

SUMMARY RECORD OF THE SEVENTH MEETING

WHO Conference Hall, Manila
Thursday, 13 September 1990 at 9 a.m.

CHAIRMAN: Dr T. Taitai (Kiribati)

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1. ADDRESS BY THE DIRECTOR-GENERAL: (Item 3 of the Agenda)

The CHAIRMAN invited the DIRECTOR-GENERAL to address the Committee (see Annex 1 for a copy of his statement).

2. CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolutions:

2.1 Budget performance, 1988-1989 (final report)
(Document WPR/RC41/Conf. Paper No. 6)

Decision: The draft resolution was adopted (see resolution WPR/RC41.R6).

2.2 AIDS, including sexually transmitted diseases
(Document WPR/RC41/Conf. Paper No. 7)

Decision: The draft resolution was adopted (see resolution WPR/RC41.R7).

2.3 Jacques Parisot Foundation Fellowship Award
(Document WPR/RC41/Conf. Paper No. 8)

Decision: The draft resolution was adopted (see resolution WPR/RC41.R8).

2.4 Report of the Sub-Committee of the Regional Committee on Programmes and Technical Cooperation: Country visits
(Document WPR/RC41/Conf. Paper No. 9)

Decision: The draft resolution was adopted (see resolution WPR/RC41.R9).

2.5 Health aspects of emergency preparedness
(Document WPR/RC41/Conf. Paper No. 10)

Decision: The draft resolution was adopted (see resolution WPR/RC41.R10).

2.6 Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee (Document WPR/RC41/Conf. Paper No. 11)

Decision: The draft resolution was adopted (see resolution WPR/RC41.R11).

Dr AKE (Papua New Guinea) thanked the Regional Committee, and the representative of Fiji in particular, for their support and for the confidence they had shown in selecting Papua New Guinea to nominate a representative to serve on the Policy and Coordination Committee. At the present time, when its maternal mortality was high and coverage of family planning needed to be improved and a national population policy developed, Papua New Guinea's selection strengthened its commitment to improving its efforts to tackle its problems in the area of human reproduction.

2.7 Action Programme on Essential Drugs: Membership of the Management Advisory Committee (Document WPR/RC41/Conf. Paper No. 12)

Decision: The draft resolution was adopted (see resolution WPR/RC41.R12).

2.8 Tobacco or Health (Document WPR/RC41/Conf. Paper No. 13)

Decision: The draft resolution was adopted (see resolution WPR/RC41.R13).

3. SELECTION OF THE TOPIC FOR THE TECHNICAL DISCUSSIONS IN CONJUNCTION WITH THE FORTY-SECOND SESSION OF THE REGIONAL COMMITTEE: Item 17 of the Agenda (Document WPR/RC41/15)

The REGIONAL DIRECTOR said that after the closure of the session Technical Discussions would be held on the topic 'Health legislation'.

At present the Committee was required to select a topic for the Technical Discussions to be held in conjunction with its forty-second session. Document WPR/RC41/15 contained three suggestions: chemical safety, changing life-styles and health, and qualitative information requirements for health work-force policies and plans. The Committee was also free to propose alternative topics.

It would be noted from the last paragraph of the document that the subject of the Technical Discussions at the Forty-fourth World Health Assembly in 1991 would be 'Strategies for health for all in the face of rapid urbanization'.

Dr KISO (Japan) said that Japan recognized the importance for the Region of all three of the topics proposed. However, health was essentially a product of life-style and the environment. Health-risk behaviour, improper diet, lack of exercise, tobacco, alcohol and drug abuse as well as stress, sexual behaviour and adverse environments contributed to a number of common health conditions. It was therefore meaningful to inquire into the relationship between life-style and disease, focusing on the prevention of noncommunicable diseases, whose incidence was expected to increase in the Region in the future, as well as of communicable disease.

Dr GU (China) said that although the three topics proposed were all important, 'Changing life-styles and health', would be the most appropriate. Disease patterns were changing; although there was greater control of morbidity and mortality, industrialization and technical development had introduced new health problems. Discussion of the topic would help in the formulation of appropriate national policies.

