SUMMARY RECORD OF THE FIRST MEETING

WHO Conference Hall, Manila
Monday, 14 September 1998 at 9 a.m.

CHAIRMAN: The Regional Director for Dr Michael WOOLDRIDGE (Australia)
later: Dr Margaret CHAN (Hong Kong, China)

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

The REGIONAL DIRECTOR, on behalf of the retiring Chairman, Dr Michael WOOLDRIDGE (Australia), declared the forty-ninth session of the WHO Regional Committee for the Western Pacific open.

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

2.1 Election of Chairperson

Dr Gillian DURHAM (New Zealand) nominated Dr Margaret CHAN (Hong Kong, China) as Chairperson; this was seconded by Dr Felicitas URETA (Philippines).

Decision: Dr CHAN (Hong Kong, China) was elected unanimously.

Dr CHAN took the chair.

2.2 Election of Vice-Chairperson

Dr Masao UEDA (Palau) nominated Dr Laumeesi MALOLO (Tonga) as Vice-Chairperson; this was seconded by Dr Tetaua TAITAI (Kiribati).

Decision: Dr MALOLO (Tonga) was elected unanimously.

2.3 Election of Rapporteurs

Professor Judith WHITWORTH (Australia) nominated Ms Myriam ABEL (Vanuatu) as Rapporteur for the English language; this was seconded by Dr PENG Yu (China).

Dr MAM BUN HENG (Cambodia) nominated Dr Sixte BLANCHY (France) as Rapporteur for the French language; this was seconded by Professor PHUONG (Viet Nam).

Decision: Ms ABEL and Dr BLANCHY were elected unanimously.

3. ADOPTION OF THE AGENDA: Item 5 of the Provisional Agenda
(Documents WPR/RC49/1 Rev.3 and WPR/RC49/1 Rev.2 (Annotated))

The CHAIRPERSON moved the adoption of the Agenda.

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

4. ADDRESS BY THE DIRECTOR-GENERAL: Item 6 of the Agenda

The CHAIRPERSON invited Dr Brundtland to address the meeting (see Annex).

The CHAIRPERSON invited comments on the Director-General's address, which she said would be of universal interest.

Dr DURHAM (New Zealand) inquired about the Director-General's view of the way in which the work of the regions and WHO Headquarters should be correlated to ensure the balanced development and implementation of global policy.

The DIRECTOR-GENERAL, confirming that the relationship between the regions and Headquarters was a major issue, said that the process of change which had been set in motion at Headquarters to promote a more efficient and better focused organization would be relevant to regional and country levels, where the overall results of WHO's efforts would be measured.

The unity of WHO required that its work should be organized for the maximum coordination of the approximately 4000 WHO staff at all levels throughout the world. This was a small number when compared with the challenges to be met and the need for efficiency was therefore great.

She hoped that the changes already made at Headquarters and which she had described in her address might be considered as a model for the regional level, in order to ensure measurable results at the country level. She would be discussing this issue with the regional directors.

Dr TEMU (Papua New Guinea) expressed concern about the financial and human resources required to sustain efforts for poliomyelitis eradication and surveillance at regional and in particular at country level.

He also expressed the hope that the cooperation of agencies active in filariasis control would be fully realized at country level.

Finally he described the difficulty small countries had in containing the influence of powerful corporations in the area of tobacco control. His own country was witnessing a rise in cardiovascular and respiratory diseases and conditions related to tobacco use, which meant that the cooperation of WHO and other agencies was particularly important.

The DIRECTOR-GENERAL, referring to the broad initiatives mentioned by Dr Temu and particularly to poliomyelitis eradication, said that Rotary International and the Turner Foundation had pledged continued support.

Dr YUSHITA (Japan) expressing Japan's support for reform to ensure the unity of WHO, asked the Director-General to elaborate on the measures to be taken to enhance coordination between WHO Headquarters and the regions.

The DIRECTOR-GENERAL said that, besides the measures already outlined in her reply to New Zealand, it was essential that WHO use new communication and information technology to ensure transparency and to provide data and programme information to all parts of the Organization, rapidly and effectively.

