



WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTÉ

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# WORLD HEALTH ASSEMBLY FIRST SPECIAL SESSION

GENEVA, 9 NOVEMBER 2006

VERBATIM RECORDS  
OF PLENARY MEETINGS,  
REPORT OF COMMITTEE  
AND LIST OF PARTICIPANTS

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## *ASSEMBLÉE MONDIALE DE LA SANTÉ PREMIÈRE SESSION EXTRAORDINAIRE*

GENÈVE, 9 NOVEMBRE 2006

COMPTES RENDUS IN EXTENSO  
DES SÉANCES PLÉNIÈRES,  
RAPPORT DE LA COMMISSION  
ET LISTE DES PARTICIPANTS

GENEVA  
GENÈVE  
2008

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## **PREFACE**

The World Health Assembly first special session was held at the Palais des Nations, Geneva, on 9 November 2006, in accordance with the resolution adopted by the Executive Board at its 118th session. Its proceedings are issued in two volumes, containing, in addition to other relevant material:

Resolutions, decisions and annex – document WHASS1/2006–WHA60/2007/REC/1

Verbatim records of plenary meetings, report of committee, list of participants – document WHASS1/2006–WHA60/2007/REC/2

For a list of abbreviations used in these volumes, the officers of the Health Assembly and membership of its committees, the agenda and the list of documents for the session, see preliminary pages of document WHASS1/2006–WHA60/2007/REC/1.

In these verbatim records, speeches delivered in Arabic, Chinese, English, French, Russian or Spanish are reproduced in the language used by the speaker; speeches delivered in other languages are given in the English or French interpretation. The texts include corrections received up to 30 March 2007, the cut-off date announced in the provisional version, and are thus regarded as final.

## **AVANT-PROPOS**

L'Assemblée mondiale de la Santé a tenu sa première session extraordinaire au Palais des Nations à Genève le 9 novembre 2006, conformément à la résolution adoptée par le Conseil exécutif à sa cent dix-huitième session. Ses actes paraissent dans deux volumes contenant notamment:

les résolutions et décisions et les annexes qui s'y rapportent – document WHASS1/2006–WHA60/2007/REC/1,

les comptes rendus in extenso des séances plénières, le rapport d'une commission et la liste des participants – document WHASS1/2006–WHA60/2007/REC/2,

On trouvera dans les pages préliminaires du document WHASS1/2006–WHA60/2007/REC/1 une liste des abréviations employées dans la documentation de l'OMS, l'ordre du jour et la liste des documents de la session ainsi que la présidence et le secrétariat de l'Assemblée de la Santé et la composition de ses commissions.

Les présents comptes rendus in extenso reproduisent dans la langue utilisée par l'orateur les discours prononcés en anglais, arabe, chinois, espagnol, français ou russe, et dans leur interprétation anglaise ou française les discours prononcés dans d'autres langues. Ces comptes rendus comprennent les rectifications reçues jusqu'au 30 mars 2007, date limite annoncée dans leur version provisoire, et sont donc considérés comme finals.

## **ПРЕДИСЛОВИЕ**

Первая специальная сессия Всемирной ассамблеи здравоохранения проходила во Дворце Наций в Женеве 9 ноября 2006 г. в соответствии с резолюцией, принятой Исполнительным комитетом на своей Сто восемнадцатой сессии. Материалы сессии публикуются в двух томах, в которых, помимо других документов, содержатся:

Резолюции, решения и приложения - документ WHASS1/2006-WHA60/2007/REC/1

Стенографический отчет о пленарных заседаниях, доклад комитета и список участников - документ WHASS1/2006-WHA60/2007/REC/2

Список сокращений, используемых в этих изданиях, перечень должностных лиц Ассамблеи здравоохранения, а также членский состав комитетов, повестка дня и список документов для данной сессии, приводятся в начале документа WHASS1/2006-WHA60/2007/REC/1.

В стенограммах заседаний выступления на английском, арабском, испанском, китайском, русском и французском языках приводятся в оригинале; выступления на других языках даны в переводе на английский или французский языки. Указанные тексты включают исправления, полученные Секретариатом до 30 марта 2007 г., как о том было объявлено в предварительных протоколах, и потому настоящая редакция считается окончательной.

## **INTRODUCCIÓN**

La primera reunión extraordinaria de la Asamblea Mundial de la Salud se celebró en el Palais des Nations, Ginebra, el 9 de noviembre de 2006, de acuerdo con la resolución adoptada por el Consejo Ejecutivo en su 118ª reunión. Sus debates se publican en dos volúmenes que contienen, entre otras cosas, el material siguiente:

Resoluciones y decisiones, y anexos: documento WHASS1/2006-WHA60/2007/REC/1

Actas taquigráficas de las sesiones plenarias, informes de las comisiones y lista de participantes:

documento WHASS1/2006-WHA60/2007/REC/2

En las páginas preliminares del documento WHASS1/2006-WHA60/2007/REC/1 figuran una lista de las siglas empleadas en estos volúmenes, la composición de los cargos de la Asamblea de la Salud, el orden del día, y la lista de documentos de la reunión.

En las presentes actas taquigráficas los discursos pronunciados en árabe, chino, español, francés, inglés o ruso se reproducen en el idioma utilizado por el orador. De los pronunciados en otros idiomas se reproduce la interpretación al francés o al inglés. Las actas contienen las correcciones recibidas hasta el 30 de marzo de 2007, fecha límite anunciada en la versión provisional, y por consiguiente se consideran definitivas.

## مقدمة

انعقدت الدورة الاستثنائية الأولى لجمعية الصحة العالمية في قصر الأمم بجنيف يوم ٩ تشرين الثاني/نوفمبر ٢٠٠٦، طبقاً لما قرره المجلس التنفيذي في دورته الثامنة عشرة بعد المائة. وتتشهر محاضرها في مجلدين يتضمنان، بالإضافة إلى بعض المواد الأخرى ذات الصلة، ما يلي:

القرارات والمقرر الإجرائي والملحق - الوثيقة ج ص ع ١/٢٠٠٦ - ج ص ع ٢٠٠٧/٦٠/سجلات/١

المحاضر الحرفية للجلسات العامة وقائمة بأسماء المشتركين - الوثيقة ج ص ع ١/٢٠٠٦ - ج ص ع ٢٠٠٧/٦٠/سجلات/٢

وللاطلاع على قائمة الاختصارات المستخدمة في وثائق المنظمة وأعضاء مكتب جمعية الصحة وعضوية لجانها وجدول أعمال الدورة وقائمة بوثائقها، انظر الصفحات التمهيدية للوثيقة ج ص ع ١/٢٠٠٦ - ج ص ع ٢٠٠٧/٦٠/سجلات/١ (النص الإنكليزي).

وترد الكلمات التي أُلقيت بالعربية أو الصينية أو الإنكليزية أو الفرنسية أو الروسية أو الأسبانية في هذه المحاضر الحرفية باللغة التي تكلم بها المتحدث، أما الكلمات التي أُلقيت بلغات أخرى فتترد ترجمتها الإنكليزية أو الفرنسية. وهي تتضمن التوصيات التي تم تلقيها حتى ٣٠ آذار/مارس ٢٠٠٧، وهو الموعد النهائي المعلن في النسخة المؤقتة، وهي بالتالي تعتبر نهائية.

## 序 言

根据执行委员会第一一八届会议通过的决议，世界卫生大会第一届特别会议于2006年1月9日在日内瓦万国宫举行。会议记录分两卷出版。除刊载其它有关材料外，还刊载：

决议、决定和附件 — 文件WHASS1/2006 - WHA60/2007/REC/1

全体会议逐字记录、委员会报告、与会人员名单 — 文件WHASS1/2006 - WHA60/2007/REC/2

各卷中使用的缩写清单、卫生大会的官员及其各委员会的组成、议程及会议文件清单，见文件WHASS1/2006 - WHA60/2007/REC/1先行页。

阿拉伯文、中文、英文、法文、俄文或西班牙文发言的逐字记录，用发言人使用的语言刊载；其它语言的发言用英文或法文译文刊载。这些记录只采纳了2007年3月30日以前收到的更正，这是临时文本中宣布的截止日期，因而它们是最后的文本。



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**VERBATIM RECORDS OF THE PLENARY MEETINGS**  
**COMPTES RENDUS IN EXTENSO DES SEANCES PLENIERES**

**FIRST PLENARY MEETING**

**Thursday, 9 November 2006, at 10:05**

**President:** Professor P.I. GARRIDO (Mozambique)

**PREMIERE SEANCE PLENIERE**

**Jeudi, 9 novembre 2006, à 10h05**

**Président:** Professeur P.I. GARRIDO (Mozambique)

**1. OPENING OF THE ASSEMBLY**  
**OUVERTURE DE L'ASSEMBLEE**

The PRESIDENT:

The Health Assembly is called to order.

Distinguished delegates, ladies and gentlemen, I have the honour to open the First special session of the World Health Assembly.

I have pleasure in welcoming, on behalf of the Health Assembly and WHO, our special guests: Mr Serguei Ordzhonikidze, Director-General of the United Nations Office at Geneva, and Mr Pierre-François Unger, Counsellor of State, Head of the Department of Social Action and Health of the Republic and Canton of Geneva.

**2. ADDRESS BY THE REPRESENTATIVE OF THE SECRETARY-GENERAL OF THE UNITED NATIONS**  
**ALLOCUTION DU REPRESENTANT DU SECRETAIRE GENERAL DE L'ORGANISATION DES NATIONS UNIES**

The PRESIDENT:

Mr Ordzhonikidze, representing the Secretary-General of the United Nations, will now address the Health Assembly.

Mr ORDZHONIKIDZE (Under-Secretary-General of the United Nations, Director-General of the United Nations Office at Geneva, representing the Secretary-General of the United Nations):

Thank you, Mr President. Mr President, Acting Director-General, excellencies, ladies and gentlemen, it is a distinct honour for me to welcome you to the Palais des Nations on the occasion of the opening of the First special session of the World Health Assembly. We gather here today in the aftermath of a very sad event that took place in May of this year with the sudden and tragic loss of Dr Jong-wook Lee, Director-General of WHO. Dr Lee's legacy lives on and our thoughts continue to be with his family, friends and former colleagues.

The special session of the Health Assembly has gathered here today to choose a leader for a new chapter in the history of the Organization. The threats and challenges posed by violent conflicts, poverty, natural disasters, gender inequality, human rights violations, development problems, to mention just a few, are becoming increasingly complex and cut across boundaries. In an age of interdependent threats and challenges, HIV/AIDS, avian influenza, tuberculosis, heart disease, counterfeit drugs, maternal mortality and many other health threats are no less dangerous problems. We cannot address peace, development and human rights independently of one another; nor can we achieve long-lasting and tangible solutions to these challenges without healthy, strong populations around the world.

The growing demand for the involvement of the United Nations family of organizations testifies to their key role in addressing these and other problems, in advancing development and defending the dignity of every human being. United Nations funds, programmes and specialized agencies are called upon to take on more tasks in more regions of the world. It is more important than ever that we work together to renew and revitalize our common objectives to meet today's challenges, to become more efficient and to have a greater positive impact on the lives of people around the world. We must be flexible, transparent and accountable in serving the priorities of Member States and the interests of the world's peoples.

It is also important that we bring greater coherence to the work of the United Nations system. The United Nations system as a whole should intensify its reform efforts. Better coordination, joint planning and information sharing are critical to enabling the United Nations family to achieve common aims.

Upon the election of Mr Ban Ki-moon as Secretary-General, Mr Kofi Annan reminded his successor of something that more than 50 years ago, the first Secretary-General of the United Nations – Mr Trygve Lie – said to his successor Mr Dag Hammarskjöld, "You are about to take over the most impossible job on Earth." While, perhaps, not as impossible, the post of Director-General of the World Health Organization is not an easy one either. It is not an easy one at all. It requires strength, courage, leadership and managerial skills to address the most pressing global health problems. It requires passion and compassion to meet the expectations of millions of people around the world and to deliver on promises and pledges already made. Last but not least, in an age where the contribution of all stakeholders is essential to tackling today's threats and challenges, this position also requires a strong sense of consensus building. This will take on increasing importance as the future incumbent moves to provide leadership in shaping the global public health landscape.

In view of the threats and challenges to peace, development and human rights, as well as to global health, people throughout the world look to the United Nations family of organizations to confront these challenges. Every day, in all our efforts, we strive to honour this confidence placed in the United Nations funds, programmes and agencies.

Today, you have before you the high responsibility of appointing the Director-General of the World Health Organization. I am confident that your deliberations will come to a successful conclusion with the appointment of the best candidate for this important position.

I wish you much success in your work today. Thank you.

**3. ADDRESS BY THE REPRESENTATIVE OF THE CONSEIL D'ETAT OF THE  
REPUBLIC AND CANTON OF GENEVA  
ALLOCUTION DU REPRESENTANT DU CONSEIL D'ETAT DE LA REPUBLIQUE  
ET CANTON DE GENEVE**

The PRESIDENT:

I now give the floor to Mr Pierre-François Unger, Counsellor of State, Department of Social Action and Health, of the Republic and Canton of Geneva.

M. UNGER (représentant du Conseil d'Etat de la République et Canton de Genève):

Monsieur le Président de l'Assemblée mondiale de la Santé, Monsieur le Directeur général de l'Office des Nations Unies à Genève, Excellences, Mesdames et Messieurs les Ministres, Ambassadeurs et délégués, Mesdames et Messieurs, au nom du Gouvernement genevois, j'ai le plaisir de vous accueillir à Genève et de vous souhaiter la plus cordiale bienvenue à l'occasion de cette importante Assemblée au cours de laquelle vous désignerez le septième Directeur général de l'Organisation mondiale de la Santé qui, d'après ce que l'on sait, pourrait être une Directrice générale. En premier lieu, permettez-moi d'avoir une pensée émue pour l'ancien Directeur général, le Dr Jong-wook Lee, décédé subitement au mois de mai dernier. La nomination d'une nouvelle personne au poste de Directeur général est un événement important parce que l'Organisation mondiale de la Santé est l'une des plus prestigieuses organisations internationales basées à Genève.

Genève se projette d'ailleurs comme l'un des pôles mondiaux de la santé. Tous les acteurs et organisations principales, actives dans ce domaine, y sont présents. Des réunions importantes ont lieu dans notre ville : l'Assemblée mondiale de la Santé, bien évidemment, mais aussi des réunions d'experts qui se rassemblent autour des grands problèmes de santé tels que la grippe aviaire, ou encore pour débattre de la lutte contre le tabagisme, des stratégies de vaccination ou des stratégies d'hygiène hospitalière. Ces dernières années, la santé est devenue une des clés du développement. Ce n'est pas par hasard si quatre des objectifs du Millénaire pour le développement sont directement liés à la santé : qu'il s'agisse de la réduction de la pauvreté, de la survie des enfants et des nouveau-nés, de la survie de leur mère, de la lutte contre le sida, la tuberculose ou le paludisme.

Alors que les anciens défis, tels que les inégalités d'accès à la santé et aux soins, aux médicaments essentiels et aux vaccins, demeurent une réalité inacceptable dans de vastes régions du monde, la nouvelle personne en charge de la direction de l'OMS devra aussi faire face à de nombreux nouveaux défis. Les mouvements de population internationaux, les transformations environnementales, ainsi que la rapide urbanisation amènent des changements majeurs aussi bien dans les modes de vie que dans le tissu social. Les catastrophes naturelles affectent profondément de larges portions de la population mondiale, et en particulier les personnes les plus vulnérables. Du fardeau des maladies infectieuses, on pourrait passer progressivement à un autre fardeau très lourd : celui des maladies chroniques non infectieuses, mais qui finissent par atteindre des proportions épidémiques. La pression va dès lors s'accroître encore sur des systèmes de santé déjà faibles dans les pays à bas revenu. De même, la progression constante des maladies cardio-vasculaires, du diabète et des maladies mentales aboutira à la nécessaire redéfinition des priorités en matière de santé. Pour relever ces défis, l'influence et le leadership de l'OMS devront être renforcés. Ce leadership fort devra pouvoir s'appuyer sur des moyens scientifiques, financiers et managériaux adéquats et il devra encourager les gouvernements à prendre leurs responsabilités. Cela ne pourra être fait qu'en renforçant les alliances existantes et en développant de nouveaux partenariats entre différents acteurs du secteur de la santé. L'OMS est déjà la pièce centrale d'un réseau impressionnant d'organisations publiques et privées, de fédérations, d'institutions, d'organisations non gouvernementales, d'initiatives et de fonds de santé : une illustration de ce que certains appellent la gouvernance du futur, à travers laquelle des réseaux d'organisations partenaires sont au premier rang d'orientations et d'initiatives nouvelles.

Permettez-moi pour conclure, en mon nom et au nom du Gouvernement genevois, de vous souhaiter une excellente session à Genève, et je peux d'ores et déjà vous assurer de notre engagement

et de notre soutien à l'OMS dans les efforts qu'elle déploiera pour améliorer la santé des populations du monde, et particulièrement de celles qui en ont le plus besoin.

#### **4. ADOPTION OF THE AGENDA AND TIMETABLE ADOPTION DE L'ORDRE DU JOUR ET DE L'EMPLOI DU TEMPS**

The PRESIDENT:

This is a special session of the Health Assembly. We are gathered here today as a result of the untimely and sudden demise of Director-General Dr Jong-wook Lee, on 22 May this year. Immediately after this tragic event, the Executive Board, at its 118th session, adopted resolution EB118.R2, setting in place special arrangements for the nomination of the new Director-General, including this special session.

We shall now deal with the first two subitems under item 1 on our provisional agenda. The first subitem, 1.1, deals with the adoption of the agenda and timetable contained in documents SSA1/1 and SSA1/1 Add.1. I draw your attention to resolution EB118.R2 adopted by the Executive Board at its 118th session and entitled "Consideration of the acceleration of the procedure to elect the next Director-General of the World Health Organization". Pursuant to paragraph 6 of this resolution, the provisional agenda of the special session of the Health Assembly includes only one item, entitled "Director-General", comprising two subitems entitled respectively "Appointment" and "Approval of contract".

Is the Health Assembly ready to adopt the agenda as it appears in document SSA1/1, together with the timetable contained in document SSA1/1 Add.1? I see no objection. It is so decided.

#### **5. APPOINTMENT OF THE COMMITTEE ON CREDENTIALS CONSTITUTION DE LA COMMISSION DE VERIFICATION DES POUVOIRS**

The PRESIDENT:

Let us now consider the second subitem, 1.2, Committee on Credentials. In accordance with Rule 23 of the Rules of Procedure of the World Health Assembly, "A Committee on Credentials consisting of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President.". To simplify the procedural aspects in view of the extreme brevity of this session and the need to finish our work today, I would propose to you that the Committee on Credentials appointed by the Fifty-ninth World Health Assembly be reappointed by this special session, with the exception of Guinea-Bissau which was a member of the Committee, but is not present at this session. I would propose they be replaced by Malawi. Consultations with all WHO regions took place to this effect and they are in agreement with this approach. I shall therefore propose for your approval the following 12 Member States: Burundi, Cambodia, Cyprus, Democratic People's Republic of Korea, Ecuador, Estonia, Honduras, Jordan, Malawi, Nigeria, Pakistan, Poland.

Is this proposal acceptable? I see no objection. I therefore declare the Committee on Credentials, as proposed by me, appointed by the Health Assembly.

We shall resume our work this afternoon to consider, in public session, the report of the Committee on Credentials. However, due to the short period of time available to hold the Committee meeting and produce its report before we reconvene, I would like to propose that the report be distributed in English and French only, in order that we might adopt it and continue with our work. The report will be available in all six official languages, during the course of the afternoon. I see no objection. It is so decided.

After the adoption of the report of the Committee on Credentials, the Health Assembly will meet in private session to consider item 2 of its agenda entitled "Director-General". Let me repeat, this will be held in private session. Therefore, only delegations of Member States and Associate Members, the representative of the United Nations, as well as essential members of the Secretariat may attend.

After we have considered the appointment of the Director-General we will then meet in public session.

**The meeting rose at 10:30.**

**La séance est levée à 10h30.**

**SECOND PLENARY MEETING**

**Thursday, 9 November 2006, at 14:30**

**President:** Professor P.I. GARRIDO (Mozambique)

**DEUXIEME SEANCE PLENIERE**

**Jeudi, 9 novembre 2006, 14h30**

**Président:** Professeur P.I. GARRIDO (Mozambique)

**1. REPORT OF THE COMMITTEE ON CREDENTIALS<sup>1</sup>**  
**RAPPORT DE LA COMMISSION DE VERIFICATION DES POUVOIRS<sup>1</sup>**

The PRESIDENT:

Excellencies, distinguished delegates, ladies and gentlemen: the Health Assembly is called to order.

The Health Assembly is now in public session to consider the report of the Committee on Credentials, which met today under the chairmanship of Professor Eng Huot of Cambodia.

The report is contained in document SSA1/3, which you have all received. You agreed earlier to consider the report in English and French only, owing to the short period of time available for its production. The report will be available in all six official languages in the course of the afternoon.

Does the Health Assembly wish to comment on the report?

In the absence of any comments, does the Health Assembly agree to approve this report? I see no objection. The report is therefore approved.

Furthermore, formal credentials have been received from Sri Lanka and the Syrian Arab Republic, which had previously submitted provisional credentials. I have examined the formal credentials and found them to be in conformity with the Rules of Procedure of the World Health Assembly. I would therefore recommend to the Health Assembly that Sri Lanka and the Syrian Arab Republic be accepted as having submitted formal credentials.

Does the Health Assembly agree with this procedure? I see no objections. It is so decided.

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<sup>1</sup> See reports of committees in document SSA1/2006–WHA60/2007/REC/3.

<sup>1</sup> Voir les rapports des commissions dans la document SSA1/2006–WHA60/2007/REC/3.



**2. DIRECTOR-GENERAL  
DIRECTEUR GENERAL**

The PRESIDENT:

The Health Assembly will now consider item 2 of its agenda, Director-General.

Let me remind you that Rule 110 of its Rules of Procedure states that the “Health Assembly shall consider the Board’s nomination at a private meeting”. Therefore, according to Rule 20 of the Rules of Procedure, only delegations of Member States, the representatives of Associate Members and the representative of the United Nations are allowed to be in the Hall.

**The meeting was held in private from 14:35 to 16:55 when it resumed in public session.**

**L’Assemblée de la Santé se réunit en séance privée de 14h35 à 16h55,  
avant de reprendre ses travaux en séance publique.**

The PRESIDENT:

The public session is called to order. I have the pleasure of reading to you the resolution that has just been adopted at the private meeting of the Health Assembly on the subject of the appointment of the Director-General:<sup>1</sup>

The First special session of the World Health Assembly,  
On the nomination of the Executive Board,

APPOINTS Dr Margaret Chan as Director-General of the World Health Organization.

*(Applause/Applaudissements)*

The PRESIDENT:

The Health Assembly also adopted in private session a resolution approving the contract of the Director-General,<sup>2</sup> which I shall read out to you:

The First special session of the World Health Assembly,

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Pursuant to Article 31 of the Constitution and Rule 109 of the Rules of Procedure of the World Health Assembly,

APPROVES the contract establishing the terms and conditions of appointment, salary and other emoluments for the post of Director-General;

SUSPENDS, in accordance with Rule 122 of its Rules of Procedure, Rule 108 of its Rules of Procedure with regard to the duration of the term of office of the Director-General, for the purpose of determining the duration of the term of office of Dr Margaret Chan;

DECIDES that the term of office of Dr Margaret Chan shall begin on 4 January 2007 and shall end on 30 June 2012;

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<sup>1</sup> Resolution SSA1.1.

<sup>2</sup> Resolution SSA1.2.

## II

Pursuant to Rule 112 of the Rules of Procedure of the World Health Assembly,

AUTHORIZES the President of the First special session of the World Health Assembly to sign this contract in the name of the Organization.

Dr Chan, the World Health Assembly has just decided to appoint you to be Director-General of the World Health Organization. Let me, as President of the First special session of the World Health Assembly, be the first to congratulate you and express my best wishes for your future work and leadership of the Organization for the cause of health for all.

Dr Chan, in appointing you to the post of Director-General of WHO, the Health Assembly fully acknowledges the challenges before you. Good leadership and encouragement are needed to motivate and guide all staff throughout the world to carry out their duties in a way that will do justice to the Organization.

I now give the floor to Dr Phooko of Lesotho who will speak on behalf of the African Region.

Dr PHOOKO (Lesotho):

Mr President, I take this opportunity to speak on behalf of the Member States of the African Region, first to pay tribute to Dr Jong-wook Lee for his dedication to the health of the peoples of the world in general, and of Africans in particular. His memory will remain with us for a long time as we reap the fruits of his initiatives, and his legacy begins to take root.

Dr Nordström, you deserve special recognition in this session, and at this time in the history of the Organization. The remarkable way in which you have managed the Organization, and the seamless transition we have all gone through since May, has ensured that the stability necessary for WHO to execute its mandate has remained intact, and the Organization has remained effective. We deeply appreciate your efforts in that regard.

Dr Chan, we would like to congratulate you most heartily on this achievement; we have full confidence that the legacy of Dr Lee will continue and flourish under your stewardship. As developing countries, we sincerely hope that our vulnerable position will hold the centre stage of your preoccupation during the five and a half years of your term of office. The burden of disease in Africa should cease to be a black spot on the white flag of the world. This can, and we know will, change under your leadership.

It is perhaps most opportune that at this stage another woman Director-General has been elected. Fate must be on our side because we believe that, as a woman, you will be more sympathetic to the plight of women in the developing world, who continue to bear a disproportionate burden of poverty, underdevelopment, and disease. You have demonstrated in your previous assignments that you are amply capable of rising to difficult challenges.

Dr Chan, while we look to you to lead this Organization to improve the health of our peoples, and to guide us in our endeavours, we would like to pledge our unwavering and steadfast support to you, the Secretariat, and the Organization as a whole. We would like to welcome you as our Director-General and we look forward to a cordial and effective working relationship.

The PRESIDENT:

Thank you. I now give the floor to Mr Carlos Martínez Alvarado of Guatemala, who will speak on behalf of the Region of the Americas.

El Sr. MARTÍNEZ ALVARADO (Guatemala):

Señor Presidente: En primer lugar, y en nombre también de los países del Grupo de las Américas, deseo recordar al Dr. Jong-wook Lee, quien a la cabeza de esta Organización demostró su compromiso con la mejora de la salud de todos en el mundo, a través de su dedicación y profesionalismo. Deseamos también extender un sincero agradecimiento al Dr. Anders Nordström, quien supo dar continuidad a las actividades y al trabajo de este organismo, al asumir de manera inesperada su conducción.

Señor Presidente: El Grupo de las Américas acoge con beneplácito la decisión de esta Asamblea de nombrar a la Dra. Margaret F. Chan para el cargo de Directora General. Doctora Chan: es un honor felicitarla en nombre de todos los países de nuestra Región. Estamos seguros de que con su trayectoria, profesionalismo y comprobada capacidad, la Organización Mundial de la Salud continuará siendo líder en la promoción y mejora de la salud en el mundo. Su experiencia como funcionaria y su familiaridad con el sistema serán de gran apoyo para su gestión.

Los países de las Américas presentan una serie de contrastes, dado que dentro del mismo hemisferio encontramos países desarrollados y países que carecen de los recursos necesarios para mejorar la salud de sus pueblos. Ese contraste nos lleva a encontrar situaciones extremas que requieren la atención, no solamente de los propios Estados sino de la comunidad internacional y, en este caso, de la Organización Mundial de la Salud. Es por ello que queremos llamar su atención hacia nuestra región y hacia las necesidades que en muchos de nuestros países se presentan.

El impacto de la salud en el desarrollo es indiscutible, y sus efectos son palpables en todos los sectores, de modo particular en los países en desarrollo. El estado de la salud de los pueblos es consecuencia directa del desarrollo de las naciones. Sobre esta base, esperamos que continúen y se emprendan nuevas iniciativas encaminadas a la mejora de la salud como parte del combate contra la pobreza. Un gran marco de actuación para estos fines lo encontramos en las Metas del Milenio, con las cuales nos sentimos todos comprometidos.

Para los países de nuestra región será un placer trabajar y colaborar con usted, Dra. Chan, y con la Organización para lograr los objetivos que juntos identifiquemos, puesto que cabe recordar que la OMS es una organización al servicio de los Estados. Asimismo, esperamos que bajo su liderazgo se logren estrechar los lazos de cooperación y comunicación entre la Organización Panamericana de la Salud y la Organización Mundial de la Salud.

The PRESIDENT:

Thank you. I now invite Mr Miguil of Djibouti to speak on behalf of the Eastern Mediterranean Region.

Mr MIGUIL (Djibouti):

Mr President, colleagues, ladies and gentlemen, it is with pleasure that I congratulate Dr Margaret Chan on her election as Director-General of WHO on behalf of myself and all the Member States of the Eastern Mediterranean Region. WHO, as an international organization at the heart of human development, has always been confronted by social and political challenges, both at local level in countries and at global level. The new Director-General is taking up this role at a time when those challenges are increasingly complex and when the demands upon her are immense. I am sure that Dr Chan is equal to these challenges.

The Director-General's agenda will be very much shaped by the Eleventh General Programme of Work, 2006–2015, approved by the Health Assembly, and by the challenges facing health in the developing countries and globally. The emergence of new diseases such as severe acute respiratory syndrome, and the potential threat of pandemic influenza illustrate this very well. But it is still the oldest diseases that are the biggest killers, the diseases of poverty such as malaria, tuberculosis and HIV/AIDS.

The Director-General must continue the emphasis that Dr Lee placed on identifying and tackling the social determinants of health. The new Director-General has a major task ahead in

facilitating the drive towards the Millennium Development Goals. If these can be achieved, major steps will have been taken to reduce poverty, to reduce the social and health burdens that poverty imposes on populations, and to break the cycle of ill-health and poverty. A healthy population is able to contribute to the socioeconomic development of the nation, to poverty reduction and thus to overall improvement in health. Health is a human right that enables not just individuals to reach their potential, but also nations.

In my Region, perhaps more than in the other regions of WHO, we see daily how political instability, natural and manmade disasters, civil conflict and sanctions take a huge toll on the health, well-being and livelihoods of people. Health gains made 20 years ago are being reversed in some countries. These are the most serious and most poignant of health determinants. I hope that the Director-General will be a strong and moral advocate not only for disaster preparedness but also for prevention, and for peaceful resolution of conflicts. Health is a human right at all times, and not just in times of stability.

I also look forward to greater focus on health systems. Many of our Member States have health systems that are under-resourced and where management is weak. Equitable access to quality primary health-care services and universal coverage by such services are distant goals to many of the developing nations. The Director-General is in a unique position to be able to advocate stronger health systems from a broad socioeconomic perspective, as well as a health perspective.

At the same time, I hope in this the Health Workforce Decade (2006–2015), that the Director-General will find time to look at the worldwide impact of the increasing trade in health workers facilitated by world trade agreements. Migration to wealthier countries has depleted the health workforces of several countries, compromising even basic care for those most in need. While some limited action has been taken to address the problem at the bilateral level, there is no global mechanism to redress the balance and to protect countries as they build up their skills. We expect WHO to examine critically this ever-growing problem and to find a workable solution which will compensate the developing countries affected by chronic brain drain of health personnel.

Many developing countries face a double burden of disease as communicable diseases persist, while the prevalence of noncommunicable diseases increases. Many of these diseases threaten livelihoods as well as health, and are set to become the new diseases of poverty as families struggle to pay for the medicines needed over long periods of time. I hope the Director-General will look at ways of improving access and affordability.

On behalf of my sister countries in the Region I would like to commend WHO for the manner in which it has worked in recent years to increase its partnerships with other organizations and with donors. However, I hope that WHO will now look at improving coordination of input from its partners so that it can fulfil its mission effectively and efficiently across the full range of its programmes, and implement the Eleventh General Programme of Work, 2006–2015.

In recent years, WHO has placed firm emphasis on a strong and decentralized management approach, with decision-making taking place as close as possible to where action is required. I hope this trend will continue and be strengthened, and that WHO will become more flexible and more responsive to the needs of its Member States. This will mean strengthening its presence at country level, since this is where it has its biggest impact, and improving its accountability. At the same time I urge the Member States themselves to support WHO generously in what we ask it to deliver.

Once again, I offer my congratulations and best wishes to Dr Chan. Thank you, Mr President.

The PRESIDENT:

Thank you. I now invite Sir Liam Donaldson of the United Kingdom of Great Britain and Northern Ireland to speak on behalf of the European Region.

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

In Europe we, too, remember with great admiration the leadership of Dr Lee. He was a frequent visitor to our Region and a great supporter of the work that we are doing. We therefore want to pay

tribute to his exceptional professional life and work. We also want to express our deep gratitude to Dr Nordström for his accomplished interim leadership of the Organization.

Speaking on behalf of the 53 Member States of the European Region of WHO, we are looking forward; and we start by expressing our delight with the appointment of Dr Chan as the new Director-General. She is already an exceptional global public-health leader, and the fact that she has emerged as Director-General from such a strong field of talented candidates says much about the health of the Organization and the quality of Dr Chan's candidature.

We believe that the strength of the relationships between WHO's headquarters and its six regions is the key to the successful implementation of the Organization's policies and goals. Dr Chan has already pledged herself to building strong relationships with the regions, and we greatly welcome that.

So, Mr President, our warmest congratulations go to Dr Chan. She has our full and wholehearted support, and we look forward with a spirit of great optimism to what we can achieve together.

The PRESIDENT:

Thank you. I now give the floor to Dr Supari of Indonesia, who will speak on behalf of the South-East Asia Region.

Dr SUPARI (Indonesia):

Mr President, Director-General elect, excellencies, distinguished delegates. It gives me the greatest pleasure, Dr Chan, both in my capacity as Indonesian Minister of Health and on behalf of the South-East Asia Region, to extend to you our warmest congratulations and best wishes on your well-deserved appointment as Director-General of WHO. We are very pleased that the long process that accompanies the election of a Director-General, with its line-up of many worthy and eminently eligible contenders for this high-profile and difficult post, has now given us a leader with all the ability, experience, and personality required to shoulder this demanding office.

Before going any further, I should also like to pay tribute to the Acting Director-General, Dr Anders Nordström, whom we must thank for so ably stepping into the role of Acting Director-General at very short notice after the tragic demise of the Director-General, Dr Jong-wook Lee, last May. The passing away of Dr Lee, so soon after the start of his mandate, left the Organization mourning and in shock, bereft of a most capable leader. In Dr Nordström's capable hands, the helm of the Organization was firmly secured, and under his stewardship WHO resumed its course while addressing the business of electing a new Director-General.

WHO is indeed fortunate to have at its head someone as well tried in the field of health as Dr Chan. Through her previous office as Assistant Director-General, Dr Chan is not only thoroughly cognizant of all the health challenges currently affecting the world and of the specific problems they raise; she is also totally familiar with every aspect of running this huge Organization. Her impressive credentials and long list of achievements, as well as her specific expertise in the area of pandemics and infectious diseases, are extremely reassuring in this age of looming epidemics of a new nature, such as H5N1 influenza. We have every confidence, therefore, that her professionalism, know-how and determination, coupled with her vision for the future of world health and sense of where the priorities lie, will take the Organization to new heights of achievement.

For me, as the representative of the South-East Asia Region, in my capacity as a minister of health, and as a Vice-President of this Health Assembly, knowing that Dr Chan will be giving particular attention to information and education as key strategies in the struggle against the diseases directly linked to poverty, is very gratifying and encouraging. Dr Chan, we look forward to continuing our close cooperation with WHO under you, so that our country can break new ground in the struggle it is waging against avian influenza, HIV/AIDS, tuberculosis and malaria, as well as in the field of preventive vaccination. With the help of the Organization, we have begun to make inroads into the territory of some of these diseases. As in the past, we shall welcome all the assistance and technical

support that WHO can provide, and we look forward to working in close collaboration with the Organization on practical application projects.

I shall conclude by reiterating Indonesia's commitment to improving all aspects of health and of the various institutions in charge of maintaining and protecting health in our country, as well as of dispensing health care. In doing so, we are confident of receiving the support of WHO and of its new Director-General, with whom we look forward to working in close partnership. And, last but not least, let me say how pleased we are to see a woman accede to this high office. This is certain to have a most positive impact on the important issue of women's health, which is still too often overlooked in many countries due to factors such as ignorance and lack of information, cultural practices or budget constraints. We have no doubt that you will want to address these areas as a high priority and that, equipped as you are with outstanding competence and the practical sense that characterizes women, you will make your mandate a most effective and memorable one. Thank you.

The PRESIDENT:

Thank you. I now give the floor to Dr Sadasivan of Singapore who will speak on behalf of the Western Pacific Region.

Dr SADASIVAN (Singapore):

Mr President, honourable ministers, distinguished delegates, ladies and gentlemen, it is a great honour for me to make this statement on behalf of the Member States of the Western Pacific Region. We join others in commemorating the work and contribution of Dr Jong-wook Lee. We also wish to register our commendation of the excellent work done by Dr Anders Nordström as Acting Director-General.

We would like to convey our heartfelt congratulations to Dr Chan on her appointment as the next Director-General of WHO. All of us in the Western Pacific Region are proud and happy that the next Director-General comes from our Region. The fact that this is the first time that an Asian woman has been selected for this job is another source of joy and satisfaction. We pledge our full commitment to work closely with her as she leads WHO during this challenging period.

The challenges facing WHO are many. The threat of an influenza pandemic remains very real as outbreaks of emerging and epidemic-prone diseases continue to occur in alarming numbers. Noncommunicable diseases are also on the rise, leading to a double burden of disease. These are areas where WHO can and must play a leadership role. We have no doubt that Dr Chan will deal with these challenges effectively and efficiently, with wisdom and determination, and with courage and leadership. We also know that she will do all this with her trademark smile and human touch.

We in the Western Pacific Region know Dr Chan very well. During her 30 years in public health management, she has had first-hand experience in dealing with outbreaks of major infectious diseases such as severe acute respiratory syndrome and avian influenza. As Director of Health in Hong Kong, she showed courage and determination. As an Assistant Director-General of WHO, she proved herself to be an excellent manager and effective communicator as she led efforts to support the drawing up of national preparedness plans and coordinated a global response to avian influenza and other epidemics. Given the breadth and depth of Dr Chan's experience, we have every confidence that she will bring WHO to a new and higher level.

Dr Chan's six priorities for WHO constitute a comprehensive and concrete plan. It is a vision for all peoples to attain the highest possible level of health. I know that Dr Chan is an action-oriented person who is ready and eager to set her plan in motion as soon as she takes up office. We stand ready as a region to fully support her in these efforts and look forward to working closely with her. Finally, I would also advise Dr Chan to get some rest. She has worked very hard these past months and weeks. I think she deserves some rest and perhaps a little holiday. We in the Western Pacific Region wish her all the best as she prepares to take on one of the most demanding jobs in the United Nations system.

The PRESIDENT:

Thank you. I now give the floor to Dr Rasá of Yemen who will speak on behalf of the Arab group.

Dr RASÁ (Yemen):

الدكتور عبد الكريم يحيى راصع (اليمن):

شكراً سيدي الرئيس،  
باسمي وباسم زملائي في مجلس وزراء الصحة العرب أقدم بالتهنئة القلبية الصادقة للدكتورة مارغريت تشان على نجاحها الكبير والذي استحقت به جدارة نظراً لكفاءتها وخبرتها الطويلة في العمل مع المنظمة ومع بلادها. وإني على ثقة من أنها تستطيع أن تحقق برنامجها واستراتيجيتها الطموحة وأولوياتها التي طرحتها على المجلس التنفيذي يوم الثلاثاء الماضي.  
وإني أؤكد، باسم مجلس وزراء الصحة العرب، على دعمهم الكامل لإنجاحها في مهامها وأنا على ثقة أنها ستخطو خطوات كبيرة لإصلاح المنظمة، وأن لديها مهام كبيرة وجسيمة ونتمنى على الدكتورة مارغريت أن تهتم بمشاكل الدول النامية وأن تقدم العون الكامل لصحة الأطفال والنساء في العراق وفلسطين وما يتعرضون له من مأس وعنف كما أتمنى لها التوفيق والنجاح في أعمالها ونحن على ثقة أنها ستواصل مسيرة الراحل الدكتور لي.  
أشرك يا سيادة الرئيس.

Mr GAO Qiang (China):

尊敬的大会主席：

本次特别大会任命陈冯富珍女士为世卫组织的新一任总干事，我感到非常高兴。在此，我向陈冯富珍女士表示热烈祝贺，并代表中国政府感谢各国政府对陈冯富珍女士的支持。我相信，她的卓越才能和高尚道德，以及为人类健康服务的献身精神，一定能够为世界卫生事业的发展做出更大的贡献。中国政府承诺，将进一步加强与世界卫生组织的合作，鼓励和支持陈冯富珍女士客观、公正、忠实地履行自己的职责，并愿意在世界卫生组织的帮助和指导下，努力做好中国自己的工作，并为全球的公共卫生事业做出应有的贡献。

陈冯富珍女士当选世界卫生组织总干事，是中国的骄傲，是全体中国人民的光荣。同时，我们也深知，世界卫生组织总干事在维护世界人民健康方面肩负着重大的责任。近年来，艾滋病、禽流感等严重传染病对人类社会构成了巨大的威胁，各国卫生体系在提供公平、有效、安全、可及的医疗卫生服务方面面临着严峻的挑战。

我们希望陈冯富珍女士忠实地为世界卫生组织服务，忠实地为人民健康服务，不怕困难，努力工作，不辜负各国政府和人民的重托。

最后，我再次感谢各国政府的支持，感谢大会主席先生成功地主持了本届具有历史意义的特别大会。

谢谢！

The PRESIDENT:

Thank you. We shall now proceed to the taking of the oath of office by Dr Chan whom this Health Assembly has just appointed as Director-General of WHO, and to the signing of the contract which the Health Assembly has approved. Let me recall that this contract will start on 4 January 2007 and come to an end on 30 June 2012.

I may add that by swearing in the new Director-General, the Health Assembly is carrying out more than a formality, albeit a solemn one. It stresses an essential article of the Constitution, namely the exclusively international character of the role of the Director-General and the fact that he/she may receive instructions only from this Health Assembly or from the Executive Board, to the exclusion of any and every authority external to the Organization.

Dr Chan, I now invite you to take the oath as laid down by Staff Regulations 1.10 and 1.11, in pursuance of Article 37 of the Constitution.

Dr CHAN (Director-General elect):

I solemnly undertake to exercise in all loyalty, discretion and conscience, the functions entrusted to me as an international civil servant of the World Health Organization, to discharge those functions and regulate my conduct with the interests of the World Health Organization only in view, and not to seek or accept instructions in regard to the performance of my duties from any government or other authority external to the Organization.

*(Applause/Applaudissements)*

The PRESIDENT:

I now invite Dr Chan to address the Health Assembly.

Dr CHAN (Director-General elect):

Mr President, honourable ministers, distinguished delegates, ladies and gentlemen. This is a moment of great personal honour for me, but also one of deep responsibility. I do not take this responsibility lightly. I have always been proud to work in health, and especially proud to work for WHO. Now I will take pride in a position of leadership that has a direct impact on the health of humanity. This is the power of this Organization, its true greatness. The work that we do together saves lives and relieves suffering. I will work with you tirelessly to make this world a healthier place.

As I said yesterday, this is also a moment of reflection and respect. We are all here because of the untimely death of Dr Jong-wook Lee. We are also all here because of many millions of untimely deaths. I know Dr Lee would have wanted me to make this point. He will always be remembered for the “3 by 5” initiative. That was all about preventing untimely deaths on the grandest scale possible.

I am proud to work for WHO because it is an organization that is increasingly recognized for what it does, as well as what it says. This is an organization that measures its achievements, its results, in terms of good work, good results – not in numbers of meetings or reports; an organization that is opening itself up to the scrutiny of Member States as never before; an organization that is committed to technical excellence.

This legacy was created by the work of Dr Lee and his predecessors. And I would like to recognize in the audience our Director-General Emeritus, Dr Mahler.

*(Applause/Applaudissements)*



I am firmly committed to taking the legacy forward. Members of the Executive Board have heard my vision for WHO. Others have not. In the next few minutes, I want to communicate this vision of what I believe we need to do, our greatest strengths in undertaking these activities, and our greatest challenges. The challenges are especially important. It is in these areas where the adequacy of our performance must be measured.

I have great optimism for the future. But I have worked in public health for 30 years. I have no illusions. Our success in giving health a central place on the development agenda has opened new opportunities, but has also made our work more complex. We have made great strides in some areas, but seem to be standing still in others. As a world, we face global as well as local threats to health. Infectious diseases have staged a dramatic comeback. HIV, Ebola, SARS, and avian influenza will not be the last bad surprises delivered by the ever-changing microbial world.

In leading WHO, I will – like all my predecessors – need to manage three main sets of issues: technical, administrative, and political. In doing so, I will leave my personal stamp. It is this: I am determined to attain results for health. I am sure we have the power to do so. But we need to be smart in our planning and priority setting, and street-wise in our actions. Health is not an abstract issue at global and national levels, but a concrete reality that touches individuals, households and communities.

So let me be clear about the results that matter most. Reducing the burden of disease is important. Improving the strength of health systems is important. Reducing the threat of risk factors for disease is important. These are all vital. But what matters most to me is people, and two specific groups of people in particular: I want us to be judged by the impact we have on the health of the people of Africa, and the health of women.

All regions, all countries, all people are equally important. This is a health organization for the whole world. Our work must touch on the lives of everyone, everywhere. But we must focus our attention on the people in greatest need. The people of Africa carry an enormous and disproportionate burden of ill health and premature death. The health of the people of Africa must therefore be the key indicator of the performance of WHO.

The health of women must be the other key indicator, and I do not just mean maternal health: women do more than have babies. Unfortunately, their activities in households and communities, coupled with their low status, make them especially vulnerable to health problems – from indoor air pollution and multiple infectious diseases to violence. Yet evidence from many sources also shows that women are agents of change – for families, the workforce, and entire communities. The health of children largely depends on the health of women, as mothers, as sisters, as aunts and as grandmothers in the home; as carers, as teachers and as health workers in the community. And I have been all of these, except a grandmother. Reducing the health burden in women and empowering them will result in a dramatic increase in health-promoting behaviours – right where it counts most.

People matter most. I believe that is why the Constitution of WHO begins with such a clear statement: “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being”. It is also why the Constitution emphasizes the links between health, happiness, harmonious relations and security. Improvements in the health of the people of Africa and the health of women are key indicators of the performance of WHO. Our commitment to results is only relevant if we can demonstrate an impact in these two populations.

Attaining these results for health means addressing six core issues: health development, security, capacity, information and knowledge, partnership, and performance. The first two issues deal with fundamental needs – for health development and health security. Poverty and insecurity are two of the greatest threats to harmony – a word at the core of the WHO Constitution, but one we rarely hear today. I would like to use it more. Harmony is a measure of civilization. Health is intrinsically related to both development and security, and hence to harmony. The next two issues are strategic: capacity building, particularly strengthening health systems, and information and knowledge. This means getting the evidence right and setting the agenda for research and development. The remaining two issues are operational: managing partnerships and improving WHO performance. This is a simple way to look at a complex job: two fundamental health needs, two main strategies for meeting the needs, and two operational approaches for achieving results in countries. These six issues are

interrelated and work in synergy. Not all present the same level of challenge, which is good, in a way, as it helps us sharpen priorities and decide where we need to invest our energy.

Health development forms the core of the Millennium Development Goals. I am passionately committed to the achievement of these Goals. But let us not limit health development to the targets of the Millennium Development Goals for women and children, for turning back the epidemics of HIV/AIDS, malaria and tuberculosis, and for increasing access to essential drugs. We must also address reproductive health, violence and injuries, and the growing burden that chronic diseases place on development – heart disease, stroke, cancer, diabetes, mental illness and others. We must accelerate initiatives in safer pregnancy, integrated management of childhood illness and immunization. We will enhance efforts to reach the target of universal access to HIV treatment, prevention and care. We will build greater momentum to control malaria, tuberculosis and neglected infectious diseases. We will complete poliomyelitis eradication. We will scale up efforts to control tobacco, including full implementation of the WHO Framework Convention on Tobacco Control. Our support to implement the Global Strategy on Diet, Physical Activity and Health will increase.

Health security brings benefits at both the global and community levels. New diseases are global threats to health that also cause shocks to economies and societies; defence against these threats enhances our collective security. Communities also need health security; this means provision of the fundamental prerequisites for health: enough food, safe water, shelter, and access to essential health care and medicines. These essential needs must also be met when emergencies or disasters occur.

For global health security, I share your deep concern about the looming threat of an influenza pandemic. We have strong new international health regulations entering into force next year. We already have in place strong and efficient mechanisms for global outbreak alert and response. These have been tested and proven to be effective, most recently by severe acute respiratory syndrome and avian influenza. But these international mechanisms are not enough. The needs are national as well as global. We will support countries in building essential capacity in prevention, preparedness, response and rehabilitation.

Improving health development and health security means improving health systems. For outbreaks, the international community will not be securely defended until all countries have core surveillance and response capacities in place. The global surveillance systems must have no gaps or weak spots. Health systems are the tap root for better health. All the donated drugs in the world will not do any good without an infrastructure for their delivery. You cannot deliver health care if the staff you trained at home are working abroad.

When we talk about capacity, we absolutely must talk about the importance of primary health care. It is the cornerstone of building the capacity of health systems. It is also central to health development and to community health security. I plan to promote integrated primary health care as a strategy for strengthening health systems. The reason is simple: it works. This is the only way to ensure fair, affordable, and sustainable access to essential care across a population. We have the evidence. I have experienced this personally. During my tenure in Hong Kong, I introduced primary health care from the diaper to the grave. I focused on health promotion and disease prevention, with special emphasis on self-care and healthy lifestyles. During my time at WHO, I have visited countries representing a diversity of economies, cultures, and health systems, often in transition. I have learnt many lessons and have much experience to share.

The world is not – all by itself – going to become a fair place as far as health is concerned. Progress in medicine races ahead, yet resources for public health grow more slowly. This leads to further imbalances across the globe – some people leading ever longer and healthier lives, others dying prematurely from preventable causes. This is not a healthy situation – for populations or world security. I have heard about the importance of primary health care repeatedly during my visits to Latin America, Africa, Europe and Asia. Many countries in Africa face the challenge of rebuilding social support systems. Others in central Asia and eastern Europe are undergoing transition from planned to market economies. They want WHO support. They want to make sure that equitable and accessible systems built on primary health care are not sacrificed in the process. They reminded me that traditional medicine is an important component that needs to be addressed. I agree.

As Director-General I will address, as a matter of urgency, the problem of outward migration of health staff. The problem is critical, but not insurmountable. On information and knowledge, it is

critical to get the evidence right. This is something WHO has always done well, but can do even better. The challenge here is to make evidence have the right impact. We need evidence to support countries as they establish their own priorities and select the best strategies for reaching them. I will integrate WHO's research activities to more strategically address a common health research agenda. I will strengthen the legitimacy, quality, and efficiency of our policy development processes. I want to establish a global health observatory to collect, collate and disseminate data on primary health problems. When we have these evidence-based instruments, the fifth component, working in partnerships, becomes much easier. Today, collaboration to achieve public-health goals is no longer simply an asset. It is a critical necessity. WHO needs to develop an approach to collaboration that emphasizes management of diversity and complexity. We will continue to engage strategically in partnerships for health, strengthening relationships with civil society and the private sector, and creating greater alignment between partnerships. I will work closely with our partners in the United Nations system to bring about reforms that enhance the effectiveness of the United Nations – especially at the country level.

Performance is the final component, and here we face the challenge of making WHO perform more efficiently and effectively, getting all levels of WHO to work more cohesively, and motivating staff. I believe that WHO leads the United Nations in terms of results-based management, but there is still some way to go to improve accountability and transparency. I will also accelerate human resource reform to build a work ethic within WHO that is based on competence, and pride in achieving results for health. As I have said, I am immensely proud to work for WHO. This Organization is among the most influential of all the United Nations agencies. Our health mandate is a huge responsibility, but it also brings us four unique assets. This is the source of our strength.

First, health is of universal concern. The issues we address are of interest to every person on earth. They interest every Member State – hence the need for a health agency such as this one. Every major newspaper, every big news site on the Internet has a health section. Whether we battle an outbreak or recommend a heart-healthy diet, announce a deadly new strain of tuberculosis, immunize children, or show a link between a chemical and cancer, this work interests the public and the press immensely. This makes our work matter and gives us universal relevance. As a leading newspaper noted just last week, WHO has a truly comprehensive global mandate.

Second, we have scientific method on our side. The problems within the mandate of WHO are subject to scientific scrutiny, and we have powerful methodologies for getting proof. We can catch a causative agent red-handed under a microscope, and nail the culprit down at the molecular level. Powerful epidemiological tools allow us to link lifestyle factors to an increased risk of disease. We have the strength of the social sciences for addressing the many problems with a behavioural component. We can prove that an agent causes a disease, a drug cures it, or a vaccine prevents it. We can know; we can prove. This gives us our technical authority. We can be utterly convincing in our arguments, absolutely authoritative in our guidance.

Third, our work is based on a clear and common value system. We share the strong ethical foundation of the health profession. This is a caring, healing, and science-based profession dedicated to the prevention and relief of human suffering. This gives us our moral authority, and a most noble system of ethical values.

Finally, because the determinants of health are so broad, we can lead a multi-pronged drive for health development and security that includes many sectors other than health. This gives us our engagement. This gives us the power to go after the root causes of the problems we face; to build the foundation for good health for large populations in a long-lasting way; to move from a curative to a preventive approach; to use health as the lever for making this world a better place for all of humanity. We can do it.

When I think about these unique assets, I get a clear picture of what WHO must do, what we can do, and what we should not do. Science and ethics tell us what we must do. When we know – with solid proof – the size of a problem and its cause, and when we have tools for prevention, treatment, or cure, we have a moral imperative to act. I have mentioned the Millennium Development Goals. Reaching these, and other health-related targets you have adopted, is another thing that WHO must do. WHO must also act when a health problem is neglected. We have several exciting initiatives that are making good progress against ancient tropical diseases. These are diseases that ruin the lives of

millions, often the poorest of the poor. Here is another thing we must do: we must act when the problem is great but we do not yet have all the tools. In 1950, the top three priorities at WHO were sexually transmitted diseases, malaria, and tuberculosis. Substitute HIV/AIDS for sexually transmitted diseases, and things have changed very little. WHO must influence the research and development agenda. For these and other diseases, we will not be able to make major strides forward until we have new vaccines, new drugs and new diagnostics. In addition, we must find the right balance between the protection of intellectual property rights and access to affordable essential medicines. This is not easy! But we cannot be evasive.

In terms of what WHO can do, we can magnify our impact by using our relevance, our scientific authority, our ethics, and our broad engagement to set a global health agenda that makes compelling sense for all the many actors in public health today. That is, sister United Nations agencies, nongovernmental organizations, civil society, foundations, funding agencies, development banks, and the private and public sectors. When we have such an instrument, we can give greater cohesion to the multiple partnerships working within countries.

Here is what I think we should not do. We must not spread our resources too thin. The temptation is great. The determinants of health are broad, and the opportunities are multiple. We must know our comparative advantage and stick with activities that WHO is uniquely well suited to perform. I have heard repeated calls for WHO to concentrate on a set of core public health functions. We must not duplicate the work of others. And we must not try to do everything on our own.

I firmly believe that WHO should not follow a “full menu” approach. But we do need to see what is on the table and do our utmost to ensure that public health gets a balanced diet. Again, we can do this by using our enviable technical expertise to guide the global agenda and to ensure that the best practices that science can devise are being followed. WHO is not the implementing agency within countries, but can support country priority-setting, country ownership, and country stewardship. I am convinced that countries know their own priorities. WHO can advise on technically sound methods to address those priorities and help with resource mobilization. This, then, is the unique source of our strength as a health agency. These assets give us the power to attain the most and the best results for health.

My vision for WHO was sharpened tremendously over the past three months, as I visited countries, spoke with health officials and health workers in clinics, and witnessed what you are doing and what you are achieving, often against incredible odds. This was an exciting and a humbling experience. To sharpen this vision further, I will consult with more countries and more partners over the coming weeks and months. I want to tap the views of experts from a broad range of countries, representing diverse disciplines and schools of thought. I want to hear from civil society at the grass roots. I look forward to discussions with staff in headquarters, and our regional and country offices. I owe it to you – and the populations you represent – to get things right. I will set out this refined and sharpened vision when the Health Assembly convenes in May.

In concluding, I want to mention one additional dimension of my new job description as I signed the contract. As we know, not all of the problems faced by WHO in its efforts to improve world health are subject to scientific scrutiny, or yield their secrets under a microscope. You know the ones I mean: lack of resources and too little political commitment. These are often the true killers.

This is what I can do personally: manage WHO in a way that attracts resources, inspires confidence, and wins commitment. I will argue on the side of humanity with compassion and passion; I will use the weight of evidence and science and humanitarian ethics to persuade. We need to influence people’s hearts and minds – hearts based on ethical principles, and minds based on sound science. If we can influence people’s hearts and minds, and inspire the confidence of donors, we are on a good way towards fighting those two serial killers – too little cash, too little caring. This is something I can do. I have just one final example. In the earliest years of this Organization, there was a cartoon strip about WHO, a serious adventure story that ran in a number of newspapers. This Dr WHO was a superman in a flowing white hospital coat and carrying a sparkling stethoscope. He flew from country to country, battling murderous mutant microbes. How things have changed! Of course, WHO still has its epidemiologists who fly to outbreaks and do what they can to stop murderous microbes. But these are by no means the only heroes for health. In my 30 years of work in public health, I have seen many. I observed many more during my recent visits to countries. The true

heroes these days are the health workers with their healing and caring ethic. They are determined to save lives and relieve suffering, and they work with impressive dedication, often under difficult conditions. The world needs many, many more of them.

I thank you for appointing me to this high office. And I also thank our heroes – the health workers around the world – for all they are doing. With all of us working together, we will do it. We will attain results for health. We will make this world a healthier place. Thank you.

Mr FUJISAKI (Japan):

Mr President, the election is now behind us. As we all know, WHO is and will be facing new challenges. I would like to associate myself with what was said by our regional representative. We think Dr Chan is very well qualified and prepared to lead this important Organization at this critical period. Her statement has just proved it.

Dr Chan, we would like to offer you our heartfelt congratulations, and commit ourselves to giving you our strong support.

### **3. TRIBUTE TO THE LATE DIRECTOR-GENERAL DR JONG-WOOK LEE HOMMAGE AU DIRECTEUR GENERAL DISPARU, LE DR LEE JONG-WOOK**

The PRESIDENT:

Thank you. The Health Assembly now has before it for consideration a resolution recommended by the Executive Board entitled: “Commemoration of the contribution of the late Dr Jong-wook Lee”,<sup>1</sup> which I shall read:

The Executive Board,

Desiring to acknowledge the service of Dr Jong-wook Lee to the World Health Organization,

RECOMMENDS to the special session of the World Health Assembly the adoption of the following resolution:

The special session of the World Health Assembly,

Remembering the passing of Dr Jong-wook Lee, Director-General of the World Health Organization;

Paying tribute to his personal sacrifice, dedication and professionalism and the passion with which he met every challenge;

Appreciating his efforts to combat global disease, especially his goals to secure access to antiretroviral treatment for three million people living with HIV/AIDS by 2005 and to eradicate poliomyelitis;

Acclaiming his commitment to WHO’s mission to help all peoples to attain the highest possible level of health;

Recalling that the Strategic Health Information Centre at headquarters has been dedicated to, and named after, Dr Lee in recognition of his work for global disease surveillance.

COMMEMORATES the invaluable contribution of Dr Jong-wook Lee to the work of WHO.

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<sup>1</sup> See document EB119/2006–EB120/2007/REC/1.

Is the Health Assembly prepared to adopt this resolution?

*(Applause/Applaudissements)*

**The resolution was adopted by acclamation.<sup>1</sup>**

**La résolution est adoptée par acclamation.<sup>1</sup>**

The PRESIDENT:

On this occasion, I would like, as President of the Health Assembly, to pay a special tribute to the late Dr Jong-wook Lee. I shall speak on behalf of all the Member States gathered here today.

I think almost all of us here have a particular memory of a personal meeting with the late Dr Jong-wook Lee. He had a quiet talent for the unexpected: a joke, a quick perceptive remark, or a quotation from local history, sometimes, surprisingly, in another language. Most of all, he had a talent for keeping the humanity in bureaucracy. He knew that the end point of all our work is the people whose lives we try to improve.

Dr Lee visited Maputo in August 2005, attending the session of the Regional Committee for Africa. I would like to read to you some of the words he spoke then, which I think reflect his great heart and spirit. He told us: "People's lives depend on you, the decision-makers. This meeting, with all its ceremony, may seem far from the raw truth of poverty and disease faced by millions in Africa. It is not. The poor and the sick must be in our minds in all our discussions this week."

Indeed, no matter what forum we are in, we must keep those needs in our minds. Dr Lee's working life was dedicated to confronting that raw truth, to getting the right drugs and vaccines to those who need them, and to making sure that public-health issues had maximum visibility in public forums. He is perhaps best known for his high-profile work on HIV/AIDS, poliomyelitis, tuberculosis, and on alerting us to the threat of pandemic influenza. Yet he also boldly led the Organization forward with a series of reforms that has made it a leading model for change in the overall United Nations system. WHO has never been so well supported.

Despite a role that took him all over the world, meeting presidents, kings and queens, and heads of government, he never lost his humility. He never lost his ability to see straight to the heart of a situation and act incisively. I salute his courage, his vision, his humanity.

#### **4. EXPRESSION OF APPRECIATION TO THE ACTING DIRECTOR-GENERAL EXPRESSION DE GRATITUDE AU DIRECTEUR GENERAL PAR INTERIM**

The PRESIDENT:

I would like to take this opportunity to thank the Acting Director-General, Dr Anders Nordström, for having so ably ensured the continuity of the work of the Organization during this period. I understand that the Executive Board which, in accordance with its authority, appointed Dr Nordström last May, has adopted a resolution of appreciation for his work.<sup>2</sup> I will now read, for the record, the text of that Executive Board resolution:

The Executive Board,

On the occasion of the nomination of a person for the post of Director-General;

Commending the remarkable efforts made by the Acting Director-General, Dr Anders Nordström, to ensure continuation of the work and activities of WHO after the untimely death

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<sup>1</sup> Resolution SSA1.3.

<sup>1</sup> Résolution SSA1.3.

<sup>2</sup> See document EB119/2006–EB120/2007/REC/1.

of Dr Jong-wook Lee earlier in the year, in particular in facilitating implementation of resolution EB118.R2 on acceleration of the procedure to elect the next Director-General,

EXPRESSES its appreciation to Dr Anders Nordström for his contribution and commitment to the Organization in implementing the global health agenda.

Dr Nordström, you may wish to take the floor.

The ACTING DIRECTOR-GENERAL:

Mr President, ladies and gentlemen, thank you for this opportunity to say a few words at the end of this very special World Health Assembly. First I would like to congratulate Dr Chan with all my heart. And, using your words of yesterday, I will use my eyes, my ears and my heart to support you in your successful leadership of WHO.

It has been an immense privilege to take on this acting role and I thank you all for the trust you placed in me over these last few months. I have learnt how strong this Organization is. It is strong because we have a clear purpose and direction. It is strong because it has a quite remarkable level of support in the international community, both politically and financially. It is strong because of its well-focused health programmes and its exceptional staff. As I have travelled during these last few months, whether engaging in the regional committees, or representing WHO in St Petersburg at the G8 Summit; in Toronto at the XVI International AIDS Conference, or in New York at the United Nations; I have enjoyed the opportunity to work with, and be challenged by colleagues on a wide range of issues.

Dr Chan, you will now head a group of people for whom I have the greatest respect – they are dedicated, talented, thoughtful and results-focused. You have the enormous asset of the support of our Member States, whose engagement and governance allow us together to make major advances on critical public-health priorities. You will take on the leadership of this eminent authority on health in the world. It is a huge responsibility, and also now a huge opportunity. I wish you all the very best in this new role. You know that you have the support, commitment, energy and enthusiasm of all of us behind you. Member States, other international organizations engaged in health, myself, and colleagues in the Secretariat throughout our offices, across the world. I wish you all the best and I thank you all very much.

The PRESIDENT:

Thank you very much Dr Nordström. This concludes our discussion of item 2 of the agenda. The only item remaining on our agenda is the closure of this session.

## **5. CLOSURE OF THE SESSION CLOTURE DE LA SESSION**

The PRESIDENT:

Ladies and gentlemen, we have reached the end of our meeting and accomplished our task of electing a new Director-General. I would like to thank you all for your endeavours and cooperation in this extremely important achievement. We now have a new leader in the field of global public health.

It is with great honour that I declare the First special session of the World Health Assembly closed.

**The session closed at 18:25.  
La session est close à 18h25.**

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## **COMPOSITION DE L'ASSEMBLEE DE LA SANTE MEMBERSHIP OF THE HEALTH ASSEMBLY**

### **LISTE DES DELEGUES ET AUTRES PARTICIPANTS LIST OF DELEGATES AND OTHER PARTICIPANTS**

#### **DELEGATIONS DES ETATS MEMBRES DELEGATIONS OF MEMBER STATES**

##### **AFGHANISTAN – AFGHANISTAN**

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WORLD HEALTH ORGANIZATION

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# **SIXTIETH WORLD HEALTH ASSEMBLY**

**GENEVA, 14–23 MAY 2007**

**VERBATIM RECORDS  
OF PLENARY MEETINGS  
AND LIST OF PARTICIPANTS**

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# ***SOIXANTIÈME ASSEMBLÉE MONDIALE DE LA SANTÉ***

***GENÈVE, 14–23 MAI 2007***

***COMPTES RENDUS IN EXTENS0  
DES SÉANCES PLÉNIÈRES  
ET LISTE DES PARTICIPANTS***

**GENEVA  
GENÈVE  
2008**

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## **PREFACE**

The Sixtieth World Health Assembly was held at the Palais des Nations, Geneva, from 14 to 23 May 2007, in accordance with the decision of the Executive Board at its 118th session. Its proceedings are issued in three volumes, containing, in addition to other relevant material:

Resolutions, decisions and annexes – document WHASS1/2006–WHA60/2007/REC/1

Verbatim records of plenary meetings, list of participants – document WHASS1/2006–WHA60/2007/REC/2

Summary records of committees, reports of committees – document WHA60/2007/REC/3.

For a list of abbreviations used in these volumes, the officers of the Health Assembly and membership of its committees, the agenda and the list of documents for the session, see preliminary pages of document WHASS1/2006–WHA60/2007/REC/1.

In these verbatim records, speeches delivered in Arabic, Chinese, English, French, Russian or Spanish are reproduced in the language used by the speaker; speeches delivered in other languages are given in the English or French interpretation. The texts include corrections received up to 5 October 2007, the cut-off date announced in the provisional version, and are thus regarded as final.

## **AVANT-PROPOS**

La Soixantième Assemblée mondiale de la Santé s'est tenue au Palais des Nations à Genève du 14 au 23 mai 2007, conformément à la décision adoptée par le Conseil exécutif à sa cent dix-huitième session. Ses actes paraissent dans trois volumes contenant notamment :

les résolutions et décisions et les annexes qui s'y rapportent – document WHASS1/2006-WHA60/2007/REC/1

les comptes rendus in extenso des séances plénières et la liste des participants – document WHASS1/2006-WHA60/2007/REC/2

les procès-verbaux et les rapports des commissions – document WHA60/2007/REC/3.

On trouvera dans les pages préliminaires du document WHASS1/2006-WHA60/2007/REC/1 une liste des abréviations employées dans la documentation de l'OMS, l'ordre du jour et la liste des documents de la session ainsi que la présidence et le secrétariat de l'Assemblée de la Santé et la composition de ses commissions.

Les présents comptes rendus in extenso reproduisent dans la langue utilisée par l'orateur les discours prononcés en anglais, arabe, chinois, espagnol, français ou russe, et dans leur interprétation anglaise ou française les discours prononcés dans d'autres langues. Ces comptes rendus comprennent les rectifications reçues jusqu'au 5 octobre 2007, date limite annoncée dans leur version provisoire, et sont donc considérés comme finals.

## **ПРЕДИСЛОВИЕ**

Шестидесятая сессия Всемирной ассамблеи здравоохранения проходила во Дворце Наций в Женеве с 14 мая по 23 мая 2007 г. в соответствии с резолюцией, принятой Исполнительным комитетом на своей Сто восемнадцатой сессии. Материалы сессии публикуются в трех томах, в которых, помимо других документов, содержатся:

Резолюции, решения и приложения - документ WHASS1/2006-WHA60/2007/REC/1

Стенографический отчет о пленарных заседаниях, список участников - документ WHASS1/2006-WHA60/2007/REC/2

Протоколы заседаний комитетов, доклады комитетов - документ WHA60/2007/REC/3

Список сокращений, используемых в этих изданиях, перечень должностных лиц Ассамблеи здравоохранения, а также членский состав комитетов, повестка дня и список документов для данной сессии, приводятся в начале документа WHASS1/2006-WHA60/2007/REC/1.

В стенограммах заседаний выступления на английском, арабском, испанском, китайском, русском и французском языках приводятся в оригинале; выступления на других языках даны в переводе на английский или французский языки. Указанные тексты включают исправления, полученные Секретариатом до 5 октября 2007 г., как о том было объявлено в предварительных протоколах, и потому настоящая редакция считается окончательной.

## **INTRODUCCIÓN**

La 60ª Asamblea Mundial de la Salud se celebró en el Palais des Nations, Ginebra, del 14 al 23 de mayo de 2007, de acuerdo con la decisión adoptada por el Consejo Ejecutivo en su 118ª reunión. Sus debates se publican en tres volúmenes que contienen, entre otras cosas, el material siguiente:

Resoluciones y decisiones, y anexos: documento WHASS1/2006-WHA60/2007/REC/1

Actas taquigráficas de las sesiones plenarias y lista de participantes:  
documento WHASS1/2006-WHA60/2007/REC/2

Actas resumidas de las comisiones e informes de las comisiones: documento WHA60/2007/REC/3.

En las páginas preliminares del documento WHASS1/2006-WHA60/2007/REC/1 figuran una lista de las siglas empleadas en estos volúmenes, la composición de la Mesa de la Asamblea y de sus comisiones, el orden del día, y la lista de documentos de la reunión.

En las presentes actas taquigráficas los discursos pronunciados en árabe, chino, español, francés, inglés o ruso se reproducen en el idioma utilizado por el orador. De los pronunciados en otros idiomas se reproduce la interpretación al francés o al inglés. Las actas contienen las correcciones recibidas hasta el 5 de octubre de 2007, fecha límite anunciada en la versión provisional, y por consiguiente se consideran definitivas.

## مقدمة

انعقدت جمعية الصحة العالمية الستون في قصر الأمم بجنيف في الفترة من ١٤ إلى ٢٣ أيار/ مايو ٢٠٠٧، طبقاً لما قرره المجلس التنفيذي في دورته الثامنة عشرة بعد المائة. وتنتشر محاضرها في ثلاثة مجلدات تتضمن، بالإضافة إلى بعض المواد الأخرى ذات الصلة، ما يلي:

القرارات والمقررات الإجرائية والملاحق - الوثيقة جص ع ١/٢٠٠٦ - جص ع ٦٠/٢٠٠٧/ سجلات/١

المحاضر الحرفية للجلسات العامة وقائمة بأسماء المشتركين - الوثيقة جص ع ١/٢٠٠٦ - جص ع ٦٠/٢٠٠٧/ سجلات/٢

المحاضر الموجزة للجان وتقارير اللجان - الوثيقة جص ع ٦٠/٢٠٠٦/ سجلات/٣

وللاطلاع على قائمة الاختصارات المستخدمة في وثائق المنظمة وأعضاء مكتب جمعية الصحة وعضوية لجانها وجدول أعمال الدورة وقائمة بوثائقها، انظر الصفحات التمهيدية للوثيقة جص ع ١/٢٠٠٦ - جص ع ٦٠/٢٠٠٧/ سجلات/١ (النص الإنكليزي).

وترد الكلمات التي أُلقيت بالعربية أو الصينية أو الإنكليزية أو الفرنسية أو الروسية أو الأسبانية في هذه المحاضر الحرفية باللغة التي تكلم بها المتحدث، أما الكلمات التي أُلقيت بلغات أخرى فتترجم بالإنكليزية أو الفرنسية. وهي تتضمن التصويبات التي تم تلقيها حتى ٥ تشرين الأول/ أكتوبر ٢٠٠٧، وهو الموعد النهائي المعلن في النسخة المؤقتة، وهي بالتالي تعتبر نهائية.

## 序 言

根据执行委员会第一一八届会议的决定，第六十届世界卫生大会于2007年5月14日至23日在日内瓦万国宫举行。会议记录分三卷出版。除刊载其它有关材料外，还刊载：

决议、决定和附件 — 文件WHASS1/2006 - WHA60/2007/REC/1

全体会议逐字记录，与会人员名单 — 文件WHASS1/2006 - WHA60/2007/REC/2

各委员会摘要记录；委员会报告 — 文件WHA60/2007/REC/3

各卷中使用的缩写清单、卫生大会的官员及其各委员会的组成、议程及会议文件清单，见文件WHASS1/2006 - WHA60/2007/REC/1先行页。

阿拉伯文、中文、英文、法文、俄文或西班牙文发言的逐字记录，用发言人使用的语言刊载；其它语言的发言用英文或法文译文刊载。这些记录只采纳了2007年3月30日以前收到的更正，这是临时文本中宣布的截止日期，因而它们是最后的文本。



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## VERBATIM RECORDS OF PLENARY MEETINGS

### COMPTES RENDUS IN EXTENSO DES SEANCES PLENIERES

#### FIRST PLENARY MEETING

**Monday, 14 May 2007, at 10:15**

**President:** Professor P.I. GARRIDO (Mozambique)  
**later:** Ms J. HALTON (Australia)

#### PREMIERE SEANCE PLENIERE

**Lundi 14 mai 2007, 10h15**

**Président:** Professeur P.I. GARRIDO (Mozambique)  
**puis:** Mme J. HALTON (Australie)

#### 1. OPENING OF THE ASSEMBLY OUVERTURE DE L'ASSEMBLEE

The PRESIDENT:

The Health Assembly is called to order.

Distinguished delegates, ladies and gentlemen, in my capacity as President of the Fifty-ninth World Health Assembly, I have the honour to open the Sixtieth World Health Assembly.

On behalf of the Health Assembly and the World Health Organization, I have pleasure in welcoming our special guests, Mr Pierre-François Unger, Counsellor of State, Head of the Department of Social Action and Health of the Republic and Canton of Geneva, and officials of the Republic, Canton, City and University of Geneva, and of the United Nations system organizations. I also welcome the representatives of the Executive Board.

Mr Sergei Ordzhonikidze, Director-General of the United Nations Office at Geneva, and representative of the Secretary-General of the United Nations, is unable to be with us this morning. He has sent a message to welcome you all to the Palais des Nations on behalf of the United Nations, and to convey the good wishes of the Secretary-General for success in your deliberations at this Sixtieth World Health Assembly. We extend our thanks to the United Nations for their traditional hospitality. I am also delighted to announce to you that, as of 19 April 2007, the Palais des Nations has become a non-smoking building, with the exception of two areas in the delegates' dining room. This is thus our first really smoke-free Health Assembly.

I now give the floor to Mr Pierre-François Unger, Counsellor of State, Department of Social Action and Health, of the Republic and Canton of Geneva.

**2. ADDRESS BY THE REPRESENTATIVE OF THE CONSEIL D'ETAT OF THE  
REPUBLIC AND CANTON OF GENEVA  
ALLOCUTION DU REPRESENTANT DU CONSEIL D'ETAT DE LA REPUBLIQUE  
ET CANTON DE GENEVE**

M. UNGER (représentant du Conseil d'Etat de la République et Canton de Genève) :

Monsieur le Président, Madame le Directeur général, Excellences, Mesdames et Messieurs les Ministres, Ambassadeurs et délégués, Mesdames et Messieurs, chers amis, à l'occasion de la Soixantième Assemblée mondiale de la Santé, j'ai le plaisir, mais surtout l'honneur, de vous souhaiter, au nom des autorités fédérales, cantonales et municipales, une très cordiale bienvenue en Suisse et plus particulièrement à Genève.

Cette année, l'Organisation mondiale de la Santé a décidé de mettre l'accent sur le thème de la « sécurité sanitaire internationale ». Vaste thème brûlant d'actualité. Il suffit de penser aux menaces récentes du SRAS, aux menaces très actuelles d'une éventuelle pandémie de grippe aviaire, mais aussi aux menaces constantes et à venir s'agissant de sécheresse ou d'inondation dues aux changements climatiques ou encore des effets potentiels des énormes flux migratoires résultant de conflits ou de catastrophes naturelles. Les menaces sur la santé ne connaissent pas de frontières. La mondialisation, qui favorise les échanges et les déplacements des personnes et des biens, a augmenté l'interdépendance des pays, mais également leur vulnérabilité. Pour bénéficier d'une sécurité durable, il est impératif d'investir dès à présent dans la santé, élément essentiel du développement durable. Il faut prendre conscience que la sécurité sanitaire doit être considérée à l'avenir de manière collective et donc solidaire. En effet, aucune institution, aucun pays ne dispose, seul, de tous les moyens nécessaires pour faire face à une urgence de santé publique provoquée par une épidémie, une catastrophe naturelle ou une atteinte majeure à l'environnement. Nombreux sont les chefs d'Etat qui l'ont compris et qui ont inscrit ces problèmes liés à la santé en bonne place dans leur agenda politique, ces problèmes prenant de plus en plus une dimension diplomatique. Le concept de souveraineté nationale absolue ne tient plus face à la nécessité d'assurer une défense collective contre la menace de maladies ou autres problèmes de santé émergents. Une coopération internationale est indispensable face aux graves menaces d'atteintes à la santé. Elle impose une collaboration non seulement entre les gouvernements, mais également avec les organisations non gouvernementales, le monde universitaire ou le monde économique. Nous en sommes tous conscients : les menaces les plus graves pour la santé, les conséquences des changements climatiques, les drames sociaux pèsent en premier lieu sur les pays en développement qui ne disposent que de ressources limitées. Il faut impérativement accentuer l'aide aux pays en développement, notamment dans le domaine sanitaire. Nous, pays riches, favorisés, devons être plus solidaires et ne pas penser égoïstement à nos seuls problèmes : il y a de toute évidence un effort considérable à faire en faveur de la solidarité internationale. Ce n'est qu'en détectant un problème de santé majeur là où il a lieu et en le signalant dans les toutes premières heures qu'il est possible d'engager les experts et les ressources appropriées pour prévenir ou enrayer la propagation internationale d'une maladie. Nous devons donc donner aux pays les moins favorisés de meilleurs moyens pour anticiper d'éventuelles épidémies en cas de catastrophe, de changement climatique ou de conflit. Cette aide doit d'ailleurs, elle aussi, revêtir un caractère durable, une fois la crise passée.

Un autre élément qui doit être pris en compte dans ces considérations sur la sécurité sanitaire internationale est celui de l'économie. La forte mortalité et l'absentéisme gigantesque que provoquerait une pandémie auraient des effets considérables sur les marchés internationaux. Une telle pandémie entraînerait une augmentation insupportable des dépenses de santé et des pertes énormes en matière de capacité productrice des travailleurs. L'exemple du SRAS est à cet égard extrêmement éloquent. Avec moins de 10 000 cas, la maladie aura coûté aux pays d'Asie la somme impressionnante de US \$60 milliards au cours d'un seul trimestre, le deuxième trimestre de l'année 2003 ! Je tenais à vous faire part de ces quelques réflexions en cette journée d'ouverture durant laquelle vous allez susciter un débat international autour de ces problèmes.

En tant que responsable du Département de l'économie et de la santé du Canton de Genève, j'aimerais aussi souligner que, sur le plan modestement local genevois, la réflexion sur le

renforcement du système de santé a débouché sur un regroupement du Ministère de la Santé avec celui de l'Economie et celui du Développement durable. Pour conclure, je constate avec plaisir que Genève, grâce aux organisations internationales qu'elle abrite, en particulier dans les domaines sanitaire, humanitaire ou des droits de l'homme, tient de plus en plus un rôle de centre mondial de la santé. J'en veux pour preuve la tenue, en automne 2006, d'un grand forum international consacré au thème de l'accès à la santé pour tous, le « Geneva Forum: Towards Global Access to Health ». Ce forum a connu un immense succès. Il a réuni 900 participants de 62 pays – experts de l'OMS mais aussi personnes de terrain confrontées aux dures réalités de pays disposant de faibles moyens médicaux – qui ont débattu de grands problèmes de santé, tels le sida, le paludisme ou la résurgence de la tuberculose. Une seconde édition est d'ores et déjà programmée en 2008.

Mesdames et Messieurs, chers hôtes, vous le voyez : Genève est extrêmement fière de vous accueillir une nouvelle fois pour votre journée d'ouverture. Je vous souhaite, à titre personnel et au nom du Gouvernement genevois, mes meilleurs vœux pour la réussite de vos travaux et vous remercie de votre attention.

**3. ADDRESS BY THE PRESIDENT OF THE FIFTY-NINTH WORLD HEALTH ASSEMBLY**  
**ALLOCUTION DU PRESIDENT DE LA CINQUANTE-NEUVIEME ASSEMBLEE MONDIALE DE LA SANTE**

The PRESIDENT:

Vice-Presidents of the Health Assembly, Director-General of World Health Organization, Dr Chan, honourable ministers of health, excellencies, distinguished delegates, ladies and gentlemen. It is indeed a great honour and privilege for me to address the Sixtieth World Health Assembly as the outgoing President. Let me take this opportunity to once again express my sincere thanks, personally and on behalf of the people and Government of Mozambique, the Southern African Development Community and the African Region, for the honour and privilege you have bestowed by electing me last year as President of the Fifty-ninth session of the World Health Assembly.

The main credit for the success of the Fifty-ninth World Health Assembly goes to the ministers of health and their teams. Thanks to their active participation and their ability to reach consensus, it became possible to approve major resolutions and decisions in order to move world health forward. I take this opportunity to warmly thank the Vice-Presidents of the Fifty-ninth World Health Assembly, the Chairmen of the main committees and the other members of the General Committee, for the long hours and hard work they put in at the Fifty-ninth World Health Assembly. Their work greatly facilitated the finalization and submission of important resolutions that were adopted. The successful completion of our work was also, and in no small measure, the result of the efforts of Dr Anders Nordström, then Acting Director of WHO, and his team. Finally the efficiency of the Health Assembly was dependent on the support of every staff member. I express my appreciation to all members of WHO's Secretariat who contributed to the smooth running of our work during the Health Assembly.

Allow me to give you a brief summary of events of the last twelve months, starting with the sudden and tragic death of the then Director-General of the World Health Organization, Dr Jong-wook Lee, on 22 May 2006, the very day on which the Fifty-ninth World Health Assembly was opened. The sad news of Dr Lee's death adversely affected the spirit of the Health Assembly. May his soul rest in peace.