Mr SUPA (Solomon Islands) endorsed that statement and supported selection of the topic 'Changing life-styles and health'.

Dr ESPALDON (United States of America) said that the object of meetings of health experts such as the Regional Committee was to find ways and means to promote and protect the health of all people. Although in many countries progress and development had led to the eradication of much communicable disease it had also created new health problems, such as an increasing incidence of cardiovascular disease and accidents. In the United States, there was evidence that 346 000 unnecessary deaths a year were directly attributable to the consumption of tobacco and 125 000 to the consumption of alcohol. Since health could be promoted and disease prevented by changes in life-style, commitment to and acceptance of responsibility for such changes could give people healthier and more productive lives.

Dr ABDULLAH (Malaysia) said that although all three topics were appropriate, Malaysia's preference was for 'Changing life-styles and health'. Most countries in the Region were making the transition from a traditional pattern of water-borne disease and diseases resulting from poor environmental conditions to one of diseases arising from life-style. It was timely and appropriate that changing life-styles and health should be discussed in order to enable the countries of the Region to be better prepared to face that newly emerging problem.

In the absence of further comments, the CHAIRMAN noted that there was agreement on the topic 'Changing life-styles and health' and requested the Rapporteurs to prepare an appropriate draft resolution.

4. TIME AND PLACE OF THE FORTY-SECOND AND FORTY-THIRD SESSIONS OF THE REGIONAL COMMITTEE: Item 18 of the Agenda

The REGIONAL DIRECTOR said that the Committee would no doubt wish the Representative of Japan to inform it about the situation regarding his Government's invitation to hold the forty-second session in Japan.

Dr TANI (Japan) expressed his Government's gratitude to the Regional Director and Member States of the Region for their decision to hold the forty-second session of the Regional Committee in Japan. It had hosted the 1977 session in Tokyo and it would be a great pleasure and honour to hold a further session in Japan. It was planned to hold the meetings in Omiya City, Saitama Prefecture, approximately 30 minutes by train from central Tokyo. Preparations for the session would be made under the guidance of the Regional Director in consultation with the staff of the Regional Office and with the cooperation of the Prefectural Government. His Government would do everything possible to make representatives feel satisfied with the arrangements, and it looked forward to seeing them in Japan in 1991.

The CHAIRMAN said that the Committee would wish to express its deep appreciation to the Government of Japan for confirming its invitation to hold the next session in Japan.

The REGIONAL DIRECTOR said that the Committee would certainly look forward to its visit to Japan in 1991. It remained only for him to propose the dates of the session. Efforts were made to coordinate the dates of all six regional committees, first, to enable the Director-General to attend, and secondly to permit the timely reporting of recommendations to Geneva with a view to the preparation of Executive Board documentation following the Regional Committee. Provided they were suitable to the Government of Japan, therefore, he would propose 10 to 16 September 1991 as the dates of the forty-second session.

Dr TANI (Japan) said that his delegation supported the Regional Director's suggestion.

The REGIONAL DIRECTOR said that the forty-third session of the Regional Committee would normally be held at Regional Headquarters in Manila. However, Hong Kong had indicated its wish to host the session. 1993 would be the year in which elections for the position of Regional Director would be held, and it would be appropriate for such a session to be held in the neutral territory of the Regional Office. However, resolution WPR/RC24.R10 required the Regional Committee sessions to be held at the Regional Office at least once every two years. Representatives might wish to consider adopting an exception to resolution WPR/RC24.R10 so that the venue of the forty-third session in 1992 could be Hong Kong instead of WHO Regional Headquarters in Manila.

Dr TAPA (Tonga) expressed appreciation to the Government of Hong Kong, and supported its desire to host the forty-third session of the Regional Committee in 1992, particularly in view of the elections for the position of Regional Director to be held in 1993 and the consequent need to hold that session at Regional Headquarters. He urged the Committee to adopt a resolution to make an exception to the earlier resolution to which the Regional Director had referred.

