

EIGHTH PLENARY MEETING

Friday, 22 May 2009, at 12:52

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

HUITIÈME SÉANCE PLÉNIÈRE

Vendredi 22 mai 2009, 12h52

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

1. REPORTS OF THE MAIN COMMITTEES (continued) RAPPORTS DES COMMISSIONS PRINCIPALES (suite)

The PRESIDENT:

The Health Assembly is called to order. Your excellencies, distinguished delegates, we are here this afternoon to consider item 8 of our agenda, Reports of the main committees.

Second report of Committee A Deuxième rapport de la Commission A

We can now proceed to agenda item 8, Reports of the main committees.

Today we will consider the second report of Committee A, which is contained in document A62/51. Please disregard the word “Draft” as the Committee adopted the report without amendments. The report contains two resolutions. The first resolution is entitled “Appropriation resolution for the financial period 2010–2011”. Is the Health Assembly ready to adopt this resolution? As I see no objection, the resolution is therefore adopted.

The second resolution is entitled “Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is therefore adopted and the second report of Committee A is therefore approved.

Third report of Committee A Troisième rapport de la Commission A

We will now consider the third report of Committee A, which is contained in document A62/52. The report contains four resolutions. The first resolution is entitled “Medium-term strategic plan 2008–2013, including Programme budget 2010–2011”. Is the Health Assembly ready to accept this resolution? As I see no objection, the resolution is therefore adopted.

The second resolution for your consideration is entitled “Primary health care, including health system strengthening”. I understand that an amendment was approved by the Committee and will be read out by the Secretariat. I now give the floor to Mr Burci to read out the amendment.

Mr BURCI (Legal Counsel):

Thank you, Mr President, the amendment adopted by the Committee is in operative paragraph 1, subparagraph 3. Let me read the text of the subparagraph as it was amended by the Committee; it reads as follows: It “urges Member States to put people at the centre of health care by adopting, as appropriate, delivery models focused on the local and district levels that provide comprehensive primary health care services, including health promotion, disease prevention, curative care and palliative care, that are integrated with other levels of care and coordinated according to need, while ensuring an effective referral system to secondary and tertiary care”.

The PRESIDENT:

Is the Health Assembly ready to adopt this resolution as amended by the Committee? I see no objection, so it is adopted.

The third resolution is entitled “Traditional medicine”. Is the Health Assembly ready to adopt this resolution? As I see no objection, the resolution is therefore adopted.

The fourth resolution is entitled “Reducing health inequities through action on the social determinants of health”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is therefore adopted and the third report of Committee A is therefore approved.

Fourth report of Committee A

Quatrième rapport de la Commission A

We will now consider the fourth report of Committee A, which will be contained in document A62/53, which was read and adopted with amendments, before the closure of Committee A. The report contains one resolution entitled “Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis”. I understand that an amendment was approved by the Committee, and it will be read out by the Secretariat. I now give the floor to Mr Burci to read out the amendment.

Mr BURCI (Legal Counsel):

Thank you, Mr President. There are a few amendments that were adopted by the Committee. The first amendment is in the seventh preambular paragraph, which is at the top of page 2 in the English version of the Conference paper and I will read it as amended: “Recognizing that the rates of tuberculosis are disproportionately high in high-risk populations, including indigenous populations.”.

The second amendment is in the tenth preambular paragraph, which starts with the words “Recognizing that there is an urgent need”; it will now read as amended: “Recognizing that there is an urgent need to invest in research for development of new diagnostics, medicines and vaccines and in operational research to prevent and manage tuberculosis, including multidrug-resistant and extensively drug-resistant tuberculosis, while exploring and, where appropriate, promoting a range of incentive schemes for research and development, including addressing, where appropriate, the de-linkage of the costs of research and development and the price of health products.”.

