

62nd World Health Assembly 2009

It's time I demit office as the President of the 61st World Health Assembly. I want to say upfront thanks to our Director General and her staff for their generous support and the respect they have shown me. I want to also say thanks to all of you for the support you have provided me. I would like to acknowledge the support of my Vice Presidents and thank them for their support throughout this time. Since they cannot speak for themselves this morning, on their behalf, I express our collective gratitude to all of you.

We meet at the 62nd World Health Assembly at a time when we are in the midst of another type of influenza attack. We have taken the unprecedented action of shortening the program for the 62nd WHA because we want to make certain we are watching the spread of H1N1 with eagle eyes, with a diligence that leaves no room for mistakes. We have in a very short period watched the spread of H1N1 go from a localized incidence to becoming an epidemic in Mexico and spread to more than 20 countries. We have seen Influenza A H1N1 go from Level 1 to Level 5 in a rapid period. And many are calling for us to move to Level 6. For the first time in history, the emergence of a potential pandemic and its monitoring and designation into levels are being done in public view. The WHO has provided the public with a bird's eyes view and in real time the happenings and the scientific categorization of a potential pandemic. Never in history has this happened. I congratulate Dr. Margaret Chan and her staff for the handling of the emergence and spread of H1N1. And while I extend my condolences to Mexico for the loss of many citizens, I also pay tribute to Mexico for the diligent manner, they have responded.

This has been an exciting year and it has been by any measure an eventful year. As Ministers of Health, as countries and as the world we have faced many health challenges. Yet we have not conceded any space to the microbes, mysterious diseases and events with a potential to affect health that confront us. We have not permitted those determinants of health outside of our control, such as the world's financial crisis, to affect our health, so far. We are not worst off one year later and I believe our response to Type A Influenza- H1N1 has shown we learnt from our confrontation with SARS. It is true we face many old nemeses of health and new challenges. But we also have many new opportunities to attain Health for All. As we embark on our 62nd World Health Assembly, we are also on the last lap in the stadium towards the MDGs.

The WHO has been in the forefront, providing leadership and facilitating countries to respond to the health goals of the MDGs. As I demit the Office of President of the WHA, I insist: WE MUST NOT FAIL. The possibility of failure must not affect the determination to succeed!

Many are pessimistic. Many fear, with great justification, too many countries are on the brink of failure to attain the MDGS. Many have given up. And I concede the barriers are many and overwhelming. But I also believe that failure to attain the MDGs need not be inevitable, must not be inevitable. Our collective efforts have ensured we are today better poised than ever before to attain the MDGs. We must stop the talk and we must embark

on a massive Marshall Plan to see which countries are on the brink, will fail, and ensure we do whatever it takes to bring success.

I thought as a parting task I would set the context of what we are about: We are all working in our various countries and communities to achieve longer and healthier lives for people. We want people to live long lives and we want to enable people to live healthy lives, in which the burden and sufferings of disability are reduced. This is true in Switzerland. It is equally true in Guyana. It is no less the truth in Tanzania, in Ethiopia, in Nigeria or India or China or Uruguay. It is a common thread since this goal is universal and equally applies to developed countries such as America, Canada, the UK, Germany, France and developing countries such as Haiti, Botswana and others. It is embraced as an inalienable right for citizens everywhere in the world.

Through our actions at home and through our collective work at the WHO, we have crafted our own HOLY GRAIL – Long lives! Healthy lives! Lives that allow people to work for and achieve their potentials!

In my address to the WHA in 2008, I called for a minimum life expectancy of 70 for all countries in the Americas and in the world by 2025. I called this the 70 X 25 Goal. The premise is based on people living longer and for the lowering of mortality, particularly under-5 and maternal mortalities, for the prevention of vaccine-preventable diseases, for the reduction of morbidity and mortality related to HIV, TB and Malaria, for the elimination of nutrition deficiencies, for the diagnosis and treatment of persons with mental disorders, for the prevention and reduction of disability so that people can work for and achieve their life's potential, for the reduction and elimination of tobacco-related and alcohol-related illnesses, etc.

My call for longer life expectancies and greater freedom from disability must, however, be seen in the context of a surrogate call for a more equitable way to how we train health care professionals, how we address the issue of supply, mix and distribution of human resources and a definition of the system through which we deliver health care. It was then at the 61st WHA, and it is today at the 62nd WHA, ultimately a call for health equity, health financing and health system strengthening.

For us to derive maximum benefit from the financial and HR investment, we must strengthen health systems. Health Systems Strengthening must not be another set of buzz words. Health system strengthening must be bread and butter issues for Ministers of Health and for the WHO. For us to improve outcomes, for us to sustain development, HEALTH SYTEMS STRENGTHENING must be a pillar on which we build our health response and work for long, healthy lives which permit every citizen to reach their potential.

Whiles we can argue with great justification that health care financing is one of the more important barriers to guarantee good health, we cannot deny the imperative of an adequate HR supply. We can argue, I believe without merit, whether or not HR is arguably one of the major bases for the shortcomings of the health systems in developed

countries. I believe, in fact, that HR is a severe constraint in delivering quality health care to all in developed countries.

But we cannot argue, we cannot dismiss the fact that HR is definitely the very essence of the failings of the health systems in developing countries. More than financial constraint, HR represents the biggest impediment towards guaranteeing HEALTH for ALL in developing countries.

