health Assembly today on behalf of the Republic of Serbia. Please allow me to congratulate you, Mr President and the other officers on your election and to wish you every success in fulfilling your responsibilities. I am sure that the Sixty-second World Health Assembly will benefit from your wisdom and experience.

Mr President, allow me please to begin by expressing serious concerns about the recent new influenza A (H1N1) 2009 virus spreading worldwide. This new health threat reminds us of the importance of good international communication and joint mobilization and solidarity and an intersectoral approach in coping with new health challenges. WHO, as always, addresses this

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

challenge in a timely and forceful manner, supporting its Members in their efforts to protect the health of their citizens.

In this sense, the financial resources needed for implementation of "Health in all Policies" approach is particularly strained. We are all aware of the threats to health systems and to overall well-being that are caused by financial and economic crisis. So this particular health crisis is forcing us to focus on urgent actions needed to overcome effects of the financial and economic crisis and to take long-term action. Protecting health budgets, so as to be able to address health insurance coverage properly, is particularly important in the light of new emerging events. Both crises should be used as the opportunity to ensure universal access to health and social services in order to provide equity. Nowadays, more than ever, a holistic approach with good coordination of all stakeholders ensures "more money for health and more health for the money".

The main principles of the Tallinn Charter, which addresses promotion of shared values of solidarity with due attention to the needs of the poor and other vulnerable groups, will inform all future governmental measures, guided by the health ministries. The financial and economic crisis is having, and is likely to continue to have, major implications for the public finances of our countries. Like other countries in the European Region, we have launched an economic stimulus plan focused on boosting public health investment, promoting employment and providing credit support. However, in view of the financial crisis, international collaboration has also been very important, particularly the support of the International Monetary Fund, the World Bank and the European Union, with acceleration of new project negotiation and approval. It is also important and extremely valuable to learn from the experience of others. The implementation of all governmental measures needed for overcoming the financial and economic crisis will be an opportunity to invest in expanding immunization programmes, renewing primary health care and improving the quality of hospital care. Strengthening health systems in our countries is essential for securing real and sustainable improvements in health status of the population.

On a long-term basis, governments are now more sensitive to the vital role of health in sustained economic growth. Policies designed to overcome the crisis afford the opportunity to encourage healthy investments and improve health system performance, including health- and environment-related investments in economic recovery plans. "Health supporting" investments in energy saving, pollution reduction or controlled use of chemicals, as well as responsible behaviour of health policy-makers by applying these measures within the health sector, will reduce costs connected with coping with addressing health impacts, provide a positive example, and drive the activities of all other sectors.

It is not easy to be optimistic in these hard times of multiple crisis, health threats caused by the recent new influenza A (H1N1) 2009 virus, emerging financial and economic crisis as well as the challenge of climate change; but please allow me to shed some optimistic light on the subject. These emerging crises are urging us, health ministers, to advocate in our governments quick and efficient actions in order to avoid and halt development of further negative impacts on health.

Last but not least, I would like to use this opportunity to thank our dear colleague and Regional Director, Dr Marc Danzon, for his excellent cooperation and support to the Member States in the European Region, throughout many challenges during the past 10 years, given with high-quality expertise, a positive spirit and an optimistic and humane approach. In conclusion, I wish to reiterate that we are ready to work with WHO for the benefit of humanity. I am confident that under the capable leadership of Dr Margaret Chan, WHO will receive new impetus in health improvement programmes, including pandemic influenza preparedness, sharing of influenza viruses, and access to vaccines and other benefits, so important to us at a time when solidarity is a necessity. Thank you very much for your kind attention.

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

Mr President, Madam Director-General, distinguished delegates, on behalf of the Democratic People's Republic of Korea, let me take this opportunity to congratulate Mr Nimal Siripala De Silva on his election as President of the Sixty-second World Health Assembly, and express our hope that under your able chairmanship this august meeting of the Health Assembly will achieve successful results.

Our delegation appreciates the Director-General's report which highlights priority areas and measures taken by WHO, and suggests approaches to address them. The inclusion of the Medium-term strategic plan 2008–2013 in the agenda of the Health Assembly for this year and discussions on strategies to successfully implement the strategic goals of the plan are of great significance in improving health work and achieving the health-related goals in all countries. Our delegation highly appreciates WHO's efforts in taking specific and realistic measures to implement the Medium-term strategic plan, and especially to mobilize resources required to achieve its strategic objective. We also recognize that monitoring the progress towards health-related Millennium Development Goals, primary health care including health system strengthening, implementation of the International Health Regulations (2005) and climate and health are timely and relevant to the Health Assembly.

Our delegation has serious concerns about the recent outbreak of the new influenza A (H1N1) 2009 in some regions of the world and its rapid spread, infecting many people and causing death. In this regard, our delegation appreciates various emergency measures taken by WHO, such as the organization of a task force, research and analysis of the virus, the establishment of an information system and development of the vaccine.

Our Government regards the improvement of health as its foremost principle in carrying out its activities, and provides policy and legal guarantees for the provision of equal access to health-care services to all its citizens, thus bearing the responsibility of caring for people's health. A preventive health-care policy, a system of universal access to free health care, section doctor system, health staff training in accordance with health needs, the improvement of the health service, and the establishment of a solid foundation for local production of pharmaceuticals are the main public health policies of the Government of the Democratic People's Republic of Korea and is working to implement them thoroughly.

Upholding the Songun revolutionary leadership of the great leader comrade, Kim Jong Il, our Government will consistently implement national health policies regarding the protection of the lives and health of the people as its most important work, in line with the fundamental requirements of human-centered socialist medicine, and will open the door to a powerful and prosperous country by 2012, ensuring a healthier and better life for our people.

I take this opportunity to extend deep appreciation to WHO including the WHO Regional Office for South-East Asia and donor countries for their significant contribution to strengthening the health infrastructure of our country, supply of medicines, training of health professionals and several other areas.

Let me conclude by assuring the Health Assembly my delegation's commitment to providing active support to the successful discussion of the agenda of this Health Assembly and contribute to the achievement of the Millennium Development Goals and the global health development. Thank you.

Mrs TSOLMON (Mongolia):[2]

Mr President, Madam Director-General, distinguished delegates, it is my great privilege to address this distinguished gathering at the Health Assembly. I would like to congratulate you, Mr President, on your election to preside over the Sixty-second World Health Assembly and to wish you every success in your important assignment. We all recognize that threats to human health have no limits. Therefore, improving international health security by removing all barriers to health safety,

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[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.

[2] The text that follows was submitted by the delegation of Mongolia for inclusion in the verbatim records in accordance with resolution WH20.2

reducing health insecurity, investing in the health sector, and establishing preparedness and quick response plans are of foremost significance. We are already at the mid-point of the implementation of the United Nations Millennium Declaration, in which world leaders collectively defined their development goals for the next 15 years. Mongolia, like many other countries, pledged its commitment to the Millennium Declaration and refined the Millennium Development Goals to be specific to Mongolia. Since then, the Government of Mongolia has attached particular attention to implementation at all levels. These goals have been reflected in mid-term development policy documents and programmes of the Government of Mongolia, donor countries and international organizations, and implementation efforts are under way. In 2007 the Parliament of Mongolia approved the goal-based National Development Strategy for 2007–2021, which was initiated and developed under the auspices of the President of Mongolia. I am pleased to note that, of the 22 Mongolia-specific development targets, almost 60% of these have been achieved, or are likely to be achieved, by 2015. The Government was also mandated by Parliament to report every two years on the progress of implementation, using various official statistics and relevant information to inform the public and to bring the implementation of the development goals to the top of the agenda for all stakeholders, highlighting the issues and challenges needing solutions.

In the last 16 years, infant and under-five mortality rates have decreased significantly in Mongolia. Under-five mortality rates per 1000 live births dropped from 88.8 in 1990 to 19 by 2008. In the last five years maternal mortality rates in Mongolia have also shown a steady downward trend. Successful implementation of the National Reproductive Health Programmes have contributed to the reduction of maternal mortality from its 1990 rate of 121.6 per 100 000 live births to 49 in 2008, which reflects a threefold decrease. However, maternal mortality rates have stayed high in some of the provinces of Mongolia. While the rate of HIV/AIDS among the Mongolian population is, thankfully, still less than 1%, ranking it among five countries with the lowest rate of spread in the South-East Asia and Pacific regions, the number of registered cases has been on the increase in recent years, causing considerable concern. Increasing rates of sexually transmitted infections (STIs) because of the widening spread of unsafe sexual behaviour are also creating conditions to speed up the prevalence of HIV/AIDS in the country. Over half of individuals infected with sexually transmitted infections (STIs) are the unemployed, the homeless and those with low and seasonal incomes. Despite the fact that the diagnosis and treatment of tuberculosis has improved and the number of deaths due to tuberculosis have been decreasing in Mongolia, incidence of tuberculosis is on the rise, which makes achieving this development target by 2015 a real challenge. The good news is, however, that the current nationwide trend of tuberculosis-related mortality until 2010 will continue to show a declining trend. There have been no confirmed cases of the new influenza A (H1N1) 2009 in Mongolia. Nevertheless, an influenza pandemic remains a real threat, as the virus has been circulating among humans, and the world today has become flat.

The Government of Mongolia has its contingency plan ready, and is working closely with WHO and other specialized agencies of the United Nations and international donor organizations. We are better prepared in terms of surveillance and diagnosis, than we were for severe acute respiratory syndrome and the avian influenza A (H5N1) outbreaks. However, we are not well prepared in terms of stockpiling antiviral drugs, availability of treatment, and access to pending vaccines. We are obviously concerned about potential economic effects that could further burden the economy of Mongolia, which is already experiencing the hardships of the crisis. Once the virus crosses the borders of Mongolia, which is highly possible, as our neighbouring country has officially registered several confirmed cases of the new influenza, the possibility of spread is extremely high, with the country's current conditions on basic public hygiene. We are especially worried about the potential health impact on the poor, who already face reduced or no access to public health services, such as nutritious food, air pollution and sanitation. Therefore, the Government of Mongolia is seeking the kind support of WHO for the funding necessary to strengthen the public health-care system through eliminating public health threats, stockpiling drugs, and monitoring cases of epidemic and pandemic outbreaks. As we are all aware, most developing countries have been strongly affected by the current financial and economic crisis, especially those with few financial reserves and who are dependent on donor funding. Many low- and middle-income vulnerable developing countries like Mongolia are facing a severe challenge as to how to prevent an economic crisis becoming a social and health crisis. There is a predictable

threat that an economic downturn may affect the health budgets and health services of these countries. Consequently the achievement of the Millennium Development Goals is facing serious difficulties. We must be prepared to prevent and mitigate the negative impact of economic crisis on the health sector. I would like to draw your attention to this specific concern and to urge governments as well as international organizations and donors not to cut health budgets and contributions, in order to keep health development assistance at promised levels at this crucial time.

Mongolia is making significant efforts to improve its ability to respond in a prompt and effective manner to national and global threats to the health sector. We are moving towards sector-wide approaches as a part of the implementation of Health Sector Strategic Master Plan, attaching special attention to capacity building. However, there are some major obstacles that should be addressed. We recognize that the Government's priorities concerning the health sector and its partners, including donors and international organizations, should be better harmonized. The effectiveness of development assistance, grants and loans should be improved. Furthermore, there is a need to further streamline project oversight and to strengthen links between project programmes by establishing a multisectoral mechanism. The Government and international partners should strive towards increasing the financial resources for the implementation of the Millennium Development Goals, improving the legal framework of the health services, strengthening the monitoring and evaluation system, and building public awareness of a healthy lifestyle. Capacity building remains one of the key priorities of Mongolia's health sector policy. As a decisive factor for delivering high-quality health care, capacity building should be further promoted by international partners including WHO. We believe that the exchange of professionals between the countries could significantly contribute to improve the capacity building.

In conclusion, I would like to express my Government's deep appreciation for the fruitful cooperation and continued support for the health sector development of Mongolia provided by WHO and all our international partners. I am very pleased to stress that the Government of Mongolia remains committed to expanding its cooperation and collaboration with all of you. Finally, the Millennium Development Goals are closely interlinked. We cannot make progress on our health-related Millennium Development Goals unless we work together. By strengthening our existing systems and developing goal linkages, working more closely than before, we can achieve these goals. Thank you.