During the same period, the appointment of the Director-General's successor raised many questions and created uncertainty and some tension. All this led to the convening of an extraordinary Executive Board session, on 23 May 2006, in which the necessary steps for the election of the World Health Organization Director-General were recommended. In this context, the first special session of the World Health Assembly took place on 9 November 2006, with only one item on its agenda,

entitled “Director-General”. I had the pleasure and privilege, as President of the Fifty-ninth World Health Assembly, of announcing the appointment of Dr Chan to that position.

The theme of World Health Day 2007 – “Invest in health, build a safer future” – is highly commendable for focusing on controlling the international spread of disease as a good practice for economies, as well as for those whose health is at risk. Important also in relation to this theme, is to notice that public health is a public good and must secure greater priority and investment from governments. In this view the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases is still leading the commitment of African Member States in health system financing.

*The world health report 2007*, presented by the Director-General and with a focus on international health security, is also highly commendable. There is need to reduce the vulnerability of people around the world to acute or rapidly spreading risks to health, particularly those that threaten to cross international borders. In a globalized world, health issues present new challenges that go far beyond national borders and have an impact on the collective security of people around the world. The experience with severe acute respiratory syndrome and, more recently, with avian influenza has made all of us aware of the need for effective surveillance and strategies, such as collaboration among countries, proper infection control measures and coordinated efforts of several actors and networks of relevant scientific institutions to maximize our knowledge and capacity to handle such new diseases. To handle new and emerging diseases, the most important issues are how to get the relevant information to the most peripheral level of health workers, and how to increase access to knowledge regarding the preventive and control measures for populations at large. In this context, the strength of multiple stakeholders – governments, international organizations, the corporate sector and civil society – must be leveraged to improve global response capacity.

In the recent African Union Conference of Ministers of Health, which took place last month in Johannesburg, South Africa, we ministers adopted a declaration in which we expressed our deep concern at the multitude of public health challenges faced by our continent owing to, among others: weak health systems, including inadequate social protection; rising levels of communicable and noncommunicable diseases; shortage of human resources for health, aggravated by brain drain; widespread poverty; and the impact of armed conflicts and violence. I personally see the Africa Health Strategy that was approved at that Conference as a comprehensive framework which will help African countries to better coordinate their initiatives for improvement of the health status of their populations. The Africa Health Strategy focuses primarily on strengthening health systems with an emphasis on primary health care. It also emphasizes that investing in health has an impact on poverty reduction and total economic development. The objective of functioning national health systems is to provide the highest possible level of protection and care across all groups of the population; and here I reiterate my statement to the Health Assembly last year, when I pleaded for the progressive integration of vertical programmes into national health systems that badly need to be strengthened. Only robust and strengthened national health systems can properly deliver comprehensive and integrated health care in order to improve the health status of the people.

And this leads me to the second and final issue. It is my strong conviction, almost exactly 30 years after the Declaration of Alma-Ata on primary health care, that this Declaration is still valid and that the primary health care approach is still very appropriate – not only for Africa, but for the rest of the world. If its implementation has to be improved, we shall identify the constraints and remove them. We shall adapt primary health care to the twenty-first century. Therefore, and once again, I strongly call upon you, WHO and our health partners, to once again focus the priorities of the international health agenda upon primary health care.

I am encouraged to see that the topics discussed in the previous Health Assembly, as well as those being discussed during this session, contribute to achieving the Millennium Development Goals. Six out of eight goals and nine out of eighteen targets of the Millennium Development Goals are linked to health and health-related areas. The interventions needed to meet these targets call for interrelated health actions: for example, reducing maternal and child mortality cannot be looked at separately, because maternal mortality contributes to a high proportion of child mortality also.

This year, as many of you will recall, we are celebrating the twentieth anniversary of the Safe Motherhood Initiative. Let us take the momentum to reinforce our strategies in order to achieve

the goals we committed ourselves to in Nairobi in 1987. In this connection the Government of Mozambique welcomes the initiative by the Prime Minister of Norway of congregating efforts from all over the world in order to achieve the fourth and fifth Millennium Development Goals.

Before I conclude, I extend my congratulations to Dr Margaret Chan, the Director-General, for the initiatives already taken to reduce the suffering of humanity and promote health during less than half a year in office.

Finally, I wish the Sixtieth World Health Assembly every success. I thank you for your kind attention.

#### **4. MUSICAL INTERLUDE INTERLUDE MUSICAL**

The PRESIDENT:

Thank you.

As an African and as an African Minister of Health, it is now a great pleasure for me to welcome Pretty Nonhlanhla Yende and Adrian Kevin More. Pretty is currently a post-graduate student in opera studies at the University of Cape Town, South Africa. Adrian, also from South Africa, is also a student at Cape Town University and has an interest in singing and composing. He has recently been accepted into the Royal College of Music in London.

They will perform two pieces for our delight, the first one being an excerpt from *La Bohème* by Giacomo Puccini and the second one, a traditional African song composed by Princess Magogo and arranged by Peter Klatzow. Pretty and Kevin, welcome!

**There followed an excerpt from *La Bohème* by Giacomo Puccini and a traditional African song by Princess Magogo.**

**Un extrait de *La Bohème* de Giacomo Puccini et un chant traditionnel africain de la Princesse Magogo sont ensuite interprétés.**

The PRESIDENT:

Pretty and Kevin, thank you very much for this beautiful interlude.

Before proceeding, we have learnt that one of the world's longest reigning monarchs, King Malietoa Tanumafili II of Samoa, has died. I ask the delegation of Samoa to transmit the Health Assembly's condolences.

We shall now deal with the first two items on our provisional agenda. I would ask our distinguished guests to kindly remain seated while the Health Assembly deals with its first two items which should not take very long.

#### **5. APPOINTMENT OF THE COMMITTEE ON CREDENTIALS CONSTITUTION DE LA COMMISSION DE VERIFICATION DES POUVOIRS**

The PRESIDENT:

We start with provisional agenda item 1.1, which is entitled "Appointment of the Committee on Credentials". The Health Assembly is required to appoint a Committee on Credentials in accordance with Rule 23 of the Rules of Procedure of the World Health Assembly. In conformity with this Rule, I propose for your approval the following 12 Member States: Barbados, Cape Verde, Central African Republic, Guatemala, Kyrgyzstan, Lithuania, Monaco, Mongolia, Sierra Leone, Timor-Leste, United Arab Emirates and Viet Nam.

Is this proposal acceptable?

If there are no comments, I declare the Committee on Credentials, as proposed by me, appointed by the Health Assembly.

## **6. ELECTION OF THE COMMITTEE ON NOMINATIONS ELECTION DE LA COMMISSION DES DESIGNATIONS**

The PRESIDENT:

I shall now proceed with item 1.2 of our provisional agenda, Election of the Committee on Nominations. This item is governed by Rule 24 of the Rules of Procedure of the World Health Assembly. In accordance with this Rule, a list consisting of 24 Member States and the President ex officio has been drawn up, which I shall submit to the Health Assembly for its consideration. In compiling this list, the following distribution by region has been applied: Africa: 5 Members; the Americas: 5; Eastern Mediterranean: 3; Europe: 6; South-East Asia: 2; and Western Pacific: 3. I therefore propose to you the following Member States: Afghanistan, Argentina, Burkina Faso, Canada, China, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, France, Ghana, Indonesia, Italy, New Zealand, Norway, Palau, Panama, Qatar, Russian Federation, Sri Lanka, Suriname, The former Yugoslav Republic of Macedonia and Ukraine.

Is this proposal acceptable? In the absence of comments, I declare the Committee on Nominations elected. As you know, Rule 25 of the Rules of Procedure, which defines the mandate of the Committee on Nominations, also states that the proposals of the Committee on Nominations "shall be forthwith communicated to the Health Assembly".

I will now suspend the meeting so that the Committee on Nominations may meet in Room 7. As soon as the Committee on Nominations has completed its deliberations, we will resume the plenary.

**The meeting was suspended at 11:00 and resumed at 11:45.  
La séance est suspendue à 11h et reprend à 11h45.**

## **7. FIRST REPORT OF THE COMMITTEE ON NOMINATIONS<sup>1</sup> PREMIER RAPPORT DE LA COMMISSION DES DESIGNATIONS<sup>1</sup>**

The PRESIDENT:

We shall now consider the first report of the Committee on Nominations. I shall read this report:

"The Committee on Nominations, consisting of delegates of the following Member States: Afghanistan, Argentina, Burkina Faso, Canada, China, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, France, Ghana, Indonesia, Italy, New Zealand, Norway, Palau, Panama, Qatar, Russian Federation, Sri Lanka, Suriname, The former Yugoslav Republic of Macedonia, Ukraine and Professor P.I. Garrido (Mozambique) (ex officio), met on 14 May 2007.

In accordance with Rule 25 of the Rules of Procedure of the Health Assembly and respecting the practice of regional rotation that the Health Assembly has followed for many years in this regard, the Committee decided to propose to the Health Assembly the nomination of Ms J. Halton (Australia) for the Office of President of the Sixtieth World Health Assembly."

Is this proposal from the Committee on Nominations acceptable?

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<sup>1</sup> See reports of committees in document WHA60/2007/REC/3.

<sup>1</sup> Voir les rapports des commissions dans le document WHA60/2007/REC/3.



**Election of the President  
Election du Président de l'Assemblée**

The PRESIDENT:

In the absence of any observations, and as it appears that there are no other proposals, I suggest, in accordance with Rule 80 of the Rules of Procedure, that the Health Assembly approves the nomination submitted by the Committee and elects its President by acclamation.

*(Applause/Aplaudissements)*

Ms Jane Halton of Australia is thereby elected President of the Sixtieth World Health Assembly and I invite her to take her seat on the rostrum.

**Ms Jane Halton (Australia) took the presidential chair.  
Mme Jane Halton (Australie) prend place au fauteuil présidentiel.**

The PRESIDENT:

Your excellencies, honourable ministers, ambassadors, delegates, Director-General, I should like to thank this august assembly for their trust in electing me as the President of the Sixtieth World Health Assembly. I would also like to express my appreciation to Professor Garrido, my predecessor, for his contribution to the last World Health Assembly and also to the First special session of the World Health Assembly. I shall deliver the customary address later today and we shall now continue with our work.

**8. SECOND REPORT OF THE COMMITTEE ON NOMINATIONS<sup>1</sup>  
DEUXIEME RAPPORT DE LA COMMISSION DES DESIGNATIONS<sup>1</sup>**

The PRESIDENT:

I now invite the Health Assembly to consider the second report of the Committee on Nominations. I shall read this report:

“At its meeting held on 14 May 2007, the Committee on Nominations decided to propose to the Health Assembly, in accordance with Rule 25 of the Rules of Procedure of the World Health Assembly, the following nominations: Vice-Presidents of the Health Assembly: Dr T. Adhanom (Ethiopia), Dr C. Chang (Ecuador), Dr N.A. Haffadh (Bahrain), Dr J. Kiely (Ireland) and Mr Kye Chun Yong (Democratic People's Republic of Korea).

Committee A: Chairman – Dr R.R. Jean Louis (Madagascar);

Committee B: Chairman – Mr T. Zeltner (Switzerland).

Concerning the members of the General Committee to be elected under Rule 31 of the Rules of Procedure of the World Health Assembly, the Committee decided to nominate the delegates of the following 17 countries: Botswana, China, Cuba, France, Germany, Guinea-Bissau, Jamaica, Latvia, Mauritania, Morocco, Namibia, Paraguay, Russian Federation, Samoa, Syrian Arab Republic, Thailand, United States of America.” I invite the Health Assembly to decide, in order, on the nominations proposed.

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<sup>1</sup> See reports of committees in document WHA60/2007/REC/3.

<sup>1</sup> Voir les rapports des commissions dans le document WHA60/2007/REC/3.

**Election of the five Vice-Presidents**

**Election des cinq vice-présidents de l'Assemblée**

The PRESIDENT:

We shall begin with the election of the five Vice-Presidents of the Health Assembly. There being no comments, I propose that the Health Assembly declare the five Vice-Presidents elected by acclamation.

*(Applause/Applaudissements)*

I shall now determine by lot the order in which the Vice-Presidents shall be requested to serve should the President be unable to act in between sessions.

The names of the five Vice-Presidents have been written down on five separate sheets of paper which I am going to draw by lot. Dr T. Adhanom (Ethiopia), Dr N.A. Haffadh (Bahrain), Dr J. Kiely (Ireland), Mr Kye Chun Yong (Democratic People's Republic of Korea) and Dr C. Chang (Ecuador). I shall request the Vice-Presidents to come to the rostrum and take their places there.

**Election of the Chairmen of the main Committees**

**Election des présidents des commissions principales**

The PRESIDENT:

We now come to the election of the Chairman of Committee A. Dr R.R. Jean Louis of Madagascar is proposed. Is this proposal acceptable? There being no other proposals, I invite the Health Assembly to declare Dr R.R. Jean Louis of Madagascar elected Chairman of Committee A by acclamation.

*(Applause/Applaudissements)*

We have now to elect the Chairman of Committee B. Mr T. Zeltner from Switzerland is proposed. Is this proposal acceptable? There being no other proposals, I invite the Health Assembly to declare Mr T. Zeltner of Switzerland elected Chairman of Committee B by acclamation.

*(Applause/Applaudissements)*

**Establishment of the General Committee**

**Constitution du Bureau de l'Assemblée**

The PRESIDENT:

We shall now look at establishing the General Committee. In accordance with Rule 31 of the Rules of Procedure, the Committee on Nominations has proposed the names of 17 countries the delegates of which, added to the officers just elected, would constitute the General Committee of this Health Assembly. These proposals provide for an equitable geographical distribution of the General Committee. The countries proposed are: Botswana, China, Cuba, France, Germany, Guinea-Bissau, Jamaica, Latvia, Mauritania, Morocco, Namibia, Paraguay, Russian Federation, Samoa, Syrian Arab Republic, Thailand and United States of America.

Is this proposed list acceptable? I see that there are no other proposals. Those countries are therefore elected.

The members of the General Committee are the President and the Vice-Presidents of the Assembly, the Chairmen of the main Committees, and the delegates of the 17 countries you have just elected.

The General Committee will hold its first meeting upon the adjournment of this meeting. May I remind you that, according to Rule 32 of the Rules of Procedure, attendance at the General Committee is limited to its members, I have just listed, and by not more than one member of each delegation to the Health Assembly not represented thereon. The meeting is adjourned.

**The meeting rose at 12:00.**

**La séance est levée à 12h00.**

## **SECOND PLENARY MEETING**

**Monday, 14 May 2007, at 14:40**

**President:** Ms J. HALTON (Australia)

## **DEUXIEME SEANCE PLENIERE**

**Lundi 14 mai 2007, 14h40**

**Président:** Mme J. HALTON (Australie)

### **1. PRESIDENTIAL ADDRESS DISCOURS DU PRESIDENT DE L'ASSEMBLEE**

The PRESIDENT:

The Health Assembly is called to order. Ladies and gentlemen, Director-General, Vice-Presidents of the Health Assembly, honourable ministers of health, excellencies, distinguished delegates, thank you for electing me as President of this, the Sixtieth World Health Assembly. I would like to acknowledge the work of last year's President, His Excellency, Professor Garrido. I would also like to recognize that it is almost one year since the untimely death of Dr Lee. I think Dr Lee would be proud of what WHO has achieved since the last Health Assembly and I think we owe it to the memory of Dr Lee to ensure that we use this year's Health Assembly to give WHO and its new Director-General, clear and considered guidance for its future work. Our new Director-General now faces the significant challenge of building on Dr Lee's legacy and continuing to reform and focus the Organization. She will also be called on to respond to the inevitable unseen challenges that will face us. I know she will do this well.

It goes without saying that it is a great honour to take this position. For myself, working with you all will be a privilege and a great pleasure. Most of my career has been spent working directly on health matters, including the last five years as head of the Australian Department of Health and Ageing. Health is the issue that motivates me and, I know, all of the people in this room. Australia is fortunate to enjoy a very good standard of health and long life expectancy. It is also lucky to be surrounded by oceans. But we are very aware that in the current age of rapid transport and trade, this is no defence against disease. Indeed, the need for protection against overseas health threats was the main reason why Australian states agreed to create the national Department of Health, some 88 years ago. Today, the threat to health from new, acute or rapidly spreading risks is far greater. No nation can afford to face this threat alone. We all need WHO to inform us, advise us and bind us together in collective action.

WHO is, and will remain, the only forum that brings all of us together to address the range of health challenges we face both individually and collectively. During this Health Assembly, I would ask you all to keep the issue of global health security in mind in all our discussions – not just our general discussions in plenary. It has implications for health research, innovation and intellectual property; for health information systems and data sharing; and for public health. While WHO can do

much, each of us, as Member States, also has responsibilities. These go beyond the usual role of the health ministers and officials seated in this room. To reduce and respond to international health threats, we need action and planning across government. When we return to our countries, we must impress on our ministers and ministries of foreign affairs, finance, environment, trade and defence, for example, that they have a role in building health security and in responding to crisis. In Australia, the Prime Minister has taken an active interest in our preparations for pandemic influenza, and took part – along with the full Cabinet of Ministers – in a major exercise to simulate an avian influenza outbreak, in October of last year.

A key mechanism that WHO has put in place on this issue is the new International Health Regulations (2005), which enter into force in one month's time, on 15 June 2007. At last year's Health Assembly, we agreed to ask all Member States to comply immediately with the provisions of the Regulations relevant to the risk of avian influenza and pandemic influenza. This has, I am sure, generated a great deal of work in many countries, but these efforts have already contributed to better surveillance and information sharing and other public health systems. In implementing the International Health Regulations (2005), we must work closely with WHO and with each other, sharing our experiences and our expertise, to produce a truly robust and global health security system.

An immediate and ongoing health security concern is the possibility of, and our preparedness for, pandemic influenza. Our response to avian influenza and potential pandemic influenza is of course a key issue for detailed discussion at this Health Assembly. We are all aware of the potential loss of life associated with pandemic influenza, let alone the economic and social disruption. We estimate that up to 44 000 deaths are possible in Australia alone. We are also all acutely aware of the need to do whatever we can to protect our populations from this threat, ranging from having effective surveillance systems in place, to having appropriate plans and systems and resources for controlling and responding to the spread of disease. The Executive Board, at its session in January 2007, and a number of subsequent international meetings in Jakarta and Geneva have considered the very important issues relating to the sharing of virus samples with the WHO Global Influenza Surveillance Network and to options for enabling developing countries better to share benefits through this system, including access to vaccines and vaccine-production technology. The issues are complex, with global production currently unable to meet the likely demand in the event of a wider pandemic. A careful path needs to be found to balance the global public health interest, the continuing need for sustainable commercial development and production of vaccines, and the legitimate desire of all countries for affordable access to vaccines and other medicines to protect their populations. I encourage all involved to participate constructively in the discussion. I hope this will lead to all countries continuing to participate in WHO's influenza strain sharing system, and to constructive and realistic proposals for improved transparency on virus-sharing processes and increased vaccine production and the distribution of vaccines, in the short and longer term. It is important that we also work together to ensure that all countries develop their diagnostic and response capabilities so that information on seasonal and pandemic influenza – including results from clinical, epidemiological and laboratory surveillance, and investigations of human infections – can rapidly be disseminated to all Member States through the WHO Global Influenza Surveillance Network.

While pandemic influenza is an emerging and high-profile threat to international health security, we must not overlook the global impact of existing and well-established communicable diseases. At this Health Assembly we will discuss the need for further work in relation to both tuberculosis and malaria. For tuberculosis, the focus is on more concerted action to implement the Global Plan to Stop TB (2006–2015) and meet the international target for tuberculosis control of halving tuberculosis prevalence and death rates by 2015 compared with 1990 levels. There is also a need to address the emergence of strains of tuberculosis that are multidrug resistant or extensively drug resistant. The emergence of these strains is a reminder of the need for vigilance against existing diseases as well as new ones; of the dangers of inappropriate use of medicines; and of the importance for all countries of good disease surveillance and emergency response systems, linked to the international health community. We also need to consider what additional things we can do to deal with malaria – a disease that continues to cause more than one million preventable deaths a year. We need to recognize the importance of coordinated action – not just by Member States but also by international organizations, the private sector, and academics – in tackling communicable diseases such as malaria.

During this Health Assembly we will also look at issues associated with the eradication of communicable diseases. The first, poliomyelitis, will ask us to consider how to respond to the opportunity that we have been given, actually to eradicate this dreadful disease. The second issue is smallpox eradication and the destruction of variola virus stocks. This was negotiated at length at last year's Health Assembly and at Executive Board meetings in recent years.

We also have ahead of us some important discussions on noncommunicable diseases. Chronic noncommunicable diseases are causing a high and rapidly growing burden of disease across the globe. In Australia, which many of you would regard as a sporting and sport-loving nation, we are seeing our population getting more overweight and less fit, and therefore less likely to win at cricket! This is very important: the number of children considered overweight or obese is more than double the number in 1986, and current estimates are that we might see 3.3 million Australians with type 2 diabetes by 2030. The negative health and economic impacts of these changes are obvious. Addressing noncommunicable diseases is an important area of activity for WHO and many of you stressed at the Executive Board session in January that noncommunicable diseases should be given more attention in WHO's Medium-term strategic plan 2000–2013. This Health Assembly will be asked to approve a resolution on a global strategy for prevention and control of noncommunicable diseases. It asks all of us to work towards the target of reducing the death rates from these diseases by 2% a year for the next 10 years. This is the target that we set ourselves in the Eleventh General Programme of Work (2006–2015), and the draft resolution before us sets out a range of activities to meet that target.

Just as it is incumbent on us as health leaders to recognize the very real threat to health posed by noncommunicable diseases, we must also recognize and respond to the needs of vulnerable members of our community. We have a special responsibility, globally, to consider the health security afforded to children. The work we will do at this Health Assembly on improving access to better medicines for children is an important step. At present, many essential medicines are neither developed nor produced in appropriate dosage forms or strengths for children. This means that children in all countries of the world have medication needs that are not currently being met. It also means that every country needs to explore ways to overcome barriers that hinder access to appropriate medicines for children, including encouraging research into medicines for children; regulatory approval of new medicines; innovative monitoring of safety; and inclusion of children's medicines in national medicines subsidy and reimbursement schemes.

We also need to continue to work to lift the health status of peoples who have not shared fully in the benefits of our expanded health knowledge. This is a challenge for all of us as, even in developed countries, there remain people whose health and life expectancy is significantly lower than that of others. In Australia the health status of our aboriginal and Torres Strait islander peoples is such a case. We are working assiduously, and with a commitment that spans right across government, to address this challenge. As I have already indicated, it is through partnerships that we can and must tackle the health challenges we face. Not only do we need to work across government within our countries but we also need to work within and across regions. For many countries in the western Pacific this is crucial to ensure success in improving child and maternal health, reducing HIV/AIDS and preparing health systems for pandemic influenza. And in that vein, I would be remiss if I did not acknowledge that in securing the health of all of the world's people, we need to build, finance and sustain health systems. As we all know, well-functioning national and international health systems, including information systems, are vital to addressing the many communicable and noncommunicable disease challenges we all face. These systems are also essential for delivering on other key objectives such as access to medicines and health technologies, the rational use of medicines – all issues we will discuss during this Health Assembly.

At the Fifty-ninth World Health Assembly we approved the Eleventh General Programme of Work (2006–2015), which sets a global agenda and direction for work that the WHO Member States, the Secretariat and key partners will have to undertake. At this year's Health Assembly we, the Member States of WHO, will be required to agree to a medium-term strategic plan encompassing three biennial budgets from 2008 to 2013. This will provide a longer-term perspective and also clearer and more focused objectives for our WHO. We need to sign off on the high-level expected results set out in the strategic objectives of the plan, as well as the indicators and targets of WHO's detailed operational planning – what we want to achieve, and how will we know that we have succeeded. The

Medium-term strategic plan (2008–2013) has been through extensive consultation processes involving regional committees, the Programme, Budget and Administration Committee and the Executive Board. We have all, I know, made significant contributions to this work and it will be important to move forward as part of our broader work to reform, and make more outcome-focused and more transparent, the work of WHO.

We will also need to consider appropriate funding to enable WHO to meet the objectives in the Medium-term strategic plan. This is a budget year and we will need to decide on the Programme budget 2008–2009. The Director-General has proposed a budget of US\$ 4227 million, an increase of 15.2% over expected spending in the previous biennium, including voluntary contributions. As part of this proposed increase, the Director-General is seeking a 4% increase in assessed contributions. She has outlined her plans for the effective financing of the programme budget and how she proposes to target the proposed budget increase. We need to give final guidance to our Director-General on her proposed priorities, the funding request, and the mechanisms she has proposed to ensure that resources are used most effectively and efficiently – including the phasing out of some programmes. This Health Assembly is the vehicle through which each of us, and each of our nations, can have a positive impact on the world's health, now and into the future. It is also a great opportunity for people from across the globe to meet and share ideas and experiences on key health issues. I would encourage you to take advantage of this opportunity, of the presence of so many people in one place who are passionate and committed to improving health. This Health Assembly will be a unique opportunity for us to improve the health security of ourselves and, into the future, of our children, and I look forward to achieving that with you over the next 10 days.

## **2. ADOPTION OF THE AGENDA AND ALLOCATION OF ITEMS TO THE MAIN COMMITTEES**

### **ADOPTION DE L'ORDRE DU JOUR ET REPARTITION DES POINTS ENTRE LES COMMISSIONS PRINCIPALES**

The PRESIDENT:

The first item to be considered this afternoon is item 1.4, Adoption of the agenda and allocation of items to the main committees. This matter was examined by the General Committee at its first meeting earlier today.

The General Committee examined the provisional agenda for the Sixtieth World Health Assembly, which is contained in document A60/1, as prepared by the Executive Board and sent to all Member States, as well as proposals for a supplementary agenda item. Before proceeding to the proposals for a supplementary agenda item, I would like first to deal with the provisional agenda as contained in document A60/1. The General Committee recommended that the following two items should be deleted from the provisional agenda as there are no corresponding items of business to deal with under them. These are: item 5, Admission of new Members and Associate Members; and item 15.4, Special arrangements for settlement of arrears. Does the Health Assembly agree to delete these items? As I see no objections, it is so decided.

I see that there are some requests from the floor. Since, as many of you know, we have already had a debate on this proposal in the General Committee and we do have a very busy agenda and a great deal of work ahead of us in addition, may I propose that we limit the debate in this plenary to four speakers, two in favour of the deletion of item 5 and two against? On that basis, I would like to give the floor to Belize. Thank you.

Ms HUNT (Belize):

I am opposed to the deletion of the item 5, Admission of new Members and Associate Members, because my Government knows that Taiwan has submitted its application for membership.

On behalf of the Government of Belize, I would like to voice my support in respect of Taiwan to be given full membership at the Sixtieth World Health Assembly.

With disease outbreaks, potential for rapid growth, and given the danger of emerging diseases such as avian influenza, Taiwan has the obligation to protect its people. No one can deny the validity of this statement. It is, however, regrettable that time and time again Taiwan has been denied the possibility of participating actively in any session of the Health Assembly. Therefore, our most avid desire at this time is that during this Health Assembly, the international community decides to improve Taiwan's future and that of its neighbouring countries, which could be affected in case of a pandemic, by accepting Taiwan's application to become a full Member of WHO. We cannot afford to have any gaps when it comes to the question of global health. We all know that this is not a political issue; it is merely a health issue.

According to China, the Constitution of the World Health Organization and the Rules of Procedure of the World Health Assembly prevent Taiwan from becoming a full member of this Organization because Taiwan is not a State. It is noteworthy that Taiwan was not mentioned in either the United Nations General Assembly resolution 2758 (XXVI) of 1971 or resolution WHA25.1 of 1972. What was stated was "... to expel forthwith the representatives of Chiang Kai-shek ...".

However, as we all know, there are many more Organization documents and resolutions that uphold the "health for all" policy. In keeping with the principles enshrined in WHO's Constitution that enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, my Government strongly believes that Taiwan deserves to be part of this fundamental right. To uphold this mandate, Taiwan should become a full member so that "health for all" can include its population of 23 million. Needless to say, diseases know no barriers or geographical borders.

It needs to be further taken into consideration that health matters under Taiwan's jurisdiction concern big volumes of international traffic in the area, such as 1.5 million controlled flights, 80 000 international vessels, as well as an estimated 1.3 million migratory birds capable of carrying viruses such as the avian influenza virus. Taiwan operates direct flights weekly to and from five Asian countries where most of the human cases of avian influenza have been reported. Let us not forget that WHO cannot allow Taiwan to become a potential gap in global disease control systems by overlooking Taiwan's health concerns: the resulting health issues can affect all of the international community. It is not logical for the world to be threatened by the emerging and rapidly spreading diseases that could threaten the stability of many communities. Taiwan wants to become a Member of WHO for the practical needs of its people and the international community. We all need world health security. Furthermore, Taiwan cannot rely on China's support should a crisis ever occur. WHO has more to profit from such a membership than Taiwan itself because they share their expertise, technology and resources – such as those concerning space technology, agriculture, fisheries and renewable energy – with other members of the international community.

It is true that the International Health Regulations (2005) offer new opportunities to Taiwan on the basis of the principle of universal application of the Regulations proclaimed in Article 3 and the relevant resolution WHA58.3. Now, the important thing is how to implement this universal coverage. On 15 May, 2006, Taiwan announced its immediate voluntary compliance with the International Health Regulations (2005) and its willingness and ability to adhere to and fully implement all relevant International Health Regulations including in respect of its offshore islands, adjacent waters and airspace. However, Taiwan has not received any positive response from WHO. If Taiwan cannot be admitted as a Member or an observer, I would like to know, later during this session, what the Organization is going to do with Taiwan to fulfil its "no gap" policy and the universal application of the International Health Regulations (2005).

The implementation of the Memorandum of Understanding, which China claims facilitates the attendance of Taiwanese health experts at technical meetings, has proven to be very weak. The international community needs to understand that there is no need for another memorandum. This memorandum was drawn up without Taiwan's knowledge and consent in the mere expectation of blocking Taiwan's attempt to become an observer at the Health Assembly. Since May 2005, Taiwan has made 45 requests to attend technical meetings, out of which 28 have been rejected. Another memorandum will serve no practical purpose and will definitely neither be accepted nor enforced by



the Taiwanese authorities. Taiwan would rather be left out of the system than subject itself to another secret arrangement without its consent.

The time and effort we are taking today in the Health Assembly's schedule on the subject of Taiwan are not wasted because considerable time and many lives could be saved in the event of a public health emergency. As a Member, Taiwan could communicate directly with WHO. Taiwan is known as a beacon of democracy and a champion of human rights. Today, more than ever before, there is an urgent need to re-examine the inequitable treatment of the Taiwanese people and accept Taiwan as a Member of WHO.

I am surprised to learn that Taiwan's application was not transmitted properly to the Member States and placed on the agenda of this session, as required by Rule 115 of the Rules of Procedure of the World Health Assembly. I strongly contend that the Health Assembly, being the highest sovereign body of the Organization, should have been informed and consulted regarding Taiwan's application. Again, I wish to reiterate that my Government is opposed to the deletion of item 5.

Mr M.N. KHAN (Pakistan):

Madam President, we congratulate you on your assumption of the Office of President of the Sixtieth World Health Assembly. We are convinced that we will achieve significant results at this Health Assembly under your able leadership.

We are once again confronted with the question of Taiwan. We consider this issue settled but are forced to deal with it every year in the Health Assembly, despite our very heavy agendas. We are surprised to note that despite repeated decisions by the Health Assembly, based on clear legal justification, to set aside the request for Taiwan to participate in the Health Assembly as an observer, a request has now been made in respect of the even more unrealistic objective of Taiwan's membership of the Health Assembly. This question should have been settled in the General Committee rather than being brought once again to the plenary. This only diverts our attention from more pressing issues at hand.

Pakistan strongly believes in the "one-China" policy and regards Taiwan as an indivisible part and province of the mainland. We hope that it will return to the mainland soon. We regret that the extremely precious time of this Health Assembly is being taken up by a non-issue rather than important health-related issues. The Health Assembly is being asked once again to debate an issue that has no relevance to this Organization, one which was decided over 30 years ago not only by WHO itself but also by the United Nations General Assembly. For years, this proposition has been rejected by this august assembly. Any proposal to make Taiwan a member in the Health Assembly is deficient in law and practice as well as inconsistent with the established principles of interstate relations. It also violates the Charter of the United Nations.

My delegation fully supports all the initiatives taken by the Government of the People's Republic of China to help facilitate technical exchanges between Taiwan and WHO, including the signing of the Memorandum of Understanding between the Chinese Government and WHO's Secretariat. There can be no gap in WHO's global disease-control system in order to reach every human being. This is being ensured through the Memorandum, and the Government of People's Republic of China has always been forthcoming in facilitating required technical exchanges between Taiwan and WHO.

On the substance of Taiwan's request, we would say that the proposal should be rejected because it violates (a) the United Nations General Assembly and WHO decisions; (b) WHO's Constitution; and (c) international law. I will explain how. First, the issue of Taiwan's representation at the United Nations was conclusively settled by the United Nations over 30 years ago. General Assembly resolution 2758 (XXVI) of 25 October 1971 decided to restore all rights to the People's Republic of China and to recognize the representation of the Chinese Government as the sole legitimate representation of China to the United Nations. This decision was endorsed by the Health Assembly in resolution WHA25.1 in 1972. Secondly, although WHO's Constitution allows territories or groups of territories not responsible for conduct of their international relations to become Associate Members, Article 8 of the Constitution clearly stipulates that these territories may be admitted as Associate Members by the Health Assembly upon application made on behalf of such territory or

group of territories, by the Member or other authority having responsibility for their international relations. It is evident that this consent is not forthcoming. Thus, the proposal to invite Taiwan as an observer to this Health Assembly is in contravention of WHO's Constitution itself. Thirdly, state sovereignty and territorial integrity are fundamental principles of international law and a cornerstone of the Charter of the United Nations. Taiwan is a province and an integral part of China. The Government of the People's Republic of China has the sole responsibility for representing all its provinces and territorial units in the international forums. Extending an invitation to Taiwan or its health authorities as Member in the meetings of WHO, which is a specialized United Nations agency, would be a direct violation of international law as well as the Charter.

My delegation believes that any proposal aimed at inviting the Taiwanese health authorities to participate in the Health Assembly is legally unacceptable and politically untenable. It only distracts us from the pressing issues at hand. We would, therefore, recommend that the Health Assembly should reject this proposal clearly, decisively and definitively.

Mr FORAU (Solomon Islands):

First of all, I would like to congratulate you, Madam President, on your election as President of the Sixtieth World Health Assembly.

My Government is opposed to the deletion of item 5, for the same reason as Belize. My Government is aware that Taiwan has submitted an application for membership of WHO; may I ask what happened to the application of Taiwan when it reached the WHO Secretariat? I believe the Health Assembly is the only body that has the authority to reject or accept such an application. I understand that the application was returned after a decision made only by the Secretariat. I would see it as a violation of WHO's Constitution and the Rules of Procedure of the World Health Assembly for the Secretariat to take over the role of the Health Assembly. As we also understand, the application should have been transmitted to Member States before coming before the Health Assembly this year. May I ask why it was not transmitted to the Member States as required by the Constitution and Rules of Procedure?

Mr GAO Qiang (China) :

高强（中国）：

主席女士、各位部长、各位代表：

本届大会会务委员会已经作出了关于不将涉台提案列入大会临时议程的建议，这个建议符合联合国大会有关决议和世界卫生组织的《组织法》，符合绝大多数成员国的意愿，有利于维护世界卫生组织成员国的团结，也有利于保障本届世界卫生大会的顺利进行，对此中国代表团表示坚决支持。涉台提案已经连续10年企图挤入世界卫生大会，也连续10次遭到失败。因为它违背了《联合国宪章》的宗旨与原则，违反了世界卫生组织的《组织法》和世界卫生大会的议事规则，不符合联大和世界卫生大会的有关决议，损害了中国的国家主权和领土完整，任何主持正义、坚持原则的国家都会表示坚决的反对。台湾是中国领土不可分割的一部分，由于历史的原因，大陆和台湾虽然至今还没有实现统一，但是大陆和台湾同属于一个中国的事实永远不能改变。海峡两岸民众同根同源，血脉相连，是密不可分的骨肉兄弟。中国政府始终关注台湾同胞

的健康，愿尽一切力量维护台湾人民的健康权益。只要是对台湾同胞健康有利的事情，只要是对促进两岸交流有利的事情，我们都会尽最大努力去做，并且一定要努力做好。我们不仅是这样说的，更是这样做的。

多年来，我们怀着对台湾同胞的骨肉亲情，以积极的态度和真情的意愿，努力协助台湾的卫生专家参加世界卫生组织的技术活动。2005年5月我与世界卫生组织前任总干事李钟郁博士签署了谅解备忘录，奠定了在一个中国的原则下，支持台湾地区医疗和公共卫生专家参与世界卫生组织技术交流活动的法律基础。到目前为止，已经有12批、32人次台湾地区专家参加了世界卫生组织的有关技术会议，内容涉及到卫生领域的各个专业。2006年1月，台湾专家参加了在东京召开的潜在流感早期应对国际会议。2006年5月台湾专家参加了在日内瓦召开的有关禽流感疫苗全球行动计划及疫苗临床试验评估磋商会议。2007年3月台湾专家参加了在柬埔寨召开的流感大流行的快速应对培训班。中国政府一直努力的推动海峡两岸的医疗卫生交流。从1996年至2006年大陆与台湾的卫生人员交流共约2 100批次，共有14 000多人参加。在海峡两岸的共同努力下，2005年11月两岸建立了传染病信息沟通机制，传染病信息得到了及时、准确和全面的交流，双向传递传染病信息共达39次。2006年4月，两岸经贸论坛在北京举行，我们宣布了加强两岸交流合作的15项措施，其中有4项涉及到卫生医疗合作，包括支持台湾同胞在大陆投资兴办医院，同意台湾的医师和医科院校毕业生在大陆行医，帮助台胞解决在大陆就医，回台湾报销医疗费用等问题。今年，在《国际卫生条例》正式生效之前，中国政府从维护台湾同胞的健康福祉出发，以对全球卫生防疫高度负责的精神，积极主动地与世界卫生组织秘书处在一个中国原则下，就条例适用于台湾的安排进行了多次的协商，目的是进一步促进台湾专家与世界卫生组织加强技术交流与合作，将台湾地区纳入全球的卫生防疫体系。这体现了中国政府对台湾同胞健康的关心和诚意，也是我们对全球防疫体系建设高度负责的表现。令人痛心的是，台湾当局出于自身的政治需要，置这些事实于不顾，对中国中央政府表达的善意不承认、不接受、不配合，并且以台湾人民健康和全球防疫为借口，唆使极少数国家在今年的世界卫生大会上公然提出了成为世界卫生组织成员国的提案。这个提案彻底撕下了台湾少数政治人物所谓维护人民健康的伪装，暴露了其分裂中国的政治野心，这个提案关注的不是台湾的民生，而是妄图在国际上谋求台湾独立，为台湾岛内个别政治人物的竞选服务。这个提案无视《联合国宪章》和世界卫生组织的《组织法》，违反联大和世界卫生大会决议，对抗国际公认的一个中国原则，破坏10年来历届世界卫生大会达成的共识，也极大地伤害了各成员国的感情。无可辩驳的事实表明，中国政府积极支持台湾医疗卫生专家参与世界卫生组织技术活动，开展卫生技术交流，获得医疗卫生信息的努力是有目共睹的。同时我们反对台湾当局以卫生为借口，谋求政治

目的的决心也是坚定不移的。为《国际卫生条例》在台湾的实施制造障碍的不是我们，恰恰是台湾的极少数政治人物。

主席女士、各位部长、各位代表，世界卫生组织是只有主权国家才能参加的联合国所属机构。世界卫生大会是世界各国政府共商人类健康、共议全球公共卫生安全的神圣论坛，我相信绝大多数成员国坚决反对世界卫生组织、世界卫生大会变成分裂中国的场所，也不愿世界卫生组织各成员国之间的团结受到损害。我们希望极少数国家遵守《联合国宪章》和国际法准则，遵守世界卫生组织的《组织法》，维护自己国家的声誉和形象，不要为了一己之利参与分裂中国、破坏海峡两岸交流合作、影响世界卫生组织成员国团结的道具。我再次强烈呼吁，在座的各国政府代表支持中国政府的立场，支持会务委员会的建议，坚决反对将涉台提案列入大会临时议程，谢谢主席女士。

The PRESIDENT:

Thank you, China. We have now heard four interventions, consistent with my earlier remarks: two for and two against. I am very mindful of the time and I am very mindful of the work to be done. Can I put again the proposition that the Health Assembly agrees to the recommendation of the General Committee to delete item 5 and item 15.4 from the provisional agenda? I still have Members asking for the floor. We have a point of order, I believe, from the Russian Federation.

Mr NEBENZIA (Russian Federation):

Г-н НЕБЕНЗЯ (Российская Федерация):

Г-жа Председатель,

Действительно, это выступление по порядку ведения заседания. Российская делегация, в соответствии со статьей 63 Правил процедуры Ассамблеи здравоохранения, вносит предложение о прекращении прений по рассматриваемому вопросу. И мы предлагаем немедленно прийти к решению и к рекомендации Генерального Комитета снять пункт пятый с повестки дня Ассамблеи здравоохранения.

Благодарю Вас, г-жа Председатель.

The PRESIDENT:

Thank you, Russian Federation. So we have a motion under Rule 63 of the Rules of Procedure of the World Health Assembly for the closure of the debate. I will ask the Legal Counsel to give us advice on this.

Mr BURCI (Legal Counsel):

The Russian Federation has moved for the closure of debate under Rule 63 of the Rules of Procedure of the World Health Assembly. That is a motion that a delegate can move at any time and that needs to be decided immediately by the Health Assembly under the Rules. If delegations want to speak against the motion, the floor may be given to a maximum of two delegations that want to speak against the motion – not in favour of the motion, against it – after which the motion shall be immediately decided upon by the Health Assembly. If the motion is successful, then the Health Assembly has to take a decision immediately on the substantive proposal that we are discussing. That is to say, on the recommendation of the General Committee to delete item 5 from the provisional

agenda. Therefore, Madam President, you may want to ask if there are delegations that want to speak against the motion, a maximum of two, after which the Health Assembly has to decide on the motion to close the debate.

The PRESIDENT:

Thank you, Legal Counsel. So, are there delegations that wish to speak? We see Malawi. Please speak on the motion put by the Russian Federation to cease the debate, and not on the substance. Thank you, Malawi.

Ms NGAUNJE (Malawi):

I would like to differ with the Russian Federation on the closure of the debate, because we have nations that would like to speak on this agenda item. We really do not understand how you could come up with this motion without giving people a chance to speak, because we still believe that WHO is an international body that has the life and health of all as a non-negotiable goal. We would like to speak on the issue and there are many other delegations that would like to speak on that.

The PRESIDENT:

Thank you, Malawi. We can take two speakers against the motion put by the Russian Federation. I believe El Salvador wishes to speak against the motion.

El Sr. RECINOS TREJO (El Salvador):

Señora Presidenta. En primer lugar, permítame felicitarla por su nombramiento. En efecto, mi delegación se opone a la moción presentada por la Federación de Rusia; nuestra delegación quiere continuar discutiendo la cuestión de Taiwán y la solicitud de Taiwán en el plenario. Gracias.

The PRESIDENT:

So we have had two speakers against the motion put by the Russian Federation. I shall put it to the Health Assembly. Does the Health Assembly agree with this proposal to stop the debate now and proceed directly to consider the recommendations of the General Committee? Does the Health Assembly agree? Is there a request for a vote?

Ms HUNT (Belize):

I have a point of order please. Today we are facing two very important and difficult situations. One: whether we let the Secretariat, an administrative body, infringe upon the constitutional right given solely to the Health Assembly, which is the highest sovereign body of the Organization, to decide membership application and create a bad precedent. Two: dealing with a case such as Taiwan's from a higher point of view by highlighting health more than politics in order really to close a potentially large gap, a weak spot that may involve many human lives – not only among the people in Taiwan, but also among the international community. I saw many countries raise their name plates. We should not deprive them of their right to speak.

The PRESIDENT:

Belize, we have a motion before us put by the Russian Federation. Under the Rules of Procedure of the World Health Assembly we are allowed to have two speakers against the motion. We have had two speakers against the motion and I have put the question to the Health Assembly: do we wish to proceed to a vote on the motion that is before us, the procedural motion? Under the Rules of Procedure we must now move forward in relation to the procedural motion put to us by the Russian

Federation; so either we decide to move to a vote on that procedural recommendation or we accept it. So I am looking for advice from the Health Assembly. Do you wish to vote on the procedural motion or do you wish to accept the procedural motion put by the Russian Federation and draw this debate to a close? I am in your hands. Saint Kitts and Nevis, I see your sign: are you asking for a vote? No. In which case we will not have a vote and the motion of the Russian Federation is carried.

Ladies and gentlemen, can I now return to the proposition that was before us. Is the Health Assembly prepared to accept the recommendation of the General Committee in relation to the two items to be deleted, item 5 and the item in relation to arrears. Are we prepared to accept the General Committee's recommendation?

Dr KEKE (Nauru):

Madam President, you posed the question to the Health Assembly as to whether we accept the recommendations and Nauru strongly opposes the recommendation to delete item 5. I wish to support the comments made by earlier speakers that this sets an incredibly dangerous precedent in having the Secretariat receive an application for membership and unilaterally make a decision on that application without proceeding, in accordance with the Rules of Procedure of the World Health Assembly, to circulate that application and place it on the agenda. My concern here is that we are discussing the deletion of item 5 because of that fact, namely, that the Secretariat acted without any authority to simply return an application. What we should be discussing and debating today is not the deletion of an empty item from the provisional agenda but the application by Taiwan.

It is a dangerous precedent that is being set in that we are, in a way, condoning illegal actions by the Secretariat. What if this was not a Taiwan issue but some other issue on which the Secretariat had unilaterally made a decision, without reference to any authority that it has to make such a decision? The rules are clear: the Secretariat should not make a decision on this but should refer it to the Health Assembly. I am glad to hear of China's sincere concern for the health and welfare of the Taiwanese people. Some great rhetoric has been practised in this room today. It all sounds beautiful but the unfortunate reality is that words do not provide health care for the Taiwanese people.

No matter what they say the level of interaction between Taiwan and China is, the fact remains that Taiwan looks after the health of the Taiwan people, not China.

The PRESIDENT:

Nauru, can I remind you that we are on the question of whether anyone is calling for a vote and I think you may have strayed into the substance. Can I put the question again: is anybody calling for a vote on this matter? Otherwise, you can speak after the decision is taken: you can have an explanation of the vote if that is the case.

El Sr. GAUTO (Paraguay):

Gracias señora Presidenta. Muy extrañamente, nuestra delegación ha estado solicitando la palabra desde hace bastante tiempo cuando usted misma propuso la idea de que hubiera dos intervenciones por cada lado, esquema que nosotros en ningún momento estábamos dispuestos a aceptar. Sin embargo, en ningún momento se nos dio la palabra para poder explicarnos sobre ese punto; luego apareció la propuesta de Rusia, a la que nosotros también estábamos dispuestos a oponernos, y si ahora el único camino que queda para continuar con este debate que consideramos muy importante y que va mucho más allá de una pérdida de tiempo, como algunas delegaciones quieren insinuar, sostenemos la necesidad de que se someta a votación la moción de Rusia. Gracias, señora Presidenta.

The PRESIDENT:

Paraguay, I need to be clear. The Russian motion has been adopted because that was the Health Assembly's decision, so we cannot have a vote on the Russian proposal now so can I ask you to clarify your remarks please?

El Dr. GAUTO (Paraguay):

Vuelvo a repetir que se tomó la decisión sin consultar a nuestra delegación. Usted solamente consultó a Belice y a Islas Salomón, si no me equivoco, respecto de este voto. Nosotros teníamos levantada la pancarta en ese momento para solicitar una votación; la solicitamos respecto de la propuesta de Rusia de una moción de orden. La solicitamos si es la única manera de continuar con este tema, como una forma de justificar nuestra votación llegado el momento. Sí, solicitamos una votación.

The PRESIDENT:

Thank you Paraguay. I have Cuba on a point of order.

El Dr. GARCÍA SALABARRÍA (Cuba):

Señora Presidenta: Somos de la opinión de que se está continuando un debate que había sido cerrado. Hace unos minutos usted preguntó si debía someterse o no a votación la moción presentada por la Federación de Rusia y concluyó que no se debía someter a votación. Ahora reabrimos la discusión sobre el mismo tema. Además quiero aprovechar para decir que nuestra delegación considera injustos los criterios emitidos acerca de la Secretaría. Creemos que la Secretaría actuó como debía actuar, o sea, recibió la solicitud, la trasladó a la Mesa de esta Asamblea, la Mesa la debatió en su primera sesión, por la mañana, y la Mesa decidió desestimar la solicitud. Creo correcto que quede claro que las imputaciones que se están haciendo a la Secretaría de la Organización no se ajustan a la verdad.

The PRESIDENT:

Cuba, thank you. I shall ask the Legal Counsel to clarify that point and then I have another point of order from the Russian Federation.

Mr BURCI (Legal Counsel):

Since there seems to be some confusion just to clarify that the Russian Federation moved a motion to close the debate. As I and the President have explained, under Rule 63, the floor can only be given to two delegations speaking against the motion if they request the floor. The floor was indeed given to two delegations, after which the President asked the Health Assembly clearly if somebody was asking for a vote on the motion. Nobody asked for a vote. Therefore, the motion of the Russian Federation to close the debate has been approved. For debate on the substance, the floor is closed. Madam President, since the Health Assembly can only decide on the proposal of the General Committee to delete item 5, you may wish to ask whether the Health Assembly is prepared to accept the recommendation, or if one or more delegations are formally asking for a vote on that proposal. If nobody is asking for a vote, the Health Assembly may be prepared to adopt that recommendation to delete item 5 without a formal vote.

The PRESIDENT:

Thank you, Legal Counsel. Russian Federation, that answers your question I assume?

Mr NEBENZIA (Russian Federation):  
Г-н НЕБЕНЗЯ (Российская Федерация):

Г-жа Председатель,

На наш взгляд, юридический советник корректно разъяснил ситуацию, в которой мы находимся сейчас. Если в зале нет предложений, чтобы голосовать по этому предложению, то я думаю, нам надо просто принять его и закрыть вопрос.

Благодарю Вас.

The PRESIDENT:

We have a motion, which has been carried, by the Russian Federation that we close the debate. We have in front of us the proposal from the General Committee in relation to the deletion of those items. I will put again the proposal to the floor of the Health Assembly. Are we prepared to accept this recommendation from the General Committee?

Belize, if you could clarify whether you are asking for a vote and not wishing to speak on the substance.

Ms HUNT (Belize):

Yes Madam, I am asking for a vote please.

The PRESIDENT:

Can I ask you to clarify whether you are asking for a show of hands or a roll-call?

Ms HUNT (Belize):

I wish to call for a vote by roll-call on whether or not to delete item 5 from the provisional agenda in order to let the Member States have an opportunity to show their position by casting their vote. Also I would like to urge Member States to consider the two issues that I had just mentioned when I was stopped before.

The PRESIDENT:

Thank you Belize. We now have a proposal in front of us to have a vote by roll-call. We therefore would proceed in accordance with Rule 74 to select by lot the name of the delegation to be called first to vote. Ladies and gentlemen, we will now proceed to a vote by roll-call. I will ask the Legal Counsel to explain to us the procedure in relation to conducting a vote.

Mr BURCI (Legal Counsel):

First of all, let me clarify what the Health Assembly will be voting on. The Health Assembly will vote on the recommendation of the General Committee to delete item 5. Therefore, delegations that are in favour of that recommendation, in other words, they want item 5 deleted, should vote "yes". Delegations that are against that recommendation, that is to say, that do not want to see item 5 deleted, should vote "no", and obviously delegations that want to abstain should say "abstention". The President has drawn the letter "J", so the vote will start with Jamaica. In a moment, the Secretariat will call Member States in English alphabetical order, starting with Jamaica. I will read out to you the names of the Member States whose right to vote has been suspended in accordance with Article 7 of the Constitution. Those States will not be called during the role-call. The States are: Antigua and Barbuda, Argentina, Central African Republic, Comoros, Democratic Republic of the Congo,



Dominica, Dominican Republic, Guinea-Bissau, Kyrgyzstan, Niger and Somalia. The Secretariat will not call out the names of those Member States.

**A vote was taken by roll-call, the names of the Member States being called in English alphabetical order, starting with Jamaica, the letter “J” having been determined by lot.**

**The result of the vote was as follows:**

**In favour:** Afghanistan, Albania, Algeria, Angola, Armenia, Australia, Austria, Azerbaijan, Bahamas, Bahrain, Bangladesh, Barbados, Belarus, Belgium, Benin, Bhutan, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burundi, Cambodia, Cameroon, Canada, Cape Verde, Chad, Chile, China, Colombia, Congo, Cook Islands, Costa Rica, Côte d’Ivoire, Croatia, Cuba, Cyprus, Czech Republic, Democratic People’s Republic of Korea, Denmark, Djibouti, Ecuador, Egypt, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Finland, France, Gabon, Germany, Ghana, Greece, Grenada, Guinea, Hungary, Iceland, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Israel, Italy, Jamaica, Japan, Kazakhstan, Kenya, Kuwait, Lao People’s Democratic Republic, Latvia, Lebanon, Lesotho, Liberia, Libyan Arab Jamahiriya, Lithuania, Luxembourg, Madagascar, Malaysia, Maldives, Mali, Malta, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Monaco, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, Netherlands, New Zealand, Nigeria, Norway, Oman, Pakistan, Papua New Guinea, Peru, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, San Marino, Saudi Arabia, Senegal, Serbia, Sierra Leone, Singapore, Slovakia, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, Thailand, The former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukraine, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe.

**Against:** Andorra, Belize, Burkina Faso, El Salvador, Gambia, Guatemala, Honduras, Kiribati, Malawi, Nauru, Palau, Paraguay, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Sao Tome and Principe, Solomon Islands, Swaziland, Tuvalu.

**Abstaining:** Haiti, Philippines.

**Absent:** Fiji, Georgia, Guyana, Jordan, Marshall Islands, Montenegro, Nicaragua, Niue, Panama, Saint Lucia, Samoa, Seychelles, Turkmenistan, United Arab Emirates.

**Il est procédé à un vote par appel nominal, les noms des Etats Membres étant appelés dans l’ordre alphabétique anglais. Le premier appelé est la Jamaïque, la lettre « j » ayant été choisie par tirage au sort.**

**Le résultat du vote est le suivant :**

**Pour :** Afghanistan, Afrique du Sud, Albanie, Algérie, Allemagne, Angola, Arabie saoudite, Arménie, Australie, Autriche, Azerbaïdjan, Bahamas, Bahreïn, Bangladesh, Barbade, Bélarus, Belgique, Bénin, Bhoutan, Bolivie, Bosnie-Herzégovine, Botswana, Brésil, Brunéi Darussalam, Bulgarie, Burundi, Cambodge, Cameroun, Canada, Cap-Vert, Chili, Chine, Chypre, Colombie, Congo, Costa Rica, Côte d’Ivoire, Croatie, Cuba, Danemark, Djibouti, Egypte, Equateur, Erythrée, Espagne, Estonie, Etats-Unis d’Amérique, Ethiopie, Ex-République yougoslave de Macédoine, Fédération de Russie, Finlande, France, Gabon, Ghana, Grèce, Grenade, Guinée, Guinée équatoriale, Hongrie, Inde, Indonésie, Iran (République islamique d’), Iraq, Irlande, Islande, Iles Cook, Israël, Italie, Jamahiriya arabe libyenne, Jamaïque, Japon, Kazakhstan, Kenya, Koweït, Lettonie, Liban, Lesotho, Libéria, Lituanie, Luxembourg, Madagascar, Malaisie, Maldives, Mali, Malte, Maroc, Maurice, Mauritanie, Mexique, Micronésie (Etats fédérés de), Monaco, Mongolie, Mozambique, Myanmar, Namibie, Népal, Nouvelle-Zélande, Nigéria, Norvège, Oman, Ouganda, Ouzbékistan, Pakistan, Papouasie-Nouvelle-Guinée, Pays-Bas, Pérou, Pologne, Portugal, Qatar, République arabe syrienne, République de Corée, République démocratique populaire lao, République de Moldova, République populaire démocratique de Corée, République tchèque, République-Unie de Tanzanie,

Roumanie, Royaume-Uni de Grande-Bretagne et d'Irlande du Nord, Rwanda, Saint-Marin, Sénégal, Serbie, Sierra Leone, Singapour, Slovaquie, Slovénie, Soudan, Sri Lanka, Suède, Suisse, Suriname, Tadjikistan, Tchad, Thaïlande, Timor-Leste, Togo, Tonga, Trinité-et-Tobago, Tunisie, Turquie, Ukraine, Uruguay, Vanuatu, Venezuela (République bolivarienne du), Viet Nam, Yémen, Zambie, Zimbabwe.

**Contre :** Andorre, Belize, Burkina Faso, El Salvador, Gambie, Guatemala, Honduras, Iles Salomon, Kiribati, Malawi, Nauru, Palaos, Paraguay, Saint-Kitts-et-Nevis, Saint-Vincent-et-les-Grenadines, Sao Tomé-et-Principe, Swaziland, Tuvalu.

**Abstentions :** Haïti, Philippines.

**Absents :** Emirats arabes unis, Fidji, Géorgie, Guyana, Iles Marshall, Jordanie, Monténégro, Nicaragua, Nioué, Panama, Sainte-Lucie, Samoa, Seychelles, Turkménistan.

The PRESIDENT:

China, are you asking for the floor on a procedural matter? Is it a point of order on the voting, because that is all we can take.

Mr GAO Qiang (China):

Yes it is. This is to find out whether the distinguished representative of Andorra was present or not, because we noticed that there was nobody there yet they voted “no”. I need clarification on whether at the time of voting the delegate of Andorra was absent or present.

The PRESIDENT:

Thank you, China. We have a question of procedure raised by China. I will ask the Legal Counsel to reiterate what is the voting procedure and then I will ask the Legal Counsel for advice. Thank you, Legal Counsel.

Mr BURCI (Legal Counsel):

My colleague from the Secretariat has verified, and both the neighbours of Andorra have confirmed that there was no delegation of Andorra and somebody came from the back of the room and voted for Andorra and went back. This is something that I have not seen in nine years, frankly. I am not passing judgment; it is a statement of fact. Given the fact that there does not seem to be a delegation from Andorra, I would suggest that we move the vote for Andorra from “no” to “absent” and that would reflect the factual situation. Madam President, you may want to see whether there is any objection to this proposal.

The PRESIDENT:

Thank you, Legal Counsel. The proposal is that the vote registered in respect of Andorra is now registered as “absent”, on the basis of the advice of all the delegations that surrounded the Andorran place name. I shall put that proposal to the floor. I see no objection to that proposal. Thank you.

I have a request for the floor from Pakistan. Pakistan is that a point of order on the voting? I may take a point of order on the voting.

Mr M.N. KHAN (Pakistan):

What has happened in the case of Andorra is an extremely serious business. It has never happened in such international forums and I think the whole house should condemn this sort of action. I suggest that the President take a very serious note of what has happened on Andorra's voting.

The PRESIDENT:

Thank you Pakistan. Uganda, I recognize you on a point of order on the voting.

Dr MALLINGA (Uganda):

I think it is not difficult to identify the person who voted for Andorra. I would suggest that that person should be identified and appropriate action should be taken.

The PRESIDENT:

Thank you. I suggest we continue with the matter under consideration, which is to complete the voting; and I shall take into account both Legal Counsel's and Pakistan's suggestions.

**The proposal was adopted by 148 votes to 17, with 2 abstentions.**  
**La proposition est adoptée par 148 voix contre 17, avec 2 abstentions.**

The PRESIDENT:

The final vote is as follows:

The number of Members with the right to vote is 182. The number of Members absent: 15. The number of abstentions: 2. The number of votes in favour: 148. The number of votes against: 17. The number of Members present and voting: 165. The number of votes required for a majority: 83.

If there are a number of delegations asking for the floor in respect of an explanation of vote, I will give them the floor, but I would remind them that they should only explain their vote and not speak on the substance of the decision we have just adopted. I would also propose that we limit the explanation of vote to two minutes, consistent with previous practice, and I would ask whether the Health Assembly agrees to that proposal. I see no objection. It is so decided. I now give the floor to Canada.

Mr CLEMENT (Canada):

Taiwan is an island with 23 million people, among them some 25 000 Canadian citizens. Air and sea transport from the island is frequent, raising the risk of transmission of infectious diseases. Infectious disease control is an important item on the global health and security agenda, requiring universal coverage. The revised International Health Regulations (2005) captured this principal through the insertion of a universality clause. Canada is strongly supportive of the application of universality of International Health Regulations (2005) to include those residing in Taiwan. Similarly, technical participation by Taiwanese experts would yield benefits to an international community that is grappling with challenging issues of infectious disease control, including pandemic influenza. Meaningful participation in technical meetings of WHO and in the Global Outbreak Alert and Response Network and the universal application of the International Health Regulations (2005) need not require membership in WHO. We believe these two issues need not be linked. Rather, we would urge critical partners such as the WHO Secretariat and China to continue working on Taiwan's meaningful participation. Canada's vote at the Health Assembly on the supplementary agenda proposing discussion of Taiwan's bid for membership in WHO was guided by these considerations and that is why we supported the agenda recommended by the Chairman of the General Committee.

Mr LEAVITT (United States of America):

Likewise, the United States would not want its vote in favour of deleting the agenda item related to new membership in the Health Assembly to be construed as lack of concern about the situation with respect to Taiwan. Although we do not support Taiwan's membership in organizations such as WHO, which requires statehood for membership, we do urge that WHO and its Member States keep in mind

the health needs of Taiwan's 23 million inhabitants. The United States has long favoured efforts to increase Taiwan's meaningful participation in appropriate WHO technical activities, we support Taiwan's observership in this body. We do not want the politicization of Taiwan's case on the part of any actor to limit Taiwan's opportunities for meaningful participation.

Mr STARODUBOV (Russian Federation):

Г-н СТАРОДУБОВ (Российская Федерация):

Благодарю, г-жа Председатель,

Российская Федерация исходила в данном вопросе из своей неизменной принципиальной позиции, согласно которой Россия признает, что в мире существует один только Китай.

Правительство КНР является единственным законным правительством, представляющим весь Китай, а Тайвань является неотъемлемой частью Китая.

Решительная поддержка принципиальной позиции Китая по этому вопросу подтверждена и в Совместной декларации, подписанной руководителями наших стран, 26 марта этого года в Москве.

Именно поэтому Российская Федерация выступила за предложение Генерального комитета об исключении пункта 5 из проекта повестки дня Ассамблеи.

Благодарю Вас.

El Sr. GAUTO (Paraguay):

Gracias, señora Presidenta. El Paraguay ha votado en contra de la moción de retirar el punto relativo a la solicitud de Taiwán de incorporarse a la OMS. Nuestra posición se basa en que se trata de un país enormemente poblado donde la cuestión de salud es fundamental, y esta Organización no puede abandonarlo a su suerte por razones políticas. Por eso, el Paraguay, al igual que otros Estados Miembros que en conjunto representamos un octavo de los Miembros de la OMS, hemos venido pidiendo que Taiwán sea involucrado más y más en las actividades de la OMS. Hasta ahora se ha logrado que Taiwán pueda ser invitado a las reuniones técnicas de expertos; sin embargo, esta medida paliativa se ha revelado a todas luces insuficiente. De hecho, Taiwán ha sido invitado solamente a 16 reuniones de las 45 a las cuales pidió ser admitido, es decir sólo el 35%. Creemos que ésta no es una participación suficiente para asegurar que una isla de 23 millones de habitantes, por la cual pasan 25 millones de pasajeros anualmente, pueda ser adecuadamente atendida en las cuestiones de salud. Gracias, señora Presidenta.

Mr STEINER (Germany):

The European Union maintains a one-China policy. We have in effect voted in favour of the recommendation of the General Committee to delete provisional agenda item 5. We regret that the opportunity to have a substantial step forward on meaningful participation of Taiwan in the mechanisms of the International Health Regulations (2005) has not been seized this time. Instead we were confronted with an application for WHO membership, an issue which was decided a long time ago. The European Union strongly supports the principal enshrined in WHO's Constitution that enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. Therefore we hope that all parties will look for ways to ensure the meaningful participation of the people in Taiwan in the implementation of the International Health Regulations (2005), and of Taiwanese medical and public health experts in relevant WHO activities.

El Sr. RECINOS TREJO (El Salvador):

Gracias, señora Presidenta. El Salvador es una nación amiga de Taiwán y mantiene relaciones con éste; es por ello que apoya la solicitud taiwanesa de ingresar a la OMS, de conformidad al Artículo 6 de la Constitución de la OMS. El Salvador considera que es impostergable reconocer el derecho de 23 millones de taiwaneses a beneficiarse de las labores de la Organización Mundial de la

Salud y participar activamente en ellas. Admitir a Taiwán es cumplir con el principal principio de la Organización, que es alcanzar el grado de salud más alto para todos los pueblos. Es por ello que El Salvador votó en contra de eliminar el punto 5 del orden del día provisional. Gracias.

Mr PAUDYAL (Nepal):

It is regretted that once again, as in previous years, efforts were being made unnecessarily to include in the agenda the item of inviting Taiwan to participate in the Sixtieth World Health Assembly – this time, as a Member. It was rejected by overwhelming majority in the Health Assembly only two years ago. Nothing has changed since then, and yet we were going through this ordeal.

It is a fact that United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 have already settled this question with the verdict that the People's Republic of China is the sole representative of China in the United Nations and in WHO. This is a closed issue for us as there is no legal or constitutional basis to reopen it.

It is the principled position of the Government of Nepal that we support the one-China policy and in that context the issue of Taiwan is an internal affair of China. It is the Chinese people who should be left to resolve it. Like many others, we are also of the view that this is but a futile attempt to divert the attention and efforts of the Health Assembly away from its central objectives of dealing with many pressing issues of international public health. Therefore, my delegation opposed the proposal to include the Taiwan-related item in the agenda simply because we do not support any attempt to pursue political objectives through the back door. Therefore, my delegation strongly supported the recommendation of the General Committee to delete item 5 from the provisional agenda.

Mr FUJISAKI (Japan):

In view of the content and character of the proposal from the General Committee, Japan voted for it. Our basic stance regarding this issue, that it should not be politicized, remains unchanged. In light of the goal of WHO, which is to promote the health of all populations in the world, Japan considers it desirable that as many countries, international organizations, nongovernmental organizations and others as possible participate in the activities of WHO. As Taiwan is geographically close and there are more than two million travellers between us annually, Japan especially has a strong interest in the health and medical situation in Taiwan. From such a perspective, as stated at the Fifty-seventh World Health Assembly in 2004, Japan considers it desirable that Taiwan should be able to participate in WHO as an observer in some form, in a manner satisfactory to those concerned. Recognizing that there are efforts for the participation of Taiwan in WHO's technical activities, we believe that participation should be further increased.

The PRESIDENT:

Thank you, Japan. Again, I appeal for brevity. Pakistan, you have the floor.

Mr M.N. KHAN (Pakistan):

I just wanted to say that this has taken a lot of time today and two years ago when I was the President, it was unanimously decided that we should always go forward with what we have decided to do.

Mr SAMO (Micronesia):

Let me be very brief and try to summarize the reasons for being in favour of the recommendation. First, my Government strongly supports the one-China policy and, in that context, China has provided and still provides technical and health assistance to all the people of China, including those of Taiwan. The Health Assembly is a forum to discuss global health issues and should not be used for political purposes. We believe the proposal to include Taiwan is part of a political

agenda. Membership is open to sovereign States only. Taiwan, as part of China, is not a sovereign State and therefore does not qualify.

M. YODA (Burkina Faso) :

Le Burkina Faso déplore le fait que le problème de santé de plus de 23 millions d'habitants soit posé en termes de souveraineté d'un Etat. Nous réaffirmons que les maladies, en matière de propagation, ne font pas de différences entre les frontières d'Etats dits « souverains » et celles d'Etats auxquels cet attribut est dénié ; c'est la raison pour laquelle nous avons voté non.

Dr THOMAS (Saint Vincent and the Grenadines):

My delegation is disappointed that this item has been deleted. The Government of Saint Vincent and the Grenadines also believes in the principle that WHO is a sacred forum to discuss health for all mankind and we have had the experience of Taiwan being accepted within that context of discussing health for all mankind. We strongly believe that it is about time that we broke the taboo and accepted that Taiwan is part of this family in order to deal with the health of all mankind. That is why we supported – and will continue to support – Taiwan in this respect.

El Dr. FÚNEZ (Honduras):

Gracias, señora Presidenta. Honduras lamenta la decisión de este foro de privar a cerca de 23 millones de habitantes de los beneficios de este foro. Consideramos que la salud debe ser universal y seguiremos luchando por la incorporación de Taiwán y de cualquier otro país del mundo para que no sufra limitaciones por cuestiones políticas.

Mr GAO Qiang (China) :

高强（中国）：

今天下午的表决表明，国际社会在一个中国的问题上保持着高度的一致，都承认台湾是中国的一部分，反对台湾当局参加只有主权国家才能参加的世卫组织，或者以观察员的身份参加世界卫生大会。中国代表团对各国政府的支持表示感谢，中国反对台湾当局利用卫生问题追求一中一台或台湾独立。但是，我们始终关注台湾民众的健康，积极帮助台湾的专家参加世界卫生组织的技术活动。最近，中国政府已经公开发表声明，表示《国际卫生条例》适用于中国全境，包括大陆、香港、澳门和台湾。我们将积极地在 一个中国的原则下，同世界卫生组织密切地协商，妥善地解决这个问题。谢谢大家。

Mr MOKHTARI (Islamic Republic of Iran):

Iran voted in favour of the motion to delete the provisional agenda item because Iran supports the one-China policy and believes this body should not become a place to follow political goals. We have full trust in mainland China and in WHO to take care of the health needs of the Taiwanese people, should the occasion arise.

Le Dr DE ASSUNÇÃO CARVALHO (Sao Tomé-et-Principe) :

Sao Tomé-et-Principe a voté non parce que nous pensons que les habitants de Taïwan ont droit à une protection égale et juste sous le système de l'Organisation mondiale de la Santé. Taïwan peut jouer un rôle en collaborant avec la communauté mondiale et en partageant ses ressources et son expérience pour faire avancer la noble cause de la santé pour tous. Merci.

Mr MOHAMED (Sudan):

We have voted in favour of deleting provisional agenda item 5 once and for all, hopefully because we strongly believe the central Government of China has always attached great importance to the interests of the people of the Taiwan region. Sudan supports China's efforts to make appropriate arrangements regarding the application of the International Health Regulations (2005) in the Taiwan region on the basis of the one-China principle as Taiwan is not qualified to implement those Regulations in its separate capacity.

Dr MBOWE (Gambia):

The Gambia is a close friend of Taiwan and has voted in support of Taiwan. Taiwan is a great country that can contribute immensely to the global health system. Health is universal. The Taiwanese people can take care of their own health and do not need the Chinese for it. We will continue to support Taiwan in this fight until victory is achieved.

Mr MOYNG Sok Jong (Democratic People's Republic of Korea):

Madam President, first of all, I would like to say congratulations on the successful vote. The Democratic People's Republic of Korea, very strongly supports the one-China policy. So, as you can see through today's voting, the majority of all the delegations rejected Taiwan's proposal to be a Member State of WHO. Therefore, my delegation proposes that we close the debate on this matter and devote our precious time to the discussion of substantive matters that are awaiting our attention. Thank you.

Mr OBIDOV (Uzbekistan):

Г-н ОБИДОВ (Узбекистан):

Благодарю Вас, г-жа Председатель,

В соответствии с резолюциями ООН и Всемирной организации здравоохранения, а также позицией Республики Узбекистан в международных организациях, мы не поддерживаем самостоятельного участия Тайваня в международных организациях, включая работу во Всемирной ассамблее здравоохранения.

Узбекистан считает, что в создавшейся ситуации необходимо учитывать политический принцип, которого придерживается Китайская Народная Республика, то есть один Китай.

В этой связи делегация Узбекистана выступает против включения в повестку дня Всемирной ассамблеи здравоохранения пункта относительно заявления Тайваня о вступлении в члены Всемирной организации здравоохранения.

Благодарю Вас, г-жа Председатель.

Ms NGAUNJE (Malawi):

Madam President, first of all, I congratulate you on your election. Let me also echo two or three points that you raised during your speech when you talked about all of us working individually and collectively on matters of health, and issues of health research and data-sharing, and I am looking at Taiwan's experience in the issues that are raised, which could benefit a lot of us. I would like to say that Malawi believes that WHO is the international body that sets the life and the health of all as a

non-negotiable goal or focus, demanding an approach to issues and membership that is objective rather than subjective, inclusive rather than exclusive. In health we believe it should be the last sector, if at all, where we allow a group or community of humanity to be voiceless or demoted to the third class of the world population. Any exclusion of any community in our vote and collective responsibility is a sure way of creating gaps and weaknesses, which we cannot afford. As such, I think the issue of Taiwan will still have to find its way back into this Health Assembly until they achieve their objective. And this is the right forum, where issues of this nature should be discussed. We will continue to support Taiwan's inclusion in WHO.

Le Dr BODZONGO (Congo) :

Merci, Madame le Président. Le Congo a voté oui par principe parce que la Chine est une et indivisible. Nos pays sont constitués parfois de départements, de provinces ou même d'Etats et l'on observe parfois des disparités sur le plan sanitaire au niveau de ces départements, de ces provinces ou de ces Etats. Mais on n'a jamais vu un département, une province ou un Etat s'adresser à l'OMS pour résoudre ce problème ou pour être Membre. Je pense que la question a été entendue et le vote montre bien que nous soyons dans le droit selon la Constitution de l'OMS qui stipule que ne sont Membres que les Etats et non les territoires qui ne sont pas encore indépendants ; le jour où Taïwan deviendra un Etat indépendant, il ne se posera aucun problème quant à son admission à l'OMS. Merci.

Le Dr SANGARE BAH (Guinée) :

Madame le Président, Mesdames et Messieurs les Ministres et chefs de délégation, Mesdames et Messieurs. En tant que tout premier pays africain au sud du Sahara à entretenir des relations diplomatiques avec la République populaire de Chine et fidèle à sa politique de constance dans l'affermissement et le renforcement de ses relations, la délégation de la République de Guinée, que j'ai l'honneur de diriger, a voté contre la proposition faite par un petit nombre de pays d'inscrire à l'ordre du jour de la présente session l'admission de Taïwan à l'Organisation mondiale de la Santé.

Cette requête, qui vient s'ajouter à la demande récurrente initiée par ces pays pour l'acceptation de Taïwan comme observateur à l'Assemblée mondiale de la Santé, constitue une autre tentative de légitimer ce qui ne peut l'être. En effet, pour mon pays, il n'existe qu'une et une seule Chine juridiquement reconnue au plan international : je veux nommer la République populaire de Chine, dont Taïwan constitue une partie intégrante.

Par ailleurs, l'Organisation mondiale de la Santé est en soi une institution intergouvernementale dont l'adhésion est ouverte aux seuls Etats souverains, ce qui n'est point le cas de Taïwan. C'est pourquoi ma délégation s'est opposée et continuera de s'opposer à cette demande injustifiée. Il en est de même pour celle qui concerne la participation de Taïwan comme observateur à l'Assemblée mondiale de la Santé.

Pour terminer, permettez-moi de préciser que la présente session reste pour nous un forum où nous sommes appelés à débattre uniquement et en priorité des problèmes de santé ; elle ne doit point par conséquent être utilisée pour faire passer ou légitimer des ambitions politiques inavouées. Je vous remercie.

Mr MABUZA (Swaziland):

I would like to register my delegation's disappointment that the decision is taken before Taiwan's application is even circulated. My Government still wants to express its support for Taiwan's application for membership, which was submitted on 11 April 2007 in accordance with Article 6 of the Constitution of the World Health Organization.

I would like to emphasize that any mishandling of the Taiwan case by ignoring the relevant United Nations documents to guide this Organization will only lead to a "gap" and a "weak link" in WHO's global disease-control system, something this very body should seriously think about and actively address.



In closing, my Government would like to pose the question that if Taiwan cannot be admitted either as a Member or as an observer, what is this Organization going to do with the 23 million people of Taiwan, to fulfil its “no-gap” policy and respect the principle of universal application under the International Health Regulations (2005)?

M. HALHOUL (Maroc) :

Merci, Madame le Président, ma délégation a voté en faveur de la suppression de l'ordre du jour de la Soixantième Assemblée mondiale de la Santé du point concernant l'admission de Taïwan en qualité de Membre de l'OMS. Ce vote traduit notre conviction que la question de la représentation de la Chine à l'Organisation des Nations Unies a été définitivement réglée depuis l'adoption de la résolution 2758 en 1971. En effet, par cette résolution, l'Assemblée générale avait tranché cette question, donc sur les plans politique, juridique et procédural, en reconnaissant que les représentants du Gouvernement de la République populaire de Chine sont les seuls représentants légitimes de la Chine à l'Organisation des Nations Unies.

La position du Maroc sur cette question reflète la politique constante du Royaume du Maroc en faveur du respect des principes de la Charte des Nations Unies et témoigne encore une fois de son attachement sans équivoque aux principes du respect de l'intégrité territoriale des Etats et aux vertus du dialogue pour le règlement pacifique des différends. Je vous remercie.

Dr IATIKA: (Vanuatu):

Vanuatu supported the deletion of provisional agenda item 5 because its supports the one-China policy. Vanuatu believes that the Health Assembly is a forum for discussing global health issues and should not be used for other purposes.

Mr FORAU (Solomon Islands):

WHO has called for Member States to strengthen their health systems, which underdeveloped countries like the Solomon Islands cannot afford to fulfil on their own. Apart from Australia – which is assisting us, especially the Ministry of Health, in its operations and development initiatives – Taiwan is the only country that has taken a leading role in the development of our health infrastructure; without that assistance, the Solomon Islands could not meet the needs of its people, in terms of health and medical services and the requirements of the International Health Regulations (2005), which will come into force in June 2007. I believe that WHO can now see the reason why we are pushing for Taiwan's inclusion in WHO. This has nothing to do with politics as has been said but all to do with a just, human cause. It is about a fundamental human right being taken away from more than 23 million people of the world's population who live in Taiwan. It is hypocritical to label health as a fundamental human right of every single citizen of the world while, at the same time, continuing to deny a portion of the world's population who live in Taiwan and other countries that are not yet members of WHO. Since Taiwan has applied for membership, it is in fact saying to us that it is a sovereign State. May I emphasize once again that this is not a political issue. Taiwan's full admission to WHO is in the best interests of the world for the sake of the “no gap and no weak spot” strategy promoted by our new Director-General regarding the international health security network.

With those few remarks, I wish to re-emphasize that we need to be aware of what has happened to the application from Taiwan and we are opposed to the deletion of item 5 from the provisional agenda.

Dr KEKE (Nauru):

Nauru voted against the recommendation to delete the provisional agenda item and is disappointed that the decision has been taken by this Health Assembly without truly addressing the issue. It is a difficult and sensitive issue and that is what this Health Assembly deals with in terms of global health. It is an issue that affects millions of people in a corner of our world who are clearly

unhappy with their lack of meaningful participation, and are themselves calling for something to be done in terms of their membership in WHO. Therefore the issue should be accorded more time and should be openly debated rather than pushed aside before it actually enters our agenda.

I have listened to many Members argue on the basis of United Nations Resolution 2758 (XXVI). This resolution affirms the People's Republic of China as the sole legal authority of China. However, the resolution does not mention Taiwan. It does not say that the People's Republic of China has authority over China and Taiwan – just China. That is the “one-China” that I know. There are also political arguments repeatedly stating their support for the one-China policy. However, this one-China policy or support of it, ignores the reality that the one-China they refer to does not cover the needs of the health of the people of Taiwan. Whatever views we may hold on one side of the argument or the other, it is clear that there is a problem with the status quo in relation to Taiwan and this is most unsatisfactory. A number of countries have expressed their concern with the issues raised. It is clear also that the Memorandum of Understanding between Taiwan and WHO is ineffective. Therefore, I am disappointed – Nauru is disappointed – that the issue is not addressed adequately, and I would like to ask WHO how it proposes to address this clearly unsatisfactory status quo in regard to Taiwan's position. If it will not allow it observer status and will not allow it membership, how does WHO propose to address the health needs of Taiwan? Unless there is a more satisfactory answer, Nauru will continue to support Taiwan's bid for membership and meaningful participation in WHO.

Mr RABGYE (Bhutan):

Bhutan believes that WHO has an important and specific mandate, which is to tackle global health issues. Any initiatives that would divert international attention away from such challenging health issues should be avoided. Bhutan shares the view that WHO is not the appropriate forum to address this issue and that the Health Assembly should not be used for political purposes. It is for this reason that Bhutan has voted in favour of the deletion of item 5 from the provisional agenda.

M. OULD RAGHANI (Mauritanie) :

Madame le Président, la question de la représentation de la Chine au sein du système des Nations Unies a été clairement réglée le 25 octobre 1971 par la résolution 2758 (XXVI) de l'Assemblée générale des Nations Unies. Mon pays, la Mauritanie, qui s'honore d'avoir parrainé cette résolution, s'étonne de voir cette question soulevée ici, de nouveau, au mépris de cette résolution et de celle adoptée ultérieurement par la Vingt-Cinquième Assemblée mondiale de la Santé, la résolution WHA25.1. Ces deux résolutions ont tranché cette question de façon définitive, sur les plans politique, juridique et procédural, en rétablissant la République populaire de Chine dans tous ses droits et en reconnaissant son Gouvernement comme le représentant légitime unique du peuple chinois. Par conséquent, il n'y avait pas de raison de rouvrir ce débat et de détourner ainsi cette auguste Assemblée de la Santé de son important ordre du jour en imposant une discussion sur une question tranchée il y a plus de trente ans.

Taïwan est une province de la Chine au regard de la Constitution de l'Organisation mondiale de la Santé et des règlements intérieurs de ses organes directeurs et en vertu de la résolution WHA25.1. Certes, c'est une province de 23 millions d'habitants, mais elle appartient à une ancienne et grande nation de plus d'un milliard d'êtres humains. Taïwan ne peut donc prétendre à un statut propre à l'OMS ni comme observateur, ni comme Membre associé et encore moins comme Membre à part entière. Cela dit, le Gouvernement chinois a toujours pris soin de la santé et du bien-être de la population de Taïwan comme viennent de l'illustrer par des exemples concrets le représentant de la Chine et d'autres intervenants. Le représentant de la Chine a également exprimé la disponibilité de son Gouvernement à développer cette politique et à inclure des professionnels de la santé de Taïwan dans la délégation chinoise. Taïwan bénéficie déjà, comme l'atteste le Secrétariat, d'un accès total aux informations et aux données de l'OMS. Plusieurs experts de l'Organisation ont visité Taïwan et ont mené des investigations, en particulier sur le syndrome respiratoire aigu sévère.