Dr SUNIA (United States of America) said that Guam, American Samoa, Northern Mariana Islands and other territories under United States administration feared the re-emergence of poliomyelitis if funding failed. He had noted the Director-General's previous comment about continued financial support pledged by other agencies, and asked what specific measures WHO planned to meet the estimated need for US$ 150 million a year for the next three years.

The DIRECTOR-GENERAL said that WHO on its own could never supply all that was required to move ahead on health issues. What was needed was a universal effort, coordinated by WHO, with funds from as many national and international sources as possible. At this stage, she could not go into greater detail on poliomyelitis eradication than she had already done, but she urged governments to give the necessary priority at national level to financing of programmes.

The CHAIRPERSON, welcoming the Director-General's dynamic response through measures already taken or set in motion, applauded the appointment of six women to the Director-General's senior management team. She expressed her pleasure and pride at taking her place as a woman Chairperson of the Regional Committee beside the first woman Director-General.

With regard to the Director-General's emphasis on the evidence base, she described Hong Kong's successful efforts. The success of the campaign against tobacco advertising was greatly helped by support from eminent international specialists and reliable statistics.

The DIRECTOR-GENERAL said that the appointment of women to high positions at WHO Headquarters was only the beginning of efforts to redress the gender imbalance, since only one third of WHO professional and technical staff were women. There had already been a cabinet meeting at Headquarters on steps to increase the proportion of women throughout the Organization, and further discussion would take place in the coming weeks.

The example of Hong Kong's activities in tobacco legislation was a good one and illustrated WHO's role as a "centre of excellence". In other areas, too, effective measures and policies would depend on international collection and dissemination of information combined with national determination and implementation of programmes to ensure health development. The responsible cluster in WHO brought together dedicated staff whose role was to establish the statistical basis for action for health development in the next century.

Dr KIM (Republic of Korea) congratulated the Director-General on her inspiring address. She said that her delegation welcomed the intention to lay stress on reproductive health, a concept that went far beyond maternal and child health. She invited the Director-General to clarify what specific initiatives she had in mind in that area, and gave an assurance that the Republic of Korea would do all in its power to contribute to efforts in the area of reproductive health. She felt confident that, under the able leadership of the Director-General, men and women in the Organization would work together harmoniously in the cause of world health.

The DIRECTOR-GENERAL emphasized the key function of women in the lives of children, families and communities. In view of their crucial role in development, women should be educated and empowered to influence the future of families and children. Reproductive health had traditionally occupied a major place in public health efforts, because of the importance of reducing maternal and infant mortality. Those efforts had been systematically expanded after major international conferences in recent years, in particular the International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995), and focused on the promotion of investment in social and health services in developing countries.

At Headquarters, the cluster for Family and Health Services had a staff of about 300, working in the areas of child health, women's health, reproductive health, community health and health systems development, and focused more broadly on country-based services and health sector development.

Dr ZAHARAH (Malaysia) said she welcomed the intention to give priority to mental health programmes. The population over 60 years of age was increasing as a result of development, and mental health problems would increase with ageing populations. She asked how it was planned to use the experience of Western countries to deal with mental health problems in the Western Pacific Region.

The DIRECTOR-GENERAL stressed that mental illness was a global problem, occurring in all populations throughout the world. The earlier belief that the incidence of severe psychiatric disorders was nil or negligible in some countries had been discredited. In any society, failure to treat mental health problems, such as depressive disorders, using the resources of modern medicine allied to community support, would lead to unnecessary disabilities. Mental health presented a global challenge, and there was a need to review the entire field and devise better ways of addressing the problems. It was essential to take cultural differences into account, for the problems would need to be dealt with in different ways in different cultural settings. There was also a need to mobilize society in order to gain a broad-based understanding of mental health problems, which were present in all communities and at all levels.

