

SUMMARY RECORD OF THE FIRST MEETING

Sonic City Building Conference Hall, Omiya, Japan
Tuesday, 10 September 1991 at 10 a.m.

CHAIRMAN: Dr S.T. Han (Regional Director)
later: Dr S. Tani (Japan)

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1. OPENING CEREMONY

The opening ceremony was held at the Sonic City Building Conference Hall, at 10 a.m.

On behalf of the Japanese Government Mr Hiroshi Sawamura, Director, International Affairs Division, Ministry of Health and Welfare, welcomed all present to the opening ceremony of the forty-second session of the Regional Committee.

He drew attention to a message from the Prime Minister, Mr Toshiki Kaifu, which had been distributed previously (see Annex 1).

Mr Tatsuhiko Sakamoto, Vice-Minister of Health and Welfare of Japan, read a message from Mr Shinichiro Shimojo, Minister of Health and Welfare (see Annex 2).

The Director-General expressed his appreciation to the Government of Japan for hosting the Regional Committee in Japan for the third time (see Annex 3).

The Regional Director likewise expressed his appreciation to the Government of Japan for inviting the Regional Committee to Japan for its forty-second session (see Annex 4).

With the completion of the opening ceremony, the Committee adjourned and reconvened at 11 a.m.

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

The REGIONAL DIRECTOR, in the absence of both the retiring Chairman and the retiring Vice-Chairman, declared the forty-second session of the WHO Regional Committee for the Western Pacific open.

He welcomed the Federated States of Micronesia and the Republic of the Marshall Islands as new Members of the Regional Committee, and Tokelau as an Associate Member.

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

Mr TOUM (Kiribati) read the statement provided by the retiring Chairman, Dr Tetaua Taitai, who was unable to attend the session (see Annex 5).

4. ELECTION OF NEW OFFICERS: CHAIRMAN, VICE-CHAIRMAN AND RAPORTEURS: Item 4 of the Provisional Agenda

4.1 Election of Chairman

Mr SUN (China) nominated Dr TANI (Japan) as Chairman; this was seconded by Dr TAPA (Tonga).

Decision: Dr Tani was elected unanimously.

Dr Tani took the chair.

4.2 Election of Vice-Chairman

Dr KURISAQILA (Fiji) nominated Mr ZACKHRAS (Marshall Islands) as Vice-Chairman; this was seconded by Dr KIM (Republic of Korea).

Decision: Mr Zackhras was elected unanimously.

4.3 Election of Rapporteurs

Dr PERIQUET (Philippines) nominated Dr NUKURO (Solomon Islands) as Rapporteur for the English language; this was seconded by Dr SIALIS (Papua New Guinea).

Dr BOUNKOUANG (Lao People's Democratic Republic) nominated Dr HOP (Viet Nam) as Rapporteur for the French language; this was seconded by Mr BUIILLARD (France).

Decision: Dr Nukuro and Dr Hop were elected unanimously.

5. TECHNICAL DISCUSSIONS: APPOINTMENT OF A MODERATOR

The Chairman moved the appointment of a moderator for the Technical Discussions and proposed Dr ADAMS (Australia).

Decision: The proposal was adopted unanimously.

6. ADOPTION OF THE AGENDA: Item 6 of the Provisional Agenda (Document WPR/RC42/1 Rev.1)

The CHAIRMAN moved the adoption of the Agenda.

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

7. ADDRESS BY THE DIRECTOR-GENERAL: Item 3 of the Agenda

The CHAIRMAN invited Dr Nakajima to address the meeting (see Annex 6 for a copy of his statement).

8. PRESENTATION OF THE WHO HEALTH-FOR-ALL GOLD MEDAL TO DR SIONE TAPA

The DIRECTOR-GENERAL said that it was his pleasant task to present Dr Sione Tapa, the distinguished Minister of Health of Tonga - and his good friend for many years - with the WHO Health-for All Gold Medal.