The third amendment is in operative paragraph 1, subparagraph 1(h), which would now read as follows: “ensuring an uninterrupted supply of first- and second-line medicines for tuberculosis treatment, which meet WHO prequalification standards or strict national regulatory authority standards and that quality-assured fixed-dose combination medicines of proven bioavailability are prioritized within a system that promotes treatment adherence”. The final amendment is in operative paragraph 2, which starts with: “Requests the Director-General”, subparagraph 6, which would now read as follows: “to explore and, where appropriate, promote a range of incentive schemes for research and development, including addressing, where appropriate, the de-linkage of the costs of research and development and the price of health products.”.

The PRESIDENT:

Is the Health Assembly ready to adopt this resolution, as amended by the Committee? I see no objection. The resolution is therefore adopted and the fourth report of Committee A is therefore approved.

Second report of Committee B
Deuxième rapport de la Commission B

Let us now consider the second report of Committee B, which will be contained in document A62/54 and which was adopted with amendment today by Committee B. The report contains one resolution. The resolution for your consideration is entitled “Global Strategy as plan of action on public health, innovation and intellectual property”. I understand that an amendment was approved by the Committee, and it will be read out by the Secretariat. I now give the floor to Mr Burci to read its amendment.

Mr BURCI (Legal Counsel):

The amendment adopted by the Committee is in operative paragraph 6, which reads as follows: “Requests the Director-General, in addition to continued monitoring, to conduct an overall programme review of the global strategy and plan of action in 2014 on its achievement, remaining challenges and recommendations on the way forward to the Assembly in 2015 through the Executive Board.”.

The PRESIDENT:

Thank you. Is the Health Assembly ready to adopt this resolution as amended? As I see no objection, the resolution is therefore adopted as amended and the second report of Committee B is therefore approved.

A decision entitled “Appointment of representatives to the WHO Staff Pension Committee” was included in the first report of Committee B contained in document A62/50 but was not adopted at the plenary. May I take it that the Health Assembly wishes to adopt the decision that I have just referred to. As I see no objection, the decision is adopted.

This completes our consideration of item 8 of our agenda, Reports of the main committees. I would like to draw the Health Assembly’s attention to the fact that under the provisions of Article 14 of the Constitution, the Health Assembly, at each annual session shall select the country or region in which the next annual session will be held, the Executive Board subsequently fixing the date and place. I therefore take it that the Health Assembly decides that the Sixty-third World Health Assembly will be held in Switzerland. In the absence of any objection, it is so decided.

2. CLOSURE OF THE SESSION
CLÔTURE DE LA SESSION

The PRESIDENT:

We shall now consider the last item of our agenda: item 9, Closure of the Assembly. I shall ask Dr Fernando Meneses González of Mexico, Chairman of Committee A, to come to the rostrum and address the Health Assembly to give us an overview of the work of Committee A. You have the floor, Sir.

Dr MENESES GONZÁLEZ (Mexico) (Chairman of Committee A):

Mr President, your excellencies, distinguished delegates, Dr Margaret Chan, ladies and gentlemen, it is with great pleasure that I present to you this report of the work of Committee A during

this Sixty-second World Health Assembly. I will mention only the highlights of Committee A's work since we all have had access to comprehensive daily reports. The work of Committee A concentrated on technical and health matters. The discussions were complex and sometimes tiring. Yet, they took place in a spirit of mutual respect, sensitive collaboration, constructive discourse and camaraderie. The following six technical and health matters resolutions were approved: "Pandemic influenza preparedness, sharing of influenza viruses and access to vaccines and other benefits"; "Prevention of avoidable blindness and visual impairment"; "Primary health care, including health system strengthening"; "Traditional medicine"; "Reducing health inequities through action on the social determinants of health"; "Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis". Committee A also approved the Medium-term strategic plan 2008–2013, including the Proposed programme budget for 2010–2011.