5. REPORT OF THE REGIONAL DIRECTOR: Item 7 of the Agenda (Documents WPR/RC49/2 and WPR/RC49/3)

The REGIONAL DIRECTOR began by relating the work of WHO in the Region to the four "areas of concern" identified by the Director-General in her speeches to the World Health Assembly and Executive Board in May 1998.

The first of those areas of concern was to "monitor, roll back and where possible eradicate communicable diseases". The Regional Director explained the regional situation with regard to malaria, one of the special projects identified by the Director-General.

He noted that about 110 million people in the Western Pacific Region were at risk from malaria. It had been estimated that there were 2.5 million cases of malaria in the Region every year, with 20 000 deaths. In Cambodia, a small country with a population of 10.7 million, malaria was responsible for an estimated 10 000 deaths a year. In the Lao People's Democratic Republic, which

had a population of 4.5 million, there were about 5000 deaths a year from malaria. In Solomon Islands, the country with the highest incidence in the Region, there were 160 cases per 1000 inhabitants.

However, the Regional Director said that the Western Pacific Region could take pride in the progress that had been made. The WHO strategy was the application of intensified malaria mosquito control measures, early diagnosis and effective treatment. In 1993 a regional target for 2000 had been set to reduce malaria morbidity by 50% and mortality by 80%, using 1992 as the base year. Although that target was ambitious, he believed it would be achieved. He pointed out that, although the number of malaria cases in Honiara, the capital of Solomon Islands, was still unacceptably high at 264 per 1000 population in 1997, that was a great improvement over the 604 cases per 1000 population in 1995. The reduction could be attributed to adult mosquito control with insecticide-treated nets and indoor residual sprays; environmental initiatives to eliminate mosquito breeding; and mass blood surveys followed by timely treatment.

With regard to the second of the areas of concern identified by the Director-General, noncommunicable diseases, the Regional Director said that one of the greatest contributing factors to the growth of noncommunicable diseases was tobacco consumption. Of all WHO regions, the Western Pacific had experienced the highest increase in tobacco use. While in 1994 it had been estimated that 50% of men and 5%–7% of women smoked, the corresponding figures for 1997 were 60% of men and 8% of women. He recalled that at its previous session the Regional Committee had conducted a mid-term review of the Regional Action Plan for Tobacco or Health for 1995-1999. In particular he remembered the successes described by the Representative for China, who had reported that tobacco use in that country had started to decline in 1996. He said that the Director-General had put the case clearly. Tobacco was a killer. At the regional level, WHO would be working hard with Member States to form a broad alliance against tobacco. He said that, if Member States worked together, he was confident that the trend of increased tobacco consumption in the Region could be reversed.

The third area of concern identified by the Director-General was building sustainable health systems. The Regional Director said that support for health systems development had been central to WHO's mission since the Regional Office was established in 1950. Chapter 3 of his report detailed the many different ways in which WHO and Member States had worked together in the last year to improve health services. Collaboration had ranged from complex international agreements to assure the quality of pharmaceuticals to support for safe blood and blood products and training of district health

workers. Some of those activities built on the long and fruitful collaboration between Member States and WHO that had been developed over many decades. Others, such as support for health financing and health insurance, reflected current concerns.

The fourth and final area of concern identified by the Director-General was speaking out for health with a solid evidence base. The Regional Director explained that WHO in the Region was already engaged in constant dialogue with its partners in the national health sectors and with the general public. Within the United Nations system, WHO collaborated very closely with the United Nations Development Programme (UNDP) on a number of projects in the Region, including environmental health in Fiji and nursing development and control of iodine deficiency disorders in China. It had long-standing and productive relationships with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). It had established links with financial institutions such as the Asian Development Bank and the World Bank. Those links had yielded substantial dividends, both for WHO and for its partners. The Regional Director also pointed out that the many publications produced by the Regional Office were an important element of WHO's advocacy in the Region.

The Regional Director explained that Part 2 of his Report comprised a separate publication entitled *Fifty Years of the World Health Organization in the Western Pacific Region.* He hoped that it would be a valuable reference source on public health in the Region.

