



MINISTRY FOR HEALTH AND SOCIAL SECURITY,  
WELFARE AND SOCIAL AFFAIRS, POLITICAL AFFAIRS,  
EQUAL OPPORTUNITIES AND TECHNOLOGICAL INNOVATION

Mister President,  
Mister Director-General,  
Dear Colleagues,

These last few years have put a strain on public health, and overshadowed the goals to guarantee “health for all”, which our countries, some more than others, have among their founding principles.

The pandemic has shown us how unprepared we are to face viral outbreaks, in a world focused on acute diseases.

All ongoing wars are in conflict with the very principle of health protection (just as the fury towards the opposing party).

The pandemic has left us a legacy of post-covid, burnout, mass layoffs and early retirements of health personnel.

Today, more or less, after the storm and faced with an exponential growth in the demand for health, the public health service has fewer and fewer health workers, who are often unmotivated or at the limit of their strength.

In this context, given that healthcare is about prevention, planning for the future is at risk of being perceived, by those who find themselves in increasingly difficult health situations, as a lack of attention to immediate needs, or deemed as such.

Saving lives and driving health is impossible without the means to do so.

Some distortions implemented in recent months to block exports of even essential medicines could prevent the many small countries scattered around the world from being able to cope with illnesses, from the most common to the most complex.

It is urgent for the WHO to take a firm stance against the blocking of medicines deliveries to small, non-producing countries.

Moreover, the cost of the medicines varies according to the quantities ordered. Micro-states obtain out-of-market prices from pharmaceutical companies. In this sense, I very much welcome the proposal put forward within the Small Countries Initiative to create a single purchasing centre for the eleven participating countries. But in addition to this it would be useful for these countries to continue to have access to the international pharmacy in order to cut costs.



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Because of the extremely high interest rates, there is also a need for institutionalised channels through which it can be ensured that the expenditures incurred by each individual country for structural interventions aimed at strengthening public healthcare, can benefit from capped interest rates, under the aegis and control of the WHO.

Healthcare requires large budgets, which small countries, or countries with a financial deficit, struggle to afford.

In conclusion, I believe that planning is extremely important for each country. But at the same time it is necessary for the WHO to promote a project to revitalise the organisation, with the participation of the most important stakeholders to subsidise financing for its investments.