Dr KURISAQILA (Fiji) said that he fully supported that suggestion and wished to thank Hong Kong for its wish to host the 1992 session of the Regional Committee.

Dr ABDULLAH (Malaysia) also expressed support for Hong Kong's wish to host the session and supported Dr Tapa's suggestion that an exception should be made to the earlier resolution to enable it to be held in Hong Kong.

Dr GU (China) said that his delegation, too, supported the wish of Hong Kong to host the forty-third session of the Regional Committee.

Dr LEE (Hong Kong) said that, on behalf of his Government, he wished to thank all representatives for their full support for its proposal to host the forty-third session of the Regional Committee. Hong Kong looked forward to meeting representatives of Member States and of intergovernmental and nongovernmental organizations and other agencies, as well as members of the WHO Secretariat, in 1992.

The CHAIRMAN asked whether representatives agreed that the dates of the forty-second session of the Regional Committee, to be held in Japan, should be from 10 to 16 September 1991.

It was so agreed.

The CHAIRMAN asked whether representatives wished to make any further comments concerning the proposal for holding the forty-third session in Hong Kong.

Dr LOY (Australia) said that he was not certain whether any additional costs would be involved for the Secretariat in meeting outside Manila. He was certainly pleased to support the proposal for accepting the invitation from the Government of Hong Kong, but he would like the departure from the earlier resolution to be framed as an exception rather than as a new rule.

The CHAIRMAN said that in the absence of further comments he would ask the Rapporteurs to prepare a suitable draft resolution.

The meeting rose at 10.30 a.m.

ANNEX 1

ADDRESS BY THE DIRECTOR-GENERAL

Mr Chairman, Dr Han, Excellencies, Honourable Representatives, Ladies and Gentlemen, Colleagues and Friends:

First of all, I must apologize for my late arrival. Unfortunately, the dates of the Regional Committees for Europe and the Western Pacific coincided this year, and I was, therefore, unable to participate in the opening of your session. However, I hear from Dr Han that you have had a most successful discussion of the proposed programme budget for 1992-1993.

As always, it is a pleasure for me to be with you again in Manila. For me this is a homecoming to the Region I know so well.

Your agenda has covered many important items of work, not the least of which was the review of the proposed regional programme budget for the financial period 1992-1993. Although you have already completed your review of the proposed programme budget for this Region, I should like to give you a general view of the preparation of the proposed programme budget as a whole. Review of the proposed regional programme budget is a critical responsibility in a decentralized organization such as ours, since more than two-thirds of regular budget resources are planned, allocated and managed in the regions and countries. Dr Han and I count on your continuous advice, guidance and support in developing the proposed programme budget for 1992-1993, which will be approved by the World Health Assembly in May 1991. The Regional Committee not only has to review the proposed programme budget for the Region, it also has to follow the overall development of the WHO programme budget.

The Executive Board, in resolution EB79.R9, requested me "To ensure that all Member States have the possibility of being adequately involved in the cooperative process of reaching agreement on regional and global programme budgets". This is ensured first by continuous consultation and joint government/WHO programming in the region, and secondly by the sequence of reviews by the Regional Committee, the Executive Board and the Health Assembly. Resolution EB79.R9 requests the regional committees "To review regional programme budget proposals in a harmonious spirit of cooperation aimed at arriving at consensus on their recommendations to the Director-General". I hear from Dr Han that you have reached a consensus during your review here. I hope that the Executive Board and the Health Assembly will also arrive at a consensus on this issue.

At global level, the Director-General's responsibility, when consolidating the proposed programme budget, is to ensure the overall coherence and direction of the work of WHO, covering all regions and all organizational levels. My ability to do this effectively depends very much on the quality of programme review at country level, in the regional offices and in this Regional Committee for the Western Pacific. The need to focus on priorities becomes all the more important in times of economic constraint. The Board has requested me "To continue to prepare and submit to the Executive Board programme budget proposals that make the most effective use of WHO's resources at country, regional and global levels and provide for the foreseeable future for zero budget growth in real terms".