He concluded by mentioning some of the issues that had been raised at the previous session of the Regional Committee. First, he explained that Part 2 of the Report in particular had attempted to analyse underachievements. Second, tuberculosis/HIV co-infection was still relatively rare in the Region as a whole, but trends in Cambodia, Malaysia and Viet Nam were giving cause for concern. Third, he outlined how WHO worked with national governments and other agencies to ensure that countries were making adequate preparations to deal with the health consequences of natural disasters. Fourth, he explained that information on infant mortality and food safety was contained in Part 1 of the report. Fifth, he told the Committee how WHO was supporting the dissemination and application of research results in the Region. Sixth, he told the Committee that WHO was currently supporting cataract programmes in the Lao People's Democratic Republic, the Philippines and Viet Nam.

He looked forward to answering any questions the representatives might have about his report.

The meeting rose at 12 noon.

ANNEX

OPENING REMARKS BY DR GRO HARLEM BRUNDTLAND, DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION, AT THE OPENING OF THE FORTY-NINTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Distinguished Ministers, Dr Han, Colleagues, Ladies and Gentlemen,

It is a pleasure for me to be in Manila and to attend this Regional Committee for the Western Pacific Region.

The Regional Committee is truly regional - but it is also an integral part of WHO. WHO is complete - our identity is intact - our course is on target - only if we include the regional dimensions - only if we add them up. I see this as a main challenge - to make WHO one - not seven organizations - Geneva and the six Regional Offices.

The Western Pacific has 27 of WHO's 191 Member States and one Associate Member, yet the total population of this Region numbers around 1.6 billion, one third of the world population. Any major public health threat to the Western Pacific is also a threat and a concern to the rest of the world. Any major progress in this Region, as is the case in lymphatic filariasis elimination and in polio eradication, spells progress for the rest of the world.

Never have so many in this world had such opportunities for health. Never has our knowledge been so great. Never has there been such a stream of discoveries and scientific breakthroughs.

And yet - so much remains to be accomplished. People in the developing world carry over 90 per cent of the disease burden - with access to only 10 per cent of the resources used for health. Changing this equation is the core of our challenge.

It is a real opportunity for me to be here to listen to your discussions and experiences. Let me take this opportunity to share with you two important perspectives for WHO's work as we enter a century where the people we are serving have a right to expect real progress towards Health for All.

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First - we need to anchor our quest for better health in a broad perspective - drawing in other sectors of society so essential for the health of billions. Second - we in WHO - working with you - need to focus our work, become more targeted, more efficient and more in line with the real needs in our Member States.

We need a broader perspective: Health is not only a vital asset for each individual, it is the very core of human development. We cannot point to more doctors and more affordable drugs alone and say that this is what we need to change the course in our world.

The deep roots of global health challenges are still linked to poverty and underdevelopment. Ill-health leads to poverty and poverty breeds ill-health. Unless we can help break that vicious circle, our efforts will matter only marginally.

We have to look ahead and show that health provides a real path to a better society. We have the evidence: Investing in health gives tangible results. Less social and economic costs. More human progress. Enhanced capacity for society to harness the ultimate resource of the 21st century: The human resource.

You, Health Ministers already know. But we need to go beyond and tell the Heads of States, the Prime Ministers, and the Finance Ministers, that they are really Health Ministers themselves. Our mandate is to change the international agenda and put health at the very core of the development process.

We need to reach out and to work across sectors. Most determinants of better health lie outside the health system. They include better education, a cleaner and safer environment, sustained reductions in poverty, a stop to armed conflict and excessive military expenditures.

I wish to applaud the Western Pacific Region for its "New horizons in health"; a sound framework for addressing the interrelated factors that influence health and well-being. In this way, you are combining health promotion strategies, including health legislation, health sector reform, and healthy environments through health-promoting schools, health-promoting workplaces and healthy cities. This is the kind of leadership and sophisticated forward-looking planning that WHO needs to provide world-wide.

