

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 Asamoia 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 crisis 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，工作是有秩序、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实践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 هایل الفايز (الأردن):

بسم الله الرحمن الرحيم،

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

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

السيد الرئيس، يأتي هذا الملحق 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 بالملكة العربية السعودية، بالتنسيق مع جامعة الدول العربية لعقد المكتب التنفيذي لمجلس وزراء الصحة العرب لدورة طارئة في العاصمة الرياض بالملكة 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 بالجمهورية 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 تقادياً لتحمل الدول النامية أعباء مالية هي في غنى عنها.

السيد الرئيس، أيها السيدات والسادة، إنني، من هذا المنبر الدولي رفيع المستوى، أذكر 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. وبعيدا 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 لا بد 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 لتعزيز النظم 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 المدير العام، 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 trabajos 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.

Felicitemos 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.**