In the name of his country, Dr Tapa had contributed so much to the work of the Region and the Organization for the whole world, and he had often interceded with wise and timely comment to save the day during difficult moments in the governing bodies. As the citation said, Dr Tapa was a gentle man but there could be no doubt about his commitment to social justice and equity. He had given unequivocal support and encouragement to the Organization in its work for health for all.

The REGIONAL DIRECTOR read the citation (see Annex 7).

The DIRECTOR-GENERAL presented the WHO Health-for-All Gold Medal to Dr Tapa.

Dr TAPA (Tonga) said that the citation had gone beyond his imagination and expectation and he could find no words to express adequately his feelings of joy, gratitude and humility at his selection by the Director-General from among the many persons deserving of the honour of receiving the WHO Health-for-All Gold Medal. Having accepted the honour, he would, of course, keep the medal in safe custody. The award also honoured his small country, Tonga and, on 6 September 1991, the King of Tonga and his Government had consented to his acceptance of the award.

As a Member State of the Western Pacific Region, Tonga was fully aware of and had benefited much from the solidarity and harmony that existed and had been practised in the Region and from the friendly spirit of cooperation and partnership that existed between Tonga and the governments of other Member States of WHO, the governing bodies of WHO, the United Nations family, and health workers throughout the world.

The goal of health for all by the year 2000 was dear to his heart and work. He recalled that, at the Thirtieth World Health Assembly in May 1977, the Member States had resolved that it was a basic human right to live a socially and economically productive life. The Declaration of Alma Ata in 1978 had established the primary health care approach as a means of attaining health for all. There had been many achievements and some failures since that time. However, in 1991, with nine more years to go before the year 2000, nothing had happened or could happen that would change his deep conviction of the moral rightness of the equity and social justice of the health-for-all goal or of his firm commitment to the attainment of that noble goal. In the presence of representatives, he wished to reaffirm the validity, universality, impartiality and morality of the health-for-all goal and strategy for benefiting the health of all humanity.

He concluded by wishing WHO and its policy of health for all continued success in the future. He presented the Director-General, the Regional Director and the Chairman each with a work of art from his country.

The CHAIRMAN, speaking on behalf of the Regional Committee, warmly congratulated Dr Tapa on the award.

The meeting rose at 12.15 p.m.

ANNEX 1

MESSAGE BY MR TOSHIKI KAIFU, PRIME MINISTER

On behalf of the Government and people of Japan, I would like to extend my hearty welcome to the delegates of the participating governments, observers and staff members of WHO Headquarters and its Western Pacific Office on the occasion of the opening of the Forty-second Session of the World Health Organization Regional Committee for the Western Pacific.

This is the third time for Japan to serve as host to a regular annual session of the Regional Committee. Fourteen years ago, in 1977, the Twenty-eighth session was last convened in Tokyo. It is, indeed, our great pleasure and honour that the forty-second session is being held at Omiya with Dr Hiroshi Nakajima, Director-General of WHO, in attendance.

The world's economic and political situation has recently undergone great changes. Yet, regardless of these or any other changes, health remains a primary source of the peace and prosperity of the world as well as fundamental to the happiness of all individuals. WHO is an international organization keenly aware of this fact, and I would like to express my deepest respect and gratitude for its valuable accomplishments, which have been gained through their untiring efforts to realize their goal of "Health for All by the Year 2000".

However, health problems facing people in developing countries still remain a matter of serious concern. We are also faced with various health and medical issues arising from environmental destruction, urbanization, aging populations and other issues, all of which should be tackled at global level. Thus, the significance of WHO as an essential international organization in the field of health has increased substantially. WHO is expected to play a significant, important role in promoting the health of the people of the Western Pacific Region, a vast area with a huge population. Japan, as a proud member of the international community, will strive to do its utmost to support WHO activities in the areas of finance, personnel and technology, and, thereby, further contribute to raising health standards throughout the world.

