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**ADDRESS BY THE DIRECTOR-GENERAL**

Mr Chairman, Honourable Representatives, Distinguished colleagues, Ladies and gentlemen,

It is a traditional duty, but also a pleasant privilege, for me to meet with you on the occasion of your Regional Committee and, as I have done over the past five years, provide you with an update on the evolution of WHO and its global activities.

Political turbulence and financial crisis, which have hit hard the world over, have also reached the World Health Organization and the health sectors of most countries. Health has emerged as a major political issue, as the realization has grown that it is a major social and economic issue. Public opinion today commonly ranks health as one of its main concerns and expects governments to live up to their responsibilities in this field. The economic impact of health has also come to the fore: not only as a line of heavy expenditure in national budgets, but also as a potential investment into a booming service industry, as an investment in human beings and the future of our planet and, last but not least, as a prerequisite for sustainable human development.

As a political issue, health will be a more difficult, sensitive and competitive domain at the national and international levels, but most of all at the local level. This political environment, however, also creates new opportunities. We must explore them and make the most of them to improve the health of all peoples of the world. We must win the battle for the survival and happiness of humankind. We in WHO must adapt and rise to the challenge with innovative approaches to health systems and interventions.

WHO's initiatives and activities are on track and will meet their targets. Dracunculiasis will be eliminated by 1995. Leprosy will be eliminated as a public health problem by the year 2000. We can reasonably expect that poliomyelitis will be eradicated by the year 2000. The WHO Onchocerciasis Control Programme has reached its final stage and calls for devolution to the local level, with international support for land development and human resettlement in the 24 million hectares that have been made oncho-free. Although we are confronted with a serious cholera pandemic, there has been a striking reduction in case fatality rates throughout the world. WHO programmes on Control of Diarrhoeal Diseases and Acute Respiratory Infections have made steady progress. The Expanded Programme on Immunization has already reached 80% coverage of the world's children. If sustainability can be achieved, these last three programmes

together will help prevent seven-and-a-half million child deaths per year. The WHO Global Programme on AIDS continues to strengthen its support to national AIDS programmes, as well as to research and development efforts.

In carrying out WHO's task, we can trust in the wisdom of our Constitution. The mission and fundamental principles it proposes for WHO are still relevant today. To all WHO Member States I have pledged that, during my second mandate as Director-General of WHO, I will continue to pursue our common goal of Health for All through primary health care. "Health for All" must remain our common vision - the vision of a world in which all peoples and individuals can enjoy basic and affordable health care, of acceptable quality.

Peace and sustainable development, equity and democracy are the principles that must guide health development. There can be no lasting peace without social justice and harmony. Sustainable human development must be both economic and social. It will be achieved only when all people, individuals and communities alike, are freely involved and given a chance to enhance their own potential. It implies the exercise of democracy and respect for human rights. In WHO programmes, this translates as "community participation", "social justice", and "equity". These principles are not rhetoric. They must be used as rules for action in a pragmatic partnership.

The new partnership for health that I called for at the January session of the Executive Board this year, endorsed by the World Health Assembly in May, expresses my concern for pragmatism and democracy in health action and cooperation. Through this new partnership, all social actors will be motivated to share responsibility in the all-out effort required to achieve Health for All, with universal access to health care and services. Our new partnership for health will ensure greater effectiveness through collective action or synergy. It will also emphasize sustainability through the continuing commitment of all actors concerned, within and beyond the health sector. As health becomes an important domain in the broader realm of public policy, WHO will foster and take the lead in interdisciplinary, intersectoral and interagency alliances for health.

To meet the challenges of a changing environment, WHO itself is undertaking a process of profound internal reform of its structures and working methods. I wish to stress that, to me, the ultimate purpose of any reform must be to improve the relevance and performance of WHO services at country level. We must be ready and equipped to support countries in developing their health systems and in implementing health policy reform.

Reform is made necessary worldwide by the interplay between global change and the epidemiological transition we are going through. The nature and scope of the AIDS pandemic and the resurgence of communicable diseases such as tuberculosis, malaria and cholera, constitute public health problems which also have considerable socioeconomic and political dimensions. Changes in lifestyles, influenced by market structures and marketing practices, bring with them an increased incidence of noncommunicable diseases and psychosocial problems such as substance abuse, violence and suicide. Changes in the global environment are creating serious health problems, in particular a marked increase in respiratory diseases such as asthma. The economic recession, unemployment, migration, refugees, aging and other demographic factors, all have a serious impact on health and public policies in developed and developing countries alike.