La Dra. VEGA MORALES (Chile):[1]

Señor Presidente: Con agrado concurrimos a esta 62ª Asamblea Mundial de la Salud para dar a conocer brevemente nuestras prioridades de salud y manifestar nuestra disposición a seguir trabajando en conjunto con el resto de los países para mejorar el nivel y la distribución de la salud de nuestros pueblos.

Chile tiene una larga tradición de salud pública y de organización del sistema de salud basado en la APS. La salud es un prerrequisito para hacer efectivos otros derechos sociales. Nuestro país proporciona una cobertura universal de atención de salud y aunque somos un país de ingreso medio, nuestros indicadores de salud son equivalentes a los de muchos países desarrollados.

Desde el fin de la dictadura, los gobiernos democráticos han realizado un esfuerzo de modernización sostenida, con énfasis en reformas sociales. En los cuatro gobiernos de la Concertación de Partidos por la Democracia hemos reformado los sistemas educacional, de justicia, de prevención social y de salud con inversiones dirigidas a adecuar los servicios sociales a las necesidades de las personas, en particular de aquellos más desposeídos. La Presidenta Bachelet ha definido como un objetivo de su Gobierno el profundizar la reforma de salud, que agrega, a la garantía de acceso ya existente, un compromiso explícito y exigible en materia de oportunidad de atención, protección financiera y calidad de atención de acuerdo a protocolos basados en evidencia, para un conjunto de 56 problemas de salud de alta prioridad.

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

El desafío pendiente es que la salud se exprese como objetivo central en todas las políticas del Gobierno de Chile. Aún tenemos que avanzar mucho, pero la decisión de incorporar la cooperación con el desarrollo como una responsabilidad creciente de Chile se expresa en nuestra adhesión a la iniciativa del UNITAID, a la Alianza para la Salud de la Madre, del Recién Nacido y del Niño y a los proyectos desarrollados por nuestra agencia de cooperación internacional en Latinoamérica y el Caribe.

Señor Presidente: Dentro del marco de protección social, Chile ha definido una política y acciones concretas dirigidas al abordaje de las inequidades de ingreso, educación y protección social.

El Gobierno ha comenzado la implementación de un Sistema de Protección Integral a la Primera Infancia denominado «Chile Crece Contigo». El sistema consiste en un conjunto de políticas públicas, articuladas e integradas, de intervenciones y servicios que ponen en el centro al niño y la niña, a sus familias y a sus comunidades. Su objetivo es disminuir inequidades, promover la igualdad de oportunidades y la participación social en el territorio, así como crear estrategias de gestión intersectorial a nivel comunal, regional y nacional. Esta iniciativa forma parte del Sistema de Protección Social comprometido por el Gobierno de aquí a 2010 y está en línea con los compromisos asumidos por el Estado de Chile al ratificar, en 1990, la Convención Internacional sobre los Derechos del Niño y con la prioridad definida por la Presidenta en relación con los ODM 4 y 5.

Desde el año 2008, hemos iniciado un plan de acción para la integración de los determinantes sociales en las acciones, programas y quehacer del Ministerio de Salud. Con el objetivo de mejorar la equidad de acceso a la atención de salud de problemas prioritarios se ha definido un plan que incluye acciones para la reformulación de seis programas de salud basados en el enfoque de los DSS, que involucra los programas de enfermedades cardiovasculares, de salud de los trabajadores, de control de los efectos sanitarios de la marea roja, de salud del niño, de salud de la mujer y de salud oral a través de nodos de trabajo.

Hemos iniciado también un trabajo en las 92 comunas más vulnerables de Chile y en los 67 barrios con similares características, a través de un plan de equidad de acceso a los beneficios de las políticas públicas y de abordaje de los determinantes sociales de la salud. También estamos implementando la primera encuesta nacional de salud en el trabajo, la que dará cuenta de las inequidades en la salud de los trabajadores y las trabajadoras. Estamos fortaleciendo las competencias y la capacitación en determinantes sociales e inequidades en salud a nivel de directivos y gestores intermedios de salud.

Señor Presidente: En nombre del Gobierno de Chile le reitero nuestra disposición a seguir colaborando con la OMS y con todos sus Estados Miembros. Para ello ponemos a disposición nuestra experiencia y esperamos seguir nutriéndonos de la valiosa colaboración de todos los Estados Miembros. Muchas gracias.

Le Dr ALLAH KOUADIO (Côte d'Ivoire):[1]

Monsieur le Président, depuis 2007, l'économie mondiale vit sa plus grande crise financière après celle de Wall Street en 1929. Les signes avant-coureurs de cette crise étaient apparus dès 2007 avec les déboires des banques Bear Stearns, Northern Rock et Merrill Lynch. Jean-Claude Trichet, Président de la Banque centrale européenne, avait alors évoqué les risques liés aux excès de crédit. En 2008, les effets de la crise immobilière américaine ont accentué les difficultés des banques. La crise financière s'est alors doublée d'une crise de confiance envers le système bancaire, entraînant un risque de banqueroute mondiale des banques. Dans les premières semaines de cette année, le Fonds monétaire international a annoncé que le ralentissement de la croissance mondiale serait de 1,5 %, passant de 3,7 % en 2008 à 2,2 % en 2009. Si du point de vue de l'impact sur les populations les économies développées risquent de sentir le léger pincement d'une récession, ça pourrait ne pas être le cas de millions de personnes dans les pays en développement, souffrant déjà profondément de la pauvreté et qui pourraient ressentir, d'une façon disproportionnée, les impacts du déclin économique. L'ampleur de la crise est telle qu'à la date d'aujourd'hui, la sinistralité touche désormais l'ensemble

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

des entreprises sans distinction de taille ou de secteur d'activité et s'étend à toutes les régions du monde.

Pour l'Afrique, cette crise financière se répercute directement sur les secteurs sociaux. De ce fait, les systèmes de santé africains payent eux aussi un tribut de plus en plus lourd. Ici, les effets de la crise s'analysent en termes de stagnation des budgets accordés à la santé ou de faible progression de ceux-ci ; d'absence d'entretien des infrastructures ; de pénurie de médicaments et de marchés noirs. Dans la plupart des pays africains, les services médicaux se détériorent et l'on note une dégradation des conditions de travail du personnel de santé. Pour la Côte d'Ivoire, cette crise financière mondiale vient comme pour parachever la destruction entamée par la crise sociopolitique que vit le pays depuis 2002. En effet, déjà durement éprouvée par les effets d'une crise interne qui s'éternise, la Côte d'Ivoire paraît comme l'un des pays africains les plus exposés du fait de la désorganisation et de la décadence des fondamentaux de son économie. S'agissant du financement du secteur de la santé de la Côte d'Ivoire, même si le mécanisme traditionnel de financement n'est pas véritablement bouleversé – l'Etat continuant d'assurer son rôle régalien et les ménages participant toujours à la prise en charge de leur état de santé conformément à la politique de recouvrement des coûts –, il est à craindre que, du fait de la conjoncture économique internationale, les appuis des partenaires qui constituent aujourd'hui l'une des sources de financement les plus disponibles en termes de liquidité, ne s'effritent.

Pour ce qui est de l'impact de la crise financière sur le financement de l'Etat, il convient de noter que le financement de l'Etat se traduit chaque année sous forme de dotation budgétaire allouée au secteur de la santé. Pour la Côte d'Ivoire, les budgets successifs de la santé publique au cours de ces dernières années ont continué à progresser en termes courants. Cependant, une analyse plus poussée de ceux-ci montre qu'ils ont, en revanche, tendance à stagner, voire à régresser en termes constants. Ce qui signifie que, en incluant un certain nombre de facteurs, notamment l'inflation et la croissance démographique, il ressort que les dépenses de santé par habitant ont tendance à baisser. D'autre part, ces dernières années, ces dotations budgétaires que l'Etat accorde au secteur de la santé, ont connu régulièrement des amputations significatives en cours d'exercice. Il faut ajouter à cela les difficultés d'exécution de certaines catégories de dépenses et, plus précisément, les retards considérables encourus pour le règlement des fournisseurs de l'Etat pour défaut de liquidité de trésorerie. Il ressort donc de tout ce qui précède qu'en termes réels, le budget exécuté par le secteur de la santé est en baisse depuis quelques années.

S'agissant de l'impact de la crise financière sur le paiement direct des ménages, il faut reconnaître que l'impact de cette crise sur la participation des ménages à la prise en charge de leur santé n'est pas clairement connu dès l'instant où les fréquentations des structures sanitaires n'ont pas connu de baisse véritable. Toutefois, si l'on considère globalement la baisse du pouvoir d'achat due aux licenciements causés par la crise, l'orientation des priorités des ménages vers les poches de dépenses se trouve profondément modifiée. La participation financière des ménages à la prise en charge de leur état de santé étant étroitement liée à leur pouvoir d'achat, plus le ménage a une grande aisance financière, plus il est disposé à accorder une part congrue de ses ressources à la santé de ses membres. A contrario, une famille économiquement pauvre affecte primordialement ses ressources à des dépenses primaires telles que la nourriture et l'habillement au détriment des dépenses de santé. Dans les pays en développement, il est à craindre que l'augmentation du chômage, l'insuffisance des systèmes de protection sociale et les carences des systèmes politiques d'épargne n'entraînent une diminution des dépenses de santé et par conséquent une dégradation de la situation sanitaire. Pour la Côte d'Ivoire, les difficultés des ménages à faire face à leur état de santé sont perçues à travers la montée fulgurante des cas sociaux dans les formations sanitaires au cours de ces dernières années.

En ce qui concerne l'impact de la crise financière sur l'aide extérieure, il y a lieu de noter que les aides extérieures contribuent fortement aux dépenses de santé en Afrique. Ces appuis des partenaires se présentent de plus en plus comme les fonds les plus liquides des systèmes de santé africains. Dans la plupart des pays africains, ces aides sont orientées vers la construction et la réhabilitation des structures sanitaires ainsi que l'équipement de ces structures. Dans d'autres, les campagnes de vaccination de masse ne devraient leur salut qu'à ces appuis du fait des déficits budgétaires et des problèmes récurrents de trésorerie. Globalement, ces aides viennent renforcer l'efficacité des systèmes de santé mis en place par les gouvernements des pays bénéficiaires. Il faut toutefois noter qu'en termes de consistance, l'aide publique au développement n'augmente plus, à

l'exception des aides d'urgence. La part de la santé reste modeste. De plus, il est à craindre que la situation ne se détériore davantage si les partenaires étaient fortement touchés par cette crise financière.

En conclusion, il ressort de tout ce qui précède que les appréhensions pour les pays en développement résident dans l'incertitude que la crise économique et financière est en train d'instaurer sur le financement des secteurs sociaux et en particulier sur leurs systèmes de santé. Pour le cas de la Côte d'Ivoire, les problèmes récurrents de trésorerie de l'Etat et l'effritement des paiements directs des ménages dû à la paupérisation croissante des populations du fait de la crise sociopolitique risquent de détériorer davantage les services médicaux au cas où la prolongation de cette crise mondiale viendrait à son tour réduire les quelques appuis des partenaires pour le développement. Je vous remercie.

The PRESIDENT:

This was the last speaker on my list. The Health Assembly has therefore concluded its work on item 3 of its agenda and I wish to thank all delegations which participated in the discussion for their valuable contributions.

The meeting is adjourned.

**The meeting rose at 10:15.**
**La séance est levée à 10h15.**

## SIXTH PLENARY MEETING

**Thursday, 21 May 2009, at 09:15**

**President:** Mr N.S. DE SILVA (Sri Lanka)

## SIXIÈME SÉANCE PLÉNIÈRE

**Jeudi 21 mai 2009, 9h15**

**Président :** M. N.S. DE SILVA (Sri Lanka)

### 1. EXAMINATION OF CREDENTIALS
### VÉRIFICATION DES POUVOIRS

The PRESIDENT:

The Health Assembly is called to order. Good morning ladies and gentlemen, before starting our work, I have to notify the Health Assembly that the Secretariat informed me that formal credentials have now been received from Albania and Kyrgyzstan, two Member States which had not previously submitted credentials.

It has not been feasible to convene the Committee on Credentials to examine the formal credentials of Albania and Kyrgyzstan but, in accordance with previous practice, I have examined these credentials and have found them to be in keeping with the Health Assembly's Rules of Procedure. I would, therefore, recommend to the Health Assembly that Albania and Kyrgyzstan be accepted as having formal credentials. Does the Health Assembly agree with this proposal?