In conclusion, I wish to express my sincere hope that everyone at the session will participate vigorously and that their fruitful discussions will result in better health and medical care services for all the people of the Western Pacific Region.

ANNEX 2

MESSAGE OF THE MINISTER OF HEALTH AND WELFARE,
MR SHINICHIRO SHIMOJO, PRESENTED BY THE VICE-MINISTER,
MR TATSUHIKO SAKAMOTO, AT THE OPENING CEREMONY OF THE
FORTY-SECOND SESSION OF THE REGIONAL COMMITTEE FOR THE
WESTERN PACIFIC
OMIYA, JAPAN, 10 SEPTEMBER 1991

Dr Nakajima, Director-General of WHO, Dr Han, WHO Regional Director for the Western Pacific, Distinguished Representatives, Observers, Ladies and Gentlemen,

On the occasion of the opening of the forty-second session of the WHO Regional Committee for the Western Pacific, I would like to extend my hearty welcome to all of you here present. It is indeed a great pleasure and honour for me that for the third time the Regional Committee is convened in Japan.

First of all, I would like to express my sincere respect and gratitude to the WHO staff for their accomplishments aiming at the goal of "Health for All" under the supervision of Dr Nakajima. I highly appreciate that the progress of health promotion in this Region has been considerable under the strong leadership of Dr Han.

At present the international situation is dramatically changing and affecting the life of all people. I regret to say that in many countries the gap between the rich and poor in health is getting wider rather than narrower. Health is the primary source of welfare of a human being. Therefore it is very important that we should endeavour to enable everyone to enjoy it. Our experience clearly demonstrates that a country's continued investment in promoting health leads to social and economic development. At present we are strongly urged to reach a consensus on investment towards a brighter future for mankind.

In the Western Pacific Region, a vast area with a huge population, we have a wide variety of difficult health tasks such as poliomyelitis eradication, hepatitis control, AIDS control, global environmental health, and solving health problems related to age and changing lifestyles. Thus the role of WHO as the international agency responsible for health is really important.

We are receiving many WHO fellows at WHO collaborating centres and sending many experts to other countries. We would like to strengthen our collaboration with WHO towards the improvement of medical and health conditions in the Western Pacific Region and in the world.

During the next week, the future health and medical programmes in our Region will be discussed. In addition we have arranged a field trip to a rural area, and we hope this can deepen your understanding of the present situation of Japan.

Finally I wish to express my sincere hope that this session will be fruitful and you will have a pleasant and memorable stay in Japan.

Thank you very much for your attention.

ANNEX 3

OPENING REMARKS BY DR HIROSHI NAKAJIMA, DIRECTOR-GENERAL OF
THE WORLD HEALTH ORGANIZATION AT THE OPENING CEREMONY OF THE
FORTY-SECOND SESSION OF THE REGIONAL COMMITTEE FOR THE
WESTERN PACIFIC
OMIYA, JAPAN, 10 SEPTEMBER 1991

Honourable Vice-Minister of Health and Welfare, Mr Tatsuhiko Sakamoto,
Distinguished Representatives, Ladies and Gentlemen,

I welcome the opportunity to take part in the inaugural ceremony for this forty-second session of the Regional Committee for the Western Pacific, and especially to thank the Government of Japan for inviting us to Omiya. Already, in 1953 and 1977, Japan has extended its renowned and overwhelming hospitality to WHO by acting as host to the Regional Committee. It is fitting that yet a further stage in development of the Organization's work in the Region should be marked by the Committee's third sojourn here, in the thoroughly modern Sonic City of Omiya.

This session comes at a critical time in the history of human health and development. The unprecedented changes which have taken place, and indeed are still taking place, in many parts of the world are moving and exhilarating, and cannot fail to have global repercussions. While change can bring about as many new problems as the old ones it seeks to solve, I see these new problems as real opportunities to be seized and acted upon, if the goal of health for all is to be achieved. Never before has there been such scope for countries to show solidarity with one another and to enter into new fruitful and rewarding partnerships.

