FOURTH PLENARY MEETING

Tuesday, 19 May 2009, at 14:35

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

QUATRIÈME SÉANCE PLÉNIÈRE

Mardi 19 mai 2009, 14 h 35

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

1. INVITED SPEAKERS
INTERVENANTS INVITÉS

The PRESIDENT:

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

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

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

(Applause/Applaudissements)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(*Applause/Applaudissements*)

The PRESIDENT:

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

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

Mrs BROWN (White Ribbon Alliance for Safe Motherhood):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Applause/Applaudissements)

The PRESIDENT:

Thank you very much, Mrs Brown.

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

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

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

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

Le PRÉSIDENT :

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

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

Je donne la parole au distingué délégué des Philippines.

Dr DUQUE III (Philippines):

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

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

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

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

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

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

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

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

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

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

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

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

M. BIANCHERI (Monaco):

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

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

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

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

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

Je vous remercie de votre attention.

Le Dr RANAIVOHARISOA (Madagascar):

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

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

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

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

Mr HOLM (Sweden):

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

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

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

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

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

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

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

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

Professor MILOSAVLJEVIĆ (Serbia):

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

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

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

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

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

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

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

M. MATTEI (France):

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

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

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

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

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

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

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

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

Dr PATSALIDES (Cyprus):

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

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

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

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

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

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

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

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

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

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

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

Г-н Председатель,

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

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

Г-н Председатель,

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

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

Г-н Председатель,

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

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

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

Г-н Председатель,

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

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

Благодарю за внимание.

Mr JÓNASSON (Iceland):

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

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

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

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

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

Dr DIAS VAN-DÚNEM (Angola):

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

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

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

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

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

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

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

Уважаемый г-н Председатель, уважаемые дамы и господа,

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

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

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

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

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

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

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

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

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

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

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

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

Благодарю за внимание.

La Sra. OROZCO CHAMORRO (Nicaragua):

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

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

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

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

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

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

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

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

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

Mr HOOD (Grenada):

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

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

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

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

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

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

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

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

M. MBAYE (Sénégal):

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

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

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

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

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

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

El Sr. OBAMA ASUE (Guinea Ecuatorial):

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

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

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

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

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

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

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

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

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

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

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

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

M. BOUDA (Burkina Faso) :

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

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

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

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

Mme RAOUL (Congo):

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

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

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

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

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

Dr YANKEY (Ghana):

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

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

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

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

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

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

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

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

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

M. MALLY (Togo):

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

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

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

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

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

M. MOPIPI MUKULUMANYA (République démocratique du Congo) :

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

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

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

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

Mr JAKHRANI (Pakistan):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Le Dr BINAGWAHO (Rwanda):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mr GAWANAS (African Union):

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

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

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

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

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

accelerated reduction on maternal mortality in Africa was launched, with the slogan "Africa cares: no woman should die while giving life". The July 2010 summit will also focus on the theme of maternal, neonatal and child health, and in preparation for that important debate, I think all initiatives on maternal health are welcome. I would like to add my voice to that of the Secretary-General of the United Nations and Mrs Sarah Brown, with whom I have the privilege to co-chair the High Level Leadership Group on Maternal Mortality, when they put the centrality of women's lives on your health agenda. I would therefore conclude by urging all WHO Member States to promote public–private partnerships, to promote access to medicines and commodities as well as strengthening health systems. This is also necessary for the control of neglected tropical diseases and mental illness. With individual and collective commitment at all levels and good coordination, we will attain our goals sooner rather than later.

Before I conclude, the African health ministers have declared the last Friday of every February as "Africa Healthy Lifestyles Day". And we join the world in action to counter the intensifying burden of noncommunicable diseases. As much as we should promote international solidarity, I think it is also important to promote inter-African solidarity because every life that is lost on the continent is a life lost for Africa. I thank you.

Mrs PICTET-ALTHANN (Order of Malta):

Mr President, distinguished delegates, on behalf of the Sovereign Order of Malta I wish to congratulate you, Mr President, on your election to the Sixty-second World Health Assembly and wish you, as well as the members of the General Committee much success in your task.