As I see no objection, it is so decided.

### 2. ANNOUNCEMENT
### COMMUNICATION

The PRESIDENT:

When the General Committee met on Wednesday, 20 May, it drew up a list for the annual election of Members entitled to designate a person to serve on the Executive Board and it reviewed the programme of work of the Health Assembly.

In accordance with Rule 100 of the Rules of Procedure of the World Health Assembly, 24 hours should elapse between the transmission to the Health Assembly of the list of new proposed Executive Board Members, and the discussion in the plenary to elect the Members entitled to designate a person to serve on the Executive Board. The list, contained in document A62/49, has been issued this morning.

In view of our decision to shorten this year's Health Assembly, and without setting a precedent, the General Committee recommends that the Health Assembly agree to elect the Members entitled to designate persons to serve on the Board this afternoon during the seventh plenary meeting at 17:00, even though the 24 hours required by Rule 100 have not yet elapsed. May I take it that the Health Assembly agrees to this recommendation?

As I see no objection, it is so decided.

## 3. REPORTS OF THE MAIN COMMITTEES[1]
## RAPPORTS DES COMMISSIONS PRINCIPALES[1]

The PRESIDENT:

After consideration of the progress of work in the main committees, the General Committee recommended that this plenary should meet this morning at 09:00 to consider item 8, Reports of the main committees.

### First report of Committee A
### Premier rapport de la Commission A

Today we will consider the first report of Committee A, which is contained in document A62/48. Please disre**g**ard the word "Draft", as the Committee approved the report without amendments. The report contains one resolution entitled "Prevention of avoidable blindness and visual impairment". Is the Health Assembly ready to adopt this resolution?

As I see no objection, the resolution is therefore adopted and the first report of Committee A is therefore approved. Thailand, you have the floor.

Professor WANICHA CHUENKONGKAEW (Thailand):

Mr President, the Thai delegation would like to thank the Secretariat – in particular, the Legal Counsel – in clarifying the process and the Assistant Director-General Alwan for taking into consideration our comment on the action plan on the prevention of avoidable blindness and visual impairment. Thank you, Mr President.

The PRESIDENT:

We will take note of this comment. Are there any other interventions? If there are no more interventions, the resolution is therefore adopted, and the first report of Committee A is therefore approved. This completes our work for this morning. The meeting is adjourned.

**The meeting rose at 09:20.**
**La séance est levée à 9h20.**

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[1] See reports of committees in document WHA/62/2009/REC/3.

[1] Voir les rapports des commissions dans le document WHA/62/2009/REC/3.

## SEVENTH PLENARY MEETING

**Thursday, 21 May 2009, at 17:20**

**President:** Mr N.S. DE SILVA (Sri Lanka)

## SEPTIÈME SÉANCE PLÉNIÈRE

**Jeudi 21 mai 2009, 17h20**

**Président :** M. N.S. DE SILVA (Sri Lanka)

### 1. AWARDS
### DISTINCTIONS

The PRESIDENT:

The Health Assembly is called to order. Good afternoon ladies and gentlemen, we shall now proceed with item 7, Awards.

Excellencies, distinguished delegates, ladies and gentlemen, we are assembled here today for the presentation of prizes awarded by the Sasakawa Memorial Health Foundation, the United Arab Emirates Health Foundation, the State of Kuwait Prize for Research in Health Promotion and the Dr LEE Jong-wook Memorial Fund. I have much pleasure in welcoming among us the distinguished winners of these prestigious prizes.

I am also very pleased to greet: representing the Sasakawa Memorial Health Foundation, Mr Yohei Sasakawa, President of the Nippon Foundation and WHO Goodwill Ambassador for the Elimination of Leprosy and Professor Kenzo Kiikuni, Chairman of the Board of the Sasakawa Memorial Health Foundation; His Excellency, Obaid Salem Saeed Al Zaabi, Ambassador, Permanent Representative to the United Nations Office and other Specialized Agencies at Geneva, representing the founder of the United Arab Emirates Health Foundation; and Dr Al-Saif, Assistant Under-Secretary for Public Affairs of the Ministry of Health of Kuwait, representing the State of Kuwait.

I greet Dr Park Jong-wha, President of the Korean Foundation for International Health Care, representing the Dr LEE Jong-wook Memorial Prize for Public Health. I also have great pleasure in welcoming here at the Assembly, Mrs Reiko Kaburaki-Lee, the widow of the late Director-General, Dr Lee Jong-wook.

**Presentation of the Sasakawa Health Prize**
**Remise du Prix Sasakawa pour la Santé**

Distinguished delegates, ladies and gentlemen, we shall start with the presentation of the Sasakawa Health Prize. This Prize is awarded every year to individuals or institutions for outstanding innovative work in health development, and aims at encouraging the further development of such work. I invite Mr Yohei Sasakawa to address the Health Assembly on behalf of the Sasakawa Memorial Health Foundation. Mr Sasakawa, you have the floor.

Mr SASAKAWA (Sasakawa Memorial Health Foundation):

Mr President, distinguished guests, ladies and gentlemen, I am delighted to be able to speak on the 25th anniversary of the Sasakawa Health Prize. With the recent outbreak of the new type of influenza, this is a busy time for WHO. I commend all concerned under the leadership of the Director-General and I am most grateful to WHO for ensuring that this prize-winning ceremony could be held.

The Sasakawa Health Prize was established in 1984 and embodies the WHO's principle of "health for all". The right to health – along with the right to eat and to have an education – is a basic human right. But above all, health is vital to the enjoyment of all other rights. Primary health care is a particularly important sector because it reaches so many people. It addresses the fundamental causes of ill health.

The Sasakawa Health Prize recognizes the achievements of individuals or groups active in the field of primary health care. This year's winner is Dr Amal Abdurrahman Al Jowder of Bahrain. Dr Amal Al Jowder started her career as a family doctor at the East Riffa Health Centre in Bahrain in 1985, later moving to the Ministry of Health. Her career has spanned almost the entire history of the Sasakawa Health Prize.

I should like to single out two reasons why Dr Amal Al Jowder deserves praise: First, she attaches great importance to seeing that people receive proper health information. She has worked hard to see that this information is broadcast via television and radio. Spreading knowledge about health is vital for disease prevention and early diagnosis. For this, the cooperation of the media is essential. This is something I know about from my work as a WHO Goodwill Ambassador for Elimination of Leprosy. In leprosy, social stigma and the discrimination it causes are still prevalent. To eradicate this stigma, it is very important to work with the media, publicizing the true facts about the disease.

The second reason for which Dr Al Jowder is to be commended is for the way she has fostered links with other ministries and other sectors. She doesn't confine herself to the health ministry but cooperates with other health experts, municipalities, regional centres and schools to promote primary health care. This is what it takes to see that social change reaches every part of the community. Beginning with the media, there needs to be cooperation with every sector of society, including nongovernmental organizations, schools and businesses.

One of the unique aspects of the Sasakawa Health Prize is that the prize money is to be used to further the recipient's work. I understand that Dr Al Jowder intends to invest the money in two buses: an education bus and a sports bus. Both of these buses will tour remote areas of the country, reaching the people living there with health information and basic sports equipment. My congratulations to Dr Amal Al Jowder, and may her work go from strength to strength. Thank you.

The PRESIDENT:

Thank you, Mr Sasakawa. It is with pleasure that I announce that the 2009 Sasakawa Health Prize has been awarded to Dr Amal Al Jowder, Acting Director of the Health Promotion Directorate, Bahrain. Dr Al Jowder is a dedicated leader and an outstanding professional in the field of health promotion. She has spearheaded many initiatives at community level and in the ministry, building a reliable information network formed through the collaboration among health specialists, representatives from social centres, municipalities, clubs and local schools. The Sasakawa Prize will enable her to set up two new activities: an education bus delivering information materials, and a sports bus distributing basic sports equipment, which will tour remote areas of the country, providing services to geographically disadvantaged population groups. It is now my privilege to present the Sasakawa Health Prize to Dr Amal Al Jowder.

**Amid applause, the President handed the Sasakawa Health Prize to Dr Amal Al Jowder.**
**Le Président remet le Prix Sasakawa pour la Santé au Dr Amal Al Jowder. (Applaudissements)**

الدكتورة أمل الجودر (البحرين): Dr AL JOWDER:

بسم الله الرحمن الرحيم،

السيد الرئيس، السيدة المديرة العامة لمنظمة الصحة العالمية، الدكتورة مارغريت تشان، أصحاب المعالي والسعادة، الضيوف الكرام، السلام عليكم ورحمة الله وبركاته،

إنه لمن دواعي سروري وفخري أن أقف أمامكم أيها الحشد المتميز، ممتنة لله عز وجل قبل كل شيء على توفيقي لهذا الأمر وشاكرة للمجلس التنفيذي لمنظمة الصحة العالمية في دورته الرابعة والعشرين بعد المائة لمنحي هذه الجائزة. والشكر موصول للسيد ساساكاوا سفير النوايا الحسنة لمكافحة الجذام.

أيها الحفل الكريم، كان العمل في مجال التنمية الصحية ومازال بالنسبة لي رسالة حياة، ووسيلة أتقرب بها لله عز وجل. فلم انظر لعملي قط على أنه مجرد وظيفة كما كانت التنمية الصحية هدفاً وظلاً لازمني طوال مسيرتي المهنية بدءاً من أول وظيفة عملت بها كطبيبة عائلة حديثة التخرج تحلم بتطبيق كل ما تعلمته في دراستها حول علاقة طبيب العائلة بمرضاه ثم عندما ترقيت كطبيبة مسؤولة حيث شكلت أول لجنة مشتركة من المركز الصحي وممثلي قطاعات المجتمع في عام ١٩٨٨ بحس بديهي عفوي. فلم أكن، ساعتها، أعرف ما مشاركة المجتمع أو ما تعني التعبئة الاجتماعية ثم رئيسة لقسم التثقيف الصحي منذ عام ١٩٩٢ ساهمت بشكل كبير في نشر الثقافة الصحية. ولم يكن عملي في التنمية الصحية مقتصراً على وظيفتي الحكومية قط، بل امتد ليشمل كل عمل تطوعي مع عدة جمعيات أهلية. بل وحتى خلال خوضي للانتخابات البرلمانية لعضوية مجلس النواب في عام ٢٠٠٦، كانت استراتيجيات ميثاق أوتاوا لتعزيز الصحة أحد محاور برنامجي الانتخابي.

أيها الحفل الكريم، لعله من البديهي والمنطقي أن أسعى اليوم في مواصلة هذا المشوار الذي قطعته على نفسي، فأنا الآن أكثر قوة وأكثر علماً وخبرة من خلال عملي الرسمي في رئاسة إدارة تعزيز الصحة بالوزارة ومن خلال عضوية مجلس إدارة الاتحاد النسائي البحريني ومجلس إدارة جمعية الهلال الأحمر البحريني ورئيسة للجنة الاستشارية لجمعية أطفال وشباب المستقبل، فمن خلال تلك المناصب أكون في علاقة متواصلة مع كل فئات المجتمع من النساء والأطفال والشباب من الجنسين.

أيها الحفل الكريم، من المؤكد أن فوزي بهذه الجائزة الرفيعة المستوى، أمرٌ أثلج صدري وبلا شك هو ثمرة تعب لرحلة دامت ربع قرن، ولا أذيع سراً لو قلت إنني سعدت بها أيما سعادة ولكن فوزي الحقيقي هو حب الناس وتقديرهم لي، ذلك الحب الذي رأيته في عيونهم وسمعته من خلال أحاديثهم، وشعرت به في عدة مواقف كدعمهم لي أثناء الانتخابات النيابية وبعد الإعلان عن حصول هذه الجائزة.

ختاماً، أتقدم بالشكر الجزيل لسعادة وزير الصحة، الدكتور فيصل بن يعقوب الحمر والشكر موصول لجميع من عمل معي من داخل وزارة الصحة وخارجها إذ شكلنا مع بعضنا البعض فرق عمل وخلايا نحل ولولاهم لما كنت أقف هنا اليوم.

كما أهدي هذه الجائزة إلى روحي والديَّ الكريمين وإلى جميع أفراد عائلتي عائلة الجودر العزيزة ولقيادتنا الرشيدة متمثلة في مليكنا المفدى ورئيس وزرائه الموقر وولي عهده الأمين، ولصاحبة السمو الشيخة سبيكة بنت إبراهيم الخليفة، رئيسة المجلس الأعلى للمرأة صانعة نهضة المرأة البحرينية الحديثة، ولكل شعب البحرين الحبيب ولكل من يقيم على ترابها الغالي والسلام عليكم ورحمة الله وبركاته.