Il est clair, à la lumière de tous ces éléments, que la tentative d'inscrire cette question à l'ordre du jour de l'Assemblée de la Santé n'est qu'une façon déguisée de consacrer la théorie de deux

Chines, ou d'une Chine, d'une part, et Taïwan, de l'autre. Cette tentative est contraire au droit international, à la Charte des Nations Unies, à la Constitution de l'Organisation mondiale de la Santé et aux résolutions pertinentes qui stipulent expressément que la République populaire de Chine représente le peuple chinois à l'Organisation des Nations Unies et au sein de tous les organismes et institutions qui s'y rattachent. Par conséquent, mon Gouvernement souscrit pleinement à la recommandation du Bureau et s'oppose à l'inscription de ce point à l'ordre du jour de l'Assemblée de la Santé. Je vous remercie.

Mr NGIRTURONG (Palau):

Palau voted "no", not because we are strongly allied to Taiwan but because the people of the Republic of Palau believe that good health is a basic right for all peoples. We did not vote for political reasons or any other reason, we only believe that health is a basic right for all people.

We ask that WHO take the necessary steps to include Taiwan's participation in its activities. The Republic of Palau will continue to support Taiwan until we include them in the WHO, in all health issues. Thank you very much.

Dr TANGI (Tonga):

Madam President, congratulations. It is good to see you up there. I only put up my name recently in order to be involved in this discussion from a different angle. For the last two hours and 45 minutes we have been talking about this in the first afternoon of this Health Assembly. Some of us have travelled very long distances to come here and in the last two hours 45 minutes, thousands and thousands of people have died around the world of HIV/AIDS, of malaria, of tuberculosis, of noncommunicable diseases and here we are talking about something that we cannot solve here. It is impossible. If we spend the whole week we cannot solve it. Tonga firmly believes in the one-China policy and I believe this issue can only be solved in three places: Beijing, Taipei and New York – not in Geneva. Thank you very much.

Dr PARIRENYATWA (Zimbabwe):

Zimbabwe firmly supports the one-China principle and we consider Taiwan to be an indivisible part and province of China. We believe that admitting Taiwan as a Member of WHO would violate the relevant resolutions of the United Nations and the Health Assembly, and would be inconsistent with the established principle of inter-State relations as laid down in the United Nations Charter. Let us remind ourselves that the Government of the People's Republic of China has the sole responsibility for representing all the provinces in international forums. Accepting Taiwan as a Member would infringe Chinese territorial integrity and sovereignty. Zimbabwe believes that this proposal is motivated by considerations other than health.

Dr MACHAGE (Kenya):

The Kenyan Government strongly supports the one-China policy. We also support United Nations General Assembly resolution 2758 (XXVI). We consider Taiwan to be a province of China. Having said all this, I would however like to say one thing: today the Secretariat "goofed". You had a hitch in the administration and management of this Conference. I would like to remind you that this kind of management can throw this Conference into total disarray. Please study the Rules of Procedure before you put items on the agenda for this Conference to deliberate on. I am dissatisfied with the management of your Conference today.

Dr WALCOTT (Barbados):

Barbados voted in favour of the motion, as we recognize the People's Republic of China as the only legitimate representative in the United Nations system of the entire Chinese people, including

Taiwan. China has demonstrated over the years its commitment to upholding the public health-related rights, interests and needs of Taiwan. Taiwan is also afforded ready access to timely information on medical and health matters from WHO.

Barbados is confident that China's sense of responsibility for the health and welfare of the Chinese people, and indeed the Taiwan region, is integrated in its constructive approach to the one-China principle. Even as we look toward the coming into force of the International Health Regulations (2005) in June this year, China will be making appropriate arrangements for the incorporation of Taiwan in their application. This is further testimony of China's responsiveness and proactive approach to the role of one-China in securing global health.

It is against this background that Barbados voted in support of the deletion of provisional agenda item 5.

M. KAZIHISE (Burundi) :

Merci, Madame le Président. Comme la grande majorité des membres de cette Assemblée, le Burundi estime que la question de la demande de Taïwan d'obtenir le statut de Membre de l'OMS requiert une condition préalable, en l'occurrence, son statut politique, au sein du concert des nations. Sur ce plan, le Burundi reconnaît une seule et indivisible République chinoise, dont Taïwan est une partie intégrante. En outre, jusqu'à preuve du contraire, le Burundi sait que la Chine accorde toujours une grande importance à la défense des droits et des intérêts des Taïwanais en matière de santé et déploie sans cesse des efforts pour satisfaire la demande des Taïwanais sur le plan sanitaire. Or l'Assemblée mondiale de la Santé n'étant pas un cadre politique qualifié pour traiter pareille question, le Burundi saisit cette occasion pour réaffirmer son attachement au strict respect de la loi institutionnelle de l'OMS. Par conséquent, le Burundi trouve que la question de Taïwan n'a pas droit d'être inscrite à l'ordre du jour, ni de la présente Assemblée, ni même des Assemblées suivantes, tant que Taïwan aura le statut qui est le sien aujourd'hui. Je vous remercie.

M. OUSBO (Djibouti) :

Madame le Président, à vrai dire, la délégation de Djibouti ne sait pas vraiment à quoi riment les explications mises en avant concernant les préoccupations sanitaires des Taïwanais, qui ne sont autres que les habitants d'une partie intégrante de la Chine. Cela porte incontestablement atteinte à la souveraineté chinoise qui est seule responsable de sa politique interne, notamment pour ce qui est des questions de santé. Quant à notre position, elle s'appuie sur des faits reconnus par tous, à savoir que la Chine est une et indivisible comme chacun des Membres de l'OMS ici présents. Merci.

Mr SHOUKRY (Egypt):

السيد سميح شكري (مصر):

شكراً سيدتي الرئيسة، تؤكد مصر ثبات موقفها من حيث دعم سياسة صين واحدة. إن إثارة هذا الموضوع كان ينبغي تجنبه لإتاحة الفرصة لتناول موضوعات لها أهميتها بالنسبة لقضايا الصحة العامة. إننا نتطلع لعدم تكرار هذا الوضع مستقبلاً اتساقاً مع قواعد المنظمة التي تحكم موضوع العضوية. إن حكومة الصين تعد الممثل الوحيد لشعب الصين وإننا على ثقة كاملة من قدرتها على رعاية مصالح شعبها. شكراً سيدتي الرئيسة.

M. OLANGUENA AWONO (Cameroun) :

Madame le Président, la délégation du Cameroun vous félicite et souhaite beaucoup de succès à votre présidence et à cette Soixantième Assemblée mondiale de la Santé. Pour cela, il faut que nous puissions bien utiliser notre temps, pour être aussi efficace que possible dans la réalisation de notre ambition commune : faire avancer la santé mondiale en dehors des manœuvres politiciennes. Pour sa part, le Cameroun demeure attaché à la légalité internationale et reconnaît une seule Chine, la République populaire de Chine : une grande nation amie, avec laquelle nous entretenons des relations

de confiance, au service de la paix, du développement et du progrès de l'humanité, y compris les populations de la province de Taïwan. Nous faisons confiance aux autorités chinoises et demandons que le débat imposé par Taïwan soit définitivement clos et ne figure plus à l'ordre du jour des Assemblées mondiales de la Santé. Je vous remercie.

Mr ZHARKO (Belarus):

Д-р ЖАРКО (Беларусь):

Уважаемая г-жа Председатель,

Делегаты Республики Беларусь поздравляют Вас с избранием на пост Председателя Шестидесятой сессии Всемирной ассамблеи здравоохранения и выражают надежду, что под Вашим руководством работа Ассамблеи пройдет эффективно и плодотворно.

Правительство Республики строго соблюдает свои международные обязательства по тайваньскому вопросу, закреплённые в решениях Генеральной Ассамблеи Организации Объединённых Наций и Всемирной ассамблеи здравоохранения. Мы считаем, что правительство Китайской Народной Республики является единственным законным правительством, представляющим весь Китай. Исходя из этого, мы поддерживаем принципиальную позицию Китайской Народной Республики, направленную против любых попыток создания двух "Китаев" или одного "Китая" или одного "Тайваня".

Исходя из существующих норм международного права, Республика Беларусь не может поддержать участие Тайваня в любых международных межправительственных организациях, членами которых могут быть лишь суверенные государства. В этой связи делегация Республики Беларусь разделяет позицию Китая по вопросу придания Тайваню статуса наблюдателя на Всемирной организации здравоохранения.

Спасибо.

The PRESIDENT:

Thank you Belarus. I believe I have now heard all the speakers who wish to explain their vote. We now are in a position where we have decided to remove item 5 from the provisional agenda. I believe we have also decided to accept the General Committee's recommendation to remove item 15.4, which is the special arrangements for the settlement of arrears. The General Committee also considered a proposal to include a supplementary agenda item entitled "Request the Director-General to refer Taiwan's membership application to the Assembly for consideration". The General Committee considered this proposal similar in nature to the substance of item 5 of the provisional agenda and recommended that it not be included in the agenda. I would like therefore to propose the Health Assembly follow the same approach since indeed the nature of the proposal in question is similar to the substance of item 5, which we have just debated at some length and agreed to delete. May I therefore assume that the Health Assembly agrees to the recommendation of the General Committee not to include this item as a supplementary agenda item. I will take that as agreed, and the recommendation is therefore approved. Thank you. Therefore may I assume that the Health Assembly agrees to adopt the provisional agenda as amended, omitting the two items we agreed to at the start of our session? I see no objection. It is so decided. The agenda is therefore adopted, as amended. Document A60/1 Rev.1 reflecting the changes will be distributed tomorrow morning.

### 3. ANNOUNCEMENTS COMMUNICATIONS

The PRESIDENT:

I should like to remind you of the Rule of Procedure 101 which reads:

“At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than twenty-four hours after the President has made the announcement in accordance with this Rule.”

On this occasion I would like to draw your attention to the fact that, according to Articles 24 and 25 of the Constitution, the Board shall consist of 34 persons designated by as many Members. This year, the 12 vacancies to fill will be as follows: for the African Region, 2; for the Region of the Americas, 3; for the South-East Asia Region, 1; for the European Region, 2; for the Eastern Mediterranean Region, 2; for the Western Pacific Region, 2.

Can I also refer to the matter that was raised when we undertook our vote in relation to the voting procedure. I am mindful that two countries took the floor to ask for the matter to be considered. I will ask the Secretariat to provide me with a report in relation to the voting procedure and I will report back to this body when I have received back that report.

Dr WIBISONO (Indonesia):

Allow me on behalf of my delegations to express our congratulations to you for your election as the President of the Sixtieth World Health Assembly. Concerning the provisional agenda proposed by the General Committee, especially the agenda item 12.1 entitled “Avian and pandemic influenza”, I would like to inform you that the delegation of Indonesia has already submitted a draft resolution entitled “Responsible practices for saving avian influenza viruses and resulting benefits” to the Secretariat of WHO on 11 May 2007. This resolution has been cosponsored by Algeria, Brunei-Darussalam, Cuba, Democratic People’s Republic of Korea, Iran (Islamic Republic of), Iraq, Lao People’s Democratic Republic, Malaysia, Maldives, Myanmar, Peru, Qatar, Saudi Arabia, Solomon Islands and Timor-Leste. In this regard, I would like to request the Sixtieth World Health Assembly to consider that this draft resolution should be included in the deliberation under agenda item 12.1.

**The meeting rose at 17:35.  
La séance est levée à 17h35.**

### **THIRD PLENARY MEETING**

**Tuesday, 15 May 2007, at 09:15**  
**President:** Ms J. HALTON (Australia)

### **TROISIEME SEANCE PLENIERE**

**Mardi 15 mai 2007, 9h15**  
**Président:** Mme J. HALTON (Australie)

#### **1. ANNOUNCEMENT COMMUNICATION**

The PRESIDENT:

The Health Assembly is called to order. In view of the fact that Tuesday, 22 May 2007, is the first anniversary of Dr Lee's death, the General Committee, at its first meeting, recommended that a special plenary meeting be held on that day at 09:00 in his memory. I trust that the Health Assembly will agree with this recommendation and I look forward to your attendance.

#### **2. REPORTS OF THE EXECUTIVE BOARD ON ITS 118TH, 119TH AND 120TH SESSIONS RAPPORTS DU CONSEIL EXECUTIF SUR SES CENT DIX-HUITIEME, ET CENT DIX-NEUVIEME ET CENT VINGTIEME SESSIONS**

The PRESIDENT:

We shall now move to item 2 of the agenda, Reports of the Executive Board on its 118th, 119th and 120th sessions.

The Executive Board has an important role to play in the affairs of the Health Assembly. This is quite in keeping with WHO's Constitution, according to which the Board has to give effect to the decisions and policies of the Health Assembly, to act as its executive organ and to advise the Health Assembly on questions referred to it. The Board is also called upon to submit proposals on its own initiative. The Board, therefore, appoints four members to represent it at the Health Assembly. The role of the Executive Board representatives is to convey to the Health Assembly, on behalf of the Board, the rationale and nature of recommendations made by the Executive Board for the Assembly's consideration. Statements by the Executive Board representatives, speaking as members of the Board appointed to present its views, are therefore to be distinguished from statements of delegates expressing the views of their governments.

I am now pleased to give the floor to the representative of the Executive Board, Dr Fernando Antezana Aranibar, Chairman of the Board.

El Dr. ANTEZANA ARANÍBAR (Presidente del Consejo Ejecutivo):

Buenos días. Muchas gracias, señora Presidenta, por ofrecerme como Presidente del Consejo Ejecutivo, la oportunidad de dirigirme a esta augusta Asamblea.

En primer término, quisiera felicitarla, señora Presidenta, por su nombramiento y porque conozco personalmente su capacidad de trabajo y su capacidad para llevar adelante las funciones que le ha confiado esta Asamblea; dirigirá este año nuestros trabajos y seguramente nuestras conclusiones. También quiero saludar a la señora Directora General y referirme a la elección realizada a fin de proponer una candidatura para que posteriormente la Asamblea nombrara al Director General, en este caso a la Directora General. Creo que todos los países y todas las personas que participaron consideran que el proceso ha sido claro, transparente y limpio.

Ante los distinguidos delegados ministros, embajadores y autoridades designadas por esta Asamblea en las distintas comisiones, presentaré brevemente los trabajos del Consejo. Muy afectuosamente, nuestra Presidenta ha adelantado ya lo que significa el Consejo Ejecutivo. El Consejo Ejecutivo presta servicio a la Organización en su conjunto y a la Asamblea de la Salud, su organismo máximo, y cumple las instrucciones y mandatos de éstas; durante este periodo, señora Presidenta y distinguidos delegados, hemos tratado de llevar adelante esas funciones con la mayor responsabilidad. Es la primera vez que se celebra una tercera reunión del Consejo Ejecutivo. Como ustedes saben, siempre se han celebrado dos, una al final de la Asamblea y otra en enero. Esta vez, debido desgraciadamente a la trágica desaparición del Dr. Lee, se escogió una tercera opción y se tomaron medidas importantes para llenar el vacío a fin de que la Organización Mundial de la Salud tuviera un Director General en propiedad. En la Organización todos somos conscientes de lo extraordinario y arduo que ha sido este año para la Organización, para la Asamblea, para los Miembros y, sobre todo, para el Consejo Ejecutivo en relación con la propuesta de nombramiento de Director General.

En la 118ª reunión, celebrada solamente una semana después del trágico y súbito fallecimiento del Dr. Lee, el Consejo Ejecutivo examinó opciones para acelerar el proceso de elección del próximo Director General y adoptó una resolución por la que estableció diversas medidas relacionadas con el procedimiento, incluida la convocatoria a la primera reunión extraordinaria de la Asamblea Mundial de la Salud. Asimismo, el Consejo adoptó tres resoluciones sobre asuntos técnicos y sanitarios, en dos de las cuales se recomienda, proyectos de resolución a la Asamblea.

En noviembre de 2006 se celebró la 119ª reunión del Consejo, convocada específicamente para considerar la propuesta de nombramiento de una persona para el puesto de Director General. Fue una gran responsabilidad repentina para el Consejo. Como saben, la propuesta de nombramiento de la Dra. Margaret Chan se transmitió a la Asamblea Mundial de la Salud en su primera reunión extraordinaria y ésta la nombró Directora General. Me complace reiterar que el proceso de propuesta y nombramiento fue particularmente arduo; había, como ustedes saben, once candidatos, lo cual demuestra que los distintos países y las personalidades de la salud pública tienen interés en la Organización Mundial de la Salud. Este aspecto de cómo se llevó a cabo el proceso fue muy valorado por todas las partes interesadas.

En la 120ª reunión, en enero de este año, la Directora General, en su primera reunión con el Consejo Ejecutivo, señaló que el desarrollo sanitario y la seguridad sanitaria eran prioridades fundamentales, como ya se ha dicho antes, mientras que el fortalecimiento de los sistema de salud, el uso de una base de conocimientos científicos más amplia para formular las estrategias y medir los resultados y la confianza en las autoridades nacionales y otros organismos asociados encargados de la ejecución y el mejoramiento del desempeño de la Organización eran requisitos indispensables y estratégicos. En relación con los asuntos técnicos y sanitarios, los miembros del Consejo manifestaron su firme apoyo a la erradicación de la poliomielitis y recomendaron a la Asamblea de la Salud la adopción de una resolución en que se insta a intensificar todas las actividades necesarias. Reconociendo que la prevención y el control de la malaria han de tener dimensiones mundiales, el Consejo transmitió a la Asamblea de la Salud el proyecto de resolución correspondiente, para su consideración. Se expresó asimismo grave preocupación por el aumento del número de coinfecciones por VIH y bacilo de la tuberculosis y la propagación de cepas extremadamente resistentes de *Mycobacterium tuberculosis*. El Consejo recomendó a la Asamblea un proyecto de resolución en el



que se pida a la Directora General que refuerce urgentemente el apoyo a los países afectados por la tuberculosis extremadamente resistente.

Muchos Miembros señalaron progresos en la preparación de una posible pandemia de gripe provocada por la cepa H5N1, así como la aplicación del Reglamento Sanitario Internacional aprobado en 2005. Las deliberaciones se centraron en los medicamentos, las vacunas y el uso inapropiado de materiales víricos. El Consejo recomendó a la Asamblea de la Salud un proyecto de resolución sobre gripe aviar y gripe pandémica. El Consejo también recomendó a la Asamblea sendos proyectos de resolución sobre aplicación de la estrategia mundial de prevención y control de las enfermedades no transmisibles, sobre salud bucodental y sobre los sistemas de atención de emergencias. Asimismo, el Consejo recomienda a la Asamblea que tome nota con reconocimiento de la estrategia para integrar una perspectiva de género en todas las actividades de la OMS.

Dentro del punto del orden del día sobre progresos realizados en el uso racional de los medicamentos, incluida la mejora de los medicamentos de uso pediátrico, el Consejo recomendó dos proyectos de resolución a la Asamblea de la Salud. La Comisión A tendrá oportunidad de analizar ese asunto en más detalle debido a la trascendencia de estos proyectos de resolución.

El Consejo consideró también cuatro proyectos de resolución cuyo examen había sido aplazado en la 59ª Asamblea y en su 118ª reunión. Esos proyectos se han sometido a la consideración de la Asamblea para que decida al respecto, inclusive en particular en lo que se refiere a la destrucción de las reservas de *Variola virus* y la erradicación de la viruela.

El Consejo examinó un informe relativo a los progresos realizados por el Grupo de Trabajo Intergubernamental sobre Salud Pública, Innovación y Propiedad Intelectual. Este tema ha generado una multitud de comentarios y demostraciones de interés, y ya se han conocido algunas decisiones de Estados Miembros para encontrar maneras de facilitar el acceso a los medicamentos más necesarios, en circunstancias en que los países puedan realmente cubrir sus necesidades.

Se tomó nota de sendos informes sobre lo siguiente: normalización de la terminología relativa a la ciber salud; la hoja de coca en el contexto de la contribución de la medicina tradicional a la salud pública, y la Comisión sobre Determinantes Sociales de la Salud. El Consejo también tomó nota del informe sobre comités de expertos y grupos de estudio y de los informes pedidos en resoluciones anteriores. A este respecto, se prevé recomendar al Consejo una mejor clasificación y un mejor tamizaje de las resoluciones, porque muchas veces llegan en cantidades extraordinarias para el Consejo y para la Asamblea.

Los miembros del Consejo apoyaron ampliamente el enfoque del proyecto de Plan Estratégico a Plazo Medio 2008-2013. Sus observaciones e indicaciones sobre determinados objetivos estratégicos se tuvieron en cuenta al preparar la versión revisada del documento que se somete a esta Asamblea. También examinó el proyecto de presupuesto por programas 2008-2009, acerca del cual la Directora General ha celebrado nuevas consultas con los Estados Miembros antes de presentar el correspondiente documento a esta Asamblea.

El Consejo recomendó a la Asamblea de la Salud un proyecto de resolución sobre la escala de contribuciones 2008-2009, basada en la escala adoptada por la última Asamblea General de las Naciones Unidas. También tomó nota del informe sobre el estado de la recaudación de las contribuciones señaladas. Se examinaron las modificaciones del Reglamento Financiero y de las Normas de Gestión Financiera. Se adoptó una resolución en la que se recomienda a la Asamblea de la Salud que respalde la introducción de las Normas Internacionales de Contabilidad del Sector Público.

En relación a los asuntos de personal y administrativos, el Consejo adoptó una resolución por la que volvió a nombrar Director Regional del Mediterráneo Oriental al Dr. Hussein A. Gezairy, y otra por la que confirmó las modificaciones del Reglamento de Personal. Además, recomendó a la Asamblea un proyecto de resolución relativo a los sueldos del Director General, del Director General Adjunto, y de los Directores Regionales y Subdirectores Generales, y confirmó las modificaciones del Reglamento de Personal aprobadas en su 118ª reunión.

El Consejo adoptó una resolución relativa al Director General y al Director General Adjunto y se declaró conforme con algunas aclaraciones formuladas de la Secretaría sobre la forma en que debe evaluar el Consejo las candidaturas para el puesto de Director General.

Los Miembros consideraron necesaria la reforma del sistema de las Naciones Unidas y tomaron nota del informe correspondiente que presentó el Secretariado.

Por último, señora Presidenta, quisiera expresar, primero, que los miembros del Consejo Ejecutivo estamos al servicio de los países y al servicio de usted, señora Presidenta, para aclarar cualquier situación que se hubiera planteado en el Consejo en relación con los programas de las Comisiones, y del pleno. Quiero decir además que ha sido un honor para mí, para mi región, para mi país, el haber podido servir a la Organización en una situación realmente particular. No solamente hemos tenido tres reuniones, sino que también nos hemos ocupado de la propuesta de candidatura de la Directora General, hemos examinado por primera vez el Plan a Plazo Medio y presupuesto por programas, sobre el cual ahora está en sus manos decidir.

Doy las gracias a todos los miembros del Consejo, que formaron un grupo extraordinariamente positivo, y a la Secretaría por todo su apoyo. Muchas gracias señora Presidenta.

The PRESIDENT:

Thank you, Dr Antezana, for an excellent report. I should like to take this opportunity to pay tribute to you for your work in chairing the Executive Board in such a calm and well-ordered manner to assist the Board members in undertaking a difficult task at a difficult time. I would also like to pay tribute to the work of the Board more broadly, and, in particular, to express our appreciation and our warm thanks to the outgoing members who have contributed very actively to the work of the Board.

This concludes our review of item 2 of our agenda.

### **3. ADDRESS BY THE DIRECTOR-GENERAL ALLOCUTION DU DIRECTEUR GENERAL**

The PRESIDENT:

Let us now move to item 3 of the agenda. I give the floor to the Director-General, Dr Margaret Chan.

The DIRECTOR-GENERAL:

Madam President, honourable ministers, distinguished delegates, ladies and gentlemen, when I took office at the start of this year, I described these times as optimistic for public health. Four months and many experiences later, I still hold this view. Less than a decade ago, public health was struggling to gain visibility in national and international development agendas. Health was fighting to be heard when priorities were fixed and budgets decided. Today, health enjoys support from many partnerships, foundations and implementing agencies. The number of innovative funding mechanisms continues to grow, as does the size of the resources they command. Health is now seen as a key area of engagement for foreign policy. Health has become an attractive focus for corporate social responsibility. There will always be unmet needs, but health has never before received such attention or enjoyed such wealth. I am fully optimistic, but these four months in office have deepened my understanding of the challenges.

In November 2006, I spoke about six issues that provide a simple way of looking at the complex task before us. I have discussed this framework with my senior colleagues, and they are in full agreement. We have mapped these six issues against the objectives set out in the Medium-term strategic plan. They fit together well. This is now our six-item agenda. The first two items address fundamental health needs: for health development and health security. The second two items are strategic: strengthening health systems and using evidence to define strategies and measure results. The remaining two items are operational: managing partnerships to get the best results in countries, and improving the performance of WHO.

Health development is familiar territory for WHO. It is our most extensive area of engagement. The very first Health Assembly, in 1948, agreed on six priorities for international action. Three were for diseases: sexually transmitted diseases, malaria and tuberculosis. The remaining three were

maternal and child health, environmental sanitation and nutrition. If you replace sexually transmitted diseases with HIV/AIDS, these are now the health-related Millennium Development Goals. It is no surprise that WHO has strong and experienced programmes for addressing each of these Goals. In making this comparison, I do not mean to suggest that the situation has remained the same over the intervening decades. The changes have been dramatic.

The disease burden has changed. We have made progress against many diseases. But society has never experienced a disease as deadly and destructive as HIV/AIDS. The distribution of the disease burden has changed. Today, the overwhelming burden of disease is borne by the African people. We must not allow Africa to become the continent left behind by development. In addition, we must not neglect the special challenges faced by small island states, countries in transition, and middle-income countries with a high disease burden.

The landscape in which health programmes operate has become far more complex than it was just a decade ago. The landscape is crowded. More international actors are working in health than in any other sector. In many cases, efforts overlap, results are fragmented, and activities do not align with country priorities and capacities. Chronic diseases, long considered the companions of affluent societies, now impose their greatest burden in low- and middle-income countries. The globalization of the labour market has contributed to the mass exodus of health workers from the countries that invested in their training. The distinction between the health problems of rich and poor countries is no longer absolute. Many wealthy countries have growing urban slums that drain health resources and strain the social welfare system. More developing countries now have pockets of wealth that attract the lion's share of spending on health. In many places, rapid urbanization outpaces the ability of governments to provide essential services. We see this in teeming urban shanty towns that have no safe water, sanitation, electricity, roads, and often no law enforcement. These are ideal conditions for diseases of filth to flourish. They are also ideal for epidemics of violence and the misery of mental illness. We see the results of rapid modernization on the roads. Of the 1.2 million deaths caused each year by road crashes, 90% now occur in low- and middle-income countries. These countries are already shackled by the double burden of infectious and chronic diseases. They do not need a third burden of high morbidity and mortality from crashes, accidents, injuries, and violence.

The problems are great, but so is the determination to tackle them. Part of this determination arises from evidence that health can drive socioeconomic progress. This is recognized in the Millennium Development Goals, which give health a central role in poverty-reduction strategies. Health development includes the chronic diseases and the neglected tropical diseases. Both groups of diseases are strongly associated with poverty. They deepen poverty and hold back economic progress.

For the treatment of chronic diseases, we now have packages of interventions that are effective and affordable in every part of the world. The Framework Convention on Tobacco Control is supported by more than 140 countries, making it one of the most widely embraced treaties in the history of the United Nations. This is primary prevention at its best. To reduce tobacco use, we are now moving from advocacy to a scaling up of interventions. I am therefore grateful for the financial support, from the Bloomberg Foundation, for a new stop smoking initiative announced last year. This contribution has greatly increased the resources devoted to fighting tobacco use in the developing world, where most smokers live. As you heard yesterday, this is the first Health Assembly to be held in a smoke-free environment. May this be an example for the rest of the United Nations system.

In April, the first WHO Neglected Tropical Diseases Global Meeting of Partners was held. This was a turning point. The prospects for reducing the burden of debilitating diseases for at least one billion people have never looked brighter. The eradication of a disease is the ultimate contribution to sustainable health development. We have two such initiatives under way: for poliomyelitis and for guinea-worm disease. Two weeks ago, I visited Afghanistan and Pakistan, two of the four remaining countries where indigenous transmission of wild poliovirus has not yet been interrupted. I spoke with the President of Afghanistan and the Prime Minister of Pakistan, and received their full commitment. Following an urgent consultation with stakeholders in February, we developed a new case for completing poliomyelitis eradication. Finishing the job is our best buy. We must do it. We are leaving a perpetual gift to generations of children to come. Guinea-worm disease has seen a dramatic decrease. Cases have declined from 3.5 million in 1985 to only 25 000 today. Like poliomyelitis, we must finish the job.

Health security has two dimensions in this agenda: one at the individual and community level, and one at the international level. Health security at the individual and community level will be addressed in *The world health report 2008*, which will focus on the role of primary health care in providing access to the essential prerequisites for health. Health security at the international level is addressed in *The world health report 2007*, which is now in press. At the international level, several acute risks and dangers can threaten health security, sometimes globally. Some acute shocks to health arise from the way nations and their populations interact. The emergence and spread of new diseases is one example. Another is exposure to toxic substances, whether following illicit dumping or after an accident. Other shocks to health take on international dimensions because of the need for humanitarian assistance. These threats to health security arise from conflicts and natural disasters. We have solid evidence that climate change, which contributes to natural disasters and heat waves, is yet another threat. All of these events are destabilizing, disruptive and costly. All have effects that are felt internationally, either directly or indirectly. All reveal our shared vulnerability, and call for collective action.

On 15 June of this year, the revised International Health Regulations (2005) will come into force. Proactive risk management is the strategy behind these Regulations. They aim to stop an event at source, before it has a chance to become an international threat. This is our best insurance policy.

WHO has strong and well-tested mechanisms for responding to outbreaks. In the past few years, we have had teams on site less than 24 hours after an alert. This is a tribute to the agility of WHO and our partners. Here I would like to honour the memory of Dr Jong-wook Lee, my predecessor and mentor, for his foresight in establishing the Strategic Health Operations Centre. Many of you have visited it. It is now named in his memory. We must increase the number of laboratories that support the Global Outbreak Alert and Response Network. We need this expertise much more broadly distributed throughout the world. In an outbreak, every hour counts. This will help us move faster.

Many activities undertaken to prepare for an influenza pandemic are improving our collective defence against other outbreaks. These improvements are a permanent strength, whether the H5N1 virus causes the next pandemic or not. An influenza pandemic is a global event. I am personally engaged in several efforts to ensure access to vaccines in all countries. The first agreements to transfer technology to vaccine manufacturers in developing countries have been signed. We have initiated work on establishing a stockpile of H5N1 vaccine. Advance procurement mechanisms for pandemic vaccine are under development. I am in dialogue with development partners and with executives from all the leading influenza vaccine companies. I am greatly encouraged by their commitment.

The health of people in areas of conflict presents a different challenge. Our activities include emergency preparedness, the provision of essential services, the prevention of outbreaks, and rehabilitation. I want to pay tribute to all those working in these exceptionally difficult situations. Your commitment is inspiring. Your sacrifice is real. Only 10 days ago, Dr David Dofara was killed in the Kenya Airways crash in Cameroon. He was returning to his demanding job as head of the WHO sub-office in South Darfur. He was deeply committed and will be greatly missed. I am sure you would want to join me in offering our condolences to his family and his colleagues.

The strengthening of health systems is the first of two strategic items. We face a fundamental dilemma. Multiple initiatives have formed to deliver specific health outcomes. The ability to deliver these outcomes depends on a functioning health system. Yet the strengthening of health systems is not always a core purpose of these initiatives. As a result, we have parallel delivery systems reaching targeted populations at a time when we need comprehensive systems reaching all those in need. One of the biggest challenges facing health development is to scale up population coverage with existing interventions. If we want health development to work as a poverty-reduction strategy, we must have health systems that reach the poor. Numbers of maternal deaths will not fall until more pregnant women have access to skilled birth attendants and emergency obstetric care. To make a further reduction in childhood diseases and deaths, emergency care must reach more neonates and children suffering from acute respiratory infections. Inadequate numbers of staff and weak infrastructures have been identified as the single greatest obstacle to universal coverage, whether for HIV/AIDS, tuberculosis, malaria or reproductive health. I do not need to remind you that these are precisely the conditions targeted by health-related development goals. I am using every opportunity to speak with

partners about the need to make the strengthening of health systems an explicit component in disease strategies and funding grants.

For all of these reasons, we are placing renewed emphasis on primary health care as an approach to strengthening health systems. Decades of experience have taught us that integrated service delivery is the best route to universal access. It is the best way to reach underserved populations with essential and sustainable care. We are not starting from scratch. And I am not reopening the debate about horizontal versus vertical programmes. We need both, but they need to work better together. For example, the river-blindness-control programme began as a vertical programme but eventually developed the community-directed approach for drug distribution. We also have to look at existing health systems and services. We cannot ignore the role that traditional medicine plays in large parts of the world, as this can be an important resource for health.

Next year marks the 60th anniversary of WHO and the 30th anniversary of the Declaration of Alma-Ata. As I mentioned, primary health care will be the topic of *The world health report 2008* and also the theme for World Health Day. Many countries have extensive experience with primary health care. As a contribution to the anniversary events, several countries will be holding international and regional conferences to share these experiences. I am encouraged by this enthusiasm.

A commitment to equity is central to the value system of primary health care. People should not be denied access to life-saving and health-promoting interventions for any reason. Yet today, more than one third of the world's population has no access to essential interventions. In addition, we badly need new drugs, diagnostics and vaccines, especially for diseases of the poor. The challenge is to get the right balance: the right balance between the immediate need for equitable access to quality, affordable medicines and the long-term need to stimulate innovation. This is the challenge being tackled by the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, which will hold its second meeting in November.

Evidence is the second strategic item. Reliable health data and statistics are the foundation of health policies, strategies, and evaluation and monitoring. The confidence of donors, nationally and internationally, depends on our ability to show measurable results. Evidence is also the foundation for sound health information for the general public. Public advice on health-promoting behaviours is an intervention in its own right. It makes a huge contribution to prevention. Setting norms and standards is a traditional WHO function, and we have performed well. I am referring, for example, to standards for the quality of drinking-water, the safety of food and the quality of medicines and vaccines.

I regard the generation and use of health information as the most urgent need. In many cases, basic health information is simply not available. This is not surprising. In areas where health systems are weak or virtually non-existent, basic data will not be collected. Many countries do not have the ability to generate vital statistics. In other cases, abundant data are generated but never feed into the decision-making process.

To improve this situation, innovative approaches to the standardized collection and use of health statistics have been developed, and are now being implemented. Direct technical and financial support to countries is being provided by the Health Metrics Network, which is hosted by WHO. I want WHO to help countries make maximum use of advances in information technology. We need to explore innovative ways to make the revolution in information technology work for health, but we also need to coordinate existing activities. For example, the use of uniform information technologies and computing platforms would simplify work within health districts.

Coordination also applies to the two operational items. Performance within countries improves when the multiple activities of partners are harmonized with national priorities and led by governments. WHO can encourage a more coordinated approach using the strategic power of evidence. One of my jobs is to convince our partners to align their activities with country priorities and capacities, as well as with WHO-recommended strategies and best technical practices. In the interests of better coordination, WHO is participating fully in the eight "One UN" pilot initiatives. In my four months in office, I have held discussions across the full spectrum of our partnerships. These include sister United Nations agencies, bilateral agencies, development banks, nongovernmental organizations, civil society and academia. We are looking for engagement and synergies, and above all for greater coordination and cohesion. A similar search for alignment will take place in July, when I meet the heads of the main health-related international agencies. I am also speaking with executives in

multiple industries, except for one – the tobacco industry. We are not on speaking terms, and never will be.

The second operational, and final, item of our six-item agenda concerns the performance of WHO, at all levels. It is my responsibility, as chief technical and administrative officer, to manage our Organization efficiently. We have checks and balances in place to ensure transparent and accountable management. In some cases, these are not working as well as they should. I am taking corrective action. We have embarked on a process of contract reform. This reform will make conditions of service for staff more equitable. It will streamline some of the administrative procedures and improve human resource planning. The introduction of the global management system next year will further streamline administrative work.

You have before you the Proposed programme budget 2008–2009 and the draft Medium-term strategic plan 2008–2013. Both demonstrate a results-based approach. Many of you have told me that WHO leads the United Nations system in this area, and I thank you. In the interests of efficiency and consistency, WHO headquarters and its regional and country offices must work in a cohesive and coordinated way. In the past four months, the regional directors and I have met together on three occasions to discuss organizational strategy and policy. I have visited four regional offices and six country offices. I have talked with staff. I am pleased to say that we are working well together.

As I have said, what gets measured gets done. The most important measure of our performance is the impact on health outcomes. I have identified the health of two populations as indicators of our overall performance: the people of Africa and women. In April, Africa's health ministers, under the leadership of the African Union, approved the continent's first overarching health strategy. It is comprehensive and it is far-sighted, covering the years 2007 to 2015. You heard about this strategy yesterday from the outgoing President. Let me highlight some key points. First, the strategy acknowledges that Africa will not experience economic growth until the burden of infectious diseases is reduced. Secondly, the main focus of the strategy is on the urgent need to strengthen health systems. The ability to deliver essential interventions to those in need is regarded as the greatest challenge facing health care in Africa. The strategy further emphasizes the need to revitalize the primary health care approach, and it calls for a minimum package of core interventions that can be made available to all. There is strong agreement between this strategy and the six-item agenda for WHO. I want these honourable African ministers to know: you have my full support.

The challenges are different for women. Women need special attention in health agendas for three main reasons. First, their role as care-givers makes them an important resource. Secondly, they are susceptible to special health problems and a heightened risk of mortality. Thirdly, and most important, women are agents of change. They can lift households and communities out of poverty. But women will not realize their potential, also as agents of change, unless they are given opportunities. And most especially, opportunities to improve their economic status. For women, economic capital is social capital. It earns respect. When these opportunities are provided, health-promoting behaviour follows. When women earn an income, the extra money goes to school fees, better nutrition, routine health care and other investments that promote better health. The most successful and sustainable projects use an entry point that matters most to women. In Pakistan, earlier this month, I had a chance to see and hear, at first hand, how piped water has revolutionized the lives of impoverished rural women. With the burden of collecting and carrying water gone, health-promoting behaviours have followed.

WHO needs to do much more for women, to protect their health and to realize their enormous potential. As a first step, we are looking at evidence of the impact of microfinancing schemes on women's health. The results I have seen show that these schemes have an impressive and rapid impact on health outcomes. There are also some unexpected results, such as a decline in domestic violence. I am glad to see that the forthcoming G8 summit will be looking at microfinancing, especially for women, as a poverty alleviation strategy for Africa. Secondly, I have called for an inventory of initiatives that affect the health of girls and women throughout their lives. We are looking for gaps in care and ways to find operational synergies. We need a cross-cutting approach that stretches from water supply to basic surgical skills. Thirdly, I am asking all programmes to collect and report data disaggregated by sex. This is another way to pinpoint problems and detect unmet needs. The new gender strategy will enable us to mainstream gender awareness throughout the work of the

Organization. Finally, I look forward to the findings and the recommendations of the Commission on Social Determinants of Health, which will be made available next year. This report will give us a better idea of what needs to be done to promote equal access to health services for all people, irrespective of gender or social and economic backgrounds.

This, then, is my view of the landscape in which public health operates today. It is a landscape of enormous complexity, but with enormous opportunities. It is one of shared threats, collective responsibility, mutual support and global solidarity. The progress we have made in global health in recent decades has not come about by accident. It has come about because our predecessors dared to dream and dared to question the status quo. They had a vision of a better and brighter future, and they worked enthusiastically towards it. I would like to recognize Dr Mahler in the audience as one of my predecessors.

*(Applause/Applaudissements)*

We, too, have an opportunity. The forces of globalization have drawn the world together as never before. We have the tools, the commitment and the determination to create a healthy legacy for the whole world. Let this be our goal as we work together – with enthusiasm and optimism. Thank you.

*(Applause/Applaudissements)*

The PRESIDENT:

Thank you, Dr Chan. And as one female health leader to another, when you talk about mutual support and solidarity, I am sure that this entire room is in complete solidarity with you and the challenges that you face. Our very best wishes.

Before opening the debate under agenda item 3, I would like to recall the Executive Board's recommendations that statements should give special attention to the theme of international health security. The debate on item 3 is now open, and I give the floor to the honourable delegate of Ethiopia who will speak on behalf of the Member States of the African Region.

Dr ADHANOM (Ethiopia):

Madam President, I am delivering this statement on behalf of the 46 Member States of the African Region. Please allow me, at the outset to congratulate you upon your election as President of the Sixtieth World Health Assembly. It is the conviction of my delegation, and also that of all the delegations of Africa, that under your able leadership and guidance our deliberations in the week ahead will arrive at a successful outcome. As this is the first occasion for me, and for most of my fellow African colleagues, to meet Dr Margaret Chan, and as it is her first Health Assembly as Director-General, I would like to welcome her and congratulate her upon her appointment as Director-General of our Organization.

Honourable ministers and colleagues, distinguished representatives, Madam Director-General, ladies and gentlemen, it is a great honour and pleasure to address you on behalf of the people of the African Region who have been suffering from all forms of diseases and health-related conundrums. In addition to human suffering, the continent witnessed the crash of a Kenya Airways flight in Cameroon a few weeks back, where more than 100 lives (including that of a WHO staff member) were lost. We send our condolences to the families of those involved.

It is the hope and belief of all African delegations that the deliberations that we are going to hold during the week will duly focus on adequately responding to the health challenges that the people of Africa are facing. It is in that spirit that we have given our support for the adoption of the agenda of the Health Assembly as contained in document A60/1. We have also been reassured by the excellent and comprehensive address just delivered by our Director-General. We welcome her passionate and genuine concern for Africa. With her appointment to lead our Organization, the hope and confidence of African people have never been higher. Her declaration, which commits her leadership to be judged

by the impact of the Organization on the health of the African people and women, has been welcomed across the continent with great enthusiasm. With some signals already emerging and with matching preparedness on our side, Africa is looking forward to the fulfillment of this strong commitment of the Director-General.

This brings me to the Medium-term strategic plan that our Organization is envisaging to implement during the years 2008–2013. Incidentally, the implementation period of the Medium-term strategic plan 2008–2013 nearly matches the tenure in office of Dr Margaret Chan. Therefore, it would be fair to say that the outcome of its implementation will have made the desired and declared impact on the health of the people of Africa. With that in mind, my colleagues and I have taken a preliminary look at how the Medium-term strategic plan 2008–2013 has been constructed. At this juncture, we would like to congratulate the Director-General and her staff for basing the Medium-term strategic plan 2008–2013 on new perspectives. Specifically, we would like to acknowledge and appreciate the significant attempt to shift the work of WHO away from a largely uncoordinated disease-specific approach to, among other things, strengthening public health institutions and health-care systems. Globally, therefore, the Medium-term strategic plan 2008–2013 will very likely have a better chance of success. Specifically, for Africa, however, we have yet to understand how the declared objective of the Director-General to accord priority to the health of African people corresponds with the resources allocated to achieve those strategic objectives cast in the strategic plan document.

Essentially, the budget allocated hardly appears to be consistent with the declared priority attention accorded to the African Region. For example, whereas all other WHO regions obtain a substantial increase in percentage of the total biennial budget 2008–2009, the African Region has been reduced from 28.7% in 2006–2007 to 28.2%; nevertheless, with an increase in value terms from US\$ 0.9 billion to US\$ 1.2 billion. Another concern is the projected 4% decrease in the budget allocated to combat HIV/AIDS, tuberculosis and malaria in the biennium 2010–2011, compared to the 2008–2009 budget. The resource constraints would hardly put Africa at the top of the agenda of WHO leadership. Given the high burden of disease and poverty, and the human resource crisis in Africa, especially with the international migration of health workers, it is imperative that the declared strategic objectives be matched with the resources required for sustainable health developments.

I would now like to draw your attention to the report of the Executive Board that we have just adopted. One of the issues considered in the report is the discussion held by the Board regarding the question of geographical consideration in electing the WHO Director-General. In this connection, I would like to salute the Executive Board for taking up such a forward-looking agenda. This Health Assembly is well aware of the inconvenient fact that for over 60 years WHO has never had an African elected to the post of Director-General. In this regard, the principle of geographical rotation in electing future Directors-General, while not compromising their professional competence, must be the procedure to follow, in our opinion.

I would now like to highlight very briefly some of the agenda items we think are more pressing, as far as Africa is concerned. The question of malaria is one. Malaria continues to be the leading killer disease in Africa. It is not only killing 3000 children per day but also affecting pregnant women and working-age adults. It thus results in high infant mortality and substantial economic loss. Due to the well-known fact of resistance to the traditional drugs, the challenge it poses has become alarming. The high cost of available therapy methods such as artemisinin combination therapies is compounded by weaknesses in health-care delivery systems. It is, therefore, our view that malaria needs renewed response. At the regional level, we have agreed on strategies which include a massive scaling up of proven interventions, intensification of cross-border initiatives, integration of malaria-control activities with other health programmes, strengthening of monitoring and evaluation systems and establishment of public–private partnerships. It is our hope that the adoption of the proposed resolution by the Health Assembly will contribute to maximizing our regional efforts. We also believe that the international community will respond by allocating sufficient funding to expedite a procurement and delivery system for short shelf-life drugs such as artemisinin combination therapies.

HIV/AIDS and tuberculosis are other important challenges that we in the region need to continue to address. The dual epidemic of the two diseases calls for urgent scaling up of collaborative HIV and tuberculosis interventions as referred to in the resolution of the Fifty-fifth session of the



WHO Regional Committee for Africa held in Maputo in August 2005. The notification of extensively drug-resistant tuberculosis is an emerging matter of concern.

The African Region reported a slight improvement in infant mortality rates, but the maternal mortality ratio of about 1000 per 100 000 live births remains unacceptably very high.

The question of preparedness for avian influenza is another issue I would like to bring to your attention. To date, five countries in Africa have reported avian influenza outbreaks. With the latest cases being reported as recently as 28 March 2007, and reports of human cases in the neighbouring Eastern Mediterranean Region, avian influenza poses an unprecedented threat to the resource-strapped African Region. Some of our countries have developed national preparedness and response plans, which include the establishment of a multisectoral task force. As long as the intensity of world trade and the magnitude of cross-border transportation of people and goods are continuing at the current pace, there is no room for complacency, however sound our preparations might be. The practice of culling the birds, which is pursued by resource-rich countries, might prove a difficult option in Africa, as it would require the daunting task of convincing the local communities and households where most of the chickens and other birds are bred. We understand that our preparedness plan needs to incorporate compensation schemes following culling, to get the local communities to comply with emergency plans. That is where the challenges lie. Nevertheless, while renewing our call for the establishment of an early warning system and notification of suspected human infection in accordance with the International Health Regulations (2005) and calling for clearing the doubts surrounding the efficacy of antiviral oseltamivir ("Tamiflu"), we pledge ourselves to do what is necessary in this regard.

We in the African Region wish to express our concerns over the dumping of toxic waste in some of our countries, and we count on the support of WHO to address some of the issues associated with this public health threat.

In conclusion, I would like to use this opportunity to congratulate WHO and all other partners on the outstanding achievement of reducing of the measles mortality rate. Together with our partners we now know the way to making measles history. Nevertheless, the scale of the success, which includes a 75% reduction in estimated measles mortality in Africa, should rather give us inspiration and a lesson for hard work in other areas. The achievement should not be considered as one of a kind. It is clear evidence of what can be accomplished for child survival with effective combination of national leadership and international partnerships. Finally, on behalf of the Ministers of Health of the 46 Member States of the African Region, I express to this Health Assembly our solidarity with other African countries outside the WHO African Region, and our willingness to see them integrating the same Region matching with the membership of the African Union. We have just adopted the African Union health strategy and we should remain together for its implementation, because Africa is one. Where there is a will, there is a way. Thank you.

Mr GAO Qiang (China) :

高强（中国）：

尊敬的主席女士、各位部长、各位代表：

首先我要感谢主席女士允许我在这里代表中国发言。中国代表团高度赞赏世界卫生组织将国际卫生安全作为本次会议的主题，我们愿意与国际社会一道共同探讨国际卫生安全的有效措施，努力使全世界的人民生活更加安全的环境之中。多年来我们生存的环境在不断地恶化，新发的传染病在不断地出现，突发的公共卫生事件日益增加，人类的健康受到严重的威胁，全球经济和社会发展也面临着严峻的挑战。各国政府和人民应该更加紧密地团结起来，珍惜生命，维护健康，高度重视国际卫生安全，

共同为改善生态环境，抵御疾病的侵袭，促进社会的和谐，建设美好的家园而贡献力量。

主席女士，随着禽流感疫情的流行和蔓延，人感染禽流感的病例也在不断地增加。预防控制禽流感而引发的流感大流行越来越成为国际社会关注的热点，成为各国政府面临的共同任务，这是当前维护国际卫生安全的一个重点，有效维护国际卫生安全需要做好多方面的工作，其中一项重要的措施，就是要认真地履行和实施修订以后的国际卫生条例。各国政府应该共同努力，密切协作，采取一致的行动。我们希望在世界卫生组织的指导和推动下，通过条例的顺利实施和各国政府的友好合作，在全球建立有效应对流感大流行的工作机制。中国政府决定向世界卫生组织捐款800万美元，用于支持非洲国家等发展中国家加强卫生体系建设，提高实施条例，有效抵御疾病侵袭的能力。条例将于今年6月15日正式生效，中国政府同意并实施第五十九届世界卫生大会的有关决议，认真地遵守条例的有关条款。中国政府已发表声明，条例适用于中华人民共和国全境，包括中国大陆、香港特别行政区澳门特别行政区、和台湾省。中国是受传染病疫情严重影响的国家之一，中国政府高度重视预防流感大流行的各项工作，我们自始至终地积极参与了条例的修订，并为条例的正式实施做了充分的准备。我们完善了应急的法治机制和预案，将突发公共卫生事件应急处置纳入法治的轨道。我们明确了国家的归口单位，建立了跨部门的应急协调机制。我们加大政府的卫生投入，加强公共卫生体系建设、医疗救治体系建设和卫生科技体系建设，提高科学和技术水平。我们积极参加国际交流与合作，与多国政府建立了共同应对突发公共卫生事件的合作机制。我们愿意进一步加强与世界卫生组织和各国政府的合作，为条例有效实施作出积极的努力。

主席女士，除了应对流感大流行以外，人类还面临着艾滋病、结核病、肝炎、疟疾等重大传染病和非传染性疾病的严重威胁。在许多发展中国家，特别是非洲国家传染病流行蔓延仍然在严重地影响着国家的经济发展和社会稳定。我们支持世界卫生组织将非洲作为工作重点的战略决策，希望各国政府和国际社会团结一致，共同努力，为有效控制重大疾病在全球的传播作出更大的贡献。为此，我在提出以下三点倡议：

一、充分发挥世界卫生组织在全球公共卫生事务中的指导作用，随着经济全球化的不断发展，公共卫生问题已经不是一个简单的健康问题，而成为一个国际关注的经济、社会和安全问题，世界卫生组织在全球事务中的地位和作用越来越重要，也越来越受到国际社会的尊重和信任。世界卫生组织在国际公共卫生领域应该发挥更大的作用。各国政府应该更加支持世界卫生组织的工作，在世界卫生组织的指导下，以对世

界人民健康和经济社会发展高度负责的精神共同维护好国际的卫生安全。

二、进一步完善全球疾病监测预警和应急机制，提高全球应对突发公共卫生事件的能力。各国政府都应该认真地履行国际卫生条例确定的义务，加强本国的公共卫生体系建设，加强人才培养，加大资金投入，加强疾病的监测、信息通报和人员培训，不断提高有效应对突发公共卫生事件的能力，为构筑国际公共卫生安全网作出贡献。

三、呼吁世界卫生组织和经济发达的国家加大对发展中国家公共卫生体系建设的支持。疾病无国界，国际卫生安全是人类面临的共同威胁，建立国际卫生防御体系是我们共同的任务。虽然各国的经济社会发展水平不同，但是，各国的人民在卫生健康方面应该拥有平等的权益。发展中国家由于经济发展水平低，在资金、人才、技术等方面存在着很多的困难，卫生基础设施薄弱，深受疾病流行的困扰。世界卫生组织和经济发达的国家应该从维护全球卫生安全出发，帮助发展中国家，特别是非洲国家建立、健全疾病监测网络，提高疾病防治的能力和应对突发公共卫生事件的能力，这是国际人道主义的体现，也是国际卫生安全负责任的表现。中国的卫生发展尽管还面临着很多的困难，也愿意同世界卫生组织和国际社会一道，为构建国际卫生安全网络贡献力量。

主席女士，健康是人类永恒的主题，预防和减少疾病是我们共同追求的目标。希望各国政府和世界卫生组织更加紧密地团结起来，亲如兄弟，互相帮助，共同抵御疾病的威胁，共同建设我们赖以生存的美好家园。谢谢大家！

Mr LEAVITT (United States of America):

Dr Chan, thank you for your leadership of WHO. Ms Jane Halton of Australia, we offer congratulations on your election as President of this Health Assembly.

In past years, the Health Assembly's leading issue has been the threat of pandemic influenza. In the past few months, the media buzz about "bird flu" has died down, but the H5N1 strain of avian influenza has not. It remains a serious danger that we must all face together. Last year, President George W. Bush mobilized the United States to prepare for an influenza pandemic. Because the threat is global, our response is also global. The United States strongly supports the Organization's efforts to meet the global need for influenza vaccine. We have provided US\$ 10 million to this Organization to help other countries produce more influenza vaccine. We have also invested heavily in influenza vaccine research and in expanding our own production capacity. The United States also works with partners throughout the world to monitor the spread of the disease and to prepare for possible pandemics. This collaboration is based on four important principles: transparency, rapid reporting, sharing of data and scientific cooperation. We continue to call on countries everywhere to share influenza samples openly and rapidly, and without preconditions. No nation can go it alone. In a pandemic, time matters; lives are at stake. All nations have a responsibility, and all nations benefit. Developed and developing nations alike, we must all participate fully in the Global Influenza Surveillance Network, and we must all work together towards universal implementation of the International Health Regulations (2005).

The United States is also responding globally to other health threats. We have committed US\$ 15 billion to fight AIDS around the world. This is the largest commitment ever by any nation in an international health initiative to combat a single disease. We have pledged an additional US\$ 1.2 billion to fight malaria, and we will remain committed to the Organization's campaign to eradicate poliomyelitis. We have also embarked on a new health initiative in Central America. This new initiative has three planks: direct patient care provided by United States personnel, particularly in the area of dental care; training of local health workers at a new regional training centre in Panama; and close collaboration with nongovernmental health-care providers. This initiative is not only bringing the countries of the region closer together; it will also, over time, make dramatic differences in the lives of countless people.

Lastly, we share with you a success we have enjoyed at home. We recently began offering senior Americans a prescription-drug benefit. An important lesson was learnt here. We could have gone through a single government-run programme, but, instead, we opted for choice and for competition, and the market has responded with innovation. Ninety per cent of all seniors who are now enrolled in a plan are eligible. Competition works: competition drives quality up, and it drives costs down. People are getting the drugs they need to be healthy, and, as a result, the costs of the benefit, both to seniors and to the United States Government, have been far lower than expected. This success speaks to the proper role of government in providing health care. Governments can and should organize health-care systems that allow markets to provide care. Government is not the source of innovation that gives us new cures; the private sector is. Government cannot provide the best care at the lowest cost to most people; only the free market can. That is the lesson of the twentieth century. We look forward to discussing these issues with other delegates, and to finding ways to work together that address every nation's concerns. Thank you.

Dr SUPARI (Indonesia):

*Bismillah ar-rahman arrahim. Assalamu alaikum Warahmatullahi Wabarakatuh.*

Madam President, Madam Director-General, distinguished ministers, excellencies, ladies and gentlemen. First, I would like to congratulate Ms Jane Halton on her election as President of this session of the Health Assembly. It is a great honour and a pleasure for me to be here in Geneva to address this important Sixtieth World Health Assembly. I very much appreciate the opportunity that this forum provides to elaborate on the work that has begun in order to achieve the goals defined by the Director-General on the issue of pandemic preparedness. This process will require our fullest collaborative efforts.

The battle we have to wage against the pandemic threat is challenging. Avian influenza is extremely virulent and life threatening, and the containment of a pandemic virus requires a collective, holistic effort, reflecting a spirit of solidarity. If a pandemic occurs, the most vulnerable will be the first victims, but all countries could eventually be victims. We can reverse this disaster scenario only if we act quickly, in concert and with a will. I believe Indonesia has played a significant role in trying to move the global H5N1 agenda in a positive direction. We remain committed to our responsibility to reduce the threat of the avian influenza pandemic at both the national and the global levels. I am pleased to announce to all of you that Indonesia has resumed sending H5N1 virus specimens to the WHO Collaborating Centre in Tokyo, complemented by a material transfer document in line with WHO Guidelines of 2005. In doing so, we hope that we can trust WHO and its collaborating centres to share this sense of responsibility, to prevent any misuse of the samples supplied by Indonesia and other countries, and to ensure a mechanism for the responsible sharing of these viruses from originating countries. Since July 2005, in accordance with the WHO resolution on sharing influenza viruses, Indonesia has made specimens freely available to the WHO Collaborating Centre. On 8 August 2006, we declared that genomic data on avian influenza viruses would be accessible to all, even before we had this information deposited in the public domain. However, the principles of prior informed consent from the countries in which the virus originated, established by the WHO guidelines for the sharing of influenza viruses in March 2005, have not been followed. This situation forced us, in December 2006, temporarily to stop sending virus specimens abroad, to shed light on a situation that is unacceptable.

First, viruses and gene sequences or parts of these sequences from Indonesia and other countries that were transferred to WHO collaborating centres had been used by third parties, for instance through research presentation, publication, commercialization and applications for patent, without our consent. Such practice violates the spirit in which the virus was given. The providers of the viruses were acting in the interests of humanity, but the recipients failed to safeguard that trust. Viruses are genetic materials whose ownership is regulated by the United Nations Convention on Biological Diversity, which recognizes the sovereign right of States over genetic resources. Indonesia has ratified that Convention and thus reserves the right to determine access to such resources by foreigners, and the conditions for such access.

Secondly, there is an “unfair mechanism” in which avian influenza virus samples are provided free by developing countries, but drug companies patent vaccines, and sell them at unaffordable cost to the developing countries. Yet, there is no guarantee that poor, developing countries would be provided with the vaccines, as production capacity is limited. I must make this point because it is important to stress that Indonesia and other developing countries, especially affected countries, must be assured of equitable access to the H5N1 influenza vaccine.

In March 2007, a WHO high-level technical meeting was held in Jakarta to explore the modalities of a framework that emphasized the need for developing countries to share in the benefits resulting from responsible practices for sharing avian influenza viruses. The participants agreed on a set of technical recommendations, covering risk assessment and risk response processes. In this respect, the WHO Secretariat was requested to draft new procedures for the terms of reference relating to virus sharing by the end of June 2007, and to submit those to the appropriate participatory intergovernmental process for approval. On 28 March 2007, the health ministers of 34 countries endorsed a set of recommendations that was earlier developed in the high-level technical meeting. On that occasion, WHO was requested to convene the necessary meetings, initiate the critical processes and obtain the essential commitment of all stakeholders to establish the mechanisms for more open virus and information sharing and accessibility to avian influenza and other potential pandemic influenza vaccines for developing countries. The meeting also called upon all WHO Member States to discuss these matters at the Sixtieth World Health Assembly. Finally, let me draw your attention to the fact that our efforts are not only the efforts of Indonesia but the collective efforts of affected developing countries. We are furthering our efforts at this Health Assembly to get more support from all countries.

What do we have in place now? What has worked and what has not worked? Most importantly, how can we improve access to data, resources and systems? We have an opportunity to discuss these questions openly at this session.

We welcome the initial steps that have been implemented with regard to the International Health Regulations (2005) in the pursuit of these goals to operationalize the principles of equitable access and transparency. I would like to reiterate that developing countries have to make sure that essential drugs and vaccines are available for our people.

In closing, ladies and gentlemen, let me reiterate that Indonesia is not seeking royalties or money, but we ask for a fair and responsible mechanism of sharing virus samples and benefits resulting from the use of these viruses. We are advocating the fulfillment of the basic human right to health, for the people of Indonesia and for the peoples of other developing countries, as well as developed countries. We are asking that we all put our efforts together to achieve that important goal – the basic human right of all people to health equally. Thank you.

*Assalamu alaikum Warahmatullahi Wabarakatuh.*

*(Applause/Aplaudissements)*

Mr STARODUBOV (Russian Federation):

Г-н СТАРОДУБОВ (Российская Федерация):

Уважаемая г-жа Председатель, уважаемая г-жа Генеральный директор, уважаемые коллеги, дамы и господа,

Позвольте мне высказать глубокое удовлетворение от представленного г-жой Чен видения современного состояния здоровья населения Земного шара и выделения первоочередных вопросов общественного здравоохранения, требующих дальнейшего международного рассмотрения на глобальном уровне.

Какие бы сложные политические или технические задачи ни ставила ВОЗ, их решение, прежде всего, направлено на достижение одной понятной и всеми признанной цели обеспечения безопасности в вопросах здоровья как фундаментального права каждого человека. Учитывая чрезвычайно возросшую в мировом масштабе мобильность людей, развитие торговли, риску переноса всплеск болезней, способных вызвать эпидемии, оказались подвержены все страны. В этой связи трудно переоценить организационное и дисциплинирующее значение недавно обновленных Международных медико-санитарных правил, четко предписывающих необходимость обмена эпидемиологической информацией, быстрого реагирования национальных служб здравоохранения, включая взаимодействие со Всемирной организацией здравоохранения, для предупреждения развития эпидемий и в случае возникновения очага из перечисленных в документе инфекционных болезней.

В связи с постановкой Генеральным директором проблемы безопасности здравоохранения мне бы хотелось довести до сведения всех присутствующих на этом высоком политическом уровне - международном форуме - приверженность России решениям Всемирной организации здравоохранения по проблемам борьбы с инфекционными заболеваниями, включая выполнение принятых на себя обязательств. Так, на саммите стран Группы 8, проведенном Санкт-Петербургом в 2006 г., тема профилактики борьбы с инфекционными болезнями была одной из центральных проблем, по которым был достигнут ряд договоренностей, и среди них такие, как готовность к обмену эпидемиологической информацией и быстрая взаимная реакция на предупреждение пандемии и дальнейшая поддержка Глобальной инициативы по ликвидации полиомиелита на планете.

В порядке вклада России в международные усилия по борьбе с гриппом и по подготовке к пандемии гриппа в 2006 г. были заключены соглашения о сотрудничестве в области мониторинга этого заболевания птиц с соседними странами. Начата поставка современного лабораторного оборудования для проведения необходимого спектра социологических анализов и соответствующее обучение на нем персонала.

В настоящее время Российская Федерация проводит переговоры со Всемирной организацией здравоохранения о сертификации государственного научного центра "Вектор" в качестве сотрудничающего центра ВОЗ по гриппу для проведения совместных работ со странами Центральной Азии. Также в рамках усиления безопасности в здравоохранении имеются все предпосылки для успешного завершения переговоров по созданию в России регионального координирующего центра для стран Восточной Европы и Центральной Азии по разработке вакцин против ВИЧ-инфекции. Этот центр начнет работу уже в течение текущего года.

В современном мире борьба с высокозаразными инфекциями не может и не должна быть ограничена мероприятиями в отдельных странах. Сокращение разрывов в потенциалах, например по научно-исследовательским ресурсам и тому подобных, в нуждающихся странах по всему миру является важным элементом достижения цели по глобальному контролю инфекционных болезней. Полностью разделяя принципы солидарности, провозглашенные ООН в международных отношениях, и выполняя взятые на себя обязательства, правительство России в декабре 2006 г. приняло постановление по возмещению из Федерального бюджета в течение трех последующих лет всех затрат, понесенных Глобальным фондом, по субсидированию программы борьбы со СПИДом, туберкулезом, малярией в России в общей сумме 217 млн. долл. США для дальнейшего использования этих средств в наиболее нуждающихся странах Африки и Азии. Также из Федерального бюджета в течение предстоящих трех лет ВОЗ будет выплачено дополнительно к ранее принятым обязательствам десять миллионов долларов в качестве российского добровольного взноса в Фонд Глобальной инициативы по ликвидации полиомиелита.

Российская Федерация уделяет самое серьезное внимание улучшению качества и безопасности в системе здравоохранения своей страны. На эти цели государством в течение

прошлого года дополнительно было выделено более 7 млрд. долл. США, что позволило значительно улучшить показатели здоровья граждан нашей страны.

Уважаемые участники Ассамблеи, мы с беспокойством наблюдаем повсеместный рост распространенности факторов риска, приводящих, в свою очередь, к резкому росту заболеваемости и смертности в группе хронических болезней, таких как ишемическая болезнь сердца, диабет, хронические легочные заболевания и некоторые другие, которые, по прогнозам, к 2025 г. займут лидирующее место в статистике смертности во всех регионах мира. Данные научных исследований и демонстрационных проектов указывают на преждевременный и предотвратимый характер смертности от этих болезней, и Российская Федерация поддерживает решение ВОЗ о придании этой проблеме приоритетного статуса и готова к расширению сотрудничества в рамках сетей ВОЗ по совершенствованию и по внедрению интегрального подхода к решению вопросов профилактики и контроля хронических неинфекционных болезней.

Разрешите, г-жа Генеральный директор и г-жа Председатель, еще раз поблагодарить за обстоятельный обзор стоящих перед международным здравоохранением проблем и пожелать всем нам успешной работы по укреплению международной безопасности здравоохранения.

Благодарю за внимание.

The PRESIDENT:

I give the floor to the delegate of Algeria who will speak on behalf of the Arab Ministers of Health.

Mr TOU (Algeria):

بسم الله الرحمن الرحيم

سيدتي الرئيسة، سيادة المديرية العامة، أصحاب المعالي الوزراء، السيدات والسادة الحضور، يطيب لي أن أقدم إليكم السيدة الرئيسة باسم السادة وزراء الصحة العرب وباسمي شخصياً بالتهنئة لانتخابكم رئيسة لجمعية الصحة العالمية الستين، كما يسعدني أن أقدم باسم المجموعة العربية بعميق التهاني إلى سعادة الدكتورة مارغريت تشان لانتخابها مديرة عامة لمنظمة الصحة العالمية، ونتمنى لمعاليتها التوفيق في مهمتها الجديدة، وإننا ننتطلع إلى أن تنال منطقتنا العربية حظاً أوفر من اهتماماتكم.

سيدتي الرئيسة، يواجه إقليم شرق المتوسط ومنطقتنا العربية الكثير من التحديات، والمشكلات الاجتماعية والاقتصادية والسياسية التي تنعكس سلباً على القطاعات الصحية ومستوى الخدمات الصحية، لذا فإننا نتطلع إلى تعزيز التعاون مع منظمة الصحة العالمية والمنظمات غير الحكومية المتخصصة، لتنفيذ المزيد من المشاريع والبرامج الهادفة لتحسين الوضع الصحي لسكان الإقليم بجودة متقدمة، الأمر الذي يجعلنا نتطلع إلى تمثيل عربي حيوي منصف داخل مقر منظمة الصحة العالمية.

إن مجلس وزراء الصحة العرب يتابع باهتمام بالغ ما ورد في برنامج العمل العام الحادي عشر للحقبة ٢٠٠٦-٢٠١٥ "من أجل مستقبل أوفر صحة".

ويحرص المجلس على الالتزام والاهتمام بتوجهات منظمة الصحة العالمية، وكذا الاستفادة من الخبرات التقنية المتاحة التي توفرها لكافة الدول الأعضاء. وقد نجح مجلس وزراء الصحة العرب في تطوير العديد من البرامج مثل ترصد الأوبئة واستئصال شلل الأطفال وتوقي السل ومكافحته وسلامة المرضى ومكافحة التدخين والمخدرات والمؤثرات العقلية وأمراض الدم الوراثية ومكافحة العمى وتجويد برامج التمريض وتحقيق التغطية الشاملة بتدخلات صحة الأم والوليد والطفل كإحدى أولويات المجلس الصحية.

لقد أنجزنا مراحل متقدمة في مجال الرعاية الصحية، إلا أنه لا يزال أمامنا الكثير، كما أن شعوبنا تنتظر منا آليات محددة وخططاً تنفيذية وفق جداول زمنية دقيقة يتم الالتزام بها لإدراك الأهداف.

لقد بدأت وزارات بتنفيذ عدد من المشاريع الطموحة بدءاً بتعزيز الشراكة مع المؤسسات الطبية في القطاعين العام والخاص والبحث عن بدائل التمويل، والتأمين الصحي، وتنفيذ برامج متقدمة لرصد الأمراض السارية وغير السارية، وتنفيذ مشروع الاعتماد للمستشفيات والمراكز الطبية. كما وضعت وزارات الصحة

الخطط والبرامج للارتقاء بالوضع الصحي ومحاولة التغلب على التحديات التي تواجهها النظم الصحية في الوطن العربي ومن أهمها: التحول النمطي للأمراض باتجاه زيادة انتشار الأمراض المزمنة، والأمراض المرتبطة بالأنماط السلوكية، وارتفاع الإنفاق على الصحة، وارتفاع معدل هجرة الكفاءات الفنية المدربة، بالإضافة إلى تداعيات العولمة، وانعكاسات التجارة الحرة على الأمن الدوائي العربي، وعلى الصحة العامة للمجتمع العربي.

السيدة الرئيسة، تواصل الدول العربية تركيزها على الرعاية الصحية الأولية وبرامجها المختلفة كأحد أهم النظم الصحية الفاعلة في مسيرتها نحو الإصلاح الصحي وتحقيق العديد من الأهداف مثل ضمان جودة الرعاية الصحية، بما في ذلك الصحة الأسرية، وتحقيق العدالة والمساواة بين أفراد المجتمع للحصول على الخدمة الصحية بكفاءة وفاعلية، إلا أن مفهوم العمل الوقائي من حيث التعامل مع الأحداث والنقشيات الوبائية عند وقوعها إلى التنبؤ بها والتعامل معها قبل حدوثها، أصبح أمراً ذا أولوية في تطوير النظم الصحية ولعل التعامل مع مشكلة أنفلونزا الطيور خير دليل على هذا المفهوم.

إن الدول العربية تولي أهمية كبرى للبحوث الصحية وتعمل جاهدة على تحقيق الأهداف الإنمائية للألفية وبناء القدرات البحثية الوطنية ووضع استراتيجيات وبرامج محددة لدعم التعاون بين كافة الأطراف وتعظيم دورها وتبادل الخبرات العربية والاستفادة القصوى من النظم المعلوماتية والتقنية ضمن إطار تعزيز دور البحوث في تحقيق التنمية الصحية الشاملة ذات الكفاءة الجيدة، خاصة وأن هناك مخاوف حقيقية ناتجة من النقشيات الأخيرة لبعض الأمراض المنبثقة والمستجدة، كمرض أنفلونزا الطيور ومدى الاستعدادية والإجراءات الاحترازية وفعالية الاستراتيجيات للترصد والوقاية من ذلك على المستوى الوطني والعالمي، وكذا مرض الأيدز.

فالتزايد المستمر لعدد الإصابات الجديدة بمرض الأيدز يدق ناقوس الخطر في المنطقة العربية، فلا بد لنا من مواصلة حملات الوقاية والتوعية في الإقليم مستخدمين كل الوسائل الممكنة للوصول إلى الناس، كما أنه لا بد، في الوقت نفسه، من توفير الأدوية المضادة لجميع المتعاشين مع مرض الأيدز والتعامل معهم كمرضى لهم حقوق وعليهم واجبات. كما أن دولنا العربية تعاني من عبء المراضة المزدوج وهي تحتاج إلى المزيد من الدعم المالي والتقني والتعاون الفني الدولي لمكافحة الأمراض غير المعدية.

إن تحقيق شعار وهدف الصحة للجميع في إطار نظام صحي متكامل يقوم على الرعاية الصحية الأولية يتطلب حشد الموارد وتكثيف الجهود على كافة المستويات وطنياً وإقليمياً وعالمياً، وتعزيز نظم الصحة المدرسية وصحة العمال والرعاية في حالات الطوارئ ورعاية المسنين وتحسين المأمونية وسلامة المرضى وتوفير الدواء والأمصال واللقاحات المناسبة وبأسعار معتدلة، ووضع آليات للتحكم في التعاريف الدوائية العالمية بالتنسيق مع مختلف القطاعات الدوائية ومنظمة الصحة العالمية.

وقد قرر مجلس وزراء الصحة العرب في دورته العادية التي عقدت في الجزائر في فبراير الماضي دعم إدراج أنشطة مكافحة العمى والإعاقة البصرية في الخطة الاستراتيجية المتوسطة الأجل ٢٠٠٨-٢٠١٣ والتي ستناقش صيغتها النهائية في هذا الاجتماع. ولقد شكلت بعض الدول العربية مجالس عليا للجودة والاعتماد للمؤسسات المقدمة للخدمات الصحية، والتي تضم في عضويتها كافة الأطراف المقدمة للخدمة والمؤثرة فيها بهدف تحسين صحة الأمة وتبني مفاهيم أن الصحة هي "استثمار وطني حيوي".

السيدات والسادة، وفي الجانب الإنساني اسمحو لي أن أتحدث عن أهم القضايا والمشاكل المتصلة بالعمل المشترك في المجال الصحي: الأوضاع في الأراضي الفلسطينية المحتلة والجولان المحتل، التي ستظل تمثل مشكلة في فضاء الشرق المتوسط والتي تنعكس بالفعل على مستوى الرعاية والخدمات الصحية، وهذا يتطلب منا إرسال لجنة لتقصي الحقائق، والإسهام في بناء النظام الصحي الفلسطيني، والدعوة إلى وقف العدوان الإسرائيلي المتواصل على الشعب الفلسطيني جواً وبحراً وبراً وللممارسات الإجرامية التي ترتكبها القوات الإسرائيلية على مرأى ومسمع من العالم في قطاع غزة، والضفة الغربية، وما نجم عنه من سقوط العديد من الشهداء الفلسطينيين وتمادي قوات الاحتلال في إطلاق النار على النساء الفلسطينيات والحوامل والأطفال وكبار السن وتدمير المرافق الصحية والحيوية للشعب الفلسطيني ونقص شديد في الأدوية الأساسية والمعدات الضرورية المنقذة للحياة، وكذلك معاناة الإخوة في إقليم دارفور بالسودان والصومال والأزمات الطاحنة في العراق، ونعبر عن تضامننا مع الأطفال المصابين بالأيدز في بني غازي بالجماهيرية العربية



اللبيبة الشعبية الاشتراكية العظمى. كما أن الأردن وسوريا ولبنان حققنا مؤشرات صحية متقدمة تواجهنا تحديات في الحفاظ على هذه النجاحات بسبب تعرضهما لنزوح أعداد كبيرة من الدول المجاورة كالعراق ولبنان وفلسطين، والذي سيتقل كاهل النظام الصحي فيهما مما يتطلب مواصلة دعم منظمة الصحة العالمية، والمنظمات الأخرى ذات الصلة، كل ذلك يتطلب تكثيف عونكم ودعمكم في المجالات الإنسانية العاجلة لتحسين خدمات الرعاية الصحية لأبناء هذه الشعوب العربية المنكوبة، وتحقيق الأمن بكافة أوجهه عمومًا والصحي خصوصًا، وتضافر الجهود لتوفير المزيد من الموارد لضمان استمرار المشاريع الصحية القائمة في الإقليم. وأخيرًا هناك لبنان وما أحدثه العدوان الإسرائيلي من تدمير كامل لمرافقها الصحية وبنيتها الأساسية وزرع القنابل العنقودية، (واستخدام المواد الإشعاعية) في أراضيها مما أدى إلى تدمير البنى التحتية مع تأثير سلبي على القدرة للوصول إلى الخدمات الصحية إضافة إلى تراجع الخدمات المقدمة إلى المواطنين بسبب التدمير المباشر للمنشآت الصحية فضلًا عن ارتفاع عدد الإصابات البشرية الذي شكل عبئًا ماديًا كبيرًا في مجال تقديم الخدمات فلا بد من تقديم المساعدات والدعم وإمدادهم بالخدمات الطبية والصحية لسد الثغرة في القطاع الصحي، والعمل على تعزيز الرصد الوبائي ومراقبة الأمراض.

السيدة الرئيسة، وإذ نشمن عاليًا جهود منظمة الصحة العالمية في تقديم الخدمات والمساعدات الصحية للدول المضيفة للاجئين العراقيين، فإننا ندعو المنظمة إلى مزيد من الدعم في هذا الشأن لوزارات الصحة في الدول العربية المجاورة المستضيفة لأبناء الشعب العراقي، وذلك للتخفيف من معاناتهم الصحية والإنسانية. كما نتطلع إلى مزيد من التعاون المتبادل وتكاتفنا كإخوة وشركاء لإحراز التقدم وتحقيق حياة أفضل لشعوبنا. وأشكركم على حسن استماعكم والسلام عليكم.

Dr RAMADOSS (India):

Ms Jane Halton, President of the Sixtieth World Health Assembly, Dr Margaret Chan, Director-General of WHO, excellencies and distinguished delegates. At the outset, I take this opportunity to extend my heartiest congratulations on behalf of the Government of India to Ms Jane Halton on her election as President of the Sixtieth World Health Assembly, and also to Dr Margaret Chan for assuming the office of Director-General of WHO. I am sure that, under her leadership, WHO will go a long way toward achieving its goals.

It is indeed a pleasure for me to address the Health Assembly once again. Last year, I also had the privilege of chairing the proceedings of Committee A. This provided me with a deep insight into the wide gamut of issues placed before the Health Assembly. While it was no doubt enlightening for me to participate in these deliberations, I cannot help but suggest that WHO, the highest health body, needs progressively to assume a more proactive role on global health issues rather than advocating remedial measures after events have taken place. In particular, WHO could be a bridge between developed and developing countries on issues relating to human resources, technology transfers and building consensus, as well as capacities, on emerging issues such as intellectual property rights, innovation and public health. There is also a case for a fresh look at the representation of developing countries such as India and China in different WHO forums, considering their population size and share of the global disease burden. Also, the WHO South-East Asia Region should not be looked at as 11 countries, but rather as one fifth of the world's population, sharing nearly one third of the world's disease burden.

The theme adopted by the Sixtieth World Health Assembly, health security, is of great interest to all of us. The global threat of emerging and re-emerging infectious diseases has been demonstrated by the emergence of HIV/AIDS, avian influenza and severe acute respiratory syndrome. No country is immune to the occurrence of these diseases. It is, therefore, altogether appropriate for the Health Assembly to focus on health security.

Development issues, including health, nutrition, drinking water and education, are today at the forefront of world politics. Health, as we all know, is fundamental to social and economic development. The Millennium Development Goals 2015 are less than a decade away, and most countries are feeling the pressure from all stakeholders to design policies to accelerate the achievement of these goals as per schedule.

In India, the State-supported public-health-delivery system is being comprehensively rejuvenated under the national rural health mission, which is the biggest and most ambitious

programme in the health sector ever in India. The national rural health mission, which is a convergence of health, nutrition, sanitation and drinking water, seeks to provide accessible, affordable and accountable quality health services, especially to the poorest households in the remotest rural regions, focusing on reducing infant mortality and maternal mortality. The thrust of the mission is on establishing a fully functional, community-owned, decentralized health-delivery system with intersectoral convergence at all levels. Quality care, through adoption of the Indian Public Health Standards, a focus on outcomes, and adoption of evidence-based strategies represent other salient features of the mission.

We realize the need to target programmes for our women and children. We are going for major capacity-building initiatives for both human and physical resources to ensure nutritional adequacy, deliveries at institutions and by skilled birth attendants, referral transport and emergency obstetric care. The Janani Suraksha Yojana, a path-breaking programme for cash support for institutional deliveries, has had an overwhelming response. Newborn and child health strategies range from the integrated management of neonatal and childhood illnesses, immunization strategies, including, this year, a US\$ 300 million poliomyelitis eradication programme, and the recently launched Norway–India partnership initiative. We have more than 400 000 accredited social health activists who are empowered village women forming a link between the Government and our clients for better service delivery.

The double burden of diseases experienced by a large number of low- and middle-income countries of the world has made it necessary for these countries to initiate effective prevention and control mechanisms. The initiatives taken by us in addressing communicable diseases have given dividends. The progress made by the various national programmes for control and elimination of tuberculosis, malaria and HIV are noteworthy.

A national programme for prevention and control of noncommunicable diseases such as diabetes, cardiovascular diseases and stroke has been initiated. A national programme for care of the elderly is also on the anvil. Issues of emergency and trauma care are being taken as priority areas. The consumption of tobacco is also a major cause of morbidity. The global community is slowly recognizing the threat of the tobacco epidemic and the WHO Framework Convention on Tobacco Control is an important step in this direction. India, one of the first signatories to the Convention, is in the process of launching a national programme on tobacco control. An anti-tobacco law was enacted as early as 2003, and rules have been enacted banning smoking in public places, direct and indirect advertisements, and sale of tobacco products to minors. India is a key participant in the WHO-supported Tobacco Free Initiative, and we are actively engaged in developing surveillance systems, building capacities for key stakeholders, undertaking advocacy measures and intensifying training programmes to combat consumption of tobacco. A tobacco regulatory authority is on the anvil, which will make recommendations on tobacco taxation policies, advertising, anti-smuggling measures and enforcement of the act, as well as on other measures both for disease prevention and prevalence reduction.

In the new millennium, I believe that the future of the health sector is going to be in substantial measure determined by the quality and availability of human resources; the spirit of innovation and enterprise, which in itself will find cost-effective solutions to seemingly intractable problems; and technological advancements in information technology and biotechnology. There are issues relating to migration of the qualified health workforce, which is leaving gaps within the existing infrastructure and services, both within and outside the public sector. WHO needs to help the affected countries to address contributing factors to human resource shortages. The intellectual property rights regime is both an opportunity and a challenge for Member States. There are valid reservations about whether the regime will lead to innovations in the areas of neglected and tropical diseases. Similarly, access and pricing of essential drugs is indeed a matter of concern. WHO will need to develop the capacities of many countries to participate in the intellectual property rights regime and to reap its benefits. Finally, technology and technological advancements cannot be wished away and must, in fact, be relied upon to provide solutions to improve health care systems, both technical as well as managerial. From one perspective, if the information technology industry was responsible for the present growth of India, then the future of India lies in the growth of the biomedical industry. WHO needs to position itself as the harbinger of technology to nations.

I thank you all for your kind attention and end with a Sanskrit saying: “May all the people in this universe live with happiness and prosperity”. Thank you.

The PRESIDENT:

I give the floor to the honourable delegate of Germany who will speak on behalf of the European Union.

Dr SCHRÖDER (Germany):

Madam President, distinguished Director-General, honourable delegates, ladies and gentlemen, on behalf of the European Union and its 27 Member States I have the honour to deliver the following statement. The candidate countries Turkey, Croatia<sup>1</sup> and The former Yugoslav Republic of Macedonia,<sup>1</sup> the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Ukraine and the Republic of Moldova, align themselves with this declaration.