During 2008 and 2009 the Order of Malta has continued to expand its health activities around the world. Although small in territorial surface, the Order has provided health care, shelter and assistance to populations in need, of all religions and races, which are equivalent in number to medium-sized States. Indeed, we are present with programmes in 120 countries and recognized as sovereign by more than half of the States represented at this Health Assembly. This recognition is important, as it facilitates our mission in support of the sick, the poor and the refugees in your countries. Since the last Health Assembly, diplomatic relations have been established with four new states: the Bahamas, Canada, Sierra Leone and Ukraine.

Obviously, the Order of Malta is present in the hot spots of humanitarian and health disasters. In Sri Lanka its emergency aid for internally displaced civilians focuses on improving sanitary conditions in the camps by distributing hygiene kits accompanied by counselling. In Pakistan, we are also assisting, with medical teams, persons displaced by recent events in the Swat valley. In the Democratic Republic of the Congo, the Order supports more than 350 health centres, carries out vaccination campaigns and offers medical and psychological care for abused women and assistance for trauma patients. Programmes in Darfur include similar health-care and rehabilitation activities. Following the outbreak of the cholera epidemic in Zimbabwe, the Order supported an immediate relief programme by providing medical supplies and equipment. Furthermore, the Order has had ongoing activities in less visible regions or in areas in which a follow-up of reconstruction was and is still needed, such as in Haiti, Indonesia and Pakistan.

The Order of Malta provides assistance both upstream and downstream through disaster preparedness, as for example by raising homes above flood water levels in India or ensuring drinking-water and reconstruction after earthquakes. Its presence, for several years now, in vulnerable regions through a local infrastructure enabled the Order of Malta to assist immediately those in need following recent natural disasters such as those in Myanmar and Italy. One year after Cyclone Nargis the Order continues its relief programme in the Irrawaddy Delta. Focus areas of work are health care, water, sanitation and hygiene. In central Italy last month we saved lives by intervening on the very first day of the earthquake with trained sniffer dogs, thus ensuring the rescue of survivors. Medical personnel, rescue workers and specialized nurses are currently continuing the Order's assistance to displaced persons in the camps' medical centres. The illnesses treated by the Order's Hospitaller services and by its worldwide relief organization range from communicable diseases, mainly tropical ones, to psychological consulting for victims of violence and non-transmissible diseases such as Alzheimer's.

The Order of Malta has also initiated care for forgotten victims such as albinos in Africa, who suffer not only stigma but also discrimination and persecution. This is due to ancient beliefs, very difficult to overcome in a few generations. Hundreds of thousands of African albinos live in fear for their physical integrity and deserve psychological and medical attention in order to avoid premature blindness and deadly skin cancers. In recent months, the Order of Malta has also supported the Japanese delegation's efforts at the United Nations Human Rights Council in introducing a resolution calling for the elimination of discrimination against persons affected by leprosy and their family members. In Sudan, for instance, the Order's worldwide relief agency, Malteser International not only supported leprosy-screening programmes, but also organized community events to discuss the dignity of leprosy patients. Our new clinical research programmes to improve detection and treatment of leprosy are progressing and new findings could be discussed at a medical symposium gathering of interested parties in 2010.

In summary, the Sovereign Order of Malta is increasing its health-related actions at all levels: prevention, treatment, recovery and follow-up on all continents, not only for visible patients but also for forgotten ones, and we thank WHO Member States for their support in its mission. Thank you, Mr President.

Archbishop ZIMOWSKI (Holy See):

Mr President, I wish to present the Holy See's sincere congratulations and good wishes on your appointment to this important office. Recently appointed by His Holiness Pope Benedict XVI as the President of the Pontifical Council for Health Pastoral Care, I consider it a great honour to share with the delegates at this Sixty-second World Health Assembly some of the reflections and concerns of the Holy See. In relation to the impact on health and health care during this period of global economic crisis, the Holy See shares the preoccupation already expressed by other delegates. The current crisis has raised the spectre of the cancellation or drastic reduction of external assistance programmes, especially for less-developed countries. This will dramatically jeopardize the state of their health systems, which are already overburdened by endemic, epidemic and viral diseases. Pope Benedict XVI in his message to the G-20 observed that "the way out of the current global crisis can only be reached together, avoiding solutions marked by any nationalistic selfishness or protectionism". He therefore calls for "a courageous and generous strengthening of international cooperation, capable of promoting truly humane and integral development".