**Presentation of the United Arab Emirates Health Foundation Prize**
**Remise du Prix de la Fondation des Émirats arabes unis pour la Santé**

The PRESIDENT:

We shall now proceed with the presentation of the United Arab Emirates Health Foundation Prize, which is awarded to a person or persons, an institution or institutions or a nongovernmental organization or organizations that has or have made an outstanding contribution to health development.

The members of the Executive Board Selection Panel felt that more than one candidate merited the Prize and therefore decided that the Prize should be shared between two candidates. It is my pleasure to announce that the 2009 United Arab Emirates Health Foundation Prize has been awarded jointly to the Integrated Perinatal Care Project, KK Women's and Children's Hospital in Singapore and to the Georgian Respiratory Association.

The KK Women's and Children's Hospital was founded in 1924 and is the largest medical facility in Singapore. The Integrated Perinatal Care Project has contributed significantly to bridging the gap between knowledge and practice with a strong research element. Among its many achievements it has achieved a notable decrease in maternal mortality, has patented and implemented new health-care delivery methods.

The Georgian Respiratory Association was established in 2004 with the aim of developing and promoting respiratory medicine in Georgia. It has produced guidelines on the management of respiratory diseases. It has promoted the continued medical education, through, among other initiatives, the organization of scientific meetings, and the publishing of the *Georgian Respiratory Journal* for medical specialists, insuring that also those in remote areas can have access to the latest medical information and techniques.

Now I have the pleasure of inviting His Excellency, Obaid Salem Saeed Al Zaabi representing the United Arab Emirates Health Foundation, to address the Health Assembly.

السيد عبيد سالم الزعبي (مؤسسة الإمارات العربية المتحدة للصحة):

Mr AL ZAABI (United Arab Emirates Health Foundation):

بسم الله الرحمن الرحيم،

السيد رئيس جمعية الصحة العالمية، سيادة الدكتورة مارغريت تشان، المديرة العامة لمنظمة الصحة العالمية، أصحاب المعالي وزراء الصحة، أصحاب السعادة أعضاء الوفود وممثلي المنظمات المشاركة، السيدات والسادة،

باسم مؤسسة الإمارات العربية المتحدة للصحة، يطيب لي أن أتقدم إليكم جميعاً بخالص التهاني بمناسبة الاحتفال السنوي الذي تنظمه منظمة الصحة العالمية لتكريم الأطباء والعلماء والمؤسسات ممن يسهمون في إثراء العمل الصحي، وتعزيز دور المنظمة الرائد في المحافظة على صحة وسلامة الإنسان. كما أغتنم هذه المناسبة لأتقدم بجزيل الشكر والامتنان للمجلس التنفيذي للمنظمة للجهود الطيبة التي يبذلها جميع أعضائه بالإعداد لتكريم الفائزين بهذه الجائزة.

السيدات والسادة، إن جائزة مؤسسة الإمارات العربية المتحدة للصحة، جاءت وفقاً لمبادرة كريمة من الشيخ زايد بن سلطان آل نهيان مؤسس دولة الإمارات العربية المتحدة رحمه الله، ومجسدة لثقة وإيمان دولة الإمارات بقيادة صاحب السمو الشيخ خليفة بن زايد آل نهيان رئيس الدولة حفظه الله، وأخيه صاحب السمو الشيخ محمد بن راشد آل مكتوم، نائب رئيس الدولة رئيس مجلس وزراء وحاكم دبي رعاه الله، وإخوانهما أصحاب السمو حكام الإمارات حفظهم الله لتعزيز ودعم العمل النبيل لمنظمة الصحة العالمية في كافة بلدان العالم.

إن انطلاق مبادرة الشيخ زايد بن سلطان آل نهيان لجائزة مؤسسة الإمارات العربية المتحدة للصحة في ١٨ أيار/ مايو ١٩٩٣، إنما أتى قناعة من قيادتنا الرشيدة بدور العلماء والعاملين في هذا المجال على تطوير العطاء للبشرية جمعاء. وجسدت هذه القناعة من خلال أكبر مؤسسة صحية في العالم والمظلة الكبرى لتطوير العلم والعطاء الصحي منظمتنا جميعاً منظمة الصحة العالمية حيث منحت أول جائزة في أيار/ مايو ١٩٩٤.

السيدات والسادة، إنه يشرفني من هذا المقام وبموافقة المجلس التنفيذي لمنظمة الصحة العالمية أن أعلن عن منح جائزة مؤسسة الإمارات العربية المتحدة للصحة لهذا العام مناصفة إلى كل من مستشفى النساء والأطفال كيك كيه في سنغافورة وجمعية الأمراض الصدرية في جورجيا.

أما مستشفى النساء والأطفال كيك كيه الذي أسس عام ١٩٢٤ فيعتبر أكبر مؤسسة صحية في سنغافورة وكان له موقع ريادي في توفير الرعاية الصحية التخصصية لهاتين الشريحتين الهامتين من السكان

حيث ساهمت هذه المؤسسة في إيجاد تواصل وثيق بين المعرفة المبنية على البحوث العلمية وبين الممارسات المهنية.

أما جمعية الأمراض الصدرية في جورجيا فقد تأسست عام ٢٠٠٤ بهدف تعزيز مكافحة الأمراض الصدرية وتعتبر أول جمعية في جورجيا تمكنت من تطوير نظام مدعوم بدليل وطني لتدريب الأطباء في المناطق النائية. وتبوأت الجمعية الريادة في إطلاق مشروع رصد الأمراض الصدرية المزمنة على مستوى الرعاية الصحية الأولية.

السيدات والسادة، إن دولة الإمارات تتطلع إلى حث العلماء والباحثين والمؤسسات العلمية والمنظمات والجمعيات ذات النفع العام في جميع أنحاء العالم على بذل المزيد من الجهد لمواكبة التطورات المتصارعة التي يشهدها عالمنا اليوم وذلك للتوصل إلى أساليب أكثر فعالية للتغلب على المشكلات والتحديات الصحية.

وأخيراً لا يسعني إلا أن أتوجه لجمعكم الكريم هذا بالشكر والتقدير وبالتهنئة القلبية للفائزين بجائزة هذا العام، كما أؤكد مرة أخرى مواصلة سعينا في تقديم ما من شأنه أن يعود بالخير على البشرية جمعاء.

والسلام عليكم ورحمة الله وبركاته.

The PRESIDENT:

Thank you. It is now my privilege to present the United Arab Emirates Health Foundation Prize to Associate Professor Tan Kok Hian, Team Leader of the Integrated Perinatal Care Project.

**Amid applause, the President handed the United Arab Emirates Health Foundation Prize to Dr TAN Kok Hian.**
**Le Président remet le Prix de la Fondation des Émirats arabes unis pour la Santé au Dr TAN Kok Hian. (Applaudissements)**

Dr TAN Kok Hian (KK Women's and Children's Hospital, Singapore):

Mr President, Director-General, honourable ministers, excellencies, distinguished delegates, ladies and gentlemen, the KK Women's and Children's Hospital, Singapore is pleased and honoured that our Integrated Perinatal Care Project has been awarded the United Arab Emirates Health Foundation Prize. This Prize is awarded to a person, institution or organization that has made an outstanding contribution to health development. We, the KK Women's and Children's Hospital Perinatal Team, thank the United Arab Emirates Health Foundation selection panel and the Executive Board of WHO for selecting our project as worthy of this prestigious Prize.

The KK Women's and Children's Hospital started in 1858 as a public hospital and celebrated its 150th anniversary last year. The hospital became a free maternity hospital in 1924 and was the busiest maternity hospital in the world in the 1950s and 1960s. The KK Women's and Children's Hospital helped Singapore to significantly reduce maternal mortality (by 100 times) from 760 per 100 000 births in 1930 to seven per 100 000 births in 1987 and the perinatal mortality from above 50 per 1000 births in the 1940s to less than five per 1000 births in the 1990s.

For the last two decades, KK Women's and Children's Hospital has strived to be a health-care leader for women and children. In line with this, the Integrated Perinatal Care Project was initiated in 1994 to further improve maternal and perinatal care. The KK Women's and Children's Hospital Perinatal Team is a multidisciplinary team that operates in a well-coordinated manner, in close collaboration with midwives, medical officers, obstetricians, anaesthetists, physicians, neonatologists and paediatric surgeons. Our team not only focuses on knowledge generation through internal surveys but also ensures ongoing enhancement of various protocols, development of new health-care delivery methods and formation of strong partnerships with other research-oriented local and regional organizations. We strongly emphasize the knowledge-translation process to improve care. By effective bridging the gap between knowledge and practice, our team has been able to deliver state-of-the-art evidence-based care to our patients in a timely and efficient manner.

Since its inception, the Integrated Perinatal Care Project has helped to establish our hospital as an international centre of excellence in perinatal care and a national referral centre. We take great

pride in our patient care and our consistent record of having one of the lowest maternal mortality and eclampsia rates for a tertiary hospital in the world. Perinatal and neonatal mortality rates were further reduced to very low levels.

The success of the Integrated Perinatal Care Project was pivoted on the effective team efforts among various disciplines in maternal and perinatal care. Thus, for our KK Women's and Children's Hospital Perinatal Team, this award is a recognition of our collective team effort and spirit. This award is also a recognition of our hospital's century-old efforts in the pursuit of better maternal and perinatal care. Finally, it is a strong endorsement of the national and worldwide collaborative effort in improving maternal care, which our hospital is actively engaging in. We look forward to continue our contributions in improving maternal care, which is one of the Millennium Development Goals.

This award will spur us on to work harder and even better. The KK Women's and Children's Hospital Perinatal Team will be donating the Prize money to our perinatal training fund to train more junior staff in perinatal care. We would like to thank WHO and everyone here for the privilege and honour of receiving this Prize at this Sixty-second World Health Assembly in Geneva. Thank you very much.

The PRESIDENT:

Thank you, Professor Tan. It is now my privilege to present the United Arab Emirates Health Foundation Prize to Mr Ivane Chkhaidze, President of the Georgian Respiratory Association.

**Amid applause, the President handed the United Arab Emirates Health Foundation Prize to Mr Ivane Chkhaidze.**
**Le Président remet le Prix de la Fondation des Émirats arabes unis pour la Santé à M. Ivane Chkhaidze. (Applaudissements)**

Dr CHKHAIDZE (Georgian Respiratory Association):

Distinguished Director-General, distinguished President, distinguished delegates, I would like to thank the Director-General for inviting us to be part of this important Sixty-second World Health Assembly. It is a great honour to receive the United Arab Emirates Health Foundation award. This recognition will bring tremendous joy and encouragement to all members of the Georgian Respiratory Association.

This is truly a celebration for our Association, a celebration of the contributions of our members in health promotion, But it is not only our Association's award. It belongs to many others who helped us to realize our plans: the Ministry of Health of Georgia, the WHO country office, the State Medical University, the managers of medical facilities, and many others.

The Georgian Respiratory Association is very young. It was established in 2004 and it was very hard in the beginning: no one knew us, no sponsors were interested in collaborating with us, but we were very persistent and motivated. We did not have enough money to rent appropriate conference facilities so our first regional conferences, over 300 kilometers from our capital, were held in cold uncomfortable halls, sometimes in an old theatre, sometimes in a huge opera house. But among our 400 participants, no one complained, no one left the conference. They listened to our speakers for six to eight hours without even a single coffee break. They wanted new information, they wanted to learn more, and we are really grateful for their patience.

It was the doctors from the distant hospitals and outpatient clinics who encouraged us not to give up and we moved forward. We launched the *Georgian Respiratory Journal* that was distributed to our members; we created the first Georgian guidelines in respiratory medicine; we started the training of family physicians and doctors in primary health care facilities; we signed an agreement with WHO and started the WHO Global Alliance Against Chronic Respiratory Diseases programme in Georgia. In 2007 we organized the first international congress of the Georgian Respiratory Association and, with the assistance of the European Respiratory Society conducted its school seminar in Georgia, which was a great success. It was our first congress with European accreditation and top European speakers. It was a crucial moment and we became friends with almost everyone. Our last regional

meetings have been held in comfortable hotel conference rooms with crowded exhibits and appropriate coffee breaks. At our first congress only 15 companies were interested in support and collaboration; today we have about 30 offers to cooperate in our second International Congress in 2010.

