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Thank you. I would first like to thank Thierry de Montbrial for this invitation, which gives us the opportunity to visit the magnificent country of Morocco.

I would like to talk about Type A flu, which we had to confront in our country last April.

It is necessary to start by acknowledging that health care systems are now facing unprecedented challenges. First is the financial burden resulting from epidemiological and demographic changes that can only be overcome through huge investments in health prevention and promotion programmes. The second involves the inadequate human resources in the medical field due to the global economic crisis, greater demand for public health services and fewer resources stemming from the drop in tax revenues.

The third challenge is the appearance of the first flu pandemic of the 21st century.

Mexico is a country with 107 million inhabitants, 32 States, a birth rate of 1.8% with 87 million people eligible for social security. We hope to achieve universal coverage in two years, by 2011. Life expectancy is now 76 years, with an infant mortality rate of 14.7.

We have a general health council headed by Mexico's president and composed of the various health ministries from throughout the country. Each State has its own health ministry, so there are 32 health secretaries, who work together to make health policy.

In emergency situations, we also work with the following ministries – budget and public credit; economy; social development; environment; communications; national education; defence; navy – as well as academies; health institutions; universities; and industries in order to develop emergency response programmes.

As you know, the Mexican health and epidemiological surveillance systems issued an alert in late March due to the rise in respiratory illnesses whose incidence was typically low at this time of year. We usually have problems with the seasonal flu virus, but the number of cases fell in March and seasonal flu cases disappeared entirely in April. We saw not only respiratory problems but also atypical pneumonia. We conducted a review in Mexican hospitals. On 13 April, the government announced it was activating the flu pandemic preparedness and response plan.

So we activated this plan, which we had developed a number of years ago– 2003 to be exact – since we had been expecting an H5N1 pandemic. H5N1 is the bird flu virus, which is much more serious. We activated two plans, which involved implementing the various measures, such as coordination, epidemiological surveillance, national laboratory resources, which were upgraded within a week, hospital medical care, and health promotion. And we took the very important step of communicating with the population about what was happening – until the point we had reached 5,000 cases since March, with 377 deaths.

During the course of the disease, we saw how the H1N1 virus replaced the seasonal virus. The H1N1 virus caused 90% of flu cases in Mexico.

Concerning deaths, we noticed several factors: firstly, the patients who died were most likely to belong to the 20-54 age group, but there were associated morbidity causes in 65% of cases, i.e. patients with diabetes, morbid obesity, pulmonary conditions, immunodepressive problems, such as AIDs and cancer, and especially pregnant women. Mortality was highest among this group of patients.

What impact did the pandemic have on Mexico's economy? This was measured as 1.3(?)* and 1.7(?)* of GDP. The Pan American Health Organization's own figure was 1.7%. The most affected sectors were commerce and tourism. Costs for public health services, the public health system, were 4 million pesos; 20 pesos equal €1.

After the first appearance of this first wave of H1N1 flu, and after it was under control, we determined what to expect from its next appearance this winter, which has already begun. We came up with an attack rate of 15%. We are expecting some 35,000 people in need of hospitalisation between October and March, with 10,000 requiring intensive care, and a mortality rate between 3,000 to 4,000 throughout the period.

What are our objectives? Firstly, to reduce the number of deaths and conduct early detection of the disease and appropriate treatments; reduce the transmission rate and meet demand; continue carrying out other medical efforts that we, … *(inaudible)* efficiently and effectively, the potential impact of transmission on communities and especially on vulnerable groups. Then, continue with … *(inaudible)* of doctors and all medical personnel.

We are going to begin vaccinating health care workers in November. We will also vaccinate 30 million people out of a population of 107 million because we do not believe it is necessary to vaccinate the entire population, but only those at high risk. We will continue our epidemiological surveillance and hospital care efforts.

In conclusion, the new 2009 Type A H1N1 virus required the implementation of immediate and widespread efforts during April. That effort continues on a smaller scale because we already know the mortality rate and transmissibility of the virus. The virus spreads as fast as the seasonal virus and is even less lethal than the seasonal virus: 0.6 compared to 0.7 or 0.8 for the seasonal virus.

The transmission risk rises with the increase in deaths caused by Type A flu and its persistent complications. However, we are continuing our ongoing alerts and all health prevention and health promotion measures. The economic impact estimates range between 0.3 and 0.7 of GDP. The viral outbreak we are expecting during the winter period is more serious in January and February in Mexico. So we plan to do most of the vaccinations during December and January because it was complicated to obtain all the vaccines we needed to vaccinate people earlier.

We have also prepared all medical sectors, the health care sector, so that they can detect flu patients as early as possible and treat them as quickly as possible before they get worse and require hospitalisation, which could lead to a shortage of beds and respiratory equipment.

We think it is possible to continue normal social, economic, cultural and political activities if, in each case, everyone undertakes these organisational efforts as well as mitigation measures based on the personal hygiene of millions of people.