Dr Chan, you said in your appointment speech on 9 November 2006: “We will make this world a healthier place”. And you wanted your work at WHO “to be judged by the impact it has on the health of the people of Africa and the health of women”. I can assure you that the European Union values your work in the first months after your appointment and will support you in achieving this.

Turning back the epidemics of HIV/AIDS, malaria and tuberculosis are targets of WHO as well as of the European Union. These three diseases ruin the lives of millions of people and their families, often the poorest of the poor, simply because they often have insufficient access to information, prevention, affordable treatment and care.

Dr Chan, you announced your intention to focus on integrated primary health care as a way to strengthen health systems. The European Union welcomes this approach. Equal access and equal preconditions for healthy lifestyles should be key elements of all efforts to improve our health systems, also with a special focus on the primary health sector. The European Union also emphasizes the importance of international health security. Health security was the remarkable topic for this year’s World Health Day. It is also the theme of *The world health report 2007*.

The rapid implementation of the International Health Regulations (2005) is a very effective tool in order to establish surveillance systems and rapid reaction mechanisms. The European Union has supported the revised International Health Regulations (2005) which will come into force this summer, and we will continue this support for the implementation of the International Health Regulations (2005) in full and without restrictions. Their implementation and the support for capacity building provided by WHO will help to build and strengthen effective mechanisms for outbreak alert and response at national and international levels.

Pandemic influenza planning remains one of the most important health issues. The European Union welcomes the efforts of WHO in the field of influenza pandemic preparedness and appreciates the substantial progress that has already been made on this issue. It stresses that both comprehensive surveillance of human and animal influenza and the timely sharing of information and specimens in full transparency are crucial. In particular, there is a need for efficient health-care systems as a prerequisite for effective influenza preparedness. It therefore reaffirms the need to support the build-up of health care infrastructures as an essential part of pandemic preparedness.

Let me now turn to one of the most threatening infectious diseases: HIV/AIDS. A comprehensive response to HIV/AIDS is one of the priorities for the European Union in the field of health. It is a key issue of the German European Union and G8 presidencies. The HIV/AIDS pandemic is spreading rapidly in Africa, but also in Eastern Europe. The European Union institutions have therefore launched an Action Plan on HIV/AIDS, with proven evidence-based prevention strategies. The action plan is being implemented in close cooperation with international organizations, among

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<sup>1</sup> Croatia and The former Yugoslav Republic of Macedonia continue to be part of the Stabilisation and Association Process.

them WHO, UNFPA and UNAIDS. Future progress will require strong political will. We need more political commitment all over the world and a prominent place to debate the priorities for development – for better access to essential basic health services that include access to HIV prevention, care, treatment and support. The Bremen Declaration on Responsibility and Partnership, in March this year, acknowledged that HIV/AIDS is still outpacing our national and international efforts to fight the epidemic. It stresses the importance of cooperation and of sustained political leadership. Furthermore, it stresses that the insecurity of distribution channels contributes to the high prices of antiretroviral drugs and thus creates an obstacle to universal access to treatment even in some parts of Europe. The European Union welcomes the readiness of the representatives of the pharmaceutical industry, expressed at the Bremen Conference, to contribute their share to improving the availability of affordable antiretroviral drugs, taking into account the specific needs of each country. Worldwide, 50% of all infections with HIV/AIDS are related to women and girls. The feminization of HIV/AIDS is an example of the need to make progress on gender integration. Women and girls, not only in developing countries but also in Europe, are increasingly becoming infected with HIV and have to deal with the consequences of AIDS, more often than not, as a result of rape or other forms of sexual violence. The European Union emphasizes the importance of empowering women and girls as an essential component of a successful response to HIV/AIDS. We congratulate you, Dr Chan, for reflecting this as a priority in WHO's work.

The European Union also wholeheartedly welcomes the commitment of WHO and Member States to integrate the gender equality perspective into its global health work. To ensure improved health and well-being for everyone in society, a gender equality perspective must be applied – and women's sexual and reproductive health and rights respected, in accordance with the Programme of Action of the International Conference on Population and Development. In order to make it possible to attain all the Millennium Development Goals by 2015, increased attention and funding is needed for sexual and reproductive health and rights, as asserted by that Conference. The lack of progress on Goal 5 illustrates the lack of political will and funding for these issues, including maternal, newborn and child health. Recently, the international community has reaffirmed its political commitment, and additional targets for reproductive health and HIV/AIDS have been included in the framework of the Millennium Development Goals; now we have to live up to our commitments.

The European Union underlines the importance of poliomyelitis eradication. It is perfectly feasible to complete poliomyelitis eradication in the next few years. The European Union is one of the major donors and fully supports WHO and you, Dr Chan, on this important political issue. We appeal to all stakeholders to make efforts to help close the remaining funding gap.

Dr Chan, you drew attention to chronic diseases such as cardiovascular diseases and diabetes. The increase in such diseases is a problem not only for wealthy countries, it is a global challenge. Therefore, it has to be appreciated that WHO will put the prevention and control of noncommunicable diseases at the top of the agenda in the future.

WHO is playing an important role concerning the Millennium Development Goals, in particular Goals 4, 5 and 6. In this context, the European Union welcomes the report of the High-level Panel on System-wide Coherence and considers it important to engage all United Nations Member States and other stakeholders in active discussion of the report's recommendations. It concurs with the High-level Panel's vision of "delivering as one" and welcomes the progress towards the establishment of the "One UN" pilot countries. Dr Chan, we welcome WHO's active participation in this endeavour. WHO and you, Dr Chan, can count on the full support of the European Union and its Member States. Thank you for your attention.

The PRESIDENT:

Ladies and gentlemen, let us suspend consideration of item 3 of the agenda.

#### **4. INVITED SPEAKERS INTERVENANT INVITES**

The PRESIDENT:

We can now take up item 4, Invited speakers. It is an honour for me to welcome, on behalf of all of us at this Health Assembly, His Excellency Jens Stoltenberg, the Prime Minister of Norway, who has very kindly agreed to address this Health Assembly.

*(Applause/Aplaudissements)*

Mr STOLTENBERG (Prime Minister of Norway):

Madam President, Director-General, honourable ministers, excellencies, ladies and gentlemen, seven years ago in New York, I had the privilege of signing the Millennium Declaration together with 189 other heads of state or government. That Declaration solemnly lays down eight fundamental goals – the Millennium Development Goals – for human progress towards 2015. And I was humbled to set my name to it, not least because, with so few words, it implicitly told an epic story of how far we have come, as societies and as human beings, in overcoming injustice and inhumane and degrading living conditions. Implicitly, the Millennium Development Goals tell us that, in fact, we have come quite far since we started to develop civilizations. Humankind started to use tools some 50 000 years ago. Industrialization is about 200 years old. Real anaesthetics are 150 years old, vaccines 100 years, and antibiotics are little more than 50 years old. We have seen more advances in human health during the past 100 years than in all previous human history. But in the year 2000, we believed and promised that we would be able to reduce child mortality by two thirds within 15 years – by 2015 – which is Goal 4. And we believed and promised that in this same brief period we would reduce by half the proportion of people living on less than a dollar a day or who are suffering hunger!

We have tremendous means and resources, which can allow us to reach those goals in eight years from now. These goals are tremendously courageous. But we have no doubt that it is possible to reach them. We, as countries and as people, can organize ourselves and pool our resources, and deliver on those promises.

I remember travelling home from the Millennium Summit knowing that I represented a country of 4 million people, but a fortunate and affluent country. Norway could not alone realize the goals. But we could make a substantial difference. And as Prime Minister I had then, as I have now, the privilege of influencing my country's long-term commitments. Since then, Norway has been pursuing all the Millennium Development Goals, but we have focused in particular on Goal 4, dealing with child mortality, and Goal 5, on maternal health, since the two are so intertwined.

Today, I have come to you to tell you how I want to work with you. And I hope that one day we will be able to look back and to say that we did save millions of little children, and their mothers, so that millions of families can rejoice over their children growing up as strong and healthy members of their communities.

Honourable ministers, we are all privileged to be in key positions with regard to providing health services and making these key assets universally available. You have come together this week to foster global solidarity for health. The state of global health has a profound impact on all nations. No national asset has greater value than a healthy, educated population. Few other investments yield higher rates of return than investment in health and education for all. And such policies will help lead countries where poverty and ill-health is endemic out of the vicious circle and into a virtuous one. We know that prosperity can bring better health. But we also now know that a healthy population is fundamental to economic growth. You have the demanding task of providing the best possible health to the people of your nation. The primary responsibility rests with national governments. Unless you deliver a workable health system, there is little the international community can do. But you need the support of the entire cabinet, not least the ministers of finance, in your own country to deliver. You need to build a case for domestic investment in health as priority expenditure. And all your efforts

must be shielded and supported by prime ministers and presidents around the world who must ensure adequate health budgets for their citizens as a priority of the first order.

In a globalized world, disease pathogens, toxic substances and bad habits travel without passports and without visas at an unprecedented speed and scale. HIV/AIDS, drug-resistant tuberculosis and new epidemics are a threat to us all. Therefore, the health of our people depends profoundly on what happens in the rest of the world. This is why national and global health security has taken on a new meaning. Global health security is only as strong as its weakest link. Critical capacity in each country is essential. The response must be a shared commitment to act together.

Global health and global health security today pose challenges that go way beyond the health sector. My foreign minister has engaged in global health from a foreign policy perspective. In March this year, a group of foreign ministers from around the world met in Oslo. They agreed that health is a pressing foreign policy issue of our time because health risks can threaten societies; health concerns are key elements of many trade arrangements; protecting health in crises leads to swifter recovery; and health can be a bridge to peace and reconciliation. The foreign ministers will now invite others to join them, in order to take the issue forward.

There can be no health security without skilled health workers on the ground. We can all do more to better use our own workforce. But we also need to collaborate in order to stem the flow of skilled workers from poorer to richer countries. My Government is committed to tackling this challenge in a global framework.

WHO is a key member of the United Nations family. In a globalized world we need multilateralism and a strong United Nations to address global challenges in an efficient and coordinated way. We need a United Nations that delivers on the Millennium Development Goals, that responds effectively to our needs, and that delivers as one and achieves results, documented by independent assessment.

Together with Prime Minister Diogo of Mozambique and Prime Minister Aziz of Pakistan, I had the honour to chair the High-level Panel on United Nations System-wide Coherence. To make the United Nations more efficient we recommended establishing “One UN” in each country: one leader, one programme, one budget framework and one office where feasible.

One reason for inefficiency is mission creep in many United Nations organizations. For example, more than 16 different United Nations organizations are involved in water and sanitation. This is not efficient. Roles and responsibilities have become blurred at the expense of core functions. We are very pleased that the WHO’s new Director-General, Dr Margaret Chan, is prepared to follow through on the recommendations of the High-level Panel. She has committed WHO to focusing on its core functions. Also for that reason, Dr Chan is truly an outstanding leader!

Every three seconds a child dies, and every minute a pregnant woman dies, in our globalized world; altogether over 10 million deaths every year. This is unacceptable. It is a moral imperative that we take corrective action as prescribed for us in the Millennium Development Goals. And the time is right: we are at the halfway point between 2000 and 2015; countries, with the support of the United Nations, have developed plans for reaching the goals on child and maternal health; and we have a new Partnership for Maternal, Newborn and Child Health. It is a big challenge, but we are seeing progress in many areas.

Vaccination is important. Norway has supported the Global Alliance for Vaccines and Immunization – GAVI – since its inception in 2000. Over 150 million children have received new or established vaccines with GAVI support. According to UNICEF and WHO, this has saved 2.3 million lives already. GAVI results have provided a platform for generating more funds. New financial mechanisms such as the International Finance Facility for Immunisation and Advance Market Commitments for vaccines have been established. The resources for GAVI have tripled.

The Norwegian Government is establishing partnerships with several large countries to facilitate their own plans to reach Millennium Development Goals 4 and 5. One example is our cooperation with India. The Indian Government, under Prime Minister Singh, introduced a maternal benefits scheme two years ago. The number of mothers giving birth in a health facility has more than doubled. This will be announced also by the Honourable Minister of Health of India. His Government is now building on this success by taking bold steps to extend this scheme to newborns. We are proud to be part of this effort of India.

What we need to do is to develop a plan for scaling up the most cost-effective interventions that will save a great many lives at low cost. Since all resources are scarce, they must be managed prudently to yield the greatest effect. We must manage and measure our efforts, according to the best practices that we see today, and improve them further together. That is why, for some time now, we have worked with a number of partners to develop a “global business plan”, to accelerate the progress towards Goals 4 and 5. Today I am pleased to announce that a draft concept for such a global plan will be made available to you shortly for your consideration. My hope is to be able to launch the plan in New York in September. My hope is further that the plan will help us mobilize additional resources that will help us successfully achieve the goals on child mortality and maternal health.

This plan will underscore why we need to do more to fight for maternal and child health and how we should better organize ourselves to meet these goals, and it will outline what more is needed to attain Goals 4 and 5. The plan may provide political impetus at the highest level to facilitate country-led action. I am very pleased that President Yudhoyono of Indonesia, President Kikwete of Tanzania, and President Guebuza of Mozambique, Chancellor Gordon Brown of the United Kingdom of Great Britain and Northern Ireland, Bill and Melinda Gates and Graça Machel have so far agreed to join this effort as members of a network of global leaders.

The global health arena is becoming crowded with a multitude of initiatives. Therefore, in this effort we are proposing to focus on strengthening health services as measured by improvements in maternal and child mortality. Thus, we are proposing a results-based approach. This approach will allow us to consolidate the international health architecture. Ideally, the international community should provide unified support for a single plan, the country’s own health plan. The approach will strengthen coordination and reinforce the core functions of international agencies in line with the United Nations reform agenda. Moreover, a results-based strategy provides a good balance between flexibility and accountability: it allows flexibility of resources at the local level, where the needs are best understood, and it allows greater accountability by strengthening the reporting of outcomes. Based on the global business plan, we shall build strong advocacy and communication to facilitate government-led action, and mobilize additional financial resources for country support, research and innovation.

Honourable ministers, this effort must be led by you. Only if you deliver, can we deliver. To save a mother’s life, to save a child’s life, is a gift to the family, a gift to the nation, a gift to the sustainable future of our planet. Thank you very much for your attention.

*(Applause/Applaudissements)*

The PRESIDENT:

Prime Minister, on behalf of all of us here, let me say it is truly impressive: not only are you the Prime Minister of a significant country, not only have you done significant work previously on issues such as the Global Alliance, not only do you find time to co-chair the Secretary-General’s High-level Panel on UN System-wide Coherence, but, in addition to all that, you take up with such passion the things that are of significant concern to this body. I know that Millennium Development Goals 4 and 5, and particularly maternal and child health, engage every single person in this room. We look forward with great interest and enthusiasm to seeing the further effects of your work, and I would like to thank you on behalf of the Health Assembly for your words today. It is without doubt an enormous honour for this house to have heard you and your views, and we wish you every success. Thank you.

It is now my pleasure to welcome, on behalf of the Health Assembly, Ms Thoraya Ahmed Obaid, Executive Director of the United Nations Population Fund.

Ms Obaid has been the Executive Director of UNFPA since 2001. She has had a long and distinguished career at the United Nations with a focus on population development and the advancement of women. Ms Obaid is recognized globally for her leadership in championing gender equality and the empowerment of women, and for underscoring the central importance of universal access to reproductive health for improving the lives of women, men and families.

Ms OBAID (Executive Director, UNFPA):

Madam President, Honourable Prime Minister of Norway, Director-General, honourable ministers of health, excellencies, colleagues and friends from WHO, it gives me great pleasure and deep honour to address this historic Sixtieth World Health Assembly with its focus on international health security.

I would like first to congratulate Dr Margaret Chan on assuming the strategic responsibility as Director-General of the World Health Organization, and I would like to thank her for giving me the opportunity to address this honourable gathering. It is a pleasure to say that Dr Chan and I have quickly gone beyond just being colleagues to becoming friends, with the commitment to support each other in the complementary development agendas of our organizations and to work together to deliver as one in support of national development.

I would also like to pay a special tribute to His Excellency the Prime Minister of Norway, for his leadership and vision and special emphasis on Millennium Development Goals 4 and 5.

Although UNFPA works in areas of demographic analysis, censuses, data collection and gender issues, we rely on the normative and technical guidance of WHO on issues related to reproductive health and rights, and we support it operationally. We work together through joint programmes, an effort that both Dr Chan and I are committed to expand further.

It is only through partnership that we can improve international health security. In our globalized world, international health security depends on the health security of nations. It depends on the health of communities and families, and it depends on the health and well-being of individuals, including women and young people, who remain particularly vulnerable.

As the Constitution of the World Health Organization rightly states, health is a fundamental right of every human being. And yet today, good health is unevenly distributed. And new challenges and opportunities are presented by urbanization, international migration, ageing populations and the largest youth generation in human history. Here in Europe, and in other parts of the developed world, population growth is stagnant or declining. But population continues to grow rapidly in the poorest countries that are least able to meet growing needs. Now, more than ever, dealing with inequality – by achieving the Millennium Development Goals – is central to economic stability and health security.

UNFPA applauds the stated priorities of WHO, under the leadership of Dr Chan, to focus on the health of women, the health of the people of Africa, and strengthening health systems. These are essential to the achievement of the Millennium Development Goals. We look forward to strengthened collaboration to guarantee universal access to reproductive health by 2015, as set out at the 1994 International Conference on Population and Development and reaffirmed by world leaders at the 2005 World Summit, and as a new target under Millennium Development Goal 5 on maternal health.

We will not achieve the Millennium Development Goals, particularly those related to health and gender equality, unless greater attention is paid to sexual and reproductive health and reproductive rights. No nation can be developed when women are denied the right to health. And no nation can progress when large numbers of women die while giving life. Today, poor sexual and reproductive health is a leading cause of death and disability in the developing world. As a result, every minute, 10 people are newly infected with HIV and every year three million people die of AIDS. Every year, more than half a million women die during childbirth, with more than 95% of these deaths occurring in Africa and Asia. And yet we do not see a headline in any newspaper or a television news story announcing such tragedy that impacts on families and communities. There is nothing to indicate that this issue is worthy of our urgent attention. Their deaths pass as quietly as a silent tsunami, as the honourable Minister of Health of Afghanistan told me recently, when meeting in Kabul.

Over the past two decades, more than 10 million women have died from complications in pregnancy and childbirth, and some 300 million women have suffered complications or long-term disabilities, such as obstetric fistula. By any measure, this situation is deplorable when we consider the fact that most of these deaths and disabilities could be prevented if every woman had access to reproductive health care. We all know that to reduce maternal mortality, every woman needs skilled attendance at birth, emergency obstetric care and family planning. This preventable mortality and morbidity of poor women is a true violation of their right to life, to health, to well-being and to human



dignity. The nations that have scaled up these services are reaping the benefits, saving the lives of mothers and children and ensuring the well-being of the country itself.

Family planning alone could save the lives of 150 000 women each year. Spacing births by at least two years could save each year more than one million children under five. Family planning also prevents recourse to abortion. Today, too many women are dying from unsafe abortion, an estimated 186 women every single day. And we will not meet goals to reduce maternal mortality unless unsafe abortion is addressed. Let us work within the spirit and words of paragraph 8.25 of the Programme of Action agreed at the 1994 International Conference on Population and Development. In the agreement, you, the Member States, asserted that abortion should never be a form of family planning. You agreed that family planning services should be expanded to reduce unwanted pregnancy and thus reduce abortion. You also agreed that the decision on abortion is a national matter and, where it is not against the law, it should be safe. And you agreed that women who suffer complications from abortion should have ready access to life-saving treatment and care.

We must also do more to stop HIV and AIDS. Investing in sexual and reproductive health is strategic for curbing the HIV/AIDS pandemic. With over 75% of HIV cases due to sexual transmission, delivery and breastfeeding, it makes sense to link HIV/AIDS efforts with reproductive health. This benefits women and young people who bear a growing and disproportionate burden of the pandemic.

Health systems that deliver integrated services through primary health care at the community level for reproductive health, child health and the prevention and treatment of tuberculosis, malaria and HIV/AIDS are cost effective and have a greater impact. We need to look again at how we can integrate such services so that communities, especially women and young people, can have a “one stop shop” for all their basic health needs. Strengthened health systems should also deliver a steady and reliable supply of reproductive health commodities, including drugs for maternal health, contraceptives, HIV kits and condoms. With no cure in sight for AIDS, our first line of defence remains prevention. Together we must intensify HIV prevention, along with treatment, care and support.

The benefits of investing in reproductive health and rights are well documented and substantial, and you, as the experts, are most knowledgeable about them. The benefits also extend beyond the health sector. The WHO Commission on Macroeconomics and Health provided compelling evidence that better health for the world's poor is not only an important goal in its own right but can act as a major catalyst for economic development. Its report talked clearly about the burden of disease associated with reproductive health and its costs on women and the health system, as well as on the family, both nationally and globally.

The empowerment of women is vital to international health security. UNFPA welcomes the draft strategy on integrating gender analysis and actions into the work of WHO. And we look forward to our enhanced partnership in taking this important agenda forward. Health security also requires special attention to emergency situations and countries affected by conflict. In countries affected by crisis, child and maternal mortality rates are shamefully high and sexual violence is widespread; both taking away the sense of security and dignity that women try to preserve at times of crises.

Health security depends on strengthened health systems staffed with skilled health workers. And no one knows this better than you. In my travels I am impressed by the dedicated and hard-working health workers I meet. Too many toil in difficult conditions, faced with a crumbling health system and shortages of basic supplies. Others cross borders in search of better opportunities and improved quality of life. Nations need to work together to address the health personnel crisis, as His Excellency the Prime Minister has pointed out. Long-term solutions are required. But just as important are short-term solutions to save people's lives. We must explore and support innovative ideas, such as the use of alternate and community health workers to provide people with the health services they need. UNFPA is proud of its work with WHO to scale up midwives in communities to save the lives of women and newborns. To scale up health services, massive investment is required in the training of health personnel at all levels. Improvements are equally needed in their status, pay and working conditions. And health workers need incentives to stay in their countries and provide the health services that people so desperately need.

It is urgent that increased investment is achieved in reproductive health, as part of the overall efforts to strengthen health systems and ensure international health security. We know what needs to be done. We know what works. What we need is the political will and the sense of urgency to make greater investment in the health sector, so that reproductive health and rights become a reality.

Today, the Millennium Development Goals most closely related to reproductive health – to improve maternal health and prevent HIV infection – show the least progress. The need for increased resources and accelerated action is urgent. Although daunting challenges remain, I am encouraged by strong and growing commitment. I see this commitment when I visit national capitals and villages and United Nations country teams. And I see this commitment among world leaders at the World Summit pledging themselves to ensuring universal access to reproductive health by 2015 and asking that it be linked to the various relevant Millennium Development Goals, including that on poverty reduction. I see this commitment in the Political Declaration on HIV/AIDS adopted by the General Assembly. I see this commitment in the groundbreaking Maputo Plan of Action on Sexual and Reproductive Health adopted by African Health Ministers within the African Union context last year, to expand such health services across the African continent. And I see this commitment in the maternal and newborn health road maps that are paving the way for scaled-up efforts and further progress.

Yes, I am optimistic, but I am also realistic because I am aware of the highly politicized nature of the reproductive health and rights agenda. It is the agenda where human rights and culture seem to conflict. Yet, if we facilitate dialogue and understanding among communities and development actors, culture and its positive values can be facilitators for human rights, especially the right to health. Therefore, it is important to stress that if we are to make greater progress, we have to strengthen our alliances and support national efforts to move ahead. Building alliances means working together with every institution that provides services to communities – national institutions and nongovernmental, civil society, religious and faith-based organizations.

Together we must now ensure that reproductive health is fully integrated into development plans, sector policies and budgets, these very critical national processes. Our challenge is to deliver an essential package of reproductive health information, services and supplies.

At UNFPA, we are encouraged by the recent call to action by the Prime Minister of Tanzania for leaders to increase health spending to 15% of national budgets, as he spoke at the first Partner's Forum of the Partnership for Maternal, Newborn and Child Health. UNFPA is a committed and active member of the Partnership. And we welcome the global business plan put forward by His Excellency the Norwegian Prime Minister to accelerate action towards the achievement of Millennium Development Goals 4 and 5.

For UNFPA, maternal health is a top priority. As champions of reproductive health and rights, we are committed to saving women's lives. To be more effective, we are working with United Nations partners at the country level to deliver as one. To this end, Dr Chan and I are discussing how WHO and UNFPA can intensify our work, together with other partners in the United Nations system, to strengthen our coordination in countries and to provide one United Nations voice. The goal is to provide better United Nations support to countries to develop national capacity and scale up maternal, newborn and child health services at the community and country levels. The partnership will build on the comparative advantages of WHO and UNFPA and other United Nations partners in achieving Millennium Development Goals 4 and 5.

I always communicate to my colleagues that the best way to bring out the best in people is by being the best ourselves. UNFPA is committed to a more effective and cohesive United Nations system. There is no doubt that, as a United Nations country team, we need to support national priorities and build national capacity to achieve stronger results, and we need to depend on national human resources. And we need to engage civil society and the religious institutions that deliver much of the health and education services at the community level, to join us in being part of the solution, because working together brings greater results.

There are no stronger champions of women's health than women themselves. Young people, too, know what they need. And people living with HIV and AIDS help build an effective response to the AIDS pandemic. We need to engage them in the efforts to serve and to empower them to claim their rights to quality health care for themselves and their families. But there is also another strong champion for women and their health – that is, the men in their lives, whether they are fathers,

brothers, husbands, partners, teachers, doctors, leaders of churches, mosques and temples, and most of all you, Ministers of Health, and many of you are men; men need to feel morally compelled to be engaged and supportive because they are also part of the solution.

You are well placed to advocate for greater investments in health and well-being. If we join forces, results will be concrete and clearly measured: in the lives of the mothers, newborns and children you save; the young people who are able to prevent HIV infection; the girls who escape child marriage and female genital mutilation; the couples who can plan their families; and the women who receive treatment and justice for violence inflicted upon them.

Together, and as individuals, we share the power, responsibilities and possibilities to make the world a better home for people living with dignity, so they can claim their rights, especially their rights to life, health, education, and safety. I thank you.

*(Applause/Applaudissements)*

The PRESIDENT:

Thank you, Ms Obaid. Can I say, on behalf of Dr Chan and myself, that I am sure the female ministers in this room will be working with our male colleagues to ensure that your vision is delivered, but can I ask you to reinforce the message that we also believe that cooperative working relations between WHO and UNFPA are fundamental to success. Thank you. This concludes item 4 of the agenda.

**5. ADDRESS BY THE DIRECTOR-GENERAL (resumed)**  
**ALLOCUTION DU DIRECTEUR GÉNÉRAL (reprise)**

The PRESIDENT :

Let us now resume our consideration of item 3 of the agenda. I give the floor to the honourable delegate of Zimbabwe.

Dr PARIRENYATWA (Zimbabwe):

Madam President, I wish to join the speakers that have spoken before me in congratulating you on being elected to steer the Sixtieth World Health Assembly. And I would like to add that Australia and Zimbabwe have a special relationship at cricket. I would also like to say to Dr Chan that my delegation listened to your speech and heartily appreciated it. I am delighted that we have selected international health security as the theme for this particular session.

Zimbabwe is part of the South African Development Community, a large community of the 14 countries in southern Africa. But diseases know no borders and, as such, communicable diseases are a threat to international health security. Tuberculosis, malaria, HIV and AIDS, and cholera immediately come to mind for attention. For Zimbabwe, the adoption and implementation of the DOTs strategy in the control of tuberculosis has enabled us to keep cases of multidrug-resistant tuberculosis at a negligible level and hence make the development of extensively drug-resistant tuberculosis virtually a rarity. For malaria, the continued use of DDT and pyrethroids in indoor residual spraying in a mosaic fashion, and the scaling up of use of insecticide-treated nets, has resulted in Zimbabwe recording a 40% decline in cases of malaria from 3 million to 1.8 million by 2006. The number of malaria deaths has also decreased by 50%. We have achieved this partly through regional campaigns against malaria and also through cross-border collaboration with our South African Development Community neighbours. For HIV and AIDS, Zimbabwe is greatly encouraged by the steadily declining prevalence rates, and we attribute this to continued advocacy to minimize exposure to sexually transmitted and HIV infection. In Zimbabwe, we have three main strategies to fight HIV and AIDS. Our first strategy is prevention, our second strategy is prevention, and our third strategy is

prevention. We then go on to mitigation, treatment and care. We have, therefore, registered a steady decline in our prevalence rate. We are also looking at cross-border proposals to the Global Fund to Fight Aids, Tuberculosis and Malaria so that we can initiate regional bulk purchases of antiretroviral drugs.

Zimbabwe would strictly adhere to the prescribed International Health Regulations (2005) for travellers. We have well-trained port health authorities who are alert to, and monitor, zoonotic diseases such as avian influenza. At the same time, suspicious diarrhoea cases, among other conditions, are screened.

We appreciate the GAVI Alliance initiative that has seen vaccine-preventable diseases kept in check. No wild poliovirus has been reported in Zimbabwe since August 1989. Our measles vaccine coverage has been averaging 89% and we are therefore encouraged by the assistance of international partners in this regard.

As a member of the South African Development Community and of the African Region, which are represented at this Health Assembly by South Africa and Ethiopia, respectively, Zimbabwe would not have taken the floor; however I have come here today with a special message.

I am appealing to the international community not to shun Zimbabwe in terms of health needs as this would make Zimbabwe more vulnerable to international health insecurity. Zimbabwe is, however, most grateful for the principled professional work and cooperation the country continues to enjoy with WHO and other specialized United Nations agencies. But my special message is that some very powerful countries have imposed economic and other forms of sanctions against our country. The knock-on effects that these measures are having on the health of the people of Zimbabwe cannot be over-emphasized. I am appealing to our fraternity here, and especially to the Health Assembly, that you must appreciate the effects of these sanctions against our country, because the final consequence is that poor health in Zimbabwe can quickly become a big threat to international health security. We as a country do not desire such an outcome. Sanctions in Zimbabwe are not targeted; they are affecting the ordinary Zimbabwean people.

If I may demonstrate what I have just said in figures: today, international health support to Zimbabwe is averaging US\$ 10 per capita as compared to an average of US\$ 200 per capita donor support to comparable countries in our region! Clearly this health punishment of the people of Zimbabwe is undeserved and, for the reasons given above, unacceptable ethically, and it causes health insecurity. We urge this Health Assembly to support our call for the urgent and unconditional lifting of these illegal economic sanctions, as they are a threat to international health security in Zimbabwe. I thank you.

Dr MAOATE (Cook Islands):

Madam President, Director-General, honourable ministers, distinguished delegates, ladies and gentlemen, I am humbled and privileged to speak to you all today on behalf of the 17 Pacific island countries and territories at this Sixtieth World Health Assembly. I hope this green light remains, because if it goes red I am afraid I might crash on behalf of the 17 Pacific islands. We extend to you all a warm and hearty greeting from the Pacific. Madam President, first and foremost, please allow me to congratulate you on your appointment. We all wish to express our unwavering support and confidence in your leadership, which will guide this Health Assembly through constructive deliberations and to fruitful conclusions. The Pacific island countries and territories form a region of great diversity. However, we all face a number of common challenges. I will briefly touch on some of the issues that are affecting us, and some possible solutions, in addition to the contributions that are already in place. I would also like all of us to consider how poverty and economic growth impact on the issues I am about to deliberate on.

Noncommunicable diseases have reached epidemic proportions in some of our Pacific island countries and territories and continue to be a major public health challenge. We are aware of the causes of noncommunicable diseases, which include unhealthy eating habits and lack of exercise. But changing these unhealthy practices among our populations is difficult. Our people are looking for leadership in this area, and I want to draw our attention to overweight and obese health workers. I am including in this list, which is by no means exhaustive, the nurses, doctors, health management staff,

health ministers, perhaps WHO staff and executives of our governing body, the Health Assembly. We should all be health models for the world. We must also take precedence in employing a healthy workforce and providing assistance to those who need help in this area.

Although the number of HIV and AIDS cases is small in the Pacific, in comparison with those in Africa and other parts of the world, we are fully aware of the devastating effect of HIV/AIDS, and we are indebted to our neighbouring Pacific island countries and territories who are experiencing this devastation by HIV/AIDS, yet openly informing us of what is happening and the difficulties they are facing.

Vector-borne diseases such as malaria and dengue fever continue to have a significant health and economic impact in our countries. We are all aware of the potentially serious consequences of these infections. Having outbreaks affects our tourism industry, which is a major component of our revenue. More recently, my own country, the Cook Islands, experienced an epidemic of types 1 and 2 dengue fever. This has been difficult to control with standard public health measures, including the population's resistance to insecticide spraying. The Pacific island countries and territories are grateful for, and look forward to, ongoing technical assistance provided by WHO.

We have been advised that an avian influenza pandemic is unavoidable. All our Pacific island countries and territories today have an emergency pandemic-response plan, and some have already stockpiled necessary supplies in view of the threat by the pandemic. This is an expensive exercise. However, each country must continue to allocate resources for its sustainability. We are all concerned about the spread of avian influenza, and we must be ready to respond to any threat. I would like to thank WHO for the International Health Regulations (2005); this is a powerful tool in controlling the spread of this infectious disease.

Our natural beauty in the Pacific does not provide us with immunity to the ravages of natural disasters and the potential effects of rising sea levels. We have experienced the devastating effect of earthquakes and tsunamis in Papua New Guinea and the Solomon Islands, and of the cyclones in some of our countries, including Fiji and Tonga, which places a large burden on a country's economy and hence its ability to deliver essential health services.

I quote Mr Kofi Annan, the former Secretary-General of the United Nations, in his message to the Fifth Asian and Pacific Population Conference in December 2002. Health, including reproductive health, is fundamental to poverty reduction and development. The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not adequately addressed.

As we know, good mental health is vital to our well-being, and it allows us to think and learn and interact meaningfully with others; addressing the many facets of mental health is a complex issue for governments the world over. Research informs us that five of the 10 leading causes of disability globally are mental disorders, and significant among these is depression. Mental health programmes in some of our small Pacific island nations cover a wide scope of activities, including preventive support in clinical and rehabilitation services.

The pressure on alcohol consumption, cigarette smoking and drug abuse is ongoing in our small countries. We are proud of the achievement of the Pacific island countries and territories in ratifying the WHO Framework Convention on Tobacco Control. This is only the beginning, and we must continue to be committed so as not to lose sight of these important matters.

On regional partnerships, we are becoming acutely aware of the increasing need to share knowledge and resources in the Pacific region and, to that effect, we are contributing to the regional strategies and their implementation. Sharing our workforce in highly technical areas is becoming a more common practice, and movement of health workers in the Pacific region is also becoming more common. I do not feel that the brain drain is a major concern, as we look to turn this to our advantage. A significant number of our people from the Pacific are now highly skilled and in positions of influence in the Pacific region, overseas governments and organizations. They are increasingly becoming a resource which we can turn to and ask for assistance on specific issues within their areas of expertise. We cannot stop the migration of health workers, although we can improve on how we can retain them for as long as possible.

In conclusion, time is not on my side, but there are other issues that I want to mention but not to dwell on. These include health-care financing, traditional medicine, research, human resource

migration, training for health workers, and the Pacific open learning health network. Returning to the point I made at the beginning of my talk, and what I feel are the key issues that will be the main determinants for our future health outcomes, poverty in developing member countries is a major barrier in achieving basic necessities for our populations. There will continue to be poor health and education systems, exploitation and imbalance of trade, while the world's wealth remains with the developed countries. The reality is that WHO will not achieve its goals without the world's wealth being shared. After all, we share the damage to this beautiful planet. WHO needs to examine its policy objectives and goals for the future, and, through this, to convince the United Nations, the World Bank, IMF and other funding authorities to seriously help the Pacific developing Member States to achieve accelerated economic development and prosperity. Stop exploitation by developed countries, stop poverty and, again, share the wealth. Implementation will need to include education at all levels, and more funds for Pacific developing countries, especially in the form of soft loans. Free the developing Member States from the control of the world's wealth by developed countries. Ownership is part of this implementation, ownership and the sovereignty of each of these small island countries and territories, and there is a special, clear destination for them. There is a saying: teach the developing Member States to fish and not to be servants in their own countries.

Between the President of the Health Assembly and the Director-General, Dr Chan, two great women, poverty can be overcome in an accelerated form to achieve health for all. I heard Dr Chan mention this particular part in her speech. To me, it is time for change. We in the Pacific would also like to acknowledge Dr Omi; there is a role for his leadership in our region. The Pacific island countries and territories look forward to moving together in health, to shaping our world to reach a healthier level for generations to come and to enjoy. Thank you.

Mr AMORIM (Brazil):

Madam President, Madam Director-General, ministers, delegates, ladies and gentlemen, it is a pleasure for me to return to Geneva and to address the Health Assembly on behalf of the Brazilian Health Minister, José Gomes Temporão. For Brazil, the promotion of health is a state policy that cuts across different sectors, and my very presence here, in a way, shows that we are trying to implement what the Prime Minister of Norway said about the relationship between health and foreign policy. To be effective, domestic policy and external actions must complement each other. National interest measured in terms of the well-being of our people – especially those who are the least favoured – must be the central tenet of government policy. But national interest must be combined with active solidarity vis-à-vis the lot of other peoples. In a globalized world, in which global threats come mainly from poverty, alienation and social exclusion, solidarity is not only a moral duty, it is a display of enlightened self-interest. Since his first contact with the leaders of the world's richest countries in Davos and Evian, this has been President Lula's main message.

Health is at the core of Action Against Hunger and Poverty, launched by President Lula and other leaders in New York, in 2004. Health is the key to development and combating poverty. "Hunger and disease are twins", said President Lula at the United Nations General Assembly, in 2006. On that occasion, Brazil, Chile, France, Norway and the United Kingdom of Great Britain and Northern Ireland launched the International Drug Purchase Facility, UNITAID. This initiative is being established as an innovative funding mechanism to accelerate access to high-quality drugs and diagnosis for HIV/AIDS, malaria and tuberculosis.

South-South cooperation can play a central role in fighting infectious diseases. Brazil is presently cooperating with Guinea-Bissau and Mozambique, among others, to combat HIV/AIDS epidemics. We have provided antiretroviral medicine and have assisted in the prevention of mother-to-child transmission. We have also been involved in the training of medical personnel and installation of infrastructure for treatment. In Haiti, together with India and South Africa, our partners in the India-Brazil-South Africa Dialogue Forum, we have been developing a programme of management of solid waste. This project won a United Nations award as the best South-South cooperation initiative in 2006.

Brazil wants to explore possibilities of cooperation with international organizations, such as WHO. We also want to expand trilateral cooperation with developed countries for the benefit of

poorer nations. Together with Canada, we are supporting Haiti's vaccination programme against hepatitis B.

Brazil has been scrupulously enforcing its intellectual property commitments. But rules governing intellectual property, especially when they relate to public health, must respond to the public interest. The TRIPS agreement itself recognizes this fact. Furthermore, the Doha Declaration on the TRIPS Agreement and Public Health states that the TRIPS agreement "does not and should not prevent Members from taking measures to protect public health".

On 4 May 2007, President Lula determined the compulsory licensing of patents related to an antiretroviral medicine used by the national sexually transmitted diseases/AIDS programme. This programme, which is mandatory by law, ensures free-of-cost, universal treatment to Brazilians infected with HIV/AIDS. It is internationally recognized as an example of successful public policy. Apart from being entirely consistent with international rules on intellectual property, the measure adopted by the Brazilian Government has been taken in full transparency and respect with regard to the patent holder. This time, not even those who are normally critics of any form of government intervention in socioeconomic affairs were able to deny that the measure taken by Brazil was unassailable on either moral or legal grounds. Some of them, however, expressed concern about its negative impact on investment. But here one is led to ask: what kind of investment? Not in manufacturing of the medicaments; much less in research and development leading to new technological advances, since, as we all know, such activities are reserved for the headquarters of the big pharmaceutical companies or, at most, for their affiliates in other developed countries. In any case, no consideration of an economic nature can stand in the way of actions deemed to save tens of thousands of human lives.

As President Lula has said, commercial reasons of any sort, including profits, cannot have precedence over the health of the Brazilian people or, for that matter, the health of any people. Whatever expertise and technology we are able to develop in this process, we will be glad to share with other countries, especially the poor nations in Africa, Asia and Latin America.

WHO is currently involved in the examination of issues related to intellectual property from the perspective of public health. We are confident that the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property will build upon flexibilities enjoyed by developing countries in order to find new and innovative ways to deal with the issue of better, freer access to health care for those who need it most.

It has often been said that hunger does not result from lack of food, but from lack of income. Likewise, disease is often caused not by the absence of medicines, but by the absence of adequate means to have access to them. This, along with the promotion of research and development in developing countries, is the biggest challenge faced by this Organization. Thank you.

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

## **FOURTH PLENARY MEETING**

**Wednesday, 16 May 2007, at 14:40**

**President:** Ms J. HALTON (Australia)

**later:** Dr T. ADHANOM (Ethiopia)

**later:** Ms J. HALTON (Australia)

## **QUATRIEME SEANCE PLENIERE**

**Mercredi 16 mai 2007, 14h40**

**Président:** Mme J. HALTON (Australie)

**puis:** Dr T. ADHANOM (Ethiopie)

**puis:** Mme J. HALTON (Australie)

**ADDRESS BY THE DIRECTOR-GENERAL** (continued)

**ALLOCUTION DU DIRECTEUR GENERAL** (suite)

The PRESIDENT:

The meeting is called to order. I hope everybody had a pleasant lunch, and that everyone reflected on the very interesting speeches we heard this morning.

We will now resume our consideration of item 3 of the agenda, and we will continue with our list of speakers. I will ask Israel to speak first, to be followed by South Africa.

M. BEN YIZRI (Israël) :

Madame le Président, Madame le Directeur général, chers collègues, Mesdames et Messieurs, permettez-moi tout d'abord de féliciter le nouveau Directeur général de l'Organisation mondiale de la Santé, le Dr Chan, pour sa nomination à ce poste important. J'ai eu le privilège d'être l'un des premiers ministres de la santé à rencontrer le Dr Chan en sa qualité de Directeur général et j'ai été très impressionné par sa sensibilité, son professionnalisme et sa manière d'aborder les différents sujets qui nous préoccupent, et je lui souhaite naturellement beaucoup de succès dans l'exercice de ses fonctions.

Le Ministère israélien de la Santé a tout de suite pris au sérieux et adopté la déclaration de l'Assemblée mondiale de la Santé et la Journée mondiale de la Santé consacrées aux mesures de sécurité nécessaires pour la lutte préventive contre la grippe aviaire et les autres épidémies, naturellement. Je souhaite vous rendre compte des différentes dispositions que nous avons prises en Israël contre ces éventuelles situations. Les préparatifs que nous avons réalisés sont considérables et concernent non seulement l'organisation et l'équipement des hôpitaux, mais également l'information du public, la formation d'équipes sanitaires, la collaboration entre les hôpitaux locaux et ceux des pays voisins, tout ceci sans pour autant renoncer aux soins habituels consacrés aux maladies telles que le sida ou la tuberculose. Nous accordons toujours une attention plus grande à certaines couches de la population, en particulier aux immigrants et aux travailleurs étrangers. Dans tous ces domaines, nous venons également en aide aux pays voisins. En ce qui concerne les maladies contagieuses, nous



maintenons avec nos voisins ainsi qu'avec les représentants de l'Autorité palestinienne un dialogue continu en vertu du principe que les germes et les maladies ne s'arrêtent pas aux frontières.

Depuis ma dernière visite à Genève, Israël a traversé une année très difficile. L'été dernier, une guerre a eu lieu dans le nord d'Israël, déclenchée par le Hezbollah, alors qu'aucun de nos soldats ne se trouvait sur le territoire libanais. Cette guerre a été d'autant plus cruelle qu'elle a été dirigée contre des citoyens innocents. Sans entrer dans des considérations d'ordre politique, je souhaite tout de même rendre hommage à l'efficacité du système médical et hospitalier israélien déployé pendant le conflit, loué par tous les observateurs de cette guerre, puisque tous les membres du corps médical ont sans hésitation affronté les dangers pour sauver des vies humaines. Ainsi, les hôpitaux ont fonctionné de façon extraordinaire bien que plusieurs d'entre eux aient été eux-mêmes la cible des bombardements. La Croix-Rouge, quant à elle, a aussi rendu justice au système médical israélien durant la guerre, et je me sens fier d'être à la tête d'une organisation qui a su faire ses preuves dans une situation que je ne souhaite à personne d'entre vous.

Mais nous sommes également concernés par d'autres sujets. Comme probablement la plupart d'entre vous, nous devons faire face aux problèmes quotidiens, puisque, malgré les difficultés socio-économiques que nous traversons tous, il est de notre devoir de continuer à offrir à nos citoyens les meilleurs services et secours médicaux, et je suis heureux de pouvoir affirmer que nous réussissons. Nous avons par ailleurs été confrontés à un problème particulièrement difficile lorsque nous avons trouvé en Israël des cas de microbes résistant aux antibiotiques. Nous nous sommes immédiatement attelés à la solution de ce problème pour supprimer tout phénomène de germes réfractaires dans les hôpitaux. Nous serions heureux, dans ce domaine aussi, de partager nos connaissances avec vous.

Malgré ces succès, je souhaite revenir sur un événement dont il faut évoquer les conséquences néfastes. L'année dernière, en Israël, nous avons vu le nombre de vaccinations réalisées contre la grippe diminuer dans une proportion considérable à la suite des rumeurs répandues par les médias selon lesquelles le vaccin ne serait pas suffisamment fiable et conduirait à des décès parmi les personnes âgées. Naturellement, nous avons tenté de démentir ces rumeurs, mais le public avait déjà perdu toute sa confiance dans ce vaccin. Je désire vivement attirer votre attention sur toute situation analogue qui pourrait se produire à l'avenir, où le public refuse de suivre une directive d'un quelconque ministère de la santé à cause de malentendus et de bruits infondés qui seraient propagés à travers la presse et par des personnes irresponsables ou anonymes. Permettez-moi encore, chers collègues, de vous exposer un certain nombre de réformes importantes que nous adoptons aujourd'hui en Israël. Dans le domaine de la santé psychique, Israël est en train de mettre en place une réforme qui vise à étendre et approfondir les services communautaires tout en diminuant les services hospitaliers. Notre programme a été approuvé par toutes les parties intéressées et je serais heureux aussi de partager ces connaissances et expériences. C'est d'ailleurs un sujet assez délicat que l'on doit tout le temps contenir.

En ce qui concerne nos rapports avec l'Autorité palestinienne, je peux affirmer devant cette honorable Assemblée qu'Israël persévère dans son attitude humanitaire vis-à-vis de la population palestinienne malgré l'hostilité et la poursuite d'activités terroristes des différentes factions. Israël continue de recevoir dans ses hôpitaux les malades palestiniens : l'année dernière, nous avons traité plus de 80 000 Palestiniens dans des hôpitaux israéliens. Nous continuons de mettre à leur disposition nos ambulances et nous continuons les cours pour la formation médicale et la formation des infirmiers/infirmières. Nous facilitons également le passage de l'aide et des dons de médicaments et d'équipement médical en provenance de pays étrangers. Nous sommes parvenus à nous entendre sur la nécessité de coopérer en ce qui concerne les maladies infectieuses qui ne connaissent pas de frontières, et nous nous consultons sur le plan professionnel au sujet des maladies qui risquent de mettre en danger la santé publique.

Le monde entier doit faire face à ces grands défis et à des menaces qui sont loin d'être simples, dans le domaine de la santé. La seule méthode pour lutter contre ces dangers est l'union et la collaboration entre les organisations sanitaires des différents pays et l'échange d'informations et d'expériences. Le monde est non plus une multitude d'Etats séparés, mais plutôt un grand village mondial dont tous les habitants ont le droit de recevoir les meilleurs soins, les plus professionnels et de la façon la plus humaine. Je vous remercie de votre attention.

The PRESIDENT:

I thank the honourable delegate of Israel. I now give the floor to the honourable delegate of South Africa who will speak on behalf of the Southern African Development Community.

Mr RADEBE (South Africa):

President of the Sixtieth World Health Assembly, members of the Bureau, Director-General of the World Health Organization, Dr Margaret Chan, honourable ministers and heads of delegations, distinguished representatives of accredited organizations, ladies and gentlemen. First, let me extend our sincere congratulations to you, Madam President, and the distinguished members of the Bureau, on your election to preside over and steer the proceedings of this year's Health Assembly. I take the floor on behalf of the 14 Member States of the Southern African Development Community and, on their behalf, congratulate Dr Margaret Chan on her recent appointment as Director-General, and pledge our support to her efforts to better the lives of millions of people around the world, and in particular, on the African Continent.

The Southern African Development Community wishes to align itself with the sentiments expressed by the African Union, and subscribes to the spirit and intent of the Africa Health Strategy as encapsulated in its Declaration. We are gratified that WHO, through Dr Chan, the Director-General, in her address this morning, endorsed this strategy and has encouraged us to pursue it vigorously.

The Southern African Development Community has identified health as one of the important and priority areas in its regional cooperation and integration agenda. The ultimate goals of the Community are poverty eradication, improvement of the standard and quality of life of the people of the region, and accelerated and sustained economic development, as well as increased integration among Member States.

Added to the triple burden of HIV/AIDS, malaria and tuberculosis, the region continues to battle with high morbidity and mortality from preventable childhood diseases, diseases of poverty, as well as limited access to health-care services. The increasing number of orphans, primarily as a consequence of mortality due to AIDS, continues to challenge the Southern African Development Community Member States. The protection of these children, as well as assuring respect for their rights, cannot be overemphasized. We urge WHO, in collaboration with the United Nations agencies and other development partners, to continue to focus the world's attention on the need for support programmes targeting these orphans.

We fully support the decision of the Director-General to dedicate *The world health report 2008* to primary health care as it is the thirtieth anniversary of the adoption of the Alma-Ata Declaration, which put the primary health-care approach at the centre of the delivery of health-care services. Therefore, Dr Chan, we strongly support your call for a return to integrated primary health care as an approach to strengthening health systems. As we celebrate the thirtieth anniversary of the Alma-Ata Declaration next year, we should earnestly and truthfully do an introspective assessment of what we have done and achieved in the past 30 years.

As a region, we recommend that *The world health report 2008* should focus on lessons learnt and best practices over the past 30 years. The work of WHO's Commission on Social Determinants of Health and the poverty reduction strategies must also offer us lessons.

We must commend WHO for recent initiatives to address the rational use of medicines, and, in particular, that of paediatric medicines. We believe access to affordable and safe medicines that address the needs of developing countries requires a well-planned and comprehensive approach. In this regard, we also appreciate the work being done by the Commission on Intellectual Property Rights, Innovation and Public Health and the Intergovernmental Working Group.

The Southern African Development Community has developed a strategic plan for the control of tuberculosis. Because of increasing tuberculosis case loads, the region has declared tuberculosis an emergency. In collaboration with WHO/AFRO, the Community's Technical Committee on Tuberculosis has developed a four-year emergency response plan to address these critical issues.

We are also deeply concerned about the impact of, and challenges that are presented by, the emerging threat of extensively drug-resistant tuberculosis and welcome the initiatives by WHO in this

respect. The crisis of weak health systems for robust programme support has precipitated the current situation of resistance to first-line tuberculosis drugs. The region has coordinated a review and finalization of the Southern African Development Community's emergency plan which takes into consideration the challenges posed by extensively drug-resistant tuberculosis and would welcome further assistance from WHO in strengthening the capacity of Member States to manage extensively drug-resistant tuberculosis. We also urge WHO to continue the dialogue with the pharmaceutical industries to work towards the reduced cost of second-line treatment drugs. In addition, we need WHO to focus the attention of the world, especially the research community and the pharmaceutical and technology industries, on the urgent need to develop, as rapidly as possible, appropriate and affordable drugs and technologies for tuberculosis control.

Malaria continues to be the second leading cause of morbidity and mortality and a major impediment to socioeconomic development in our region. Member States in the Southern African Development Community have therefore adopted national malaria control programmes that implement evidence-based strategies to facilitate the delivery of malaria control interventions. In keeping with the Community's strategic plan to strengthen the efforts of Member States in scaling up cost-effective, equitable, evidence-based and universally accepted malaria interventions through a unified response, Member States have adopted the use of indoor residual spraying with DDT as a primary preventive strategy to address malaria. We have also continued to revise our antimalarial drug policies towards the use of artemisinin-based combination therapy.

In line with the Maseru declaration on HIV and AIDS, regional guidelines, tools and frameworks were developed and are being implemented to address the challenges being created by the HIV/AIDS pandemic. The Southern African Development Community has also prioritized prevention as a key intervention in the management of the spread of the disease.

Despite our best efforts to date, the reality is that close to 50% of the population in the region lack regular access to essential medicines. To address this situation, we have developed a Business Plan for the SADC Pharmaceutical Programme, which will be launched this year. This Business Plan, among other things, identifies priority activities to improve the selection of medicines and the promotion of their safe and rational use, and increased access to safe, affordable, and efficacious essential medicines, including traditional medicines and medical devices.

An increasingly worrisome and growing problem in the region is injury and trauma, both as a result of violence, including gender-based violence, and of road traffic accidents; these are beginning to account for a significant proportion of human suffering, morbidity and mortality. We would appreciate WHO's assistance in this regard, particularly for rehabilitation services, which for most countries in the region are rudimentary.

Millions of households in the region continue to face considerable challenges of household food insecurity, while at the same time obesity, particularly in children, is beginning to be a serious public health concern. We therefore urge that universal access to healthy nutrition for all our people, and especially for the most vulnerable, remains a priority of the deliberations during this Health Assembly.

The Health Assembly, some seven years ago, focused the world's attention on the need actively to develop and strengthen our national health systems. In the Southern African Development Community, we are making efforts to implement health systems changes that: (a) enhance service quality, (b) improve system responsiveness to the evolving health needs of our people, and (c) sharpen overall performance so that health outcomes can be achieved. We are pleased, therefore, that our previous endeavours in past Health Assemblies have borne fruit, as reflected in *The world health report 2006: Working together for health*, which focused on the most important ingredient of national health systems, namely, our human resources. It highlighted important insights and provided many relevant strategies that need to be implemented at country level as well as at international level.

The Southern African Development Community has developed policy guidelines on recruitment and retention of health professionals in the region, and has also developed a Human Resources Strategic Plan 2006–2019. The Community has urged Member States to put in place measures to improve the working environment and conditions of service in order to attract, recruit and retain health professionals. To achieve this we are working with relevant international agencies such as ILO, the International Organization for Migration and WHO, with particular reference to addressing the issue of common definition and approach to the phenomenon of brain drain. It is therefore our plea that this

Health Assembly should take bold decisions on the mitigation of the impact of international migration of health personnel.

The Southern African Development Community has taken note, and is deeply appreciative, of the Director-General's six-point plan. Issues of equity and access to the health services and integration of services have long been recognized as being core to health status gains on the African continent. In this regard, we pledge our support to Dr Chan and WHO in all their endeavours to develop strategies to achieve these priorities.

Finally, the Southern African Development Community Member States look forward to fruitful debates during this Sixtieth World Health Assembly. There is need for the United Nations system to become even more responsive to new global dynamics and challenges. Similarly, WHO, as the lead agency on global health, must be ready to play an increasingly proactive and effective role in the global health arena. We expect that this Sixtieth World Health Assembly will result in productive discussions on the draft Medium-term strategic plan 2008–2013 and the biennial programme budget. We also hope that the programme of work will provide an adequate framework for WHO to accomplish timeously its important mandates in the coming years. I thank you.

Dr SINGAY (Bhutan):

I have the honour to convey, to this august gathering, warm greetings from the people and the Government of the Kingdom of Bhutan. I would like to congratulate you, Madam President, and the others who have been elected as the office bearers of the Sixtieth World Health Assembly.

I wish to express my delegation's warmest congratulations to Dr Margaret Chan for assuming the post of Director-General of the World Health Organization and for her very inspiring address. I wish to assure her of my Government's full support in her quest to fulfil our common vision for global health.

Four decades ago, the world pledged to achieve health for all by the year 2000, through an innovative approach known as primary health care. This resulted in improved access to health in many parts of the world. Life expectancies increased and fewer mothers and children died. Millions of dollars were saved with the focus on prevention and health promotion. Access to vaccines, essential drugs and new technologies played a crucial role. Despite all this, achieving health for all still remains a utopia even at the turn of the twenty-first century. Many challenges remain and newer ones are surfacing. Inequities and inequalities still persist. Many determinants affect health outcomes. In this regard, we attach great importance to the work of the Commission on the Social Determinants of Health initiated by our late friend, Dr Lee.

In my humble view, Bhutan's holistic development philosophy of gross national happiness, particularly given the situation today wherein health is traded as a material commodity, matches the Commission's work; hence, a closer examination of health as a means to achieving happiness and overall well-being may be worth contemplating.

Another challenge that we have is achieving the Millennium Development Goals. As we are halfway through to 2015 from the time the Goals were set, it is time to revisit proven approaches for health development and look for new ones. One of the proven approaches is the primary health care that I alluded to earlier. We note with keen interest that our Director-General, Dr Margaret Chan, has expressed the promotion of primary health care as a strategy to support strengthening the health system. We look forward to concrete plans and investments to take this forward. In this regard, we note with appreciation the initiative that the Regional Office for South-East Asia is taking to promote a renewed effort in community health worker development. Indeed, we know from experience that community health workers are the cornerstone of primary health care. Therefore, a refocus on their development in the changing context of their role is a great step in providing access to essential care.

From 15 June 2007, which is just around the corner, we will be bound by the International Health Regulations (2005) – an instrument for coexistence in this global village. This year's World Health Day theme, international health security, has been very fitting to create an environment of heightened awareness. Epidemic-prone diseases, both emerging as well as re-emerging, pose a major risk to national, regional and global health security. The threat of avian influenza and pandemic influenza is looming large. Bhutan appreciates the support of WHO and the World Bank in helping

with the preparedness plans. While committing fully to the implementation of the International Health Regulations (2005), we urge WHO to provide the necessary support to strengthen further core capacities for implementation and building the system required.

The South-East Asia Region, of which Bhutan is a member, bears a disproportionate burden not only of natural calamities and disasters, but also of the three major diseases, namely, HIV/AIDS, tuberculosis and malaria. We are happy to see that the Health Assembly is considering resolutions on tuberculosis and malaria. Though the funding for tackling these diseases has substantially increased through the Global Fund to Fight AIDS, Tuberculosis and Malaria, for which we are thankful, appropriate policies and functioning health systems need to be built to sustain the fight against these diseases.

Maternal and child mortality, in particular maternal mortality, are still unacceptably high in this region, and we would like to request the Director-General kindly to consider additional resources to curb this mortality. We would like to thank the GAVI Alliance for not only supporting the immunization programme, but also enabling the countries to introduce new vaccines and ensuring sustenance through strengthening the health systems.

Before concluding, I would like to flag the point I made at the last Health Assembly concerning the unfinished agenda of sustaining the elimination of iodine deficiency disorders and resolution WHA58.24, which planned to reach one third of the world's population, mostly the poorest and economically disadvantaged groups. We request urgent dialogue and action to address this issue. Bhutan appreciates and supports the efforts of WHO to prevent blindness and fully recognizes the need to endorse the resolution.

Finally, you can be assured of my delegation's full cooperation as you lead and guide our deliberations to attempt to bring good health and happiness.

Ms LARSSON (Sweden):

Madam President, distinguished delegates, it is my great honour to take the floor for the first time at the Health Assembly.

I welcome the adoption of the Medium-term strategic plan 2008–2013 and we support the statement made by Germany on behalf of the European Union.

The fine job by WHO is a result of the reform agenda that Dr Lee initiated. It has been completed under the competent leadership of Dr Chan. I want to give my full support to you, Dr Chan, to make WHO more effective, accountable and transparent.

I have three concerns about this plan. My first concern is that noncommunicable diseases are increasing: they represent 60% of the total burden of disease. The harmful use of alcohol particularly needs our attention. In my country, Sweden, consumption has increased by 30% in the past ten years. Children are neglected, women are battered and families are destroyed. I therefore welcome the Director-General's report on evidence-based strategies and interventions to reduce alcohol-related harm. Sweden will put forward a resolution on this urgent matter to the Health Assembly. Stating this, I am fully aware that the world still has an unfinished agenda regarding many of the communicable diseases. In particular many of those which are related to poverty.

This brings me to my second concern: I believe WHO should have high ambitions in the field of sexual and reproductive health and rights. It should include HIV/AIDS prevention and treatment as well as services including family planning and information. Allow me to remind you that problems related to this area continue to cause one third of all deaths and disabilities among women of reproductive age.

My third concern is the gender equality perspective. Although it is dealt with in the plan, my opinion is that more emphasis should be put on this matter. To do that would also comply with the resolution on gender mainstreaming that the Health Assembly is expected to adopt.

I would now like to express my particular support for the work of WHO in the field of health security. The International Health Regulations (2005) are a key tool for all of us. The often neglected problem of resistant bacteria needs to be tackled. We need a strong global leadership coordinated by WHO.

Now, let me just for a moment consider the huge impact that climate change has on health. One example is that rise in temperature causes mosquito-borne illnesses such as dengue-fever. Another is that children get diarrhoea in areas of flooding. When Al Gore speaks about the further effects of climate change and the rise of the sea level, he says: "If we allow that to happen, it would be the most unethical and immoral decision [...] in the whole of human history. Are we going to say to our children that we were too busy to pay attention?" The discussion on global health security is therefore fundamental for the ability to prevent and to handle threats to our health.

Finally, I would like to emphasize the Swedish Government's firm and active support for WHO. The world needs a strong organization offering global health leadership. Thank you.

Professor CORREIA DE CAMPOS (Portugal):

Madam President, distinguished Director-General, honourable guests and delegates, I would like to congratulate WHO for having devoted this year's World Health Day to international health security and for sending a global message based on the idea "Invest in health, build a safer future". Health security deals with interrelated threats to our collective security. Threats to health know no borders, and emerging epidemics cross nations and threaten our collective security. In today's world, health security needs to be pursued through coordinated and concerted action. No single country can alone prevent or contain communicable diseases.

The revised International Health Regulations (2005) will soon come into force. These Regulations offer new opportunities to strengthen national and international public health capacities and collaboration, leading to a stronger and more transparent reporting of disease outbreaks and other public health threats. This is a significant step forward for our collective security. On behalf of my country, Portugal, I have the honour to congratulate Dr Margaret Chan, as new Director-General, for her proposals in developing efforts for the future based on greater health security. I retained from her speech this morning the six core issues that are going to be at the centre of countries' future work. In Portugal, we will be attentive to these issues and devoted to enhancing the strategic partnership between the European Union and WHO, contributing to the design and implementation of a global health strategy. Global answers to global problems. Global health, as a public good, is not only about disease, it is about people.

In spite of visible progress, we are still behind in achieving the Millennium Development Goals on health. Efforts are needed to reach the target of universal access to HIV prevention, treatment and care. We need to build greater momentum to control malaria, tuberculosis and neglected infectious diseases. We need to address the growing burden that chronic diseases place on development – heart disease, stroke, cancer, diabetes, mental illness and others. And we will need to scale up efforts to control tobacco, including full implementation of the Framework Convention on Tobacco Control, and to support the implementation of the Global Strategy on Diet, Physical Activity and Health. On these latter two issues, I am pleased to inform this Health Assembly that, two weeks ago, the Portuguese Parliament approved new anti-smoking legislation, in its first reading, and that our Government has just created a National Platform against Obesity combining public and private efforts.

Let me now give you a few words about the central theme of the forthcoming Portuguese European Union Presidency. We have chosen health and migration as the main theme of the Portuguese European Union Presidency, and will try to develop a new and inclusive vision on health and migration, based upon European Union values and principles. In an era of globalization and growing human mobility, we observe increasing flows of labour migration to Europe. Virtually every State is both a country of origin and of destination for migrants. Globalized economies are meant to interact through continued migration. How this dynamic is portrayed in the media, discussed by political and cultural leaders, and managed by policy makers will determine whether populations view increased diversity as a source of strength or as a threat.

We are not looking only at workers' migration. Family migration, as opposed to single migration, tends to reduce the likelihood of risk behaviour and the cause of several communicable diseases, and to favour demographic balance.

Despite the pilot experiences with migrant-friendly health units and best practices across Europe, we still know little about health and migration and we have much to learn.

We hope that both the European Union and WHO will take this on and develop it further. As for WHO, the 122nd session of the Executive Board in January 2008 will debate, on the basis of a proposal from Portugal, an agenda item on health and migration, to be presented to the subsequent World Health Assembly. An important technical briefing will cover this issue at the present World Health Assembly.

I would like to finish with some words about the issue of health donations. Because in too many cases aid is tied to short-term numerical targets such as increasing the number of people receiving specific drugs, efforts focus more on particular diseases than on broad measures that affect the general well-being of the population. Often, the array of well-founded “island projects” puts a huge burden on countries’ weak institutional capacity and worsens the already critical shortage of health workers, aggravating migration-driven brain drain with “an internal drain” towards donor-driven projects at the expense of basic infrastructure. The end result is temporary operational “successes” compounded with degradation of health indicators.

Europe should be a major force in supporting investment in health systems and human resources for health in developing countries, and particularly in Africa. But efforts should focus above all on broad measures that affect the population’s well-being, apart from focusing on particular diseases like HIV/AIDS and tuberculosis. That is why WHO’s global vision is so important. Thank you, Madam President.

The PRESIDENT:

I thank the honourable delegate of Portugal. I now give the floor to the honourable delegate of Barbados who will speak on behalf of the Member States of the Caribbean Community.

Dr WALCOTT (Barbados):

Madam President, honourable ministers, distinguished delegates. Madam, I must congratulate you on your election as President of this Health Assembly, and Dr Chan for an outstanding address this morning. I deem it a distinct privilege to address this Sixtieth World Health Assembly on behalf of the Member States of the Caribbean Community, otherwise known as CARICOM, in my capacity as Chairman of the Council for Human and Social Development.

Integration and cooperation among Caribbean countries have evolved over the years as a result of shared history, geopolitical interest, vulnerable economies and common health concerns. The CARICOM Single Market and Economy was established as a platform from which Member States could conduct trade and other business of the Caribbean Community in a global market place.

In our countries, technical cooperation in the area of health dates back to the 1980s when the Caribbean Cooperation in Health was first established as a mechanism through which Member States could collaborate on common health priorities. This has been largely facilitated through the support of international and donor organizations, of which the World Health Organization, through the Pan American Health Organization, has played a lead role. We wish to state that our countries will continue actively to participate and support the Health Agenda for the Americas, which will be launched on 3 June of this year.

For many years, our populations enjoyed a reasonably good health status. Our achievements were largely due to the primary health-care strategy which Member States adopted and the absence of the shortage of health professionals that is currently being experienced by all of our countries. The primary health-care system has enabled us to achieve significant gains in health. However, over the past two decades, the health security of the region has been threatened by an emerging chronic disease epidemic, the HIV/AIDS pandemic, and more recently the resurgence of malaria. The economic burden, and the loss of human capital and productivity associated with these conditions, poses a real threat to our continued socioeconomic development.

In 2001, CARICOM heads of government declared that “the health of the region is the wealth of the region”, a position which was reiterated in 2003 when the decision was taken to promote the health and well-being of the people of the Caribbean Community. Implicit in these statements is the recognition of the critical role of health in advancing economic development and the acknowledgment

of collective responsibility in pursuit of this goal. Following WHO's Commission on Macroeconomics and Health, we established, with WHO's support, the Caribbean Commission on Health and Development. The Commission was mandated to analyse the various dimensions of health and development in the Caribbean, and to offer solutions for consideration.

The report of the Commission revealed the astronomical economic and social costs, and the implications associated with noncommunicable diseases and the growing problem of obesity in our region. The findings of the Commission, with recommendations, were presented to the CARICOM heads of government at its Twenty-Seventh Meeting, and later this year a regional conference of heads of government will meet to consider proposals for action to address this very serious problem.

In the case of HIV/AIDS, the Caribbean Community's major response has been the Pan-Caribbean Partnership against HIV/AIDS. That Partnership, which has been identified as an international best practice by UNAIDS, continues to provide regional public health goods and forge alliances with nongovernmental organizations, civil society and the private sector. The current strategic focus is on scaling up universal access and engendering and integrating HIV and AIDS programmes at the national levels. Notwithstanding the achievements of that Partnership, there is currently a 60–70% treatment gap for people living with HIV/AIDS in our region. Our countries have benefited from the lowering of costs of antiretrovirals through the Clinton Foundation, the initiatives of PAHO, and the more recent CARICOM–Brazil Agreement. Generic first-line drugs have meant that many more of our citizens have benefited from these alliances. CARICOM countries now face the challenge of the high cost of second- and even third-line drugs, and we need ongoing support in providing treatment in the region.

It would be remiss of me to speak about the health challenges which we, as CARICOM Member States, face without highlighting the achievements of which we are very proud. And I would like to begin with the successful hosting of the International Cricket Council Cricket World Cup 2007 that was recently concluded in Barbados, and won by your country, Madam President. Four years ago, nine of our countries were chosen to step up to the world stage, as the host venues for the Cricket World Cup. From the outset, we realized that the health sector would play a major role in planning for this event. The nine host countries, along with Dominica, were declared a single domestic space by the Caribbean Community in an effort to facilitate free movement of cricket fans, players and officials. Although CARICOM countries have hosted several large tourism events, for example the popular Trinidad Carnival, the anticipated additional heavy flow of visitors in this single domestic space was seen as a risk to international public health for which, together, our health sectors actively prepared. The national capacities for surveillance and outbreak response were greatly enhanced, to ensure that citizens and visitors alike enjoyed a healthy Cricket World Cup period. Linkages between health and non-health sectors such as police, security and tourism, within countries as well as between countries were established. This catalysed our national preparedness for implementation of the International Health Regulations (2005) in June of this year.

The preventive measures implemented by governments, with the support of PAHO and the Caribbean Epidemiology Centre, involved establishing a mechanism to expand the capacity of countries to respond to public health crises, cope with mass casualty events and provide critical clinical care. The mechanisms were administered by a CARICOM/Cricket World Cup Health Sector Sub-Committee comprising the CARICOM Ministers of Health, which I had the privilege of chairing. This mechanism promoted an integrated approach which met the regional need to ensure that health and security concerns were integrated. It is our intention to build on those infrastructural and integrated systems which are the legacies of the Cricket World Cup 2007.

The Cricket World Cup also allowed a focus on CARICOM countries' fight against HIV/AIDS, which has long been supported by UNAIDS. Complementary to this were vigorous media-based public education campaigns promoting safe sexual practices, and stadia were declared non-smoking zones. However, there are challenges. The following issues are challenges the region must address in a globalized environment. The responsibilities for addressing these issues will necessitate a multisectoral approach. Critical areas to be addressed will include the free movement of people and the migration of skilled health personnel; access to safe and affordable pharmaceuticals; strengthening health information systems; trade-related health issues, including trade in health services, access to medicines and trade agreements dealing with nutrition and food safety and security; and, of course,



disaster preparedness to meet the impact of climate changes which annually worsen our conditions in already vulnerable Member States.

In conclusion, I take this opportunity, on behalf of my fellow CARICOM Health Ministers, to congratulate Dr Margaret Chan on her appointment as Director-General of the World Health Organization and to express our appreciation to WHO and PAHO for the tremendous support they have given the Caribbean region through the regional and subregional offices. The Governments of Suriname and Jamaica wish to thank PAHO/WHO for its support during the recent floods and the malaria outbreak, respectively. It was heartening to note that the programme of work outlined by Dr Chan in her address covers the issues which are of concern to the CARICOM countries, and in particular we are pleased to note the emphasis on primary health-care renewal and on building a health legacy for women.

It is my hope that our deliberations at this Sixtieth World Health Assembly will contribute towards the identification of approaches that will effectively address these and other issues which will be beneficial to the people of the Caribbean region. I thank you.

Dr LANKARANI (Islamic Republic of Iran):

In the name of God, the Compassionate, the Merciful. Madam President, distinguished delegates, ladies and gentlemen, it is an honour for me to address the Sixtieth World Health Assembly. Let me first congratulate you, Madam President, on your election to lead this august Health Assembly. The theme proposed for this year's general discussion is of the utmost importance not only to global health, but in particular to our region. The WHO Eastern Mediterranean Region is prone to diverse emergencies, both natural and manmade, and currently several countries are struggling with long-lasting conflicts and the consequences of natural disasters. A number of emerging and re-emerging infectious diseases are threatening the health of populations in our Region.

As a matter of fact, globalization has increased countries' vulnerability and interdependence. Health issues are among the major challenges that call for a stronger strategic focus and closer international cooperation. We live in an age when the separation between national and international on the issues of health agendas no longer works and no longer exists. There is no dividing line between "foreign" and "domestic" infections. The international nature of impending health threats makes it imperative for all countries to work together to counter them. Collective security from disease and protection of the world population will depend on increased collaboration between developed and developing countries, and on a strong public health capacity to prevent, detect, and control diseases that can cause epidemics and huge loss of life, and devastate economies. Civil society, nongovernmental organizations and other stake holders have important roles in preparedness and response to health emergencies. As the great Iranian poet Saadi says: "All human beings are members of the same body, created from one essence. If fate brings suffering to one, the others cannot remain indifferent."

It is against this background that the world today is faced with serious natural and manmade disasters. War, hunger, injustice and discrimination endanger the lives of millions of people, mostly in developing countries of the globe. Whenever there is a collective movement towards health protection and promotion, regrettably it is undermined by some powers whose concerns are solely for their own selfish benefits rather than the health and wellbeing of the world's population as a whole. Whereas most of the countries of the world have ratified the WHO Framework Convention on Tobacco Control, some of the biggest tobacco producing countries have declined to join the global fight against tobacco. Similarly, some of the biggest polluters of the environment have failed to sign the Kyoto Protocol. Ironically, the same powers now introduce reservations to the International Health Regulations (2005), aimed at weakening this powerful tool for safeguarding the health of the people of the globe.

The Islamic Republic of Iran welcomes the full implementation of the International Health Regulations (2005) as a framework for countries, assisting them in developing the core capacities necessary to detect and respond to events of public health importance, and as a framework for international collaboration, should an event occur. Implementation of the International Health Regulations (2005) and proper functioning of the mechanism envisaged depends a lot on the capacity of the States Parties, and in particular on that of developing countries in terms of resources,

infrastructure and know-how to fulfill their commitments. The International Health Regulations (2005) should, to the extent possible, secure provision of technical and financial assistance to developing countries. International health security is everyone's ultimate goal. To become a reality, it requires a lot of investment on our part. The Islamic Republic of Iran is currently leading a sizeable number of initiatives to control communicable diseases of international health concern. In addition, a well functioning primary health-care system and a wide network of universities of medical sciences are the strengths of the health-care system in the country. We would be more than happy to share these experiences with other Member States, starting with neighbouring countries, through memoranda of understanding.

Health is a multidimensional issue, but in its humanitarian sense. By the same token, health agendas should remain humanitarian to enable policy-makers and specialists to address health-focused agendas in the interests of promoting global public health. Taking into account the proposed theme, the supremacy of health should be prevailing in all circumstances. In this regard, the importance and positive role of ethics and spirituality should be emphasized.

Madam President, most of the existing global problems, including health issues, are rooted in discrimination and injustice. Hunger is not a natural phenomenon in our world. Most cases of infectious diseases could have been prevented and treated if we had had close cooperation with each other. Many cases of noncommunicable diseases could have been prevented if the food industries had ensured the well-being of the people ahead of material gain. All people in developing countries could have had access to affordable vaccines, medicines and diagnostic tools if the health-related industries had their dialogue based on a win-win approach rather than on unilateral benefits. Fortunately, growing demands for justice are now being witnessed in all parts of the world. Hence, we believe international organizations, including WHO and the other United Nations agencies concerned, should use this window of opportunity and reinforce their efforts to expand justice and fight against discrimination and inequity. Thank you.

Mr AVRAMOPOULOS (Greece):

Madam President, Director-General, dear colleagues, allow me, first of all, to congratulate Dr Margaret Chan on her appointment as Director-General of WHO and express our conviction that she will provide a visionary leadership of the Organization. My congratulations also go to Dr Anarfi Asamoah-Baah for his appointment as Deputy Director-General and I would like to wish him every success in his high mission. Madam President of the Health Assembly, I would like to congratulate you upon your election to this high office. I would also like to congratulate the Vice-Presidents on their election.

Ladies and gentlemen, Greece fully supports the statement made by Germany, the European Union Presidency, on behalf of the European Union and its 27 Member States on health and global security, which is the focus of this year's Health Assembly. In our era of globality, health is a global value and threats against health are also taking global dimensions, as is the case of AIDS, severe acute respiratory syndrome and, recently, avian influenza. International health security is a concept of capital importance, as Dr Chan pointed out in her speech. Health is a significant component of development and global security. Threats to health may occur for a variety of reasons, such as emerging diseases, humanitarian emergencies, bioterrorism, and environmental degradation, including climate change. They may affect not only the economy of societies, but also their social and political stability. Health, development and security have become interdependent. Long-term national plans on development may be put at risk because of threats to health.

The notion of human security is the right of individuals, communities and societies to have a life free from fear. This notion of human security includes health as one of its key factors. In these challenging and demanding times, in working together for health, we have the possibility to prevent outbreaks, minimize their impact and contribute significantly to human security. We must be on the alert and be well prepared in order to protect nations and populations. It is in this spirit that Greece has participated for years in the Human Security Network and has now taken over the presidency of that body from Slovenia.

One of the major events of 2007 in the field of international health is the entry into force next month of the new International Health Regulations (2005). We express our satisfaction with the fact that a new and up-to-date instrument is now available to assist us in preventing and facing threats of epidemics. It is for this reason that these new Regulations must be implemented in full and without restrictions. We also consider that the International Health Regulations (2005) can play an important role in further enhancing health security through the establishment of surveillance systems and rapid reaction mechanisms.

Greece is contributing to the fight against HIV/AIDS through both the European Union and the specialized agencies of the United Nations. Furthermore, Greek nongovernmental organizations implement preventive, care, and treatment programmes in African countries. There is no doubt that international health security greatly depends on the capability of the national health systems to react effectively to health threats. We must thus upgrade and strengthen our health systems. There are, of course, problems in addressing this essential issue, which remains among our primary concerns.

The focus on primary health care is a step in the right direction. The Ministry of Health and Social Solidarity of Greece is promoting bilateral relations in the health sector, cooperating with countries in the region, south-east Europe and all over the world. At the same time, we encourage the mutual exchange of know-how in many sectors, such as the control and prevention of infectious diseases and the strategy, planning and pharmaceutical treatment for the prevention of communicable diseases.

As regards the appearance of pandemics, our Ministry, following the recommendations of WHO and the European Union, has been motivated since March 2005, to prepare for the occurrence of avian influenza. National and operational plans against an influenza pandemic have already been prepared. All hospitals have organized preparedness exercises. Our country participated in the pan-European Influenza Pandemic Exercise in November 2005, and has proceeded to the provision of individual protection measures.

Meanwhile, Greece was the first European country to summon, in November 2005, a Ministerial Conference for the countries of the Black Sea Economic Cooperation and Cyprus, in the context of the South-East Europe Cooperation Process, aiming at a common policy for those countries, which host a large number of migratory birds. Furthermore, we give high priority to the following: our commitment to counteract obesity and smoking; our initiative to encourage voluntary action; our commitment to address the problem of antibiotic resistance; the human rights and public health challenges of illegal migration; and, finally, urban health and the role of local governments in promoting health and sustainable development.

Health is a good and a human right of local and global dimensions and thus an important strategic point of legitimacy in international efforts to promote dialogue, democracy, better understanding among cultures and the global commitment to peace and security. In other words, we can promote the idea of health diplomacy, since international security and health are interdependent.

Let us take advantage of these challenging and demanding circumstances to strengthen our solidarity and collaboration, to invest in health. Together we must explore ways to make this planet a healthier place in favour of global security and sustainable development. Let us work together to make this world better for our children and the generations to come. Thank you very much for your attention.

Mr OSMAN (Brunei Darussalam):

Madam President, Her Excellency the Director-General of the World Health Organization, honourable ministers, excellencies, ladies and gentlemen, on behalf of the Government of Brunei Darussalam, I would like to take this opportunity to congratulate you, Madam President, on your election as the President of the Sixtieth World Health Assembly and also the Vice-Presidents and other office-bearers. I am confident that under your stewardship, you will guide the work of this august Health Assembly to a successful conclusion. May I also take this opportunity to congratulate Her Excellency Dr Margaret Chan on her assumption of the post of the Director-General of this august body. We look forward to working with you to fulfill the six core areas which you have identified for the Organization in the years ahead.

Disease outbreaks pose a health threat not just to a country, but also beyond. Despite many advances made in disease prevention and control, the threat of an international public health emergency from outbreaks today is more imminent than ever. This is partly caused by expanding international trade and travel, the rise of new emerging and re-emerging diseases, spread of existing diseases to new areas, antimicrobial resistance, and bioterrorism.

In past years, we have seen great challenges posed to the world, both in terms of disease outbreaks such as severe acute respiratory syndrome and now avian influenza, and also from environmental change, bioterrorism and humanitarian emergencies caused by natural disasters. In our efforts to avert health disasters caused by the avian influenza pandemic, apart from taking the necessary public health measures such as surveillance and reporting of avian influenza in poultry, mass vaccination, disinfection and control of poultry movement, improving surveillance and detection of human cases as well as political commitment at the highest level, transparency and multisectoral cooperation and operation, we need to invest more in health and build our capacity to prevent new and existing threats to give the world a safer future. In addition, to prevent or halt the international spread of diseases requires a well-rehearsed plan, coordinated action and cooperation between and within governments, the corporate sector, civil society, media and individuals. Unless coordinated action is taken urgently to address international health security, many countries will fail to prevent and control the health effects of the threats which vary due to economic impact, humanitarian emergencies, bioterrorism and other acute health risks.

Clearly, then, the geography of globalization can also mean a geography of disease. The spread of diseases now reflects and reveals the economic, cultural and social relations that span the globe. In this context, Brunei Darussalam congratulates the Director-General, Dr Margaret Chan, for focusing on international health security and emphasizing the need for a more coordinated action and cooperation between and within governments, the corporate sector, civil society, media and individuals. Brunei Darussalam also commends WHO for its ongoing efforts to raise awareness of the need to work towards international health security and to continue to address the threat of highly contagious diseases. Global health is no longer just a matter of ensuring the vitality, economic stability and environments of countries around the world. It is about security. It is about national, regional and, ultimately, global security.

Like many other countries in the world, Brunei Darussalam is not isolated from these challenges to international health security. We are fortunate that we are able to allocate a significant proportion of our national budget to health, which allows us to invest in health for a safer future and to adopt a policy promoting health security. Improvement in child health and reduction in child mortality are part of the central goals of the National Development Plan 2000–2010 of Brunei Darussalam, and health-care provision is free for all children below the age of 12 in Brunei Darussalam. Mortality of children under the age of five in Brunei Darussalam has fallen to levels comparable to those of developed countries. The infant mortality rate declined from 20 deaths per thousand live births in 1980 to 7.4 per thousand live births in 2005.