The United Arab Emirates Health Foundation award increases the determination of our members. We hope to work more and share our knowledge and experience with more doctors. We believe that they have a right to learn more. The Georgian Respiratory Association will continue to make our voices heard, for medical professionals, for policy-makers. And this award will help us to be heard more loudly and more clearly and we are very grateful for this opportunity. Thank you very much.

**Presentation of the State of Kuwait Prize for Research in Health Promotion**
**Remise du Prix de l'État du Koweït pour la Recherche en Promotion de la Santé**

The PRESIDENT:

We will now proceed with the presentation of the 2009 State of Kuwait Prize for Research in Health Promotion. The Prize is awarded to a person or persons, institution or institutions, or a nongovernmental organization or organizations that have made an outstanding contribution to research in health promotion. The members of the Executive Board Selection Panel felt that more than one candidate merited the Prize, and therefore decided that the Prize should be shared between two candidates. It is my pleasure to announce that the 2009 State of Kuwait Prize for Research in Health Promotion has been awarded jointly to Dr Shaikha Salim Al Arrayed and to the National Centre for Workplace Health Promotion, Nofer Institute of Occupational Medicine, Poland. Dr Al Arrayed is head of the Genetic Department in the Salmaniya Medical Complex and of the National Committee for Control of Hereditary Diseases, Bahrain. Over the past 25 years, she has made a significant contribution to health research, training and health-care services. She has implemented the country's hereditary blood diseases control programme, which has achieved a 60% to 70% reduction in the prevalence among newborns and has considerably reduced the rate of consanguinity. The programme that she has spearheaded, which is the first in the region, has been used as a model in other regions.

The National Centre for Workplace Health Promotion was established in 1996 and is responsible for the development and coordination of activities of the National Network for Workplace Health Promotion in Poland. Among its various achievements is the launch in 2002 of a new area of research into the needs of older employees. Its work is recognized internationally and has received many positive reviews from the competent bodies. I shall now invite Dr Al-Saif to address the Health Assembly on behalf of the State of Kuwait.

الدكتور علي يوسف السيف (مؤسسة دولة الكويت لتعزيز الصحة):

Dr AL SAIF (State of Kuwait's Health Promotion Foundation):

بسم الله الرحمن الرحيم،

السيد رئيس جمعية الصحة العالمية، السيدة المديرة العامة لمنظمة الصحة العالمية، أصحاب المعالي والسعادة، أعضاء الوفود، السلام عليكم ورحمة الله وبركاته،

أود، في البداية، أن أهنئكم سيادة الرئيس على اختياركم رئيساً لجمعية الصحة العالمية الثانية والستين، كما أهنئ نواب الرئيس وأتمنى للجمعية كل النجاح. ويسعدني، باسمي وباسم مؤسسة دولة الكويت لتعزيز الصحة، أن أرحب بكم في هذا الحفل الكريم لمنح جائزة دولة الكويت في مجال الأبحاث لتعزيز الصحة.

سيادة الرئيس، لقد أولى حضرة صاحب السمو أمير دولة الكويت الشيخ صباح الأحمد جابر الصباح حفظه الله ورعاه، اهتماماً كبيراً بالخدمات الصحية بدولة الكويت، وقدم الدعم للعديد من نشاطات منظمة الصحة العالمية في العديد من مجالات مكافحة الأمراض في العالم، ومن أجل ذلك بادرت دولة الكويت بإنشاء هذه الجائزة في منظمة الصحة العالمية عام ٢٠٠٤ لتشجيع الأطباء والعلماء والباحثين لإجراء الأبحاث في هذا المجال العام. وإننا على يقين بأن هذه الجائزة سوف تساهم في دعم الأبحاث في مجال تعزيز الصحة في مكافحة أمراض العصر وتحسين الخدمات الصحية في العالم من خلال تقليل كثير من أمراض العصر مثل

أمراض القلب والشرايين ومرض السرطان والسكري والأمراض النفسية وأمراض المناطق المدارية وغيرها من الأمراض التي تؤثر على الوضع الصحي العالمي.

سيادة الرئيس، يسعدني أن أُعلم هذا الحفل الكريم بأن مؤسسة دولة الكويت لتعزيز الصحة والمجلس التنفيذي لمنظمة الصحة العالمية قد وافقا في شهر كانون الثاني/ يناير عام ٢٠٠٩ على منح جائزة مؤسسة دولة الكويت في مجال الأبحاث لتعزيز الصحة لكل من الدكتورة شيخة سليم العريض من البحرين والمركز الوطني لتعزيز الصحة معهد نوفل للطب المهني في بولندا.

لقد تم منح الجائزة للدكتورة شيخة سليم العريض من مملكة البحرين، وهي رئيسة قسم الوراثة في مركز السليمانية الطبي في البحرين نظراً لمساهماتها في الأبحاث والتدريب والخدمات الطبية في مجال الأمراض الوراثية. ولقد قامت خلال الأعوام الخمسة والعشرين الماضية بوضع برنامج للوقاية من أمراض الدم. كما قامت بدور كبير في مجال التوعية بخصوص الأمراض الوراثية.

كما تم منح الجائزة الثانية للمركز الوطني لتعزيز الصحة في بولندا نظراً لدوره الكبير في مجال طب المجتمع ودوره في وضع الاستراتيجيات وإجراء الأبحاث في هذا المجال ورصد ومكافحة التدخين وإصدار الكتيبات والمراجع، كما قام المركز بعمل أبحاث تحليلية الوضع لتعزيز الصحة في بولندا.

وفي نهاية كلمتي أود أن أهنئ الفائزين بهذه الجائزة وأشكر المديرة العامة الدكتورة مارغريت تشان وجميع العاملين معها على جهودهم في هذا المجال.

والسلام عليكم ورحمة الله وبركاته.

The PRESIDENT:

Thank you Dr Al-Saif. It is with great pleasure that I now present the 2009 State of Kuwait Prize for Research in Health Promotion to Dr Shaikha Salim Al Arrayed.

**Amid applause, the President handed the State of Kuwait Prize for Research in Health Promotion to Dr Shaikha Al Arrayed.**
**Le Président remet le Prix de l'État du Koweït pour la Recherche en Promotion de la Santé au Dr Shaikha Al Arrayed. (Applaudissements)**

Dr AL ARRAYED:

President, Director-General Dr Chan, respected delegates, ladies and gentlemen, it is a great honour for me to receive the prestigious Kuwait Award for research in health promotion. I am very grateful to the Executive Board of the World Health Organization for granting me this award. I am a Bahraini physician with a PhD in genetics. My life has been dedicated to protecting children from the chronic effect of genetic diseases and reducing the suffering. That is why I organized and directed the campaign to control genetic diseases in Bahrain in the 1984–2009 period. The goals of this campaign were to reduce the incidence of hereditary diseases and to improve the standard of management of our patients suffering from these diseases in Bahrain. The prevention strategy depends on health education, screening and counselling. A comprehensive health education programme has been launched to increase public awareness of the disease and method of avoiding them. The screening for haemoglobinopathies – including sickle-cell disease and thalassaemia – was undertaken in the following population categories: antenatal mothers, premarital couples, newborns and school students, followed by family counselling. The campaign was supported by both the policy-makers and the community.

These efforts over more than 25 years have had a tremendous effect in reducing the prevalence of genetic blood diseases among the newborn in Bahrain, so that in 1984 the incidence of sickle-cell disease among newborns reduced from 20 per 1000 in 1984 to seven per 1000 with 70% decline today. The consanguinity rate also declined gradually due to increased awareness about genetic diseases. The total consanguinity rate in 1990 was 49% compared with 20% with 66% decline in 2007. During this

campaign, we addressed the ethical, legal and social issues such as equity, informed consent, privacy, confidentiality and prevention of stigmatization and discrimination.

I have received many awards including the Kingdom Competence of Order of First Degree from His Highness, the King of Bahrain, Hamad Bin Isa Al Khalifa. I was also among the 100 women nominees for the 2005 Nobel Peace Prize. As for membership I am the Chairperson of the Steering Committee of the Eastern Mediterranean Health Genomics and Biotechnology Network, a member of the WHO Human Genetics Expert Advisory Panel as well as a member of many international, regional and local genetic societies and organizations. As for social activities, I am a founding member and President of the Bahrain National Heredity Blood Diseases Society. I have published more than 60 papers in peer review journals and many books in English and Arabic about genetics. I have also contributed to many national projects such as establishing a cytogenetic laboratory, a molecular laboratory, premarital counselling services, student-screening services and birth defects register. I also contributed to WHO publications, both as coauthor and as reviewer.

In summary, we were able to reduce the incidence of sickle-cell disease in our country by 70% and protect thousands of babies from acquiring the disease. During this period, the prevalence of cousin marriages also declined. We expect that this should reduce the prevalence of other genetic diseases such as metabolic and neurological diseases. We are regarded as a model in fighting genetic diseases and our continuous aim is to eradicate these diseases from our country.

Finally, I would like to thank WHO, the State of Kuwait for giving me this Award and to thank my family, the Minister of Health in Bahrain and the Government of Bahrain for their support and encouragement. Thank you.

The PRESIDENT:

Thank you Madam. It is now my pleasure to present the 2009 State of Kuwait Prize for Research in Health Promotion to Professor Konrad Rydzyñski, Director of the Nofer Institute of Occupational Medicine.

**Amid applause, the President handed the State of Kuwait Prize for Research in Health Promotion to Professor Konrad Rydzyñski.**
**Le Président remet le Prix de l'État du Koweït pour la Recherche en Promotion de la Santé au Professeur Konrad Rydzyñski. (Applaudissements)**

Professor RYDZYÑSKI (Nofer Institute of Occupational Medicine):

Mr President, Director-General, ladies and gentlemen, distinguished guests, I feel truly honoured to have joined this prestigious gathering at the Sixty-second World Health Assembly. It is my pleasure to represent the National Centre of Workplace Health Promotion at the Nofer Institute of Occupational Medicine in Lodz, Poland, as a winner of the State of Kuwait Prize for Research in Health Promotion.

The National Centre of Workplace Health Promotion is headed by Dr Elzbieta Korzeniowska, and I would like to take this opportunity to express my cordial gratitude to her and her entire team for their outstanding performance. Health promotion is an important multidisciplinary area of modern public health that is focusing on improving human health along with traditional medicine based on technologically advanced procedures and pharmaceutical therapy. Its main task is to empower people to pursue the best potential health. In other words, health promotion is a concept emphasizing the fact that for good health we need a lot more than just effective medical services, well-trained doctors and nurses or modern equipment and medications.

Although this notion has already been well-established in the political domain, it still lacks proper support and attention when it comes to its practical implementation in many communities. The National Centre of Workplace Health Promotion, at the Nofer Institute of Occupational Medicine, is active in a very specific area of health promotion regarding the working population. It is an important target group, whose needs and relevance with respect to health promotion are often underestimated, especially when compared with respective activities for children, adolescents or high-risk groups for

particular diseases. It is essential to regard workplace health promotion as a notion broader than that of traditional occupational medicine or occupational health and safety, since the working population is an invaluable capital of any nation and a source of social and economic growth and prosperity, especially in the Asian world. The National Centre of Workplace Health Promotion contributes to developing knowledge in the area of workplace health as an effective implementation of health promotion which requires evidence-based practice and a sound, scientific foundation. Therefore, in day-to-day activities, the Centre carries out research projects that are focused on a wide range of actions for health promotion in workplaces and assessment of the facts and their practical implementation. This in turn forms the ground for developing guidelines and recommendations as well as the methodology and knowhow necessary to put the concepts into practice in a flexible and effective way. The research strategies of the Centre concern various fields of interest. These range from the health-related beliefs and behaviours of workers to the employers' attitudes towards health promotion and practical activities in the enterprises, to the major workplace-related and more general organizational, legal and economic principles and the determinants of health promotion.

Another broad area of the Centre's research covers the health determinants that are crucial from the perspective of health promotion. This includes stress, tobacco smoking, alcohol abuse and the use of health care or health protection services. Such studies have been carried out for several years, making it possible to define the changes and time trends. The outcomes of the Centre's activities are disseminated in Poland as well as shared with other parties interested in workplace health promotion via well-established international corroboration. I do encourage all of you to contact us and cooperate.