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To succeed **WHO also has to reach out**. The whole notion of a specialized agency has little meaning in this interdependent world if we fail to integrate our efforts with the other stakeholders.

I wish to invite all those who have real contributions to make to join us: our UN partners, the international financial institutions, the NGO community, the private sector, and the people themselves. We need constructive relations with the private sector and industry - being clear about our respective roles, where they differ and where they complement each other.

What, then, is the way ahead for WHO? To keep it short I see it as making a difference for people's health, for the Governments and for their ability to improve it.

We must secure better unity of purpose and better focus. We cannot do everything - but we should be very good at what we do - and ready to say that we cannot do all.

Let me take you through the main features of the change process. I have appointed a new senior management team at headquarters level. Five members from the South and five from the North.

Six are women and four are men. All WHO Regions are represented. Together it is a strong global team. People with first-class health experience - but also people with experience from other sectors of society.

WHO has dozens of good and skilled programmes and activities. But we need to develop a structure which can bind our efforts much more strongly together, which can cope with a changing world, and which the outside world can relate to.

At Headquarters we have grouped the programmes into nine clusters. There are the obvious ones: One on Communicable diseases, and one on Non-communicable diseases. Our fight against the communicable diseases - such as HIV/AIDS, polio, malaria, TB and leprosy - must go on with renewed dedication. At the same time we need to prepare for the epidemic of non-communicable diseases - now hitting the poor countries and putting their health systems under great strain.

Then, we need to relate to a complex world. The cluster that deals with Sustainable Development and Environmental Health will focus on the broader intersectoral perspectives, addressing the environment and other effects of globalization and world trade.

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The cluster on Social Change and Mental Health will help us to better understand and address the health consequences of some major social transitions such as the ageing of our populations and the growing strain from mental disorders.

The cluster on Evidence and Information for Policy - an innovation aimed at assembling, analysing and advocating the best evidence and lessons learned from the health-related sectors - will enable us all to take better, more cost-effective and more equitable decisions.

The overriding target is this: To organize our work so that it has maximum impact where it matters most - at country level. This has been requested by our Governing Bodies, including your own delegations. Time has come for the Secretariat to respond.

A key to all our work is to contribute to Health Sector Development. I have told the Executive Board that, unless what we do contributes to developing more sustainable health sectors, we should not consider becoming involved.

WHO Headquarters needs to link more closely with countries. I intend to establish more direct relations with the WHO country representatives, who are very important to the quality of our Organization. In a few months I will invite them all to Geneva to share their experience and see how relations can be made more beneficial for you.

We will build stronger bridges to our Member States - especially those in greatest need. This is a two-way challenge: We - in the Secretariat - must pull our act together, achieve better focus and efficiency. You - the Member States - must set clear priorities, report back to the Organization on the health status of your population, and take responsibility for the targets you set.

There will be a change in the way we work. Besides the clusters of activities, we will work on specific projects, focusing on selected health issues. These projects will be time-limited, cut across clusters and Regions, and frequently engage other partners.

We have launched two such projects since 21 July: Roll Back Malaria, and Tobacco Free Initiative. These projects are aimed at providing new opportunities for catalyzing resources for countries and Regions. More will come.

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Changes are also being made in our budgets. At the World Health Assembly, Member States decided after long discussions to change the regional allocations and to increase resources from the regular budget going to Africa and Europe.

I know this will face the other Regions, this Region included, with some painful decisions, especially at times of financial and economic turmoil. I shall do everything I can, looking beyond the regular budget, to mobilize funds to support our activities, especially towards the countries in greatest need.

Let me then turn to some specific health challenges in this Region.

Let us talk about malaria.

In the Western Pacific Region, around 110 million people are at risk for malaria in 10 countries with unacceptably high incidence rates in several countries and growing problem of increasing drug resistance.

I have pledged WHO's determination to engage in a renewed effort to Roll Back Malaria. The Project staff is currently preparing the work in close dialogue with the Regional Offices, and gradually with the countries concerned. I urge you to join us.