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In my statement to the Regional Committee for the Western Pacific one year ago, and to the Executive Board and the World Health Assembly, I warned repeatedly of the serious adverse effects on health and development of a range of new trends in world economy, demography, and political and social upheaval, as well as of degradation of the natural environment. We see this assessment now confirmed by the World Bank in the recently published World Development Report 1990. For most of the developing countries, the 1980s were in many respects the "lost decade", marked by an ever-widening gap between the rich and the poor. This was repeatedly confirmed at the United Nations Conference on Least Developed Countries held very recently in Paris.

Will these trends continue? It is already anticipated that the 1990s will be a "decade of debt and poverty", of crisis and disaster. Nevertheless, for WHO and for health, we hope the 1990s will be a time of rehabilitation, reconstruction, and recovery. I would prefer to call the 1990s the "decade of opportunity". To achieve this, health and social development must drive economic development. To advance the economy of a country requires the energy and will of a healthy population. Therefore, our strategy against world poverty must combine efficient, labour-intensive, growth with adequate provision of social services, including basic education as well as primary health care and family planning services, in order to move from a decade of failure to a decade of opportunity.

Health is an integral part of socioeconomic development and the means employed are complex and interdependent. The health care systems of the future will have to be characterized by three major factors: (1) continuing improvement of the efficiency and effectiveness of technical interventions; (2) compatibility with the socio-political system and integration in community, national, regional and global economic development; and (3) respect for human rights, such as the right to be informed, and the integrity of the individual, including freedom to decide, while maintaining the principles of social justice and equity. These characteristics must also become guiding principles for the work of WHO in support of Member States.

The challenges of the 1990s, their implications and solutions, will require interdependent action and solidarity at local, national, regional and global levels. The strategies and solutions found at each level have implications for the strategies and solutions required at every other level. Therefore, to serve our Member States, WHO must exhibit a corresponding solidarity and cohesive action in all regions and at all organizational levels. Perhaps the time has come to review and strengthen the mutually supportive actions and operational mechanisms of our Organization at country, regional and global levels. One new approach which has been used in the preparation of the proposed programme budget for 1992-1993 has been the allocation of cost increase ceilings for each Region in accordance with the realities. For the Western Pacific Region, the cost increase ceiling has been set at quite a favourable level in comparison with other regions.

The main thrusts of WHO's work, in health infrastructure and human resources development, health promotion and disease prevention and control, will continue into the 1990s, but new approaches will have to be undertaken in emerging areas of priority. If WHO could count on an increase in regular budget resources, it would be easier to address these new priority areas. But, given the present economic and political climate, there will clearly be no increase. Accordingly, for the fifth consecutive time, the WHO programme budget for 1992-1993 is being prepared under a policy of zero growth in real terms.

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To pursue new initiatives, either existing programme activities will have to be curtailed, or increased reliance will have to be placed on extrabudgetary voluntary contributions, or both. At the start of preparation of the proposed programme budget for 1992-1993, I took the decision to reduce the regular budget planning allocations to global and interregional programmes by 2% in real terms, in order to reallocate resources to new priority programme activities, in particular for intensified support to countries in greatest need. The programmes receiving such enhanced resources are: organization of health systems based on primary health care, nutrition, promotion of environmental health, malaria, and the integrated control of diseases. This process has only been carried out at Headquarters, and each region has tackled the question of reallocation in its own way.