The fact is we have to work together to guarantee access to a motivated, skilled, and supported health worker for every person in every village everywhere.

But for now, as we meet here at the 62nd WHA, and after so many meetings and debates and dialogue, after the Code of Ethics we collectively articulated through the WHO, for developing countries, a continuing and worsening HR crisis confronts us. We all deliver health care with the constraints of HR shortages, within a milieu of a bludgeoning demand for quality health care and amidst new, re-emerging, rapid-spreading and deadlier epidemics to deal with. We do so with the realization of global warming and climate change that wreaks more disasters on populations that are already overwhelmed with health problems. We do so now with the threat of another economic downturn precipitated by a world financial crisis that is not our doing.

Ensuring enough health care professionals are available, addressing the supply side, ensuring the proper mix and distribution for this supply are real challenges that face Ministers of Health and Health Ministries around the world. We get up in the morning challenged by HR constraints in our countries. We go to bed stressed by the inadequacy of Health HR in our countries. We dream of a solution to the HR problems in our countries.

The health sector has become Moses's Dilemma! We are being asked to use straws to deliver stones! I say to you sisters and brothers, we need to act now, not talk more.

Migration of health workers from developing countries to developed countries is a major cause of underdevelopment in the world!

Building and expanding sustainable training programs in developing countries is and must be part of the solution. And a global treaty is necessary to ensure that those trained with national resources must serve a minimum time before they can ever be considered for jobs outside of the national boundaries. This is not an issue of freedom of movement. I do not and will never subscribe to restriction of freedom of movement. But national assets must be subjected to rules and regulations that lead to benefits to the population.

As I demit the Position of President of the World Health Assembly, I call for a special fund to be established for contributions by all recruiting countries to support training of a health workforce in developing countries.

HR is but one of the crises we face. We are never without crisis. Last year at this time, we experienced major disasters in Myanmar and China. We worked together and we

overcame the calamity of those disasters. We pay tribute to those countries, to the partners and health workers who ensured they provided the support to help our sisters and brothers to overcome those tragedies. As we meet today, Type A influenza H1N1 is threatening. But as nations we are better prepared to deal with multiple crises. The implementation of the IHRs has helped and the implementation of the Intellectual Property Rights last year provided us with a significant new tool to improve health.

Last year, I urged we do not merely deal with climate change as an inconvenient truth. This year the prestigious Lancet Journal has called climate change the greatest challenge of the 21st century. As Ministers of Health, we must ensure we charter a robust advocacy for the mitigation of greenhouse gases. But we must also have effective adaptation responses. Climate change is happening now and even with the best mitigation strategies, we must confront the impact of climate change now. Reducing the health and development impact of climate change depend greatly on the health response. Adaptation strategies must be effectively implemented today.

Excellencies, distinguished delegates, the Chronic Non-Communicable Diseases increasingly are bringing greater disease burden, accounting for more than half of the global mortalities and global morbidity story. It still befuddles my mind as I try to grasp the reason why the NCDs was not included in the MDGs. At the 61st WHA, I called for an MDG+ to address the chronic non-communicable diseases. I reiterate my call today. The WHO must take its natural place besides the Ministers of Health in leading the fight against the NCDs, in ensuring that the NCDs are properly placed as high priority on the global public health agenda. If we can't find a way to do this through the UN, then let us do it through the WHO. Let it be our pact, our promise, our contract with our people.

Health is not only the absence of diseases. It is the ability to live physically enabling lives. It is living lives which are spiritually and mentally fulfilling lives. This year at the Directing Council of PAHO in September, we will address the issue of mental health. It is my view that we are not yet prepared to face the truth – mental disorders affect a large amount of the population. The increasing suicide rates in the world cannot be addressed without a sound mental health program and without robust drug demand reduction programs.

The former President of Guyana, the late Dr. Cheddi Jagan, proposed in the early 1990s the New Global Human Order. We see the New Global Human Order in operation today in a way in the form of GF, GAVI, PEPFAR, UNITAID, Gates Foundation, Clinton Foundation, in the emerging AMFm, etc. Without these initiatives we could never achieve Health for All and would be worst off today. We must all work to advocate for more reliable support to the GF and all of these initiatives. I believe all countries should become a part of UNITAID.

I do not want to itemize the list of things that are our mandate. The new President will do so. But I do want to appeal to all responsible persons – the GF, PEPFAR and other funds must be even more expanded and sustained. Without these funds, there is no way to deal with illnesses such as HIV, TB and Malaria. To my friend Michele Sidibe, I say brother

thank you for your support of health system strengthening and we need to join the WHO in even more vigorously promoting Health Systems Strengthening.

In doing our work, we are blessed with having a make-up for compassion and mercy. Before I close I would like to extend an appeal for compassion and mercy. And I would like to urge we all join in this appeal. Two of my colleagues, our public health colleagues, are presently in prison. I appeal to the authorities in Iran to show mercy and justice to these two young public health professionals.

Please accept my best wishes and let us work together for the MDGs, for longer, healthier lives for people, for every citizen, everywhere, in every country.

It is our remit. It is our mandate. Let it be our legacy!

Dr. Leslie Ramsammy

May 18, 2009