With only five days to tackle the challenging task at hand, Committee A adopted seven resolutions, all of which were done without drafting groups. The delegates exercised diplomatic flexibility to obtain consensus in order to have the resolutions adopted, we thank you very much. I also want to thank all the delegates for exhibiting restraint, discipline and good humour by adhering to the three-minute speech limit, even on agenda items which were of extreme importance to respective governments and citizens. There were times when consensus seemed unobtainable with the clock ticking in the background; I express my appreciation to those delegates who either withdrew their amendments or found ways to arrive at some compromise that was acceptable to all.

Mr President, excellencies, distinguished delegates, Director-General and the staff of WHO, it has been an honour and privilege to serve as Chairman of Committee A, for both by myself and my country. I am a veteran of World Health Assemblies, three with this opportunity, but it has been a great pleasure to be involved in this one. It was heart-warming to witness from the podium how all of you made efforts to find a common ground and develop and share principles, policies and practices in a spirit of cooperation and solidarity. To quote an Uruguayan poet: "My tactic is to be frank, and to know that you are too, and that we do not sell each other illusions, so that between us there is no curtain or abyss". As we are now living in a highly interlinked global community, geography is no longer an assurance for safety. We have to care and work together.

I would also like to thank my fellow officers in Committee A for their most able assistance, without whose support I would not have been able to fully discharge my mandate: Vice-Chairpersons Dr M. Ramatlapeng (Lesotho), Dr M.B.H. Al-Thani (Qatar), and Rapporteur Professor S. Aydin (Turkey). A special mention goes to Dr Ramatlapeng for her very diligent timekeeping and for ordering me to hit the gavel when a delegate was over the time limit. And, of course, all of Committee A's work would not have been possible without the tremendous support and professional assistance we all received from the Secretariat of Committee A. I would like to thank Dr Mounir Islam, Secretary, Committee A, and his team for facilitating my work. I warmly acknowledge the performance of the professional and support staff who have been at my disposal throughout these long five days to ensure that the work of the Committee would proceed smoothly and fruitfully. I thank you, Mr President and your fellow officers for your most competent and resourceful leadership which was instrumental in achieving the objectives of this Health Assembly. And to you Director-General, I would like to extend my personal thanks and utmost regards, and I am sure I speak on behalf of all of us when I say that we appreciated your presence during the deliberations of Committee A despite your active schedule. Your passion and dedication to make WHO a fit-for-purpose organization was shown in your interest in the debates and in your humility as the chief technical and administrative officer as you lead WHO to serve the Member States and their citizens.

Before we go back to our respective homelands, I would like to take this opportunity to wish you, Mr President, and all the officers and delegates good health, peace and well-being during the coming year until we meet again next year here in this city and work again in the spirit of Geneva and the spirit of public health. Thank you very much.

(Applause/Applaudissements)

The PRESIDENT:

Thank you. I would like to congratulate you very warmly for your excellent presentation and also for the outstanding way in which you presided over the Committee. I shall now invite the Chairman of Committee B, Mr Stephen McKernan of New Zealand, to come to the rostrum and report on the work of Committee B. Sir, you have the floor.

Mr MCKERNAN (New Zealand):

Mr President, distinguished delegates, Madam Director-General, ladies and gentlemen, it is with great pleasure that I present you with this final report of the work of Committee B during this year's Health Assembly. Since we have all been reading the daily reports and we are well aware of the outcomes of the work of Committee B, I will just pick on a few of the highlights. The Committee took up and approved the resolution on "Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan". The approval was obtained through a recorded vote after much discussion. Committee B concentrated its efforts on financial and staffing measures, which resulted in the approval of six resolutions and one decision. The work went smoothly and rapidly and, in large part, due to the effective reporting of the issues discussed during the Programme Budget and Administrative Committee of the Executive Board. The Committee was then able to take on discussion of two of the agenda items of Committee A, which included item 12.8, Public health innovation and intellectual property; global strategy and plan of action, and agenda item 12.10, which contained the review of progress reports of 12 technical and health matters. I would like to highlight and commend the exemplary work of the delegations of Committee B over the past two days regarding the discussions on "Public health innovation and intellectual property: global strategy and plan of action" and agenda. Despite the tremendous overall support for the resolution, a limited number of difficult issues remained, requiring the building of consensus through careful negotiations among several Member States.