Your presence here reflects the shared concerns and unity of purpose that lead towards our common goal. "Health for all" is as much a search for social justice and equity as it is for health. To me this is the basis of true and lasting global peace.

It is not new for me to refer to the heterogeneous nature of the Western Pacific Region, with its Member States ranging from the most to the least developed. This makes them unique, in that their closeness as Members of one Region enables them to share, particularly in forums such as this Regional Committee, the knowledge and experience which each one possesses in its own way, and to extend that knowledge and experience to a larger global audience. To this closely-knit fraternity I welcome two new Members - Marshall Islands and the Federated States of Micronesia - and an Associate Member, Tokelau. They all have much to contribute to the work of WHO.

Unfortunately, this Region's potential for rapid progress in health development often encounters setbacks in the form of natural disasters. This year's devastating floods in China and the eruption of Mount Pinatubo in the Philippines are but two examples. I know I speak for everyone present when I offer my deep sympathy to the governments and peoples of these two countries. I assure you that your Regional Director, Dr Sang Tae Han, and I shall do all in our power to help you to recover from, or avoid, the adverse health consequences of such disasters.

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Mr Sakamoto, ladies and gentlemen, let me reiterate my thanks to the Government of Japan for once again inviting the Regional Committee to Tokyo and its environs; and let me wish you, distinguished representatives, an agreeable and fruitful session.

ANNEX 4

OPENING REMARKS BY THE REGIONAL DIRECTOR AT THE OPENING
CEREMONY OF THE FORTY-SECOND SESSION OF THE REGIONAL
COMMITTEE FOR THE WESTERN PACIFIC, OMIYA, JAPAN, 10 SEPTEMBER 1991

Honourable Vice-Minister of Health and Welfare, Mr Sakamoto, Director-General of the World Health Organization, Dr Hiroshi Nakajima, Honourable Ministers, Excellencies, Ladies and Gentlemen,

On behalf of the Regional Office for the Western Pacific of the World Health Organization, I warmly thank the Government of Japan for inviting us here for this session of the Regional Committee. Japan and WHO have been partners in health for 40 years now, and it is both a pleasure and an honour to mark our long and successful collaboration in this way.

In the 1950s and 60s our Organization was able to channel a large amount of much-needed support for health care to this country as it recovered from the devastation of the Second World War. In more recent years, this country in its turn has made an enormous contribution through WHO to meeting the health needs of others in the Region and beyond. Not only has it given the world invaluable technical and material support for health, it has given us our current Director-General.

After achieving so much together in the past, who knows what the future holds for us? We come to Omiya for this session of the Regional Committee full of pleasant anticipation, both for the next few days we will spend with you in your wonderful country and for the coming years of working with you for the health and well-being of all the people in this Region.

ANNEX 5

ADDRESS BY THE RETIRING CHAIRMAN

Distinguished Representatives, Ladies and Gentlemen,

A year ago, at the forty-first session of the Regional Committee in Manila, the Distinguished Representatives of the Member States elected me as their Chairman. This was a great honour for me personally and for my country. Today, as my term draws to a close, it is my privilege and pleasure to address the Committee.

First of all, I must say that being your Chairman was a most rewarding experience and I would like to thank you and everyone concerned for making it so. I deeply appreciate your help and understanding.

It is a pleasure to welcome the representatives of the two new Members and one Associate Member who are joining us today. On behalf of all of us, old and new, I wish to thank the Government of Japan for welcoming us so warmly and graciously. And may I say to our Director-General, Dr Nakajima, that your presence with us today makes our joy complete.

Distinguished Representatives, it is customary to take stock of what we have achieved during the last year. Many important activities and events have taken place in this past year which have improved the development of health in this Region and in which WHO has been significantly involved. It is heartening to note that in the Western Pacific, WHO maintained its leadership role in the field of health.

