

THIRD PLENARY MEETING

Tuesday, 19 May 2009, at 09:15

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

TROISIÈME SÉANCE PLÉNIÈRE

Mardi 19 mai 2009, 9 h 15

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

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

The PRESIDENT:

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

Dr SUPARI (Indonesia):

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

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

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

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

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

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

Mr NGUYEN QUOC TRIEU (Viet Nam):

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

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

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

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

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

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

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

Professor KYAW MYINT (Myanmar):

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

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

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

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

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

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

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

Dr MADZORERA (Zimbabwe):

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

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

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

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

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

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

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

Dr JAMEEL (Maldives):

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

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

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

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

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

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

El Dr. BALAGUER CABRERA (Cuba):

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

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

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

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

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

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

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

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

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

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

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

Ms JEON Jae-hee (Republic of Korea):

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

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

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

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

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

Dr SKVORTSOVA (Russian Federation):

Д-р СКВОРЦОВА (Российская Федерация):

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

Шестидесят вторая сессия Всемирной ассамблеи здравоохранения проходит в непростой ситуации, связанной с угрозой возникновения пандемического гриппа на фоне продолжающегося финансового кризиса и экономической нестабильности. Неожиданное возникновение и распространение нового подтипа вируса гриппа А(Н1N1) позволило еще раз всем осознать необходимость и важность хорошо скоординированного международного сотрудничества, позволяющего быстро и адекватно реагировать на угрозу глобального значения.

В Российской Федерации необходимые меры по предупреждению эпидемии гриппа были предприняты в первый же день после поступления информации о регистрации случаев заболевания в рамках сложившейся в нашей стране системы оперативного реагирования под руководством Межведомственной правительственной комиссии. Для предупреждения завоза и распространения гриппа установлен контроль за состоянием здоровья пассажиров, прибывающих из эпидемически неблагополучных стран. На сегодня уже осмотрены более 72 000 пассажиров более 1100 рейсов. В стране развернуты 76 экспресс-лабораторий для диагностики гриппа и пять справочных лабораторий. Во всех 82 регионах России осуществляется мониторинг выполнения противоэпидемических мер, обеспечена готовность лечебных учреждений к возможной госпитализации заболевших; создан резерв противовирусных препаратов, к которым чувствителен штамм вируса А(Н1N1). Ведущие российские научно-исследовательские центры начали разработку вакцины на основе штаммов, предоставленных Всемирной организацией здравоохранения. Налаживание производства российской вакцины станет серьезным подспорьем для всего мира.

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

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

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

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

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

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

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

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

Спасибо.

Dr FATIMIE (Afghanistan):

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

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

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

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

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

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

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

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

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

Ms TEODORO JORGE (Portugal):

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

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

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

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

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

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

Dr BAGHERI LANKARANI (Islamic Republic of Iran):

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

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

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

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

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

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

La Dra. MARTÍNEZ (Paraguay):

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

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

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

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

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

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

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

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

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

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

Dr LIOW Tong lai (Malaysia):

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

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

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

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

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

Mr KVITASHVILI (Georgia):

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

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

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

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

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

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

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

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

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

السيد رئيس جمعية الصحة العالمية، سيادة الدكتورة مارغريت تشان المدير العام لمنظمة الصحة العالمية، السادة وزراء الصحة، السادة رؤساء الوفود، سيداتي سادتي، تحية طيبة وبعد، إنه لمن دواعي سروري أن أكون بينكم للمشاركة في إنجاح أعمال جمعية الصحة العالمية الثانية والستين لمنظمة الصحة العالمية التي تسعى جاهدة للحفاظ على الصحة والوقاية من الأوبئة والأمراض والحد من الأمراض السارية والمزمنة.