It is a complex task. We know eradication is not an option. But we also know we can substantially reduce mortality and morbidity. We are attacking malaria by focusing on strengthened health systems. And once we succeed in this - once health systems can deal more effectively with malaria - then our fight against other communicable diseases will benefit as well.

Let us talk about HIV/AIDS - another crucial challenge for the Western Pacific. The pandemic reached most countries in this Region relatively late, but it has spread rapidly. Infection rates are going up not only in the high-risk behaviour groups but also in the general population.

WHO will work more intensively on HIV/AIDS in all our programmes. In the year to come we will do all we can to lend our full support to UNAIDS as we serve as the Chair of the cosponsors. We will make every effort to support national initiatives. We will press for research on vaccines, for simple yet effective diagnostic tests, and for more equitable access to prevention and treatment - including anti-retroviral therapies.

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Let us talk about tuberculosis, now so closely linked to the HIV pandemic. More than 80 per cent of the TB burden in the Region is concentrated in two countries: China and the Philippines. The Directly Observed Treatment Short-Course (DOTS) strategy has been implemented in half of China and 10 per cent of the Philippines. Progress remains alarmingly slow. Failure to urgently address this situation will lead to further increase in the number of drug resistant cases.

We need new efforts in the struggle against TB, and WHO will demonstrate leadership - by placing our TB effort in a broader context, by focusing on the health sector and by working more closely with other partners.

On another front, the Western Pacific Region has achieved noticeable progress: there are great hopes that the Western Pacific will be the first Region to be entirely free of lymphatic filariasis. As the drugs used in this endeavour also have a major effect on intestinal worms, dramatic improvement can be expected in terms of anaemia and malnutrition reduction, and improved growth and school attendance in children. We should acknowledge the support of the private industrial sector for this programme. We are seeing an emerging alliance for the control of communicable diseases in the South Pacific. WHO is ready for this partnership, not least in the fight against malaria and filariasis.

This is a success story - but we need to be on guard against new and emerging threats - different as they may be. Let me mention just two: We need to prepare to confront a new spreading of Dengue fever, not least in this country. And we need to deal with the millions and millions of landmines spread around the region, killing and mutilating young and old. Very shortly the 40th state will have ratified the Landmine convention - and then the convention will enter into force. On that day we shall all cheer - but then we need to get on with ridding the world of antipersonnel mines - and healing the wounds of the thousands and thousands who have been crippled.

In this Region, many countries are undergoing transition. Non-communicable diseases related to lifestyle emerge as new priorities.

Let us talk about tobacco. For several years cigarette consumption throughout the Western Pacific has been steadily increasing. Annual Chinese cigarette consumption was 100 billion in the 1950s, 500 billion in 1980 and has been about 1 800 billion in recent years. Tobacco may kill about 100 million of the 300 million Chinese men now under twenty-nine years of age, with half these deaths in middle-age and half in old-age.

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WHO cannot remain indifferent. We need to free our population - in particular the young - of the tobacco pandemic. Tobacco should not be advertised, subsidized or glamourized.

The goals of the Tobacco Free Initiative are to heighten global awareness with regard to the facts of the current and likely impact of tobacco in developed and in developing countries. We must galvanise public support and build new and innovative partnerships to address the problem at the local, national and global level.

I urge all the governments in the Western Pacific to continue strengthening their work in the area of tobacco control, and work even more closely with WHO as the Tobacco Free Initiative takes shape over the next few months. Substance use, particularly alcohol and tobacco, is a major health risk for many of the estimated 200-300 million indigenous and tribal people from around the world. We are in the middle of the United Nations Decade of Indigenous Peoples. The WHO Project on Indigenous Peoples and Substance Use aim at assisting indigenous peoples respond to the health risks and problems associated with substance use in their communities. Within the Region a number of indigenous communities are participating, including communities in Australia, and New Zealand.

Let us talk about polio.

