

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

WHO Conference Hall, Manila
Monday, 8 September 2003 at 09:30

CHAIRPERSON: Dr Hideo SHINOZAKI(Japan)
later: Dr Manuel DAYRIT (Philippines)

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1. OPENING OF THE SESSION: Item 1 of the Provisional Agenda

The retiring Chairperson, Dr Hideo SHINOZAKI (Japan) declared open the fifty-fourth session of the Regional Committee for the Western Pacific.

2. ADDRESS BY THE RETIRING CHAIRPERSON: Item 2 of the Provisional Agenda

The retiring Chairperson, Dr Hideo SHINOZAKI (Japan), made a statement to the Committee (Annex 1).

3. ELECTION OF NEW OFFICERS: CHAIRPERSON, VICE-CHAIRPERSON AND RAPPORTEURS: Item 3 of the Provisional Agenda

3.1 Election of Chairperson

Dr BENJAMIN (Federated States of Micronesia) nominated Dr Manuel DAYRIT (Philippines) as Chairperson; the nomination was seconded by Dr SULEIMAN (Malaysia).

Decision: Dr Manuel DAYRIT (Philippines) was elected unanimously.

Dr DAYRIT took the chair.

3.2 Election of Vice-Chairperson

Mr MOON (Republic of Korea) nominated Dr Mulitalo Siafausa VUI (Samoa) as Vice-Chairperson; the nomination was seconded by Mrs PIERANTOZZI (Palau).

Decision: Dr Mulitalo Siafausa VUI (Samoa) was elected unanimously.

3.3 Election of Rapporteurs

Professor NYMADAWA (Mongolia) nominated Mr Tony KINGDON (Australia) as rapporteur for the English language; the nomination was seconded by Dr WANG (China).

Professor ENG Huot (Cambodia) nominated Ms Myriam ABEL (Vanuatu) as rapporteur for the French language; the nomination was seconded by Dr TRAN THI TRUNG (Viet Nam).

Decision: Mr Tony KINGDON (Australia) and Ms Myriam ABEL (Vanuatu) were elected unanimously.

4. ADOPTION OF THE AGENDA: Item 5 of the Provisional Agenda
(Document WPR/RC54/1 Rev.3)

The CHAIRPERSON moved the adoption of the Agenda.

Decision: In the absence of comments, the Agenda was adopted.

5. ADDRESS BY THE DIRECTOR-GENERAL (Item 6 of the Agenda)

The DIRECTOR-GENERAL addressed the Committee (Annex 2).

Mr KALPOKAS (Vanuatu), referring to the Director-General's comments on severe acute respiratory syndrome (SARS), observed that although the disease had been contained in the Region, Member States were concerned about a recurrence, since there was no cure. Had research on a treatment progressed?

Dr WANG (China) congratulated the Director-General on assuming his office (a sentiment echoed by subsequent speakers). With his experience and global influence, he would surely lead to WHO to great achievements, such as realizing the Millennium Development Goals and improving the health conditions of humankind

The Region had a large population coupled with a heavy burden of disease, and its Member States were at different stages of development. Yet after the outbreak of SARS, all were facing the challenge of reforming and improving the management of their health systems, in addition to such tasks as combating other communicable diseases, controlling tobacco use, and assuring food and road safety. None the less, as from 2000, regular budget allocations to the Region had been decreasing while the Region's share of extrabudgetary resources was among the lowest of all the WHO regions, an inappropriate situation in view of the circumstances.

Referring to the remarks on inequality among countries, he trusted that the Director-General would take concrete measures to redress imbalances.

He welcomed the Director-General's resolve to strengthen country offices and looked forward to enhanced cooperation between the Organization and its Member States. He was, therefore, interested in the measures the Director-General intended to take to intensify WHO's work at country level, his conception of coordination between Headquarters and regional offices, and his plans to improve work relations between those two levels.

Commending the more extensive cooperation between WHO and other international bodies, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, he hoped that WHO would

intensify its leadership in global public health and make every effort to relieve the burden of disease and the socioeconomic problems stemming from it.

The Government of China was ready to strengthen its cooperation with WHO and make its due contribution to improving the health of people both in China and throughout the world.

Mr OTSUKA (Japan) commended the Director-General's focus on devolving more authority and resources to countries and regions, where they would have a more direct impact, achieving the Millennium Development Goals, and determining essential health indicators for poverty reduction and development. He also welcomed the appointment of several prominent public health officials from the Region to the senior management team at Headquarters.