The provision of health care at the primary level is further improved with the decentralization of primary health-care services, thus improving accessibility. At the secondary level, plans for a new hospital for women and children are underway and children who require further tertiary specialized care are sent abroad with full government support. Maternal health during and after pregnancy is achieved by skilled attendance during pregnancy and delivery: 99% of pregnant women received antenatal care and 99% delivered in hospitals. Immunization coverage is well above 90%, and currently immunization workshops are being held for all care workers involved in giving vaccinations. Brunei Darussalam has been declared polio-free and in 1987 Brunei Darussalam was added to WHO's official register of countries in which malaria has been eradicated. Brunei Darussalam was also declared polio-free in 2000 within the Western Pacific Region.

To strengthen our surveillance effort and monitor potential danger, the Infectious Diseases Order of 2003, which replaced the Quarantine and Prevention of Diseases Act, gazetted 57 communicable diseases which require mandatory notification. The Order also underlines legal provisions to support activities related to investigations as well as the responses necessary to control and prevent the spread of the disease.

With the new challenges confronting us, there is no room for complacency. We remain committed to improving the well-being of our people. We would further see that government alone would not have to sustain this. We have enlisted the cooperation, participation and contribution of businesses as well as the private sector.

We commend WHO for its leadership and effort in giving the world a safer future. The bitter experience of severe acute respiratory syndrome and tsunami in our region has taught us one valuable lesson, that is not to lift our safeguards too soon. With this in mind, we have to increase our vigilance and efforts to continuously monitor potential danger, increase capacity, improve health infrastructure, and enhance further collaboration between governments. We are thankful for the close collaboration among health officials at WHO.

This year's World Health Day is a good time to renew our commitment to make this world a more secure place and remind ourselves of the importance of coordinated action and cooperation between governments. Early warning through information exchange is very critical and would give us more time to respond appropriately should an outbreak happen, and potentially prevent the international spread of disease. The unfortunate tsunami incident which befell our region has also taught us a lesson on the importance of preparedness as well as information sharing that could have saved thousands of lives.

At this juncture, I wish to draw our attention to one of the most persistent diseases that has plagued us despite our century-long efforts: tuberculosis. It is indeed of great concern that targets set in the Stop TB Initiative were not achieved in a timely fashion and tuberculosis continues to be a significant burden globally. HIV-tuberculosis coinfection, multidrug-resistant tuberculosis and now extensively drug-resistant tuberculosis certainly signal that the battle is far from over. These emerging challenges, which further complicate the situation, need urgent attention as they will not only hamper, but also threaten, the progress that has been achieved so far. We therefore urge WHO to continue to address these issues as a matter of priority and to examine closely the pertinent question as to why, despite well-established diagnostic and tuberculosis treatment modalities, we are still not winning the battle and seeing the fruits of our efforts.

In concluding, it is urged that WHO continues to direct its efforts to uncover the reasons and consequently review and update current strategies accordingly. This should include issues related to accessibility to health care and reliable diagnostic facilities, access to good quality affordable treatment drugs, as well as funding resources for capacity building. The key may be detailed scrutiny and lessons learnt from regions and even Member States where targets have been achieved and maintained. Technical support to Member States, particularly in capacity building, should be further extended; and efforts in information sharing, the review and evaluation of national programmes, development of diagnostic capability and disease management should be undertaken accordingly.

Last, but not least, I end my statement by wishing everyone here good health and prosperity. Thank you.

Ms RISIKKO (Finland)

Madam President, distinguished ministers, excellencies, honourable Director-General, ladies and gentlemen, it is a great pleasure for me to address this Health Assembly on behalf of the Government of Finland. I wish to congratulate you, Dr Chan, on your election as Director-General of the World Health Organization. We wish you every success in your demanding tasks in a rapidly changing world. I assure you that you can count on Finland's support. I also want to state that Finland associates itself with the European Union statement. Finland welcomes *The world health report 2007: A safer future: global public health security in the 21st century*, the subject of which is a high priority for all of us.

Human security consists of physical safety as well as economic well-being, social inclusion, and the full exercise of human rights. Access to primary services, including health services, is considered to be part of human rights and of human security. The global nature of the recent epidemics, such as avian influenza and HIV/AIDS, has shown how essential it is to have a framework – both national and international – which is able to produce a comprehensive response to these health-related threats to human security. The epidemics have also shown the need to invest in capacity for early warning and

preparedness in the long-term, sustainable development of health-care structures, not only for immediate response to the epidemic.

Health systems play an essential role in health security. This applies especially to epidemics such as HIV/AIDS and the influenza pandemic. However, the role of other sectors is also extremely important, because health is largely determined by factors outside the health sector. Decisions taken in other sectors, such as education, agriculture, industry, transport, housing and finance, can have far-reaching effects on the health of the population. This multisectoral, health in all policies approach is useful also in health protection and could ensure better health security for the population. This means that health implications should be seriously considered in all policy-making at all levels of governance, including the international, national and local levels. This is why the present Government of Finland has launched a separate, multisectoral policy programme on health promotion.

Recent discussions on women's health have shown us that sexual and reproductive health problems are still a major cause for ill-health and death for women all over the world. Maternal mortality indicators show us that, in spite of our efforts, progress is too slow.

We warmly welcome the draft strategy "Integrating gender analysis and actions into the work of WHO". We encourage WHO further to strengthen the document to reflect the human rights approach. Women's unmet needs with regard to access to information, services and care continue to be a concrete barrier in advancing women's health promotion.

WHO has activated and facilitated a real boost in global health security. The International Health Regulations (2005) give a framework for the protection of both old and new health threats of international concern. Due to the active and consistent information from WHO and to cooperation between the human and animal health actors and the Member States, the threat of a new influenza pandemic may already have been moderated. In the process, it has become very clear, however, that it is crucial that both animal and human health systems are strengthened all over the world. This is not possible without safeguarding and strengthening the human resources of the health systems.

Finally, the world is full of challenges and opportunities. The major task for policy-makers is to create an environment which promotes health development and health security. As I see it, from the point of view of a nation and a community, the tolerance of risks and dangers seems to be related to the confidence enjoyed by its institutions. Therefore, Finland wants to emphasize the importance of country ownership and joint activities at country level. As the Minister of Health, I hope that WHO will reinforce the early intervention and implementation of the health policy that promotes building of capacity and effective functioning of institutions, services and systems in the Member States. In this process the role of governments in building and implementing infrastructures for health security and health as well as issuing legislation is of vital importance. Thank you, Madam President.

Mr M.N. KHAN (Pakistan):

*Bismillah ar-rahman arrahim.* Madam President, Dr Margaret Chan, the Director-General of the World Health Organization, Vice-Presidents, distinguished delegates, excellencies, ladies and gentlemen. *Assalamu alaikum* and a very good afternoon to you. Madam President, please accept our delegation's sincerest congratulations on your election as President of the Sixtieth World Health Assembly. We would like to congratulate the Vice-Presidents of this Health Assembly and the Chairpersons of the Committees. I am confident that under your leadership the Health Assembly will certainly be able to achieve its objectives.

Madam President, while there is no doubt that much progress has been made in many areas, many challenges remain at both national and global levels. These include the effective prevention and control of communicable and noncommunicable diseases, including health care, greater global partnership and health, improving the environment, protection of human rights relating to health, particularly during conflicts and crises, public health issues relating to patent laws, intellectual property rights and international trade. Strengthening of the health systems, especially in the area of governance, financing, human resources and service delivery, are of paramount importance in providing effective, sufficient, equitable, sustainable preventive, promotive, curative and rehabilitative services; I hope I have included everything here! Every member has the responsibility to ensure equity in health care, poverty reduction as a way towards good health, achievement of the Millennium

Development Goals and more investment in health, integrated policies and protection of human rights to health. Excellencies, poverty and ignorance are the lethal combination in Third World countries and this is what we have to address.

We in Pakistan are trying to develop a health system which is capable of meeting these new challenges. Our series of measures, programmes and projects have already been initiated to improve the health of the population. These include, for example, the increase of public health sector investment from 20 billion to nearly 70 billion in three years. Poliomyelitis eradication is our number one priority. We want to put poliomyelitis back into textbooks. The Expanded Programme on Immunization is providing protection against seven communicable childhood diseases, and this is one of the targets of the Millennium Development Goals, and another new major measure is the maternal, neonatal and child health programme. We are enhancing and programming, funding ourselves with US\$ 335 million from our own resources to meet the fourth and fifth Millennium Development Goals. His Excellency the Norwegian Prime Minister was here with Dr Theg, this is exactly what we are trying to do. We have also started a new fistula project in Pakistan, Roll Back Malaria, tuberculosis DOTS strategy, HIV/AIDS and other challenges on which we have to progress. Prevention is the key. A programme to enhance neonatal and maternal health, our own programme is the primary and the leading programme of 100 000 lady health workers, which we hope will improve the child-mother mortality rate significantly. To come back to communicable and noncommunicable diseases in the country, a comprehensive surveillance system for disease has been formulated to look at the new communicable diseases such as severe acute respiratory syndrome and so on. An emergency disaster management plan is critical; as you know, we suffered an earthquake last year in which 75 000 lost their lives and 140 000 were seriously injured. These are some of the things that we have to examine, in particular road accidents, which are a real threat. Smoking-related diseases are the number one killer in the world, and the anti-smoking campaign is in full flow. Like many countries, we are facing both challenges: challenges of communicable and of noncommunicable diseases.

I would like to place on record today that Dr Margaret Chan, Director-General, visited Pakistan recently. Her devotion and commitment to the promotion of good health has encouraged us to speed up the needed reforms in the health sector. Also, we would like to thank all the United Nations agencies and international organizations which help us in our global strategy. The United Nations agencies must have inter-donor coordination and improve inter-donor quality; WHO must lead by example. What is the aim of all this? WHO, the ministries and the Ministers of Health have to reach the disadvantaged section of society, that is, the poor. We must provide them with decent, adequate health care and affordable drugs and if we do not reach this section, we have failed, excellencies. Madam President, as you know, this is my fifth year as a Minister and my fifth speech at WHO. In my first speech, I referred to the televised pictures of brutality against women and children being killed way back in 2002 and 2003; we come back today and this destruction has simply not stopped. For example, destruction in the Eastern Mediterranean Region alone of health infrastructure is exceeding US\$ 30 billion; that is not reconstruction, it is destruction; so this insanity just does not stop, all political leaders must stop killing women and children, the babies, the handicapped, the elderly, destroying the environment, the birds and the trees and the flowers! It is time to bring some law to this lawless society! That is why, the Ministers of Health in this room, ladies and gentlemen, you must be proud of your job, you must be proud of what you are doing. Our job is to save lives, not destroy lives and everyone in this room should feel really good about it because you are doing a fantastic job and we must prevail on our political leaders to stop the insane brutalization of our children and save the babies.

There are 190 ministers here; this is one family and we must all complement each other and complement WHO which is the leading health organization in the world. Ladies and gentlemen and excellencies, we all must work together to promote harmony and peace in the world; nothing can be achieved without peace. When you come to Geneva, such a beautiful city, everything has been unchanged in the last five years, harmony and peace. In the end, we must all fight together the real enemies of humankind: ignorance, conflict, poverty, hate, injustices, diseases and nothing can be achieved if there is no peace. Ladies and gentlemen, nothing is politically right which is morally wrong! It is time to do what is morally right and we must have the courage, the decency and the spirit

to do the right things. Lastly, let me thank you and let me say that, wherever there is peace, there is God. Thank you very much.

Dr MONGKOL NA SONGKHLA (Thailand):

Madam President, Dr Margaret Chan, Director-General of the World Health Organization, honourable ministers, ladies and gentlemen, as we are gathered here for the Sixtieth World Health Assembly, I am struck by the increased linkages connecting all of us and the numerous challenges that we all face together. Therefore, it is essential that we use this high-level forum to address such challenges together in a spirit of partnership and cooperation. Let me take this opportunity to bring to your attention some issues of great importance to Thailand, with the hope that we will be able to face such issues collectively in the spirit just mentioned.

Madam President, in Thailand, the 2002 National Health Security Act has successfully guaranteed universal access to essential healthcare, including universal access to antiretrovirals, for all Thais. In line with this policy, Thailand has increased its health budget manifold, from a mere 4% of the national budget in the 1980s to more than 11% in 2007. Despite such efforts, the challenges remain daunting. Of the more than 120 000 patients on first-line antiretrovirals, over 70% has no access to essential drugs. And of the more than 10 000 patients that need second-line antiretrovirals, less than 15% truly has access to such drugs. This is a plight that millions of people around the world must also face.

Concern for the lives and welfare of our people has made it necessary for us to implement the so-called TRIPS flexibilities. Thailand continues to believe in the importance of negotiations to find a mutually amicable solution to this problem. However, for such negotiations to succeed, we would like to urge that the legitimate concerns of countries such as Thailand be addressed. The fact remains that the patented products still cost much more than the generic products, and are unaffordable for the majority of people. Therefore, it is necessary for us to try to find some way so that the poor and needy can have access to these essential life-saving drugs at affordable prices. I would, therefore, like to make a plea to all developed countries and international organizations, through you, Madam President, to seek their understanding of the compelling circumstances that have made it necessary for countries such as Thailand to resort to the means available to us within our international obligations and commitments in order to help the low-income people of our countries. It would certainly be a win-win situation for all of us, if we could all come together to compete in this publicly-funded, low-income market. It would be an excellent opportunity for the research-based industries if they chose to commit to twin marketing strategies in developing countries. The "high margin, low volume" strategy may be implemented in the out-of-pocket high-income market, while the "low margin, high volume" strategy should be used in the publicly-funded lower-income market. Such is the spirit of partnership that I would like to underscore once again.

In relation to the influenza pandemic, I would like to reiterate my sincere sympathy with the decision of the Indonesian Government on the issue of sharing of viruses. It should be made clear, first and foremost, that the Thai Government supports the principle of virus sharing, based on the principle of equitable sharing of benefits.

Before concluding, I would like to mention another issue relating to catastrophic illnesses; namely, alcohol-related injuries. Such injuries have been increasing rapidly among developing countries. I am pleased that this Health Assembly will once again discuss such an important issue and I earnestly hope that we will be able to achieve concrete agreements to alleviate this serious problem.

Finally, I would like to express my great concern on the progress of the work of WHO in the area of rational use of drugs. We see clearly the increasing resources constraint, the departure of many skilled and experienced technical people, and the lack of progress of many important work programmes. I would therefore like to request the Director-General, through you, Madam President, to see what steps can be taken to address the situation so that we can together advance our best efforts to fulfill the aspirations of our peoples in terms of health security for all. I thank you, Madam President.



El Dr. GONZÁLEZ GARCÍA (Argentina):

Señora Presidenta, señora Directora General, Dra. Chan: reciba usted nuestros mejores deseos con la esperanza de que su gestión redunde en beneficios de la mejora de la salud de todos los países. El concepto de seguridad sanitaria está evolucionando desde una noción de defensa centrada en el Estado hacia una concepción basada en las personas, comprendiendo las amenazas sociales y económicas - naturales o generadas por el hombre - que ponen en peligro sus derechos fundamentales. Esta ampliación supone la protección ante enfermedades y modos de vida insalubres y la inclusión de la seguridad alimentaria, ambiental y económica. Así, la cooperación internacional resulta fundamental para «invertir en salud para forjar un porvenir más seguro». Esta revisión de los conceptos no implica dejar de lado antiguas cuestiones que aún no han sido resueltas plenamente. En pocos meses se cumplirá el 30º aniversario de la Conferencia Internacional sobre Atención Primaria de la Salud, realizada en Alma-Ata.

Con el fin de reflexionar sobre las lecciones aprendidas en estas tres décadas, el Gobierno de la República Argentina convoca una Conferencia Internacional del 13 al 17 de agosto de 2007. De esta manera, el encuentro «Buenos Aires 30-15», auspiciado por la Organización Mundial de la Salud, se propone generar nuevos consensos que nos permitan fortalecer los sistemas de salud y su orientación hacia la equidad, lo cual también nos ayudará en el cumplimiento de los Objetivos de Desarrollo del Milenio planteados para el 2015. Creemos firmemente que esta Conferencia generará nuevos aportes para la consagración de una estrategia de cuidado integral de la salud para todos y por todos.

Por su parte, el Reglamento Sanitario Internacional revisado comenzará a regir en junio de este año y fortalecerá nuestra capacidad nacional e internacional de vigilancia, notificación, verificación y respuesta ante los riesgos. También aumentará el intercambio de información y aun las posibilidades de adoptar medidas de colaboración en salud pública.

A partir de la aprobación del Reglamento por la Asamblea Mundial, nuestro país apoyó decididamente la creación de la Comisión Intergubernamental del MERCOSUR «Implementación del Reglamento Sanitario Internacional», a efectos de definir prioridades sobre capacidades básicas de vigilancia y respuesta, así como las de aeropuertos, puertos y pasos fronterizos. La salud de nuestros pueblos depende cada vez más de la efectividad de estas acciones. Por eso, en mayo de 2006 adherimos voluntariamente al cumplimiento de las disposiciones del RSI relacionadas con la gripe aviar y la posible gripe pandémica humana, y hemos conformado el Centro Nacional de Enlace, poniendo especial énfasis en el respeto a los derechos de las personas, a su intimidad y a su integridad. La Argentina también viene trabajando desde el año 2002 en un Plan de Contingencia para la Pandemia de Influenza y SRAS y ya fue presentado en la OPS y ante todas nuestras provincias y hemos procurado que cada una de ellas se implemente uno propio en base al Plan Nacional. Además, hemos realizado simulacros de acción ante la posibilidad de presentación de casos en aeropuertos y otros puntos de entrada y salida del país.

Adherimos con energía a medidas de control que no son farmacológicas, ya que pueden reducir la repercusión de una pandemia. Todas las estrategias desplegadas están orientadas a alcanzar mecanismos de notificación y verificación confiables y homogéneos, y además procuran evitar interferencias innecesarias al tráfico y al comercio internacional.

Pero aun cuando nos organicemos mejor frente a las nuevas situaciones, cabe recordar que persisten viejas patologías que están afectando a la región como consecuencia de los cambios ambientales. El dengue es una de ellas. Por otra parte, nos preocupa especialmente la persistencia de problemas de salud relacionado con la desigualdad de género, que afectan fundamentalmente a las mujeres más pobres, y que, con acciones sencillas y decisión política y sanitaria podrían evitarse.

Debemos reforzar nuestros sistemas de salud en todos sus niveles. Pero sabemos que las políticas sanitarias no bastan por sí solas. Necesitamos además alianzas intersectoriales, interinstitucionales y entre países. Ahora bien, no debe desatenderse la responsabilidad que los países más desarrollados mantienen sobre la transferencia de tecnología para el acceso a terapias farmacológicas o vacunas ante las emergencias sanitarias. No puede darse un debate serio sobre estas cuestiones si no se garantiza el derecho a la salud por sobre cualquier interés comercial.

Como responsables de la salud pública, a través del Reglamento nos comprometimos a compartir información clave para el desarrollo de medidas de intervención, incluyendo las farmacológicas, para ponerlas a disposición de la comunidad internacional. Pero este compromiso debe ser recíproco. Desde la OMS debemos identificar, como correlato mecanismos que aseguren a nuestros pueblos la disponibilidad y el acceso prioritario a productos esenciales, cuándo y dónde sean necesarios y a precios asequibles. En un contexto de emergencia sanitaria o crisis humanitaria, debe subrayarse la obligación de las empresas que proveen bienes y servicios de salud de hacer suficientemente transparente la información necesaria para brindar apoyo eficaz en situaciones que afecten la seguridad sanitaria internacional. Si no avanzamos en este sentido, las iniciativas de colaboración internacional podrían resultar ilusorias. Debemos hacer una referencia explícita sobre ese tema. No olvidemos que aun la propia Organización Mundial del Comercio se pronunció sobre este tema en la Ronda de Doha.

Los países de América del Sur ya acordamos en 2006 una Declaración Conjunta sobre Patentes y Medicamentos. Sabemos que no se trata de un problema que toma relevancia únicamente ante eventuales emergencias. Millones de personas fallecen actualmente por falta de acceso a todo tipo de medicamentos y tratamientos de bajo costo. Por eso esperamos que la comunidad internacional realice una fuerte revisión del régimen de propiedad intelectual, ya que al presente condiciona las oportunidades de vida de buena parte de la humanidad. No se trata de reafirmar el modelo imperante, sino de ampliar sus flexibilidades.

Es tiempo de que los responsables de la salud pública nos pronunciemos abiertamente y sin eufemismos sobre el compromiso que deben asumir algunos gobiernos que defienden a un puñado de empresas privadas, al tiempo que la Seguridad Sanitaria Internacional está amenazada. La cooperación entre naciones fue concebida como una herramienta para asegurar la paz y la reciprocidad entre los pueblos del mundo, no para imponer los derechos de propiedad intelectual de unas pocas empresas. Los actuales mecanismos de funcionamiento de propiedad intelectual implican lisa y llanamente una extorsión para las democracias de nuestros países. Rico o pobre no puede ser sinónimo de sano o enfermo. «Su dinero o su vida», es quizás el mayor dilema de nuestro presente y el más grandes obstáculo de nuestro futuro.

De esta gran paradoja individualista sólo saldremos si retomamos la senda del espíritu solidario que llevó a los pueblos del mundo a crear la Organización Mundial de la Salud. Y es por eso que estamos aquí reunidos.

A ello los convoco.

Muchísimas gracias.

**Dr T. Adhanom (Ethiopia), Vice-President, took the presidential chair.**  
**Le Dr T. Adhanom (Ethiopie), Vice-Président, assume la présidence.**

Dr RHYU Si-min (Republic of Korea):

Mr President, Director-General, distinguished delegates, ladies and gentlemen, allow me to precede my remark by congratulating Dr Margaret Chan on her first Health Assembly as Director-General of the World Health Organization. Dr Chan played a leading role in the fight against severe acute respiratory syndrome and avian influenza, and we are witnessing remarkable achievements in global health under her leadership. Taking this opportunity, I would like to express my admiration and strong support for the dedicated work of Dr Chan and WHO staff. My praise also goes to this year's timely slogan, "Invest in Health, Build a Safer Future", and the theme of international health security.

The value of investment in health cannot be emphasized enough. So far, however, spending on health, such as disease prevention and treatment, and health promotion, have been viewed as expenditure and health issues have rarely been a priority in government policies and budget allocation. Now, it is time for a paradigm shift, so spending on health should be recognized as an investment. A healthy body and mind are not only undeniable human rights, but also driving forces of social development. Investment in health is the soundest form of investment because it is investment in human development. At the same time, it is a key investment in today's globalized world to reverse bipolarization, which is taking place at an unprecedented rate. Responding to the international trend

and calls for paradigm change, the Korean Government established a Health Investment Policy as part of its Social Investment Policy and announced the finalized plan in January 2007.

International society today is more interdependent and interconnected than ever – a country's political, social, and economic issues are seldom local, but rather transnational. The same holds true for diseases and health issues. In my speech at the Fifty-ninth World Health Assembly last year, I highlighted the importance of collaborative efforts in north-east Asia. Far-east Asia is emerging as a critical region of the world and, consequently, health security in this region is a serious issue not only to countries in this area, but also to the international community. In recognition of such importance, and as a result of collective and unwavering efforts by China, Japan and Korea, the three countries successfully held the first Tripartite Health Ministers Meeting in April this year. At the Meeting, the three countries agreed to strengthen further joint responses to avian influenza and pandemic influenza, and to expand the scope of cooperation in other areas of global health.

Mr President, Director-General, and distinguished delegates, behind all these efforts and achievements is our strong will to carry forward the spirit of the late Dr Jong-wook Lee. It has been almost one year since we suffered the loss of Dr Lee. Yesterday, I had the honour to plant a tree with some of you to pay tribute to Dr Lee. A memorial ceremony will be held in Korea on 22 May. However, I am convinced he would be more pleased to see us taking real actions for better health across the globe. Dr Lee's dedication and accomplishments in international society were great inspirations to all Korean people. After his unexpected and much-grieved passing last year, we conferred another name – the Dr Lee Jong-wook Memorial Fund – to the Korean Foundation for International Healthcare which was established in 2004. Now the Foundation is legally in charge of commemorating Dr Lee. The Foundation's first project is the Dr Lee Jong-wook Memorial Prize. The Foundation and WHO will award those who play outstanding roles in fighting disease and promoting global health. Here, I would like to ask for the support of WHO, the Executive Board and Member States for the award ceremony to be held during the Health Assembly from 2009 onwards.

I pledge that Korea and the Dr Lee Jong-wook Memorial Fund are ready to share experiences and expertise gained in the health-care field with any Member State, while expanding and strengthening cooperative relations with WHO. I expect this Health Assembly will achieve another remarkable success to make great advances in promoting global health. Thank you all for your time and attention.

Mr QUASHIGAH (Ghana):

Mr President, I wish to join my colleagues in congratulating the President and the Vice-Presidents on their election to preside over the Sixtieth World Health Assembly. I also take this opportunity to congratulate Dr Margaret Chan on her appointment as the new Director-General.

Mr President, today, developing countries are confronted with communicable, noncommunicable, pregnancy-related and nutritional-related diseases, as well as with threats of invasive and potentially disruptive outbreaks of diseases such as avian influenza and severe acute respiratory syndrome. As a result of globalization, all nations anywhere on this planet are vulnerable to attack by diseases, as well as the social and economic shocks of such outbreaks. Some experts even claim that there is no longer such a thing as a localized disease outbreak. It is for this reason that I consider the focus of this Health Assembly on international health security to be timely, appropriate and relevant to both individual countries and the international community.

If I add my experiences in security, as a soldier, to WHO's definition of health, then international health security requires that we mobilize local and international knowledge, and resources and act to protect people against any attack on, or injury to, their physical, mental and social well-being. For we in Africa today are a long way from assuring the health security of our people. It is now becoming embarrassing, as we in Africa enumerate the cohort of diseases invading us, particularly those that some countries have relegated to history. We also seem to be adding diseases that were once associated only with a western life style.

We are unhealthy because we have, over the years, taken the elements that sustain life – air, water and food – for granted. With human activities, we have defiled the environment and destroyed the purity and sanctity of these elements. We are now paying a heavy price in terms of morbidity and

mortality. Our response to the high burden of diseases has been to invest and continue to invest in biomedical technology, drugs, hospitals and health centres, which do not produce health, but deal with ill health. Most of our Ministries of Health can better be described as Ministries of Ill-health. And yet, we are the ones who do not have the technology, facilities or resources to deal with this devastating situation we have brought upon ourselves. This immediately sends a strong signal for a paradigm shift from our traditional thinking that health is produced by health workers or in hospitals, to the fact that health is produced in homes, by what people eat and drink, where they live and work, and how they live.

It is in this light that Ghana has decided to make a U-turn to trace back and recapture the very things our forebears were doing to maintain health and ensure longevity. Unfortunately, living a healthy lifestyle is sometimes considered primitive. Last year, in my statement to this Health Assembly, I stated that Ghana had initiated a paradigm shift in health by de-medicalizing health and giving greater attention to health promotion and disease prevention. Today, I am happy to announce that we have developed a new health policy and a five-year programme of work. The theme of this policy is “creating wealth through health”. Our focus is on addressing the social determinants of health; that is, nutrition, water, environmental sanitation, physical activity, rest, and recreation.

The Ministry of Health, in consultation with other key stakeholders, has also introduced a programme called the Regenerative Health and Nutrition Programme as a novel approach based on ancient wisdom applied in contemporary language to solve the numerous health problems invading us as a nation. This is a community-based training programme to establish change agents. It focuses on healthy lifestyles and promotes exercise, environmental cleanliness, relaxation, consumption of adequate quantities of water, healthy eating which emphasizes eating fruits, vegetables and other plant foods, and a reduction in the consumption of animal products. The training targets health-care workers, schools and hospital matrons, caterers, midwives, ancestral leaders, teachers and other major stakeholders in communities. We are actively copying from communities that practice regenerative health and nutrition, which, by adopting healthy lifestyle programmes, are achieving remarkable results. These communities have virtually eradicated many of the diseases impacting on Africa and the western world, have no evidence of HIV/AIDS, hypertension, obesity, cancer and diabetes, and have recorded remarkable reductions in maternal and child mortality. This may sound like a myth, but it is real; I have seen it personally, and have not merely been told or read about it in books.

You will appreciate that we in Ghana are not expecting exceptional results overnight. The health of the people, which has degenerated over the years, will take time to regenerate. Our vision is that future generations will inculcate health-enhancing habits early in their lives and win the war against the enemy called disease.

Mr President, colleague ministers, ladies and gentlemen, Ghana is ready and prepared to share this effort with others for a better, healthier and wealthier world. I am convinced that health can create wealth by saving on the cost of the heavy burden of diseases and ensuring healthier, stronger and more active human capital to achieve higher productivity. This is the only way we can assure health security, which will eventually lead to poverty reduction and bring about wealth creation. Finally, I wish humbly to request that the Director-General help to document experiences of regenerative health and nutrition programmes from the communities that are implementing them and share the results with Member States. I wish you all health and wealth. Thank you.

**Ms J. Halton (Australia), President, resumed the presidential chair.**

**Mme J. Halton (Australie), Présidente de l'Assemblée, reprend la présidence.**

La Sra. SALGADO (España):

Señor Vicepresidente; estimada Directora General; distinguidos delegados e invitados: hace un año, la Organización Mundial de la Salud estaba en una situación delicada: estaba sumida en la profunda tristeza que a todos nos alcanzó al conocer el fallecimiento de nuestro querido Director General, el Dr. Lee. Hoy todos esperamos que bajo la dirección de la Dra. Chan esta Organización recupere el impulso con nuevas ideas y nuevos proyectos.

Señora Presidenta: España comparte la intervención realizada por Alemania, que en estos momentos ocupa la Presidencia de la Unión Europea. La lucha contra el SIDA, la malaria y la tuberculosis deben seguir siendo objetivos prioritarios de todos los Estados Miembros, y pueden tener la seguridad de que España va a seguir cooperando para disminuir su incidencia y también para mejorar la calidad de vida de los afectados. En especial, en el caso del SIDA, que en los últimos años ha adquirido rostro de mujer, puesto que es en las mujeres donde se concentra una gran parte de los casos nuevos. Por eso, dedicar una atención especial para evitar la difusión del SIDA entre las mujeres y las niñas es fundamental para el éxito en la lucha contra esta epidemia.

Pero el enfoque de género no es aplicable únicamente al caso del SIDA. Muchas otras enfermedades se expresan de manera diferente en las mujeres y en los hombres. Por razones biológicas, pero también por razones derivadas del distinto papel que las sociedades asignan a hombres y a mujeres. Y son enfermedades que se abordan también de forma diferente, y con frecuencia en perjuicio de las mujeres. Por eso creemos que el enfoque de género debe incorporarse de manera prioritaria en todas nuestras acciones. Y estamos dispuestos a contribuir de manera activa en la estrategia que ahora se nos presenta.

En relación con la gripe aviar, en nuestra opinión, la OMS debe acentuar su liderazgo en la puesta en marcha de planes de acción, buscando una colaboración más estrecha con otras organizaciones implicadas. Y este liderazgo ha de sustentarse en tres pilares: la transparencia, la cooperación, y la investigación. España trabaja en esta materia en sintonía con las directivas de la OMS y de los demás organismos concernidos. La mejora de las infraestructuras sanitarias en los Estados Miembros es un elemento fundamental para preparar la lucha contra la posible extensión de esta enfermedad en forma de pandemia. Y esta actuación, sin duda, va a contribuir a fortalecer los sistemas de salud, objetivo que la Directora General ha mencionado en su intervención.

En la agenda de este año hay otra cuestión clave: la plena entrada en vigor, en las próximas semanas, del Reglamento Sanitario Internacional, aprobado en la 58ª Asamblea Mundial de la Salud, que tuve el honor de presidir. Aplicar el Reglamento Sanitario Internacional, extender y reforzar la red global de vigilancia de brotes, y fortalecer los sistemas de prevención y respuesta en situaciones de crisis, son pilares básicos de la estrategia de salud y seguridad que esta Organización debe liderar.

Hoy en día, la protección y el fomento de la salud tienen cada vez más que ver con las enfermedades crónicas no transmisibles. Afectan a la gran mayoría de países, sus factores de riesgo son conocidos, y existen estrategias probadas para hacerles frente. Pero se requiere políticas multidisciplinarias e intersectoriales bien fundadas y sostenibles en el largo plazo. España está trabajando en este tema con metodologías rigurosas y participativas, y está desarrollando estrategias de salud orientadas a prevenir y asegurar una atención eficaz en el cáncer, las enfermedades cardiovasculares, la diabetes, los problemas mentales, el accidente vascular cerebral, la enfermedad pulmonar obstructiva crónica, y otras. Estas estrategias ponen el énfasis en la promoción y la prevención. Porque si algo hemos aprendido en los últimos años es que la prevención es la alternativa más efectiva y rentable que podemos ofrecer a los ciudadanos.

Recientemente hemos reiterado nuestro compromiso con la atención primaria como elemento central del sistema sanitario; hemos analizado sus logros y la hemos reformulado para hacer frente a los retos del siglo XXI.

Garantizar la equidad en el acceso a los servicios de salud es un elemento indispensable para la cohesión social y la eficiencia económica. Y para ello, tenemos que disponer de un nivel primario de atención suficiente y eficiente, adaptado a la situación de cada país, y capaz de atender los problemas concretos de la gente, y ello incluye, desde luego el acceso a medicamentos esenciales y a vacunas. Por eso hemos animado, y seguimos animando, a que la OMS lidere los esfuerzos orientados a facilitar el acceso de todos, y en particular de los más necesitados, a medicamentos esenciales y a vacunas, así como a potenciar la investigación en este campo.

Sinceramente, creemos que la estrategia de medicamento de la OMS debe ser rediseñada y reformulada sobre la base del rigor científico, del análisis de las experiencias recientes, con la participación de todos los sectores implicados, con transparencia de los procesos, con el reconocimiento y el estímulo al compromiso social de las empresas farmacéuticas, pero sobre todo con apoyo a los más necesitados.

Asimismo, los problemas medioambientales y sus consecuencias potenciales sobre la salud requieren una respuesta enérgica desde la perspectiva de la salud pública. Y es una respuesta que debe ser capaz de articularse con las demás iniciativas frente al cambio climático que se van a desarrollar en el futuro.

Para finalizar, quiero señalar que España ha incrementado de manera muy importante sus contribuciones voluntarias a esta Organización: casi las hemos multiplicado por ocho en el último año y queremos que se dediquen a programas tales como la lucha contra la malaria y el VIH/SIDA, la erradicación de la poliomielitis, la posible pandemia de gripe aviar, los trasplantes de órganos, el reforzamiento de los sistemas de salud, y también para acciones específicas en determinadas regiones y países.

Señora Presidenta: Mucha gente espera mucho de la OMS, de todos nosotros. Espera que la Organización sea una firme defensora de los derechos humanos, espera que les ayudemos a proteger y a mejorar su salud, la de sus familias, y la de las generaciones venideras. Esto sólo lo podremos hacer si tenemos unos principios sólidos y firmes, como los que sin duda compartimos. Pero es necesario pasar a la acción, a lo concreto. No podemos perder tiempo. No podemos frustrar las esperanzas de los que menos tienen.

Muchas gracias.

Dr MBOWE (Gambia):

Madam President, delegates, ladies and gentlemen, let me begin by conveying warm greetings from His Excellency Alhaji Dr Yahya A.J.J. Jammeh, President of the Republic of the Gambia, the Government and the people of the Gambia, and felicitations to the new Director-General for her elevation to this high office. I also wish to assure her of the support of the Gambia's Department of State for Health and Social Welfare and the entire Government of the Gambia during the tenure of her office. For me, it is a source of delight and honour once again to have the opportunity to address this Sixtieth World Health Assembly in this historic and beautiful city of Geneva. The Government of the Gambia is well aware of the implications and ramifications of international health security; consequently, it has formulated and implemented activities critical to the theme, both in its health policy and programmes as well as in other health-related sectors.

The Government of the Gambia's investment in the health sector indicates a per capita health expenditure of 12 dollars, a health expenditure GDP percentage of 3.4 with 74% provided from public funds. Furthermore, in compliance with the International Health Regulations (2005), which become effective in 2007, the Gambia included avian influenza and rift valley fever in the lists of WHO notifiable and reportable diseases and posted health surveillance officers at strategic locations for the enforcement of these Regulations.

In addition, we have instituted regular cross-border meetings between regional teams and their counterparts in neighbouring countries, and the sharing of epidemiological information within the framework of the subregional Health for Peace Initiative involving the Gambia, Guinea Bissau, Guinea, Senegal, and, more recently, Liberia and Sierra Leone.

Threats to international health security have a potential negative impact on economic stability.

The impact of debilitating diseases entails death and weakening of industrious men and women, which in turn results in declining productivity and further impoverishment. In this respect, the occupational health and safety of working people has been assessed with a view to developing a comprehensive approach to the health of the people.

More importantly, however, to guard against an unhealthy population and negative socioeconomic effects, health interventions to reduce mortality and morbidity, particularly of infants and mothers, are central concerns in the Gambia's Poverty Reduction Strategy Paper.

Similarly, the strengthening of health systems, which is increasingly gaining prominence on the international health agenda, is an important element in the fight to negate the threats to international health security. In the Gambia, our approach deals with addressing both the endemic diseases as well as the institutional and infrastructural elements of the health system. The Health Assembly will recall that the Gambia was declared free of poliomyelitis. Our Expanded Programme on Immunization coverage for fully immunized children stands at 85%, which is the highest in the subregion. The

2005 National Immunization Days achieved 97% national coverage. Such an impressive achievement has been made possible by support from the Government of Taiwan, Rotary International, UNICEF and WHO. We have surpassed WHO's target of 85% success rate in tuberculosis treatment by registering 86% in 2005. WHO has certified the Gambia as having reached the elimination point for leprosy.

In malaria control, our good practices, which have resulted in a significant decline in the incidence of malaria, include free distribution of insecticide-treated nets to pregnant women, under-fives and vulnerable groups. The use of DDT for indoor residual spraying is being planned and is at an advanced stage for implementation. A policy shift in the treatment of malaria using artemisinin-based combination therapies is under way, financed in its first phase by the Global Fund.

In the same vein, national activities have been conducted to contain the threat of avian influenza, owing to the fact that the Gambia is a transit point for migratory birds.

In the area of physical health infrastructure and biomedical equipment, plans and works are in progress through the support of the Asian Development Bank and the Inter-American Development Bank for the expansion and rehabilitation of minor and major health centres and two hospitals, as well as the provision of the requisite equipment. On the availability and retention of the required health staff complement, our health training institutions now operate on a policy of double intake.

Technical assistance personnel from Cuba, Egypt and Nigeria render valuable complementary services. Remuneration for the services of the Cuban medical team is provided by the Government of Taiwan. However, the development of a comprehensive human resource policy will address the larger issues of incentives for retention.

The strengthening of the health information system is also a priority for the planning of both regular and emergency interventions. In this respect, a proposal has been approved for the conduct of needs assessment, development of a strategic plan and capacity development.

The selection of specific themes for deliberations on occasions of this nature provides the opportunity to focus on the depth and breadth of the subject to crystallize all pertinent policies and programme issues. In this particular case, theme selection has been an instrument of health promotion and the statements made constitute lessons on health education.

It is hoped, therefore, that we will utilize these lessons to revisit our health policies and programmes at the national, regional and global levels, to strengthen our capacity to prevent and contain the threats and hazards associated with international health security. We in the Gambia are confident that we will attain Millennium Development Goals 4 and 5.

I thank you for your kind attention.

Mme TURCO (Italie) (*interprétation de l'italien*) :<sup>1</sup>

Madame le Président, Madame le Directeur général de l'OMS, chers collègues, Mesdames, Messieurs, c'est pour moi un privilège que de m'adresser à cette Assemblée de la Santé en ma qualité de Ministre de la Santé. Partageant pleinement les propos présentés par la présidence allemande au nom des Etats Membres de l'Union européenne, j'aimerais néanmoins axer mon intervention sur le thème proposé pour le débat général de cette année.

L'apparition de nouveaux agents pathogènes et la réémergence de maladies que l'on pensait avoir vaincues constituent un risque épidémique qui, de manière objective, touche la planète tout entière, même les pays qui pensaient être à l'abri du problème des maladies infectieuses. C'est certes un risque concret pour lequel il n'y a pas de remède sûr à 100 %, mais aussi une grande leçon que les microbes donnent à l'humanité tout entière. En effet, pour les microbes, la mondialisation est un fait naturel depuis des milliards d'années ; ils n'ont en effet jamais respecté les frontières. Dans un processus naturel et bénéfique d'évolution, les microbes nous aident à vivre, mais ils peuvent également se transformer en ennemis ; ils peuvent devenir une menace due à une mainmise de l'homme sur la nature, mainmise de plus en plus forte et souvent non maîtrisée, menace aussi en raison des grandes réalisations sociales, comme le transport de plus en plus rapide des marchandises et

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<sup>1</sup> Conformément à l'article 89 du Règlement intérieur.

la mobilité accrue des personnes. Il est évident que, face à un défi global, on ne peut que répondre d'une manière globale. C'est justement en prenant comme exemple cette « mondialisation microbienne » que nous devons nous préparer à abattre les obstacles idéologiques, politiques, même les frontières économiques et culturelles, pour avoir une approche collective et mondiale de défense de nos populations.

La coopération en vue du développement et les investissements dans le domaine de la santé ne sont pas uniquement des chances ; par le passé, ils étaient d'ailleurs souvent associés à des mesures d'intérêt politique et économique, mais cette coopération devient une véritable nécessité. Travailler main dans la main est un devoir, chacun le fait avec ses propres forces, mais également avec cette volonté positive d'essayer d'arriver au bien commun. Les dernières menaces épidémiques nous l'ont prouvé, la coopération entre les nations lors de l'épidémie de SRAS, mais également concernant la grippe aviaire, a rendu la tâche des différents pays beaucoup plus facile, ce qui nous rend plus optimistes quant à la victoire ultime. Malheureusement, les risques liés aux épidémies ne s'expriment pas uniquement par des cas de maladie ou de foyers épidémiques, mais beaucoup plus par le biais des mass media dont les messages ont des répercussions sociales et économiques catastrophiques, parfois même face à des risques réels pour la santé plutôt modestes. Nous avons tous vu des exemples douloureux. Il est évident que, si nous sommes tous prêts sur le plan sanitaire, nous ne le sommes pas suffisamment sur le plan des informations que nous donnons aux citoyens. Ces informations portant sur la santé doivent toujours être étayées par des données scientifiques claires. Nous pouvons adhérer avec enthousiasme au message du Directeur général de l'OMS, pour ce qui est de l'intensification du travail sur le front global de la santé en privilégiant une communication technique rapide, la transparence des informations, la coopération entre les peuples et la solidarité des pays nantis par rapport aux pays moins privilégiés.

Nous nous réjouissons particulièrement de la mise en oeuvre du nouveau Règlement sanitaire international : en effet, après tant d'années de travail intense, ce Règlement va entrer en vigueur au mois de juin prochain. Un Règlement qui rejoint plus particulièrement les vues de la politique italienne en matière de santé : développer et soutenir la capacité des personnes sans oublier la responsabilité des pays et des gestionnaires ou des bailleurs de fonds. Une responsabilité qu'il s'agit de renforcer par une solidarité réciproque, tant à l'intérieur des pays que dans toutes les régions du monde. En effet, un réseau de surveillance et d'alerte ne fonctionne pas si les différents maillons de cette chaîne ou de ce réseau, c'est-à-dire les pays, sont faibles ; il faut renforcer également la capacité d'évaluation du risque de chaque pays et des autorités nationales. L'Italie, de par son histoire, mais également de par sa position géographique, remplit un rôle de médiation dans une zone importante de notre planète. Le fait que nous ayons tant de points d'accès, que ce soit par mer ou par terre, fait que notre pays est une véritable porte privilégiée d'accès au continent européen ; mais c'est également un point d'intersection commercial et culturel. Voilà pourquoi, dès l'adoption du nouveau Règlement sanitaire international, nous avons lancé une activité intense de formation, de renforcement des capacités dans nos quelque 32 antennes de santé situées dans les différents ports et aéroports de notre pays, créant ainsi un réseau qui reçoit avec enthousiasme le nouveau Règlement sanitaire international.

C'est dans cet esprit que notre pays se doit de soutenir les pays européens bordant la Méditerranée, ainsi que d'autres régions de notre globe, en les aidant à développer les capacités nécessaires à la mise en oeuvre de ce nouveau Règlement sanitaire international.

En conclusion, l'Italie est parfaitement d'accord avec les recommandations de l'Organisation mondiale de la Santé s'agissant de la sécurité sanitaire internationale et elle est prête à mettre à disposition ses compétences techniques, son expérience dans un esprit de solidarité, de coopération et de collaboration entre les peuples.

Dr CAO MINH QUANG (Viet Nam):

Madam President, Dr Margaret Chan, Director-General, ladies and gentlemen, on behalf of the Viet Nam delegation, I wish to congratulate the President and the other officials for being elected to steer the World Health Assembly this year. I also wish to congratulate Dr Margaret Chan in her capacity as Director-General of the World Health Organization and wish her every success in her tenure.



Key challenges highlighted are the implementation of the International Health Regulations (2005) and the continuation of the prevention and control of outbreaks of emerging and epidemic-prone diseases such as avian influenza and HIV/AIDS. It is very appropriate that this year's World Health Day was devoted to international health security with the message "Invest in health, build a safer future". Viet Nam is proud to have gained international recognition for its successful containment of the outbreak of severe acute respiratory syndrome in 2003 and its good control of avian influenza in recent years. With political commitment maintained at high levels and active involvement in global and regional efforts to confront a potential pandemic influenza, Viet Nam has strengthened its capacity and is targeting becoming a regionally recognized centre for the prevention and control of avian influenza and other emerging diseases. Viet Nam responded to the World Health Day's theme by launching a meeting to praise the work of front-line workers on avian influenza control, and by participating in a high-level debate in Singapore where it raised concerns over the lack of attention on the part of leaders towards health in favour of economic development and called for more investment in health as the basis for sustainable development.

Viet Nam believes that communication and cooperation between countries is important in public health emergency control. Being one of the countries worst affected by avian influenza, Viet Nam shares the wishes and concerns of developing countries that are pursuing ways to best protect the health of their populations and global health in general. We reiterate our commitment to, as what we have actually done so far, transparent sharing of information, virus samples and other specimens for joint research and development of effective influenza vaccines, but we call for the right to be properly informed of how the virus samples sent are being used and to equitable sharing of benefits, particularly equitable access to vaccines in the context of the availability of such vaccines.

Viet Nam welcomes the Director-General's vision statement on health development, health security, capacity, evidence, partnership and performance, which are all essential to adapt WHO to the future challenges of being more focused and effective in its support to Member States. The Director-General's commitment to primary health care is very much appreciated by Viet Nam considering that the values and principles enshrined in the Declaration of Alma-Ata are still relevant in the 21st century. Values such as equity and universal access are not only more widely accepted now than in 1978, but are also key priorities for countries such as Viet Nam. Primary health care is about people empowerment and health systems supporting them to achieve the highest possible level of health. In Viet Nam, we are guided by the primary health-care principles to provide quality, affordable and accessible health care closer to the community.

Viet Nam, similar to many other low- and middle-income countries, has to shoulder a dual burden of both communicable diseases and noncommunicable diseases in the ongoing shift of epidemiology and the burden of diseases. Noncommunicable diseases currently account for 58% of deaths. And things are exacerbated by the growing problem of road accidents, which are causing an unacceptably high toll of deaths and disabilities in spite of efforts to prevent road traffic injuries in Viet Nam. This is a huge challenge to the health system to address the need for quality of health-care services that could cope with such a changing environment and demands.

Viet Nam is committed to accelerating its efforts to achieve the Millennium Development Goals and has made remarkable progress towards achievement of the health-related goals. The tuberculosis and malaria control programme in Viet Nam has been frequently cited as a good example of effective disease control, although continuing political commitment and funding will be required to sustain achievement. In maternal and child health, we have made good progress, but we must strive more particularly in maternal and newborn survival.

Viet Nam is becoming more deeply integrated into the world economy, attaining full WTO membership in January 2007 and participating in various bilateral and multilateral trade negotiations. With support from WHO, Viet Nam is building its capacity to promote coherence between trade and public health policies and to develop a mechanism to track and monitor the possible impacts of trade on health. We share the wide-spread concern about the issue of public health, innovation and intellectual property. It is our opinion that Member States should be more aware of, and active in, monitoring the impacts of intellectual property rights, especially the Agreement on Trade-Related Aspects of Intellectual Property Rights on access to medicines, and be encouraged to share experiences with each other through the WHO information network, and that WHO should develop a

set of tools to facilitate uniformed monitoring and assessment of these impacts in Member countries and find ways to help developing countries in their efforts to regulate prices of health services, including prices of patented and generic medicines.

Last, but not least, in the area of health systems and health information, Viet Nam expects WHO to take a lead role, as provision of quality and reliable information is the responsibility of WHO. The overall aim should be for WHO to provide objective information for policy decisions by governments and to support them in their aspirations to improve all aspects of the health system at all levels in their countries. WHO should have a lead role in providing advice and guidance on policy options to countries in their efforts to improve health governance and stewardship, health-care services, including quality of care, human resources and health financing.

Thank you very much for your kind attention.

M. YODA (Burkina Faso) :

Madame le Président, Mesdames et Messieurs les Ministres, Madame le Directeur général de l'Organisation mondiale de la Santé, honorables délégués, Mesdames, Messieurs, c'est un honneur pour moi de prendre la parole devant cette auguste Assemblée, au nom de mon pays, le Burkina Faso. Je voudrais féliciter la Présidente de la Soixantième Assemblée mondiale de la Santé pour le choix porté sur sa personne en vue de conduire nos travaux. De même, au nom de mon Gouvernement et en mon nom personnel, je félicite Mme. le Directeur général de l'OMS pour sa brillante élection à la tête de notre Organisation.

Madame le Directeur général, mon pays se réjouit de la priorité que vous accordez à l'Afrique en général et à la lutte contre la mortalité maternelle et néonatale en particulier. Vous pouvez être assurée du soutien du Burkina Faso ainsi que vous l'a confirmé le Président du Burkina Faso lui-même, lors de la dernière visite qu'il vous a rendue le mois dernier dans le cadre de votre heureuse initiative de réunion autour de la lutte contre les maladies tropicales négligées. Je voudrais aussi relever la pertinence du thème de cette Soixantième Assemblée mondiale de la Santé concernant la sécurité sanitaire internationale et réaffirmer que nos politiques et nos plans de santé doivent mettre un accent particulier sur cette sécurité sanitaire internationale. En effet, les menaces pour la santé ne connaissent pas de frontières. A l'heure où les échanges commerciaux et les voyages internationaux s'intensifient et se mondialisent, des maladies comme la grippe aviaire, le syndrome respiratoire aigu sévère, la pandémie de sida et d'autres maladies à potentiel épidémique peuvent franchir très facilement et très rapidement nos frontières et menacer la sécurité sanitaire individuelle et collective. C'est la raison pour laquelle le plus grand nombre possible de pays doivent pouvoir participer à nos travaux, dont Taïwan.

C'est pour contribuer au contrôle de ces risques que l'Organisation mondiale de la Santé a adopté depuis 1969, puis révisé en 2005, le Règlement sanitaire international. Il est évident que notre pays est partie prenante à ce Règlement sanitaire international dont la révision a connu notre participation active au niveau du Groupe africain. Le Burkina Faso a déjà pris les dispositions nécessaires à son entrée en vigueur, à savoir : la désignation de son expert pour la constitution de la liste d'experts du RSI et la désignation du point focal national RSI. Notre contribution à la mise en oeuvre du RSI se fera grâce à la stratégie de surveillance intégrée de la maladie et de la riposte, notamment par les actions suivantes : la détection précoce des maladies à potentiel épidémique et leur notification hebdomadaire à l'OMS et aux partenaires. Des actions d'information seront également entreprises pour une large diffusion des dispositions du RSI au niveau national. Il sera organisé des réunions de concertation avec les départements concernés par la mise en oeuvre du RSI, tels que ceux chargés des transports, du commerce, de l'élevage, de l'agriculture, de l'administration territoriale et autres secteurs. La surveillance sanitaire sera renforcée aux points d'entrée, notamment les aéroports et les carrefours routiers internationaux.

Lorsque la prévention échoue, les pays doivent pouvoir disposer de moyens de riposte en cas d'épidémie déclarée, surtout lorsque ceux-ci ont adopté des plans de préparation et de riposte aux épidémies, comme c'est le cas de mon pays. Cela m'amène à évoquer la question de la disponibilité de vaccins, notamment des vaccins contre la méningite. En effet, le Burkina Faso a connu une grave et grande épidémie de méningite en 2007. Si nous avons pu maintenir le taux de létalité autour de 7 %,

par contre, nous avons rencontré beaucoup de difficultés à acquérir les quantités de vaccins nécessaires pour réaliser des vaccinations réactives. Nous suggérons fortement que cette question importante fasse l'objet de réflexion au niveau des instances concernées et que l'OMS engage un puissant et constant plaidoyer dans ce sens au niveau du groupe international de régulation dont elle fait partie.

Je vous remercie de votre aimable attention.

La Dra. Soledad BARRÍA (Chile):

Señora Presidenta, distinguidos delegados: queremos expresar nuestro respaldo al trabajo que ha venido desarrollando esta Organización y reafirmamos nuestro compromiso con la seguridad sanitaria y solidaridad internacional, valores que la han inspirado desde su creación.

En Chile, país lejano y aislado, sabemos que las barreras naturales de nada sirven frente a la globalización de los riesgos para la salud pública. Existe una mayor facilidad para la diseminación de agentes infecciosos, la adopción de patrones de comportamiento y consumo, muchas veces asociados al incremento de las enfermedades no transmisibles, traumatismos y violencia. Los procesos migratorios, consecuencia de conflictos bélicos, desastres naturales o la búsqueda de un mejor porvenir, generan condiciones que favorecen la aparición y propagación de nuevas enfermedades, que además afectan más a las personas en condiciones de mayor vulnerabilidad social, transformándose en una nuevas fuente de desigualdad en salud.

Se requieren instituciones y normas para generar una mayor seguridad sanitaria, que a la vez armonice con el intercambio comercial, fuente de importante desarrollo económico para muchos de nuestros pueblos. Chile, junto al resto de la comunidad sudamericana, colaboramos eficazmente en el proceso de aprobación del nuevo Reglamento Sanitario Internacional, y estamos haciendo esfuerzos para estar a la altura de los desafíos que nos impone. Hemos trabajado colectivamente, tanto en el seno del MERCOSUR como en el de la Comunidad Andina de Naciones, analizando nuestras debilidades y fortalezas y elaborando proyectos que permitan cumplir plenamente, y en los plazos acordados, con las capacidades que el Reglamento exige.

Una expresión muy concreta de los desafíos que enfrentamos en materia de seguridad sanitaria internacional es lo que sucede con la gripe aviar y el riesgo del virus pandémico. Chile apoya decididamente las actividades que ha desarrollado la Organización en esta área; hemos trabajado en la preparación del plan nacional y hemos colaborado con la comunidad internacional, participando en el Grupo de Trabajo sobre la Pandemia y contribuyendo en el Protocolo Genérico de Vigilancia de Influenza, elaborado por la OPS y el CDC, que se basa en el modelo chileno de vigilancia centinela de morbilidad y virus respiratorios implementado en nuestra red de atención primaria desde el año 2002. Todas las medidas de preparación para enfrentar las amenazas a la seguridad por razones sanitarias son extremadamente importantes. Y por ello mismo es imprescindible también el fortalecimiento de las capacidades sanitarias nacionales permanentes. El fortalecimiento de los sistemas de atención, de acceso, de protección social en salud es absolutamente necesario también para disminuir los riesgos y las amenazas a la seguridad. El VIH/SIDA, por ejemplo, objeto de la mayor preocupación que enfermedad alguna ha tenido en la historia humana, sería más factible de enfrentar si los países tuviéramos sistemas sanitarios potentes, llevando a cabo campañas de prevención efectivas, promoviendo estilos de vida más seguros, con comunidades participativas, con mayores niveles de educación, donde las condiciones de trabajo permitieran a sus hombres y mujeres no requerir del comercio sexual para sobrevivir. En definitiva, si contaran con sistemas de protección social adecuados. ¡Qué duda cabe señores delegados de que sería más fácil!

Estamos haciendo esfuerzos en distintos temas, el ejemplo del tabaco es uno de ellos. Porque si enfrentamos lo problemas de salud, con enfoques más integrales, donde abordemos las causas de las causas de las enfermedades, donde pongamos el esfuerzo en el agua potable y menos en el medicamento para tratar la diarrea, donde pongamos el esfuerzo en la nutrición de la embarazada más que en incubadoras para recuperar a los prematuros. Se trata de recuperar parte esencial de la salud pública, se trata de la perspectiva de los determinantes de la salud y los determinantes sociales, que es también trabajar por una mayor seguridad para todos, de forma más estable y con mejoría de la calidad

de vida. Pensamos que no hay otro camino y los enormes recursos perdidos en enfoques puntuales lo demuestran dramáticamente.

La protección social en salud, la lucha contra la exclusión, es tan importante como el reforzamiento de las redes de atención pública, para enfrentar los grandes problemas de seguridad sanitaria como son las pandemias, los desastres naturales u otros.

El Gobierno que represento está desarrollando un vasto plan de protección social con iniciativas en múltiple aspectos, haciéndose cargo de la necesidad de que el Estado aumente progresivamente su responsabilidad social. Contamos con un sistema de protección en salud que alcanza una cobertura de más del 90% de la población, y estamos trabajando para incorporar a otros trabajadores, formales e informales, a la seguridad social. Hemos construido también un sistema de servicios de salud basado en la atención primaria, desplegado en todo el territorio nacional y que funciona en redes de atención. Desde el punto de vista de las personas, instauramos garantías explícitas para los problemas de salud de mayor carga de enfermedad, incorporando como derechos exigibles legalmente el acceso, la oportunidad, la cobertura económica, incluyendo los medicamentos, y la calidad. Es un cambio de enormes proporciones que sitúa a los chilenos en condiciones nuevas de ciudadanía.

Estamos también luchando en otros frentes, como es la lucha contra las discriminaciones de género o la discriminación étnica. Es un gran esfuerzo para hacer de Chile un país más seguro y saludable. La voluntad política y el compromiso para el financiamiento son fundamentales. Los gobiernos deben dar prioridad a las inversiones destinadas a la salud pública.

Invertir en salud es construir seguridad. Pero para invertir en salud es también indispensable la cooperación y la solidaridad internacional. Saludamos las nuevas iniciativas que buscan colaborar con los países más pobres, y Chile se enorgullece de promover y participar en el UNITAID. Necesitamos otros mecanismos que aborden temas relevantes como la desnutrición maternoinfantil, y especialmente la organización de servicios para hacer realidad un mundo más seguro e inclusivo para todas las poblaciones.

Señora Presidenta, distinguidos miembros de esta Asamblea: Chile y nuestra Presidenta tiene un profundo compromiso con estos ideales.

Muchas gracias.

Dr CHUA SOI LEK (Malaysia):

Madam President, honourable ministers, excellencies, distinguished delegates, ladies and gentlemen, Malaysia would like to take this opportunity to congratulate Dr Margaret Chan on her appointment as the WHO Director-General and also you, Madam, as the President of the Sixtieth World Health Assembly. We would also like to congratulate WHO on the timely selection of international health security as the theme for this year, as the new International Health Regulations (2005), will be coming into effect this year.

The world today faces many challenges in terms of health security. Emerging and re-emerging infections, natural and man-made disasters, as well as human conflicts: all pose threats to international health security. We have seen, and will continue to see, devastations caused by tsunamis, earthquakes and floods, and their huge impact on the health of those affected. Also of concern are issues associated with biological, chemical and radiological toxic wastes, as their unsafe use and disposal can be a threat to international health security.

Rapid modes of transport, increased travel and trade, and increasing international migration of people are contributing to the spread of disease. The outbreak of severe acute respiratory syndrome has shown that we cannot work in isolation and need to work with each other to protect the health of our people, as deadly microbes do not respect national boundaries. Today, avian influenza is another example of the need for us to cooperate and collaborate at the regional and global levels.

Malaysia is fully committed to working with WHO and Member countries in strengthening health security. We believe that the new International Health Regulations (2005) and its full implementation will play a vital role towards achieving this objective.

We have therefore taken, and will continue to take, steps to enforce the International Health Regulations (2005). Last year, we introduced new legislation to regulate the importation and exportation of human remains, human tissues, and pathogenic organisms and substances. These are of

direct relevance to Article 46 of the International Health Regulations (2005) pertaining to the transport and handling of biological substances, reagents and materials for diagnostic purposes.

The decision instrument in Annex 2 of the International Health Regulations (2005) will, in our opinion, play a vital role in facilitating Member countries in the process of handling public health emergencies of international concern.

Training and infrastructure development are other key areas required to meet the challenges posed by infectious diseases and disasters. To this end, Malaysia has participated in many regional and international initiatives, including simulation exercises for avian influenza and tsunami. We are investing in human capital development and in developing the capabilities of our laboratories. We are equipping the Crisis Preparedness and Response Centre at our Ministry of Health with teleconferencing facilities to facilitate local, regional and international communications should the need arise. Vaccine procurement and development are also areas that we are paying attention to.

Malaysia has played, and will continue to play, its role to strengthen international health security further. To support this effort, we have in fact contributed US\$ 1 million for global eradication of poliomyelitis.

I thank you for your kind cooperation and attention.

**The meeting rose at 17:40.**

**La séance est levée à 17h40.**

## **FIFTH PLENARY MEETING**

**Wednesday, 16 May 2007, at 09:10**

**President:** Ms J. HALTON (Australia)

## **CINQUIEME SEANCE PLENIERE**

**Mercredi 16 mai 2007, 09h10**

**Président:** Mme J. HALTON (Australie)

### **1. REPORT OF THE COMMITTEE ON CREDENTIALS<sup>1</sup> RAPPORT DE LA COMMISSION DE VERIFICATION DES POUVOIRS<sup>1</sup>**

The PRESIDENT:

The Health Assembly is called to order. Today, the Health Assembly will consider the first report of the Committee on Credentials, which held its meeting yesterday under the chairmanship of Mr Al Ameri of the United Arab Emirates. The report is contained in document A60/53, which you have all received. Does the Health Assembly wish to comment on the report? In the absence of any comments, does the Health Assembly agree to approve the report? I see no objection. The report is therefore approved.

### **2. EXAMINATION OF CREDENTIALS VERIFICATION DES POUVOIRS**

The PRESIDENT:

In addition to this report, I have been informed by the Secretariat that, since yesterday's meeting, formal credentials have been received from Central African Republic, Ethiopia, Kyrgyzstan and Tajikistan, Member States that had previously submitted provisional credentials, as is reflected in the Committee's report.

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<sup>1</sup> See reports of committees in document WHA60/2007/REC/3.

<sup>1</sup> Voir les rapports des commissions dans le document WHA60/2007/REC/3.

It has not been feasible to convene the Bureau of the Committee to examine these formal credentials; however, in accordance with previous practice, I have examined the formal credentials of these Member States and have found them to be in keeping with the Health Assembly's Rules of Procedure. I would therefore recommend to the Health Assembly that Central African Republic, Ethiopia, Kyrgyzstan and Tajikistan be accepted as having formal credentials.

Does the Health Assembly agree with this procedure? I see no objection. It is so decided.

**3. ADDRESS BY THE DIRECTOR-GENERAL (continued)**  
**ALLOCUTION DU DIRECTEUR GÉNÉRAL (suite)**

The PRESIDENT:

Ladies and gentlemen, we shall now resume our discussion on item 3 of the agenda.

May I invite today's first speaker, the honourable Minister from Canada, to address the Health Assembly.

Mr CLEMENT (Canada):

Madam President, distinguished delegates. Madam President, may I congratulate you on your election as President of the Sixtieth World Health Assembly, and Madam Director-General, let me also congratulate you officially on your appointment as WHO's new Director-General. Dr Chan, I know we will all benefit from your vision, leadership and commitment as you take on the enormous challenges before you. Rest assured that you have Canada's full support.

When it comes to global health, we talk, more and more, in terms of health security. And in Canada's view, our strongest asset is shared knowledge, and cooperation, our smartest strategy. For Canada, 2003 was the year of severe acute respiratory syndrome. It taught us, first-hand, the importance of international cooperation and information sharing as a means to best protect local, national and, therefore, global health. Today, severe acute respiratory syndrome may not be active and avian influenza may not be as common a topic of public discussion as it was a year ago, but the issue of sample sharing is central to our discussion this year. And, for our part, Canada views sample sharing as serving the better interests of global health security and, therefore, the interests of the world.

**(The speaker continued in French.)**  
**(L'orateur poursuit en français.)**

Madame le Président, pour le Canada, le débat sur la protection de la santé est indissociable du débat sur le rôle de l'innovation dans l'amélioration de l'accès mondial aux médicaments nécessaires pour traiter les maladies qui touchent principalement les pays en développement.

Aujourd'hui, le Canada contribue plus que jamais aux efforts mondiaux pour mettre au point des vaccins abordables et accessibles, qui seront nos outils les plus efficaces pour lutter contre les maladies infectieuses.

Nous sommes heureux de verser 1 million de dollars au Plan mondial d'action pour accroître les réserves de vaccins contre une éventuelle pandémie de grippe.

**(The speaker continued in English.)**  
**(L'orateur poursuit en anglais.)**

In addition, earlier this year, our Government announced in Rome that it would double its contribution to the Advanced Market Commitment to US\$ 200 million in the global effort to create a pneumococcal vaccine that will benefit the world's poorest nations. Less than a month later, last February, our Prime Minister announced a partnership with the Bill & Melinda Gates Foundation and launched the Canadian HIV Vaccine Initiative. This will coordinate Canada's contribution to the global effort of developing a safe, effective, and affordable HIV vaccine.

And now I want to move to the issue of health and the environment. Day by day, it is becoming clearer that a healthy environment and a healthy population are one and the same. This is especially clear with respect to chemical substances. Many of those used in society today improve our quality of life and are not harmful. However, some have the potential to cause harm, and should be used only when the risks are appropriately managed. In December 2006, we launched Canada's Chemicals Management Plan. As part of this, industries are required to provide our Government with information about how they are managing chemical substances of high concern. Every three months, we publish a list of chemical substances. Then, industries and other stakeholders have up to six months to provide information on how they use, manufacture or import these chemicals. Based on the response, we determine appropriate actions to protect the health of our people, and our environment. In fact, on 12 May, we published our second listing. We believe the global community may find this new approach to be helpful, and we are more than happy to share our knowledge and experience with everyone here.

And now, Madam President, I want to close by repeating something I said earlier this year in Nairobi at the opening of the International Infectious Diseases Centre: together, "... in the face of perils which don't respect borders, our best response is ensuring our knowledge and action also transcends geographic boundaries". To a large degree, this is what WHO is all about. And whether it comes to continuing our work internationally to safeguard our societies from a pandemic; contributing to the drive to develop desperately needed vaccines; or sharing our success in developing new policy to protect our people and our environment, Canada will always stand as a ready, willing and compassionate partner, as we work, together, towards a healthier and more secure world for all. Thank you.

Mrs TUYA (Mongolia):

Your Excellency, President of the Sixtieth World Health Assembly and honourable ministers, ladies and gentlemen. On behalf of the Government of Mongolia, I would like to convey my sincere gratitude to the World Health Assembly for providing the opportunity for me to make this presentation. Recognizing that threats to health know no borders, that investing in health is a critical task in order to be able to build a safer future, that insecurity leads to poor health and that establishing preparedness and quick response improves international health security, the Government of Mongolia has established clear directions for the development of its health sector for the next 10 years in the form of the Health Sector Strategic Master Plan 2006–2015. Considerable attention has been given in this Plan to international health security issues.

With the support of WHO and other international partners, the Government of Mongolia has initiated and undertaken the following activities. With regard to avian influenza, in February 2007 the Government of Mongolia developed and ratified a national contingency plan for preparedness and response to avian influenza outbreaks and human influenza pandemic. A broad partnership has been established among the Government of Mongolia, WHO, the World Bank, Centers for Disease Control and other United Nations agencies and other donors for further improving preparedness and response to avian influenza outbreaks and human influenza pandemic. Regarding the mechanism for the management of potential risk in poliomyelitis eradication, an acute flaccid paralysis surveillance system is in place and functional in Mongolia. Concerning tuberculosis control, Mongolia has reached global targets in terms of case detection rate and treatment success rate since 2003. With regard to implementation of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, the National AIDS Committee was re-established in October 2006, headed by the Deputy Prime Minister of the Government of Mongolia. It is a high-level



coordination body for implementation of the National AIDS Control Programme in Mongolia with support from the United Nations Theme Group on HIV/AIDS.

Capacity building and system development has also been undertaken and the Ministry is moving towards preparing for setting up a sector-wide approach. This will also contribute to strengthening further the coordination of official development assistance in the health sector and improving the participation and coordination of the international partners and other domestic and international stakeholders in government and in civil society. The above actions, along with others, will improve the Ministry of Health's ability to respond to national and international threats to health in a prompt and effective manner. The Ministry intends to build capacity further, while at the same time implementing various health projects and delivering the required range of health services to the population of Mongolia. The Government of Mongolia appreciates the support of WHO and all international partners in the development of its health sector. Let us work together more effectively for better health.

Mr ISHIDA (Japan) (*interpretation from the Japanese*):<sup>1</sup>

Madam President, Director-General Chan and representatives of Member States, I am delighted to be standing here, on behalf of the Government of Japan, to talk about the efforts being made by our country to combat global health issues.

In January 2007, we welcomed as the new Director-General of WHO, Dr Margaret Chan, in her role as the leader of global efforts to tackle health service issues. The Japanese Government is looking forward to seeing Dr Chan build upon the great successes achieved by Dr Lee Jong-wook, the previous Director-General, and lead WHO towards greater development.

Nowadays, issues of health must be discussed in the context of wider globalization. We find ourselves under threat from infectious diseases, such as avian influenza and new strains of the influenza virus which, having started in one region, can cross borders and spread across the entire globe within mere days. In order to respond to these problems quickly, related parties throughout the world need to disclose and share information and to cooperate and work together.

Today avian and pandemic influenza is a common threat to humanity, and it is crucial for the international community to take effective measures based on consensus. In light of this, in March this year, Indonesia, together with WHO, hosted an international conference to talk about more effective measures, and we commend the Indonesian Government for this effort.

The National Institute of Infectious Diseases has recently received specimens from Indonesia. This is not the result of a Material Transfer Agreement between Indonesia and Japan; rather, the specimens are to be shared under the WHO Global Influenza Surveillance Network in accordance with WHO policy. It is important that the country with the outbreak of the virus should offer the specimens, which should be shared by the international community under the existing WHO network in order to combat pandemic influenza speedily. It is the task of the international community to ensure global sharing of specimens as well as fair access to influenza vaccines, and we sincerely hope that WHO plays a crucial role in this regard.

In light of the universality of WHO, with its central aim of promotion of better health for all peoples of the world, what is of crucial significance is the preservation of a public health and hygiene network with no geographical gaps, and that all local experts are able to participate in WHO activities. In particular, it is vital that related parties coordinate their approaches based on the International Health Regulations (2005). Great expectations will be placed on the role that WHO will play as we move towards these Regulations coming into effect in June 2007.

In order to advance measures against the global threat from infectious diseases such as avian influenza and other new strains of the influenza virus, Japan has spent around US\$ 220 million on programmes of international cooperation focusing mainly on Asia. We have worked both with international bodies and with individual countries to push forward the strengthening of surveillance, to

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<sup>1</sup> In accordance with Rule 89 of the Rules of Procedure of the Health Assembly.

stockpile antiviral medication, and to contribute proactively to equipment provision, human resources training and education, and the hosting of international meetings and assemblies.

On the initiative of the Korean Minister of Health and Welfare, Mr Si-min Rhyu, in April this year, the tripartite health ministers' meeting among Japan, China and the Republic of Korea was held in Seoul and it was agreed to strengthen the joint response against avian influenza in north-east Asia.

In the field of research, we are promoting the development of diagnostic kits and vaccines to combat the threat of pandemics. In order to build up evidence to form the basis of our strategy, and evidence which will be useful in evaluation, Japan must continue to work in close and proactive partnership with WHO within these areas of research.

We will continue to support the eradication of poliomyelitis and measures against tuberculosis, HIV/AIDS, malaria and parasites. Dr Chan has indicated that people in Africa and women are to be the focus of WHO efforts. Within those measures undertaken to secure the establishment of human security which Japan has promoted actively up until now, we have tried to focus our efforts on African people and women. The measures that WHO is taking seem to be very similar to those adopted in Japan, and thus we are delighted to support efforts which match our own.

Japan intends to work in close cooperation with WHO to continue its efforts to deal with complex issues of poverty, education, environmental protection and conflict, to secure the right to survival, the lifestyles and the dignity of all peoples, and to achieve the United Nations development targets.

Japan was home to the medical scientist Dr Hideyo Noguchi, who gained global acclaim for his commitment to research into infectious diseases. In his last years, Dr Noguchi travelled to Africa and passed away there, midway through his studies into yellow fever. We have established the Hideyo Noguchi Africa Prize in recognition of his great achievements and this will be awarded to those who have achieved outstanding results in the field of medical research or medical activities in Africa.

International health security is the theme of World Health Day 2007. The health of all people is faced with diverse threats: emerging infectious diseases and environmental change, natural disasters, biological terrorism, accidents involving chemical agents and radioactivity, and HIV/AIDS. These threats do not simply affect health but can also lead to economic instability. Japan has many natural disasters and thus we have a great deal of experience in disaster medicine. It is crucial that WHO, as the specialized health agency, uses its functions to the full extent against the various risks which international society is facing together. In Japan, the Cabinet has recently formulated a new health strategy. Within this strategy we will develop measures to promote good health and greater health awareness with a view to extending the healthy life expectancy in Japan, by placing the emphasis on how citizens can prevent illness in their own lives while at the same time encouraging a more autonomous self-aware movement. In addition, we are looking to support each and every citizen in living a fulfilled life in which they can utilize their skills and talents to the full, whether they are ill or handicapped or elderly. We did this by looking again at the role of the family and by strengthening communication through encouraging and utilizing innovations and technologies in Japan. The Japanese Government anticipates great outcomes from WHO-led measures against these lifestyle diseases. Japan fully supports the objectives of WHO activities, namely to achieve the highest possible standard of health for all people, in order that all people are able to enjoy good health. I believe it is only natural that Japan should, together with Director-General Chan and all the WHO Member States gathered here today, work to achieve this very noble and important aim. Thank you for your kind attention.

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

The United Kingdom of Great Britain and Northern Ireland strongly supports the content of the powerful and compelling speech given by the Director-General; we look forward to the Health Assembly demonstrating its commitment to supporting Margaret Chan and her work, not least by endorsing the Medium-term strategic plan 2008–2013, but also, crucially, by moving much further forward towards ensuring that funding arrangements secure a flexible and reliable basis for WHO to resource the priorities in the plan. Active WHO engagement in the United Nations reform process will also be essential.

This Health Assembly will consider issues of great importance to global health, not least how we fight pandemic influenza, how we ensure access to medicines and their rational use, health systems where we welcome the creation of the new WHO cluster, and also maternal and child health. And, in this context, we are delighted that there is a new Millennium Development Goal target to achieve universal access to reproductive health by 2015.

The United Kingdom has been particularly honoured this year to be associated with the World Alliance for Patient Safety programme of work, the initiative Clean Care is Safer Care has been a remarkable success and pledges by health ministers on health-care infection now cover more than 50% of the world's population. As Margaret Chan said, "health security is both a collective aspiration and a mutual responsibility". We must show global solidarity over the coming days, acting as a global community to protect ourselves from global threats.

A word here on pandemic influenza: there are many public health policy decisions in this field that are so far unresolved. This is quite understandable, partly because of the uncertainties in the behaviour of the disease, partly because of uncertainties about the effectiveness of public health interventions, and partly because of the large sums of money involved and the need to deploy resources wisely. But it is important with pandemic influenza that we do not slip into a comfort zone. The pandemic could strike at any time: it may be only months away as far as we know; it is a totally unpredictable situation. Therefore, it is very important that agreed strategies are signed off as quickly as possible on the basis of the best scientific and public-health consensus as it exists now. If we do not do that, and the pandemic were to strike before we were fully prepared, our credibility in the eyes of the public as a health community would be seriously damaged. We also need to push the research agenda on pandemic influenza as far as we can. The quest for an effective, safe, pluripotential influenza vaccine that is quick and cheap to produce is the ultimate challenge and we must work to see if the scientific community can provide us with that. There is work to do also on looking at innovative methods, for example, putting strains of possible pandemic influenza into the seasonal influenza vaccination programme. Technically that is not possible at the moment, but it is another area where research could pay very, very important dividends.

As health and health security move up the global agenda, the United Kingdom, similar to WHO and other Member States, is looking afresh at how it tackles international health challenges, and a few months ago we launched the report *Health is global: Proposals for a UK Government-wide strategy*, which sets out clearly the rationale for a more strategic approach in the United Kingdom to global health. We are currently consulting on that and looking forward to working with our partners to develop a definitive strategy for the future.

So, Madam President, these are huge challenges. We are working on them together and we look forward to the opportunity in the year ahead to address the important priorities identified by the Director-General. Thank you.

Dr MACHAGE (Kenya):

Madam President, the Kenyan delegation congratulates you on your election to guide the Sixtieth World Health Assembly. We also take this opportunity to commend the Director-General for convening this Sixtieth World Health Assembly.

The Kenyan delegation wishes to align itself with the statement made by the Honourable Minister for Health of Ethiopia on behalf of the African Region. In my statement I intend to give a brief outline of the challenges we face in the health sector and the progress made so far in my country.

Kenya has a population of 33 million. Sixty-five per cent of the population is below 15 years of age. Eighty per cent of the population is rural. About 50% live below the poverty line. GDP is KShs1415 per capita (US\$ 19) and GNP is KShs1406 (US\$ 19) per capita. The Human Resource Development Index has been fluctuating between 0.445 in 1975 and 0.540 in 1990. Currently, it is 0.491. Life expectancy at birth is 48 years. The maternal mortality rate is 414/100 000, the infant mortality rate is 77/100 000 and the under-five mortality rate is 115/100 000.

The health sector in Kenya has embarked on reversing the trends in health indices, which had been on a downward trend for the past 10–15 years. This was aggravated by several factors, including the high burden of HIV/AIDS. Currently, the country is implementing the second year of its National

Health Sector Strategic Plan (2005–2010), the theme of which is “reversing the trends”. The plan addresses equitable access to health services, quality of service delivery, health support systems, financing for the health sector and strengthening of partnerships to improve health service delivery. A key approach in the plan is the Kenya Essential Package for Health, which defines the health care for each age cohort of the human life-cycle at defined levels of health service delivery, starting from the community level. The community has been identified as the primary focus to promote health and prevent illness.

HIV/AIDS, malaria and tuberculosis remain the greatest causes of morbidity and mortality in my country. Our development partners (including the Global Fund to Fight AIDS, Tuberculosis and Malaria) have greatly supported initiatives to address these diseases. The key interventions for malaria include introduction of artemisinin-based combination therapy for effective treatment for uncomplicated malaria, free long-lasting insecticide-treated nets for children under five years and pregnant mothers. Another strategy is indoor residual spraying of households in epidemic-prone regions. Surveys from sentinel sites indicate that the proportion of children under five sleeping under long-lasting insecticide-treated nets has increased from 3.1% in 2001 to 65.3% in 2006–2007. Over the past three years, ownership of insecticide-treated nets in the country has increased from 16% to 49%. Net ownership among the low-income group has increased significantly. Over the same period, no epidemics have been experienced in the epidemic-prone regions. Intermittent presumptive treatment of malaria in pregnant mothers is carried out in all health facilities.

The country has made great progress in the control and management of HIV/AIDS. Prevalence has dropped from 10% in 1997 to 6.7% in 2006. It is higher in the urban areas (10%) than in the rural areas (5.6%). The prevention, treatment and support services have been strengthened in all parts of the country. In 2003, when the “3 by 5” initiative was launched, there were only 2000 patients on antiretroviral drugs in the country. Today this has increased to 130 000 patients out of 250 000 eligible patients.

The burden of tuberculosis in the country is steadily rising. In 2006, the National Leprosy and TB Control Program reported a total of 115 234 tuberculosis cases, an increase of about 7% compared to 2005 (108 362). The tuberculosis case notification rate has increased more than tenfold since the 1990s. This increase is largely attributed to the effects of HIV and is reflected in the 52% coinfection of all tuberculosis patients in 2006. The case detection rate for the country is about 50% (WHO 2007 report). The treatment success rate of smear-positive tuberculosis cases has steadily improved from 79% in 2002 to 82% in 2006. The country has initiated TB/HIV collaborative activities which have led to a significant reduction in death rates.

We are greatly concerned about the maternal mortality rate, which remains high at 414 per 100 000 live births. Only 42% of deliveries are conducted by skilled attendants. To improve safe motherhood and newborn health, the country has adopted several strategies. These include improving the referral system through provision of ambulances, increasing the number of health facilities to improve access and increasing the number of health-care providers.

The country reported two confirmed cases of wild poliomyelitis last year after being free of poliomyelitis for 24 years. These were imported cases. The country responded by conducting three subnational immunization campaigns. No new cases have been detected so far. The subnational campaigns have been a major strain on the financial resources of the country. It is our view that countries that have remained free of poliomyelitis should be supported when they get imported cases.

The country also experienced an outbreak of Rift Valley fever early this year. There were a total of 662 cases and 154 deaths, about 23% mortality. The outbreak has been controlled. There is need to increase international support on Rift Valley fever and other zoonotic diseases affecting our region.

The public health sector has about 33 000 health workers, of which nurses account for about 47.5%. Between 1999 and 2003, there was no recruitment of health workers due to economic constraints and structural adjustment programmes. From last year to date, this has improved and about 3800 health workers have been recruited with resources from the Government and some development partners. However this number is still inadequate. The public sector has a shortage of 4000 nurses. Kenya is in a unique situation where it has a large number of skilled staff produced yearly from our training institutions, but we lack resources to recruit them into our workforce. This unusual state has made it possible for Kenya to provide nurses to some countries within the region through bilateral arrangements. The Government of Kenya has demonstrated its commitment to supporting the health sector by increasing funding from 4% in the mid-1990s to 9% of the national budget last year. Although this is still below the expected Abuja target of 15%, it is a big step in the right direction.

Despite the successes we have achieved, Kenya faces several challenges. A major challenge that we foresee in the near future is sustainability of the partner-supported programmes such as antiretrovirals and the new treatment for malaria. It is Kenya's position that WHO should focus on the sustainability of these global health initiatives.

The rising burden of tuberculosis is a major threat to the country. The risk of developing multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis is increasing by the day. Therefore the country needs to be assisted to curb this threat. Migration of skilled health workers to developed countries still remains a major challenge. Between 1993 and 2005, a total of 4393 health workers migrated from the country, mainly to the United States, United Kingdom and Australia. Although we can replace the numbers, it is impossible to replace the lost skills. Inadequate funding affects the implementation and the scaling up of many health interventions. In this regard, we wish to acknowledge the support we receive from our partners.