I would like to report that this consensus-building process brought to life the very essence of the Health Assembly and its principles of cooperation and understanding. It has been a very great privilege for me to have been here to see the gradual dissolution of the bottlenecks that allowed the Committee to move forward and finally achieve a breakthrough for the approval of the resolution. The delegations showed determination but also flexibility, with each trying hard to understand the perspective of the other and coming to a settlement. This is well reflected in the several alterations of the revisions of the text. In New Zealand, our native Maori people have a saying from the north of the country where I come from and, for me, it encapsulates what we saw in Committee B: "*Ka ora te whenua, ka ora te tangata, he aha te mea nui o te ao? He tangata, he tangata, he tangata.*" And that is: "Good health ensures the health of the people and I ask what is most important? You say it is people, it is people, it is people."

Distinguished delegates, Director-General and staff of WHO, it has indeed been an honour and a privilege for me and for my country to serve as Chairman of Committee B. I would like to pay tribute once again to the delegations who shared good will for finality to a very long process in a spirit of solidarity. I thank you, Mr President, for your leadership and support in helping to make this a most constructive and productive Health Assembly. And to you, Director-General, I would like to extend our vote of thanks – and here I am sure that I speak on behalf of everyone in this Health Assembly – for your wonderful leadership and support in taking us successfully through this Health Assembly. Thank you again.

We will be here next year and the one after that to give you all of our technical and emotional support. Most importantly, on behalf of all those here, let me thank the Secretariat of Committee B under the leadership of Dr Manuel Dayrit and his team, whose technical support and professional assistance made this achievement possible. They have been at our disposition throughout the week, working tirelessly to make sure that the work of the Health Assembly could be optimized and maximized. Our grateful thanks to you all. Before we head back to our homelands, I would like to take this opportunity to wish you, Mr President, and all the other officers and delegates peace and good health. Let me end by saying this is just an *au revoir* as I look forward to seeing you next year.

The PRESIDENT:

I wish to thank you for this comprehensive report and commend the way in which the work of Committee B was conducted. Now that the main committees have completed their work, including consideration of the Executive Board's reports, we are in a position to formally take note of these reports. From the comments that have been made, I take it that the Health Assembly wishes to commend the Board on the work performed and express its appreciation on the dedication with which the Board has carried out the tasks entrusted to it. In the absence of any comments, it is so decided. The Director-General would like to say a few words. Dr Chan, you have the floor.

(Applauses/Aplaudissements)

The DIRECTOR-GENERAL:

Thank you Mr President, honourable ministers, excellencies, distinguished delegates, ladies and gentlemen. I believe we can all agree: this has been an exceptionally intense session of the World Health Assembly. You have covered much ground, made some key decisions and adopted important resolutions – it is a budget year – and in a time frame cut in half. You covered items on pandemic influenza preparedness and implementation of the International Health Regulations (2005). You did so as an attentive world watched nervously to see whether a capricious new virus would deliver some more surprises. You gave the world a strong signal, a strong signal of enduring commitment to health programmes and national capacities that we need on a day-to-day basis as well as during emergencies. Items such as the one on blindness and on drug-resistant forms of tuberculosis remind us of the power of public health and of partnerships to prevent, treat and cure. But they also reinforce a reality we know very well: the power of public health and all our best interventions is blunted when health systems are weak. As some delegates noted, the strength of a country's health system will make the biggest difference in sickness and survival during an influenza pandemic.

Let me congratulate you for completing your work under the item on public health, innovation and intellectual property. You have found some elegant ways forward after many years and many intense hours of negotiation, consensus-building and compromise. The same is true for the Intergovernmental Meeting on the sharing of influenza viruses and access to vaccines and other benefits, you have found some elegant ways forward, and I thank you.