The Government of Japan would provide maximum support in six key areas: (1) implementation of the policy to increase allocations of human and financial resources to country level, for which clear guidelines were required; (2) continued reform within WHO's secretariat in order to enhance efficiency, improve geographical representation among the staff, and strengthen cooperation with Member States in tackling emerging health problems; (3) strong leadership in the introduction and maintenance of antiretroviral therapy, despite the risk of drug resistance; (4) complete eradication of poliomyelitis throughout the world; (5) further progress of the WHO Framework Convention on Tobacco Control; and (6) reinforcement of links and partnerships with other leaders in public health.

Those areas were also his Government's priorities. Japan would provide particular support for strengthening partnerships promoted by both the Director-General and the Regional Director, and remain proactive in its relationship with WHO.

Dr KING (New Zealand) expressed confidence that, under the leadership of the new Director-General, who had had a long and fruitful association with the Western Pacific Region, WHO would remain the pre-eminent international health body. In his address the Director-General had clearly set out the challenges facing the Organization and some of its achievements. The adoption at the Fifty-sixth Health Assembly in 2003 of the WHO Framework Convention on Tobacco Control was one of those achievements. New Zealand would ratify the Framework Convention as soon as possible. However, the treaty should be seen only as a first step in the fight to control tobacco use. In that connection, she welcomed the smoke-free status of the Regional Office, as United Nations buildings should set an appropriate example.

SARS had tested WHO, the Region and the public health services, health workers, border security and economies of its Member States. She expressed appreciation for the leadership and

guidance shown by WHO and the action taken by Viet Nam during the emergency. The experience had clearly shown the importance of cooperation, coordination of efforts and early warnings. In that context, she commended the successful meeting on SARS held in Thailand earlier in the year.

The needs of the Pacific countries in respect of resources to combat HIV/AIDS should not be overlooked by WHO and the Global Fund to Fight AIDS, Malaria and Tuberculosis. The disease would be devastating if it gained a significant hold in the smaller Pacific island countries.

She welcomed the timely emphasis being given to diet, physical activity and health, especially given the alarming increase in childhood obesity in many countries of the Region and the health problems that might arise in adulthood as a result.

Dr SELUKA (Tuvalu) welcomed the Director-General's intention to continue the process of WHO reform and to bring the Organization closer to the people living in its Member States. He urged WHO to devote greater resources to research and development, through partnerships with the private sector as appropriate, in respect of disease epidemics. Such emergencies were of deep concern to the Pacific island countries and affected the underprivileged in particular. As the SARS emergency had shown, it was vital to have the capacity for early detection and diagnosis, and for all countries, rich and poor, to cooperate. He commended the Member States of the Region on their actions to contain the disease during that emergency.

Dr NAIVALU (Fiji) assured the Director-General of Fiji's commitment to work in partnership with WHO to achieve better health for all people in Fiji and throughout the Region. The WHO Framework Convention on Tobacco Control was a milestone for the Organization. Such global initiatives should be a regular feature of WHO's work. He therefore welcomed the new initiative for achieving treatment of 3 million people with antiretrovirals by the end of 2005 (the "three by five" target), which he hoped would supplement the Global Fund allocations recently approved for the Pacific island countries and lead to more sustainable treatment in the future.

Dr TANGI (Tonga) commended the Director-General's emphasis on the development of a more realistic programme budget and greater transparency in the budgeting exercise. He looked forward to discussion of those matters in greater depth during consideration of the proposed programme budget under item 10 of the Agenda. He also welcomed the renewed emphasis being given to action at the country level, as that was vital to the strength of the Organization. Countries needed appropriate allocations to enable them to implement programmes. The negative impact of the migration of members of the health workforce had been the subject of numerous meetings in the

recent past, but the results had been meagre. He looked forward to the achievement of real progress in that area.

Mr DAVIES (Australia) paid tribute to the contribution made by the Director-General in the control of tuberculosis and vaccine-preventable diseases in his previous roles in WHO, and welcomed his stated commitment to reform of the Organization and to strengthening actions at the regional and country levels. While the proposed targets were bold and ambitious, he was sure that they could be achieved if everyone worked together. The experience gained during the SARS epidemic had illustrated the outstanding results that could be achieved through cooperation.