The task which we now share is to reach consensus on our priorities, and to translate these into effective programme budget proposals that are truly responsive to the needs of the populations of our Member States. The situation of each region and each country is, of course, unique. However, after listening carefully to the concerns expressed by Member States in all parts of the world, and drawing on the advice and guidance of the Regional Directors, the regional committees, the Executive Board and the World Health Assembly, I have identified five areas of priority for global emphasis in the coming biennium. These areas are: (1) the health of man in a changing environment; (2) proper food and nutrition for a healthy life and healthy development; (3) integrated disease control as part of overall health care and human development; (4) dissemination of information for advocacy, and for educational, managerial and scientific purposes; and in all these areas; (5) intensified health development action and support to countries, especially the most in need, and the most adversely affected by current economic conditions. The regional programme budget proposals you have considered address these priority areas. It is important to hear from you what you expect of WHO in these areas, in countries and at regional and global support levels. You should also consider whether you wish to cooperate with WHO in accordance with the WHO constitution or in accordance with United Nations General Assembly resolution 44/211. There is some constitutional conflict between the two with respect to cooperation not only at the country level but also at the regional and global levels. I am taking this matter very seriously, and after discussions with the Regional Directors I shall be reporting to the Administrative Committee on Coordination in October.

Countries of the Western Pacific Region have shown remarkable resilience in the face of the general world economic crisis. I commend those that have demonstrated the ability to ensure sustained economic, as well as social, development under these conditions. Nevertheless, some countries have been less fortunate and more affected than others. For them, it has become more difficult to expand, and pay for, the health services that can meet the needs of the most disadvantaged populations. Under the guidance of this Regional Committee, Dr Han has rightly focused on certain priority areas, including the development of human resources, the strengthening of management, protection of environmental health, promotion of healthy life-styles and behaviour, and prevention and control of diseases, as well as the exchange of information and experience among countries.

As you know, the Forty-third World Health Assembly adopted resolution WHA43.17, calling for the strengthening of technical and economic support to countries facing serious economic constraints. Accordingly, the resources derived from the 2% reduction in the allocations to global and interregional programmes will be used to reinforce the work of regional and country offices, for intensified support to the countries in greatest need, and to those most affected by the debt crisis and difficult socioeconomic conditions. As part of this effort, activities have been planned with Cambodia, Lao People's Democratic Republic and Viet Nam in the Western Pacific Region. Activities in other countries may follow. WHO

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also provides special health and medical relief in emergency situations. For example, following the earthquake measuring 7.7 on the Richter scale in the Philippines in July, WHO provided additional resources for drugs and other emergency health needs. WHO is now ready to lead health relief, rehabilitation and reconstruction in Cambodia, and will probably form a joint task force involving the Western Pacific and South-east Asia Regions and Headquarters to fulfil this important task when the time comes.

WHO remains firmly committed to health for all through the primary health care approach. But as we enter the uncharted waters of the 1990s, what it means to advocate, and to attain, the "human right" to health for all must be reassessed. Unacceptable disparity of every kind exists between developed and developing countries, and even between population groups within the same country. Equity is a cornerstone of health policy. At the same time, the rights of individuals must be weighed against the rights of the community. Each nation must find the correct balance between what people can afford, what individuals are entitled to as a matter of right, and what interests of the community must be protected. In developing national health systems, consideration must be given to the relative value to society and to individuals of care that treats symptoms and is more affordable, and high technology care that may be life-saving, but costs more. We need to determine how much society is prepared to pay to extend a life and to ensure its quality. We must make decisions that take account of effectiveness, efficiency and cost, while ensuring services and outcomes of acceptable quality.

The world can no longer afford to ignore the realities of the demographic trends and behavioural changes we see everywhere around us. By the end of this decade, the global population will exceed six thousand million, potentially outpacing the availability of food and basic services. It cannot be assumed that these problems will somehow solve themselves. Action must be taken now to stabilize population growth, through culturally acceptable family planning measures and appropriate birth spacing. WHO must continue to work in maternal and child health, including human reproduction research and family planning with the accent on safe motherhood and the healthy growth of children. New emphasis must be placed on the role of women, not only as recipients of health care, but as providers and decision-makers in health development. Following the Fourth International Child Survival Conference held in Bangkok earlier this year and the childhood vaccine development meeting held in New York, organized jointly by UNICEF and WHO which I chaired last week, we have now decided to strengthen further global efforts in child health. The first requirement is to save life; 15 million children die every year. With our efforts through the Expanded Programme on Immunization we already save some 3-4 million children. Our target is to save a further 4-6 million. For this we need new approaches and tools to protect children through the antenatal and perinatal stages, and through infancy and childhood. We must also develop new integrated approaches for healthy growth and development.

