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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 tornados 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, 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 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 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.

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 including UNDP, the World Bank, IMF and GATT, for sustainable socioeconomic development centered 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.

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.