Dr BENJAMIN (Federated States of Micronesia) welcomed the appointment of an old friend of his country to the position of Director-General. He applauded the renewed focus on decentralization to the regional offices. He hoped that small countries, such as his own, would benefit from an increase in country budgets, and that transparent criteria for the allocation of resources would be observed.

Dr GALON (Philippines) endorsed the directions and priorities set out by the Director-General for the future work of WHO. She expressed appreciation, in particular, for the emphasis given to the strengthening of the regional and country offices, and to transparency in management. Her country looked forward to working with the Organization with a view to making real improvements in the health of people in the Region.

Dr MANN (Papua New Guinea) hoped that the election of someone from the Western Pacific Region to the post of Director-General would ensure that the concerns of the small Pacific island countries would be heard at Headquarters. The large population and high disease burden in the Region demanded an increased allocation of resources. He echoed the call by the representative of New Zealand for due attention to be given to the needs of the Region in respect of allocations for the fight against HIV/AIDS, and expressed appreciation for the recent approval for funding from the Global Fund. Given that his country had among the highest rates of infant and maternal mortality, he was greatly encouraged by the proposed strategies for tackling complications of pregnancy and childbirth, and management of childhood illnesses. He endorsed the views of the representative of Tonga regarding the continuing loss of trained health professionals from certain countries and he too looked forward to progress in that area.

Dr SIPELI (Niue) welcomed the new Director-General and paid tribute to the work of his predecessor, noting that, while policies might change, the overall objectives of WHO remained the same. The SARS epidemic had scared everyone into the realization that many countries were ill-prepared to cope with such emergencies. In particular, greater efforts were needed to strengthen

areas of capacity-building, especially as regards surveillance skills. He expressed appreciation for the invaluable information and guidance provided by WHO during the crisis and urged the Regional Office to renew its support for the small island countries should SARS re-emerge.

Dr ENOSA (Samoa) commented that the election of Dr Lee to the post of Director-General of WHO was yet another indication that the Region bred good leaders.

With regard to SARS, he thanked the Organization for the delivery of personal protective equipment to his country and asked that WHO keep countries up to date on the results of research on the pathology of the disease and help them to prepare for a possible re-emergence.

It was to be hoped that the Global Fund to Fight AIDS, Tuberculosis and Malaria would provide financing to all Pacific island countries. In view of the high cost of antiretroviral agents, much of the funding should go to the purchase of such treatment. He asked how least-developed countries could obtain the drugs at lower cost, as had been mentioned during the Fifty-sixth World Health Assembly.

In respect of the Director-General's comments regarding food safety, he felt that WHO should give a clear answer to the question of whether health took precedence over trade, particularly in the light of current demonstrations against globalization.

Reiterating the remarks of previous speakers with regard to the migration of health workers, he emphasized that positive, effective steps needed to be taken to address the problem as soon as possible.

Mrs PIERANTOZZI (Palau), also addressing the drain of human resources from poor to rich countries, asked for WHO support to stop the trend. Support would also be needed for human resource development in health management and health care appropriate to the health indicators of each country. The recent SARS epidemic had shown the importance of improving early surveillance systems in all countries. The Member States of the Region should also prepare themselves to deal with road traffic accidents and bioterrorism.

Professor NYMADAWA (Mongolia), noting the Director-General's call for broader collaboration between health administrators and public and private organizations, urged WHO to ensure that a proper balance was maintained in such cooperative ventures, maintaining a strong technical role and health as the first priority.

Dr KIENENE (Kiribati) recalled that most countries of the Region had been caught unprepared during the recent SARS outbreak; subsequently, they had received almost daily assistance and information from WHO and support from the Pacific Public Health Surveillance Network. A plan of action should be put in place to prepare for any further outbreak.

The DIRECTOR-GENERAL noted that SARS had been the first new disease of the current millennium, and more new and emerging diseases could be expected in the coming decades. As no treatment had yet been found for SARS, 18th century measures of isolation and contact tracking had been resorted to. With the advent of winter in the northern hemisphere, cases of the common cold and influenza could be expected, the symptoms of which might readily be taken for SARS, unless rapid diagnostic tests were used. It would take many years before a vaccine could be developed. Strong leadership in the face of the outbreak had been shown by both Dr Brundtland and Dr Omi, and there was every reason to expect that excellent collaboration would continue between Headquarters and the Regional Office.

In response to the comment by the representative of Palau concerning bioterrorism, he said that WHO was enhancing its global surveillance network to address outbreaks of diseases of both natural and artificial origin. That would be the role of WHO in global security.