We would like to once again thank the Executive Board of WHO and the founders of the State of Kuwait Prize for Research in Health Promotion for granting us this prestigious award as well as for recognizing the importance of this particular area of public health: workplace health promotion. Thank you very much for your attention.

**Presentation of the Dr LEE Jong-wook Memorial Prize for Public Health**
**Remise du Prix Dr LEE Jong-wook pour la Santé publique**

The PRESIDENT:

We will now proceed with the presentation of the 2009 Dr LEE Jong-wook Memorial Prize for Public Health. This is the first year this prize has been bestowed.

The Dr LEE Jong-wook Memorial Prize for Public Health was established in 2008 and is awarded to one or more persons, institutions, governmental or nongovernmental organizations that have made an outstanding contribution in the following areas: research into and prevention, treatment and control of HIV/AIDS; research into and control of communicable diseases; or control of neglected tropical diseases. It is my pleasure to announce that the 2009 Dr LEE Jong-wook Memorial Prize for Public Health has been awarded to the Infectious Diseases, AIDS and Clinical Immunology Research Centre of Georgia. The Research Centre is well regarded for its achievements in diagnostics, treatment and control of infectious diseases and has pioneered work in the region on HIV/AIDS and viral hepatitis, notably in research and their treatment, prevention and control. It has introduced universal coverage of antiretroviral treatment and services or the prevention of mother-to-child transmission of HIV. The Centre played a crucial role in the country's pioneering adoption of a law on HIV/AIDS prevention in 1995 and the development of a national strategy plan on HIV/AIDS completed in 2002 and a national Tuberculosis-HIV/AIDS strategic plan for 2007–2011. I shall now invite Dr Park Jong-wha, President of the Korean Foundation for International Healthcare to address the Health Assembly on behalf of the Dr LEE Jong-wook Memorial Fund.

Dr PARK Jong-wha (Korean Foundation for International Healthcare):

Distinguished chief delegates and delegations from Member States and awardees, and, today especially, the awardee from Georgia, last but not least, Mrs Reiko Kubaraki Lee. Dr Lee Jong-wook left us, but we did not send him away. We would still like to have him in our midst. He is not here in body but he remains here, as far as I know, in spirit, in his vision for the future orientation of WHO.

The Korean Foundation for International Healthcare, of which I am President has named a memorial fund after Dr Lee Jong-wook. We in Korea decided to accompany Dr Lee Jong-wook when he was Director-General in whatever he was doing for public health in the name of WHO. We want to continue to accompany him, even though he is here only in spirit and mind, with an award: the Dr LEE Jong-wook Memorial Award for Public Health.

You know him better than I do; you have lived with him for longer than I did. I can explain much about him, his personality, his work. You have experienced what he tried to do as Director-General. I can share with you some of the reasons why we have established and why we are sponsoring the Dr LEE Jong-wook Memorial Award. First, Dr Lee Jong-wook was a man of integrity; integrity in that he cared so much for people in need. He passionately cared for people, a caring passion. Secondly, in his capacity he shared his personal, technical and professional resources with organizations and institutions all over the world wherever and whenever necessary. He believed in the wisdom of sharing. Thirdly, he dared to do; when he thought it was right, in the right place and the right time he pushed forward very courageously as he did with the establishment of the JW Lee Centre for Strategic Health Operations (SHOC). I say he was, and still is, a man of daring and courage. We in the Foundation want to support the Infectious Diseases, AIDS and Clinical Immunology Research Centre of Georgia with WHO so that this institution will remember his caring, sharing, daring mission in Georgia. His name will be remembered, but we are people, human beings, we cannot live on past legacies alone; they are very important, but we still need to live for the future, with vision, and with future programmes in mind. Dr Lee Jong-wook was a man of vision, I think. His vision still lives, remains alive. We would like to follow him to accompany him in his vision to eradicate and eliminate diseases, all kinds of diseases from this world. He tried to establish and build a world without diseases. This vision will come to life when we try to do it together and when we try our best. Dare we try to do our best in Korea and all over the world, to live with the whole of humanity in the spirit of Dr Lee Jong-wook and his strong vision for the future.

We can only imagine this kind of world existing a long time in the future. We can make it come true a little at a time. We can make a first part of such a world come true. Our strong hope is that the Research Centre of Georgia makes a small but very significant first example of a world without disease, in Georgia and central Asia, to be shared by us. What Dr Lee Jong-wook would say to you is, let us think globally, to build a world without diseases. Let us cooperate regionally. Let us act locally, to build this world. The whole world is ours. We are the world. We are the regions, we are the local communities. Thank you very much.

The PRESIDENT:

Thank you, Dr Park. It is with great pleasure that I present the 2009 Dr LEE Jong-wook Memorial Prize for Public Health to Dr Shota Gogichaishvili, Executive Director, Infectious Diseases, AIDS and Clinical Immunology Research Centre of Georgia.

**Amid applause, the President handed the Dr LEE Jong-wook Memorial Prize for Public Health to Dr Shota Gogichaishvili.**
**Le Président remet le Prix Dr LEE Jong-wook pour la Santé publique au Dr Shota Gogichaisvili. (Applaudissements)**

Dr GOGICHAISHVILI (Infectious Diseases, AIDS and Clinical Immunology Research Centre, Georgia):

Your excellency, Director-General, Mr President, Dr Park, distinguished delegates, ladies and gentlemen, first of all, let me greet you and thank WHO for the opportunity to visit Geneva and participate at this important forum. Georgia is a small, newly-independent country with an ancient history that has chosen a pathway to democracy and freedom. Like other countries with young democracies, Georgia is experiencing difficult times, facing challenges regarding its economic situation. For that reason, we are especially proud and grateful to be this year's awardee of the Dr LEE Jong-wook Memorial Prize. We realize that such success would not have been achieved without the strong

political commitment and explicit leadership of the Georgian Government and health-care officials. WHO's contribution was especially noteworthy in the creation of a modern-type health-care system in Georgia. International partnerships with leading medical centres from Europe and the United States of America should also be considered. This acknowledgement will definitely encourage us to make further progress in the field of HIV/AIDS and other infectious diseases in Georgia.

In general, being awarded any WHO prizes is extremely honourable in itself, but the Dr LEE Jong-wook Memorial Prize is exceptionally valuable. It is worth mentioning that our Centre is the first winner of this Prize. We honour Dr Lee Jong-wook as a person, dedicated to his work, unfalteringly committed to attain "the highest possible level of health" for all people. Born in the Republic of Korea, he became a world leader in public health. He tackled every challenge with passion, dedication and professionalism. Dr Lee's contribution in the development of global health is enormously significant.

Lastly, let us assure you that we will do our best to be a worthy partner of WHO and the Dr LEE Memorial Foundation.

The PRESIDENT:

Thank you, Sir. I would like to make an announcement regarding the Francesco Pocchiari Fellowship. This fellowship was established in 1991 with funds provided by the Italian Government to honour the memory of Professor Francesco Pocchiari, former Director-General of the Istituto Superiore di Sanità, Rome. The Fellowship was awarded in 2008 to Dr Uranchimeg Davaatseren from Mongolia and to Dr Intesar Alsaidi from Yemen. I would now like to draw your attention to document A62/41, containing amendments to the statutes governing the Ihsan Dogramaci Family Health Foundation, for your information.

This concludes our consideration of item 7 of our agenda. I would now like to request that delegates remain seated for a few moments while the Director-General and I bid farewell to our guests. Thank you.

## 2. EXECUTIVE BOARD: ELECTION<br>CONSEIL EXÉCUTIF: ÉLECTION

The PRESIDENT:

We shall now consider item 6, Executive Board: election. I draw your attention to the list of 12 members, contained in document A62/49, drawn up by the General Committee in accordance with Rule 100 of the Rules of Procedure. In the General Committee's opinion, these 12 members would provide, if elected, a balanced distribution of the Board as a whole. These members are, in the English alphabetical order: Brunei Darussalam, Burundi, Canada, Chile, Estonia, France, Germany, India, Japan, Serbia, Somalia and Syrian Arab Republic.

Is the Health Assembly prepared, in accordance with Rule 78 of the Rules of Procedure, to elect these 12 members as proposed by the General Committee? I see no objection. I therefore declare the 12 members elected.

This election will be duly recorded in the records of the Health Assembly. May I take this opportunity to invite members to pay due regard to the provisions of Article 24 of the Constitution when appointing a person to serve on the Executive Board.

## 3. REPORTS OF THE MAIN COMMITTEES (continued)[1]
## RAPPORTS DES COMMISSIONS PRINCIPALES (suite)[1]

The PRESIDENT :

We can now proceed to agenda item 8, Reports of the main committees.

### First report of Committee B
### Premier rapport de la Commission B

Now we will consider the draft first report of Committee B. This is contained in document A62/50. Please disregard the word "Draft" as the Committee approved the report without amendments.

The report contains seven resolutions, which I will read one at a time. First, there is the resolution entitled "Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan".

Is the Health Assembly ready to adopt this resolution?

Mr HOHMAN (United States of America):

Thank you, Mr President. I would like the official records of this session to reflect that this resolution was adopted in the committee by a recorded vote and is not a consensus text. Thank you.

The PRESIDENT:

This will be recorded. I see no objection. The resolution is therefore adopted.

The second resolution for your consideration is entitled "Unaudited interim financial report on the accounts of WHO for 2008". Is the Health Assembly ready to adopt this resolution? I see no objection. It is so adopted.

The third resolution for your consideration is entitled "Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution". Is the Health Assembly reedy to adopt this resolution? I see no objection. It is so adopted.

The fourth resolution for your consideration is entitled "Scale of assessments 2010–2011". Is the Health Assembly ready to adopt this resolution? I see no objection. It is so adopted.

The fifth resolution for your consideration is entitled "Amendments to the Financial Regulations and Financial Rules". Is the Health Assembly ready to adopt this resolution? I see no objection. It is so adopted.

The sixth resolution for your consideration is entitled "Amendments to Staff Regulations". Is the Health Assembly ready to adopt this resolution? I see no objection. It is so adopted.

The seventh resolution for your consideration is entitled "Salaries of staff in ungraded posts and of the Director-General". Is the Health Assembly ready to adopt this resolution? I see no objection. It is so adopted.

The resolutions are therefore adopted and the first report of Committee B is therefore approved.

This completes our work for today. The meeting is adjourned.

**The meeting rose at 18:35.**
**La session est levée à 18h35.**

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[1] See reports of committees in document WHA/62/2009/REC/3.

[1] Voir les rapports des commissions dans le document WHA/62/2009/REC/3.

## EIGHTH PLENARY MEETING

**Friday, 22 May 2009, at 12:52**

**President:** Mr N.S. DE SILVA (Sri Lanka)

## HUITIÈME SÉANCE PLÉNIÈRE

**Vendredi 22 mai 2009, 12h52**

**Président :** M. N.S. DE SILVA (Sri Lanka)

### 1. REPORTS OF THE MAIN COMMITTEES (continued)
### RAPPORTS DES COMMISSIONS PRINCIPALES (suite)

The PRESIDENT:

The Health Assembly is called to order. Your excellencies, distinguished delegates, we are here this afternoon to consider item 8 of our agenda, Reports of the main committees.

**Second report of Committee A**
**Deuxième rapport de la Commission A**

We can now proceed to agenda item 8, Reports of the main committees.

Today we will consider the second report of Committee A, which is contained in document A62/51. Please disregard the word "Draft" as the Committee adopted the report without amendments. The report contains two resolutions. The first resolution is entitled "Appropriation resolution for the financial period 2010–2011". Is the Health Assembly ready to adopt this resolution? As I see no objection, the resolution is therefore adopted.

The second resolution is entitled "Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits". Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is therefore adopted and the second report of Committee A is therefore approved.

**Third report of Committee A**
**Troisième rapport de la Commission A**

We will now consider the third report of Committee A, which is contained in document A62/52. The report contains four resolutions. The first resolution is entitled "Medium-term strategic plan 2008–2013, including Programme budget 2010–2011". Is the Health Assembly ready to accept this resolution? As I see no objection, the resolution is therefore adopted.

The second resolution for your consideration is entitled "Primary health care, including health system strengthening". I understand that an amendment was approved by the Committee and will be read out by the Secretariat. I now give the floor to Mr Burci to read out the amendment.