Madam President, despite the challenges faced, it is our belief that, with political commitment and international support, health in the African continent can be improved.

*Asante sana!*

El Dr. CORDOVA VILLALOBOS (México):

¡Muy buenos días a todas y a todos!

Doctora Jane Halton, Presidenta de la 60ª Asamblea de la Salud: Deseo felicitarla por su nuevo cargo con la seguridad de que desarrollará un magnífico trabajo.

Doctora Margaret Chan, Directora General de la Organización Mundial de la Salud: Le expreso nuestro reconocimiento a sus grandes empeños como Directora General.

Agradezco el alto honor de poder dirigirme a todos ustedes en el pleno de representantes de los países que conforman la Organización Mundial de la Salud. Aprovecho esta oportunidad para destacar algunos elementos que contendrá la política de salud de México en los próximos años, que como ustedes observarán se integran de manera armónica con las políticas de salud globales.

Es de todos ustedes aceptado que la atención a la salud requiere una sólida voluntad política del gobierno que asegure recursos económicos suficientes y que sustente la implementación de políticas públicas orientadas a satisfacer las necesidades, aspiraciones y derechos de la propia ciudadanía.

Recientemente el Presidente de México, el Licenciado Felipe Calderón, anunció una convocatoria para solicitar un compromiso nacional por y para la salud. Se trata de la «Alianza Nacional por un México Sano» como un llamamiento para que la sociedad, junto con los actores gubernamentales de los tres niveles de gobierno y los tres poderes, el sector académico y las diversas organizaciones no gubernamentales que integran el tejido social de nuestro país en el ámbito público, privado y social se ocupen y actúen por y para la salud.

México continuará con su política de garantizar el acceso universal a los servicios de salud con calidad y calidez para todos sus ciudadanos, independientemente de su condición laboral y sin que esto represente una causa de empobrecimiento para la población.

Por ello, en nuestro país, se ha tomado la decisión de continuar con el Sistema de Protección Social en Salud, incorporando de manera prioritaria a todos los niños recién nacidos a través del Seguro Médico para una Nueva Generación, que es el resultado de haber realizado un diagnóstico de las condiciones de salud de ese grupo vulnerable de la población, y además impulsaremos de manera vigorosa una estrategia

nacional de prevención y promoción para una mejor salud, con visión de largo plazo en donde se fortalecerá el abordaje de los principales determinantes de las enfermedades.

La transición demográfica y epidemiológica en que nos hallamos nos obliga a actuar con premura para capitalizar estos procesos, continuar avanzando contra las enfermedades del rezago y a la vez hacer frente de manera eficaz a las enfermedades crónico degenerativas que se han constituido en las principales causas de muerte. La reducción de las brechas, las diferencias regionales y las inequidades que aún prevalecen constituyen un compromiso ineludible, y por ello reorientaremos la inversión y el gasto en salud.

En México queremos que sea la propia sociedad el principal elemento del sistema de salud y estamos construyendo el compromiso para contar con un vínculo que fomente la unión, la conjunción y la aplicación ordenada de acciones con un mismo rumbo. Además, estamos impulsando acciones específicas o focalizadas para reforzar la presencia de la autoridad sanitaria y actualizar los marcos jurídicos que permitan avanzar en la aplicación de una regulación sanitaria dinámica y pertinente, para consolidar una política farmacéutica integral con todos los actores involucrados que garantice el abasto de medicamentos que México requiere, accesible para todos, oportuno, suficiente y sostenible en el largo plazo, respetando los derechos de patente, que permiten la innovación, e impulsando de manera contundente el desarrollo y uso de genéricos intercambiables.

Estamos comprometidos con el cumplimiento de las metas del milenio en lo que respecta a disminuir la mortalidad maternoinfantil y seguimos avanzando en ese terreno, e implementaremos lo establecido en el Reglamento Sanitario Internacional.

La preparación para atender las emergencias de salud pública, tanto locales como regionales o globales, ha incluido la intensificación de la detección oportuna de enfermedades en unidades de salud, el fortalecimiento de la Red Nacional de Laboratorios de Salud Pública, la capacitación intensiva al personal de salud y de otros sectores estratégicos, y la adquisición de insumos para prevenir y controlar enfermedades, a lo que se suma la Unidad de Inteligencia para Emergencias en Salud, lo que hace que México se mantenga en una posición destacada en la respuesta a incidentes que ponen en riesgo la seguridad en salud - como es el caso de la gripe aviar - en consonancia con las políticas que la propia OMS ha promovido.

Agradeciéndoles a todos ustedes la atención prestada, reitero el compromiso de México para participar activamente en los programas que la Organización Mundial de la Salud emprenda a fin de asegurar un orden y prioridad supranacional en beneficio de la salud en el concierto mundial de los países. Muchas gracias.

La Dra. HEREDIA (Bolivia):

Doy las gracias a la Presidenta por darme la palabra y permitirme presentar un saludo cordial a todos los ministros y representantes de los países del mundo en nombre del Presidente de Bolivia el Sr. Juan Evo Morales Ayma.

El Derecho a la Salud. Bolivia forma parte de los países del área andina, una región que cuenta con 141 millones de habitantes, y si se quiere hablar del subcontinente, cuyas cifras desoladoras de pobreza y exclusión social ascienden a cerca del 27% de la población. A pesar de ser una de las regiones más ricas del planeta, el 50% de la población vive en condiciones de pobreza, o de extrema pobreza.

Nuestros países no son pobres, han sido empobrecidos por cientos de años de explotación y colonialismo. Uno de los pueblos más pobres del subcontinente es mi país, Bolivia, un país que, sin embargo fue el que abasteció de uno de los minerales más ricos, la plata, a Europa durante más de 200 años.

En Bolivia el 26,5% de los niños menores de cinco años tiene algún grado de desnutrición. El 27% de la población carece de acceso a servicios de salud por razones geográficas, económicas o culturales. La conocida Reforma de la Salud de los años ochenta y noventa trajo como modelo la privatización de los servicios públicos de salud, lo que ha contribuido a incrementar las cifras de exclusión social. Una tercera parte carece de agua potable, y esa cifra en vez de disminuir ha ido en aumento. Hay grandes brechas e inequidades en salud, elevadísimas cifras de muertes infantiles y maternas por causas fácilmente prevenibles. Un poblador originario de nuestra Amazonia tiene 100

veces más probabilidades de tener malaria que un criollo o mestizo que habite la misma zona. En una misma ciudad hay urbanizaciones con mortalidad infantil menor de cinco y otros barrios cercanos y populosos con cifras superiores a 100. Son brechas que caracterizan un modelo de desarrollo injusto que concentra la riqueza en pocas manos y produce desempleo y pobreza a grandes mayorías.

Hoy en mi país, Bolivia, estamos enfrentados con el modelo neoliberal que llevó a privatizar lo público, ofreciendo a los pobres sólo mínimos paquetes de prestaciones básicas. Hoy, por el contrario, en Bolivia los niños y adolescentes hasta los 21 años tendrán acceso gratuito a los servicios de salud, también lo harán los mayores de 60 años, las embarazadas y parturientas, además de tener garantizada la salud sexual y la detección del cáncer cervicouterino a lo largo de la vida.

En Bolivia hemos resuelto asumir el reto histórico de anular la exclusión social y estamos movilizados por un tema central: el derecho a la salud y a la vida, a través de un fuerte programa de alfabetización, de identificación personal y de construcción de un sistema de salud universal, accesible, de calidad y adecuado a nuestras raíces originarias. El programa Desnutrición Cero para los niños menores de cinco años se suma a los retos éticos de hoy y de mañana.

Hemos creado un Viceministerio de Medicina Tradicional con la tarea de organizar a los médicos tradicionales, estimular la recuperación de los saberes tradicionales y estimular la articulación de la medicina tradicional con la medicina académica, bajo el criterio de que la salud no es obra sólo de los técnicos sino de todas las fuerzas y sectores organizados.

Por eso nuestro primer llamamiento tiene por objeto la movilización por el derecho a la salud y a la vida, simplemente porque concebimos la salud como un derecho social fundamental que debe ser garantizado por el Estado, con la activa participación de los ciudadanos y comunidades.

La Integración. También, señora Presidenta, hemos hecho de la integración una prioridad. En un mundo globalizado, donde la enfermedad y la pobreza no conocen límites, las naciones son pequeñas e insuficientes para enfrentar los temas de gran magnitud, enfrentar temas como el calentamiento global y su impacto sobre la salud y el ambiente, el riesgo creciente de desastres, de enfermedades emergentes y reemergentes que no conocen fronteras y se diseminan a gran velocidad, y esos problemas sólo podremos enfrentarlos juntos.

Necesitamos integrarnos todos, luchar juntos para evitar la comercialización de la salud, para evitar el uso y el abuso de la ciencia por la empresa privada, para evitar la comercialización de vacunas y medicamentos y de todo tipo de descubrimientos que pretendan conseguir ganancias a costa de los pueblos, a costa del hambre y de la muerte.

Estamos convocados a unirnos para garantizar que los niños no mueran de hambre, convocados para que los ojos de los pobres, los ojos de nuestros pueblos, recobren la esperanza y la dignidad.

Un último mensaje: la tierra, nuestro planeta y única morada está gravemente herida: el deterioro ambiental, la voracidad de un sistema económico que sólo piensa en la ganancia, han generado eso que hoy llamamos el calentamiento global, que genera profundos cambios climáticos que afectan a la salud, producen nuevas enfermedades, empeoran las ya existentes, y amenazan a mediano plazo nuestra supervivencia como especie. Hay múltiples evidencias científicas en el último informe de las Naciones Unidas, como la deforestación voraz de la Amazonia, la extinción de miles de especies, así como la desaparición de nuestros glaciares andinos.

Debe ser una prioridad de esta Asamblea exigir al mundo, a las Naciones Unidas, a todos los foros competentes, que tomen medidas urgentes para la protección del planeta, porque lo que está en juego ya no es sólo la salud o la tan anhelada paz mundial, es la propia vida de todos y cada uno de nosotros.

Nos incumbe a nosotros, los dirigentes actuales, tomar las medidas más enérgicas para evitar la destrucción de la tierra, para evitar el negocio a costa de los pobres, y para no tener que seguir viendo pasivamente a miles de niños y adultos muertos de hambre. Esta tarea es central para la Organización Mundial de la Salud.

Unamos nuestras voces para clamar y exigir un nuevo modelo de desarrollo donde prime el respeto y el derecho de todos, un modelo que demuestre que otro mundo sí es posible. Muchas gracias, señora Presidenta.

Dr FATIMIE (Afghanistan):

Madam President, Vice-Presidents, Director-General of the World Health Organization, honourable ministers, excellencies, distinguished delegates and guests, ladies and gentlemen. I would like, first of all, to congratulate you, Madam President, on your election to preside over the Sixtieth World Health Assembly, and to wish you success in this important assignment. In Afghanistan, a war-torn country in the past, the health sector is emerging as a leading social sector. Investment in health over the past three years is bearing fruit. The infant mortality rate has declined from an estimated 165 per 1000 live births to about 135 in 2006. Basic health services have expanded to cover 82% of the country's area and there has been a 25% improvement in the overall quality of health services. However, we are not satisfied, still there is a long way to go to provide access to basic health services for Afghans living in far, remote, underserved areas of the country.

Last year, the Health Assembly unanimously resolved to implement voluntarily parts of the International Health Regulations (2005). Afghanistan has adopted these Regulations after a consensus-building workshop with all the key players for their successful implementation. Afghanistan has been building its national capacity for responding to public health emergencies. An early warning system for disease is in place and is being expanded. Poliomyelitis eradication is the biggest global public health initiative since smallpox eradication. Afghanistan stands fully committed to this cause. The President of Afghanistan, Mr Hamid Karzai, has on many occasions in the country and at international fora expressed his commitment to poliomyelitis eradication as a priority of his Government. To date we have only had one case of poliomyelitis during 2007. Last month, we were honoured by the visit of the Director-General of WHO and the Regional Director for the Eastern Mediterranean. We had frank discussions on the conflict situation in the southern part of the country, which is hampering progress. We have faith in the neutral face of health and believe health can be a bridge to peace. Let me reaffirm, on behalf of the Ministry of Public Health of the Government of the Islamic State of Afghanistan and our key partners WHO and UNICEF and others, that we are fully committed to the earliest possible virus interruption, fighting out the last reservoir in the southern region of Afghanistan. Recently, the Malaria Control Centre was inaugurated by the Director-General and Regional Director during their visit to Afghanistan; this Centre will be the headquarters as well as the training/research venue for the national malaria and leishmaniasis control programmes.

The National Tuberculosis Control Program in Afghanistan has passed through a critical time of development. The programme has made a significant achievement in the expansion of Directly Observed Treatment, Short-course (DOTS) coverage, from 14% in 1999 to 100% in 2006.

We are thankful to the Director-General for her attention to the other key important areas of the health sector in Afghanistan, including women's health, development and empowerment.

As evidence of Afghanistan's commitment to international health security, in April 2006 the Ministry of Public Health hosted a historic regional health workshop on communicable diseases with the participation of the Regional Director as well as seven countries – Afghanistan, Iran, Iraq, Pakistan, Tajikistan, Turkey and Turkmenistan. The participants collectively signed and endorsed a document on regional collaboration in health known as the Kabul Declaration. The Kabul Declaration, which was unanimously agreed and committed to, recognizes the benefits to all the nations of joint cooperation in addressing the threat that communicable diseases poses to the well-being of the populations of our respective nations, to our region and to the global community. We believe that actions taken in concert by our respective nations will foster peace and reduce poverty, enabling the achievement of disease prevention and control, factors that will promote investment and development.

Three neighbouring countries – Afghanistan, Iran and Pakistan – are collaborating in the prioritized three major regional issues: health, disaster preparedness and population movement. Afghanistan is responsible for organizing regional collaboration on health and making preparations for the Health Ministers' meeting of the three neighbouring countries to discuss and commit to transparent sharing of information to prevent public health threats. Because of the limited health facilities and limited trained human resources in the country, any disease outbreak or the sudden influx of a large number of returning refugees can place a great deal of pressure on our health system's resources, causing disruption to service provision for the population. That is why the recent decision of our neighbouring country, the Islamic Republic of Iran, to expel Afghan refugees has caused a great deal



of concern for the social sector in Afghanistan, especially the Ministry of Public Health. We hope the Islamic Republic of Iran will be kind enough to halt the expulsion, so that we can care for those who have returned. Any further influx will indeed result in an emergency situation requiring international attention. Our relationship with the Islamic Republic of Iran has been very friendly and I hope the Government of Iran will alter the situation soon. We certainly hope our friendly relations will continue, promoting cooperation in caring for the people of our two neighbouring nations.

I believe we are on the verge of taking historic steps to reduce morbidity and mortality in Afghanistan. By the end of 2010, in line with Afghanistan's Millennium Development Goals, the Basic Package of Health Services will be extended to cover at least 90% of the population; maternal mortality will be reduced by 15%; full immunization coverage for under-five-year-olds for vaccine preventable diseases will be achieved and their mortality rates reduced by 20%.

I am happy to have shared our progress and challenges with this impressive gathering. We are thankful to the international community for supporting Afghanistan. To keep the pace of progress and to maintain the gains, we are in need of additional and continued support from donors and partners. We are certain that progress in the health sector is and will be an important factor in promoting peace and stability in our war-stricken nation. I thank you for your attention.

Mr GUNNARSSON (Iceland):

Madam President, Director-General, delegates, I want to start by congratulating the President on her election. I would also like to congratulate Dr Margaret Chan on her appointment as Director-General and I wish her every success in the difficult task ahead of her.

Ongoing globalization, with increased travel, communications and global trade, is making it easier for epidemics to cross national borders and, in that way, threaten our collective security. Such threats to health are indeed multiplying and moving much faster than ever before. Threats to health and security are many and diverse and they know no borders. These are often unexpected emergencies and outbreaks that can seriously affect and destroy the health and economy of nations. These include new and emerging diseases, epidemics, climate change, bioterrorism and other threats to health. They also include threats caused by diseases that we already know, such as HIV/AIDS. This disease threatens the stability of many countries as it affects the most active people of the society that keep the economies running and bear the children. Even though antiretroviral drugs can keep the disease under control, access to these drugs is still limited and the drugs tend to reach mostly people living in the richer and most developed parts of the world. Vaccines against HIV/AIDS are still not a reality, even if there are hopes on the horizon. Stigma, illiteracy, and extortion of women are in many places barriers to effective prevention activities. There is still much work to be done in this area, especially concerning the developing countries.

No health institution or no country alone can deal with these health threats. Partnership is becoming more and more important because of the diversity of the threats and their intersectoral nature. With effective partnerships both between and within nations, we are better prepared to control the spread of diseases. This needs to be done by transparency, timely information sharing, increased surveillance and improvement of health systems.

On 15 June the International Health Regulations (2005) will come into force. They will improve health security through strengthened effective mechanisms for outbreak alert and response both within WHO Member States and worldwide. The Parliament of Iceland has already adopted the necessary legal provisions for effective implementation of the International Health Regulations (2005) and is fully committed to act, together with WHO, other Member States and relevant partners, to improve international health security.

The response of WHO in the case of severe acute respiratory syndrome and avian influenza clearly demonstrated the importance of international coordination of appropriate actions. I am sure that the leadership and experience of Dr Margaret Chan are essential qualifications for making it possible for the Organization to respond firmly to possible emergencies and outbreaks of pandemic diseases. As was pointed out by the representative of the United Kingdom, we have no means of knowing when or if that will happen.

Having been one of Dr Chan's competitors for the post of Director-General and seen the strength that she showed in her campaign and after listening to her dynamic speech yesterday morning, I have no doubt that the Member States have made an excellent choice. Dr Chan, feel assured that the Icelandic Government, and indeed I, will fully support you in your challenging tasks ahead. Thank you.

Dr RAHMAN (Bangladesh):

Madam President, distinguished colleagues, health ministers, Dr Chan, Director-General, ladies and gentlemen, I warmly congratulate you Madam President, and members of your Bureau, on your unanimous election. We believe that health is central to all development activities. Our allocation for the health sector has increased progressively. The gains are impressive: the population growth rate has dropped to just over 1.5%, the total fertility rate has decreased to 3%, while maternal mortality declined to 320 per 100 000. Life expectancy has increased to 65 years. We have made gains in the fight against poverty-related diseases such as tuberculosis. The implementation of DOTS has had a 91.5% success rate. Major challenges remain, including the diagnosis and management of multidrug-resistant tuberculosis, treatment of TB/HIV coinfection, and empowering the patients and the community.

Our Measles Catch-up Immunization Campaign in 2006 has reduced measles mortality. Neonatal tetanus has decreased considerably over the past 15 years. Safe blood transfusion legislation is being implemented. Initiatives have been taken to introduce health insurance, and some modalities are at the experimental stage. We are implementing the Bangladesh Health, Nutrition and Population Sector Program, which is designed on a sector wide approach. The Programme has a special focus on vulnerable groups, especially children, the poor and the elderly. As one of the first signatories to the WHO Framework Convention on Tobacco Control (FCTC), we were quick to ratify it and enact national tobacco control legislation. Last month, we set up the National Tobacco Control Cell. This will enable us to implement anti-tobacco legislation, the WHO Framework Convention on Tobacco Control and the Bloomberg Global Initiative.

We also have many challenges to overcome. Poliomyelitis eradication is one such area. Bangladesh has been maintaining zero case status since 2001. Unfortunately, an imported case of wild poliovirus was detected in January 2006. With the active collaboration of WHO and UNICEF, we conducted six rounds of special National Immunization Days as well as one mop-up campaign in 2006. This isolated case is a reminder of the vulnerability of countries until poliomyelitis is eradicated from the world.

Turning to HIV/AIDS, Bangladesh is still a low prevalent country. But that does not make us complacent. We are taking steps to combat it. Under "Three Ones", we are implementing a national HIV strategy for 2004–2010. Malaria is a public health threat in our hill districts. Efforts are under way to reduce the burden of malaria by 50% and reverse the incidence by 2015 through affordable means of prevention and access to quality diagnosis and treatment. In recent years, Bangladesh has been under the threat of emerging severe acute respiratory syndrome and avian influenza. The National Avian and Human Pandemic Influenza Preparedness and Response Plan is now in its implementation phase.

In regard to vaccine preventable diseases, our challenges are to increase access to safe immunization, introduce new vaccines and expand surveillance. Developing countries should have easy access to these vaccines. WHO's initiatives in this area need to be strengthened.

Because our country is exposed to frequent natural disasters such as cyclones, floods and tornadoes, we need to further improve our health infrastructure and enhance capacity for addressing post-disaster health care emergencies. In addressing the challenges that we face, we see that solutions cannot be found only within the national realm. Globalization is rapidly changing the way we address health-related issues. This year's theme for the general discussions – international health security – is therefore timely. Regional and global cooperation is a must in developing integrated disease prevention mechanisms and diagnostic facilities. We must find ways to implement the International Health Regulations (2005) effectively to ensure global public health security.

Many of our countries suffer from a lack of pathology facilities for diagnosis. It is no longer an individual need. Assistance should be provided to establish laboratories in our countries where required. Furthermore, to allow more equitable access to vaccines, WHO should link up vaccine manufacturers in developed countries with those in developing countries to transfer vaccine manufacturing technology. Let me conclude by reiterating our commitment to ensure access to health care for a disease-free productive life. Thank you all.

Mr DE SILVA (Sri Lanka):

Madam President, Director-General, excellencies, ladies and gentlemen, first let me congratulate you, Madam President, and our Vice-Presidents, on your elections to this high office. On behalf of the Government and the people of Sri Lanka, I wish to offer my special congratulations and best wishes to our Director-General, Dr Margaret Chan, on being elected to lead this Organization for the next five years. With the exceptional commitment and leadership that Dr Chan brings to her work, we have the utmost confidence that WHO and the future health of the world are in very safe hands.

WHO's leadership is crucial at this time to achieve international health security and to successfully meet the current and newly emerging threats to public health. Sri Lanka has always endeavoured to ensure a high level of health for its people, in spite of protracted terrorist problems and natural disasters such as tsunami. Successive governments have considered free health and education as precious investments for future generations. The Government of His Excellency President Mahinda Rajapaksa has proven its commitment by endorsing and further strengthening the policy framework and granting an unprecedented 50% increase in the health budget this year.

Strengthening human resources for health has been one of the major activities of my Ministry in recent years. We have scaled up the training of the required skilled health personnel in Sri Lanka, to produce 15 000 new nurses and 2000 allied health workers in the next two years, thereby filling all the remaining vacancies in the sector. The earlier shortage of doctors, particularly in a few specialties, has on the whole been overcome. As a gesture of regional cooperation and solidarity we are also helping our neighbours such as Bhutan and Maldives in training some of their skilled health personnel. However, the brain drain represents a continuing problem in my country. We have discussed this matter previously in this Health Assembly, and WHO has tried hard to find solutions but no visible progress has been achieved.

In the field of nutrition, a recent UNICEF survey has revealed that Sri Lanka has recorded a breast-feeding index of 78% – the highest in south-east Asia, which has been made possible through many legal and administrative measures undertaken by the Government. However, under-nutrition in vulnerable groups is still a major area of concern, in spite of several innovative intervention programmes launched in the past three decades.

Among the important challenges ahead, we must note the emerging burden of noncommunicable diseases with the potential to cause both suffering to the afflicted as well as a drain on the national health budget. A national policy on noncommunicable diseases with an effective action plan for prevention is now being formulated. Sri Lanka was the first country in Asia, and the fourth in the world, to ratify the WHO Framework Convention on Tobacco Control. As a follow-up, Sri Lanka, through an Act of Parliament, has set up a National Authority on Tobacco and Alcohol, which is working very effectively.

Public-private partnerships are essential for health development in a developing country. In this regard, Sri Lanka has recently introduced the Private Medical Institutions Bill that will facilitate and regulate the private health sector.

Sri Lanka has long been associated with the pioneering work of WHO, through the adoption of the essential medicines concept 30 years ago. This concept has been further strengthened in my country by the recently introduced National Medicinal Drug Policy, which strives to ensure the availability of quality drugs at affordable prices and to promote their rational use.

Sri Lanka has successfully managed to control and contain the HIV/AIDS epidemic. In this connection, the Eighth International Conference on AIDS in Asia and the Pacific will be held in Sri Lanka from 19 to 23 August this year, which we plan to make a grand success and a landmark

event in our region. Your excellencies, ladies and gentlemen, it is my pleasure and privilege to invite all of you to my country to attend this important meeting.

Thank you very much for your attention.

Dr DERNVOY (Kazakhstan):

Д-р ДЕРНОВОЙ (Казахстан):

Глубокоуважаемая г-жа Председатель, уважаемые дамы и господа,

Разрешите поприветствовать вас и поблагодарить за предоставленную возможность обсудить вместе с вами актуальные вопросы дальнейшего сотрудничества в области глобального здравоохранения. Делегация Казахстана рада приветствовать г-жу Халтон (Halton) в качестве Председателя юбилейной Шестидесятой сессии Всемирной ассамблеи здравоохранения.

Позвольте также поздравить Генерального директора Всемирной организации здравоохранения г-жу Маргарет Чен с ее избранием на столь высокий пост и пожелать ей успехов в этой высочайшей миссии!

Г-жа Председатель,

Важным компонентом устойчивого развития и безопасности любой страны является здоровое население. Через неделю 20 и 22 мая Экономическая и Социальная Комиссия ООН для стран Азии и Тихого океана (ЭСКАТО) проведет свою юбилейную шестидесятую сессию в Казахстане, в городе Алматы, и рассмотрит вопросы и вызовы, с которыми сталкивается современная система здравоохранения.

Казахстан поступательно выполняет решения, принятые на Ассамблее и Исполкоме Всемирной организации здравоохранения, и остается приверженцем своевременного достижения Целей тысячелетия в области развития.

Среди приоритетов Глобальной повестки дня по здравоохранению Генеральный директор ВОЗ в своем великолепном докладе выделила Декларацию по первичной медико-санитарной помощи, принятую 30 лет назад в Алма-Ате. Глобальное здравоохранение претерпело огромные изменения за это время. Необходимы анализ и оценка настоящего состояния первичной медико-санитарной помощи. На наш взгляд, наступил момент, когда необходимо рассмотреть значение первичной медико-санитарной помощи в условиях современного мира.

Многие страны уже начали активную подготовку к столь важной для глобального здравоохранения дате. Мы приветствуем инициативу правительства Аргентины по проведению в августе 2007 г. большой конференции по первичной медико-санитарной помощи и заявляем о том, что Республика Казахстан принимает приглашение и будет активной участницей этой конференции.

Пользуясь этой высокой трибуной, я также хотел бы проинформировать вас о том, что правительство Казахстана готовится к проведению в первой половине октября 2008 г. юбилейного форума по случаю принятия данной Декларации.

Убеждены, что несмотря на 30-летнюю давность, Декларация остается краеугольным камнем при принятии стратегических документов по развитию мирового здравоохранения и улучшению здоровья населения на земном шаре.

Сегодня в Казахстане успешно выполняется государственная Программа развития здравоохранения до 2010 г., направленная на улучшение здоровья граждан, и, в первую очередь, путем создания эффективной системы первичной медико-санитарной помощи и реализации стратегии укрепления здоровья.

Ведь именно на первичную медико-санитарную помощь возложена задача по борьбе с такими глобальными угрозами человечеству, как туберкулез, ВИЧ/СПИД, птичий грипп.

В Республике Казахстан, как и во многих странах мира, туберкулез остается важнейшей медико-социальной проблемой. Своевременно принятые в Казахстане методы борьбы, рекомендованные Всемирной организацией здравоохранения, внедрение DOTS стратегии, способствовали стойкому снижению заболеваемости и смертности населения туберкулезом. Вместе с тем, мы осознаем угрозу мультирезистентных форм и активно сотрудничаем в этом направлении со Всемирной организацией здравоохранения и Глобальным фондом.

В Казахстане принимаются активные меры по обеспечению устойчивой ликвидации нарушений, связанных с недостаточностью йода. В Республике принят Закон "О профилактике йододефицитных заболеваний". Образован Координационный совет по обогащению продуктов питания и йодированию пищевой соли. За последние семь лет уровень употребления населением йодированной соли увеличился с 29% до 86%, и это позволит приступить к подготовке Казахстана к международной сертификации по универсальному йодированию соли.

Считаю важным остановиться на проблеме птичьего гриппа. С целью предотвращения возможных последствий вспышки и распространения птичьего и человеческого гриппа при поддержке Европейской комиссии и ЮНИСЕФ Казахстаном реализуется программа Коммуникационная стратегия по профилактике пандемии птичьего гриппа.

Задача Целей тысячелетия в области развития по обеспечению всеобщего доступа к лечению ВИЧ-инфицированных лиц продолжает оставаться весьма сложной проблемой. Признавая серьезность и особенности эпидемии ВИЧ/СПИДа, Казахстан придает особое значение сотрудничеству с партнерами, такими как Всемирная организация здравоохранения, Глобальный фонд, Программа ООН по СПИДу и другими.

Считаю, что весомая помощь перечисленных международных организаций была проявлена, когда на юге Казахстана разразилась трагедия с заражением детей ВИЧ-инфекцией. ЮНИСЕФ и Всемирная организация здравоохранения были одними из первых, кто откликнулся на эту беду и направил компетентных специалистов для оказания необходимой помощи пострадавшим семьям.

Уважаемая г-жа Председатель,

В заключение позвольте заверить столь высокий Форум в том, что Казахстан приложит все возможные усилия по укреплению сотрудничества со Всемирной организацией здравоохранения и другими организациями, имеющими общую цель - достижение наиболее высокого уровня здоровья всех людей планеты.

Искренне благодарю за внимание.

M. FILLON (Monaco):

Madame le Président, Madame le Directeur général, Mesdames et Messieurs les Ministres, Mesdames et Messieurs, je tenais tout d'abord à vous féliciter, Madame le Président, pour votre élection et formuler mes meilleurs vœux de succès dans la tâche qui vous incombe de conduire nos débats. Et, puisque c'est la première fois que ma délégation s'adresse à l'Assemblée de la Santé depuis l'élection du nouveau Directeur général, je voudrais exprimer toute l'estime de mon pays et tous mes encouragements au Dr Margaret Chan. Nous sommes certains, Madame le Directeur général, que vous saurez concrétiser vos ambitions et vos projets à la tête de cette Organisation ; soyez assurée, en retour, de notre appui constant et fidèle.

La présente session nous conduit à réfléchir sur la sécurité sanitaire et à en débattre. C'est là un défi majeur de notre époque, car la mondialisation fait qu'aucun Etat ne peut se prétendre à l'abri des menaces. Dans ce domaine, nous attendons de l'OMS des réponses appropriées. Elle doit en premier lieu assurer la bonne mise en oeuvre du Règlement sanitaire international (2005), qui entre en vigueur au mois de juin de cette année. Pour notre part, nous avons participé aux travaux de négociation de ce texte, que nous considérons comme déterminant et pour l'application duquel nous nous engageons. L'OMS doit également aider les pays qui le souhaitent, tant pour la prévention que pour la résolution des crises sanitaires, grâce notamment à la diffusion en temps utile d'informations pertinentes, et les soutenir dans la mise en place de systèmes sanitaires sûrs et performants.

C'est pourquoi nous nous félicitons que l'OMS dispose dorénavant d'un Département dédié à l'action sanitaire en cas de crise. Ce Département a une lourde responsabilité : celle de limiter, sur le terrain, la souffrance des populations. Notre coopération avec ce Département est un fait acquis. Au niveau des Etats, la sécurité sanitaire ne peut être atteinte que si l'ensemble des populations a accès à des soins de santé de qualité. Cela suppose des structures sanitaires couvrant l'ensemble du territoire, une formation adéquate des soignants, mais également l'accès à des technologies sanitaires, à des médicaments et vaccins sûrs. L'OMS doit être le catalyseur de la coopération internationale en la

matière. Il en est ainsi de l'initiative mondiale pour l'éradication de la poliomyélite. Formation, dépistage, réseaux de recherche sur les vaccins : tout cela s'est construit au fil des ans, tant et si bien qu'aujourd'hui la disparition complète de la poliomyélite n'apparaît plus comme utopique. Mon pays demeure mobilisé pour participer à cette action.

En matière de formation des personnels, le rôle de l'OMS est également essentiel, et l'une de ses premières tâches est de fournir du matériel didactique multilingue de qualité. Trop souvent en effet, aujourd'hui encore, l'usage exclusif dans la documentation de l'OMS d'une seule langue de l'Organisation limite l'accès à des informations pourtant hautement prioritaires. Nous serons particulièrement attentifs à ce que le plan en faveur du multilinguisme et le plan stratégique à moyen terme de l'Organisation, qui traitent cette question, se concrétisent par de réels progrès.

La santé est un des axes majeurs de la coopération monégasque. Nous nous efforçons depuis plusieurs années d'aider certains pays à se doter d'infrastructures de santé primaires, de développer des politiques de prévention, mais également de former des personnels de santé en envoyant plusieurs fois par an des équipes médicales spécialisées pratiquant des interventions chirurgicales sur le terrain et en enseignant aux personnels locaux ces techniques. Cette priorité qui est la nôtre, nous l'avons également traduite sous la forme d'un accord-cadre de coopération avec l'OMS, qui nous engage pour plusieurs années quant à nos contributions volontaires. L'action de l'OMS auprès des populations concernées pourra ainsi être mieux et plus efficacement planifiée.

Qu'il me soit permis, en terminant, de mentionner également notre engagement contre le sida. S. A. S. la Princesse Stéphanie a été nommée Représentant spécial auprès de l'ONUSIDA, plaçant ainsi sa notoriété médiatique au service d'une grande cause de santé publique à laquelle nous apportons, en outre, une contribution qui, à notre échelle, n'est pas négligeable. Je vous remercie de votre attention.

Le Dr JEAN LOUIS (Madagascar):

Madame le Président, Madame le Directeur général, Mesdames et Messieurs, honorables invités, permettez-moi, Madame le Président, de vous féliciter pour votre élection au poste de Président de la Soixantième Assemblée mondiale de la Santé. Ma délégation et moi-même partageons la conviction que, sous votre direction et vos orientations avisées, nos délibérations au cours de cette session seront couronnées de succès. J'adresse aussi trois fois mes félicitations à l'endroit de Mme Margaret Chan : félicitations, tout d'abord, pour sa nomination au poste de Directeur général ; félicitations, ensuite, pour son excellente allocution d'ouverture ; félicitations, enfin, et remerciements, pour sa préoccupation passionnée et authentique pour l'Afrique.

C'est à la fois un grand honneur et un devoir pour moi de prendre la parole en ce moment pour présenter, au nom du Gouvernement de la République de Madagascar, un aperçu de la situation de notre pays par rapport aux résolutions de la Cinquante-Neuvième Assemblée mondiale de la Santé. Solidaire avec les résolutions prises au cours de la Cinquante-Neuvième Assemblée de la Santé, le Ministère de la Santé, du Planning familial et de la Protection sociale, dont j'ai personnellement la charge, sous la clairvoyance de notre Président, a mis en application le plan d'action de Madagascar qui fixe 11 grands défis au pays pour les cinq années à venir. Ces défis sont les suivants : assurer la fourniture de services de santé de qualité pour tous ; éliminer les principales maladies transmissibles ; lutter contre les maladies non transmissibles ; gagner la lutte contre le VIH/sida ; mettre en oeuvre une stratégie efficace de planning familial ; réduire la mortalité infanto-juvénile ; réduire la mortalité maternelle et néonatale ; améliorer la nutrition et la sécurité alimentaire ; approvisionner la population en eau potable et généraliser les pratiques d'hygiène ; améliorer l'appui aux très pauvres et vulnérables ; promouvoir l'égalité de genre et l'autonomisation des femmes. Dans la réalisation de ces défis, les partenaires et le Gouvernement se sont mis d'accord pour considérer le plan de développement du secteur santé comme étant le document de base ; ses grands axes sont les orientations de la stratégie globale, d'une part, et le plan d'action sur lequel se fonde cette stratégie, d'autre part. Quatre stratégies clés concernent le financement du secteur santé, le développement des ressources humaines, l'organisation et la gestion du secteur, et la décentralisation et la stimulation de la demande.

Je n'ai malheureusement pas le temps de vous décrire la situation sanitaire globale de Madagascar, mais j'essaie de vous citer les quelques grandes réalisations marquant la volonté et l'engagement de l'Etat malgache de promouvoir la santé et le bien-être de la population ainsi que sa détermination à s'engager à contribuer à la sécurité sanitaire internationale comme : la ratification de la Convention-cadre pour la lutte antitabac ; la mise en place de structures de base de développement comme les communes rurales modèles avec une approche communautaire des activités multisectorielles intégrées ; la campagne de masse des activités intégrées dans le cadre de la santé mère et enfant ; la prise en charge et l'insertion sociale des démunis et des enfants de la rue ; la mise en place de systèmes de surveillance intégrée des maladies ; l'application du Règlement sanitaire international pour le contrôle strict des maladies.

J'espère que l'esquisse qui vient de vous être présentée a permis à l'assistance d'appréhender les efforts de l'Etat malgache. Les réflexions émises au cours de cette Assemblée de la Santé, et plus particulièrement les résolutions prises par les délégués des Etats Membres ici présents, sont fortement attendues pour améliorer la santé et le bien-être de notre population. Je lance ici un appel pressant à l'OMS pour qu'elle fasse le nécessaire afin de donner espoir et confiance aux populations de mon pays. Je terminerai mon intervention en souhaitant à tous bonne continuation et surtout bon courage pour la suite de nos travaux. Je vous remercie de votre aimable attention.

El Dr. GARCÍA SALABARRÍA (Cuba):

Señora Presidenta de la Asamblea, señora Directora General: Se nos ha solicitado que las intervenciones en esta sesión plenaria se refieran a la seguridad sanitaria internacional, un asunto de actualidad en estos tiempos de globalización, cuando la magnitud y rapidez de los viajes, así como del comercio entre países y continentes, posibilitan que las acciones de unos puedan influir en otros.

Consecuentemente este año la OMS dedicó el Día Mundial de la Salud a la seguridad sanitaria internacional y el lema fue «Invertir en salud para forjar un porvenir más seguro», destacando que en el mundo de hoy se requieren formas de acción coordinadas y cooperación entre todos para poder garantizar la seguridad sanitaria mundial.

El documento temático de la OMS «Invertir en salud para forjar un porvenir más seguro» señala que entre 1973 y 2000 se identificaron 39 agentes infecciosos nuevos capaces de causar enfermedades en seres humanos y que estas nuevas enfermedades se deben en gran parte a los cambios que el hombre está introduciendo en su manera de habitar el planeta, por lo cual se considera que la aparición de nuevas enfermedades es un fenómeno que persistirá e incluso se agravará.

La OMS ha identificado como una prioridad la puesta en vigor del nuevo Reglamento Sanitario Internacional y éste fue uno de los aspectos que tuvo mayor relevancia en la celebración del Día Mundial de la Salud el pasado mes de abril. Se espera que en junio de este año entre plenamente en vigor el nuevo Reglamento Sanitario Internacional; para ello se requiere la colaboración y el intercambio entre todos los países, lo que permitirá crear y reforzar capacidades y sistemas de seguridad sanitaria y asimilar experiencias positivas en el marco de su aplicación.

En Cuba durante todo el proceso de revisión del Reglamento Sanitario Internacional, se llevaron a cabo reuniones de consulta con los organismos y entidades involucradas. Una vez aprobado se realizaron talleres con todos los representantes de los servicios de fronteras y personal de salud. Se publicó y distribuyó, además, entre todos los interesados.

Hoy trabajamos en el perfeccionamiento del Programa Nacional de Control Sanitario Internacional, en las fronteras y en todo el Sistema Nacional de Salud, de modo que nos permita desarrollar una vigilancia integrada sobre la base de un sistema de alerta y respuesta ante eventos que ofrezcan riesgos para el país.

Aspiramos a que, luego de la implementación del Reglamento Sanitario Internacional a escala mundial, el respeto a los compromisos contraídos sea la mayor garantía de materialización de las esperanzas que en él hemos depositado. Sin embargo, si bien es cierto que la implantación del Reglamento Sanitario Internacional es un paso trascendente, consideramos que por sí solo no es suficiente.

Por esta razón, y porque estamos convencidos de que ninguna institución ni país posee toda la capacidad necesaria para prevenir y responder a las emergencias de salud pública internacional

causadas por epidemias, desastres naturales, emergencias ambientales o enfermedades infecciosas nuevas o emergentes, estamos obligados a plantear otros asuntos que también precisan de mayor voluntad y de la cooperación internacional.

En el mundo no habrá seguridad sanitaria mientras en él existan regiones enteras que constituyen reservorios naturales y caldos de cultivo de importantes y mortales enfermedades. En la génesis de este problema está la pobreza. Está demostrado que quien es pobre muere antes; en América Latina, se atribuyen a la pobreza 1 500 000 muertes anuales, la mitad de las cuales corresponden a niños. La pobreza mata. No se trata de un comentario político ni social, sino de un hecho científico.

Tal vez el síndrome de inmunodeficiencia adquirida sea uno de los mejores ejemplos. Más del 95% de las personas infectadas por el VIH viven en países subdesarrollados, y en ellos se concentra el 95% de las muertes por esta causa.

Lo peor de todo es que, como se afirma en un informe sobre desarrollo humano del PNUD, «... desde los nuevos medicamentos hasta las mejores semillas para cultivos alimentarios, lo mejor de las nuevas tecnologías está diseñado para quienes lo puedan pagar. El progreso tecnológico sigue estando lejos del alcance de los pobres».

Mientras esto sucede, de 22 países industrializados comprometidos a aportar el 0,7% de su producto interno bruto como ayuda al desarrollo, sólo unos pocos honran sus compromisos. Ello ha privado a los países pobres de 175 000 millones de dólares.

En el mundo no habrá seguridad sanitaria hasta tanto todos los países dispongan de sistemas de salud adecuados. Para ello se requiere infraestructura y trabajadores sanitarios capacitados.

La infraestructura sanitaria es cada vez más costosa, lo que ha determinado que en muchos países ésta se haya visto deteriorada por falta de recursos o imposibilitada de recuperarse de los daños provocados por desastres naturales o conflictos bélicos. En tanto, la migración de personal de salud se comporta como un cáncer que corroe los sistemas sanitarios de los países pobres. Los países ricos, insatisfechos con las riquezas que han extraído y continúan extrayendo de los más pobres, saquean también el capital humano que, a costa de ingentes sacrificios, se forma para la atención a la salud de nuestros pueblos.

Un informe de la Universidad de Harvard y de la Organización Mundial de la Salud denuncia el escandaloso saqueo de médicos de los países pobres por parte de los ricos y publica una lista del porcentaje de médicos que en esos países son inmigrantes procedentes del tercer mundo: Austria 5%, Francia 6%, Alemania 7%, Dinamarca 7%, Noruega 15%, Australia 22%, Estados Unidos 24%, Canadá 26%, Reino Unido 32%.

De acuerdo con ese mismo informe, resulta que por esa vía, los países pobres subsidian cada año a los ricos en 500 millones de dólares. Esto ha sido tema de debates en el seno de la Organización Mundial de la Salud sin que se haya podido arribar a una solución.

En el mundo no habrá seguridad sanitaria mientras no se ponga fin a la desenfrenada carrera por destruir el planeta. En la Cumbre de Río, en 1992, nuestro Presidente Fidel Castro señaló que «una importante especie biológica está en riesgo de desaparecer por la rápida y progresiva liquidación de sus condiciones naturales de vida: el hombre... Tomamos conciencia de este problema cuando casi es tarde para impedirlo... Las sociedades de consumo son las responsables fundamentales de la atroz destrucción del medio ambiente... Si se quiere salvar a la humanidad de esta autodestrucción, hay que distribuir mejor las riquezas y tecnologías disponibles en el planeta... Menos lujo y menos despilfarros en unos pocos países para que haya menos pobreza y menos hambre en gran parte de la tierra... Páguese la deuda ecológica y no la deuda externa... Desaparezca el hambre y no el hombre».

Transcurridos 15 años, las emisiones de dióxido de carbono, lejos de disminuir, han aumentado. Los mares y los ríos están hoy más envenenados que en 1992; el aire está más contaminado; 15 millones de hectáreas de bosques son devastadas cada año y se incrementa la pobreza.

En el mundo no habrá seguridad sanitaria mientras el país más poderoso de la Tierra se sienta con derecho a imponer, a contrapelo de las resoluciones de la Asamblea General de las Naciones Unidas, un bloqueo económico, comercial y financiero que niega el acceso a medicamentos, alimentos y tecnologías médicas a países como el mío.

Cuba apuesta y trabaja por la seguridad sanitaria de este mundo. Por ella se ha comprometido a cumplir rigurosamente sus obligaciones con relación al Reglamento Sanitario Internacional. Por ella



maintient aujourd'hui plus de 31 000 travailleurs de la santé en 69 pays et pour elle travaille pour former à 100 000 médecins en 10 ans pour les pays pauvres, ce qui est équivalent à un apport de plus de 30 000 millions de dollars.

Excellences: L'Organisation Mondiale de la Santé a posé que «La sécurité personnelle» sera le thème du Jour Mondial de la Santé en l'année 2008 et dans ce contexte suggère prioriser la attention primaire de santé comme élément essentiel. En consonance avec cela, je mets à disposition de cette Organisation les modestes expériences de mon pays dans les transformations que nous sommes introduisant dans la attention primaire de santé pour son perfectionnement. Beaucoup de remerciements.

Mme RAOUL (Congo):

Madame le Président de l'Assemblée mondiale de la Santé, Madame le Directeur général de l'OMS, la République du Congo vous félicite pour vos élections respectives et vous souhaite plein succès dans vos lourdes tâches.

Mesdames et Messieurs les Ministres et chers collègues, Mesdames et Messieurs, si le contexte épidémiologique mondial reste marqué par une forte prévalence des maladies infectieuses, maladies pour lesquelles les enfants, notamment ceux d'Afrique au sud du Sahara, paient un lourd tribut, il est à relever que les maladies émergentes à fort potentiel épidémique telles que le choléra, la méningite aiguë, la fièvre hémorragique à virus Ebola, la fièvre jaune, la grippe aviaire, le syndrome respiratoire aigu sévère sont bien présentes et passent d'une frontière à l'autre dans un monde aujourd'hui globalisé. Les hommes voyagent et avec eux voyagent les maladies qui sont prêtes à infecter des terrains immunologiquement neufs et à provoquer des épidémies intempestives et une propagation accélérée des épidémies. La transhumance, les migrations humaines et les échanges planétaires apparaissent alors dans une certaine mesure comme des facteurs d'insécurité sanitaire puisque vecteurs de maladies, plusieurs cas d'importation d'épidémies faisant légion. Parmi ces situations récurrentes en Afrique subsaharienne, on peut citer le cas du poliovirus sauvage qui continue de circuler dans notre continent ; de nombreux pays ont fait les frais de son importation à partir d'un foyer existant dans le pays voisin, ce qui a repoussé au-delà de 2005 l'éradication de la poliomyélite en Afrique.

En République du Congo, mon pays, sévit une épidémie de choléra depuis janvier 2007. Mais du foyer initial qu'est le département de Pointe-Noire, cinq autres départements se sont vus touchés par cette épidémie. Les enquêtes faites autour des cas ont révélé l'importation de la maladie à partir de Pointe-Noire, à travers les voyageurs venus de cette ville océanique. A cet exemple, on peut ajouter celui de la fièvre hémorragique à virus Ebola dont les premiers cas connus par le Congo à M'bomo, dans le département de la Cuvette-Ouest, étaient importés du pays voisin où des citoyens congolais avaient participé à l'enterrement d'un parent.

Ce non-respect des frontières par de nombreuses maladies, voilà ce qui a obligé alors les divers Etats à se réunir en conférences en vue d'établir des conventions sanitaires internationales ; c'est ainsi qu'en 1951 a été établi le premier Règlement sanitaire international. Ce Règlement a depuis lors subi plusieurs révisions, dont la dernière, celle de 2005, entrera en application en juin 2007. Le Règlement sanitaire international a pour but de garantir non seulement la sécurité sanitaire des Etats, mais aussi la sécurité économique dans la mesure où ces Etats sont considérés comme sûrs et donc fréquentables, c'est-à-dire comme des domaines d'investissement potentiels, avec une main-d'œuvre supposée saine. Son application est donc pour certains Etats une gageure. En effet, outre les aspects de sa faisabilité opérationnelle et technique, elle exige un véritable investissement, donc une faisabilité financière qui pourrait constituer un réel facteur de blocage, si l'on n'y prend garde, tant est énorme le fossé qui sépare les pays du Nord de ceux du Sud. Pour le Congo, mon pays, où le système national de santé a été profondément éprouvé et désorganisé au sortir des événements douloureux qu'il a connus pendant près d'une décennie, la question de l'information sanitaire avec son sous-système, la surveillance épidémiologique, sans oublier les ressources humaines pour la santé, se pose avec acuité et demande au Gouvernement et à ses partenaires de s'y pencher très sérieusement, surtout dans le cadre de l'application du nouveau Règlement sanitaire international. Nous sommes convaincus qu'avec l'expression de la solidarité internationale, les problèmes, que nous avons évoqués plus haut et qui se posent non seulement au Congo, mais aussi dans bon nombre de pays africains et autres pays en développement trouveront une traduction concrète pour leur résolution dans le budget de

l'Organisation afin que l'application du Règlement sanitaire international se fasse sans trop de difficultés dans les pays Membres de l'OMS.

Pour terminer, je félicite encore une fois Mme. le Directeur général de l'OMS pour son engagement en faveur des femmes et des enfants d'Afrique ; soyez assurée, Madame, de notre soutien. Je vous remercie.

Mr HODGSON (New Zealand):

Madam President, I come from New Zealand, a small nation of four million people at the far end of the Pacific Ocean. It is as far from Geneva as one can get. If you drilled a deep hole through the Palais des Nations you would emerge in New Zealand. And you would probably scare the sheep!

The challenges and the opportunities in the New Zealand health system are what you would expect them to be. Our disease burden is, these days, a chronic disease burden – heart disease, stroke, cancer, and especially diabetes. The causes of our disease burden are environmental causes – eating too much, drinking too much alcohol, smoking, and not enough exercise. We have health inequalities, we have regional variations; we have more things to spend money on than we have money to spend; we face threats from new infectious diseases and we face workforce issues. Just like every other nation.

We are also proud of our progress on many fronts, over many years, in many ways. We can point optimistically to gains that we have secured and to gains that we intend to secure. Just like every other nation.

We place emphasis on our relationship with our brothers and sisters of the small nations of the Pacific, and 17 of them are here at this Health Assembly. We have obligations to fulfil, we have partnerships to nurture with these nations, and we do these willingly. We try hard to be a good neighbour.

Not only is it a long way for us to come, here to Geneva, it is also a very inconvenient time for us to do so. The New Zealand Parliament is in full swing: there is no shortage of health issues for me to engage in back at home, and at midnight tonight, Geneva time, the New Zealand Government presents its annual budget. So why am I here? Why am I not back home?

I am here because WHO matters. It matters to us in New Zealand. It matters to us all. We need WHO. There are many things that we cannot do alone; things we can achieve only by working together. Workforce issues, new diseases, treatment breakthroughs or food production and marketing – these are all issues which are global in nature.

We need the leadership, the strategy development and the coordination that WHO provides. The WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health, the International Health Regulations (2005): all of these are integral to an effective health response to the problems that I face at home. We use these documents, and the thinking behind them, all the time.

And yet, unless those strategies, and all the others, are implemented in every corner of the world, then our work is not done. And it is not yet done. Not only is it not done, but there are now more and more players seeking to do it. Multiple actors are, these days, performing on the global health stage. We can express our delight at that turn of events over recent years, but poor coordination and missed opportunities are often the consequence.

This in turn presents WHO with a challenge and an opportunity to provide a forum for coordination. Indeed, WHO cannot fulfil its mission unless it does provide this forum, and does so successfully. WHO must assert its role as leader, as strategic guide, as standard-setter, and as coordinator. More than that, WHO must pay closer attention to the development of health systems in all our nations. Programmes are launched, projects are undertaken and campaigns are waged every year in all nations. These campaigns have been successful in many cases, but patchy and fleeting in others. The reason is, in part, that there has been insufficient attention to the development of health systems into which these campaigns might fit. There are very many vertical programmes, each requiring delivery through a health system that is not always sufficiently developed.

And this is especially the case with primary health care systems. If we are to have more effective campaigns, which last longer and from which the gains are permanent, then we all need

sustainable primary health care systems. Only then can we support the many ambitions we have in our fight against chronic disease or malaria or HIV/AIDS.

We continue to develop primary health care in New Zealand. We are placing, each year, greater and greater emphasis on it, and we will continue to do so. We are learning from our mistakes as we improve our primary health care, and other nations are more than welcome to learn from our mistakes too.

I have travelled this far, and so have you all, because there is a shared agenda for health that urgently needs progressing. We can achieve so much more together than we can achieve as individual States. The imperative to act collectively is as strong as it has ever been and my country is keen to be an ongoing and active player in this arena. Thank you.

Dr VÍT (Czech Republic):

Madam President, Madam Director-General, excellencies, distinguished delegates, ladies and gentlemen, health is one of the fundamental human rights. It also clearly predetermines economic and social development in each country. Member States of WHO are aware of this fact. As a result, and despite all individual differences, they have been implementing international legal regulations in the area of health since 1951.

The revised International Health Regulations (2005), which were adopted in World Health Assembly resolution WHA58.3, constitute an international instrument that is legally binding for all Member States. It is the purpose of these Health Regulations to prevent diseases, to provide protection against diseases, to control their spreading, and to provide for a response in the public health sphere that is appropriate to the risks but that avoids unnecessary interference with international traffic and trade. Specifically, this means that, optimally, within five years of the revised International Health Regulations (2005) entering into force (that is, by 2012), Member States are obliged to prepare and introduce plans to provide for basic capacities in the areas of control and response which are required by the Health Regulations.

The surveillance of infectious diseases, which has historically been of primary importance in the Czech Republic, is unquestionably one of the basic elements of international health safety. The surveillance system in the Czech Republic was established by a legal regulation – the Public Health Act. The public health authorities, together with other professionals, participate significantly in the collection and classification of data, data analysis and the establishment of proposals for the relevant measures. The role of the health-care sector is very important in the framework of the comprehensive health security system of the State for protection of the population.

The adoption of the Conception on Crisis Preparation in Health Care to care for widespread harm to health in emergencies, especially in crises, was an important step for the Czech Republic in this sphere. The individual steps in the Conception will prepare the Czech Republic health-care system to provide for a large number of affected persons, not only those with mechanical and thermal injuries, but also those contaminated by chemical, biological, radiological and nuclear agents, involved in a terrorist attack or with subsequent psychological problems and psychosocial consequences.

The optimal outcome of the ability of the Czech Republic health-care system to provide health care in these emergencies is based primarily on the following pillars: a good legal framework for provision of health care in crises; professional medical and managerial education of health-care workers in the area of medical treatment in catastrophes and crisis management, including scientific research in this area; logistical support and financial framework; responsibility of the State to provide for security in health care performed in the direct jurisdiction of the State or delegated to the regions.

The Czech Republic supports the need for cooperation among the Member States of the European Union, WHO and the European Centre for Disease Prevention and Control and is capable of applying and effectively utilizing the International Health Regulations (2005).

Madam President, distinguished delegates, thank you for your attention.

El Dr. CALDERÓN YBERICO (Perú):

Señora Presidenta de la 60ª Asamblea Mundial de la Salud, señora Directora General de la Organización Mundial de la Salud, respetables funcionarios y delegados de los Estados Miembros: Reciban el saludo fraterno del Presidente del Perú, Dr. Alán García Pérez, y del Ministro de Salud, Dr. Carlos Vallejos Sologuren, quienes manifiestan la voluntad política de considerar la salud como pilar fundamental para lograr el desarrollo sostenible de nuestro país, en armonía con los objetivos trazados por esta Organización.

Un cambio fundamental y uno de los logros de la salud pública en el mundo es considerar los determinantes sociales como el componente más importante para alcanzar la salud. Ello ha modificado el enfoque de nuestro Gobierno para invertir en salud.

El Perú, conforme a esta premisa, ha considerado tres líneas de trabajo: 1) enfoque multisectorial, colocando el tema de los determinantes de la salud en la agenda de todos los sectores, por ejemplo, acceso a viviendas con servicios básicos, programa de Agua para Todos, reducción de la desnutrición infantil crónica en cinco puntos porcentuales en los próximos cinco años, lucha contra la pobreza generando inversión y promoviendo el empleo, expandiendo el apoyo subsidiado temporal a los más pobres del país, con la meta de cero analfabetos en cinco años, apoyo a zonas alto andinas olvidadas del Perú con los programas Sembrando y Sierra Exportadora; lucha contra la violencia de género y promoción de la equidad de género, entre otros; 2) fortalecimiento del sistema sobre la base del aseguramiento universal de la salud y la elaboración del primer Plan Nacional Concertado en Salud, ordenando y optimizando los roles de todos los actores; 3) descentralización, fortaleciendo la rectoría del sector, transfiriendo el poder a las regiones y gobiernos locales como expresión amplia de la democracia y la justicia social.

En el transcurso de los primeros ocho meses de gobierno, el Ministerio de Salud ha logrado los siguientes resultados: elevar la cobertura promedio de vacunación de un 84,5% a un 94%, reduciendo el riesgo de una mayor circulación internacional del poliovirus salvaje, fortaleciendo la eliminación del sarampión y eliminando la rubéola congénita de nuestro país; iniciar la vacunación masiva contra la hepatitis B a la población de 2 a 19 años de edad, con cerca de 10 millones de beneficiarios; acceso universal al tratamiento por antirretrovirales a los afectados por VIH/SIDA con recursos íntegros del Estado, y fortalecimiento de las acciones preventivas con apoyo del Fondo Mundial; modificación del seguro público dirigido a los más necesitados y los más pobres del país, ampliando su cobertura sin distinción de sexo ni edad con un nuevo plan de beneficios que disminuye la carga de enfermedad del 19% al 43%, especialmente por enfermedades prevenibles e infecciosas; cumplir con la resolución WHA59.2 de la Asamblea Mundial de la Salud en la lucha contra la gripe aviar y gripe pandémica asegurando un presupuesto de US\$ 4 756 000 de apoyo del Gobierno de los Estados Unidos; mejorar y mantener el porcentaje de curación de la tuberculosis pulmonar bacilífera positiva en más de 94%, cifra muy por encima de lo recomendado por la Organización Mundial de la Salud; se ha realizado la primera compra corporativa de medicamentos con otras instituciones del sistema a través de subasta inversa, con un ahorro efectivo de más de US\$ 11 millones, promoviendo de esta forma el acceso a medicamentos. Además, la Dirección de Medicamentos, Insumos y Drogas del Ministerio de Salud es la primera institución pública del país que logra la certificación ISO 9000; mejora del equipamiento de emergencia, cuidados intensivos e intermedios, así como de los transportes y comunicaciones en toda la red hospitalaria a nivel nacional con equipo de última generación gracias a una primera oleada de inversiones por un monto de más de 80 millones de dólares; gestionar un presupuesto necesario para contar con recursos humanos para la salud en el 100% de las localidades más pobres del país; capacitar a más de 1920 agentes comunitarios, 5000 participantes de gobiernos regionales y locales en temas de alimentación y nutrición.

Queremos además, manifestar nuestra voluntad de liderar el proceso de erradicación de la peste en la Región, fortalecer la prevención de la rabia transmitida por vampiros en la Amazonía, así como de la fasciolosis en la zona de la frontera con Bolivia.

Finalmente, todo esto fortalecerá una respuesta pragmática de la agenda de salud en las Américas, tendrá efectos sanitarios, disminuyendo los riesgos de conformidad con el Reglamento Sanitario Internacional y contribuirá al objetivo de un mundo saludable y seguro al que todos aspiramos. Todo ello no podrá ser posible sin el compromiso solidario y la colaboración de los Estados Miembros de esta Organización de reforzar sus sistemas de salud para responder de manera oportuna ante cualquier amenaza y tener sistemas de vigilancia, monitoreo y comunicación efectivos. Muchas gracias.

Ms NANNONO (Uganda):

Madam President, Uganda wishes to congratulate you on being elected to the office of President of this Health Assembly.

We join the rest of the Member States to congratulate Dr Margaret Chan on being appointed the Director-General of the World Health Organization. She has assumed this office at a time when the world is facing major health challenges such as the HIV/AIDS pandemic, avian flu, rampant conflicts, natural disasters, and so on. These conditions pose serious challenges and are a threat to international health security. Uganda pledges to support both the Director-General and the President in discharging their responsibilities throughout their tenure.

Uganda wishes to align itself with the press statement made by the honourable minister for Ethiopia on behalf of the African Region. As we deliberate during this Health Assembly, Uganda would like to join other Member States to reflect on some of the international health security challenges faced by the world. I will focus my remarks on four areas: the threats posed by the lack of sufficient funds for health programmes; the HIV/AIDS epidemic; the inadequacy of our health systems; and the inability of most developing countries to respond in a timely manner to epidemics and disasters.

Without adequate resources for supporting effective health programmes, health interventions will have little impact because of limited coverage. Most of our countries have inadequate funding. For instance, in Uganda, while the required per capita to deliver the Uganda Minimum Health Care Package is approximately US\$ 40, only US\$ 18 are available for this. This funding position poses a big challenge to the health-care delivery system.

Uganda and other sub-Saharan African countries continue to suffer the brunt of the HIV/AIDS epidemic. A high number of new HIV infections occur every year, and the number of AIDS patients is growing. Antiretroviral treatment is expensive, thus posing difficulties in terms of expansion and sustainability. While great success was achieved in reaching targets of the WHO “3 by 5” strategy for antiretroviral treatment, many countries still lack guaranteed supply and availability of antiretroviral drugs. There are also challenges of inadequate human resources, weak laboratory facilities, as well as a weak logistics and supply management chain. To address the above issues, Uganda calls upon the WHO to continue treating the HIV/AIDS pandemic as an emergency.

With regard to health systems, Uganda believes that strong health systems are crucial in ensuring quality and sustainable health-care delivery. In view of this, I would like to appeal to governments, WHO, other international organizations, the private sector, and civil society organizations to work together to strengthen health systems.

Finally, Uganda is concerned about the inadequate preparedness of most developing countries to respond to potential pandemics. The early warning systems for disease outbreak and their response systems are weak. The potential for rapid spread of epidemics is therefore real, and hence a threat to international health security.

Finally, I wish to inform you that Uganda will be hosting the Commonwealth Heads of Government Meeting between 23 and 25 November 2007 and extend an invitation on behalf of the Government to all of you who are able to come to join us on this auspicious occasion.

Mr IBRAHIM (Maldives):

Madam President, Director-General, honourable ministers, distinguished guests, it is indeed a great pleasure to be here on this auspicious occasion. At the outset, let me congratulate you, Dr Chan, on your appointment and stewardship for global health security. I offer my sincere congratulations also to you, Madam President of the Health Assembly. It is recognized by all today that the benefits of globalization come with a risk to public health, as we experienced during the severe acute respiratory syndrome epidemic, and now with avian influenza there is a potential risk of a pandemic as new infectious agents capable of causing human disease are constantly emerging. Health systems in the countries are being put to the test and the need for collaborative efforts at the national, regional and international levels is increased. The recent outbreak of chikungunya fever in our region also affected the Maldives. Collaborative intersectoral action with community participation was behind the success in controlling the outbreak in the Maldives.

At this juncture, the International Health Regulations (2005) are a giant step towards extending our collaborative efforts to improve monitoring and surveillance mechanisms in our countries and regions. I am pleased to have hosted the first regional workshop of the WHO South-East Asia Region on implementation of the International Health Regulations (2005) in the Maldives. I thank WHO for the opportunity and technical support. In the Maldives, we are working to improve the responsiveness of the health system to public health emergencies and to build capacity and infrastructure to support the application of the International Health Regulations (2005). However, there are both financial and critical human-resource gaps that slow progress towards the fulfillment of their requirements. There is no doubt that health and development and global security are inextricably linked and cooperation among connected countries, regions and international organizations is of paramount importance. It is critical to share information and social and economic conditions for the efficient use of resources. In this regard, I request Dr Chan to explore the possibility of hosting a small island countries' forum for those who share similar challenges to discuss and share experiences with regard to preparedness and response to public health emergencies of international concern. I am pleased that you recognize the special needs of small island States in letting me address this Health Assembly.

I conclude by thanking you, Dr Chan, and your staff, especially the Regional Director for South-East Asia, Dr Samlee Plianbangchang, for the continued support towards health development of the Maldives and global health. I am confident that with your leadership, Dr Chan, we will witness a significant improvement in global health. Thank you and I wish you all a successful Health Assembly.

Ms BRUSTAD (Norway):

Madam President, Director-General, excellencies, ladies and gentlemen, we live in a time of great opportunities for world health. Never before have the circumstances been more promising in terms of technical progress, increased funding and improved cooperation. We shall seize the opportunities. We must improve our own actions. More and more world leaders realize that investing in health is important to the economy. Health is also an important factor in foreign policy as a condition for creating stability within and between countries. Globalization has two faces: one is trade and economic gain; the other reflects our human values. Foreign ministers are called to work systematically to put health on the foreign policy agenda. The declaration and the agenda for action plan put forward by the Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand, in March 2007, will hopefully prove to be a valuable tool in this respect. Furthermore, we need to improve health systems to be able to seize the opportunities. The shortcomings in national health systems are important in explaining why we are not more successful in meeting our goals. Migration of health personnel is an important aspect of health systems. Medicines without nurses are of little use. We support the idea of creating an international framework for migration of health personnel.

The Director-General has stated that WHO must be relevant to everyone and concentrate resources and efforts on those who are most in need, and she says, as we all know, that the health situation in Africa and women's health are her priorities. She has pointed out two other most important areas for action that WHO must deal with. In this respect, the Director-General has Norway's active

support. As my Prime Minister pointed out yesterday, the issue of women's health needs special attention. Since becoming a mother two years ago, I know what it means to be able to give birth under safe conditions. I take the issue of women's health and reproductive health very seriously. I am very happy that the Director-General addressed this issue in her speech yesterday. On this issue, strong leadership is needed. It is important for me to underscore that sexual and reproductive health, as well as gender mainstreaming, clearly must be addressed as part of the agenda on women's health. This also needs to be reflected in WHO's budget allocations in a proper manner.

Several of the challenges to global health are also reflected in the agenda for this Health Assembly and are also major domestic challenges. I welcome the proposal for our noncommunicable diseases strategy, which addresses important issues that every minister of health must deal with today. We need to promote healthy living. We need to make it easy to make the right choices. Diet is one very important factor. Eating habits are mainly established during childhood and healthy habits early in life can make a difference as we know; therefore, I promote sugar-free kindergartens and fruit for all children in school, free of charge. Several countries, including Norway, have introduced restrictions in marketing directed at children. In my opinion, the marketing of products high in fat and sugar and low in nutrients and fibre need special attention in this respect. Alcohol is a central risk factor from a noncommunicable diseases perspective. It is promising that alcohol is high on the agenda in all WHO regions. But there is scope for strengthening WHO's capacity to deal systematically with this issue in the future. Reducing social inequality in health is a challenge for all countries, including Norway. To do something about it, two months ago I presented a white paper on this subject to parliament. To give just one example: our capital, Oslo, is very much divided between east and west in terms of life expectancy (a difference of 12 years) and there is also a significant difference in access to care. I will give the implementation of this white paper high priority. I also look forward to the report from the WHO commission on this topic in 2008. Thank you, Madam President.

Le Professeur BOUPHA (République démocratique populaire lao):

Madame le Président, Madame le Directeur général, Dr Margaret Chan, Mesdames et Messieurs les Ministres, distingués délégués, au nom de la délégation de la République démocratique populaire lao, je voudrais exprimer notre haute appréciation et notre grand honneur de pouvoir participer à la Soixantième Assemblée mondiale de la Santé ayant pour thème : « la sécurité sanitaire internationale ». Permettez-moi aussi de féliciter chaleureusement Madame le Président et Mesdames et Messieurs les Vice-Présidents pour leur élection à des postes de haute responsabilité. Nous sommes convaincus que, sous leur sage direction, l'Assemblée mondiale de la Santé sera enrichissante et couronnée de succès. Nous voudrions aussi exprimer nos sincères félicitations au Dr Margaret Chan pour son élection au poste de Directeur général de l'OMS : nous lui souhaitons plein succès dans l'accomplissement de sa tâche importante qui consiste notamment à apporter un soutien positif à tous les pays, notamment aux pays les moins avancés, dans leur lutte contre la maladie.

La République démocratique populaire lao, ayant récemment été frappée par la grippe aviaire, est maintenant un pays où l'infection touche l'homme, ce qui a des incidences nombreuses et fort complexes. Nous saisissons très clairement l'importance du débat de l'Assemblée de la Santé de cette année : nous allons en effet non seulement en tirer de riches leçons avec tous les participants, mais il nous servira aussi de source d'inspiration pour trouver les moyens de nous préparer en renforçant nos capacités, contribuant ainsi à la sécurité sanitaire régionale et mondiale. Notre manière de voir les choses est étroitement liée aux particularités physiques de notre pays, un pays sans littoral en transition, et un pays enclavé car il est situé au centre de la sous-région du bassin du Mékong composée de cinq pays. Cette situation montre clairement l'interdépendance entre les cinq pays : si nous nous préparons bien, nous pourrions non seulement assurer notre sécurité, mais aussi la sécurité sanitaire de tous nos voisins et vice versa. Pays en développement et nouveau membre de l'Association des Nations de l'Asie du Sud-Est, nous sommes en matière de développement en retard par rapport à nos voisins ; et combler ce retard prendra sans aucun doute beaucoup de temps malgré nos efforts les plus assidus.

Nous avons vu que la dernière flambée épidémique nous a pris au dépourvu. Pour être prêts, il nous faut un système de santé renforcé, et pour renforcer un système de santé, il faut investir

énormément dans la santé. Or, avec notre capacité actuelle, nous ne pouvons pas le faire : ce n'est pas parce que nous ne voulons pas investir, mais parce que nous n'avons pas de réelles capacités financières. Nous sommes entièrement d'accord avec ceux qui disent qu'investir dans la santé c'est construire un avenir, un avenir meilleur et plus sûr. Notre expérience a montré que, s'il nous faut continuer à oeuvrer pour réduire les fortes mortalités et morbidités materno-infantiles qui sont un héritage du passé, nous devons rapidement relever les nouveaux défis en élargissant et en renforçant notre système de surveillance le long des frontières avec nos voisins, surtout aux postes d'immigration aéroportuaire, terrestre et fluviale. Il nous faut aussi élargir et renforcer nos projets e-words et e-war dans tous les hôpitaux de province et de district, créer ou renforcer nos unités de soins intensifs dans tous les hôpitaux centraux, régionaux et provinciaux où peuvent exister des cas avec un potentiel d'infection, réformer, mobiliser et faire intervenir l'ensemble du système de formation et de recherche, et participer activement à la création d'un dispositif d'intervention d'urgence ; enfin, il faut renforcer notre système de financement durable de la santé. Mais, pour exécuter toutes ces activités, nous avons besoin d'appui et de coopération au plan international. Il nous faut donc des partenariats multiples : nous avons besoin du soutien de l'OMS et des autres organisations du système des Nations Unies ; nous avons besoin de partenariats avec tous nos voisins, avec tous nos partenaires, bien au-delà de notre région et notamment avec le secteur privé. En faisant cela, ce n'est pas seulement notre capacité de réaction que nous voulons améliorer ; il nous faut aussi accroître notre participation à la riposte mondiale. Si nous exposons ici nos besoins, c'est parce que nous estimons qu'il faut instaurer une coordination de tous les partenaires pour répondre aux nécessités immédiates et à long terme. L'expérience douloureuse que nous avons vécue nous a appris que, quand l'épidémie frappe, il n'y a plus d'immédiat, ni de moyen terme, ni de long terme, tout devient impérieux, vital. Le partenariat mondial est indispensable pour faire face à ces défis. Je vous remercie.

Dr GAIDAIEV (Ukraine):

Д-р ГАЙДАЕВ (Украина):

Уважаемая г-жа Председатель,

Уважаемая г-жа Генеральный директор, уважаемые делегаты,

Прежде всего я хотел бы поздравить уважаемую г-жу Халтон, а также других членов бюро с избранием на высокие должности.

Делегация Украины разделяет стратегическое видение и подходы по укреплению международной безопасности в области здравоохранения, изложенные в выступлении Генерального директора д-ра Чен. Надеемся, что нынешняя сессия послужит дальнейшему укреплению общего понимания приоритетов и проблемных вопросов в этой области.

Сегодня здоровье все чаще рассматривается в качестве одного из ключевых аспектов безопасности человека и занимает видное место в дискуссии вокруг приоритетов в области развития.

Украина уже не первый год испытывает на себе проблемы борьбы с такими угрозами, как ВИЧ/СПИД, туберкулез и птичий грипп. Имеем все основания утверждать, что эпидемии не знают границ, ставят под угрозу национальную безопасность и являются серьезным фактором, сдерживающим социально-экономическое развитие. Особую обеспокоенность в Украине продолжает вызывать ситуация с распространением ВИЧ.

2007 год - это 20-й год эпидемии в нашей стране. На протяжении последних лет правительство Украины последовательно прилагало усилия для консолидации всего общества в борьбе с ВИЧ/СПИДом. Последние три года ответных мер на эпидемию обеспечили значительный прогресс: 5000 больных СПИДом получают антиретровирусную терапию; дан старт программам заместительной терапии; более чем в три раза снижена передача ВИЧ от матери ребенку и темп повышения уровня смертности, связанной со СПИДом. Однако ВИЧ/СПИД остается реальной угрозой социально-экономическому развитию Украины. Ежедневно инфицируются 44 человека, умирают от СПИДа 6 человек. Эпидемиологическая ситуация в стране остается напряженной и не имеет тенденции к стабилизации. Сегодня по темпам роста инфицированности населения Украина занимает одно из лидирующих мест в Европе.



Г-жа Председатель,

Занос высокопатогенного птичьего гриппа на территорию Украины произошел в 2005 году. К этому моменту в нашей стране уже были разработаны подготовительные меры по противодействию и контролю над инфекцией. Сегодня контроль над ситуацией в отношении птичьего гриппа осуществляется Координационным советом при Президенте Украины в рамках Глобального плана ВОЗ. За весь период циркуляции вируса птичьего гриппа в Украине благодаря постоянному мониторингу эпидемиологической ситуации и своевременному проведению комплексной профилактики в нашей стране не зарегистрировано ни одного случая заболевания людей.

Мы выражаем благодарность Всемирной организации здравоохранения за сотрудничество, направленное на минимизацию последствий вспышки птичьего гриппа в Крыму, и за техническую помощь в разработке национального плана мероприятий.

В этом контексте особое значение для нас приобретает введение в действие Международных медико-санитарных правил как инструмента создания эффективных международных механизмов противодействия возникающим эпидемиям, проявлениям биотерроризма, несанкционированного использования химических веществ и радиационно-ядерных материалов.

Применение новых Международных медико-санитарных правил в Украине направлено на дальнейшее совершенствование и модернизацию существующей в нашей стране системы модели противодействия заносу и распространению опасных инфекционных болезней.

Сегодня в Украине проводится активная работа по разработке ряда новых нормативных документов, которые обеспечат возможность дальнейшего усовершенствования противоэпидемиологических мероприятий и переход на современный международный уровень обеспечения безопасности.

Опыт Украины, приобретенный в процессе противодействия грозным вызовам современности, свидетельствует о необходимости дальнейшего объединения национальных усилий и возможностей международного сообщества для достижения позитивных результатов.

Делегация Украины разделяет мнение о ведущей роли Всемирной организации здравоохранения в деле координации усилий государств и укрепления международного партнерства, направленного на обеспечение глобальной безопасности в области здравоохранения. Поддерживаем также политику ВОЗ по сдерживанию вспышек инфекционных заболеваний.

В завершении хотел бы отметить, что, как никогда прежде, сейчас нам нужна политическая воля для осуществления национальных планов и эффективное международное сотрудничество, в том числе по вопросам мобилизации ресурсов и укрепления национального потенциала. Только совместными усилиями мы сможем применить на практике знания и создать эффективные системы здравоохранения, предупреждающие опасности для здоровья и оперативно реагирующие на возникающие угрозы.

Спасибо за внимание.

La Dra. CHANG (Ecuador):

Señora Presidenta de la 60ª Asamblea Mundial de la Salud, señora Directora General de la Organización Mundial de la Salud, señores Vicepresidentes, estimados colegas, ministras y ministros, delegadas y delegados de los países Miembros: En nombre de mi país, expreso las respectivas felicitaciones a la señora Presidenta y a los Vicepresidentes por su designación y agradezco la nominación recibida, que representa un gran honor.

Desde el 16 de enero, fecha en la cual el Economista Rafael Correa asumió el poder por voto popular, el Ecuador se encuentra en un proceso de revolución ciudadana, viviendo cambios profundos y trascendentales, que afectan entre otras cosas a la salud.

La salud concebida como un derecho humano inalienable, indivisible, irrenunciable, cuya protección y garantía es responsabilidad primordial del Estado, se ha convertido, ahora sí, en una prioridad de Estado y en el eje estratégico del desarrollo social.

Nuestros esfuerzos van encaminados a la extensión de la protección social en salud, desarrollando un modelo de atención integral familiar y comunitario con base en la atención primaria de salud, que respeta el género y la interculturalidad.

La firme decisión del Gobierno del Ecuador de invertir en salud y priorizar la vida antes que la deuda se ha concretado en estos primeros cien días de gobierno con la movilización de recursos extrapresupuestarios para garantizar el acceso a los servicios de salud mejorando las coberturas de atención, con la creación de 4500 partidas para recursos humanos, extensión de 4 a 8 y 12 horas de la atención de consulta externa y 24 horas en la emergencia, equipamiento tecnológico, dotación de insumos, medicamentos genéricos, y mejoramiento de la infraestructura de la red de servicios de salud públicos.

Avanzamos hacia la gratuidad de los servicios y hemos iniciado una campaña nacional de salud, solidaridad y responsabilidad social para llevar especialistas a las áreas rurales y a la población más vulnerable y poder resolver los problemas con calidad y calidez.

Interinstitucionalmente, hemos firmado convenios y establecido alianzas con diferentes actores del sector de la salud, principalmente con el Instituto Ecuatoriano de Seguridad Social, para complementar la atención del 75% de la población y articular el sector público y privado como un verdadero sistema nacional de salud bajo la rectoría del Ministerio de Salud Pública.

A la par se están fortaleciendo los programas horizontales, con la implementación de ocho iniciativas, que tienden a articular las primeras líneas de atención con los segundos niveles, con un seguimiento de las técnicas y los procedimientos, investigación, acción, introducción de la medicina biopsicosocial, y ciclos de mejoramiento de la calidad de atención.

Impulsaremos los programas prioritarios que nos permitan conservar los logros que hemos alcanzado con el apoyo de la OPS/OMS, como por ejemplo: 17 años sin poliomielitis, 10 sin sarampión, dos sin rubéola y síndrome de rubéola congénita y seis sin fiebre amarilla. Hemos logrado reducir la tos ferina y el tétanos neonatal ya no es un problema de salud pública.

Introducimos la vacuna contra la gripe estacional en adultos mayores, vacunamos contra la hepatitis B a los escolares de 11 años y hemos programado la introducción en el presente año de las vacunas contra el rotavirus y el neumococo en el esquema nacional.

El Ministerio de Salud tiene que ser un ministerio de vida en el que se privilegie la salud de la madre y de los niños. Para lo cual estamos fortaleciendo la vigilancia de la mortalidad materna y neonatal, con énfasis en la perinatal, los cuidados obstétricos esenciales, y la sostenibilidad de la ley de maternidad gratuita con la participación de la comunidad como veedores permanentes. Interministerialmente estamos elaborando políticas para reducir el hambre y la desnutrición en los grupos más vulnerables.

Entre las principales causas de muerte y enfermedad figuran las enfermedades crónicas. Se ha iniciado el desarrollo de un plan integral de promoción y de prestación de servicios incluida la provisión de medicamentos genéricos gratuitos para la hipertensión arterial y la diabetes. En este mismo marco estamos impulsando campañas de detección oportuna del cáncer de mama, y garantizando el acceso a los medicamentos a los pacientes con VIH/SIDA y tuberculosis, reduciendo su costo a través del fondo estratégico con recursos del Fondo global y del Estado ecuatoriano.

En el contexto de la seguridad sanitaria internacional que nos convoca a este debate, la presencia de una amenaza como la pandemia de gripe se convierte en una oportunidad para prepararnos, invertir en salud y organizarnos como país en una sola respuesta integral. Es nuestra prioridad proseguir el desarrollo e implementación del Plan preparatorio para la posible pandemia de gripe, pero los problemas de acceso a vacunas y medicamentos específicos son un motivo de preocupación, por lo cual instamos a la Asamblea de la Salud a buscar los mecanismos necesarios que garanticen el acceso de los países en desarrollo a vacunas y medicinas en el momento oportuno.

Nos preocupan también el dengue y el dengue hemorrágico, que siguen siendo a nivel mundial un grave problema de salud pública multicausal y una amenaza al desarrollo económico de los países. Se registran más de 50 millones de infecciones por dengue cada año, incluidos 500 000 casos de dengue hemorrágico y alrededor de 21 000 defunciones, con una tendencia ascendente en el número de casos de dengue clásico y dengue hemorrágico.

Entre las principales causas y determinantes que trascienden el marco del sector salud tenemos una urbanización continua y no planificada, servicios inadecuados de detección de serotipos virales

implicados en la propagación internacional y, sobre todo, la falta de compromiso de diversos actores y su desconocimiento de que el dengue debe ser abordado desde una perspectiva multisectorial, con una responsabilidad compartida, que incluya la permanente participación de la comunidad.

En el Ecuador, cada año, en la estación invernal, los casos de dengue y malaria representan un verdadero problema de salud. Este año el Ministerio de Salud Pública, con el apoyo del Ministerio de Defensa, desarrolló una campaña nacional de prevención del dengue y logró la activa participación de los gobiernos locales y la comunidad para intensificar la lucha antivectorial, con medidas de eliminación de criaderos y de educación ciudadana para fomentar cambios de comportamiento. Esta campaña ha logrado una reducción de la morbilidad por dengue y dengue hemorrágico de más del 50% de los casos en comparación con el mismo periodo epidemiológico de 2006.

El Reglamento Sanitario Internacional presenta un nuevo escenario que permitirá reorientar la prevención y el control del dengue y de otras enfermedades transmisibles en el marco de su aplicación y desde una perspectiva global que desborda las fronteras, donde cada país tiene la responsabilidad de definir una caracterización de sus capacidades básicas.

La entrada en vigor del RSI consolida la vigilancia y el control del dengue y de otras enfermedades transmisibles a nivel de todos nuestros países, en la medida en que amplía la capacidad de detección, investigación y respuesta. El RSI es un instrumento internacional jurídicamente vinculante, que respalda las medidas de prevención y control de las enfermedades con más impacto en la salud pública.