Responding to the remarks of the representative of China, he recalled that a decision had been taken to present a comprehensive, integrated budget to the Health Assembly, comprising both the regular budget and extrabudgetary resources. Greater transparency would be achieved regarding the source of the extrabudgetary funds by closer coordination with donor countries. His hope was that ultimately it would be possible to have just one budget, encompassing both regular and extrabudgetary funds. To that end, both sources of funding had been put under one cluster, General Management, in Headquarters.

Good relationships between Headquarters and regional and country offices were of vital importance. Nevertheless, regional offices differed in their ability to deliver programmes and in their management skills. In that respect, the Western Pacific Regional Office was a model for the rest of WHO.

He told the representative of Japan that eradication of poliomyelitis should be completed by 2005. Signature of the WHO Framework Convention on Tobacco Control marked the end of only the first step in the long process of implementation of the provisions of that treaty.

He had the advantage of personal understanding of the particular problems of the small island countries, owing to his close involvement in programmes in Pacific island countries such as the

Federated States of Micronesia and Tonga. Addressing the issue of the emigration of health care personnel from the Region, he noted that the Fiji School of Medicine had been successful in training and retaining medical personnel. There were shortages of doctors and nurses in both developed and developing countries, and the problem must, therefore, be solved by multilateral discussions. WHO was addressing its own difficulty in recruiting staff from under-represented countries by seeking out likely candidates and training them before recruitment, either by WHO or by other international agencies.

In response to the request by the representative of Mongolia for WHO to ensure the primacy of the health aspect in its partnerships, he said that WHO had an unquestioned leadership role in carrying out its normative functions, but that balance was indeed required in ensuring its role in other partnerships.

The meeting rose at 12:05.

ANNEX 1

ADDRESS BY THE RETIRING CHAIRPERSON

This morning, as I entered the gates of what looked like an oasis amid the bustle of crowded and lively metropolitan Manila, I was happy and excited to be back in the place where I had my first experience of international work. This visit is something of a homecoming for me.

Manila is a special place and I am delighted to be here with you for the fifty-fourth session of the Regional Committee. As I welcomed you to Kyoto last year as Chairperson of the fifty-third session, please allow me to welcome you again this time to my second home, Manila.

Distinguished Representatives, time goes quickly. Since our last meeting in Kyoto, events have unfolded which have challenged our resolve to ensure that health is enjoyed by all. Global events like the war in Iraq and the tension in the Middle East sent ripple effects that were felt in many of our countries. The SARS outbreak hit the Western Pacific particularly hard as over 95% of cases were in our Region. The outbreaks clearly illustrated the vulnerability of our health systems, yet they also brought out the best in our health workers, colleagues and partners. Clinical and public health staff showed selfless dedication to the service of the people, unwavering commitment to the cause of health, and a true spirit of solidarity in the battle to contain SARS.

There were other events of global significance during the period. The unanimous adoption of the WHO Framework Convention on Tobacco Control by the Fifty-sixth World Health Assembly in May this year was yet another testament to how countries can collaborate to counter a global threat. Many countries in our Region were actively involved in finalizing the text of this treaty. What we need to do now is to ensure the treaty is signed by countries that have not already done so and then ratified so that it comes into force.

We have made steady progress in addressing communicable diseases such as tuberculosis, HIV/AIDS and malaria. Many of our countries have been able to access much needed resources from such sources as the Global Fund to Fight AIDS, Tuberculosis and Malaria. I would like to acknowledge the crucial role that WHO played in helping countries to prepare proposals for the Global Fund.

Annex I

In the area of lifestyle-related diseases, the past year saw a flurry of activities and some important commitments. The results of our ministerial round table discussions held in Kyoto last year helped to form the basis for the Region's contribution to the development of a Global Strategy on Diet, Physical Activity and Health. The Kyoto Declaration on Health Promotion, which was adopted immediately after our last session, included high-level commitments to promote healthy lifestyles by involving partners from outside the health sector. In March this year, Pacific Health Ministers adopted the Tonga Commitment to Promote Healthy Lifestyles and Supportive Environments.

Countries and WHO have also been looking closely at how to make the health sector more responsive to the needs of the population. The discussions we had on essential public health functions last year helped us to clarify the responsibilities of Ministries of Health, and hence of Governments, and to define what they should actually be doing. Last year we also started to address the ethics of public health and I am sure that this is an area we shall continue to investigate.