Mr BURCI (Legal Counsel):

Thank you, Mr President, the amendment adopted by the Committee is in operative paragraph 1, subparagraph 3. Let me read the text of the subparagraph as it was amended by the Committee; it reads as follows: It "urges Member States to put people at the centre of health care by adopting, as appropriate, delivery models focused on the local and district levels that provide comprehensive primary health care services, including health promotion, disease prevention, curative care and palliative care, that are integrated with other levels of care and coordinated according to need, while ensuring an effective referral system to secondary and tertiary care".

The PRESIDENT:

Is the Health Assembly ready to adopt this resolution as amended by the Committee? I see no objection, so it is adopted.

The third resolution is entitled "Traditional medicine". Is the Health Assembly ready to adopt this resolution? As I see no objection, the resolution is therefore adopted.

The fourth resolution is entitled "Reducing health inequities through action on the social determinants of health". Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is therefore adopted and the third report of Committee A is therefore approved.

**Fourth report of Committee A**
**Quatrième rapport de la Commission A**

We will now consider the fourth report of Committee A, which will be contained in document A62/53, which was read and adopted with amendments, before the closure of Committee A. The report contains one resolution entitled "Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis". I understand that an amendment was approved by the Committee, and it will be read out by the Secretariat. I now give the floor to Mr Burci to read out the amendment.

Mr BURCI (Legal Counsel):

Thank you, Mr President. There are a few amendments that were adopted by the Committee. The first amendment is in the seventh preambular paragraph, which is at the top of page 2 in the English version of the Conference paper and I will read it as amended: "Recognizing that the rates of tuberculosis are disproportionately high in high-risk populations, including indigenous populations.".

The second amendment is in the tenth preambular paragraph, which starts with the words "Recognizing that there is an urgent need"; it will now read as amended: "Recognizing that there is an urgent need to invest in research for development of new diagnostics, medicines and vaccines and in operational research to prevent and manage tuberculosis, including multidrug-resistant and extensively drug-resistant tuberculosis, while exploring and, where appropriate, promoting a range of incentive schemes for research and development, including addressing, where appropriate, the de-linkage of the costs of research and development and the price of health products.".

The third amendment is in operative paragraph 1, subparagraph 1(h), which would now read as follows: "ensuring an uninterrupted supply of first- and second-line medicines for tuberculosis treatment, which meet WHO prequalification standards or strict national regulatory authority standards and that quality-assured fixed-dose combination medicines of proven bioavailability are prioritized within a system that promotes treatment adherence". The final amendment is in operative paragraph 2, which starts with: "Requests the Director-General", subparagraph 6, which would now read as follows: "to explore and, where appropriate, promote a range of incentive schemes for research and development, including addressing, where appropriate, the de-linkage of the costs of research and development and the price of health products.".

The PRESIDENT:

Is the Health Assembly ready to adopt this resolution, as amended by the Committee? I see no objection. The resolution is therefore adopted and the fourth report of Committee A is therefore approved.

**Second report of Committee B**
**Deuxième rapport de la Commission B**

Let us now consider the second report of Committee B, which will be contained in document A62/54 and which was adopted with amendment today by Committee B. The report contains one resolution. The resolution for your consideration is entitled "Global Strategy as plan of action on public health, innovation and intellectual property". I understand that an amendment was approved by the Committee, and it will be read out by the Secretariat. I now give the floor to Mr Burci to read its amendment.

Mr BURCI (Legal Counsel):

The amendment adopted by the Committee is in operative paragraph 6, which reads as follows: "Requests the Director-General, in addition to continued monitoring, to conduct an overall programme review of the global strategy and plan of action in 2014 on its achievement, remaining challenges and recommendations on the way forward to the Assembly in 2015 through the Executive Board.".

The PRESIDENT:

Thank you. Is the Health Assembly ready to adopt this resolution as amended? As I see no objection, the resolution is therefore adopted as amended and the second report of Committee B is therefore approved.

A decision entitled "Appointment of representatives to the WHO Staff Pension Committee" was included in the first report of Committee B contained in document A62/50 but was not adopted at the plenary. May I take it that the Health Assembly wishes to adopt the decision that I have just referred to. As I see no objection, the decision is adopted.

This completes our consideration of item 8 of our agenda, Reports of the main committees. I would like to draw the Health Assembly's attention to the fact that under the provisions of Article 14 of the Constitution, the Health Assembly, at each annual session shall select the country or region in which the next annual session will be held, the Executive Board subsequently fixing the date and place. I therefore take it that the Health Assembly decides that the Sixty-third World Health Assembly will be held in Switzerland. In the absence of any objection, it is so decided.

## 2. CLOSURE OF THE SESSION
## CLÔTURE DE LA SESSION

The PRESIDENT:

We shall now consider the last item of our agenda: item 9, Closure of the Assembly. I shall ask Dr Fernando Meneses González of Mexico, Chairman of Committee A, to come to the rostrum and address the Health Assembly to give us an overview of the work of Committee A. You have the floor, Sir.

Dr MENESES GONZÁLEZ (Mexico) (Chairman of Committee A):

Mr President, your excellencies, distinguished delegates, Dr Margaret Chan, ladies and gentlemen, it is with great pleasure that I present to you this report of the work of Committee A during

this Sixty-second World Health Assembly. I will mention only the highlights of Committee A's work since we all have had access to comprehensive daily reports. The work of Committee A concentrated on technical and health matters. The discussions were complex and sometimes tiring. Yet, they took place in a spirit of mutual respect, sensitive collaboration, constructive discourse and camaraderie. The following six technical and health matters resolutions were approved: "Pandemic influenza preparedness, sharing of influenza viruses and access to vaccines and other benefits"; "Prevention of avoidable blindness and visual impairment"; "Primary health care, including health system strengthening"; "Traditional medicine"; "Reducing health inequities through action on the social determinants of health"; "Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis". Committee A also approved the Medium-term strategic plan 2008–2013, including the Proposed programme budget for 2010–2011.

With only five days to tackle the challenging task at hand, Committee A adopted seven resolutions, all of which were done without drafting groups. The delegates exercised diplomatic flexibility to obtain consensus in order to have the resolutions adopted, we thank you very much. I also want to thank all the delegates for exhibiting restraint, discipline and good humour by adhering to the three-minute speech limit, even on agenda items which were of extreme importance to respective governments and citizens. There were times when consensus seemed unobtainable with the clock ticking in the background; I express my appreciation to those delegates who either withdrew their amendments or found ways to arrive at some compromise that was acceptable to all.

Mr President, excellencies, distinguished delegates, Director-General and the staff of WHO, it has been an honour and privilege to serve as Chairman of Committee A, for both by myself and my country. I am a veteran of World Health Assemblies, three with this opportunity, but it has been a great pleasure to be involved in this one. It was heart-warming to witness from the podium how all of you made efforts to find a common ground and develop and share principles, policies and practices in a spirit of cooperation and solidarity. To quote an Uruguayan poet: "My tactic is to be frank, and to know that you are too, and that we do not sell each other illusions, so that between us there is no curtain or abyss". As we are now living in a highly interlinked global community, geography is no longer an assurance for safety. We have to care and work together.

I would also like to thank my fellow officers in Committee A for their most able assistance, without whose support I would not have been able to fully discharge my mandate: Vice-Chairpersons Dr M. Ramatlapeng (Lesotho), Dr M.B.H. Al-Thani (Qatar), and Rapporteur Professor S. Aydin (Turkey). A special mention goes to Dr Ramatlapeng for her very diligent timekeeping and for ordering me to hit the gavel when a delegate was over the time limit. And, of course, all of Committee A's work would not have been possible without the tremendous support and professional assistance we all received from the Secretariat of Committee A. I would like to thank Dr Mounir Islam, Secretary, Committee A, and his team for facilitating my work. I warmly acknowledge the performance of the professional and support staff who have been at my disposal throughout these long five days to ensure that the work of the Committee would proceed smoothly and fruitfully. I thank you, Mr President and your fellow officers for your most competent and resourceful leadership which was instrumental in achieving the objectives of this Health Assembly. And to you Director-General, I would like to extend my personal thanks and utmost regards, and I am sure I speak on behalf of all of us when I say that we appreciated your presence during the deliberations of Committee A despite your active schedule. Your passion and dedication to make WHO a fit-for-purpose organization was shown in your interest in the debates and in your humility as the chief technical and administrative officer as you lead WHO to serve the Member States and their citizens.

Before we go back to our respective homelands, I would like to take this opportunity to wish you, Mr President, and all the officers and delegates good health, peace and well-being during the coming year until we meet again next year here in this city and work again in the spirit of Geneva and the spirit of public health. Thank you very much.

*(Applause/Applaudissements)*

The PRESIDENT:

Thank you. I would like to congratulate you very warmly for your excellent presentation and also for the outstanding way in which you presided over the Committee. I shall now invite the Chairman of Committee B, Mr Stephen McKernan of New Zealand, to come to the rostrum and report on the work of Committee B. Sir, you have the floor.

Mr MCKERNAN (New Zealand):

Mr President, distinguished delegates, Madam Director-General, ladies and gentlemen, it is with great pleasure that I present you with this final report of the work of Committee B during this year's Health Assembly. Since we have all been reading the daily reports and we are well aware of the outcomes of the work of Committee B, I will just pick on a few of the highlights. The Committee took up and approved the resolution on "Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan". The approval was obtained through a recorded vote after much discussion. Committee B concentrated its efforts on financial and staffing measures, which resulted in the approval of six resolutions and one decision. The work went smoothly and rapidly and, in large part, due to the effective reporting of the issues discussed during the Programme Budget and Administrative Committee of the Executive Board. The Committee was then able to take on discussion of two of the agenda items of Committee A, which included item 12.8, Public health innovation and intellectual property; global strategy and plan of action, and agenda item 12.10, which contained the review of progress reports of 12 technical and health matters. I would like to highlight and commend the exemplary work of the delegations of Committee B over the past two days regarding the discussions on "Public health innovation and intellectual property: global strategy and plan of action" and agenda. Despite the tremendous overall support for the resolution, a limited number of difficult issues remained, requiring the building of consensus through careful negotiations among several Member States.

I would like to report that this consensus-building process brought to life the very essence of the Health Assembly and its principles of cooperation and understanding. It has been a very great privilege for me to have been here to see the gradual dissolution of the bottlenecks that allowed the Committee to move forward and finally achieve a breakthrough for the approval of the resolution. The delegations showed determination but also flexibility, with each trying hard to understand the perspective of the other and coming to a settlement. This is well reflected in the several alterations of the revisions of the text. In New Zealand, our native Maori people have a saying from the north of the country where I come from and, for me, it encapsulates what we saw in Committee B: *"Ka ora te whenua, ka ora te tangata, he aha te mea nui o te ao? He tangata, he tangata, he tangata."* And that is: "Good health ensures the health of the people and I ask what is most important? You say it is people, it is people, it is people.".

Distinguished delegates, Director-General and staff of WHO, it has indeed been an honour and a privilege for me and for my country to serve as Chairman of Committee B. I would like to pay tribute once again to the delegations who shared good will for finality to a very long process in a spirit of solidarity. I thank you, Mr President, for your leadership and support in helping to make this a most constructive and productive Health Assembly. And to you, Director-General, I would like to extend our vote of thanks – and here I am sure that I speak on behalf of everyone in this Health Assembly – for your wonderful leadership and support in taking us successfully through this Health Assembly. Thank you again.

We will be here next year and the one after that to give you all of our technical and emotional support. Most importantly, on behalf of all those here, let me thank the Secretariat of Committee B under the leadership of Dr Manuel Dayrit and his team, whose technical support and professional assistance made this achievement possible. They have been at our disposition throughout the week, working tirelessly to make sure that the work of the Health Assembly could be optimized and maximized. Our grateful thanks to you all. Before we head back to our homelands, I would like to take this opportunity to wish you, Mr President, and all the other officers and delegates peace and good health. Let me end by saying this is just an *au revoir* as I look forward to seeing you next year.

The PRESIDENT:

I wish to thank you for this comprehensive report and commend the way in which the work of Committee B was conducted. Now that the main committees have completed their work, including consideration of the Executive Board's reports, we are in a position to formally take note of these reports. From the comments that have been made, I take it that the Health Assembly wishes to commend the Board on the work performed and express its appreciation on the dedication with which the Board has carried out the tasks entrusted to it. In the absence of any comments, it is so decided. The Director-General would like to say a few words. Dr Chan, you have the floor.