Much discussion focused on items devoted to the health-related Millennium Development Goals, primary health care and the findings of the Commission on Social Determinants of Health. Your discussions show a profound understanding of how these “big-three” instruments for greater equity are interlinked and mutually supported. You also argued that the three, if they work together and are supported by appropriate policies, will give countries and communities the resilience needed to cope with the “big-three” global crises: the financial crises, the prospect of an influenza pandemic and climate change.

Although chronic diseases are not among the Millennium Development Goals, your concerns were very clear: prevention and treatment are best managed through a primary health-care approach. A whole-of-government approach to health, as advocated by the Commission, is the best way to tackle upstream the root causes of these diseases. Whole-of-government policies that explicitly strive for fairness in opportunities, fairness in access to health care and fairness in social protection – all these contribute to social cohesion and stability. They are not the enemies of globalization. In fact, they are its saviour.

Ladies and gentlemen, during the high-level consultation on pandemic influenza, several delegations called on WHO to consider criteria other than geographical spread when evaluating the phases of an influenza pandemic alert. I have listened closely to your concerns. Phases 5 and 6 are virtually identical in terms of the actions they launch. Intensified preparedness measures, also by the industry, are already fully under way. When we moved to phase 5, I asked all countries to activate their pandemic-preparedness plans and most have done so. But even the best-laid plans need to be fluid and flexible when a new virus emerges and starts changing the rules. We were expecting and fearing that the highly lethal influenza A (H5N1) avian virus would spark the next pandemic.

As the Egyptian delegation reminded us, this avian virus remains very much a threat. But our most pressing concern is with the new influenza A (H1N1) 2009 virus. For the first time in history, we are watching the conditions conducive for the start of a pandemic unfold before our eyes. On the one hand, this gives us an unprecedented opportunity: the world is alert and on guard as never before. On the other hand, this gives us a dilemma. Scientists, clinicians and epidemiologists are capturing abundant signals but we do not have the scientific knowledge to interpret these signals with certainty. We have many clues, but few, very few, firm conclusions. As I said, preparedness measures on multiple levels have already been launched. In these matters, we cannot go any higher.

Let me set out, on the basis of current knowledge, what we might expect to see in the coming weeks and months: first, this is a very contagious virus, we expect it to continue to spread to new countries and continue to spread within countries already affected. Here, we have little doubt. Secondly, this is a subtle, sneaky virus. It does not announce its presence or arrival in a new country with a sudden explosion of patients seeking medical care or requiring hospitalization. In fact, most countries need a sudden explosion of laboratory testing to detect its presence and follow its track. This creates yet another dilemma. We can all be grateful to the many countries that have engaged in rigorous detection and investigation and rigorous studies of clinical cases, especially those requiring hospitalization. These efforts contribute to our understanding of the virus, its patterns of spread and the spectrum of sickness it can cause. But these efforts are disruptive and are extremely resource-intensive. How long can they be sustained? You have heard this question from several delegations during the high-level consultation. The answer depends very much on the situation, it depends on the capacities and the risks in each individual country and even in different areas within a country. Countries should adjust their responses in line with the changing patterns of disease. WHO cannot at this point solve the dilemma through universal guidance. We are in the early days and do not know enough to make sweeping recommendations. Thirdly, up to now, the new virus has largely circulated in the northern hemisphere, where epidemics of seasonal influenza should be winding down. We need to watch the behaviour of influenza A (H1N1) 2009 very carefully as it encounters other influenza viruses circulating during the winter season in the southern hemisphere. The current winter season gives influenza viruses an opportunity to intermingle and possibly exchange their genetic material in unpredictable manners. Fourthly, in cases where the influenza A (H1N1) 2009 virus is widespread and circulating within the general community, countries must expect to see more cases of severe and fatal infections. We do not, at present, expect this to be a sudden and dramatic jump in severe illness and deaths. But countries, especially in the developing world where populations are most vulnerable, should prepare to see more than the present small number of severe cases which are being picked up under the best detection and testing conditions possible.