Dear colleagues, during the past year, we learned only that the best way to address the many threats to health is to work together in a unified way. Dr Omi, the Regional Director, and his WHO colleagues have provided strong and committed leadership during these challenging times.

Let me turn now to the present. We are deeply honoured to have with us this morning, Dr J.W. Lee, the new Director-General of WHO. As many of you know, Dr Lee also spent many years in this Region. Like me, Dr Lee must surely feel nostalgic to return to the Regional Office. So welcome home Dr Lee. I am sure that we will all look forward to your address to the Committee later this morning.

Distinguished Representatives, we shall soon elect a new Chairperson who will steer our deliberations over the next five days. I shall turn over this important task confident that you and the Secretariat will extend the same excellent cooperation that you have so kindly extended to me. I thank my fellow office bearers, the Vice-Chairperson, Dr Eliuel Pretrick, the rapporteurs, Dr Tee Ah Sian and Dr Nao Boutta, for their support. Allow me to thank you all most sincerely for having entrusted me with the great honour of being your Chairperson and for your warm friendship and unconditional support. I must say I greatly enjoyed the job that was entrusted to me and will take many happy memories with me as I move on to another phase of my career as Director General of the

Annex 1

National Institute of Public Health. I shall never forget the openness and spirit of camaraderie that have characterized our meetings. Thank you all for the very rewarding experience and thank you for your friendship.

ANNEX 2

ADDRESS BY DR J.W. LEE, DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION AT THE OPENING SESSION OF THE FIFTY-FOURTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

I am honoured to be back here in Manila and to join your discussions on our work in the Western Pacific Region.

The countries in the Western Pacific have been in the news and on the front pages for much of this year as a result of SARS. SARS tested us to the full. This was the area hardest hit by the world's newest disease. We had to work to understand what was causing it at the same time as we struggled to treat those most directly affected. We won this battle. Of course, none of us can predict what will happen later this year. Will SARS come back or not? We have to prepare on the assumption that it will come back. Our challenge now is to enhance surveillance networks that will detect and deal with SARS if it does return.

The United Nations system is now going through a testing time. We were profoundly shocked by the bombing of the UN premises in Baghdad and by the deaths and injuries of so many of our colleagues. Despite these terrible losses, we continue our missions with great determination.

Mr Chairman, I feel a great responsibility being in charge of WHO, a key part of the UN system, and am grateful for all of your support and expressions of good wishes for success.

Most pressingly now, success means achieving specific goals in disease control. That is part of a longer-term effort to rethink and rebuild health systems in countries and for the world as a whole. This need is seen more devastatingly in the continued spread of HIV/AIDS, tuberculosis and malaria.

"Unequal development in different countries in the promotion of health and control of disease ... is a common danger", our Constitution says. In some countries, conditions associated with poverty are bringing life expectancy down to 40 years, while in others, wealth and health technology are enabling it to rise towards 80. Inequality on this scale is not just a danger, but an injustice to human well-being.

On this 25th Anniversary of the Alma Ata Declaration on Primary Health Care, it is good to remind ourselves that health is for all. Everyone equally needs health, and, when society fails massively through negligence to meet that need, it is in very serious trouble.

Annex 2

The greatest challenge facing us now across the globe is the catastrophe of HIV/AIDS. A growing number of affected people urgently need treatment. It has to come through an integrated global HIV/AIDS strategy linking prevention, care and treatment.

I am working with local, national and international partners to design the necessary programmes to treat 3 million people with antiretrovirals by the end of 2005. "Three by five" will not solve the problem of AIDS but it will mark the beginning of a solution and proof that it is possible. A comprehensive strategy for making this happen will be announced on 1 December, World AIDS Day, less than three months from now, and our work with countries will be initiated immediately.

We are working with many partners including UNAIDS and the Global Fund, to mobilize the resources to put these plans into action. It will require the commitment of civil society, United Nations agencies and the private sector. Above all, it will require the commitment of each one of us here today.

The growing epidemic of tuberculosis must be another of our key focuses. SARS has brought an extraordinary level of attention to respiratory infections. But the fact is that TB is a great threat. We must do more to ensure that those suffering from TB receive the effective DOTS treatment.

The countries in the Western Pacific are free of polio – a great achievement for public health. We must now press home this hard-won advantage to complete global eradication during this year and next, delivering substantial dividends for the health services of every country.