My delegation also wishes to point out the great importance and the particular responsibility that is carried by faith-based organizations and thousands of Church-sponsored health-care institutions in the provision of support and treatment to those living in poverty. The increasing financial burden placed on governments during this economic crisis is felt even more acutely by the Church-sponsored institutions that are often deprived of access to government or international funding and yet persevere in the struggle to serve those most in need. The values that motivate such service on the part of faith-based organizations, in addition to the overriding value of the sacredness and dignity of human life, include some of the same principles articulated in the resolution on primary health care being considered by this Health Assembly. I refer to principles such as equity, solidarity, social justice and universal access to services.

In 1998 the Pontifical Council for Health Pastoral Care – prompted by WHO – conducted research in local churches on the challenges faced by the international community in the attainment of health for all. The results of this enquiry showed that one of the greatest challenges was the implementation of the principle of equity. A decade later, I am afraid that this challenge still holds in most countries. My delegation therefore notes with great attention the resolution concerning the social determinants of health, proposed for passage by this Health Assembly, and is particularly interested in the urgent plea contained therein for governments "to develop and implement goals and strategies to improve public health with a focus on health inequities". Furthermore, there is a shared concern for the millions of children globally who do not reach their full potential due to the serious gaps in health equity. This same concern was addressed by Pope Benedict XVI to the participants at the 2008 International Conference of the Pontifical Council for Health Pastoral Care, when he called for "a decisive action aimed at preventing illnesses as far as possible" among these children and when

they are present, treating them "by means of the most modern discoveries of medical science as well as by promoting better standards of hygiene and sanitation, especially in the less fortunate countries".

We cannot allow such defenseless children, their parents and other adults in low-income communities throughout this world to become even more vulnerable as a result of the global economic crisis, which is largely fuelled by selfishness and greed. Thus, the Holy Father insists that we "need a strong sense of global solidarity between rich and poor countries, as well as within individual countries, including affluent ones. A common code of ethics is also needed, consisting of norms based not upon mere consensus but rooted in the natural law inscribed by the Creator on the conscience of every human being" because "justice cannot be created in the world solely through good economic models, necessary though they are. Justice is achieved only if there are upright people". Thank you, Mr President.

Dr Ching-chuan YEH (Chinese Taipei):

Thank you Mr President for giving me the floor. On behalf of Chinese Taipei, I would like, first of all, to congratulate you on your election as President of this year's Health Assembly and assure you of my support and cooperation. It is a great privilege for Chinese Taipei to participate in the Sixty-second World Health Assembly as an observer. I would like to express my most sincere gratitude to Director-General Dr Chan and her staff in the Secretariat who invited us and helped with all the arrangements.

In a world where diseases transcend national borders, international health affairs require broader multilateral cooperation. The participation of Chinese Taipei in the Health Assembly is imperative, as the world is witnessing the threat of a possible influenza A (H1N1) 2009 pandemic at this juncture. Only by uniting together can the world be capable of fighting against transnational health threats. For all these years, WHO has served as a pivotal and reliable platform for all international health matters. We therefore cherish this opportunity to work alongside our counterparts from all over the world. Chinese Taipei will therefore continue to abide by the norms and rules of the international health community, and will cooperate with all WHO Member States in the global health arena. We are able and willing to contribute to the work and activities of WHO. We are the frontrunner in viral hepatitis control, tobacco control and e-health internationally. I pledge that we will contribute more to the international community starting today. We believe that the inclusion of Chinese Taipei in those WHO activities will undoubtedly strengthen the world's ability to deal with public health emergencies.

WHO has always played an important role in disease control. We are very happy to announce that we have already joined the International Health Regulations network this January. This is a significant step forward for Chinese Taipei. And for the world, there will be one less breach in WHO's line of defence against pandemic influenza. We have mobilized our biotechnology and pharmaceutical industries to join in this battle. We are willing to share with you our new advances and experiences. I have full confidence that united we can meet the challenges of this pandemic influenza.

Mr President, the participation of Chinese Taipei is not only for the benefit of the 23 million people in Taiwan but also in the best interests of the 6.8 billion around the world. I thank you again for giving us the opportunity to benefit from the collective wisdom of this great organization and in return to make our contribution. I wholeheartedly wish every success for the Sixty-second World Health Assembly. Thank you. *Cheche!*

Le PRÉSIDENT :

Je remercie le distingué délégué de Taipei chinois. Notre séance touche à sa fin. À ce niveau, Mesdames et Messieurs, merci de votre attention soutenue. La séance est levée.

The meeting rose at 18:20.
La séance est levée à 18h20.