You will have the opportunity to review the excellent report of the biennium by the Regional Director. I wish to mention only some of the striking trends that are taking place and the continued progress that is being made towards attaining health for all. From our preoccupation with the extent of coverage we are now turning increasingly to the quality and adequacy of health care. We have now started thinking beyond community involvement. In many parts of the Region we see communities becoming more and more responsible for their own health care. This, I consider, is a significant change from the beginning when we talked only of community awareness. Now we have to think more about the proper management of the entire health care system and already changes in that direction can be seen. We welcome the initiatives WHO has taken to support this trend.

Now that overall levels of care are high, our attention is turning to the pockets of low coverage that exist in most of our countries. There are also problems that spill over the borders of countries. The efforts made by WHO to bring together countries which share these common problems, I am sure we all appreciate.

During the last year, greater progress was seen in communication and exchange of information. Within our own governments we are beginning to see increased participation by different ministries which will greatly contribute to solving health problems. The decade for water and sanitation came to an end last year. The intersectoral cooperation that developed through the Decade activities must now be nurtured for the future so that we can sustain the progress made.

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Earlier I mentioned the growing concern for quality and impact in health care. This called for the setting of priorities in our own efforts and in our collaboration with WHO. One of the most important of these, to which WHO has contributed actively, is the development of human resources, particularly in the Pacific. We are aware that these efforts must be continued for the future and I am sure that all of us will continue to support them wholeheartedly, as it is we ourselves, and our countries, who are the beneficiaries.

When we think of quality of care, it is obvious that it leads ultimately to the quality of life. We are all aware of and concerned about the impact of changing lifestyles on health patterns and the need to prevent some of the dangerous trends already visible. Before long these will present a considerable challenge to the health services and demand a major portion of their resources. I am heartened that WPRO has started giving priority to this area through health promotion. As this topic will come up in the technical discussions at the end of this session, we are looking forward to hearing about the experience of our colleagues which may guide them in developing this programme.

During the week you will review the Second Evaluation of the Strategy for Health for All by the Year 2000. It is not my intention to pre-empt its findings but I am sure it will show that countries in this Region have made considerable progress in the field of health. This testifies to the excellent cooperation between the Member States and WHO over the years, and to the determination of each country and area to provide the best care possible for its people.

Last year I drew your attention to the call of the Regional Director for partnership in health. Today I can confidently say that this call has met with a wholehearted response and that much has already been achieved through it.

I am not forgetting that there are still many things to do and problems to solve but we have confidence that we are going in the right direction together.

In conclusion, let me thank you again for the rewarding experience of being the chairman of this distinguished Committee - an experience that I will always cherish. Allow me to wish you all and my successor fruitful deliberations during this session and all success in the years to come.

Thank you.

ANNEX 6

ADDRESS BY THE DIRECTOR-GENERAL

Mr Chairman, Excellencies, Honourable Representatives, Ladies and Gentlemen, Colleagues and friends. First of all, I would like to congratulate you, Mr Chairman, and Vice-Chairman and Rapporteurs on your election to high office. I am sure that, under your leadership, the Regional Committee debate will run smoothly and prove fruitful for the health and overall socioeconomic development of the Western Pacific Region.

It is a pleasure for me to join you in Omiya City for this forty-second session of the Regional Committee for the Western Pacific.

When I addressed this Regional Committee last year, I spoke of the need to convert the 1990s from a "decade of debt and poverty" to a "decade of opportunity". At the same time, I warned that without leadership, innovation and preparedness, this could turn out to be a decade of crisis and disaster.

One year ago, the world stood at the brink of yet another armed conflict - ostensibly "regional" in character, not in this Region fortunately. But, as we have seen, the crisis was truly "global" in its causes and consequences. Now the chariots of war have come and gone, leaving in their wake the usual trail of despoliation and desolation. Once again, it is for the local populations, supported by the international development community, with their limited resources, to do what they can to repair the damage and carry on. Similarly, we are seeing momentous political and socioeconomic upheavals in central and eastern Europe, including the Union of Soviet Socialist Republics, and in many countries in all regions of the world.

