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WHA 58
EB CHAIR'S ADDRESS

Madame President, Director-General, ministers, distinguished delegates, ladies and gentlemen.

First of all, I would like to congratulate you, Madame President, and the other office-bearers on your election, and wish you every success in chairing what promises to be a very full agenda.

It has been an honor to serve as your Chair of the Executive Board now for almost one year. On the 26th of May the Board will elect a new Chair. I must admit that I was a bit hesitant when I first heard my name mentioned for the Chair last year. But having had the privilege to serve you, I am glad that I accepted.

The work as chairman has never been a burden always a pleasure and a great experience. I have sensed much good will between nations and individuals. I have come to believe that we really live in a much better world than you would believe if you only listen to the news.

Delegates, I would now like to briefly focus on highlights of the work of the Executive Board over the past year, at its 114th and 115th sessions. A more detailed report is contained in document A58/2.

At its 114th session, the Board adopted three resolutions on technical issues: sustainable financing for tuberculosis prevention and control; prevention and control of cancer; and disability, including management and rehabilitation. In addition, the Board welcomed the WHO Secretariat's work on avian influenza. In their discussions, Members emphasized the importance of preparedness against potential influenza pandemics - an issue that will be taken up by this Assembly.

The Board also considered reports on human resources in health and manufacture of antiretrovirals in developing countries. The Board took note of progress in the implementation of multilingualism in WHO, and some members emphasized the need for more work on this issue.

As part of the review of its working methods, the Board decided to merge its three committees: Administration, Budget and Finance Committee; Programme Development Committee; and Audit Committee, into a single Programme, Budget and Administration Committee, which was established through resolution EB114.R4.

The 115th session of the Board was held just three weeks after the tragic Tsunami in the Indian Ocean, and an extensive debate was held on the first day on responding to health aspects of humanitarian crises, which was dominated by discussion of the devastating effects on the countries and peoples affected.

Under technical and health matters, several resolutions were put forward by the January session of the Board for your consideration at this Assembly, on topics such as infant and young child nutrition; social health insurance; the establishment of an annual World Blood Donor Day; malaria; public health problems caused by harmful use of alcohol; eHealth; rational use of

medicines; on the implementation of the International Plan on Ageing; pandemic influenza preparedness and response; and on responding to the health aspects of crises.

On other technical matters, the Board accepted the proposal for an expanded global smallpox vaccine reserve, and took note of the Secretariat's reports on the draft global immunization strategy and on the eradication of poliomyelitis. In addition, the Chair of the Intergovernmental Working Group on the Revision of the International Health Regulations was able to brief the Board on progress made.

The Board accepted the new Programme, Budget and Administration Committee's recommendation that the consultative process on strategic resource allocation should continue, with new draft guiding principles to be submitted to the 116th session. With regard to the proposed Programme Budget for 2006-2007, it also took note of the Committee's concern regarding the increasingly high proportion of the total budget made up by voluntary contributions. The Board agreed that the Director-General would engage in further consultations before submitting the proposed budget, revised in the light of members' comments, to the Health Assembly. The continuing consultative process for the Eleventh General Programme of Work 2006-2015 and the draft outline for that programme, was also noted.

The Executive Board appointed Dr. Luis Gomes Sambo as Regional Director for Africa, and expressed its appreciation to the retiring Regional Director, Dr. Ebrahim Samba. Dr. Marc Danzon was reappointed as Regional Director for Europe.

In December, the government of Iceland was pleased to host a two-day seminar of Executive Board Members in Reykjavik. Members were able to have a frank and interesting exchange of views with the Director-General and his senior staff on future scenarios in global public health.

Between meetings of the Executive Board, I have in my role as Chairman, participated in a few WHO meetings. In November last year, in Mexico the Ministerial Summit on Health research. In March in Santiago, Chile, the first meeting of the Commission on Health Determinants. And last week in Phuket, Thailand, a meeting where experts from the Secretariat, from the private sector, from other UN organizations, from the military and NGOs tried to analyze what had happened, what went wrong, what was well done, what could be learnt. Visiting Phuket now leaves no one untouched. I want to leave few thoughts with you:

First: Coming from a country where we have to live with, and be prepared for all sorts of crisis that nature plays up on us, I must be frank and admit that I did not hear at the meeting any new technical innovations on how to prevent disasters or rescue people.