The tragic waste of human resources we see in all too many societies cannot be ignored; the elderly are forgotten, and the lives of young people are being thrown away on alcoholism, drug abuse and violence. Certain conditions of ill-health, including sexually transmitted diseases and the emerging AIDS crisis, are linked to risk-taking behaviour. These issues must be addressed more openly and honestly. If a condom is part of the solution, let us say so. If it is not culturally acceptable, we must find other ways. Health education is essential to prevent fear and misunderstanding, and to promote healthy lifestyles and the use of appropriate, effective and affordable technology. The Philippine Government is to host the Third International Symposium on AIDS Information and Education in February 1991, organized jointly with WHO. This is very commendable and the whole world will await the conclusions with interest. I personally would like to

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participate in this very significant initiative. In view of current trends in the age structures of populations, and our constitutional commitment to a long and productive life, efforts to promote the gainful participation of senior citizens in the health and welfare of the communities of which they are a part must be redoubled.

In developed and developing countries alike, the past several decades have witnessed the profligate, man-made destruction of our natural environment. This is a global problem. If we do not act soon, there will be little chance of avoiding irreversible damage to the ecosystem and to human health. This is not a question of "development or health". We must have both. The challenge is to enjoy healthy development. We need help in understanding these issues. Accordingly, the Commission on Health and Environment, chaired by Madame Simone Veil of France, met in June this year, to develop its plan of work. Four panels have been organized, in line with the main driving forces of development rather than in terms of health, that is to say: (1) energy needs; (2) urbanization, including population growth and population movement; (3) food and agriculture; and (4) industry. The conclusions of the Commission's work will help us to understand the complex relationships between development, environment and the health of the population, and to identify environmental protection measures conducive to health and sustainable development. The outcome of the Commission's work will form WHO's contribution to the United Nations Conference on Environment and Development in June 1992 in Brazil. More resources will be needed to follow up the Commission's advice, and to support countries in greatest need.

The solution to these problems goes beyond health and beyond the conventional confines of the so-called "health sector". For example, the world economy needs to be restructured in a way that will permit and promote sustainable social and economic development. Commodity pricing systems may have to be adjusted to allow for environmental protection costs. Selective limits may have to be placed on development, so that the world economy can adjust gradually to ecologically more sustainable forms of development. Basic decisions will have to be made on the respective roles of the public and private sectors in the economy and in health and social development. Each country must decide on how the cost of basic health, education and other services will be shared. Balanced choices must be made, for example, from among national taxation, insurance schemes and fee-for-service, as means of financing health services. Efforts must be made to avoid the emergence of parallel services or "black marketing", or cost/service discrepancies that widen the gap between the rich and the poor. As our colleagues in FAO are realizing, just as we seek "food security", we must ensure "health security" for all the population.

Every source of additional financing must be tapped. We know that, in all too many developed and developing countries, enormous sums have been spent for purposes that have nothing to do with health, social development or the reduction of poverty. For example, in the developing countries, particularly in the less developed among them, military expenditure has been running at some five times their receipts for development assistance from all external sources. Just when we have begun to see a winding down of the cold war between East and West, we see a renewal of regional conflicts, such as the Gulf crisis, which have global consequences and are costly to development. They may also cause WHO to face acute economic crisis, particularly as a result of fluctuating exchange rates. If there is a "peace dividend" from reduction of armaments, which is no longer a certainty, the savings should go towards health and environmentally sound socioeconomic development, especially in the less developed countries.

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In a nuclear war, nobody can win. It can only be totally destructive to participants and bystanders, as well as to the environment. Even the peaceful uses of nuclear energy, fossil fuels and chemical products must be managed with due attention to safety. We were all too well reminded of this by the recent accidents at Bophal and Chernobyl, and, in the Western Pacific Region by our experience of Hiroshima and Nagasaki and nuclear weapons testing in Australia and the South Pacific. These events have implications far beyond local regional, national or sectoral boundaries.