These are but more examples of "the eternal ebb and flow of human misery". We see the same pattern in all natural and man-made disasters. We see it in the tornadoes and floods that have struck Bangladesh and particularly China this year. We see it in the current outbreaks of cholera in Africa and South America. I understand it is also appearing once again in countries in the Western Pacific, regardless of their stage of development. And we see it in the global AIDS pandemic which has become a serious problem on all continents and of course is threatening the continent of Asia very seriously. The increased incidence of malaria and tuberculosis also demonstrates this socioeconomic deterioration.

While each Member State must assume full responsibility for sustained, self-reliant health development within its borders, it is evident that the sweeping changes in health and socioeconomic conditions taking place today transcend the borders of individual countries and even regions, and call for global cooperation and global, as well as local, solutions. The solutions to the health challenges of today and tomorrow extend beyond the boundaries of the conventional health "sector", and challenge our understanding of the relationship between health and economics. Health, in its fullest sense, is becoming central to overall national development, particularly in many developing countries.

These dramatic changes in the political and economic fundamentals have taken place with or without coherent development policies and strategies to accompany them. You may recall that, in the 1970s, the goal of Health for All by the Year 2000 and the Declaration of Alma-Ata were conceived and premised on the assumption of a dynamic balance between economic conditions, scientific advances and social schemes for human well-being. However,

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in the 1980s, the Western-style open market systems shifted more to supply-side economics, with increased emphasis, in industrialized countries particularly, on monetary policies, and with a global deficit in the availability of financial resources. At the same time, there was retrenchment of the centrally planned economies, with their focus on production rather than on consumption. The changes in both of these systems resulted in the removal of their built-in safety nets. When social conditionalities were no longer protected, these changes had the effect of marginalizing sustainable social development. Thus there was a breakdown in the normal coherence between economic and social policy. Meanwhile, many nations of the so-called "third world" were suffering from economic deterioration and were offered structural adjustment "solutions" that inhibited social development. The salient feature of economic policies in the 1980s has been the failure to invest in people. The world has been left without a pragmatic solution or a workable model for socioeconomic development, in other words a "paradigm".

If I have resorted to such economic terms as "fundamentals", "structural adjustment", "marginalization" and "paradigm" in relation to human development, it has been to emphasize the magnitude of the change, the interrelationship between the underlying economic and social issues, and the significance of the challenging opportunities and solutions that lie before us. I have stressed the issues of resources availability, allocation and utilization. I have attempted to redefine in a pragmatic and realistic way the basis for our work towards sustainable development, that is to say, the search for equity in health status, justice in access to health care, and a more equitable distribution of resources to meet human needs. In short, I have called for a new, coherent understanding of the relation between economic and human development, within overall social development, in accordance with the sustainable development policies of the fourth United Nations Development Decade.

The implications of this for WHO and for each Member State are that we have to devote more attention to fundamental questions of (a) individual and community rights; (b) indicators of human need, health development and quality of life; and (c) the application of resources for overall health and human development. Much as we have seen progress in overall average health status in the world in recent years, the sad fact is that the disparity, that is to say the gap, between rich and poor is widening, both within and between countries. Attainment of equity in health development is often slow or even downward in direction. We see this in such indicators as overall life expectancy, disability-free life expectancy, infant mortality, immunization, disability, availability of essential drugs, per capita gross national product, balance of trade, food and nutritional status, environmental deterioration, disposable income and the availability of resources. We also see this in the disparity in infrastructure and logistics capabilities. Furthermore, even the claims made for the superiority of a centrally planned economy are being questioned. At the same time, if health is a human right, it cannot be left entirely to market forces. In addition, we have to answer questions such as who pays, how much and for what, to ensure personal health and even community health and the health systems of our nations. Is there any country today that has all the answers?