Ladies and gentlemen, the decision to declare an influenza pandemic is a responsibility and a duty that I take very, very seriously. I will consider all the scientific information available. I will be advised by the Emergency Committee established in compliance with the International Health Regulations (2005). But I will also consider the fact that science finds its application and its value in serving people. And in serving people, we need their confidence, their comprehension and their trust. Thank you.

(Applause/Applaudissements)

The PRESIDENT:

Thank you, Madam Director-General. Your excellencies, Madam Director-General, distinguished delegates, ladies and gentlemen. As we reach the end of this year's Health Assembly today, I am pleased to witness many successful outcomes that will greatly benefit the health of our people. This year's Health Assembly was honoured by the presence of the Secretary-General of the United Nations, Mr Ban Ki-moon, who enlightened us on pressing global health issues. The Secretary-General also gave a message to place solidarity at the heart of the world's response to the new influenza A (H1N1) outbreak. The Health Assembly was also graced by the presence of Mrs Sarah Brown, Patron of the White Ribbon Alliance for Safe Motherhood, who underlined the crucial importance of reducing maternal mortality to achieve the Millennium Development Goals.

Despite the fact that we curtailed the Health Assembly to five days, we can be proud to state that delegations have deliberated and agreed on pressing issues in the world health agenda this year. The cooperation and flexibility that the delegations have shown in agreeing on contentious issues is commendable. I am also happy to note that the issue of financial crisis, which was the main theme of the debate in the plenary, has been addressed very seriously by the Member States, and several innovative approaches emerged in the course of discussions. I wish to commend the Director-General and the Secretariat for presenting a very realistic programme budget for the next biennium.

This Health Assembly became a timely forum for in-depth deliberations on the outbreak of influenza A (H1N1) 2009. The Member States participated in these discussions very actively and positively with a sense of commitment and seriousness. I am sure that the technical inputs and the awareness created by these elaborated discussions will serve as catalysts for the Member States and WHO to strengthen and accelerate their preventive and curative programmes in this area. We would be failing in our duty if we do not appreciate the initiative, commitment and dedication demonstrated by our Director-General, Dr Margaret Chan.

The important issue of climate change and health was also addressed by the relevant committees. The delegates agreed upon the draft resolution and the workplan to scale up WHO's technical assistance to countries to assess the impact of climate change. Thereby, the delegates set up a road map for future WHO work in this area. Through wide-scale discussions, negotiation and compromise, the delegations have come a long way forward in addressing the contentious issues in pandemic influenza preparedness, sharing of influenza viruses and access to vaccines and other benefits. I have no doubt that the Director-General will take the necessary action to give effect to the spirit of this resolution. The interest shown by the delegates to the discussion on social determinants of health was highly commendable. I am happy that the delegates could agree on a strong resolution in which the principles of the social determinants of health are incorporated. It is my wish that the key recommendation of the Commission will be implemented at country level in the coming year. I am sure that all the delegations are leaving this Health Assembly hall with a great sense of satisfaction and increased commitment and motivation to implement innovative health programmes in their own countries.

As we conclude this Health Assembly, I deeply appreciate and also thank Member States for their outstanding spirit of collaboration and cooperation. I also wish to thank wholeheartedly the Director-General and the Deputy Director-General and also other members of the Secretariat for their tireless efforts and also for the facilities and support extended to me to discharge my responsibilities. I thank the Vice-Presidents of the Health Assembly and the Bureau members of Committees A and B for their very efficient work, which enabled us to conclude all the agenda items on time. I also appreciate the hard work of those who are behind the scene producing the documents and arranging the conference services and the translators who provided delegates with maximum support. Finally, excellencies, ladies and gentlemen, let me thank all of you for all your support and contributions and wish you a very safe and pleasant journey back home.

I formally declare the Sixty-second World Health Assembly closed.

The session closed at 13:40.
La session est close à 13h40.