Estimados colegas: Que esta Asamblea sea muy productiva para mejorar la calidad de vida y salud de nuestros países. El Ecuador está muy comprometido con la integración andina en salud, anhela la integración sudamericana y sueña con la integración mundial. Muchas gracias.

Professor KYAW MYINT (Myanmar):

Madam President, honourable ministers, distinguished delegates, thank you for allowing me to make a statement on behalf of my country. Firstly, may I congratulate you, Madam President, on your election to the presidency of the Sixtieth World Health Assembly, and also Dr Margaret Chan for her deserved election to the post of Director-General of the World Health Organization.

The theme of World Health Day 2007 is international health security. "Invest in health, build a safer future" is indeed appropriate as there is a growing need to reduce the vulnerability of people around the world to new health risks, particularly those that threaten to cross international borders. Collective international health security is the first line of defense against health risk that can devastate people, societies and economies worldwide. It is indeed appropriate and timely to involve international leaders and health-care experts in a strategic dialogue on global health security issues, especially when infectious diseases such as severe acute respiratory syndrome and avian influenza have become a threat in countries in our region and beyond.

Communicable diseases such as HIV/AIDS, tuberculosis and malaria cause severe social and economic consequences and impose considerable strain on health systems. The benefits of poliomyelitis eradication, as a result of investment in immunization, are that millions of children are protected from poliomyelitis. With expanded immunization programmes in countries, poliomyelitis has been eradicated in many countries and poliomyelitis eradication activities have revitalized routine immunization systems. Surveillance systems developed for poliomyelitis eradication are now used to monitor other infectious diseases as well.

The virology laboratory network developed for poliomyelitis eradication is in the front line for detecting other emerging infectious diseases as well. Poliomyelitis eradication has created a culture of disease prevention, encouraging health workers and politicians to understand the benefits of prevention, in addition to treating diseases. Avian influenza is a global public health problem as it is not only a threat to individual countries but also to regional and global communities. In resource-limited countries, avian influenza calls for regional and global initiatives for effective response. In Myanmar, the National Strategic Plan on Prevention and Control of Avian and Human Influenza Pandemic Preparedness and Response was developed with the concerted efforts of the relevant ministries and technical support from WHO. The Ministry of Health is implementing the activities for surveillance, information sharing, prevention and control measures, and risk communication activities.

Recognizing the link between globalization and the spread of infectious diseases, the International Health Regulations (2005), which seeks to “prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks and which avoid unnecessary interference with international traffic and trade” will come into force in June 2007. Myanmar has developed, strengthened and maintained capacity to detect, report and respond to public health emergencies of international concern and to provide routine inspection and health control activities at international airports, sea ports and border crossings.

In the twenty-first century, life has become greatly dependant on chemical processing and nuclear power. Public health security in turn relies on the safety of these facilities and the appropriate use of their products. The threat of chemical spills, leaks and dumping, nuclear meltdowns, and chemical and bionuclear weaponry invokes the notion of surprise attacks or accidents, and causes fears that may be disproportionate to the real risk. With the International Health Regulations (2005) coming into force, Member countries will be obligated to detect, report and respond immediately to mitigate trans-border spread and calamities.

In conclusion, international health security is a multifaceted issue to be tackled by multiple stakeholders and international bodies. Individual countries have to be committed to prevent the international spread of disease and to handle public health emergencies of international concern. The International Health Regulations (2005) contains a number of rights and obligations for Member States to follow.

It is my sincere hope that the International Health Regulations (2005), which gives specific recognition to agreements between neighbouring countries to collaborate among themselves, will be implemented by Member States and that international health security will be achieved in the near future. Thank you, Madam President.

Mr JØRGENSEN (Denmark):

Thank you, Madam President. First, the Danish delegation wishes to endorse fully the statement made by Germany on behalf of the European Union.

Denmark welcomes the intention expressed by the Director-General to focus the work of WHO on its core mandate and main responsibilities. We fully agree that by being selective WHO can be more effective – as expressed by Dr Chan in her foreword to the Medium-term strategic plan 2008–2013. WHO cannot and should not take on board responsibility for solving all kinds of problems in the world. Our efforts should be concentrated on areas where the competence and comparative advantages of WHO are undisputed compared to other international actors. Against this background, Denmark welcomes the work that has been done to further sharpen the focus of the Medium-term strategic plan 2008–2013. We do hope and expect that this document will prove to be an important tool for results-based management of WHO.

Our delegation would like to highlight one topic which Denmark believes needs to be given increased attention: noncommunicable diseases. The Danish delegation noted with appreciation that the Director-General, in her address to the Health Assembly, stressed the importance of giving priority to efforts to counter noncommunicable diseases. Considering the dramatic increase in the burden of noncommunicable diseases in almost all countries of the world, it is indeed the right moment for all of us – WHO as well as Member States – to give considerably higher priority to this area. Noncommunicable diseases are currently the major cause of premature death in almost all countries in the world – including many developing countries, where noncommunicable diseases appear in addition to the existing heavy burden of communicable diseases. And the global epidemic of chronic noncommunicable diseases continues to grow. In 2005, these diseases caused an estimated total of 35 million deaths, which is 60% of all deaths globally.

A precondition for tackling the manifold challenges stemming from noncommunicable diseases is an intensified, comprehensive and unified approach to prevention and disease control. A global action plan should focus on tackling the main risk factors leading to noncommunicable diseases – not least tobacco smoking, harmful use of alcohol, unhealthy diets and physical inactivity. In addition to this public health approach, it is imperative to recognize that strengthening health systems in Member

States is a prerequisite for obtaining substantial and sustainable improvement in the global health status. Effective prevention and disease control of many of the most serious noncommunicable diseases requires strong, coherent and stable health systems. Strengthening primary health care should be placed at the forefront when developing efficient health systems, as the Director-General rightly stated in her address. The primary health-care sector is pivotal in this respect, as patients suffering from noncommunicable diseases – including patients with chronic conditions – often need continuous and long-lasting support in their daily lives. In this respect, we all need to be prepared to adjust or redesign our health systems.

Denmark acknowledges WHO as the key player in facing these challenges. It is of paramount importance that we as Member States give our strongest support to the endeavours led by WHO to prevent and combat noncommunicable diseases. Thank you, Madam President.

**The meeting rose at 12:15.**  
**La séance est levée à 12h15.**

## **THE SIXTH PLENARY MEETING**

**Wednesday, 16 May 2007, at 14:35**

**President:** Dr J. KIELY (Ireland)  
**later:** Ms J. HALTON (Australia)

## **SIXIEME SEANCE PLENIERE**

**Mercredi 16 mai 2007, 14h35**

**Président:** Dr J. KIELY (Irlande)  
**puis:** Mme J. HALTON (Australie)

### **ADDRESS BY THE DIRECTOR-GENERAL (continued)** **ALLOCUTION DU DIRECTEUR GENERAL (suite)**

The PRESIDENT:

The Health Assembly is called to order. As this is my first time in the President's chair, I would like to thank the Health Assembly for the honour of electing Ireland to one of its Vice-Presidency positions. The Health Assembly will resume its consideration of item 3 of the agenda.

Mr POKHAREL (Nepal):

On behalf of the Government and people of Nepal, and the Nepali delegation, I extend warm greetings to this august gathering. I would also like to congratulate the President on her election to preside over the Sixtieth World Health Assembly. We are confident that under her able leadership, the Health Assembly will accomplish all the tasks set in its agenda.

The present Government of Nepal was established during the great historic people's movement of April 2006. The movement overthrew the absolute monarchy and brought a peaceful resolution to the decade of violent conflict between Maoist rebels and the State. Nepal is now looking forward to the election of a Constituent Assembly.

Many landmark events have happened since then. Commitment to provide free access to basic health care in the interim constitution as an inalienable right of the Nepali people is just one example. In this context, in spite of substantial economic constraints, we have initiated measures to introduce free health care for poor, marginalized, deprived and disabled people in the emergency and inpatient care systems of district hospitals and in primary health care centres throughout the country. Over the years, Nepal has developed a network of thousands of female community health volunteers and local health workers, thus ensuring access to free vaccines, micronutrient supplements and health education, as well as simple curative services. The Nepal Demographic and Health Survey undertaken in 2006 has shown a remarkable improvement in our health indicators. It is heartening that Nepal is already placed among those countries which may achieve the Millennium Development Goals in the area of child health. We look forward to meeting the Millennium Development Goals in maternal health as

well. We appreciate the continuous support received from WHO, and from other external development partners, in these achievements.

Despite these achievements, we still have a long way to go. Nepal is undergoing a mixed epidemiological transition, and is facing a double burden of disease amidst widespread malnutrition, ignorance and poverty. These problems are compounded by the fact that we are living in a globalized world with rapid modes of transport and large-scale movement of people across the nations. Ill-health, epidemics and pandemics present great threats to global health security, and natural disasters, seasonal floods, landslides and earthquakes all threaten to weaken the public health system of the country. In this context, the theme chosen for World Health Day, international health security, with the slogan "Invest in health, build a safe future" is most appropriate and timely. It has helped to focus our attention on the link between ill-health and the danger it poses to human societies, both national and international. But our task is not only limited to considering the risks, but more importantly, to gearing up for preparedness to build the first line of defence against health risks. In this context, we have designated a focal point for the International Health Regulations (2005), initiated actions, integrated a disease-surveillance system and revised and updated existing health regulations in line with the International Health Regulations (2005).

Collaboration and cooperation among developed and developing countries, national and international organizations, civil society and individuals, are vital to address the issue of international health security. Let us work together to ensure global health security by protecting and promoting community health in individual nations. Let us ensure good health as a fundamental human right of people all over the world.

M. OLANGUENA AWONO (Cameroun) :

Monsieur le Président de séance, je voudrais tout d'abord vous présenter les sincères félicitations du Gouvernement de la République du Cameroun pour l'élection de votre bureau ; permettez-moi de saluer au passage le dynamisme et la rigueur avec laquelle il dirige ces assises. Mes félicitations vont ensuite au Dr Margaret Chan, Directeur général de l'OMS, dont nous approuvons la vision pour moderniser et renforcer l'efficacité de cette grande et stratégique Organisation ; qu'elle soit assurée de notre soutien.

Notre monde change, les défis sanitaires sont de plus en plus nombreux et se globalisent ; ils exigent par conséquent des réponses globales. Dans ce nouvel environnement, le rôle de notre Organisation n'a jamais été aussi sensible pour l'avenir de l'humanité et le développement durable. La reconnaissance de la santé comme un bien public commun est en soi une avancée historique dans le traitement des questions sanitaires au plan international ; l'émergence des mécanismes innovants de financement de la santé confirme ce mouvement. De nouveaux acteurs de plus en plus nombreux apparaissent et s'engagent pour soutenir les efforts des pays afin d'atteindre les objectifs du Millénaire pour le développement. A côté du leadership des pays, l'OMS doit se donner les moyens de mieux les accompagner et contribuer à l'harmonisation et à la coordination des interventions de santé.

Tel fut le cas avec l'initiative « trois millions d'ici 2005 » lancée à New York en 2003 par feu le Dr Lee. Même si l'objectif visé n'a pas pu être atteint à échéance, cette initiative a constitué un puissant levier permettant de livrer plus d'antirétroviraux à de nombreux malades qui en avaient besoin, surtout dans les pays en développement. Dans mon pays, le Cameroun, cette initiative, mise en oeuvre à travers une stratégie de décentralisation de la prise en charge des malades, nous a conduits à rapprocher les structures de soins des patients. De 15 centres de traitement limités aux grandes villes, nous sommes arrivés à créer plus de 120 unités de prise en charge au niveau des districts de santé. De 600 patients sous antirétroviraux, nous sommes parvenus à plus de 31 000 en cinq ans. Notre détermination à lutter contre ce fléau a connu une grande avancée avec la décision récente du Gouvernement sur haute instruction du chef de l'Etat camerounais d'assurer la gratuité du traitement du sida. Cette mesure est effective depuis le 1<sup>er</sup> mai 2007. Il faut ici rappeler que les examens de suivi biologique et le dépistage étaient déjà subventionnés, et rendus gratuits pour les populations les plus vulnérables que sont les femmes enceintes, les enfants jusqu'à 15 ans, les étudiants et les prisonniers. Notre objectif, à la fin de cette année 2007, est d'arriver à 43 000 adultes et 4000 enfants sous antirétroviraux, ce qui représentera un taux de couverture de 62 % des patients devant bénéficier

d'antirétroviraux. Ces avancées sont rendues possibles grâce aux financements reçus du Fonds mondial, qui viennent s'ajouter aux subventions du Gouvernement.

Il en est de même de la lutte contre le paludisme. Je voudrais dire ici combien le Cameroun se réjouit du rôle important que jouent le Fonds mondial et le partenariat Faire reculer le paludisme, qui ont réussi à ramener cette maladie presque oubliée au premier plan de l'agenda international. Grâce aux interventions du Fonds mondial, à l'avènement de la Facilité internationale d'achat de médicaments (UNITAID), l'adoption d'associations thérapeutiques à base d'artémisinine, la disponibilité des moustiquaires imprégnées et bientôt les aspersions intra-domiciliaires d'insecticides, la situation a changé et il y a un réel espoir de contrôle du paludisme dans notre pays. En effet, la lutte s'organise avec plus de visibilité et plus d'acteurs. Le Cameroun a suivi les recommandations de l'OMS ; et nous sommes allés plus loin en réduisant le coût du traitement du paludisme simple entre 25 centimes et US \$1. Pour permettre à chaque Camerounais de pouvoir bénéficier de la subvention des traitements, nous avons signé une convention avec le secteur pharmaceutique privé pour la distribution et la délivrance des mêmes produits à moindre coût.

Il y a là quelques exemples de nos progrès qui sont aussi tangibles dans la lutte contre la tuberculose. Dans ce domaine, l'intégration de la lutte contre le VIH/sida est désormais effective sur le terrain. Concernant les autres maladies transmissibles, il y a la poliomyélite dont la résurgence à travers le monde est une préoccupation réelle, alors même que nous pensions être proches de son éradication. Nous pensons que l'engagement fort des Etats concernés et le renforcement de la stratégie de campagnes de vaccination synchronisées dans les pays limitrophes sont indispensables. Au coeur de la sous-région Afrique du Centre et de l'Ouest, le Cameroun maintient son engagement dans ce combat essentiel et entend consolider son rôle international de barrière immunologique. Comme vous le savez sans doute, le Cameroun a reçu en mars 2007 la certification de l'éradication de la drancunculose, due au ver de Guinée. Il s'agit là pour nous d'une victoire sanitaire importante sur une maladie très handicapante. Ce qui montre que le bon investissement en santé paie. Nous remercions l'OMS pour avoir soutenu nos efforts.

S'agissant des maladies non transmissibles, l'Afrique connaît actuellement une phase de transition épidémiologique sans même avoir pu régler le fardeau des maladies transmissibles. La mortalité liée au cancer, aux maladies cardio-vasculaires ou aux maladies génétiques est en croissance. Nous devons rapidement nous préparer à la riposte. Pour cela, le renforcement des systèmes de santé, avec notamment la prise en compte de la crise des ressources humaines, des systèmes d'information sanitaire, sont autant de défis que nous devons relever. Il faut d'importantes réformes structurelles pour renforcer et moderniser nos systèmes de santé. Des investissements lourds seront donc nécessaires, y compris dans le domaine de la recherche.

Notre devoir, Mesdames et Messieurs, est d'agir. Ensemble, engageons-nous pour promouvoir la santé pour tous. Je vous remercie de votre aimable attention.

Le Dr DE ASSUNÇÃO CARVALHO (Sao Tomé-et-Principe) :

Monsieur le Président de séance, Messieurs les Vice-Présidents, honorables délégués, Mesdames et Messieurs, tout d'abord, permettez-moi de féliciter Mme. le Président pour son élection à la présidence de la Soixantième Assemblée mondiale de la Santé. En raison d'engagements antérieurs, nous n'avons pu être présents à la session extraordinaire de l'Assemblée mondiale de la Santé qui s'est tenue au mois de novembre 2006 pour élire le Directeur général de notre Organisation. Ainsi, permettez-moi de saisir cette sublime occasion pour féliciter au nom de la République démocratique de Sao Tomé-et-Principe et en mon nom propre le Dr Margaret Chan et lui adresser nos sincères vœux de plein succès dans la dure mais exaltante mission à la tête de l'Organisation mondiale de la Santé. Aux membres du Conseil exécutif vont également nos plus sincères félicitations pour les actions entreprises jusqu'à l'élection du nouveau Directeur général dans une courte période de six mois après la disparition du Dr Lee.

En tant que Ministre de la Santé dans un continent où le fardeau des maladies est le plus élevé et où la pauvreté extrême constitue une menace toujours présente pour la santé des populations, nous félicitons le Directeur général pour les six priorités définies dans l'exercice de son mandat lors de la cent vingtième session du Conseil exécutif. Malgré la pertinence de toutes ces priorités, nous



aimerions cependant mettre l'accent sur la priorité « Renforcement des systèmes de santé ». Il s'agit d'un besoin fondamental pour les pays où la fragilité des systèmes de santé constitue un obstacle sérieux à un développement sanitaire durable. Pour nous, ce renforcement devrait passer non seulement par la revitalisation des soins de santé primaires, mais aussi et essentiellement par une attention spéciale au développement des ressources humaines dont le manque se fait sentir d'une façon cruciale dans notre région sur les plans quantitatif et qualitatif. D'un autre côté, nous sommes d'accord pour dire que l'adéquation et l'efficacité de l'action de l'OMS peuvent être mesurées à travers leur effet sur l'amélioration de la santé des populations. Ainsi, la stratégie déjà définie de coopération et d'action en faveur des pays doit être appropriée par les pays eux-mêmes de façon à faciliter sa mise en oeuvre correcte.

A sa cent vingtième session, le Conseil exécutif a également adopté la résolution EB120.R17 « Lutte contre les maladies non transmissibles : mise en oeuvre de la stratégie mondiale ». Le poids des maladies non transmissibles sur la morbidité et la mortalité, en particulier dans les pays en développement, ne cesse d'augmenter. Le diabète, les maladies cardio-vasculaires, les maladies cancéreuses et les traumatismes causés par les accidents de la route sont, dans beaucoup de pays en développement, un problème sérieux de santé publique. Les prévisions indiquent qu'en 2015, environ 60 % des 64 millions de morts estimés auront comme cause les maladies chroniques non transmissibles. Malgré cela, nous constatons que le montant attribué au projet de budget programme 2008-2009 pour y faire face ne correspond pas aux énormes défis que ces mêmes maladies posent aux pays.

Nous ne pouvons pas terminer sans faire référence au thème de la célébration de la Journée mondiale de la Santé 2007. En réalité, la sécurité sanitaire internationale devra être un sujet de préoccupation pour tous les Etats Membres de l'Organisation mondiale de la Santé. Les maladies émergentes, la propagation du VIH/sida et de la tuberculose et les catastrophes naturelles se produisent dans un monde de plus en plus interdépendant où les distances ne comptent plus et où les frontières nationales ne constituent pas un refuge sûr. Chaque pays devra faire l'effort nécessaire pour améliorer et renforcer ses capacités de surveillance épidémiologique de façon à contribuer à l'effort commun qui vise à faire de notre monde une place plus sûre pour tous.

M. MIGUIL (Djibouti) :

Monsieur le Président de séance, Mesdames et Messieurs les Ministres, Mesdames et Messieurs, je voudrais féliciter tout d'abord M. le Président, ainsi que l'ensemble des membres du Bureau de la Soixantième Assemblée mondiale de la Santé pour leur élection. Mes vives félicitations vont ensuite à Mme Margaret Chan, Directeur général de l'Organisation mondiale de la Santé, dont je partage largement l'optimisme et les orientations stratégiques qu'elle défend à l'endroit de l'Afrique, comme un engagement personnel. Je souhaite également, à toutes et à tous, un sommet convergent et fructueux qui soit à même d'unifier les positions dans l'intérêt essentiel de la santé des populations, et ce au-delà des divergences superficielles et circonstanciées.

Comme mes prédécesseurs l'ont exprimé avant moi, je voudrais revenir sur les préoccupations sanitaires majeures, mais aussi sur les pratiques inacceptables d'une époque dominée par les intérêts puissants et leurs conséquences sur des millions d'individus acculés à la pauvreté et aux maladies. Je pense en premier lieu au déséquilibre climatique vécu à l'échelle planétaire et qui nous livre des messages très parlants sur les enjeux d'aujourd'hui et de demain : des enjeux qui sont surtout et avant tout sanitaires pour l'humanité tout entière. Il y a aussi l'impact terrifiant des épidémies et des infections émergentes et réémergentes, notamment des trois maladies – sida, paludisme et tuberculose – qui totalisent à elles seules plus de victimes que toutes les maladies et guerres confondues de l'histoire de l'humanité et qui sont loin d'être ralenties dans leur course effrénée. Mais les raisons, nous les connaissons tous ! Je me demande simplement pourquoi nous ne sommes pas en mesure de tirer profit de ce que nous savons dans ces domaines. Mais plus que l'absence de solutions définitives en matière de thérapeutiques, les déterminants sociaux de la santé et l'accès inégal aux traitements témoignent des morbidités accrues et des résistances vectorielles, particulièrement dans les pays en développement.

Je déplore et dénonce énergiquement la position des firmes pharmaceutiques conditionnées par la recherche de profit financier, pour ne voir et n'entendre d'autres voix que celle de leurs intérêts et garder ainsi dans les fonds de placards, à des prix qui défient tout pouvoir d'achat, des molécules qui pourraient sauver des millions de vies. Comble d'ironie, ces fabricants daignent tout simplement lever le monopole sur la première génération de médicaments, lorsque la résistance virale du sida impose l'accès à la deuxième, voire à la troisième génération. Je crois que nous devons nous opposer résolument à ce commerce inacceptable qui se perpétue au détriment de la vie. Il serait temps que l'OMS puisse engager avec l'OMC des négociations dans ce sens pour que les pays en développement puissent avoir accès aux résultats des recherches qui sont indispensables pour la vie de leurs citoyens. Il est impératif de remporter cette bataille si nous voulons nous rapprocher des objectifs du Millénaire pour le développement liés à la santé à l'horizon 2015.

Le Gouvernement auquel j'appartiens considère et tient la santé comme la priorité des priorités nationales. Malgré nos maigres moyens, notre volonté est grande de poursuivre en profondeur les réformes structurelles engagées depuis quelque temps dans le secteur de la santé, pour garantir l'équité, la proximité et la qualité des soins à notre population. Ainsi, dans le domaine de la santé de la mère et de l'enfant, nous sommes revenus à la prise en charge intégrée, tout en préservant dans ce cadre institutionnel l'aspect vertical de certains programmes, comme la nutrition, la santé génésique et la lutte contre les pratiques néfastes. Les principaux indicateurs de notre politique de santé visent d'ailleurs des résultats probants dans le domaine de la santé génésique avant 2015. Après la loi-cadre que nous venons d'adopter sur le tabagisme, conformément à la Convention-cadre de l'OMS pour la lutte antitabac, la consommation du tabac disparaîtra progressivement de certains lieux publics. Mais d'ores et déjà, le processus d'interdiction du tabagisme en milieu scolaire et sanitaire est engagé avec l'adhésion des populations de ces milieux sensibles. La grippe aviaire a fait son apparition dans notre pays au mois de mai 2006 en touchant deux enfants dans un village non loin de la capitale. Les patients ont été tirés d'affaire grâce à une réaction rapide et efficace de notre réseau de surveillance épidémiologique, encore embryonnaire en ce temps-là, et aussi grâce à une prise en charge appropriée. Notre force a été d'agir comme nous l'assigne le Règlement sanitaire international, bien que celui-ci ne soit pas encore entré en vigueur officiellement. J'en viens à cet appel pour l'application sincère et transparente du nouveau Règlement sanitaire international par toutes les nations sans préjugés économiques et touristiques, gage des relations saines de nos pays.

En ces temps de globalisation des maladies, notre philosophie de l'action est tournée vers la coopération régionale et internationale élargie, pour une meilleure synergie de nos actions et des politiques communes à court et à moyen terme, sans oublier les échanges d'expériences entre nos systèmes de santé. A cet effet, au mois de novembre de l'année écoulée, nous organisons dans notre pays deux rencontres de haut niveau régional, afin de mettre en place des cadres d'interventions communes dans des pays avec lesquels nous partageons des frontières et des pays situés dans une zone d'échange allant de la péninsule arabique à la région des Grands Lacs. A cette occasion, il nous est apparu clairement que nos soucis de collaboration active contre des épidémies sans frontière étaient aussi ceux de nos hôtes. Ce qui facilita la signature de la déclaration de Djibouti, pour renforcer la coopération régionale en matière de santé, ainsi que la signature de l'accord d'engagement en matière de lutte contre le VIH/sida, entre les cinq pays de la Corne de l'Afrique et le Yémen. Les conférences qui ont vu la collaboration du Bureau régional OMS de l'Afrique et du Bureau régional OMS de la Méditerranée orientale nous ont permis de tracer les voies que nous allons poursuivre avec le soutien des partenaires pour le développement. Je voudrais d'ailleurs attirer l'attention de Mme Margaret Chan sur la position géostratégique de mon pays pour des sommets concernant le dialogue mondial et le partage en matière de santé. Je vous remercie de votre aimable attention.

Mr LOBATO (Timor-Leste):

On behalf of my delegation and on my own behalf, I would like to congratulate Ms Jane Halton on her election as the President of the Sixtieth World Health Assembly. We also offer our congratulations to all the Vice-Presidents and Chairmen of the committees. I am sure that under your able guidance this important forum will debate, discuss and decide on the substantial health issues that are confronting the world. I would like to take this opportunity to congratulate Dr Margaret Chan on

taking over as the new Director-General of WHO. We have full confidence in her able leadership and assure her of our full cooperation.

The Democratic Republic of Timor-Leste is a young nation that will be five years old on 20 May 2007, and is one of the least developed countries in the world, with low levels of education and poor health. The country has many health problems similar to those of low-income countries, such as high maternal and child mortality and high prevalence of infectious diseases such as tuberculosis, malaria, dengue, diarrhoeal diseases, Japanese encephalitis, intestinal parasitic infections, filariasis and leprosy. As a country with limited resources, the difficulties are compounded by shortages of well-trained health staff at all levels, which has greatly affected the performance of the health sector as a whole. The Government of Timor-Leste is committed, and will continue to be committed in the future, to ensuring the delivery of affordable and cost-effective, preventive and curative health services to the community through the primary health-care approach.

The period 2006–2007 has been most turbulent, with humanitarian crises in the country, political uncertainty and increased violence. However, the development of the health sector has continued without any major interruption, ensuring that basic services are provided for both internationally displaced and other people. As a litmus test for the functioning of the system, no disease outbreaks have occurred during our nation's first decade. This achievement can proudly be attributed to all stakeholders working with the health sector in Timor-Leste, including many Member States present here today, WHO and other United Nations bodies and organizations. Timor-Leste, being a fragile democracy, needs WHO's support. I am sure WHO will give us this extra care and attention. I would like to assure all Member States of WHO that Timor-Leste will always do its best in addressing health needs, particularly among the most vulnerable populations. Thank you for your attention.

Dr AL-AKHRAS (Palestine):

الدكتور رضوان الأخرس (فلسطين):

السيد الرئيس، معالي المديرية العامة لمنظمة الصحة العالمية، أصحاب المعالي والسعادة رؤساء الوفود، السيدات والسادة، يسعدني أن أقدم إليكم باسم وفد فلسطين بخالص التهئة على انتخابكم ومعاونيتكم لرئاسة أعمال هذه الدورة، متمنيا لكم التوفيق والنجاح في مهمتكم النبيلة.

كما أود أن أقدم بالشكر للسيدة المديرية العامة الدكتور مارغريت تشان على جهودها وتقاريرها عن الأوضاع الصحية في الأرض الفلسطينية المحتلة، بما فيها القدس الشرقية، والجولان السوري المحتل.

وأوجه بالشكر للسيد المدير الإقليمي الدكتور حسين الجزائري ومعاونيه على دعمهم واهتمامهم بالبرامج الصحية في بلادنا. كما أود أن أعرب عن جزيل شكرنا للدول الصديقة الداعمة لشعبنا الفلسطيني في هذه الظروف الصعبة والاستثنائية التي يواجهها تحت الاحتلال.

السيدات والسادة، إننا ننظر إلى منظماتكم الموقرة وإلى هذا المحفل الدولي الكريم والذي يُعنى بصحة شعوب العالم أملين أن تأخذ دولة فلسطين مكانها الطبيعي بينكم كعضو كامل العضوية تصحيحاً للخطأ التاريخي والظلم الذي وقع ضحيته الشعب الفلسطيني منذ ستة عقود، وما يتعرض له من قهر وعدوان متكرر وحرمان من أبسط الحقوق المكفولة لجميع شعوب الأرض.

لقد شهدت الأراضي الفلسطينية، خلال عام ٢٠٠٦، العديد من عمليات الاجتياح والقصف والتدمير على يد قوات الاحتلال الإسرائيلي، وفرض حظر التجوال على السكان المدنيين، واستمرار الممارسات الوحشية التي ترتكبها القوات الإسرائيلية على مرأى ومسمع من العالم في قطاع غزة والضفة الغربية، وسقوط العديد من الضحايا الفلسطينيين نتيجة لهذه الممارسات، وتمادي قوات الاحتلال في إطلاق النار على النساء الفلسطينيات والنساء الحوامل والأطفال، وتدمير المرافق الصحية والحيوية للشعب الفلسطيني.

وقد أثرت هذه الممارسات اللاإنسانية والإغلاق المستمر للأراضي الفلسطينية وعزل مدينة القدس الشرقية المحتلة على معظم البرامج الصحية، وخاصة برنامج الأمومة والطفولة وبرامج التطعيم والصحة الإنجابية وتنظيم الأسرة ومكافحة الأوبئة والصحة المدرسية ومراقبة مأمونية مياه الشرب ومكافحة الحشرات والصحة النفسية والتثقيف الصحي.

ويستخدم الجنود الإسرائيليون المدنيين الفلسطينيين كدروع بشرية عند اجتياحهم المناطق الفلسطينية في انتهاك سافر لأبسط قواعد حقوق الإنسان.

وقد أضاف بناء جدار الفصل العنصري المزيد من العقبات أمام حياة الفلسطينيين عامة والجهاز الصحي خاصة، حيث أدى إلى عزل حوالى نصف مليون فلسطيني يسكنون في ٨٥ بلدة وقريّة وحرمانهم من حقوقهم الصحية والتعليمية وكذلك الاقتصادية.

ولازالت إسرائيل تقوم باستخدام الأراضي الفلسطينية كمكبات للنفايات الإسرائيلية من مواد سامة ونفايات مشعة، مع ما ينجم عن ذلك من مخاطر على الصحة العامة.

كما نجمت أضرار صحية خطيرة عن الحصار المالي المفروض على السلطة الفلسطينية واحتجاز إسرائيل لأموال الضرائب الفلسطينية المستحقة للسلطة الوطنية الفلسطينية، بما في ذلك أموال التأمين الصحي، وانقطاع رواتب الأطباء والعاملين في المجال الصحي وغياب الأموال اللازمة لتأمين احتياجات الموازنة من الأدوية والمستلزمات الطبية. وقد أدى كل ذلك إلى تردي مجمل الأوضاع الاقتصادية وارتفاع معدل البطالة وازدياد نسبة الفقر التي بلغت ٧٠٪.

السيد الرئيس، إننا نطالب إسرائيل، دولة الاحتلال، بوقف عدوانها ورفع الحصار المفروض على الشعب الفلسطيني وفتح المعابر وإزالة الحواجز العسكرية ووقف سياسة الاستيطان المدمر للأرض الفلسطينية وإنهاء احتلالها البغيض لفلسطين.

كما نؤكد على ضرورة التزام إسرائيل بتنفيذ قرارات جمعية الصحة العالمية، وتأمين حرية الحركة للطواقم الطبية وسيارات الإسعاف، وحماية العاملين في المجال الصحي، وتأمين حرية نقل المرضى ودخول الاحتياجات الطبية والأدوية، والإفراج عن أموال الضرائب الفلسطينية المحتجزة في إسرائيل، بما فيها أموال التأمين الصحي.

وإننا ندعو مرة أخرى إلى تشكيل لجنة تقصي حقائق للاطلاع على الأوضاع الصحية المتدهورة ووقف الاعتداءات على الطواقم الطبية والمنشآت الصحية.

كما نتمنى على السيدة المديرية العامة القيام بزيارة الأرض الفلسطينية المحتلة للوقوف على حقائق الأوضاع الصحية هناك في أقرب وقت ممكن.

السيد الرئيس، أود في الختام أن أجدد الشكر لمنظمة الصحة العالمية وللسيدة المديرية العامة وللسيد المدير الإقليمي ولوكالة غوث وتشغيل اللاجئين الفلسطينيين (الأنروا) ولكافة الدول الأعضاء والمنظمات الدولية التي ساهمت في تدعيم نظامنا الصحي وبرامجنا الصحية لتمكيننا من بلوغ الهدف المنشود لمنظمتكم الموقرة.

وشكراً لكم.

**Ms Halton (Australia), President, resumed the presidential chair.**

**Mme Halton (Australie), Président de l'Assemblée, reprend la présidence.**

Mr NAZIROV (Uzbekistan):

Г-н НАЗИРОВ (Узбекистан):

Уважаемая госпожа Председатель, уважаемые коллеги, дамы, господа,

Разрешите, г-жа Председатель, поздравить Вас с избранием на этот высокий пост и пожелать Вам успехов в работе данной сессии.

Республикой Узбекистан с 1998 г. указом Президента принята государственная программа, которая определила поэтапный поход к формированию национальной модели здравоохранения. Учитывая то, что более половины населения Узбекистана проживает в сельской местности, охране их здоровья было уделено особое внимание. В этой связи проведена реструктуризация сети сельского здравоохранения, осуществлен переход от ранее существовавшей пятиступенчатой системы в двухступенчатую систему первичной медико-санитарной помощи.

Совместно с Мировым банком реализуются проекты программы “Здоровье-1”, “Здоровье-2”, направленные на укрепление материально-технической базы учреждений первичного звена здравоохранения, на институционализацию врача общей практики, расширение реформ финансирования управления, внедрение подушевого метода финансирования, совершенствование служб общественного здравоохранения.

Охрана материнства и детства также является приоритетным направлением реформирования системы здравоохранения и возведена в ранг государственной программы. В Узбекистане проживают 26 миллионов человек, из них около 12 миллионов - это женщины фертильного возраста. В стране реализуется ряд крупномасштабных государственных программ, направленных на укрепление здоровья женщин, рождение и воспитание здорового поколения. С целью укрепления материально-технической базы учреждений родовспоможения в Республике реализуется институционный проект “Укрепления здоровья женщин и детей”, общая стоимость которого 70 млн. долл. США.

В настоящее время в стране сформирована целостная система оказания экстренной медицинской помощи населению. Сегодня успешно функционирует Республиканский центр экстренной помощи, его областные филиалы, а также субфилиалы в каждом районе в виде отделений экстренной медицинской помощи при центральных/районных и городских больницах.

В Республике с 2005 г. реализуется проект Глобального фонда по ВИЧ/СПИДу, туберкулезу и малярии на общую сумму более 40 млн. долл. США. В целом осуществляется реализация десяти инвестиционных проектов за счет привлеченных средств иностранных инвестиций на общую сумму более 133 млн. долл. США.

За годы независимости с 1991 г. в соответствии с госпрограммой реформирования совершенствуются системы финансирования отрасли. В семи регионах страны уже внедрен прогрессивный механизм финансирования учреждений первичного звена здравоохранения по нормативам из расчета на одного жителя, с учетом показателей здоровья населения в регионе.

Одним из приоритетных направлений в здравоохранении Республики является недопущение завоза и распространения карантинных, особо опасных инфекций, а также малярии, туберкулеза и ВИЧ/СПИДа. В Республике идет реализации пятилетнего проекта по противодействию малярии, финансируемого Глобальным фондом по борьбе со СПИДом, туберкулезом и малярией. На фоне ухудшения эпидемиологической ситуации по ВИЧ/СПИДу была разработана и утверждена Постановлением Правительства Национальная стратегическая программа противодействия распространения эпидемии ВИЧ/СПИДа. Ее целью является снижение интенсивного распространения ВИЧ-инфекции в Узбекистане и обеспечение ВИЧ-инфицированных больных медицинской помощью. Высокая приверженность рекомендациям ВОЗ/ЮНЭЙДС позволила Узбекистану достичь несомненных успехов в вопросах организации программ по профилактике, диагностике, лечению и поддержке при ВИЧ-инфекции.

Основной целью новой государственной стратегической программы является ограничение распространения ВИЧ-инфицирования в Республике путем обеспечения всеобщего доступа к профилактике, диагностике, лечению, уходу и поддержке больных.

Особое внимание уделяется вопросам предотвращения и борьбы с туберкулезом. Сегодня в стране реализуется Стратегическая программа по снижению заболеваемости от туберкулеза и его профилактике. В рамках этой программы все больные активными формами туберкулеза имеют доступ к бесплатному лечению противотуберкулезными препаратами первого ряда. Помимо лекарственных препаратов, все противотуберкулезные учреждения национального, областного, районного уровней обеспечены современной диагностической аппаратурой.

Пользуясь случаем, от имени Правительства Республики Узбекистан хочу поблагодарить страны-доноры, международные, правительственные и неправительственные организаций за оказанную безвозмездную помощь по борьбе с туберкулезом. Огромную поддержку в реализации данной программы оказывает Всемирная организация здравоохранения, Глобальный фонд по борьбе со СПИДом, туберкулезом и малярией, гранты правительств Германии, Соединенных Штатов Америки, Японии, России, Китая.

В заключение еще раз разрешите выразить искреннюю благодарность ВОЗ, его Европейскому бюро, ЮНИСЕФ, Фонду по народонаселению - ЮНФПА за неоценимую помощь, которую они оказывают нашей стране, по особо значимым и приоритетным направлениям здравоохранения.

Благодарю за внимание.

Mr ITALELI (Tuvalu):

First of all, I wish to congratulate you, Madam President, on your appointment and to express our unwavering support and confidence that your strong leadership will guide this Health Assembly to constructive and fruitful conclusions. I would also like to congratulate you, Madam Director-General, on your appointment, and to say that we look forward to continuing to support and work closely with you during your term in office.

Tuvalu fully endorses the statement by the honourable delegate of the Cook Islands made on behalf of the Pacific island countries and territories. Tuvalu, an island of approximately 26 km<sup>2</sup> in size, is vulnerable to all natural and man-made disasters. Unlike other, bigger, neighbouring countries, Tuvalu's economy is so small that its development programmes depend entirely on the assistance of donor partners. In the area of human resource development, Tuvalu is picking up slowly and it is envisaged that in the years to come it will be in a position to have a competent and well-qualified workforce to carry the nation forward.

In the area of health, Tuvalu, like any other country, has its own problems. The most common problem we encounter is that of scarce resources in both expertise and finance. Our budget is very limited and we are thankful to our donor partners – regional and international organizations – who have provided and are continuing to provide assistance to Tuvalu. Tuvalu continues to receive visiting medical teams from Australia, New Zealand and Taiwan. The teams provide free medical services for our fellow citizens for which we are most grateful. As I speak now, the Taiwan mobile medical team of health specialists is currently in Tuvalu to provide medical assistance and treatment. The second visit of the team is scheduled for September of this year. Taiwan is also continuing its assistance in the provision of medical supplies and drugs which greatly supplement our own inadequate supplies. An Australian eye specialist team is expected later in the year, and New Zealand's medical treatment scheme assists our nationals who cannot be treated locally. This assistance has benefited us in one way or another and has tremendously alleviated the financial burden we used to encounter in transferring our patients overseas.

Tuvalu is working towards implementing its health policy objectives enshrined in its national sustainable development strategy, which reflects the United Nations Millennium Development Goals. However, Tuvalu cannot achieve all these targets due to its financial constraints and lack of capacity. Therefore, Tuvalu acknowledges and appreciates the support and assistance of its development partners while working with WHO and other international and regional agencies in order to achieve health security for its people. WHO has assisted Tuvalu in reviewing its existing health-promotion activities and has developed revised strategies to set up a health-promotion foundation. Health promotion has been encouraged in schools and has gradually progressed, and Tuvalu has joined the WHO Healthy Islands initiative. A health-promotion bill has been drafted and is to be passed by parliament. Capacity building in the health sector is another area in which WHO has assisted us. The Pacific Open Learning Health Network is contributing to our health-sector capacity-building programme, and we urge the Director-General to continue providing such assistance to small island states such as Tuvalu.

My Government is concerned about the spread of avian influenza and other threats, but the International Health Regulations (2005) that WHO has put together to govern these problems are seen as a powerful tool to control the spread of any infectious disease. As such, my Government is not only working towards revising its laws and regulations to accommodate these requirements, but has also drawn up a pandemic response plan to respond to any disease outbreaks.

Noncommunicable disease is a major problem, not only in Tuvalu and the Pacific islands but also worldwide. Diabetes, hypertension, cardiovascular diseases and cancer have been the main causes

of mortality in Tuvalu. The results of research coupled with the WHO STEPwise approach to surveillance have confirmed this deadly problem and we are working towards addressing it.

My Government has ratified the WHO Framework Convention on Tobacco Control. Parliament has passed the Tobacco Act and we are now in its implementation stage. This is an achievement for us and we will remain committed to having this legislation implemented properly. We commend WHO's assistance in this regard.

The fight against HIV/AIDS is another challenge to our health sector. Similar to other countries, Tuvalu is vulnerable to these health problems, but with the intervention and technical assistance of WHO and other United Nations agencies, we have managed to contain them and to provide awareness programmes on the extent of HIV/AIDS devastation.

Tuvalu is committed to joining the rest of the world in strengthening public health programmes to improve the standards and delivery of good quality health care to its people within the scope of its limited resources. My Government will continue to uphold health promotion and to meet health protection challenges emerging from diseases that could affect our people. However, with our limited resources, we cannot maintain such commitment without the partnership of WHO and other United Nations agencies to help us through.

In conclusion, I would like to thank WHO, the United Nations agencies and, of course, the other organizations for their continued support and assistance to our health programme.

Dr MANSOOR (Iraq) :

الدكتور رمزي رسول منصور (العراق):

سيداتى سادتي، السلام عليكم ورحمة الله وبركاته، يطيب لنا أن نتقدم إليكم معالي الرئيس بالتهنئة لانتخابكم رئيساً لجمعية الصحة العالمية الستين، كما يسعدنا أن نتقدم بالتهنئة لمعالي الدكتورة مارغريت تشان لانتخابها مديراً عاماً ونتمنى لها النجاح في مهامها الجديدة، ويشرفنا أن نتقدم أمامكم ممثلين وزارة الصحة في جمهورية العراق، وإنا فخورون بما حققته بلدانكم في مجال الصحة ونتطلع بأن نستفيد من خبراتكم في مجال الرعاية الصحية الأمانة التي طال انتظارنا لها بسبب انعدام وجود نظام صحي مؤهل، فضلاً عما خلفته سنوات الحصار الطويل والحروب القاسية واختلال الأمن في العراق اليوم مما أدى إلى حرمان المواطن العراقي من حقه في الوصول إلى الخدمات الصحية المرجوة. لقد كان العراق في الثمانينات يتمتع بوفرة في الموارد المالية والبشرية مكنت القطاع الصحي في أن يكون رائداً في مجالات الخدمات الصحية سواء في التعليم أو التدريب أو الاشتراك في المؤتمرات العلمية العملية وغيرها من مظاهر التقدم الصحي. ولكن النزاعات المسلحة وثلاث عشرة سنة من الحصار والعقوبات الاقتصادية أدت إلى ارتفاع معدلات وفيات الأمومة والأطفال، ومع ذلك فقد بينت النتائج الأولية للجولة الثالثة من المسح المتعدد المؤشرات وجود بوادر تحسن في وفيات الأطفال الرضع والأطفال دون سن الخامسة من العمر، حيث كانت المعدلات أربع وثلاثين وفاة لكل ألف مولود حي وإحدى وأربعين وفاة لكل ألف مولود حي نتيجة للجهود المبذولة من ملاكاتنا العاملة وعملها الدؤوب ضمن خدمات الرعاية الصحية الأولية. وإن ذلك يجعلنا جميعاً أمام مسؤولية كبيرة ألا وهي الاستمرار في دعم نظامنا الصحي بكافة الإمكانيات المتاحة لتحسين وتطوير قدراته لغرض النهوض بالخدمات الوقائية والعلاجية المقدمة لأبناء شعبنا ضمن مفاهيم الرعاية الصحية الأولية الشاملة والمتكاملة. ونتطلع في هذا المجال إلى دعمكم ومساندتكم الفاعلة لنا لتطوير قدراتنا المؤسسة جنباً إلى جنب مع تطوير قدرات ملاكاتنا العاملة. إن رؤيتنا الشاملة لعراق حر وصحي تهدف إلى تمكين جميع الناس من الوصول إلى الخدمات الصحية بطريقة سهلة وغير مكلفة.

السيدات والسادة الحضور، بالرغم من الظروف الاستثنائية التي يمر بها العراق تمكنت وزارة الصحة من الاستمرار في تقديم الخدمات في جميع المؤسسات الصحية مجاناً والاستجابة للإصابات الجماعية التي تحدث نتيجة للأعمال العسكرية وأعمال العنف واحتوائها في أوقات قياسية لا تتجاوز الساعات بالرغم من محدودية الإمكانيات البشرية والمادية والتي لا تتناسب وحجم الإصابات المستلمة من قبل شعوب الطوارئ المتواضعة كذلك فإن وزارتنا مستمرة في تنفيذ البرامج الصحية المختلفة في مجال الرصد الوبائي والسيطرة على الأمراض الانتقالية مثل البلهارسيا، والملاريا، وداء الليشمانيات والسل وكذلك برامج تعزيز خدمات الرعاية الصحية الأولية. ولعل أبرز إنجاز في مجال الصحة العامة هو إعلان خلو العراق من بعض الأمراض السارية مثل مرض شلل الأطفال وبشهادة منظمة الصحة العالمية وكذلك المضي في القضاء على مرض

الحصبة والملاريا ومع ذلك فإن الحملات التلقيحية التعزيزية ضد تلك الأمراض مازالت مستمرة وحققت حملة التلقيح الخريفية لعام ٢٠٠٦ ضد مرض شلل الأطفال نسبة تجاوزت ٩٥٪ حيث تم تلقيح ما يقرب من ٤,٥ مليون طفل دون سن الخامسة بغض النظر عن موقفهم التلقيحي وفي جميع محافظات جمهورية العراق بالرغم من الظروف الصعب الموافق لتنفيذ الحملة بجولتها، كما تم تنفيذ حملة وطنية لتلقيح الأطفال من عمر ١ إلى ٥ سنوات بلقاح الحصبة المختلطة للفترة من ٢٢ نيسان/ أبريل ولغاية ١٠ أيار/ مايو حيث تم تلقيح ما يقرب من أربعة ملايين طفل في جميع المحافظات بالرغم من الظروف الصعبة والاستثنائية كذلك مازالت الوزارة مستمرة في تنفيذ خطة مركزية واسعة لمتابعة مرض أنفلونزا الطيور في جميع أنحاء العراق وبالتنسيق مع الوزارة المعنية ولم تسجل في العراق إلا ثلاث حالات وترافق خطة المتابعة تلك حملة توعية المواطنين ببقاء أثر ذلك المرض وكيفية الوقاية من الإصابة به كما تبنت الوزارة موضوع إجراء مسح كامل وشامل لحالات الإعاقة في العراق حيث يشهد العراق زيادة ملحوظة في أعداد المعاقين نتيجة العمليات الإجرامية ضد شعبنا. إن الوضع الحالي للعراق وكما أسلفنا وخصوصاً ما يتعلق بالوضع الأمني قد أثر بشكل كبير على الخدمات الصحية الوقائية والعلاجية إلا أن جهود العاملين في القطاع الصحي مستمرة وتضحياتهم متواصلة بغية تقديم أفضل الخدمات لأبناء شعبهم.

سيداتى وسادتى، إن الأهداف الرئيسية المباشرة للوزارة تتلخص في تعزيز الرعاية الصحية على المستوى الأول والثاني والثالث وإصلاح أو استبدال المعدات الطبية وتأمين المواد الصيدلانية وبناء القدرات البشرية ورفع الكفاءات العلمية جنباً إلى جنب مع تطوير الأداء المؤسسي.

وختاماً فإننا في العراق، كما في الكثير من البلدان، نتطلع لأن نجد لأنفسنا مكاناً بارزاً في تأمين الأفضل لمواطنينا وإن لدينا الثقة والأمل بأنكم لن تبخلوا علينا بخبرتكم وإسهامكم في الوصول إلى أمننا الصحي وسلامة شعبنا تحقيقاً لشعار الصحة من أجل السلام وتحقيقاً للمرامي الإنمائية للألفية.

والسلام عليكم ورحمة الله وبركاته.

Dr NJEPUOME (Nigeria):

Madam President, on behalf of the Government and people of Nigeria, I congratulate you warmly on your election as the President of the Sixtieth World Health Assembly and wish you God's wisdom to guide the Health Assembly to success in all our deliberations. We convey sincere apologies from the Honourable Minister of Health of Nigeria, Professor Eyitayo Lambo, who cannot come to participate here because he is a member of the Transition Committee that is organizing the handover from the current Federal Government to the newly elected one.

We would also like to, again, heartily congratulate the new Director-General, Dr Margaret Chan, on her election. We pray and trust that God will grant her the insight, wisdom, courage and drive required to elevate this renowned Organization to greater heights. Under her leadership, Nigeria looks forward to a WHO that will be more responsive and sensitive to the needs of the peoples of the world, especially the poor who are disproportionately prevalent in Africa. We are therefore very encouraged by her declaration, ab initio, that her emphasis will be on Africa and women. We wish to pledge Nigeria's full and enthusiastic support and collaboration towards the realization of the laudable goals that she is setting for WHO.

Nigeria also commiserates with the Government and people of the Republic of Cameroon, our cordial neighbour, on the recent plane crash which claimed over 100 lives. May God grant the whole country, particularly the bereaved families, the fortitude to bear the loss, and grant the souls of the departed eternal rest.

It will be recalled that the outbreak of H5N1 infection was first reported in Nigeria in April 2006 and it has so far spread to about half of the 36 states of the nation. The first human case was also recorded earlier this year and regrettably the patient died. We are glad to report that the Federal Government has continued to mobilize the relevant sectors, particularly health, agriculture and information, to take appropriate action.

We are appreciative of the consistent technical, material and financial support received from the international community, particularly WHO, to enhance our preparedness and response capacities.



However, we regard this Health Assembly as another forum to request further and greater assistance, especially financial.

In response to the expressed and felt needs of the people, and with the aim of finding a lasting solution to poliomyelitis eradication and improving routine immunization in Nigeria, we adopted a new strategy called immunization plus. The strategy involves the administration of monovalent oral poliomyelitis vaccine and other antigens such as the measles vaccine and the diphtheria, pertussis and tetanus vaccine to eligible populations. In addition, "plus" commodities such as insecticide-treated bednets, vitamin A, anthelmintic drugs, oral rehydration salts and soap for hand washing are also delivered to promote child survival. We are very delighted to inform this august Health Assembly that, within 15 months of implementation of this strategy, the number of wild poliovirus cases has dropped to less than 80 in the first quarter of 2007. In a related development, and due to this strategy and other strategic determinant factors, routine immunization coverage has also remarkably increased.

Nigeria has always affirmed the recognition of primary health care as the cornerstone of our national health policy. We have recently demonstrated that concept in a number of strategic ways. We developed a blueprint on primary health care through extensive consultations with the stakeholders and the implementation of that blueprint is ongoing. We are experiencing increasing success with the involvement and engagement of the states, local governments and political wards in primary health care.

We have also merged the national programme on immunization, which had existed as a distinct parastatal programme of the Federal Ministry of Health, with the national primary health care development agency. With this logical and successful fusion of vital primary health-care components, access to basic health-care services in Nigeria will be enhanced; duplication in the application of scarce resources will be minimized and efficiency in the national primary health-care subsystem will be increased.

Nigeria is again glad to report that our efforts in the prevention and control of HIV/AIDS has continued to show positive results. What we have done is to establish zonal blood transfusion service centres nationwide, which provide safe blood, including to women who need it during childbirth.

This delegation is happy to inform you that the Federal Government has continued to accord high priority to the health sector through increased budgetary allocation. This is also matched by the support we get from our partners. Over 50 tertiary health-care facilities have also been equipped to deliver tertiary health-care services and we have also developed a policy on public-private partnerships. However, we still have some challenges and we need support in these areas. These include the national health system, which is weak, and the monitoring and evaluation process, which must be integrated into the national health-management information system. We have nevertheless recorded notable success in the three years of implementation of the health-sector reform and ask for your support in sustaining this.

Ms PICTET-ALTHANN (Order of Malta):

Madam President, Director-General, excellencies, distinguished delegates, on behalf of the Sovereign Order of Malta I would like first of all to congratulate you, Madam President, on your election to preside over the Sixtieth World Health Assembly and to wish you and your Bureau success in your important endeavours. As this is also the first Health Assembly of the new Director-General, Dr Margaret Chan, we would like to warmly reiterate our support for her work in attaining the objectives of WHO.

The year 2006 convened again a considerable list of tragedies of both man-made and natural disasters, with consequences for the health of millions of human beings. The Order of Malta was present, offering rescue and relief by caring for the victims of armed conflicts, earthquakes, droughts and floods, mainly in Africa and Asia. In the Middle East, the Order responded to the conflict in Lebanon by providing medical care, medicines and other basic necessities to many thousands of people displaced from their homes. Special attention was also given to the needs of eastern European and Latin American countries.

While health ministries of WHO Member States rightly concentrate their efforts within their territories, the Order of Malta provides aid in some 120 countries, irrespective of the religion or origin

of populations. The Order spends more than US\$ 1000 million per year on its medical and humanitarian activities; this amount is comparable to the health budgets of some WHO Member States.

In 2006, the Order of Malta devoted both human and financial resources to social and psychological support programmes to help women and children escape sexual exploitation and return to a normal life. In the Democratic Republic of the Congo for instance, the Order of Malta's worldwide relief service, Malteser International, has already extended psychosocial assistance to over 10 000 victims of sexual violence.

In the area of communicable diseases, the Order of Malta recently commenced new programmes in the fields of protection against malaria and control of cholera outbreaks. In Africa, a child dies every 30 seconds from malaria, while less than 5% of children sleep under a bednet. Access to such nets is therefore an extremely important prevention measure, which can reduce the cases of malaria by up to 50%. On this year's Africa Malaria Day, the Order launched a new initiative to fight infant mortality by distributing 10 000 insecticide-treated bednets to pregnant women in its medical centres in the province of South Kivu in the east of the Democratic Republic of the Congo. In the Darfur region of western Sudan, Malteser International is currently treating 420 000 displaced persons under its malaria-prevention programme and providing medical care for a further 115 000 people south of El Fasher. In this context, the Order of Malta fully supports the proposal submitted to this Health Assembly in resolution EB120.R16, calling for the establishment of World Malaria Day, to be commemorated annually, in order to provide education and promote understanding of malaria.

The Order of Malta is continuing its fight against tuberculosis and its secular involvement in leprosy relief. This disease, which is nowadays attracting less attention, affects more than a quarter of a million new patients every year. Moreover, since it is easily curable if treated on time, its ongoing existence constitutes a scandal for humanity. As the *Bulletin of the World Health Organization* pointed out in its editorial of January 2007: "there will be continued need for leprosy research capability and for specialist clinical expertise". New tools allowing earlier detection would greatly contribute to the eradication of leprosy. However, as stated in the above editorial, the situation has come close to eliminating leprosy research. Therefore, the Order of Malta initiated in 2006 a research-funding programme of almost US\$ 500 000 per year and will increase its involvement to accelerate the opening of new avenues towards eliminating of leprosy.

The Order of Malta's long and deep experience in the fields of health care and scientific research is based on its 900-year tradition of healing and nursing the sick of all origins, and supporting the advancement of medical science. Today, it carries out its global activities in accordance with WHO recommendations and in partnership with the international community. Our motivation and humanitarian involvement are rooted in ideals similar to those of the United Nations and, in the scope of health, our goals therefore converge with those of WHO. In this spirit, the Order of Malta will pursue its longstanding support of WHO in its efforts towards achieving: "the attainment by all peoples of the highest possible level of health".

Dr ESHAYA-CHAUVIN (International Federation of Red Cross and Red Crescent Societies):

The International Federation of Red Cross and Red Crescent Societies has been working very closely with WHO over recent years; health ministries, community health workers, national societies and wider civil society must develop new ways of cooperating if they are to help their populations meet the health challenges of today.

HIV/AIDS, tuberculosis and malaria challenge individuals, communities, nations and economies, and the planet is facing the threat of a pandemic influenza. The International Federation is searching for solutions to these kinds of problems. When considering how to mount an effective community-based response to these health challenges, the International Federation decided to convene a Global Health and Care Forum with our national societies in the week preceding this Health Assembly. The Forum this year brought together experts, practitioners from national societies, government officials and even diplomats from a wide range of countries and linked them to the expertise of the International Federation and WHO.

In brief, three main messages came out of that Forum. First, health ministries must work harder to understand the value of civil society, including contributions by National Red Cross or Red Crescent Societies in the field of health and community care. Second, National Societies themselves need strong support to rearrange their work methods and share the benefits of their community outreach. Finally, together, they must develop a new interface to enable community health workers to link effectively with the volunteer network of the Red Cross and Red Crescent. The Forum agreed that without these three messages, it would be very difficult for any country – developed as well as developing – to assemble the resources needed to combat the health crises of today, and it would probably be impossible to envisage the achievement of the targets contained in the United Nations Millennium Development Goals.

We are at a turning point in our work in the Red Cross and Red Crescent. Our Movement has recognized that in its preparations for the 30th International Conference of the Red Cross and Red Crescent, which will be held in November this year in Geneva, its theme – "Together for humanity" – stresses the absolute need for effective partnerships in order to meet the major humanitarian challenges of today. This partnership theme fits well with our work programme with WHO. The Forum I mentioned is a commitment to work together, vividly illustrated by the joint letter of cooperation signed by our Secretary-General and the late Dr Lee Jong-wook in 2005. We have been very pleased to see that the priority given to that commitment has been so well recognized by Dr Chan, and has now also led to discussions about how to work more effectively at regional levels. It is a matter of great satisfaction to us that the International Federation was able to sign a new cooperation agreement with the WHO Regional Office for Africa at our Forum last week, and we look forward to making similar arrangements with other WHO regional offices.

We want stronger commitments to partnerships, and we want governments and National Societies to work better together. We want governments to understand how they can benefit from the duality of National Societies: both auxiliaries to the public authorities in the humanitarian field and community-based organizations at the same time. We will do our part to help National Societies bring themselves to the table. We are very pleased that WHO shares this commitment and will help governments with their part of the arrangement.

Ms GAWANAS (African Union):

Madam President, I would like to congratulate you on your well-deserved election to the high office of President of the Sixtieth World Health Assembly. I also wish to commend your predecessor, Professor Paul Ivo Garrido, Minister of Health of Mozambique, for the great achievements he recorded during his term of office. Professor Garrido also hosted the Special Session of the African Union Conference of Ministers of Health, which ushered in the Maputo Plan of Action for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights adopted by Health Ministers in Gaborone, Botswana. Allow me to convey to all delegates warm greetings from His Excellency President Alpha Omar Konare, Chairperson of the African Union Commission. The African Union also wishes to align itself with the statement delivered by the Minister of Health of Ethiopia on behalf of the African Region.

I congratulate Dr Chan, the newly elected Director-General of the World Health Organization, who has pledged to put women and the people of Africa high on the agenda of WHO. Let me assure her that the African Union will continue to work with WHO in addressing the health challenges facing Africa. As you already know, improving the health and well-being of the people of Africa has been a major preoccupation of the African Union, as well as its predecessor, the Organization of African Unity. The very first Conference of Independent African Heads of State and Government, which took place in May 1963, recognized the importance of improving health in Africa. It is therefore not surprising that WHO became the first United Nations agency to sign a cooperation agreement with the Organization of African Unity in September 1969. In 1987, the Assembly of Heads of State and Government of the Organization of African Unity adopted a Declaration of Health as a Foundation for Development and a resolution on Universal Immunization in Africa.

In 1991, the Organization of African Unity Assembly took a landmark decision, which shifted the focus from disease interventions to strengthening health systems. It is therefore pleasing to note

that the third session of the African Union Conference of Ministers of Health, which took place in Johannesburg, South Africa, during April 2007, was convened under the theme "Strengthening health systems for equity and development". The main outcome of the Conference was the Africa Health Strategy referred to yesterday by Dr Chan. One of the principles underpinning the Strategy is that "health creates wealth".

The African Union Conference adopted a number of important policy instruments, such as the Pharmaceutical Manufacturing Plan for Africa, the monitoring and follow-up mechanism for the implementation of the outcomes of the Abuja Special Summit on HIV/AIDS, Malaria and Tuberculosis, and the Plan of Action on Violence Prevention in Africa. The Africa Health Strategy is important for Africa as we recognize that Africa carries the heaviest burden of disease and therefore needs a comprehensive, integrated approach to health challenges, combined with a minimum package of interventions, both at the primary health-care level and in the health system as a whole. We also believe that national health plans should include social protection systems for vulnerable groups. We also know that diseases do not respect borders and hence the need for cross-border cooperation in disease control. Similarly, Africa cannot speak of universal access without tackling the burning issue of affordability and sustainability of its interventions. Here we specifically wish to refer to the matter of drugs and vaccines. The Pharmaceutical Manufacturing Plan is nothing less and nothing more than a recognition that although Africa carries the heaviest burden of disease it should not become a captive market for imported drugs, but that it has and must have the right and capacity to produce drugs itself. In this regard, the African Union supports its Member States and encourages them to make use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights in order to increase drug production capacity in the continent without compromising issues of quality control and assurance.

We know that malaria remains the biggest challenge in Africa. We cannot and should not aim merely to control the disease, but should work towards its elimination and eventual eradication. To achieve that, we need to step up our efforts and ensure that malaria remains high on our agenda. During the third session of the African Union Conference of Ministers of Health, in April 2007, a renewed malaria elimination campaign aimed at its eventual eradication in Africa was launched. The campaign appeals to our Member States to recommit themselves to the fight against malaria, in particular, to increase universal access to free malaria prevention and treatment and to strengthen their health systems, and to partners, including WHO, to increase their support towards achieving this.

In conclusion, the theme for the 2007 Africa Day is: "Let's strengthen Africa's place in the world through strategic, balanced and responsible partnerships." In this regard, we appeal to our partners to harmonize their approaches and interventions and to respect the priorities that countries set for themselves. We also appeal to development partners to meet the pledges they have already made to Africa.

I wish to assure you, Madam President, and your colleagues, that the African Union Commission will continue to work with WHO on improving the health status of the African people. I thank you for your attention and wish you successful deliberations.

Père VITILLO (Holy See):

First of all, I convey the deep regrets of Archbishop Silvano Tomasi, Permanent Observer of the Holy See to the United Nations in Geneva and Head of the Holy See Delegation to this Health Assembly, as he was called to Rome for an urgent meeting and thus is unable to deliver this statement personally.

The delegation of the Holy See wishes to convey its congratulations, Madam President, upon your election to exercise leadership over this august Health Assembly. It also congratulates Dr Margaret Chan upon her appointment as Director-General. We welcome her designation of the health of women and of the people of Africa as major concerns. The Catholic Church is convinced of the God-given, equal, and complementary dignity of women and men. The most fruitful expression of this is found in the family, which is based upon lifelong and mutually faithful marriage between a man and a woman. This vision of human dignity is also shared by citizens in many WHO Member States. In this same regard, the Holy See urges that the resolution on integrating gender analysis and actions

into the work of WHO never be utilized to justify doing harm to or destroying human life during one of its most vulnerable stages – when still within the mother’s womb.

Regarding Africa, the Popes have repeatedly expressed deep concern over its anguished history where, as was said by the late Pope John Paul II, “many nations are still in the grip of famine, war, racial and tribal tensions, political instability and the violation of human rights”. Pope Benedict XVI, moreover, has exhorted the international community, “we must not forget Africa ...”.

This delegation urges as well particular attention to the resolutions and recommendations related to infectious diseases. Much of the threat to health security caused by such diseases could adequately be addressed were the global human family to commit itself to affordable and action-oriented programmes of research, vaccination, treatment, and preventive education respectful of the natural moral law. In November 2006, the Vatican’s Pontifical Council for Health Pastoral Care convened more than 500 experts to reflect on this very topic. At that gathering, Pope Benedict XVI emphasized the need to implement social justice in order to ensure a fair distribution of resources for research and treatment. In a letter to the Chancellor of Germany as she prepared to assume the presidency of both the G8 countries and the European Union, the Holy Father expressed the hope that there would be “... a substantial investment of resources for research and for the development of medicines to treat AIDS, tuberculosis, malaria, and other tropical diseases... There also is a need to make available medical and pharmaceutical technology and health care expertise without imposing legal or economic conditions”.

The Holy See shares the concern expressed in the report on better medicines for children. Many children die of diseases that are treatable in adults but for which appropriate dosages and formulations have not yet been developed for paediatric use. The international community can no longer turn a deaf ear to the life-threatening needs of children, who represent the future of the human community.

In conclusion, as we approach the thirtieth anniversary of the historic Alma-Ata Declaration, the Holy See is pleased to note the strategic attention being encouraged for health promotion in a globalized world with a special focus on primary health care. In all the deliberations during this Health Assembly, and in subsequent action at national and local levels, this delegation urges a perspective on health security that is grounded in the human person, in his or her integrity, and that looks far beyond the absence of disease to the full harmony and sound balance of the physical, emotional, spiritual and social forces within the human person.

Mr ZHARKO (Belarus)<sup>1</sup>:

Г-н ЖАРКО (Беларусь)<sup>1</sup>:

Уважаемый г-н Председатель, уважаемая г-жа Генеральный директор, уважаемые дамы и господа,

Делегация Республики Беларусь с большим вниманием выслушала доклад Генерального директора и высоко оценила работу по его подготовке. Отмеченная в докладе ситуация в сфере международной безопасности в области здравоохранения справедливо вызывает озабоченность во всех странах мира. Угрозы возникающих эпидемий, стихийных бедствий и изменений окружающей среды требуют от нас слаженной коллективной работы на международном уровне с целью создания эффективных механизмов их предупреждения и принятия ответных мер. Всемирный день здоровья по данной проблеме, активно проведенный и у нас в стране 7 апреля, положил начало международной деятельности по здоровью и безопасности.

Беларусь как страна, расположенная в центре Европы на пересечении путей интенсивных транспортных и миграционных потоков, страна со сложной экологической обстановкой в связи с последствиями Чернобыльской катастрофы, крайне заинтересована в обеспечении международной безопасности в области здравоохранения.

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<sup>1</sup> The text that follows was submitted by the delegation of Belarus for inclusion in the verbatim records in accordance with resolution WHA20.2.

<sup>1</sup> Данный текст представлен делегацией Беларусь в соответствии с резолюцией WHA20.2 для включения в стенограммы выступлений.

В Республике обеспечена стабильная, устойчивая работа системы здравоохранения, основополагающими принципами которой являются государственность, доступность и бесплатность медицинской помощи. Наличие действенной государственной системы, государственной санитарно-эпидемиологической службы, региональных, государственных и международных программ, национальных референс-центров, тесного контакта научных и практических учреждений позволяют нам осуществлять эффективный контроль инфекционных заболеваний и снижать показатели инфекционной заболеваемости населения.

Большое внимание уделяется решению проблем с ВИЧ/СПИДом. Реализуется Государственная программа профилактики ВИЧ-инфекции на 2006-2010 гг., Стратегический план мероприятий по противодействию эпидемии ВИЧ/СПИДа на 2004-2008 годы. С 2004 г. успешно осуществляется совместный проект Программы развития ООН и Министерства здравоохранения “Профилактика и лечения ВИЧ/СПИДа в Республике Беларусь”, финансируемый Глобальным фондом по борьбе со СПИДом, туберкулезом и малярией. Это позволило стабилизировать эпидемиологическую ситуацию по ВИЧ-инфекции, снизить к 2007 г. по сравнению с 2002 г. в 4 раза распространенность ВИЧ-инфекции среди молодежи в возрасте от 15 до 19 лет, повысить до 98% информированность молодых людей по проблеме ВИЧ/СПИДа.

В целях недопущения заноса и распространения высокопатогенного гриппа птиц в Республике разработан Комплексный план мероприятий и профилактики птичьего гриппа на 2007 г., в котором предусмотрены профилактические, противоэпизоотические и лечебные мероприятия. Работой в данном направлении руководит Межведомственный координационный совет по охране территории Республики Беларусь от заноса и распространения птичьего гриппа. Проводится постоянный мониторинг за циркуляцией вируса гриппа среди населения и птиц. Национальный партнер ВОЗ по гриппу - Научно-исследовательский институт эпидемиологии и микробиологии работает в тесном взаимодействии с диагностическими центрами ВОЗ по гриппу в Лондоне и Атланте.

Республика Беларусь приветствует принятие Международных медико-санитарных правил и предпринимает шаги по их эффективному внедрению. В прошлом году внесены соответствующие изменения и дополнения в Закон Республики Беларусь “О санитарно-эпидемическом благополучии населения”, определен перечень инфекционных заболеваний, на которые распространяются мероприятия по санитарной охране территории Республики, идет подготовка нормативных актов, в которых будет определен Национальный координатор по Международным медико-санитарным правилам и порядок оценки и уведомления ВОЗ о событиях, которые могут представлять собой чрезвычайную ситуацию в области общественного здравоохранения, имеющую международное значение.

При этом Беларусь считает необходимым разработку единых подходов, методик и стандартов для эффективного взаимодействия разных государств. Представляется также целесообразным создание международной сети научно-методических центров по общим вопросам контроля инфекционных заболеваний.

Республика Беларусь поддерживает инициативы ВОЗ по проблеме международной безопасности в области здравоохранения и готова внести свой вклад в развитие международного сотрудничества по данной проблеме.

Благодарю за внимание.

Mr RI Tcheul (Democratic People's Republic of Korea):<sup>1</sup>

On behalf of the delegation of the Democratic People's Republic of Korea, I would like to congratulate Ms Jane Halton on her election as the President of this session of the World Health Assembly; I am convinced that this session will prove successful under her able guidance. My congratulations also go to Dr Margaret Chan, elected as Director-General of the World Health

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<sup>1</sup> The text that follows was submitted by the delegation of the Democratic People's Republic of Korea for inclusion in the verbatim records in accordance with resolution WHA20.2.

Organization by the Member States. My delegation affirms that the Democratic People's Republic of Korea will actively cooperate with WHO in overcoming the new challenges arising worldwide today.

Today, millions of people still suffer from the scourge of disease; however, they are not provided with medical services. This reality requires all Member States to make prompt and united efforts to eliminate the factors that have consistently threatened the health of mankind, and thus the mission and responsibility of WHO is very important in this regard.

WHO has made positive contributions to the improvement of public health systems of Member States and development of the global public health sector by elaborating appropriate strategies to control newly occurring communicable diseases attributable to socioeconomic development and ecological change and by providing the necessary technical and material assistance.

WHO designated international public health security as the theme of this year and put forward the slogan "Invest in health, build a safer future"; this is a good example that illustrates WHO's efforts.

My delegation supports the draft Medium-term strategic plan 2008–2013 and Proposed programme budget for 2008–2009, believing that they constitute bold yet reasonable measures that will positively contribute to promotion of global public health services and encourage collaboration among Member States.

It is a well-known fact that financial and technical support to Member States by WHO has an important influence on the development of the national public health sector. We believe that in order to ensure the efficiency and effectiveness of assistance to Member States, it is important to draw up assistance programmes in conformity with the specific conditions of the countries that have different levels of public health service, and to implement them efficiently. In this regard, my delegation considers that it is realistic and appropriate for WHO to give top priority to strengthening public health infrastructure in Member States so that they can meet the demands for technical human resources and medical services on their own and intensify assistance activities.

The Government of the Democratic People's Republic of Korea attaches great importance to collaboration with WHO in improving the national capacity of the public health sector and thus contributing to global public health. So far, WHO and the Regional Office for South-East Asia, in accordance with their mission, have provided the Democratic People's Republic of Korea with a great deal of support, thereby strengthening its public health infrastructure, including upgrading hospitals in counties and villages. In particular, in prompt response to the recent appeal of my Government with regard to the occurrence of measles in my country, WHO, UNICEF and the International Federation of Red Cross and Red Crescent Societies provided a large quantity of supplies, including measles vaccinations, syringes and vitamin A. On behalf of the Government of the Democratic People's Republic of Korea, my delegation takes this opportunity to express once again our gratitude to WHO and the Regional Office for South-East Asia as well as to the other international organizations concerned who sincerely assisted the efforts of our people to eliminate measles and other diseases in our country.

The Government of the Democratic People's Republic of Korea has made great efforts to promote the health and well-being of its people and has systematically increased investment in the public health sector under the wise leadership of the great leader Comrade Kim Jong II, upholding the people-centred *juche* idea as the guiding principle of its activities. On the occasion of the Fifth Session of the 11th Supreme People's Assembly, held in April, expenditure to the public health sector for 2007 was increased to 108.9% over the previous fiscal year and, thus, public health services for the promotion of our people's health, including improvement of the first-aid medical service system, will gain fresh momentum and be actively pushed forward.

In spite of certain difficulties, the position of the Government of the Democratic People's Republic of Korea will remain unchanged to enforce consistently the superior public health policy, including free medical care, and further improve our public health system. The Government of the Democratic People's Republic of Korea will continue to promote the health and well-being of its people by improving public health services, and it will closely collaborate with WHO and the Regional Office for South-East Asia in achieving the objectives of the Medium-term strategic plan 2008–2013 of the Organization.

Professeur HOUSSIN (France):<sup>1</sup>

Monsieur le Président, Mesdames et Messieurs les délégués, la « sécurité sanitaire internationale » est un thème qui me tient très à coeur en tant que Directeur général de la Santé, mais aussi en tant que Délégué interministériel pour la lutte contre la grippe aviaire. Maladies émergentes, pauvreté, conflits internationaux, catastrophes naturelles, bioterrorisme, changements environnementaux, pénurie de ressources humaines : les menaces pour la santé sont multiformes. Aucun pays n'est à l'abri. En France, notre système de santé, pourtant jugé performant, a été mis à l'épreuve lors de la canicule en été 2003. Plus récemment, l'année dernière, nous avons dû faire face à une épidémie de Chikungunya à la Réunion.

Pour autant, nous ne sommes pas démunis devant ces menaces. L'adoption du Règlement sanitaire international révisé en mai 2005 représente une étape déterminante dans la coopération sanitaire internationale et un formidable progrès de l'humanité dans la promotion de la santé en tant que bien public mondial. Il est de notre devoir, à nous Etats Membres ainsi qu'au Secrétariat de l'OMS, de réussir sa mise en oeuvre pleine et sans restriction. Chacun doit pouvoir assumer ses obligations tout en retirant le plein bénéfice en matière de sécurité sanitaire internationale. Le Bureau de l'OMS à Lyon, que la France finance à hauteur de 2 millions d'euros par an, a pour mandat d'aider à la mise à niveau et au renforcement des systèmes nationaux de surveillance, d'alerte, de diagnostic et de réponse aux épidémies. Il joue un rôle déterminant en termes de formation et de préparation pour renforcer les bureaux régionaux et aider les pays qui en ont le plus besoin dans la mise en oeuvre de leurs obligations. L'OMS doit ainsi contribuer à donner plus de visibilité au Règlement sanitaire international, à mieux faire comprendre tous les enjeux, afin de développer encore l'adhésion et l'efficacité de l'ensemble des acteurs et des administrations concernés dans les pays. Pour la mise en oeuvre efficace et rapide du Règlement, les Etats Membres ont besoin de disposer dès que possible des outils didactiques et multilingues annoncés par l'OMS tels que les guides de salubrité concernant les avions et navires, la liste des pays et zones nécessitant des opérations de désinsectisation (annexe 5), ou encore les résultats de la réflexion sur les postes-frontières terrestres. La solidarité internationale est nécessaire parce que la menace pandémique est une menace globale et ne peut être contrôlée que par une action concertée. Cette solidarité doit s'exprimer dans un cadre de justice globale : devoir de solidarité à tous les niveaux, depuis le niveau international jusqu'au niveau local. A nos yeux, il est capital de maintenir le consensus social autour de principes éthiques dans la lutte contre la pandémie déclinés autour des principes suivants : justice sociale pour protéger les plus vulnérables ; accès équitable à l'information garanti ; identification des personnes à haut risque.

Pour aller à l'essentiel, il nous semble que notre engagement pour la sécurité sanitaire internationale doit s'appuyer sur les quatre axes suivants : premièrement, la coordination internationale, au niveau des Etats mais aussi entre organisations internationales : l'OMS joue le rôle central de la coordination sanitaire internationale. Toutefois, les autres organisations du système des Nations Unies – ONUSIDA, PNUD, UNICEF, HCR, FAO, PAM, OIT ... –, le Fonds mondial de lutte contre le sida, la tuberculose et le paludisme, la Banque mondiale, le Fonds monétaire international et l'OMC doivent aussi être sensibilisés aux enjeux de la sécurité sanitaire internationale. La promotion de la santé dépasse les clivages sectoriels. Deuxièmement, la participation de la société civile et la construction d'une citoyenneté sanitaire internationale : la sécurité sanitaire internationale se construit aussi et peut-être d'abord au niveau des individus. La lutte contre les risques sanitaires nécessite la participation des citoyens et une communication de crise efficace. En matière de lutte contre les épidémies, les citoyens peuvent aussi être porteurs de la solidarité internationale. C'est le sens de l'initiative UNITAID que nous avons lancée avec le Brésil, le Chili, la Norvège et le Royaume-Uni en septembre dernier et qui est portée maintenant par une trentaine de pays. Cette initiative est essentiellement financée par des contributions de solidarité sur les billets d'avion acquittées par les voyageurs. Elle permet de dégager dès 2007, de façon pérenne et prévisible, US \$300 millions pour l'achat de traitements contre le paludisme, la tuberculose et le sida en faveur des populations les plus

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<sup>1</sup> Le texte qui suit a été remis par la délégation française pour insertion dans le compte rendu, conformément à la résolution WHA20.2.



pauvres. Troisièmement, une approche intégrée portant à la fois sur la surveillance, la prévention, l'alerte et la préparation de la réponse aux menaces pesant sur la sécurité sanitaire ; la préparation aux menaces via le renforcement des systèmes de santé est encore le meilleur moyen pour une gestion des risques réussie. Enfin, quatrièmement, l'inscription de la santé à haut niveau au programme des instances nationales et internationales : la sécurité sanitaire internationale n'est pas seulement l'affaire des ministres de la santé. En tant que Directeur général de la Santé, je sais bien que mon action n'a de sens que si elle est portée également par mon collègue du Ministère de l'Economie et des Finances, mais aussi par ceux de l'Agriculture, de l'Environnement et du Développement durable et des Affaires étrangères. C'est à cet égard que nous avons lancé, au niveau des ministres des affaires étrangères, avec la Norvège, le Brésil, l'Indonésie, le Sénégal, l'Afrique du Sud et la Thaïlande, l'initiative diplomatie et santé à New York en septembre 2006. Un programme d'action a été adopté par les sept ministres à Oslo le 20 mars. Le processus doit maintenant être étendu à d'autres pays, avec le soutien du Secrétaire général de l'Organisation des Nations Unies.

La France a également soutenu l'inscription de la santé à l'ordre du jour du G8. Dans ce cadre, les chefs d'Etat et de gouvernement des pays les plus industrialisés oeuvrent notamment en faveur de la coopération internationale en matière de surveillance et de lutte contre les maladies infectieuses.

En concluant, je voudrais confirmer l'engagement de la France sur ces quatre axes, aux côtés de l'OMS ainsi que dans les autres instances. Ce faisant, elle entend s'engager avec détermination au service de l'action urgente et coordonnée que doit mener la communauté internationale pour améliorer durablement la sécurité sanitaire internationale. Je vous remercie.

Mr TONGAI (Kiribati):<sup>1</sup>

Before sharing my country's views on this year's theme of international health security, please allow me, first of all, to convey the warm greetings of my Government and country, Kiribati, to our new WHO Director-General, Dr Margaret Chan, to all the hardworking staff of WHO here in Geneva and, of course, to each and every one of the Member States who are represented here at this Sixtieth World Health Assembly. *Mauri* or good health to you all. Also, whilst I have the opportunity, on behalf of my delegation I would like to congratulate and wish you all the best, Madam President, on your appointment to preside over this Sixtieth World Health Assembly.

Unquestionably, health security is of paramount importance to all nations and therefore must be an international concern. No matter whether you have a well-established or a fragile health system in place, health security should be of equal concern to all, as the gap in the health system of one country can affect the entire international community; no question about that, especially nowadays as the world is getting increasingly smaller with the rapid advancement in technology. There is, therefore, an imperative need to have effective measures in place to ensure international health security. The International Health Regulations (2005) may have the potential to address the issue, but my country believes that the Regulations alone are not enough. As correctly stated by our new Director-General in her message for this year's World Health Day, there is also an imperative need to strengthen national, regional and international health systems. In addition, my country feels that closer and more genuine cooperation on health between all – and I stress all – stakeholders in health, regardless of geographical or political jurisdictions, must also be ensured.

But how can we ensure international health security if we continue to turn a blind eye to the obvious gaps in our international health systems? I have in mind here the 23 million people of Taiwan who continue to be deprived of their full right to participate in WHO's meetings and activities. Secondly, how can we expect to have international health security if we continue to restrict assistance to small countries such as Kiribati, while knowing very well that they need an immediate major overhaul of their highly fragile and vulnerable health systems and strengthening of their weak infrastructure and health workforce? I believe we have been singing the same old songs, but to different tunes, over and over again, without actually tackling the crux of the matter, namely: closing

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<sup>1</sup> The text that follows was submitted by the delegation of Kiribati for inclusion in the verbatim records in accordance with resolution WHA20.2.

all the gaps in our international health systems and giving special consideration to the most vulnerable Member States in strengthening their health systems and capacities. So, I think it is about time that we take a step forward and act now before we are overtaken by events – tragic events.

Mr DUQUE III (Philippines):<sup>1</sup>

The responsible practice of sharing avian influenza viruses is an important issue that relates to public health security. The International Health Regulations (2005) establish a binding legal framework to prevent, protect against and provide a public health response to the international spread of disease while avoiding unnecessary interference with international traffic – a key step in improving and protecting international health security. The Philippines, being one of the signatories to the International Health Regulations (2005), conforms with the obligations set by the Regulations. As a developing country, we share the same apprehensions as other nations. We all need a global solution for this concern. To arrive at a solution, we need global solidarity, because avian influenza has given us a new meaning of globalization: a global threat. All Member States must commit to reinforcing, sustaining, building up and advancing the WHO Global Influenza Surveillance Network based on a clear and reliable system that ensures equitable sharing of the benefits from the generation of information, diagnostics, drugs, vaccines and other technologies. We urge Member States to report to, and check information with, WHO on public health events which may result in public health emergencies of international concern or other important public health risks. The Philippines is assessing its national minimum core capacities to detect, assess, and respond to public health events. We strongly urge all other Member States to follow suit and adhere to the requirements set by the International Health Regulations (2005) concerning the public health aspects of international travel and trade, including health measures that may be implemented in differing circumstances.