All of us, in WHO as in countries, have to focus more sharply on how we administer the technical, material, human and financial resources that we have. The use of WHO's resources for technical cooperation in countries is not to be decided solely on the basis of exclusively national priorities but also must reflect international health development policies

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and priorities. We must be responsive to critical questions. What are our intended products or "outputs"? What are the intended "outcomes" that we seek, for our people to benefit from, and for the health system to be effective and efficient? It is to define this quest that I have spoken of the need for a "paradigm for health". Such a "paradigm" is not to replace our common goal of health for all; it is to help define a workable framework within which to develop a feasible, effective programme of work, and how to ensure its implementation through the correct use of primary health care. I stress the word "correct" because many developing countries are still at the stage of regarding primary health care as only a "special initiative" with "selective" implementation and have yet to put in place a national health care system which is based on integrated and comprehensive primary health care.

In WHO's technical cooperation with countries, we are continuing to focus on the eight essentials of primary health care, in response to nationally defined priorities. These include at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning, immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs and vaccines. In support of these we must concentrate on modes of action which will include human, technical and financial resources development. A new pragmatism is necessary and we need to search for entry points to build upon.

At the same time, we are having to adjust to new realities, new demands and new opportunities. After listening to these issues debated in the six WHO regional committees, the Executive Board and the World Health Assembly, I have sought to identify a few major areas requiring special attention. In my instructions for the preparation of the proposed programme budget for the financial period 1994-1995, I have asked each Regional Director to show a significant increase in real terms in the regional allocation to programmes addressing five areas, namely: (1) the relationship between the state of the world economy and sustainable health development, as it affects the less developed countries; (2) the health of man in a deteriorating physical environment; (3) proper food and nutrition for health development; (4) an integrated approach to disease control; and (5) dissemination of information for advocacy, and for educational, managerial and scientific purposes.

Therefore, representatives and dear colleagues from Member States of the Western Pacific Region, as you begin your joint programming with WHO in the coming year, I am asking you to pay particular attention to these five areas. The tentative country planning figures for technical cooperation with WHO, which will be communicated to you by the Regional Director, constitute a starting point for joint discussions. But I must reiterate that all WHO's resources, including the country allocations, are the joint resources of *all* Member States; they do not belong to one individual country. I must have the flexibility to be able to recall, reprogramme or redeploy WHO's resources within countries, between programmes, or even between countries and regions, if global needs and priorities so require it. At the same time, your thinking should not be limited to activities that can be accommodated only through WHO's small regular budget. Every effort must be made to mobilize additional resources from all possible sources, as the need arises. When calling on WHO for technical cooperation and support, I ask you to make use of the collectively agreed criteria for determining programme priorities.

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As Director-General, I am constantly under pressure from proponents of different priorities. If you read the 22 obligatory functions of WHO, contained in its Constitution, you will see that the Organization is called on, as the directing and coordinating technical agency, to cover the whole world and the entire field of health - holistically defined. Everyone is ready to advise me on additional "high" priorities, but few will advise me on "low" priorities. I am often asked, why doesn't WHO select just a few, maybe five or ten, highly visible, attractive priority programmes, and do them really well, forgetting the rest? Well, I would gladly take on a few highly visible crusades, as we did with the eradication of smallpox. Is not our war on AIDS one such crusade? But, if forced to stay within a limited regular budget, such additional efforts could only be at the expense of other important health problems. Therefore, for additional crusades we need extrabudgetary contributions, without undue strings attached. However, we must not be "donor driven"; we must be *responsive* to you, the Member States. And increased extrabudgetary funding should not have adverse financial implications for the regular budget.