To underscore the power of well co-ordinated world initiatives, it has now been a year and a half since the last wild poliovirus was found in Cambodia. However, before we can congratulate ourselves for a job so well done, we must remember that all the countries of the Region must maintain excellent surveillance for the years to come, until the day that the entire world is certified free of polio. I also ask that the countries of this Region continue their generous support for the countries which remain polio endemic.

Let us talk about reproductive health.

Among the most significant health challenges this Region faces is the burden of reproductive ill-health. The maternal mortality ratio remains higher than 100 per 100 000 live births in 11 countries and areas and the infant mortality rate is higher than 50 per 1000 live births in four countries of the Region. In addition there are large disparities within countries.

As is the case throughout the world, the poor are affected most of all. No Region can afford such a drain on its human resources, and no Region can afford to neglect the health of women. Inequities such as these contribute to the downward spiral of ill-health and poverty. If we are to make a

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difference, we will have to find effective ways of addressing these problems, sharing the lessons learned and building on the experiences within the Region and beyond.

The Western Pacific office should be congratulated for its innovative and wide-ranging response to the challenges articulated in its Reproductive Health Strategy in the Regional Programme Statement for 2000–2001. The whole of the Organization has a lot to learn from your experiences.

We have predictions on how the health situation may evolve. But behind the figures there are real people. I was told a moving story the other day of a woman - one of millions of Asian women - who illustrate how far Asia has come - and at the same time how many challenges that remain.

Her name is Kristita and she lives in Manila - a typical representative of the emerging middle class, struggling to get her three teenage sons to college. Kristita may have more in common with middle class families in Seoul, Oslo or Seattle than with her relatives of a generation ago. Yet, the changes of modern life do not protect her of the diseases of poverty. Recently her aunt and two children were infected with tuberculosis. Earlier this year her youngest son barely survived a bout of Dengue fever that killed three of his classmates.

At the same time Kristita has to worry about the diseases that come with urban life. In February her 32-year-old cousin died of heart attack after he ignored repeated doctor's warnings to cut down on smoking and fatty foods. And she is fighting a constant battle with tobacco industry for the soul and the lungs of her sons.

Yes the challenges are complex. They require all of our attention.

To conclude, let us talk about health sector reform in the context of a Region undergoing a dual transition - one from predominantly young to predominantly middle-aged or old populations and another from infectious diseases to chronic diseases and disabilities. Kristita lives in the middle of the transitions - and it is in her interest and that of billions - that we have to act.

Many in this Region ask: How can we build sustainable health systems that can stand the test of changing times and economic constraints?

How can we ensure access to basic health services in situations where the base of public finance threatens to collapse?

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Each country must choose its own path - based on its pattern of disease, its institutions, its resources, and the needs of its people. WHO will be there, assembling the evidence, reporting on successes and failures WHO will be there to give the best advice and advocate the best practice.

Market forces have led to enormous increases in productivity in many sectors of the world economy. But they have failed to achieve similar success in health. Industry will never become the key provider of primary health stations or the guarantor of health services to the poor. It cannot on its own define and certify universal standards of quality and safety. Neither will it ensure equitable and universal access to care and services.

Universal access to quality services is a bedrock principle which WHO and Governments must stand for. Governments should provide strategic leadership - by setting priorities and standards. There are limits to the care they can finance. But defining priorities, standards and limits requires evidence of which efforts are likely to be the most effective, have the best overall impact, and reach the most people.

Government-financed services must come from the most efficient source. This may mean providers from the private sector. Or from NGOs. Governments should engage capacity for health development wherever it may be, to meet their responsibility to ensure universal access to care.

I believe we need to start a discussion on norms and standards, to define a "new universalism" - in other words, a new perspective and new ways to promote and achieve universal coverage. You are facing the challenges and you have to find answers in accordance with your own situation. But WHO will be there to support you.

Yes, the challenges are many, but so are the opportunities. Together with my colleagues, in Geneva, the Regional Directors and the Regional Offices and the many dedicated WHO Representatives we embark on a course into a new century where our determination is to make a difference.

I look forward to working with you, and hopefully to be able to report on progress when we gather at the Regional Committee next year.

Thank you.