The need for health care starts at birth. Protection during pregnancy, childbearing and motherhood forms the core of the health system. Around the world, half a million women die every year from giving birth. Skilled attendants are needed in pregnancy and childbirth, with access to emergency obstetric care when complications arise.

Despite the struggle of parents for their children's survival, 10 million children in low- and middle-income countries die every year before reaching the age of five. Seven million of those deaths are from five preventable and treatable conditions: pneumonia, diarrhoea, malaria, measles and malnutrition. We can reduce this toll substantially by working with countries to build up strategies such as Making Pregnancy Safer and Integrated Management of Childhood Illnesses. Reducing child mortality worldwide by two-thirds by 2015 is probably achievable. But it will not happen without major rethinking and commitment.

Annex 2

Surveillance systems in WHO and our Member States showed their effectiveness in the eradication of smallpox, and earlier this year, in stopping the SARS epidemic. They are a key to success now, both for the eradication of polio and for the control of new and re-emerging infections. We also need to finalize the important work on the Revision of the International Health Regulations.

Meanwhile, noncommunicable diseases and injuries account for a growing share – now about 60% – of the burden of disease worldwide. In May, the World Health Assembly adopted the WHO Framework Convention on Tobacco Control. This was a global achievement in the fight against tobacco-related diseases. Our Member States took a united stand. The Convention has now been signed by fifty countries and ratified by one. It will give the world the means to protect people from tobacco harm by banning advertising, preventing smuggling, raising tobacco taxes and enforcing more visible warning notices on packages. We must do everything we can to speed the process to the ratification by forty countries that will bring the Convention into force.

The unbalanced nutrition now affecting all societies, rich and poor, poses a major challenge for health. Our objective is integrated approaches that work against malnutrition -- from deficiencies and excesses. WHO's Global Strategy on Diet, Physical Activity and Health will be presented to the World Health Assembly next May.

This year's Health Assembly reviewed the work of the Codex Alimentarius and concluded that the health sector should play a more prominent role in setting safety standards for food. The Health Assembly also stressed that developing countries should be given more support to participate fully in the process of international food standard-setting. In many cases, this is a matter not just of food safety but of food security – of ensuring intake of the minimum calories essential for survival and health.

Every year, more than a million people die in traffic accidents around the world, making it a leading cause of death in all regions. What is needed is to raise awareness and strengthen our response. World Health Day 2004 will be dedicated to road safety and to the clear public health interventions that can be taken to reduce the number of people injured and killed in traffic accidents.

Everything we are doing is about reinforcing national health systems. Our work everywhere is important, but the real centre of it has to be countries. We have to give our country offices more people, more realistic budgets and more authority. At the same time, we also have to ensure sound management and financial practices, as well as, transparent budgeting.

Annex 2

At Headquarters, all the Assistant Directors-General are looking at the global issues under their responsibility, to see which of their activities could be better carried out in regional and country offices.

Overall, I want to see these changes come through in the 2006-2007 budget. Strengthening country offices is a major objective for me because, having worked for 20 years in WHO, I can see very clearly that strengthening our work in countries is by far the most effective way to help achieve the goals of our Member States.

Health systems depend most of all on skilled and dedicated personnel, and here we face a major challenge: the brain drain. It is, above all, good health workers that will enable us to reach "three by five", and achieve the Millennium Development Goals, and everyone is short of human resources. We will be working closely with countries on innovative methods to train, deploy and supervise health workers with particular emphasis on the community and primary health care level. That is where we can make the swiftest progress in getting results.

In many countries, the systems for providing reliable health information are also inadequate. This is one area in which the trend is on our side: the means for building effective information systems are becoming more powerful and more affordable all the time. I believe this problem can be effectively addressed with the health metrics network being formed by WHO's information partnership with Member States, foundations, the World Bank and UNICEF.

Mr Chairman, over the years, WHO has built up strong and effective working relations with Member States, foundations, nongovernmental organizations, the private sector and fellow multilateral organizations. Our work depends on partnerships, some long-standing and some more recent. By combining our strengths we can do so much more.

There is a commitment to partnership by global leaders on a scale we have not seen before. At the United Nations Millennium Summit in September 2000, the global community committed itself to eight goals. Three of them were directly about health: to reduce child mortality, improve maternal health, and control major infectious diseases. The five others are about poverty, education, gender equality, the environment and global partnership. All these, as we have seen, have a direct bearing on health.

Annex 2

I look forward to listening to your debate.

Better health for all is our common goal. Let's work together to achieve this.

Thank you.