The priorities for WHO's technical cooperation must be based not only on the current health situation and immediate needs of a country, but must reflect forward-looking objectives and strategies for sustainable health and social development. Health for all is happily coming to be interpreted as meaning that the entire life cycle of an individual must be taken into consideration - through safe motherhood, child survival and development, adolescent health, health throughout the span of his or her productive life, and finally, a disability-free old age. We are faced with the question of how to generate and distribute the resources needed to solve, by promotive, corrective and rehabilitative means, the emerging health problems of each phase of this life cycle. For this, special efforts must be made to determine the major existing health problems and how they can be addressed. The basic principle for decision-making for health for all must seek *harmony*, that is equity and involvement among peoples in the community, and *creativity* in the use of technology and resources to these ends. We must continuously monitor and evaluate the cost-efficiency of *outputs*, and ultimately the effectiveness of *outcomes*, in terms of impact on human health and overall socioeconomic development.

As John Donne said, "No man is an island entire of itself, everyone is a piece of the continent, a part of the main." It is only by maintaining international solidarity, from regional groupings to global action, that progress will be made. The United Nations offers a potential framework for such action. But, too often, we see the United Nations and its Security Council bypassed by major political events, with economic decisions being taken outside its arena, and social action left to the specialized agencies, such as WHO, to carry out in isolation. Then we ourselves must take up the gauntlet to ensure that investment in our future is investment in people. It is the time to define and set up a working framework among the United Nations family, like the existing United Nations health family, which includes UNICEF and UNFPA, but also UNDP, the World Bank, IMF and GATT, for sustainable socioeconomic development centred on human development. Indeed all the financial institutions such as the World Bank and UNDP are now preparing the programme for the Decade for Human Development based on information provided by the World Health Organization. Your continuous contribution is extremely valuable and the debate of this session will certainly give new direction to the Organization's socioeconomic development programme both in developed and developing countries in this ever-changing world.

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Distinguished Representatives, you have a heavy agenda before you. I know your Chairman will steer you through your work, with the able support of Dr Han and his staff. I look forward with great interest to the results of your debate.

ANNEX 7

**AWARD OF THE WHO HEALTH-FOR-ALL GOLD MEDAL TO DR SIONE TAPA
CITATION**

Having participated in the activities of the World Health Organization since 1956, Tonga became a Member on 14 August 1975. Its contribution to the policies and work of the Organization reaches far beyond what might have been expected, and this is due largely to the endeavors of one man - Dr Sione Tapa.

Dr Tapa was born in Nuku'alofa on 30 October 1923. He graduated from the Fiji School of Medicine in 1944, and obtained the degree of Bachelor of Medicine and Bachelor of Surgery from the University of Otago, Dunedin, New Zealand, in 1953 and a Diploma in Public Health from the Royal Institute of Public Health and Hygiene, London, England, in 1960.

Dr Tapa worked as a medical officer in the Medical Department of Tonga from 1955 to 1956 and as Chief Medical Officer from 1957 to 1970. He has been Minister of Health of Tonga since 15 June 1970, serving concurrently as Minister of Finance from September 1970 to May 1971 and from November 1972 to January 1981.

Dr Tapa was elected President of the Thirtieth World Health Assembly on 3 May 1977. In his first formal address to the Health Assembly he said that economic development meant socioeconomic development and that health could not be dissociated from socioeconomic problems. In the past few years this issue has once again become important in the work of WHO.

Dr Tapa served as Chairman of the WHO Executive Board from 1989 to 1990 and as Chairman of the WHO Regional Committee for the Western Pacific from 1982 to 1983. He has taken part in numerous WHO meetings, always with wise and timely comment. Those present in the governing bodies and privileged to take part in the same meetings remember how often his intercession has resolved a difficult moment and allowed the discussion to continue.

Dr Tapa is a gentle man but there can be no doubt about his passionate commitment to social justice and equity. As a result, our Organization has received constant and unequivocal support and encouragement from him in its health for all and primary health care initiatives. It is in recognition of this that the World Health Organization is privileged to present to His Excellency Dr Sione Tapa, Minister of Health of the Kingdom of Tonga, the Health-for-All Gold Medal.

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