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

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

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

M. FOU DA (Cameroun):

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

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

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

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

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

Mr DUKPA (Bhutan):

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

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

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

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

El Dr. SORATTI (Argentina):

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

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

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

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

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

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

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

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

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

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

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

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

Mr OSMAN (Brunei Darussalam):

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

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

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

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

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

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

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

El Dr. UGARTE UBILLUZ (Perú):

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

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

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

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

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

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

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

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

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

Dr WATANABE (Japan):

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

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

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

Countries and the international community have been taking action to enhance the preparedness against a threat of the pandemic avian influenza A (H5N1) since 2005. We highly appreciate that such an effort has contributed well to responding to the current outbreak of influenza A (H1N1) 2009. In this regard, along with other donor countries, Japan has provided assistance to the developing countries in their efforts to advance preparedness, and we should continue our vigilance against the highly pathogenic avian influenza A (H5N1). In order to accurately assess the risk of a pandemic and advance the development of vaccines, information on avian influenza A (H5N1) cases and virus samples should be shared with WHO. Japan has repeatedly urged the importance of avoiding creation of geographical vacuums in the public health network in response to health issues such as influenza. From this perspective, we welcome and regard it opportune that Chinese Taipei attended this Health Assembly as an observer for the first time.

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

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

Professor AKDAĞ (Turkey):

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

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

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

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

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

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

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

Mr BHATTARAI (Nepal):

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

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

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

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

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

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

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

La Sra. MUÑOZ (Uruguay):

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

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

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

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

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

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

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

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

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

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

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

Mr MCKERNAN (New Zealand):

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

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

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

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

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

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

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

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

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

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

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

El Sr. MARTÍNEZ OLMOS (España):

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

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

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

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

Mrs GIDLOW (Samoa):

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

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

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

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

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

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

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

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

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

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

Mr LITZMAN (Israel):

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

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

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

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

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

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

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

Dr JALLOW (Gambia):

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

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

The Government of the Gambia recognizes health as a central long-term driver of economic growth. People have to be healthy in order to participate effectively in the development process. Development itself has now been redefined as "human well-being in its fullest sense". It is towards achieving this goal that his Excellency the President of the Republic of the Gambia, Professor Jammeh has accorded the health sector high-class priority in the Government agenda for overall and sustainable development.

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

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

The Gambia has also achieved a 96% coverage in antenatal attendance and an increased rate of 62% in institutional delivery; and 84% of under-five children are fully immunized and 74% have received second-dose tetanus toxoid. But notwithstanding these gains the indicators remain unacceptably high as efforts aimed at accelerated reduction are challenged by the paucity of trained nurse-midwives, frequent shortages of basic and emergency drugs for obstetric and newborn care; inadequate funds to speedily and effectively scale up implementation of key strategies and best practices such as emergency maternal, newborn and child health.

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

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

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

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

Finally, the Gambia is vulnerable to the looming global food security shock, as 60% of our staple food is imported. Although we have long-term plans for food self-sufficiency, such as "Operation Feed Yourself" and "Back to the Land" initiated by our visionary leader, President Jammeh, the effects of the global crises will be felt in the short term. Without a concerted effort and rapid global response, gains achieved in the health sector and the attainment of Millennium Development Goals will be compromised. I thank you for your kind attention.

Dr DOSKALIYEV (Kazakhstan):

Д-р ДОСКАЛИЕВ (Казахстан):

Глубокоуважаемые г-н Председатель, дамы и господа!

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

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

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

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

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

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

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

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

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

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

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

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

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

Считаю важным остановиться на проблеме предупреждения эпидемии гриппа А(Н1N1). Нами в интенсивном режиме проводятся мероприятия по предупреждению и профилактике гриппа. Имеются определенные запасы вакцин и специальных препаратов. Однако мы понимаем, что этого может быть недостаточно, и Казахстан готов к оперативному обмену информацией и желал бы иметь компетентную поддержку и готовность к совместному сотрудничеству как со стороны ВОЗ, так и ряда других заинтересованных международных организаций.

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

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

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

Благодарю за внимание.

The PRESIDENT:

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

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