(*Applauses/Applaudissements)*

The DIRECTOR-GENERAL:

Thank you Mr President, honourable ministers, excellencies, distinguished delegates, ladies and gentlemen. I believe we can all agree: this has been an exceptionally intense session of the World Health Assembly. You have covered much ground, made some key decisions and adopted important resolutions – it is a budget year – and in a time frame cut in half. You covered items on pandemic influenza preparedness and implementation of the International Health Regulations (2005). You did so as an attentive world watched nervously to see whether a capricious new virus would deliver some more surprises. You gave the world a strong signal, a strong signal of enduring commitment to health programmes and national capacities that we need on a day-to-day basis as well as during emergencies. Items such as the one on blindness and on drug-resistant forms of tuberculosis remind us of the power of public health and of partnerships to prevent, treat and cure. But they also reinforce a reality we know very well: the power of public health and all our best interventions is blunted when health systems are weak. As some delegates noted, the strength of a country's health system will make the biggest difference in sickness and survival during an influenza pandemic.

Let me congratulate you for completing your work under the item on public health, innovation and intellectual property. You have found some elegant ways forward after many years and many intense hours of negotiation, consensus-building and compromise. The same is true for the Intergovernmental Meeting on the sharing of influenza viruses and access to vaccines and other benefits, you have found some elegant ways forward, and I thank you.

Much discussion focused on items devoted to the health-related Millennium Development Goals, primary health care and the findings of the Commission on Social Determinants of Health. Your discussions show a profound understanding of how these "big-three" instruments for greater equity are interlinked and mutually supported. You also argued that the three, if they work together and are supported by appropriate policies, will give countries and communities the resilience needed to cope with the "big-three" global crises: the financial crises, the prospect of an influenza pandemic and climate change.

Although chronic diseases are not among the Millennium Development Goals, your concerns were very clear: prevention and treatment are best managed through a primary health-care approach. A whole-of-government approach to health, as advocated by the Commission, is the best way to tackle upstream the root causes of these diseases. Whole-of-government policies that explicitly strive for fairness in opportunities, fairness in access to health care and fairness in social protection – all these contribute to social cohesion and stability. They are not the enemies of globalization. In fact, they are its saviour.

Ladies and gentlemen, during the high-level consultation on pandemic influenza, several delegations called on WHO to consider criteria other than geographical spread when evaluating the phases of an influenza pandemic alert. I have listened closely to your concerns. Phases 5 and 6 are virtually identical in terms of the actions they launch. Intensified preparedness measures, also by the industry, are already fully under way. When we moved to phase 5, I asked all countries to activate their pandemic-preparedness plans and most have done so. But even the best-laid plans need to be fluid and flexible when a new virus emerges and starts changing the rules. We were expecting and fearing that the highly lethal influenza A (H5N1) avian virus would spark the next pandemic.

As the Egyptian delegation reminded us, this avian virus remains very much a threat. But our most pressing concern is with the new influenza A (H1N1) 2009 virus. For the first time in history, we are watching the conditions conducive for the start of a pandemic unfold before our eyes. On the one hand, this gives us an unprecedented opportunity: the world is alert and on guard as never before. On the other hand, this gives us a dilemma. Scientists, clinicians and epidemiologists are capturing abundant signals but we do not have the scientific knowledge to interpret these signals with certainty. We have many clues, but few, very few, firm conclusions. As I said, preparedness measures on multiple levels have already been launched. In these matters, we cannot go any higher.

Let me set out, on the basis of current knowledge, what we might expect to see in the coming weeks and months: first, this is a very contagious virus, we expect it to continue to spread to new countries and continue to spread within countries already affected. Here, we have little doubt. Secondly, this is a subtle, sneaky virus. It does not announce its presence or arrival in a new country with a sudden explosion of patients seeking medical care or requiring hospitalization. In fact, most countries need a sudden explosion of laboratory testing to detect its presence and follow its track. This creates yet another dilemma. We can all be grateful to the many countries that have engaged in rigorous detection and investigation and rigorous studies of clinical cases, especially those requiring hospitalization. These efforts contribute to our understanding of the virus, its patterns of spread and the spectrum of sickness it can cause. But these efforts are disruptive and are extremely resource-intensive. How long can they be sustained? You have heard this question from several delegations during the high-level consultation. The answer depends very much on the situation, it depends on the capacities and the risks in each individual country and even in different areas within a country. Countries should adjust their responses in line with the changing patterns of disease. WHO cannot at this point solve the dilemma through universal guidance. We are in the early days and do not know enough to make sweeping recommendations. Thirdly, up to now, the new virus has largely circulated in the northern hemisphere, where epidemics of seasonal influenza should be winding down. We need to watch the behaviour of influenza A (H1N1) 2009 very carefully as it encounters other influenza viruses circulating during the winter season in the southern hemisphere. The current winter season gives influenza viruses an opportunity to intermingle and possibly exchange their genetic material in unpredictable manners. Fourthly, in cases where the influenza A (H1N1) 2009 virus is widespread and circulating within the general community, countries must expect to see more cases of severe and fatal infections. We do not, at present, expect this to be a sudden and dramatic jump in severe illness and deaths. But countries, especially in the developing world where populations are most vulnerable, should prepare to see more than the present small number of severe cases which are being picked up under the best detection and testing conditions possible.

Ladies and gentlemen, the decision to declare an influenza pandemic is a responsibility and a duty that I take very, very seriously. I will consider all the scientific information available. I will be advised by the Emergency Committee established in compliance with the International Health Regulations (2005). But I will also consider the fact that science finds its application and its value in serving people. And in serving people, we need their confidence, their comprehension and their trust. Thank you.

*(Applause/Applaudissements)*

The PRESIDENT:

Thank you, Madam Director-General. Your excellencies, Madam Director-General, distinguished delegates, ladies and gentlemen. As we reach the end of this year's Health Assembly today, I am pleased to witness many successful outcomes that will greatly benefit the health of our people. This year's Health Assembly was honoured by the presence of the Secretary-General of the United Nations, Mr Ban Ki-moon, who enlightened us on pressing global health issues. The Secretary-General also gave a message to place solidarity at the heart of the world's response to the new influenza A (H1N1) outbreak. The Health Assembly was also graced by the presence of Mrs Sarah Brown, Patron of the White Ribbon Alliance for Safe Motherhood, who underlined the crucial importance of reducing maternal mortality to achieve the Millennium Development Goals.

Despite the fact that we curtailed the Health Assembly to five days, we can be proud to state that delegations have deliberated and agreed on pressing issues in the world health agenda this year. The cooperation and flexibility that the delegations have shown in agreeing on contentious issues is commendable. I am also happy to note that the issue of financial crisis, which was the main theme of the debate in the plenary, has been addressed very seriously by the Member States, and several innovative approaches emerged in the course of discussions. I wish to commend the Director-General and the Secretariat for presenting a very realistic programme budget for the next biennium.

This Health Assembly became a timely forum for in-depth deliberations on the outbreak of influenza A (H1N1) 2009. The Member States participated in these discussions very actively and positively with a sense of commitment and seriousness. I am sure that the technical inputs and the awareness created by these elaborated discussions will serve as catalysts for the Member States and WHO to strengthen and accelerate their preventive and curative programmes in this area. We would be failing in our duty if we do not appreciate the initiative, commitment and dedication demonstrated by our Director-General, Dr Margaret Chan.

The important issue of climate change and health was also addressed by the relevant committees. The delegates agreed upon the draft resolution and the workplan to scale up WHO's technical assistance to countries to assess the impact of climate change. Thereby, the delegates set up a road map for future WHO work in this area. Through wide-scale discussions, negotiation and compromise, the delegations have come a long way forward in addressing the contentious issues in pandemic influenza preparedness, sharing of influenza viruses and access to vaccines and other benefits. I have no doubt that the Director-General will take the necessary action to give effect to the spirit of this resolution. The interest shown by the delegates to the discussion on social determinants of health was highly commendable. I am happy that the delegates could agree on a strong resolution in which the principles of the social determinants of health are incorporated. It is my wish that the key recommendation of the Commission will be implemented at country level in the coming year. I am sure that all the delegations are leaving this Health Assembly hall with a great sense of satisfaction and increased commitment and motivation to implement innovative health programmes in their own countries.

As we conclude this Health Assembly, I deeply appreciate and also thank Member States for their outstanding spirit of collaboration and cooperation. I also wish to thank wholeheartedly the Director-General and the Deputy Director-General and also other members of the Secretariat for their tireless efforts and also for the facilities and support extended to me to discharge my responsibilities. I thank the Vice-Presidents of the Health Assembly and the Bureau members of Committees A and B for their very efficient work, which enabled us to conclude all the agenda items on time. I also appreciate the hard work of those who are behind the scene producing the documents and arranging the conference services and the translators who provided delegates with maximum support. Finally, excellencies, ladies and gentlemen, let me thank all of you for all your support and contributions and wish you a very safe and pleasant journey back home.

I formally declare the Sixty-second World Healthy Assembly closed.

**The session closed at 13:40.**
**La session est close à 13h40.**

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# MEMBERSHIP OF THE HEALTH ASSEMBLY
# COMPOSITION DE L'ASSEMBLÉE DE LA SANTÉ

## LIST OF DELEGATES AND OTHER PARTICIPANTS
## LISTE DES DÉLEGUÉS ET AUTRES PARTICIPANTS

## DELEGATIONS OF MEMBER STATES
## DÉLÉGATIONS DES ÉTATS MEMBRES

### AFGHANISTAN – AFGHANISTAN

**Chief delegate – Chef de délégation**

Dr S.M.A. Fatimie
Minister of Public Health

**Delegate(s) – Délégué(s)**

Mr F. Kakar
Deputy Minister of Public Health

Dr N. Tarzi
Ambassador, Permanent Representative, Geneva

**Alternate(s) – Suppléant(s)**

Dr H. Ahmadzai
Head, International Relations Department, Ministry of Public Health

Dr A.J. Naeem
Director of Planning, Ministry of Public Health

Dr A.W. Gyour
Coordinator, Health System Services, Ministry of Public Health

Mr O.K. Noori
First Secretary, Permanent Mission, Geneva

Mr D. Hachemi
Second Secretary, Permanent Mission, Geneva

Mr F. Amel
Attaché, Permanent Mission, Geneva

### ALBANIA – ALBANIE

**Chief delegate – Chef de délégation**

Ms Z. Sinoimeri
Deputy Minister of Health

**Delegate(s) – Délégué(s)**

Ms N. Ceka
Head, Health Care Sector, Ministry of Health

Mr S. Qerimaj
Ambassador, Permanent Representative, Geneva

**Alternate(s) – Suppléant(s)**

Mr A. Pasholli
Minister Counsellor, Permanent Mission, Geneva

Ms I. Milo
Second Secretary, Permanent Mission, Geneva

Ms M. Pistoli
Second Secretary, Permanent Mission, Geneva

**Adviser(s) – Conseiller(s)**

Mr P. Mersini
Adviser to the Minister of Health

### ALGERIA – ALGÉRIE

**Chief delegate – Chef de délégation**

Dr S. Barkat
Ministre de la Santé, de la Population et de la Réforme hospitalière

**Delegate(s) – Délégué(s)**

M. I. Jazaïry
Ambassadeur, Représentant permanent, Genève

M. A. Chakou
Secrétaire général, Ministère de la Santé, de la Population et de la Réforme hospitalière

**Alternate(s) – Suppléant(s)**

M. B. Chebihi
Ministre Conseiller, Représentant permanent adjoint, Genève

Mme M. Ladjali
Expert Conseiller, Ministère de la Santé, de la Population et de la Réforme hospitalière

M. K. Khelfat
Chargé d'Etudes et de Synthèse, Ministère de la Santé, de la Population et de la Réforme hospitalière

M. A. Guennar
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**World Heart Federation – Fédération mondiale du Cœur**

Ms J. Wilson
Ms H. Alderson
Ms L. Zonco

**World Organization of Family Doctors – Organisation mondiale des Médecins de Famille**

Professor Ch. van Weel
Professor M. Kidd
Professor A. Howe
Mr D. Aarendonk

**World Self-Medication Industry – Industrie mondiale de l'Automédication responsable**

Dr D.E. Webber

**World Vision International – Vision mondiale internationale**

Mr P. Guiton
Dr S. Germann
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M. O.I. Touré

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