Second: The question is how could 300,000 people die when we know so much about disaster prevention and rescue? There is no simple answer. On our globe the national warning systems are usually dimensioned for smaller episodes. An enormous earthquake in the middle of the ocean could only be measured either by far away seismic instruments or the Tsunami, by satellites. We did not have communications systems able to send information from the seismic instruments or satellites to the places at risk. If warning could have been sent out, people would have had 2 to 4 hours to move to safety. We need international early warning systems not only for diseases and the weather but also for other natural disasters. Two of these warning systems for weather and natural disaster do not come under the mandate of the WHO. But the consequences of the lack of warning systems certainly do.

Third: In some of the worst hit places, much of the rescue was done by the military. Some twenty countries had military forces on the scene. One of the worst hit places was Aceh in North Sumatra. The air-craft carrier Abraham Lincoln played an important role in that rescue. Yet it took more than 10 days before they could start operating. It took some days to arrive, some days to set up the communication systems and some days to go through all the formalities for the military to do rescue work on foreign soil. You need a lot of time with consuming paper work. One of the suggestions proposed in Phuket was that maybe the time has come when the international society, the UN or others should negotiate an international agreement that makes it easier and faster for any country to offer military assistance and also easier for countries to accept such offers from others.

Fourth: Catastrophes and diseases are deadly but they also ruin our economies. This was evident where we visited the hospitable coastline resorts around Phuket, they were almost totally empty from tourists.

First the people are badly hurt with bodily and mental injuries and then their livelihood is taken away from them. The environment is greatly damaged. According to what the geologists tell us there is no more chance of the next big catastrophe hitting the Indian Ocean than the coasts of Iceland or any other country. So let us all go and have our holidays in some of the many beautiful places around the Indian Ocean.

I also participated in the Mexico Ministerial Summit on Health Research. During that meeting it became very obvious to me that we are faced with what we can call the dilemma of "ethics of ethics". In the developed countries, we spend millions after millions on clinical research to minimize all the possible side effects of drugs and medical procedures and by that we multiply the cost of drugs. At the same time people in the underdeveloped parts of the world are getting few or even no drugs or receiving no medical treatment at all. As somebody from that part of the world put it in Mexico, we do not need research that decreases the risks of complications by 5%, we need cheap drugs and medical procedures that can save tens of millions of lives now, even if that means that the drugs and procedures involve some risk. We need funds for research to help us build health systems and infrastructure that can organize human resources to distribute and deliver drugs and treatments to millions of people.

The dilemma is not easy. What is not considered good enough in a rich country may save millions of lives in a poor country. That is why I call it "the ethics of ethics", because double standards are unacceptable.

Ladies and gentlemen how are we going to deal with that ethical question? I don't know! The Mexico summit suggested we should increase health systems research.

Finally a few words about the meeting in Chile, it was also indeed very important. How do the social determinants influence our health? I think it was Sir Michael Marmoth, the Chairman of the Commission who said in Reykjavik last December with slight editorial liberties by me "if you want to be healthy choose your parents rich, and if you miss that you should at least marry rich if you want to stay healthy". In other words, those who are well off are usually much healthier than those that are poor.

Iceland two or three generations back was one of the poorest countries in Europe and in the whole world. The health of our people was also very poor. We have only a few natural resources except the fish in the ocean, powerful rivers, geo-thermal energy in the ground and the education of our people. We have had to learn to use those resources to their utmost. The fact that we have a very

productive fishing industry with good quality fish that sells well in the international market has made us per capita one of the highest income countries on our globe. The health status of my nation has also increased enormously.

The transition in Iceland from a poor to a rich country took I believe 70 to 100 years. It was not always easy and it is still very dependant on Mother Nature. I sincerely hope that the commission on social determinants can come up with ideas that will help more countries to move fast from poverty to prosperity. This is probably the most important task we are faced with today.

Madame Chair, ladies and gentlemen this concludes the report of your Chairman of the Executive Board, let us remember that health is integrated in most things we do. If we behave rationally, act responsibly and use common sense we all have a good chance to enjoy good health in the future.

Finally, Madame President, my colleagues from the executive board and I, would like to reassure you that we will be available during the discussions in the Committees of the Health Assembly. We stand ready to lend you our full support and provide information as needed on how the Board dealt with certain items under consideration by the Assembly.

(**Talað orð gildir**)