

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 as 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 Ubillaz (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/Aplaudissements)

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 Ubillaz (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/Aplaudissements)

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.**