Another fundamental concern is the need to ensure proper diet and "food security" in order to enjoy a long, healthy and productive life. Healthy nutrition and life-styles in youth are the best guarantee of a healthy old age. We must ensure the local production, availability and consumption of quality foods for a properly balanced diet, at affordable prices, while taking care to manage land, water and living resources. In some societies the problem is excess and imbalance in food intake. In others, there is still a shortage of basic foodstuffs and a prevalence of preventable deficiency, such as iodine and vitamin A, in the diet. I have taken steps to organize a consolidated food and nutrition programme at global level, bringing together new and existing activities in the field of nutrition, food aid and food safety, with a view to better collaboration and support to regions and countries in the development and implementation of a new strategy in this area. Together with the Food and Agriculture Organization of the United Nations, and other agencies of the United Nations, WHO will convene an international conference on nutrition in December 1992 in Rome to give worldwide visibility to the problem.

WHO must continue to accord high priority to disease prevention and control, paying special attention to the uniquely difficult situation in tropical countries. The level of public concern must be raised for the problem of malaria. The summit meeting we are planning has this as an objective. We cannot afford to deal piecemeal with individual diseases. While recognizing the biomedical specificity of individual diseases, we have to develop coherent, mutually supportive, and more integrated approaches to the control of disease, as part of an overall health and socioeconomic development strategy.

The emphasis being given to the control of disease in tropical countries reflects the fact that it is in these countries that some of the most rampant disease conditions coexist with the worst socioeconomic and environmental conditions. In these countries we see the most adverse consequences of the interaction of environmental mismanagement, misuse of industrial and agricultural chemicals, rapid population growth, poverty, malnutrition, and the presence of infectious disease vectors. Overcoming the consequences of this interaction involves all sectors of government. Requirements in the health sector alone include new technology, effective drugs and vaccines, and innovative approaches. WHO's technical programmes are ready to help coordinate and provide reinforced technical cooperation to countries to help solve these problems.

It is virtually impossible to deal effectively with specific health problems in isolation from their total health and socioeconomic context. In dealing with the virtual pandemic of AIDS, for example, it must be realized that issues of human behaviour, economics, law, human rights, medical ethics and technology, as well as social services, are inextricably involved, as sources of the problem, and as means of solution. The role of WHO is to help countries to deal with the full range of these complex issues. It is not simply a matter of doling out resources on a donor-to-recipient basis.

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In some circles there may still be misunderstanding about the role of WHO in health development. WHO is a technical, not a financing, agency. It does not provide health care services "for" countries. Its role comprises policy guidance, coordination, research, development and transfer of appropriate technology and related health information. Such technology and information should be appropriated, absorbed, adapted, and effectively used by countries for their own national health development. All organizational levels of WHO have to work together to bring this about. Given the limits of WHO's regular budget, it has to attract extrabudgetary contributions to expand its programmes, and to mobilize external resources, especially for the countries that are most in need. Ultimately, the test of effectiveness of WHO's work is its relevance to national health development in countries, where health for all is to be attained.

This underscores the critical importance of effective programme budget review by individual countries, the WHO Secretariat, the regional committees, the Executive Board and the World Health Assembly. Programme activities are sustainable, and indeed specific activities should be maintained, only if they meet the test of technical and financial accountability, through continuous monitoring, evaluation and auditing at all levels, to ensure efficient and effective implementation.

It is thanks to the efforts of all of you who are here today, and to all health workers in countries and in WHO, that this Region has overcome obstacles and offers so much promise for the health of its people everywhere. Let us share our successes, our problems and our solutions, and work together for a common cause. Indeed, the founding Member States established our World Health Organization "for the purposes of cooperation among themselves and with others to promote and protect the health of all peoples". These are the purposes that have brought you together this week.