Dr ALI (Somalia):<sup>2</sup>

I am greatly pleased and honoured to attend the Health Assembly for the first time as Minister of Health of the Transitional Federal Government of Somalia. I stand here in front of my peers in this august body today with very mixed feelings. My country is still reeling following the recent escalation of violence. In the past 15 years, we have seen consistent efforts initiated under the auspices of the international community to bring peace and stability to Somalia. Nevertheless, as a female health minister, I stand before you all as a symbol of renewed enthusiasm, resolve and unconditional faith in a brighter future for Somalia!

As serious and competing priorities emerge for the Transitional Federal Government of Somalia, plans to address at national level the poor health situation in the country – whose health infrastructure has been destroyed during years of conflict, and as a result of the flight of health manpower – continue to be a pressing need. Revitalizing the health-care delivery systems and improving the health status of the Somali people are thus key priorities of the Ministry of Health. Health has to be placed in a wider perspective. It has an impact on national development, and the link between health and socioeconomic development has been clearly and repeatedly demonstrated. Evidence has shown that poverty increases vulnerability to disease and influences people's health-seeking behaviour and access to services in Somalia. There is an increasing proportion of the population living on the fringes of deprivation, the majority of these being the rural and nomadic populations. Extreme poverty in Somalia is estimated to be 43%, with large disparities noted between the urban population, with 23% extreme poverty, and internally displaced persons, rural and nomadic populations with 53% extreme poverty. As a result of many years of neglect, public health-care provision in Somalia ranges from deregulated and fragmented services, to total absence. In the absence

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<sup>1</sup> The text that follows was submitted by the delegation of the Philippines for inclusion in the verbatim records in accordance with resolution WHA20.2.

<sup>2</sup> The text that follows was submitted by the delegation of Somalia for inclusion in the verbatim records in accordance with resolution WHA20.2.

of satisfactory public health services, private sector health-care provision has played a valuable role, albeit with questionable quality. Moreover, private services are more expensive and unregulated, which contributes to problems of drug counterfeiting, bogus professionals and pilfering of supplies from public health facilities.

While many may remember Somalia because of conflict, not everyone knows that we also have a disproportionately high share of natural disasters, ranging from tsunamis to drought, that test our resolve and impede our progress and contribute significantly to the growing problem of internally displaced persons. Current estimates of internally displaced persons, including as a result of conflict, run as high as over 500 000 throughout Somalia. I would like to take this opportunity to express my gratitude to WHO, which, despite monumental challenges, in addition to its mandate of technical adviser to counterparts in the Government, has actually led health programmes and their operations – a dual role that only underlines the impartial and humanitarian role of WHO.

It is no secret that health indicators in most of Somalia are alarmingly poor. Estimates put maternal mortality at over 1000, with less than 33% coverage of births by skilled birth attendants, infant mortality at over 10%, health coverage and access to safe water at less than 40%, and repeated outbreaks of preventable communicable diseases, including resurgence of poliomyelitis. Less than 10% of Somalis have access to voluntary counselling and testing centres for HIV/AIDS and less than 2% of HIV/AIDS patients have access to antiretroviral therapy. Malaria is still a major public health problem in Somalia. More than 30 000 cases were reported in 2006 alone, less than 33% of which were laboratory-confirmed. Tuberculosis is another important disease in Somalia. Around 9430 new cases are estimated in Somalia each year. In collaboration with WHO and partners, the national tuberculosis programme has managed to establish at least one tuberculosis centre in each of the 18 regions of Somalia.

An effective, decentralized and well-functioning health system is critical in Somalia, requiring the support of the management and technical capacity of the Ministry of Health, the development of decentralized and structured health-care delivery, health boards and regulatory authorities, and regional and district health authorities. Today, health care throughout the country, including pharmaceutical supply, is completely dependent on international organizations. Many of the private pharmacies are manned by unskilled health personnel. The Transitional Federal Government's vision of the health sector is to reduce the high levels of mortality and morbidity, especially among women and children, by providing an equitable, effective and efficient package of health services which are accessible and of reasonable quality, and to develop the capacity to deliver the necessary services at each level of the health system. Restructuring the workforce will be the cornerstone of this recovery exercise and the revitalization of existing academic institutions in the health sector a key strategy. The Ministry of Health of the Transitional Federal Government is planning to launch a health policy formulation exercise, to negotiate a sustainable and equitable health financing strategy; to formulate a human resource development plan, a health-care network development plan, and a progressive pharmaceutical policy; and, finally, to introduce locally suitable management and regulatory systems.

Ill-health reduces the productivity of individuals and vulnerable populations. The challenges facing the health sector in Somalia do not only have an impact within the country, but also have an effect on the stability and resources of the neighbouring countries; thus, any response to these challenges will require joint solutions. Under the auspices of WHO, sister United Nations agencies and friendly States, we are also increasing training opportunities for our human-resources base, such as e-learning, and improving our preparedness and response capacities to disease outbreaks and other disasters. The Director-General's clear focus on Africa and women's health, and her intention to make them priorities, and any measurable progress in these two areas a yardstick to measure the performance of WHO, give me comfort and renewed hope.

Both as a member of the Government and as a woman, I reiterate to the international community in general and to WHO in particular that, as the world strives to unite in its fight against extremism and ill-health, Somalia needs your support, assistance and technical guidance more than ever. Improved governance and health status in Somalia can be the litmus test for the world to measure its successes over the next few years on both these fronts. I assure you that, with your support, my Government and my people, despite many, many challenges, are ready to prove the odds wrong and join the global village as a stable and responsible member. For Somalia to succeed in making this

transition will depend above all on Somalis, but also on the support of the countries of the Horn of Africa, the African Union, the international community and the United Nations agencies, including WHO.

The PRESIDENT:

That brings us to the end of the list of speakers. We have done well, and I can report that we have now concluded our work under agenda item 3. I would like to thank all the delegations that have participated in the discussion for their valuable contributions. I would also like to acknowledge and thank my Vice-President, Dr Kiely from Ireland, for his assistance with our business today.

It is now time to adjourn today's plenary meeting.

**The meeting rose at 16:10.**

**La séance est levée à 16h10.**

## **SEVENTH PLENARY MEETING**

**Thursday, 17 May 2007, at 17:20**

**President:** Ms J. HALTON (Australia)

## **SEPTIEME SEANCE PLENIERE**

**Jeudi 17 mai 2007, 17h20**

**Président:** Mme J. HALTON (Australie)

## **AWARDS DISTINCTIONS**

The PRESIDENT:

The Health Assembly is called to order. Let us now consider item 7 of the agenda, Awards. I know that all the people in this room have been working incredibly hard dealing with issues of great importance to the health of the world and the running of WHO. But it is a particular pleasure to pause in our work for a little while and to be able to acknowledge the individual efforts of people who also work incredibly hard on the health issues that confront people in parts of our world. And I think it is a very important thing that we actually do take the time in our Health Assembly to remind ourselves of the individual efforts of people and organizations delivering fundamental health care to citizens of the world. And so, thank you for breaking your work and thank you to our guests. Our guests are particularly welcome. If I can therefore come to the business of this afternoon, excellencies, distinguished delegates, ladies and gentlemen, we are here this afternoon for the presentation of prizes awarded by the Léon Bernard Foundation, the Ihsan Dogramaci Family Health Foundation, the Sasakawa Memorial Health Foundation, and the United Arab Emirates Health Foundation – all very important awards.

I have particular pleasure in welcoming among us the distinguished winners of these prestigious prizes. I am also very pleased that we can welcome Dr Phyllis Erdogan, who is the Vice-President of Bilkent University in Ankara, Turkey, representing the Ihsan Dogramaci Family Health Foundation, Mr Yohei Sasakawa, President of the Nippon Foundation, representing the Sasakawa Memorial Health Foundation, and His Excellency Dr Humaid Mohamed Al Qutami, Minister of Health of the United Arab Emirates, representing the founder of the United Arab Emirates Health Foundation. Welcome, ladies and gentlemen, to you all.

## **Presentation of the Léon Bernard Foundation Prize Remise du Prix de la Fondation Léon Bernard**

The PRESIDENT:

Distinguished delegates, ladies and gentlemen, we will start this afternoon with the presentation of the Léon Bernard Foundation Prize.

The prize is awarded to a person having accomplished outstanding service in the field of social medicine. I am delighted to announce, this afternoon, that the 2007 Léon Bernard Prize has been awarded to Dr Than Tun Sein from Myanmar.

Dr Than Tun Sein is a dedicated sociomedical professional who has devoted much of his professional life to research and training activities related to the improvement of health services in Myanmar.

Dr Than Tun Sein is a pioneer in developing research methodology that is equity- and gender-oriented, in addition to research processes focusing on the empowerment and involvement of the rural poor in community health development. Owing to his persistent advocacy, gender-, equity-, poverty- and empowerment-based research methods have become key components of the new training curriculum of the Master of Public Health courses in the country.

It is now my privilege to present the Léon Bernard Foundation Prize to Dr Than Tun Sein.

**Amid applause, the President handed the Léon Bernard Foundation Prize to  
Dr Than Tun Sein.  
Le Président remet au Dr Than Tun Sein le Prix de la Fondation Léon Bernard.  
(Applaudissements)**

Dr THAN TUN SEIN:

Madam President, honourable guests, ladies and gentlemen, first and foremost, I would like to thank you for allowing me to make this speech. I am indeed honoured to receive this prestigious Léon Bernard Prize for my performance in the field of social medicine.

The motivating force of my career as a social medicine professional dates back to the 1970s, when I was serving as a junior medical doctor in remote rural areas of Myanmar. I was responsible for providing community health services to minority ethnic groups and marginalized people in those areas. That experience inspired me to take up social medicine as my professional career with the determination to make a positive impact on the health of people.

I sincerely believe that medical care can prolong the survival of individuals afflicted with diseases. However, for the health of populations as a whole, one should go beyond treating individuals. It is of paramount importance that we address the social and economic contexts of communities that make them vulnerable to ill health and poor quality of life. Evidence worldwide indicates the existence of growing gaps between different social groups with regard to health status and access to health services. In the public sector, shortcomings have been identified, such as inequality to access to health services and lack of equity in resource allocation whereby the people in most need are insufficiently funded.

However, I would like to look at the situation in a positive light, knowing that there is a ray of hope for health equity in the future. We can observe the endeavours of many dedicated people, including health professionals and volunteers, working together to overcome this situation. At this point, I would like to take the opportunity to express my deepest respect and thanks to all health professionals who not only possess stores of academic knowledge in their brains, but whose hearts are also filled with compassionate dedication to help less privileged social groups with the desire to contribute towards better health care for the people.

I would like to express my heartfelt gratitude to the authorities of the Ministry of Health of Myanmar for their support of my candidature for the Léon Bernard Prize. I would also like to thank the Léon Bernard Foundation Committee for selecting me as the Léon Bernard Prize winner for 2007.

Thank you for your kind attention.

### **Presentation of the Ihsan Dogramaci Family Health Foundation Prize Remise du Prix de la Fondation Ihsan Dogramaci pour la Santé de la Famille**

The PRESIDENT:

The Ihsan Dogramaci Family Health Foundation Prize is awarded every two years to a person or persons having given distinguished service in the field of family health, and it is my pleasure to announce that the 2007 Ihsan Dogramaci Family Health Foundation Prize has been awarded to Her Excellency Dr Mehriban Aliyeva, First Lady of Azerbaijan, and Dr Guillermina Natera Rey of Mexico.

The members of the Selection Panel felt that more than one candidature merited the award and therefore decided that the award should be shared between two candidates.

Dr Mehriban Aliyeva has been engaged in charitable activities and the support of cultural and educational institutions in Azerbaijan. She is a goodwill ambassador of UNESCO. Dr Aliyeva heads a charitable foundation that has promoted and supported child health care in Azerbaijan.

Dr Guillermina Natera Rey's long career has included teaching, research and service provision in the area of psychology at national and international levels. Her main work focuses on alcohol and domestic violence and the provision of services to families with problems in these areas. She has a long list of national and regional publications.

I should now like to invite Dr Phyllis Erdogan to address the Health Assembly on behalf of the Ihsan Dogramaci Family Health Foundation.

Dr ERDOGAN (Ihsan Dogramaci Family Health Foundation):

Madam Director-General, Madam President and distinguished participants, it is a great pleasure and an even greater honour for me to bring to the members of the Health Assembly the warmest greetings of Professor Ihsan Dogramaci, who established the Ihsan Dogramaci Family Health Foundation. Ihsan Dogramaci attended these Health Assemblies as a delegate of Turkey from 1976 to 1981. In 1976, he was Vice-Chairman of the Health Assembly. In 1981, he received the Léon Bernard Prize.

Since most of you were probably not attending the Health Assembly 25 years ago, I would like to tell you a little about the connections between Professor Dogramaci and WHO. They go back to the very beginning of WHO. In 1946 in New York, as a young pediatrician, he signed the Constitution when WHO was established, and he is today the only living signatory of that document. He was a member of the WHO Executive Board and of the Global Advisory Committee on Medical Research. He served as consultant or temporary adviser to WHO on mission to Yaoundé (Cameroon), Ilé-Ife (Nigeria), Brasilia (Brazil) and Sherbrooke (Canada) on medical and health sciences education projects, and he attended meetings, seminars and workshops as a participant for WHO in many other countries. He served for three decades on the expert advisory panel that today is known as the WHO Expert Advisory Panel on the Development of Human Resources for Health. He was also a member of the Consultative Group on Maternal and Young Child Nutrition and of the WHO Programme Advisory Committee in Maternal and Child Health.

Professor Dogramaci established the Ihsan Dogramaci Family Health Foundation in 1980, and today the laureates number 18. This is the first year that the prize has been awarded jointly, and it is very gratifying to the founder that two such excellent candidates were put forward. On behalf of the prize's founder, Professor Ihsan Dogramaci, and on my own behalf, I congratulate Dr Mehriban Aliyeva and Dr Guillermina Natera Rey and wish them every success in their continued efforts for children, mothers and families.

The PRESIDENT:

Thank you, Dr Erdogan. It is now my privilege to present the 2007 Ihsan Dogramaci Family Health Foundation Prize to Dr Mehriban Aliyeva, joint recipient.

**Amid applause, the President handed the Ihsan Dogramaci Family Health Foundation Prize to Dr Mehriban Aliyeva.**

**Le Président remet au Dr Mehriban Aliyeva le Prix de la Fondation Ihsan Dogramaci pour la Santé de la Famille. (Applaudissements)**

Dr ALIYEVA:

Madam President, Madam Director-General, ladies and gentlemen, first of all I would like to greet all the participants in this ceremony and wish you success in your noble activity. WHO is a truly universal institution working hard to ensure that people throughout the world achieve their highest possible level of health. It is a great privilege to be here today and to receive this award from WHO; I would like to thank the Executive Board of WHO and the selection panel of the Professor Ihsan Dogramaci Family Health Foundation for awarding me this valued prize; I am sure that this award will strengthen my efforts to improve the health of mothers, children and families in my country. This award is of special value to me because it bears the name of Professor Ihsan Dogramaci, a person who has my deepest respect and admiration. A world-renowned paediatrician and a great philanthropist, Professor Dogramaci has devoted his entire life to the noble causes of child health and higher education. It is a great honour to be recognized by this outstanding personality who is one of the founding fathers and a living legend of WHO, a person who signed the Constitution of the World Health Organization back in 1946. Unfortunately, Professor Dogramaci could not participate in this event and on our behalf I would like to wish him many more years of excellent health and happiness.

Today, in a rapidly developing Azerbaijan, we have many opportunities to radically improve the living and health conditions of all people living in our country. The state programme for modernization of the health-care system in our country is being successfully achieved. In the space of just two years, dozens of new hospitals, clinics and diagnostic centres have been built across the country, all of which have been provided with modern equipment. Today we pay particular attention to the education of our future doctors and our aim is to give Azerbaijan a modern health-care system meeting the highest world standards. I am sure that the existing dynamics will enable us to achieve our goals in the not-so-distant future. Current cooperation between WHO and Azerbaijan is very effective. WHO has implemented several projects in our country in such fields as medical education, safe immunization, and health protection for mothers and children. I do believe that our cooperation will be more productive in future. In conclusion, I would like to thank once again WHO and the Professor Ihsan Dogramaci Family Health Foundation for awarding me this prize, which I would like to share with all the doctors working in the health-care system in Azerbaijan. I wish you success, health and happiness. Thank you.

The PRESIDENT:

Thank you, Dr Aliyeva. And it is with great pleasure that I now present the 2007 Ihsan Dogramaci Family Health Foundation Prize to Dr Natera Rey, joint recipient.

**Amid applause, the President handed the Ihsan Dogramaci Family Health Foundation Prize to Dr Natera Rey.**

**Le Président remet au Dr Natera Rey le Prix de la Fondation Ihsan Dogramaci pour la Santé de la Famille. (Applaudissements)**



La Dra. NATERA REY (México):

Muy honorable Directora General de la Organización Mundial de la Salud, honorable Presidenta de la Asamblea Mundial de la Salud, distinguidos delegados ante esta Asamblea:

La historia que voy a contar ahora es la de una investigadora. Este trabajo sobre las familias, del cual voy a hablar ahora, básicamente comenzó en el lejano 1989, cuando la OMS nos dio su apoyo para la investigación sobre familias.

Aún hoy en día los seres humanos se organizan en familias, construcción social en continuo cambio, creando formas de convivencia peculiares que obedecen a las necesidades culturales, sociales, afectivas y económicas, propias de un momento histórico.

Mientras exista una generación humana habrá parentesco, ascendientes y descendientes; esto es, habrá una familia en la que se entretajan diferentes modos de vida, percepciones diferentes de los géneros, con miembros de diferentes edades y con diversos vínculos afectivos.

Lo que suceda a alguno de sus miembros influye de diferentes maneras en la vida de los otros; es por ello que nos hemos dedicado a estudiar a las familias mexicanas para conocer cómo les afecta el consumo de alcohol y drogas de un familiar y cómo responden a él.

Abordamos este tema desde la investigación psicosocial con un enfoque diferente del convencional, considerando que las familias no son *strictu sensu* las promotoras de esta situación sino que son, más bien, un grupo que padece esa problemática. La familia es víctima de una situación indeseable, por eso concebimos el consumo de alcohol y drogas como una problemática contemporánea, en primer lugar profundamente social y después de salud.

Como resultado de esta investigación que hemos llevado a cabo en México, observamos cómo los diferentes miembros de la familia ensayan formas naturales de hacer frente a esta problemática, a veces con muy pobres resultados. También hemos valorado el peso que ejercen la pobreza, la inequidad de género y la carencia de apoyo en la determinación de esas conductas de respuesta a la farmacodependencia.

A partir de la voz de los familiares y de comprender su contexto sociocultural, la respuesta fue elaborar un modelo de atención primaria de salud que permitiera capacitar, de manera expedita y con mínima infraestructura, a personal en este campo, y lo hemos hecho en todo el territorio nacional, para ofrecer una estrategia que ayude a los familiares a clarificar sus dilemas, sus lealtades familiares, sus percepciones, sus vergüenzas, y todo aquello que matiza sus respuestas de enfrentamiento. La meta fue contribuir a disminuir el elevado estrés de la familia, encontrar formas más benéficas de afrontar la problemática y por consiguiente tener un efecto más saludable en todos los miembros de la familia.

Parte de la importancia de modelos psicosociales como el que elaboramos para México radica en que se prevé que hay cada vez más grupos nuevos que consumen alcohol y drogas, y a edades más tempranas, y esto ha tomado por sorpresa a las familias, que no saben cómo responder. En un país como México, con carencia de recursos para atender la salud mental, este tipo de apoyos de bajo costo deben ser fortalecidos para que abarquen a la mayor parte de la población, pero en especial a la marginada por la pobreza, que en nuestro país representa más del 40%. La necesidad de investigación en este campo aún es muy amplia.

El éxito del programa que hemos desarrollado en México sólo se explica porque se respondió a una necesidad de la población. Esperamos que contribuya a expandir conciencias, que ayude a promover políticas sociales y de salud que puedan traducirse en un beneficio directo a los miembros de la comunidad que continuamente nos aportan su experiencia vital; a ellos mi agradecimiento.

Premios como éste de la Fundación Ihsan Dogramaci para la Salud de la Familia estimulan este campo de trabajo tan vasto, por lo cual estoy muy agradecida de haber sido seleccionada. Y como mencioné antes, la Organización Mundial de la Salud, con su apoyo prestado antes de 1989, marcó un hito en mi vida como investigadora del área de la familia. Quien nos inició en la primera aventura fue el Profesor Dr. Jim Orford, del Reino Unido. Primero desarrollamos una investigación transcultural, con beneficios ampliamente documentados en las diferentes publicaciones, después desarrollamos para cada país un modelo de intervención para zonas urbanas, del cual hemos creado uno nuevo para México para las áreas más abandonadas en este país que son todavía las zonas indígenas, y hemos comparado los resultados de esos modelos.

Agradezco desde luego al Consejo Ejecutivo que en su 120ª reunión haya decidido otorgarme el Premio de la Fundación Ihsan Dogramaci para la Salud de la Familia 2007, razón por la que tengo la oportunidad de poder dirigirme a ustedes, en esta honorable 60ª Asamblea Mundial de la Salud.

Mucho tengo que agradecer a las colaboradoras que me han apoyado y se han involucrado con una gran mística de trabajo para convertir la investigación en *praxis*, alternativa deseable de toda investigación social.

Y en este momento en que hablo de la familia, también recuerdo a mi familia con profunda emoción y evoco la memoria de mi esposo y mi hija. El apoyo de ambos ha favorecido mi vida académica.

Finalmente, ésta es una pequeña contribución con la profunda convicción de que un mundo mejor es posible.

Muchas gracias.

### **Presentation of the Sasakawa Health Prize Remise du Prix Sasakawa pour la Santé**

The PRESIDENT:

We shall now continue with the presentation of the Sasakawa Health Prize. This prize is awarded every year to individuals or institutions for outstanding innovative work in health development and aims at encouraging the furtherance of such work. It is with pleasure that I announce that the 2007 Sasakawa Health Prize has been awarded to Dr Jose Antonio Socrates of Palawan, Philippines.

As a provincial health officer, Dr Jose Antonio Socrates has introduced several innovations in the Government's delivery of health-care services to the rural communities of Palawan.

Dr Jose Antonio Socrates has made remarkable contributions to community health care in the Philippines through the establishment of the British Palawan Trust and Bahatala Incorporated, both nongovernmental organizations recognized for their pioneering work in reaching out to impoverished people in their homes and communities.

I would now like to invite Mr Yohei Sasakawa to address the Health Assembly on behalf of the Sasakawa Memorial Health Foundation.

Mr SASAKAWA (Sasakawa Memorial Health Foundation):

Excellencies, distinguished guests, ladies and gentlemen, this year marks the twenty-third anniversary of the Sasakawa Health Prize, which was established in 1984 in response to WHO's Health for All initiative. I feel very proud that we have had the opportunity to honour people and institutions that have made an outstanding contribution to health development.

This year's winner, Dr Jose Antonio Socrates, is an orthopaedic surgeon from the Philippines. Working in Palawan, an island in the western part of the country, he has devoted many years to addressing the rural population's lack of access to medical treatment. Through two nongovernmental organizations that he founded, he has trained community health workers and midwives, aiming to improve health services in remote areas.

I congratulate Dr Socrates on his award, and I would like to express my appreciation to WHO and the Selection Committee for having chosen such a deserving winner. For people living in outlying regions, the kind of work Dr Socrates has undertaken is extremely important and is a goal of primary health care. I say this from my own experience over the past 30 years, working to eliminate leprosy from the world. In this fight, I, together with various partners, including WHO, have trained doctors, nurses and health workers in diagnosing and treating leprosy. In this way, we have provided people with access to leprosy treatment anywhere in the world. This has led to a sharp drop in the numbers of patients and leprosy-endemic countries over the past three decades.

But I came to realize that, by focusing on the medical aspect of leprosy, I had neglected its social aspect. Although the disease is completely curable, many misperceptions persist. As a result, people affected by leprosy, and their families, still face barriers to social integration because of stigma

and discrimination. Consequently, we need to correct the public's misguided perception of leprosy. We need to create a world in which people affected by the disease are embraced as members. In other words, we must transform society by curing it of the disease of stigma. For this, it is important for us to motivate both medical workers and people affected by leprosy to speak out. In addition, we are working with politicians, journalists, educators, business people, nongovernmental organizations and local communities to inform people about the disease – not just its medical aspect, but also its social aspect. I am sure this integrated approach can be applied in the fight against other problems as well.

The year 2008 will mark the 30th anniversary of the Declaration of Alma-Ata, which adopted primary health care as the principal strategy for achieving health for all. Both the Declaration of Alma-Ata and the WHO Constitution define health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Much more needs to be done to ensure “social well-being”. Let us use the coming 12 months to think again about primary health care and how we can realize the vision of health for all.

Once again, I would like to congratulate Dr Socrates. Thank you.

The PRESIDENT:

Thank you, Mr Sasakawa. It is now my privilege to present the Sasakawa Health Prize to Dr Jose Antonio Socrates.

**Amid applause, the President handed the Sasakawa Health Prize to  
Dr Jose Antonio Socrates.**

**Le Président remet au Dr Jose Antonio Socrates le Prix de la Fondation Sasakawa pour  
la Santé. (Applaudissements)**

Dr SOCRATES:

Good evening, ladies and gentlemen. This award is a great honour for me and my people, and I am very happy to accept it. Thank you very much to the Sasakawa Foundation and to its founder, Mr Yohei Sasakawa.

I share this award with the British Palawan Trust, a charity based in the United Kingdom, without whose unwavering support, I would not be here tonight. I did my postgraduate training in the United Kingdom and became the first Filipino Fellow of the Royal College of Surgeons of Edinburgh. When it was time for me to go back to my people, my consultants at the Department of Orthopaedics where I worked in England became the Trustees of the Trust; they sent me off with their blessings and full support. My special thanks to the British Palawan Trust Chairman, Louis Deliss, who has shown tremendous faith in me, and has faithfully supported my work in the Philippines.

I also share this award with my wife Cécile and with the staff and directors of Bahatala Incorporated, my support team in the islands of Palawan. This has been my home since I came back to the Philippines more than 15 years ago, after having been abroad for 17 years. My accomplishments over a decade of practicing appropriate orthopaedics and rehabilitation, which I believe have merited this prestigious award, would not have been possible without the support of my team. I wish they could all be here. This award is a special honour for my parents Jose Angel and Nenita Socrates, who moulded me to become what I am today, and for the rest of my family.

I am also very grateful to the Office of the Secretary of the Department of Health of the Philippines for having supported a nongovernmental organization, like Bahatala Incorporated, allowing us to share our resources with those of the Government to ease the burden of providing basic health services for our people, the majority of whom simply cannot afford them. I am honoured by the presence here in Geneva of the current Secretary of Health, Dr Francisco Duque III, and also of the former Secretary of Health, Dr Manuel Dayrit. And a special thank you to Dr Jade del Mundo, Undersecretary of Health of the Philippines, for having noticed my work, and that is one big reason why I am standing before you here tonight.

Finally, I would like to say thank you to the Sasakawa Foundation and WHO on behalf of the many Filipinos who have been helped by our programme; this award is dedicated to them.

In turn, please allow me to submit two challenges in this compilation, to which I hope WHO will give some attention. The first challenge is to give higher priority, in the WHO community-based rehabilitation agenda for developing countries, to the technical needs of the disabled in pre-hospital care and attention. The second challenge is actively to promote appropriate orthopaedics. Thank you very much.

## **Presentation of the United Arab Emirates Health Foundation Prize Remise du Prix de la Fondation des Emirats arabes unis pour la Santé**

The PRESIDENT:

It is now my privilege to present the final award this afternoon, the United Arab Emirates Health Foundation Prize. This year the prize is awarded to the Bill & Melinda Gates Foundation for their outstanding contribution to health development.

The Bill & Melinda Gates Foundation is guided by the belief that all lives, no matter where they are lived, have equal value. The mission of its Global Health Program is to encourage the development of life-saving medical advances and to help ensure they reach the people who are disproportionately affected. The Foundation has made an invaluable contribution to global health development, focusing its funding on two main areas, namely access to existing vaccines, drugs, and other tools to fight diseases common in developing countries, and research to develop health solutions that are effective, affordable, and practical.

I now have pleasure in inviting His Excellency Dr Humaid Mohamed Al Qutami, representing the United Arab Emirates Health Foundation, to address the Health Assembly.

السيد حميد محمد القطامي (مؤسسة الإمارات العربية المتحدة للصحة):

Mr AL QUTAMI (United Arab Emirates Health Foundation):

بسم الله الرحمن الرحيم،

سعادة رئيسة الجمعية العامة لمنظمة الصحة العالمية، سعادة الدكتورة مارغريت تشان المديرة العامة لمنظمة الصحة العالمية، السادة المسؤولون عن مؤسسة بيل وميليندا غيتس، أصحاب المعالي وزراء الصحة، أصحاب السعادة أعضاء الوفود وممثلي المنظمات المشاركة، السيدات والسادة، السلام عليكم ورحمة الله وبركاته، باسم مؤسسة الإمارات العربية المتحدة للصحة يشرفني أن أرحب بكم جميعاً في هذا الاحتفال السنوي الذي تنظمه منظمة الصحة العالمية لتكريم الأطباء والعلماء والمؤسسات والشخصيات العالمية التي أسهمت في إثراء العمل الصحي وتعزيز دور المنظمة الرائدة في المحافظة على صحة وسلامة الإنسان. وأغتنم هذه المناسبة لأقدم بجزيل الشكر والامتنان للمجلس التنفيذي للمنظمة للجهود الطيبة التي يبذلها جميع أعضائه في الإعداد لتكريم الفائزين بهذه الجائزة. لقد أنشئت هذه الجائزة بتوجيه سامي من المغفور له الشيخ زايد بن سلطان آل نهيان، رحمه الله، وسعى على نهجه صاحب السمو الشيخ خليفة بن زايد آل نهيان رئيس دولة الإمارات العربية المتحدة حفظه الله. فجاءت مجسدة ثقة وإيمان قيادتنا الرشيدة بما نقوم به منظمة الصحة العالمية لتعزيز ودعم النهضة الصحية في كافة بلدان العالم حتى تصبح الصحة والسلامة حقاً وفي متناول الجميع. فمع النهضة الاقتصادية والاجتماعية والصحية المتسارعة التي تشهدها دولة الإمارات العربية المتحدة بادرت وزارة الصحة من جانبها باتخاذ خطوات إيجابية وفعالة لتطوير استراتيجيات مستقبلية قادرة على مواكبة هذه النهضة باستيعاب التقنيات والمعارف الحديثة وترشيدها كي تتلائم مع الظروف البيئية والحياتية والاحتياجات الفعلية لما يتطلع إليه كل فرد يعيش على أرض دولة الإمارات. ومما يدعونا للفخر في هذا السياق أن تحظى إنجازات دولة الإمارات بتقدير عالمي وافر من محافل عديدة كان آخرها تكريم سمو الشيخة فاطمة بنت مبارك رئيس مؤسسة التنمية الأسرية حفظها الله من منظمات الأمم المتحدة لأعمالها الجليلة التي تقوم بها سموها في مجال رعاية وحماية المرأة والأسرة والطفل.

السيدات والسادة، إنه إذ يشرفني أن أعلن من هذا المقام اختيار مؤسسة بيل وميليندا غيتس لنيل جائزة مؤسسة الإمارات العربية المتحدة للصحة لهذا العام، فإن ذلك ينبع عن اقتناع وتقدير تام من حكومة وشعب الإمارات لما تقوم به هذه المؤسسة من أعمال جليلة ساهمت في الارتقاء بنوعية الحياة في بلدان كثيرة خاصة في المناطق الأكثر عزاً وفقراً في العالم. لقد كان تركيز مؤسسة بيل وميليندا غيتس، وما زال، منصّباً على أعمال الخير حيث وفرت لذلك دعماً مادياً غير محدود ونظاماً متكاملًا يضمن وصول هذا الدعم لمستحقيه. ومؤسسة بيل وميليندا غيتس مؤسسة ذات رؤية واضحة تعتمد على خمس عشرة مادة محوراً للإنسان كقيمة حقيقية مهما كان موقعه الجغرافي وأن العدل والمساواة من أجل حياة كريمة يجب أن يسود كافة أرجاء العالم. ولتحقيق هذا الهدف النبيل أنشأت المؤسسة برامج تنموية متشعبة وبرامج صحية طموحة خاصة في مجالي الزراعة والغذاء إلى جانب تمويل الأبحاث والدراسات الصحية من أجل إيجاد حلول فاعلة وعملية وتطوير لقاحات وأدوية تكون في متناول الجميع بسهولة وبسر خاصة في الدول النامية. ويجب أن لا يفوتني هنا إلا أن أشيد بمبادرة الاهتمام التي أولتها مؤسسة بيل وميليندا غيتس لبحوث الملاريا نحو تطوير لقاح فاعل والتي تزامنت مع إعلان دولة الإمارات خالية من هذا المرض الذي أصبح يهدد الملايين من البشر في جميع أنحاء العالم.

وأخيراً أتوجه لجمعكم الكريم بالشكر والتقدير واسمحوا لي أن أعبر ثانية عن فخرنا واعتزازنا بنيل مؤسسة بيل وميليندا غيتس لجائزة الإمارات للصحة كماؤكد هنا أن دولة الإمارات العربية المتحدة على استعداد تام للتعاون مع هذه المؤسسة الكريمة في كافة المجالات التي من شأنها أن تعود بالمنفعة والخير على البشرية جمعاء والسلام عليكم ورحمة الله وبركاته.

The PRESIDENT:

Thank you, Mr Al Qutami. It is now my privilege to present the United Arab Emirates Health Foundation Prize to Dr Tadataka Yamada, President of the Global Health Program of the Bill & Melinda Gates Foundation, who will receive the prize on behalf of the Foundation.

**Amid applause, the President handed the United Arab Emirates Health Foundation Prize to Dr Yamada.**

**Le Président remet le Prix de la Fondation des Emirats arabes unis pour la Santé au Dr Yamada. (Applaudissements)**

Dr YAMADA:

Madam President, Madam Director-General, excellencies, distinguished delegates and guests, I am deeply honoured to accept this award on behalf of the Bill & Melinda Gates Foundation. We are especially thankful to the United Arab Emirates, the Ministry of Health, His Excellency Mohamed Al Qutami and the WHO Executive Board for this great honour. I had the pleasure of visiting the United Arab Emirates and witnessing their commitment to the same principals on which the Bill & Melinda Gates Foundation rests, that our lives have great and equal value, and to that end they are increasing their commitments to global health. As indicated in the introduction, the founders of the Bill & Melinda Gates Foundation, Bill and Melinda Gates themselves, travelled around the world and witnessed first-hand the grave inequalities in health care all over the world. To address this problem, they have committed a great fortune to finding new solutions for health-care problems which are science- and technology-based and to providing access to existing technologies and scientific solutions which could provide relief from human suffering, and prevent human suffering all over the world.

To this end, we are committed to addressing problems in infectious diseases, maternal, newborn, child and reproductive health, and problems of nutritional deficiency. These are big problems, but this is a time of great optimism: there is an unusual confluence of the evolution of science and technology to the point where we now understand the fundamental basis of many of these health problems; there is a moral commitment to addressing these problems that exist all over the world; and most importantly financial resources are being committed by foundations and governments

the world over to address these problems. We do know that concerted effort, good science and commitment can solve many, many problems; simple tools such as vaccinations have eradicated diseases. The Global Alliance for Vaccines and Immunizations, for example, has committed resources to providing vaccines for many, many people throughout the world and it is estimated that in the past six years their efforts have prevented 2.3 million deaths among children.

We cannot do our work without the help of our grantees – the people who take our funds and find the ability to create new solutions. One very important example is the Medicines for Malaria Venture. This is a group that takes advances in medicine and science from the academic community and from small businesses and funds the development of those advances into hopefully viable meaningful solutions, and then hands them to people who can make them into medicines for people who need them. The tragedy is that in the past 30 years the pharmaceutical industry has had 1500 medicines approved for registration and of those only 24 have primarily addressed diseases of the developing world. However, in the pipeline of the Medicines for Malaria Venture, there are already nine medicines in clinical trials for treatment of malaria. There is no bigger test for our world today than this crisis of global health. We, the Bill & Melinda Gates Foundation, have no illusions about the enormity of the task at hand, but we are committed to this endeavour for the long haul. With all of us working together I do believe we will succeed.

On behalf of Bill and Melinda Gates and the Bill & Melinda Gates Foundation, I am deeply grateful for receiving this award. Thank you very much.

The PRESIDENT:

Thank you, ladies and gentlemen. I would now like to draw your attention to document WHA60/4, which contains the amendments to the Statutes governing the Ihsan Dogramaci Family Health Foundation as approved by the 120th session of the Executive Board. Having done that, we have now completed item 7 of the agenda. However, before I bring this meeting to a conclusion, I would ask you to show your appreciation to all our prize-winners.

*(Applause/Applaudissements)*

**The meeting rose at 18:15.  
La séance est levée à 18h15.**

## **EIGHTH PLENARY MEETING**

**Friday, 18 May 2007, at 09:20**

**President:** Ms J. HALTON (Australia)

## **HUITIEME SEANCE PLENIERE**

**Vendredi 18 mai 2007, 9h20**

**Président:** Mme J. HALTON (Australie)

### **1. EXAMINATION OF CREDENTIALS VERIFICATION DES POUVOIRS**

The PRESIDENT:

The Health Assembly is called to order. Before starting our work, I have to notify the Health Assembly that I have been informed by the Secretariat that formal credentials have been received from Somalia, a Member State that had previously submitted provisional credentials, as is reflected in the Committee's report, contained in document A60/53. It has not been feasible to convene the Bureau of the Committee on Credentials to examine the formal credentials; however, in accordance with previous practice, I have examined the formal credentials of this Member State and have found them to be in keeping with the Health Assembly's Rules of Procedure. I would therefore recommend to the Health Assembly that Somalia be accepted as having formal credentials. Does the Health Assembly agree with this proposal? I see no objection. It is so decided.

### **2. ANNOUNCEMENT COMMUNICATION**

The PRESIDENT:

When the General Committee met on Wednesday 16 May, it drew up the list for the annual election of members entitled to designate a person to serve on the Executive Board, and it also reviewed the programme of work of the Health Assembly. The General Committee will meet again this afternoon, at 17:30, to review progress.

After consideration of the progress of work in the main committees, the General Committee recommended that this Plenary should meet this morning at 09:00 to consider item 6, Executive Board: election, and item 8, Reports of the main committees.

### **3. EXECUTIVE BOARD: ELECTION CONSEIL EXECUTIF: ELECTION**

The PRESIDENT:

We can now consider item 6, Executive Board: election. I draw your attention to the list of 12 Members contained in document A60/49, which was drawn up by the General Committee in accordance with Rule 102 of the Rules of Procedure. In the General Committee's opinion, these 12 Members would provide, if elected, a balanced distribution of the Board as a whole. These Members are, in English alphabetical order: Bahamas, Indonesia, Malawi, New Zealand, Paraguay, Peru, Republic of Moldova, Republic of Korea, Sao Tome and Principe, Tunisia, United Arab Emirates, and the United Kingdom of Great Britain and Northern Ireland. Is the Health Assembly prepared, in accordance with Rule 80 of the Rules of Procedure, to elect these 12 Members as proposed by the General Committee? I see no objection. I therefore declare the 12 Members elected. This election will be duly recorded in the records of the Health Assembly. May I take this opportunity to invite Members to pay due regard to the provisions of Article 24 of the Constitution when appointing a person to serve on the Executive Board.

### **4. REPORTS OF THE MAIN COMMITTEES<sup>1</sup> RAPPORTS DES COMMISSIONS PRINCIPALES<sup>1</sup>**

The PRESIDENT:

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

#### **First report of Committee A Premier rapport de la Commission A**

The PRESIDENT:

Let us now consider the first report of Committee A. This is contained in document A60/54. Please disregard the word "Draft" as the Committee approved the report without amendments.

The report contains one resolution entitled "Smallpox eradication: destruction of variola virus stocks". Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is therefore adopted, and the first report of Committee A is therefore approved.

This completes our work for today in the plenary. The meeting is adjourned.

**The meeting rose at 09:25.  
La séance est levée à 9h25.**

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<sup>1</sup> See report of committees in document WHA60/2007/REC/3.

<sup>1</sup> Voir les rapports des commissions dans le document WHA60/2007/REC/3.



## **NINTH PLENARY MEETING**

**Monday, 21 May 2007, at 09:20**

**President:** Ms J. HALTON (Australia)

## **NEUVIEME SEANCE PLENIERE**

**Lundi 21 mai 2007, 9h20**

**Président:** Mme J. HALTON (Australie)

### **REPORTS OF THE MAIN COMMITTEES<sup>1</sup> (continued)** **RAPPORTS DES COMMISSIONS PRINCIPALES<sup>1</sup> (suite)**

The PRESIDENT:

The Health Assembly is called to order. We are here to continue our consideration of item 8 of our agenda, Reports of the main Committees.

#### **First report of Committee B** **Premier rapport de la Commission B**

The PRESIDENT:

We shall start by considering the first report of Committee B. It is contained in document A60/55. The Committee has approved the report with amendments to the cover page, which I will read out. The report contains nine resolutions and one decision.

The first resolution is entitled “Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan”. The Committee amended the cover page of the report to reflect that a roll-call vote had been held, and in accordance with Rule 74 of the Rules of Procedure of the World Health Assembly, that the draft resolution was approved by 106 votes in favour, to 7 votes against, with 12 abstentions and 55 Member States absent. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The second resolution is entitled “Unaudited interim financial report on the accounts of WHO for 2006 and comments thereon made by the Programme, Budget and Administration Committee of the Executive Board”. The Committee amended the cover page of the report to reflect that the draft resolution was approved without a vote. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

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<sup>1</sup> See reports of committees in document WHA60/2007/REC/3.

<sup>1</sup> Voir les rapports des commissions dans le document WHA60/2007/REC/3.

The third resolution is entitled “Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution”. The Committee amended the cover page of the report to reflect that the draft resolution was approved without a vote. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The fourth resolution is entitled “Scale of assessments 2008–2009”. The Committee amended the cover page of the report to reflect that the draft resolution was approved without a vote. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The fifth resolution is entitled “Assessment of new Member”. The Committee amended the cover page of the report to reflect that the draft resolution was approved without a vote. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The sixth resolution is entitled “Appointment of the External Auditor”. The Committee amended the cover page of the report to reflect that the draft resolution was approved without a vote. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The seventh resolution is entitled “Financial period 2006–2007: implementation of resolution WHA58.4”. The Committee amended the cover page of the report to reflect that the draft resolution was approved without a vote. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The eighth resolution is entitled “Amendments to the Financial Regulations and Financial Rules – Introduction of International Public Sector Accounting Standards”. The Committee amended the cover page of the report to reflect that the draft resolution was approved without a vote. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The ninth resolution is entitled “Amendments to the Staff Regulations and Staff Rules”. The Committee amended the cover page of the report to reflect that the draft resolution was approved without a vote. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The report also contains a decision entitled “Appointment of representatives to the WHO Staff Pension Committee”. The Committee amended the cover page of the report to reflect that the draft decision was approved without a vote. Is the Health Assembly ready to take this decision? I see no objection. It is so decided.

The first report of Committee B is therefore approved.

## **Second report of Committee A**

### **Deuxième rapport de la Commission A**

The PRESIDENT:

We shall now consider the second report of Committee A. This is contained in document A60/56. Please disregard the word “Draft” as the Committee approved the report without amendments. I would like to make one minor point about the report. The title of the Arabic translation of the report says “first” report instead of “second”. This was an error and a corrigendum will be issued later.

This report contains four resolutions.

The first resolution is entitled “Medium-term strategic plan 2008–2013”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The second resolution is entitled “Appropriation resolution for the financial period 2008–2009”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The third resolution is entitled “Control of leishmaniasis”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The fourth resolution is entitled “Poliomyelitis: mechanism for management of potential risks to eradication”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted, and the second report of Committee A is therefore approved.

Ladies and gentlemen, I appreciate your efficiency and would like to pay tribute to the Chairmen of our two committees, in particular for their efficiency in bringing this work forward. We have completed our work in plenary for the day.

**The meeting rose at 09:30.**

**La séance est levée à 9h30.**

## **SPECIAL PLENARY MEETING**

**Tuesday, 22 May 2007, at 09:15**

**President:** Ms J. HALTON (Australia)

## **SEANCE PLENIERE SPECIALE**

**Mardi 22 mai 2007, 9h15**

**Président:** Mme J. HALTON (Australie)

## **TRIBUTE TO DR LEE JONG-WOOK HOMMAGE AU DR LEE JONG-WOOK**

The PRESIDENT:

Ladies and gentlemen, this is a special plenary meeting this morning to commemorate Dr Lee Jong-wook. This meeting is called to order.

I would like to start by welcoming our very special guests, Mrs Reiko Kaburaki Lee, and Dr Halfdan Mahler, former Director-General of WHO, who are with us today in the hall.

Director-General, Mrs Lee, Dr Mahler, honourable ministers, distinguished guests, ladies and gentlemen, it is a day to reflect on Dr Lee Jong-wook as a health professional, as a global health leader, and as a family man and a friend. Dr Lee has a special place in the hearts of many of us gathered here today. First and foremost, he was a dedicated and passionate health professional. He devoted his entire career to improving people's health, most of this time working for the World Health Organization. He worked tirelessly at the country, then regional, and finally international level to address some of the toughest health challenges.

Australia, as a member of the Western Pacific Region, has a particular appreciation for the work of Dr Lee. His role in poliomyelitis eradication in our Region was significant; as head of the poliomyelitis eradication initiative from 1990 to 1994, Dr Lee oversaw a reduction in reported poliomyelitis cases from nearly 6000 to 700 in the Region. The Western Pacific Region is now poliomyelitis-free. Dr Lee also made a major contribution to leprosy control and chronic disease management during his time in the WHO Regional Office for the Western Pacific.

Dr Lee is also remembered for his innovative work on tuberculosis – which saw the establishment of the Stop TB Partnership. Dr Lee was perhaps ahead of his time in recognizing and harnessing the benefits that come from strong and innovative partnerships between WHO and other key global players. His launching of the Global Drug Facility to increase access to antituberculosis drugs not only increased access to those drugs but has provided a model for increasing access to drugs for other diseases.

Dr Lee's election as WHO Director-General in 2003 occurred at a time of significant change and rising priority of health and development issues on the international stage. The issue of global health security was also gaining new prominence. He saw the need for WHO to respond to these

changes and to seize the opportunities of greater international attention on health issues. His “3 by 5” initiative is a case in point. WHO’s response to the emergence of avian and pandemic influenza is another.

Dr Lee took his global health leadership role very seriously and the finalization of the WHO Framework Convention on Tobacco Control and the International Health Regulations (2005) are two of his greatest legacies. He also raised the international profile and the need for global action on noncommunicable diseases and the shortage of health workers.

In my role as Chairman of the Programme, Budget and Administration Committee of the Executive Board for the past two years, I have seen the benefits flowing from Dr Lee’s commitment to financial and management reform in WHO. The improvements in programme and budget planning and management as well as the improvements in transparency and accountability that have occurred at WHO in previous years are in large part due to the changes initiated by Dr Lee. His commitment to organizational reform has resulted in WHO now being a leader among United Nations agencies in many areas.

Now, of course, many of us here today have a memory of Dr Lee striding through the ground floor of WHO headquarters with a spring in his step and a definite sense of purpose. He certainly did give 100% to everything he did – as his son so eloquently stated this time last year. And while he worked tirelessly for the Organization, Dr Lee also had time to keep fit and abide by all those important messages from WHO on a healthy diet and physical activity. His passion for walking and skiing and cycling are well known. Dr Lee also had quite a reputation on the tennis court – and I am sure that our colleague and my fellow Australian, Dr Bill Kean, would have had the sporting challenge of his life as Dr Lee’s doubles partner during their time in Manila.

In addition to finding time for his sport and his family, Dr Lee also had time to make us all feel that we were part of his larger WHO family. It was not unusual for Dr Lee to just drop by the WHO restaurant at lunch time during an Executive Board meeting and join the Australian or some other country’s delegation for a relaxed lunch and a chat. His informality and genuine interest in the work and lives of others put people at ease.

I think Dr Lee would feel honoured that we are all gathered here today in his memory. But, given his self-effacing nature and total dedication to improving global health, he would perhaps be a little perplexed that we had taken a break from our Health Assembly discussions to pay our respects to his memory. I am sure, however, that Dr Lee would be pleased to know that we have discussed resolutions on issues dear to his heart, such as poliomyelitis eradication, tuberculosis and better medicines for children, and that we have agreed to a strategic plan of action to guide, for the next six years, the Organization he loved so much.

Our thoughts this morning should not only be on the life of Dr Lee but also on the many things we are all still to achieve and the things that we need to do to meet the global health challenges he worked so hard to overcome. Thank you.

*(Applause/Applaudissements)*

Ladies and gentlemen, please stand for a minute of silence.

Ladies and gentlemen, thank you; please be seated. I would now like to give the floor to the Director-General.

The DIRECTOR-GENERAL:

Madam President, Mrs Lee, honourable ministers, distinguished delegates, ladies and gentlemen, first let me thank Dr Mahler for his presence on this occasion. Dr Lee Jong-wook passed away exactly a year ago, just hours before the start of the Health Assembly. I was with him two days earlier when he collapsed. This was the first signal of the shock to come.

I have often referred to Dr Lee as my predecessor and mentor. He left a personal stamp on much of the work we have been discussing this week. He also influenced my understanding of the values that should guide public health.

As you know, Dr Lee started his career in the Western Pacific Region working with leprosy patients in countries. This face-to-face confrontation with human suffering shaped his priorities as a public health professional. It also fixed his determination to address unmet needs, especially in vulnerable populations. He then moved on to become the Regional Adviser, and later the Director for Communicable Diseases in the Western Pacific Region.

He came to Geneva to direct the highly successful Expanded Programme on Immunization. He used that flagship programme to strengthen the attack on poliomyelitis. We know that his commitment to poliomyelitis eradication never wavered. He also served as Executive Secretary of the Children's Vaccine Initiative, the forerunner of the GAVI Alliance. We all know the large number of childhood lives that are being saved by this initiative. It is doing much to share the benefits of new technologies among all the world's children, regardless of the income levels of their parents. Dr Lee moved on to serve as a special adviser to Dr Brundtland in the area of information technology. In this responsibility, he quite literally made it possible for all levels of the Organization to speak with each other. I have personally seen the vital role of this connectivity when outbreaks or natural disasters occur. His next challenge was to strengthen the international response to tuberculosis at a time when this disease had been declared a global emergency. He helped to make the Stop TB Partnership one of the strongest and most effective partnerships within WHO. Under his leadership, the tuberculosis programme became a model in terms of strategies and target-setting, burden of disease assessment, monitoring, reporting and meticulous budgeting. That created a momentum and a level of confidence that continue today.

Dr Lee knew how to confront a growing menace to health with a well-crafted strategy, and to get all partners working together in a focused and coordinated way. In his position as Director-General, we all remember his passionate commitment to the "3 by 5" initiative. He could not stand two things: suffering and injustice. He plunged into this project in a way that made others follow. He was rewarded, not with achievement of the "3 by 5" goal, but with commitment to the even more ambitious goal of universal coverage. This is an even higher level of justice. It is an appropriate tribute to his courage.

I worked most closely with Dr Lee after he appointed me to serve as his representative for avian and pandemic influenza. He made himself an expert on this H5N1 virus. He used every opportunity to alert the world to the need to increase preparedness. He personally called for all the major conferences that allowed the world's best experts to reach consensus on key issues. These ranged from collaboration with the agricultural sector, to strategies for vaccine development, to a protocol for rapid containment near the start of a pandemic. We travelled together frequently, and it was on these occasions, in particular, that I got to know him personally and appreciate his sense of humour. He told me once how he knew that, as Director-General, he would be expected to speak with Presidents and Prime Ministers. He just never expected he would talk to them so much about chickens. Today, as we spend this time to remember his contributions to public health, there is much to recall that is indeed worth the attention of Presidents and Prime Ministers.

*(Applause/Applaudissements)*

The PRESIDENT:

Thank you, Director-General. Now it is my pleasure to give the floor to the Ambassador of the Republic of Korea.

Mr LEE Sung-ju (Republic of Korea):

Madam President, Director-General, Mrs Lee and distinguished delegates, today I stand here to pay tribute to the late Dr Lee Jong-wook, who passed away one year ago today. It is indeed a great honour for me to be here with all of you to commemorate the life and work of Dr Lee. Born in the Republic of Korea, Dr Lee started his career as a volunteer worker at a small hospital in a remote South Pacific island; after that he devoted his entire life to public health. His example provides

inspiration to many young public health workers posted in remote areas, often in the most difficult conditions, dedicating their time and energy to improving public health conditions around the world.

Dr Lee was a man of action. He never hesitated to confront difficult issues head-on. Today's large and complicated public health challenges require enhancing public awareness and mobilizing the full capacities of the international community. Dr Lee understood this clearly and succeeded in accomplishing both. His legacy pervades the international community's public health agenda today, such as poliomyelitis eradication, programmes for HIV/AIDS, malaria and tuberculosis in the Millennium Development Goals, and the International Health Regulations (2005), a legal framework to respond to international health risks, which will become effective in June 2007.

While achieving great accomplishment in his public work, he led a simple life, living in a small flat in the vicinity of Geneva, commuting in a compact hybrid car and travelling with his old suitcase worn out from countless travels in the service of others.

The Government of the Republic of Korea plans to launch a memorial prize in Dr Lee's memory to motivate and inspire young leaders who wish to follow in his footsteps. Taking this opportunity, I would like to ask members of the Executive Board and the Health Assembly to lend their support to the proposal of my Government. Thank you.

*(Applause/Aplaudissements)*

The PRESIDENT:

Thank you, ladies and gentlemen. And now we should do what Dr Lee would have wanted us to do, which is the business of the Health Assembly. This special plenary meeting is adjourned.

**The meeting rose at 09:35.  
La séance est levée à 9h35.**

## **TENTH PLENARY MEETING**

**Wednesday, 23 May 2007, at 11:45**

**President:** Ms J. HALTON (Australia)

## **DIXIEME SEANCE PLENIERE**

**Mercredi 23 mai 2007, 11h45**

**Président:** Mme J. HALTON (Australie)

### **1. REPORTS OF THE MAIN COMMITTEES<sup>1</sup> (continued) RAPPORTS DES COMMISSIONS PRINCIPALES<sup>1</sup> (suite)**

The PRESIDENT:

The Health Assembly is called to order. I should say, before I get on to the business I have in front of me, that from the amount of energy and enthusiasm in the room, you sound like you could keep going. One of the Chairmen of the Committees has already told me he was enjoying this so much he could keep going, but I think perhaps I should not encourage that sentiment. We are here this morning to consider item 8 of our agenda, Reports of the main Committees.

#### **Second report of Committee B Deuxième rapport de la Commission B**

We shall start by considering the second report of Committee B. It is contained in document A60/57. Please disregard the word “Draft” as the Committee has approved the report. The report contains two resolutions.

The first resolution is entitled “WHO’s role and responsibilities in health research”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is therefore adopted.

The second resolution is entitled “Progress in the rational use of medicines”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted, and the second report of Committee B is therefore approved.

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<sup>1</sup> See reports of committees in document WHA60/2007/REC/3.

<sup>1</sup> Voir les rapports des commissions dans le document WHA60/2007/REC/3.



### **Third report of Committee A** **Troisième rapport de la Commission A**

We shall now consider the third report of Committee A. It is contained in document A60/58. Please disregard the word “Draft” as the Committee has approved the report without amendments.

The report contains one resolution entitled “Oral health: action plan for promotion and integrated disease prevention”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted, and the third report of Committee A is therefore approved.

### **Fourth report of Committee A** **Quatrième rapport de la Commission A**

We shall now consider the fourth report of Committee A. It is contained in document A60/59. Please disregard the word “Draft” as the Committee has approved the report without amendments. The report contains two resolutions.

The first resolution is entitled “Malaria, including proposal for establishment of World Malaria Day”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is therefore adopted.

The second resolution is entitled “Tuberculosis control: progress and long-term planning”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted, and the fourth report of Committee A is therefore approved.

### **Third report of Committee B** **Troisième rapport de la Commission B**

We shall now consider the third report of Committee B. It is contained in document A60/60. Please disregard the word “Draft” as the Committee has approved the report. The report contains two resolutions.

The first resolution is entitled “Better medicines for children”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The second resolution is entitled “Sustaining the elimination of iodine deficiency disorders”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted, and the third report of Committee B is therefore approved.

### **Fifth report of Committee A** **Cinquième rapport de la Commission A**

We shall now consider the fifth report of Committee A. It is contained in document A60/61. Please disregard the word “Draft” as the Committee has approved the report without amendments. The report contains seven resolutions.

The first resolution is entitled “Health systems: emergency-care systems”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The second resolution is entitled “Prevention and control of noncommunicable diseases: implementation of the global strategy”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The third resolution is entitled “Health promotion in a globalized world”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The fourth resolution is entitled “Integrating gender analysis and actions into the work of WHO: draft strategy”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The fifth resolution is entitled “Workers’ health: global plan of action”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The sixth resolution is entitled “Strengthening of health information systems”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted.

The seventh 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? United States of America, you have the floor.

Dr AGWUNOBI (United States of America):

This is an explanation of our position. While the world engages in preparation for a possible global pandemic, no nation can go it alone and all nations must cooperate. As the late Dr J.-W. Lee reminded us in the remarks he had prepared to deliver to this very Health Assembly before his unfortunate death exactly one year ago, and I quote, “we are – and we must remain – alert to every hint that the virus may be changing its behaviour”. All nations have a responsibility under the International Health Regulations (2005) to share data and virus samples on a timely basis and without preconditions. The United States wishes to be clear: our view is that withholding influenza viruses from the Global Influenza Surveillance Network greatly threatens global public health and will violate the legal obligations we have all agreed to undertake through our adherence to the International Health Regulations (2005). The United States is pleased that the resolution before us makes it clear that Member States must continue to share specimens and viruses with the WHO Collaborating Centres to ensure the continuance of critical risk assessment and response activities. Now, we understand that such response activities include the development and production of pandemic influenza vaccines. While we acknowledge the preambular language regarding each State’s sovereign rights over its biological resources, all nations need to recognize the distinctive nature of influenza viruses. Viruses with pandemic potential represent a global health threat. Influenza viruses spread freely across international borders through the movement of people and animals. Our goal is not to conserve such influenza viruses for sustainable use, but rather to combat them and the sickness and the death that they cause. This resolution asks the Director-General to commission an expert report on the potential patent issues related to influenza viruses and their genes. The United States urges the Director-General to collaborate closely with other international organizations with expertise in intellectual property rights, particularly, WIPO and WTO. We urge this in order that you address any issues related to intellectual property rights that could arise in the context of the Global Influenza Surveillance Network.

The United States has always strongly supported the efforts undertaken by WHO to increase the availability of seasonal and pandemic influenza vaccines around the world, and we continue to do so. We urge other Member States to provide similar support corresponding to their available resources. We look forward to further engagement with Member States and WHO in implementing this resolution, and we expect to continue to see the free flow of influenza virus samples through the Global Influenza Surveillance Network throughout the period of the work of the interdisciplinary working group, the intergovernmental meetings to follow and beyond. Thank you, Madam President.

The PRESIDENT:

Thank you. The resolution is adopted, and the fifth report of Committee A is therefore approved.

#### **Fourth report of Committee B** **Quatrième rapport de la Commission B**

We shall now consider the fourth report of Committee B. It is contained in document A60/62. Please disregard the word “Draft” as the Committee has approved the report.

The report contains one resolution entitled “Health technologies”. Is the Health Assembly ready to adopt this resolution? I see no objection. The resolution is adopted, and the fourth report of Committee B is therefore approved.

## **Fifth report of Committee B** **Cinquième rapport de la Commission B**

We shall now consider the fifth report of Committee B. This report will appear as document A60/64. Committee B held its tenth meeting on 23 May 2007 under the chairmanship of Mr Thomas Zeltner (Switzerland). It was decided to recommend to the Sixtieth World Health Assembly the adoption of one resolution on item 12.20, “Public health, innovation and intellectual property: progress made by the Intergovernmental World Group”. This draft resolution was contained in document A60/B/Conf.Paper No.3 Rev.2 and was adopted with amendments, which I will ask the Secretariat to read out.

Mr AITKEN (Representative of the Director-General):

There were two paragraphs that were amended and one footnote to this resolution, which I shall read into the record. First amendment was to the second preambular paragraph where the word “tools” is to be replaced by the word “kits”. The second set of amendments concerned operative paragraph 3(4) where the opening words will now read as follows: “to encourage the development of proposals for health-needs driven research and development for discussion at the Intergovernmental Working Group that includes a range of incentive mechanisms including also addressing the linkage between the cost of research and development and the price of medicines, vaccines, diagnostics, kits and other health-care products”, and the paragraph would then continue. The change to the footnote is to replace the footnote in document A60/B/Conf.Paper No.3 Rev.2 with footnote 1 from document A60/A/Conf. Paper No.8 Rev.1. Thank you, Madam President.

The PRESIDENT:

Thank you. Is the Health Assembly ready to adopt the resolution entitled “Public health, innovation and intellectual property”? United States of America, you have the floor.

Dr AGWUNOBI (United States of America):

Thank you, Madam President. As indicated this morning in Committee B, the United States cannot accept this resolution. Although we will not block the consensus process, we disassociate ourselves from the adoption of the resolution and do not consider it to be a consensus text. Madam President, the United States hopes for a successful outcome to the Intergovernmental Working Group in November. We hope that all Member States will join us in working constructively together towards that end. Thank you, Madam President.

The PRESIDENT:

Thank you. Noting that position, is the Health Assembly ready to adopt this resolution? The resolution is adopted as amended, and the fifth report of Committee B is therefore approved.

## **Sixth report of Committee A** **Sixième rapport de la Commission A**

We shall now consider the sixth report of Committee A. This report will appear as document A60/63. Committee A held its tenth meeting on 23 May 2007 under the chairmanship of Dr Robinson Jean Louis of Madagascar. It was decided to recommend to the Sixtieth World Health Assembly the adoption of one decision related to agenda item 12.17, Evidence-based strategies and interventions to reduce alcohol-related harm. I shall read the text of the proposed decision: “The Sixtieth World Health Assembly decided that an item entitled “Strategies to reduce the harmful use of alcohol” and related documents discussed at the Health Assembly should be included in the agenda of

the Executive Board at its the 122nd session to be held in January 2008, and requested the Director-General, in the interim, to continue her work on this matter.” Is the Health Assembly ready to take this decision? I see no objection. It is so decided, and the sixth report of Committee A is therefore approved.

This completes our consideration of item 8 of our agenda.

## **2. ANNOUNCEMENT COMMUNICATION**

The PRESIDENT:

I would like now to turn to another matter. Many of you were here on the opening day of our Health Assembly and you will recall that on that day, I asked the Secretariat to investigate the voting irregularity which occurred during our consideration of the report of the first meeting of the General Committee. I have received a report by the Secretariat which outlines the circumstances which gave rise to the incident. The delegation of Honduras has informed me that they did cast a vote on behalf of Andorra because of a misunderstanding based on the Spanish interpretation. The report of the Secretariat indicates that, to assist in the prevention of a recurrence of such an incident, the Secretariat is now requesting all Members to give their country name before casting the vote. This was done for a roll-call vote in Committee B, last week. In view of the concerns expressed by the Health Assembly and the Ambassador of Andorra, I have written to the delegation concerned regarding this new procedure. I now take it that the Health Assembly considers this matter closed.

## **3. SELECTION OF THE COUNTRY OR REGION IN WHICH THE SIXTY-FIRST WORLD HEALTH ASSEMBLY WILL BE HELD CHOIX DU PAYS OU DE LA REGION OU SE TIENDRA LA SOIXANTE ET UNIEME ASSEMBLEE MONDIALE DE LA SANTE**

The PRESIDENT:

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 shall be held, the Executive Board subsequently fixing the date and place.

I therefore take it that the Health Assembly decides that the Sixty-first World Health Assembly will be held in Switzerland. In the absence of any objection, it is so decided. The meeting is adjourned.

**The meeting was suspended at 12:05 and resumed at 12:10.  
La séance est suspendue à 12h05 et reprend à 12h10.**

## **4. CLOSURE OF THE SESSION CLOTURE DE LA SESSION**

The PRESIDENT:

The Health Assembly is called to order. We shall now consider the last item of our agenda – item 9, Closure of the Assembly.

I should like to invite the Chairman of Committee A, Dr Jean Louis of Madagascar, to come to the rostrum and report on the work of Committee A. Dr Jean Louis, you have the floor.

Le Dr JEAN LOUIS (Madagascar) (Président de la Commission A):

Madame le Président, Madame le Directeur général, distingués délégués, Mesdames et Messieurs, c'est un grand plaisir pour moi de vous présenter le rapport sur les travaux effectués par la Commission A au cours de cette Assemblée mondiale de la Santé. Je me bornerai à mentionner certains des faits saillants concernant ces travaux puisque nous avons tous été quotidiennement informés.

Les travaux de la Commission A ont mis l'accent sur les questions techniques et sanitaires et le projet de plan stratégique à moyen terme, y compris le projet de budget programme 2008-2009.

Les discussions intenses et constructives de la Commission A se sont déroulées dans un esprit de respect mutuel, de collaboration et de solidarité. Les 15 résolutions ci-après ont été approuvées : deux sur le projet de plan stratégique à moyen terme, y compris le projet de budget programme, et 13 sur les questions techniques et sanitaires ; une décision a aussi été approuvée, renvoyant à la cent vingt-deuxième session du Conseil exécutif le point sur les stratégies de réduction de l'usage nocif de l'alcool. Concernant le projet de plan stratégique à moyen terme, y compris le projet de budget programme 2008-2009, la Commission a approuvé les résolutions suivantes : Plan stratégique à moyen terme 2008-2013, et Résolution portant ouverture de crédits pour l'exercice 2008-2009. Pour ce qui est des questions techniques et sanitaires, la Commission a approuvé les résolutions suivantes : Eradication de la variole : destruction des stocks de virus variolique ; Lutte contre la leishmaniose ; Poliomyélite : dispositif de gestion des risques susceptibles de compromettre l'éradication ; Plan d'action pour la promotion de la santé bucco-dentaire et la prévention intégrée des affections ; Paludisme, y compris proposition d'instaurer une journée mondiale du paludisme ; Lutte contre la tuberculose : progrès et planification à long terme ; Systèmes de santé : systèmes de soins d'urgence ; Lutte contre les maladies non transmissibles : mise en oeuvre de la stratégie mondiale ; La promotion de la santé à l'heure de la mondialisation ; Projet de stratégie pour l'intégration de l'analyse des spécificités de chaque sexe et d'une démarche soucieuse d'équité entre hommes et femmes dans les activités de l'OMS ; Projet de plan d'action mondial pour la santé des travailleurs ; Renforcement des systèmes d'information sanitaire ; Préparation en cas de grippe pandémique : échange des virus grippaux et accès aux vaccins et autres avantages.

Je tiens à souligner que la Commission A n'a eu recours qu'à deux groupes de travail, l'un sur la grippe aviaire et la grippe pandémique et l'autre sur l'alcool ; nous avons tout lieu d'en être fiers. Le groupe de travail à composition non limitée sur la grippe aviaire a travaillé sans relâche pendant 41 heures sous la direction du Dr Tangcharoensathien (Thaïlande). Le groupe a su travailler dans un esprit de collaboration et de compromis en présentant un projet de résolution que la Commission a approuvé. Je tiens à saisir cette occasion pour remercier le Dr Tangcharoensathien. Je me félicite de l'action des délégués qui ont participé à la rédaction délicate de la résolution sur l'alcool. Je remercie également le Dr Bloomfield qui a dirigé ce groupe de rédaction et n'a pas ménagé ses efforts pour obtenir un consensus sur ce dossier difficile.

Cela a été pour moi et pour mon pays un honneur et un privilège d'assumer cette fonction de Président de la Commission A. A dire vrai, lorsque j'ai regardé l'ordre du jour de la Commission, au moment d'aborder notre première séance, mardi dernier, j'ai été impressionné par l'ampleur de la tâche qui nous attendait. Pourtant, nous avons été en mesure de régler la plupart des questions techniques et sanitaires importantes et d'approuver le plan stratégique à moyen terme, y compris le projet de budget programme 2008-2009, en peu de temps et dans un esprit constructif. Je voudrais remercier chaleureusement toutes les délégations qui ont contribué à aplanir les divergences dans un esprit de coopération et de solidarité.

Tout ceci n'a, bien entendu, été possible que grâce à l'appui et à la compétence remarquable du secrétariat de la Commission A. Je tiens à remercier le Secrétaire de la Commission, le Dr Mounir Islam, ainsi que toute son équipe, de m'avoir grandement facilité la tâche. Je salue l'effort colossal accompli par le personnel professionnel et le personnel d'appui qui ont été à notre disposition

depuis 10 jours, permettant à l'Assemblée de poursuivre ses travaux de manière harmonieuse et productive.

Madame le Président, je vous remercie pour la façon dont vous avez su diriger les débats, et permis d'atteindre les objectifs de cette Assemblée. Je voudrais aussi témoigner ma reconnaissance aux Vice-Présidents et aux Rapporteurs de la Commission A pour leurs efforts louables et leur soutien remarquable, qui ont largement contribué au succès des travaux de notre Assemblée.

Madame le Directeur général, je vous présente mes remerciements chaleureux, je suis sûr de m'exprimer au nom de nous tous pour l'intérêt que vous avez manifesté et pour la merveilleuse générosité avec laquelle vous avez apporté votre soutien à nos travaux. Au cours de ce qui était votre première Assemblée de la Santé, nous formulons nos meilleurs souhaits pour vous, pour les années à venir, et nous sommes certains que vous nous accorderez pour toujours votre soutien. Avant que nous ne regagnions tous notre pays d'origine, je saisis cette occasion pour vous présenter, Madame, ainsi qu'à tous les autres responsables et délégués, mes vœux de bonne santé, de paix et de bien-être au cours de l'année à venir.

Au revoir et bon voyage !

The PRESIDENT:

Thank you. I would like to offer my warmest congratulations on, and heartfelt thanks for, your excellent presentation and also for the efficient and good humoured way in which you presided over the Committee.

I shall now invite the Chairman of Committee B, Mr Zeltner of Switzerland, to come to the rostrum and report on the work of Committee B. Perhaps he might also tell us about air quality in Geneva restaurants. Mr Zeltner, you have the floor.

Mr ZELTNER (Switzerland) (Chairman of Committee B):

Madam President, distinguished delegates, Madam Director-General, ladies and gentlemen, let me just start now, as the head of the Swiss delegation, and not as the Chairman of Committee B, by saying that we are a little embarrassed that Swiss hospitality is hampered by the fact that smoking is still allowed in some restaurants, in some cantons, and it might be even better if we banned it. I am glad to say that the Swiss Parliament has realized that too and is now discussing a draft law to ban smoking in public places. So, in two years' time, I don't think that it will be next May, but in two years' time, you may well be able to enjoy Geneva without any smoke in the restaurants. I hope so, I am not sure, but we will do what we can and you will enjoy staying in Geneva even more.

*(Applause/Aplaudissements)*

Well, I hope the Parliament in Berne has heard that!

It is with great pleasure that I present to you this final report which summarizes the work of Committee B during the Sixtieth World Health Assembly. In the interests of saving time, I am only going to describe in a general way the outcome of the work of Committee B. The Committee first took up and approved a resolution on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The work of Committee B was concentrated mainly on financial and staffing matters this year, including the appointment of the External Auditor. I am happy to report that the Committee appointed the Comptroller and Auditor-General of India as External Auditor of the accounts of WHO for the financial periods 2008–2009 and 2010–2011.

The Committee worked intensively and efficiently, and was able to complete its core agenda in quite good time. Therefore, so as to advance the work of the Health Assembly in a constructive way, we took on the discussion of several items on technical and health matters, which were transferred to our Committee from Committee A. We were thus able to approve 15 resolutions and one decision in all. Eight of these resolutions deal with financial and staffing matters. Six resolutions deal with technical and health matters, including better medicines for children, health technologies, and – the one we just approved this morning – public health, innovation and intellectual property. The

discussions in Committee B, especially those on complex technical subjects such as health technologies, took place in a spirit of cooperation and flexibility, with each delegation trying hard to understand the perspective of the others and to look for compromise.

I would like to mention here another important aspect of our work over the past three days, in connection with the item on public health, innovation and intellectual property and the progress made by the Intergovernmental Working Group. After a heated start – and that is putting it mildly – and much difficult deliberation about a draft resolution, I am happy to report that delegations proved their goodwill and demonstrated their spirit of cooperation by achieving a breakthrough which allowed us to move forward. The text of the draft resolution proposed by the delegation of Brazil was finalized by the drafting group last night, and the Committee then approved it after further minor amendments. I would like to pay tribute here also to the excellent work done by the distinguished delegate of Namibia in chairing the drafting group dealing with this very difficult resolution. Thank you for your work.

It has been an honour and a privilege for me and my country to serve as Chairman of Committee B. I would like to salute once again the tremendous goodwill and flexibility demonstrated by the delegations, which ultimately resulted in the approval of some very important resolutions. I should like to thank warmly all those delegations which contributed to settling our differences in a spirit of cooperation and solidarity – which is these days called the spirit of Geneva. I thank you, Madam President, for your most able leadership and support in helping to make this a very productive Assembly. And to you, Madam Director-General, I would like to extend my warm thanks, and here I am sure I speak on behalf of everyone in this Health Assembly, for your massive commitment and the strong support you have given to our work at this, your first Health Assembly as Director-General. We wish you the very best for the coming years and we pledge to stand beside you and to give you our support all the way.

Last, but not least, let me extend on behalf of all those here – as did my colleague from Committee A – our warm thanks to the Secretariat of WHO, especially those in it working for Committee B, under the excellent guidance of Dr Dayrit whose technical support and professional assistance made all this achievement possible. They have been at our disposal throughout this week, and have worked tirelessly to make sure that the work of the Health Assembly could proceed.

My thanks also to the interpreters who, with a lot of flexibility, have made our work easy and made it possible for us to get it finished in time; we are very grateful for all their support. I have a short trip home; you may have a longer one.

I wish you all the best, good health and see you back in Geneva next year. Thank you.

*(Applause/Aplaudissements)*

The PRESIDENT:

Many thanks to another excellent Chairman. The news about smoking in restaurants is most welcome. And, although I am not sure that the phrase “spirit of Geneva” is consistent with our alcohol resolution, it is probably safe to use it in the spirit in which it was intended.

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 which have been made, I take it that the Health Assembly wishes to commend the Board on the work performed and express its appreciation of 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.

The DIRECTOR-GENERAL:

Madam President, honourable ministers, distinguished delegates, ladies and gentlemen, this has been the first Health Assembly under my responsibility as Director-General of the World Health Organization. I thank you, Madam President, and the Chairmen and other officers of Committees A and B, and the many delegates who spent long hours in plenary, committees and, of course, the drafting groups. I have had many occasions to be proud of the spirit of consensus you have shown.

You have approved the programme budget for 2008–2009, and I am grateful. This is the Organization's largest budget ever. However, you have also adopted a record number of resolutions. I am fully prepared to exercise budgetary discipline. All of these resolutions urge me to take specific actions, and I take this responsibility very seriously.

Let me mention three specific areas. First, our efficiency and accountability, be it in administrative, financial, or programme areas, are subject to a number of checks and balances, including internal and external audits. I am fully aware of the need for improvement in certain areas, and I am committed to taking firm and transparent action. Second, the International Health Regulations (2005) come into force on 15 June. My role in protecting international health security will increase as a result. All countries need to be aware of their obligations under the International Health Regulations (2005). When collective security is at stake, public opinion can carry great weight. After very considerable discussion, you have adopted a resolution on the sharing of influenza viruses and access to pandemic vaccines and other benefits. I want to underscore the importance of this decision. My responsibilities in implementing the International Health Regulations (2005) depend on this sharing.

Finally, you have stated, time and time again, the need for better access to existing interventions, and the need for research and development to develop better tools. This is especially true of diseases that disproportionately affect the poor. I am referring, of course, to the issue of public health, innovation, and intellectual property. I am fully committed to this process and have noted your desire to move forward faster. We must make a tremendous effort. This requires the so-called "spirit of Geneva" to which so many of you alluded. We know our incentive and that is the prevention of large numbers of needless deaths and suffering.

Madam President, honorable ministers and delegates, I want to thank you once again and I would like to assure you of my commitment to carrying out your decisions. Thank you.

*(Applause/Applaudissements)*

The PRESIDENT:

Thank you, Dr Chan. We now come to the very final moments of our Health Assembly, and I would like to thank the Vice-Presidents, the Director-General, and the honourable ministers present, the Chairmen of our Committees, you, the distinguished delegates, and ladies and gentlemen. We have had a very busy and productive Health Assembly and all the people in this room have made that possible. It is your efforts that have allowed us to conclude a very successful Health Assembly. You have been willing to discuss and work through complex issues and to cooperate and compromise in the interests of consensus. This has enabled us to address and set future directions for WHO and ourselves, domestically, on important health issues. I have noticed that you have also taken excellent advantage of the gathering together of so many committed health professionals to share experiences and seek solutions to the bigger challenges we face. I have also seen a certain amount of socializing.

It is fitting that this Health Assembly, with the theme of international health security, has devoted so much time and thought to the sharing of influenza viruses and access to vaccines and other benefits. The adoption by the Health Assembly today of a new resolution on this issue is an important step forward in our global response to avian and pandemic influenza. In this context, I would like to thank Dr Viroj Tangcharoensathien for his marathon effort, because he deserves special acknowledgement for his wise and patient chairing of what could only be described as a marathon. Thank you, Viroj.

*(Applause/Applaudissements)*

Our endorsement of the Medium-term strategic plan 2008–2013 and adoption of the Programme budget 2008–2009 are also very significant outcomes of this Health Assembly. And, can I say, the efficiency with which these major documents were dealt with is testament to the work that has gone in from the Secretariat to ensure extensive consultations with Member States on their development. The thorough examination of those documents by the Executive Board and its Programme, Budget and



Administration Committee in the lead-up to this Health Assembly, also, I believe, played a role. And our adoption of resolutions on major communicable and noncommunicable disease issues, as well as on health system issues, will be important for the work of WHO over the coming year.

A notable feature of the Health Assembly this year, as our Director-General has said, is the number of resolutions we have passed, but many of these were adopted with only minor amendments from the documents that came forward from the Executive Board, and these were friendly amendments which sought to improve the original proposals. Again, a very efficient and constructive way of working.

As a retiring member of the Executive Board, I have found it encouraging to see the benefits for the work of the Health Assembly that flow from having an active and effective Board. This Health Assembly was, of course, the first for Dr Chan as Director-General. This time last year was a very sad time. Dr Chan was, of course, actively engaged in Salle 7 providing technical guidance for the lengthy negotiations on smallpox eradication. Things have changed a lot in the past year. Dr Chan has spent much of the past week and a half listening to our deliberations and meeting with your delegations to hear your expectations for WHO for the future. And I would particularly like to thank you, Director-General, for your many wise and timely statements during our discussions. Dr Chan's presence in the Committees gave real assurance to Member States during our debates that will enable us to be quite confident that our views are heard and acted upon.

We of course owe much to the efficient management of our business and many, many thanks to our fantastic Chairmen of Committees A and B – Dr Jean Louis and Mr Zeltner. They did an excellent job of balancing the need for robust consideration of issues with the timely completion of their agendas. I should note here that the appearance of an egg timer in Committee A did provide a certain incentive for people to stay on track with their timetable. I will also acknowledge that I employed a slightly different personal tactic to encourage cooperation and focus discussion in the avian influenza drafting group, with the provision of a large bag of what are known as fantails. I think that nearly every delegation has now had one of these Australian sweets. While in no way consistent with the aims of the Global Strategy on Physical Activity and Health, fantails do provide certain brain food for Saturday afternoon negotiations. They also stick your teeth together so you cannot speak. I have also created a problem for the Secretariat, which wants more of them. On the subject of the Secretariat, we do, of course, owe its members particular thanks for their support in the work of this Health Assembly.

The Regional Directors and Assistant Directors-General have provided very important technical and other advice for our negotiations. Behind the scenes, many staff have worked tirelessly to ensure the smooth running of the Health Assembly, and they deserve our heartfelt thanks – we could not do our business without them.

Before I lose my voice as a result of Viroj's virus (which he claims is an Australian virus), there is one person, in particular, I think we should thank. That person is Marjory Dam, Director, Office of Governing Bodies, who is retiring from WHO after 18 Health Assemblies. She says this was the best one ever – probably because it was her last.

*(Applause/Applaudissements)*

I have seen the work that Marjory has provided. She keeps the whole thing together. We have had the conversation about whether it is legal to clone people in Switzerland, but we are working on it.

My thanks to the Vice-Presidents, to Viroj for his virus, for all the support given to me in the Committees, including the General Committee, and to the Secretariat.

It has been a particular honour for me to preside over the Sixtieth World Health Assembly, and of course I am happy to be at your disposal during my term as President for any collaboration that is needed.

To those of you who are staying for the 121st session of the Executive Board, I wish you well in your deliberations. For those of you departing, I wish you a safe journey home. Many come from a long way away, myself included, and I hope you leave this Health Assembly with a renewed sense of purpose for improving the world's health. After all, that is why we are here. Thank you.

I declare the Sixtieth World Health Assembly closed.

**The session closed at 12:45.**

**La séance est close à 12h45.**

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## **MEMBERSHIP OF THE HEALTH ASSEMBLY COMPOSITION DE L'ASSEMBLEE DE LA SANTE**

### **LIST OF DELEGATES AND OTHER PARTICIPANTS LISTE DES DELEGUES ET AUTRES PARTICIPANTS**

#### **DELEGATIONS OF MEMBER STATES DELEGATIONS DES ETATS MEMBRES**

##### **AFGHANISTAN – AFGHANISTAN**

###### **Chief delegate – Chef de délégation**

Dr S.A.M. Fatimie  
Ministre de la Santé publique

###### **Delegate(s) – Délégué(s)**

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M. F. Amel  
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###### **Chief delegate – Chef de délégation**

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##### **Delegate(s) – Délégué(s)**

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Mr M. Bonang  
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Minister of Foreign Affairs  
(Chief delegate on 15 May 2007)  
(Chef de délégation le 15 mai 2007)

**Deputy chief delegate – Chef adjoint de la délégation**

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Minister of Health  
(Chief delegate on 14 May and from  
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(Chef de délégation le 14 mai et du  
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DARUSSALAM**

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sexuellement transmissibles

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