The technological and information explosions have profoundly modified health care practices, the roles and responsibilities of health care professionals and their relations with their patients who now want to be recognized as constituents and fully-fledged partners. New ethical and legal issues are raised.

All these changes call for the reform of public policies and, within this framework, the reform of our health care systems and approaches. They also require a clear redefinition and distribution of responsibilities for the formulation, coordination and implementation of public

health policies, both at national and international levels. It is in this context that WHO has undertaken its reform process.

Since the last session of your Regional Committee, the Executive Board Working Group on the WHO Response to Global Change finalized its report and submitted its recommendations to the Forty-sixth World Health Assembly and the Executive Board. Acting upon the resolutions of the Assembly and the Board on this matter, the Secretariat has also been guided by the special report of the External Auditor, and the recommendations of the United Nations Joint Inspection Unit on decentralization.

Having carefully looked into the report of the Working Group and its practical implications, the Secretariat worked out concrete proposals for the Programme Committee of the Executive Board which met last July. The Secretariat suggested some regrouping of the 47 recommendations produced by the Working Group, and identified priorities for action together with a tentative timetable for their implementation.

The Programme Committee of the Executive Board discussed our proposals and made its own comments and suggestions which are for your consideration at this session of your Regional Committee. The Programme Committee is scheduled to meet again in November to complete its review of the recommendations of the Working Group and their follow-up, taking into account the views the Regional Committees may wish to express. In particular, it will consider the terms of reference of the Budget and Finance Committee that has been proposed to assist the Executive Board.

Within headquarters, the reform process is under way. I am focusing on management, to streamline decision-making. The permanent dialogue I have initiated with the Regional Directors will be formalized within a Global Policy Council whose core membership will also include the Assistant Directors-General and the Director of the International Agency for Research on Cancer. This Global Policy Council is designed to strengthen the overall development, coordination, implementation and updating of WHO policies. A Management Development Committee will be made up of the Assistant Directors-General, Executive Directors and the Directors of Programme Management from the six WHO regions, representing the Regional Directors. This Committee will ensure further linkage of programme and budget management between headquarters and the regional offices. To support the Director-General for coordination and development of strategies, communication, information and executive functions, I have set up a Cabinet which will also act as secretariat to the Global Policy Council and the Management Development Committee.

WHO's work will fall under four main policy directions: integration of health into public policies; equity and quality; promotion and protection of health; and disease prevention and control. A revised Classified List of Programmes is being finalized. It will propose six major programmes and activities. Within the Ninth General Programme of Work, the reorganization and clustering of activities and expertise will be subordinated to targeted outcomes. Priorities will be assessed on both a technical and financial basis. Realistic goals and targets will be spelt out to facilitate regular monitoring and evaluation which, in turn, will serve as the basis for our biennial programme budget proposals, within the general framework of our Health-for-All strategy. Following up the recommendations of the Executive Board Working Group, we are initiating a process to publish yearly assessments of the world health status. Finally, we are adjusting our financial procedures and administrative structures to keep bureaucracy to a minimum and further strengthen transparency and accountability. Changes are being introduced to the preparation of the proposed programme budget for 1996-1997.

On all these measures and proposals, I shall report to the Executive Board in January 1994, and to the Forty-seventh World Health Assembly in May 1994.

When the Programme Committee met in July, I stressed that a number of recommendations for reform could be addressed directly by headquarters, but that others, of a global nature, would have to be taken up in coordination with the whole United Nations system. And that still others, involving the regional and country levels, had to be jointly addressed by WHO headquarters and all WHO regions.

This applies to the review of current methods of delegation of authority between headquarters and regional offices, as well as between regional and country offices. It also relates to the redefinition of the functions, training and recruitment procedures for the WHO country representatives. As a global health network, WHO brings together a wide range of skills and knowledge. Member States should be able to have full and quick access to WHO's capabilities, at all levels and wherever they may be located. This could be facilitated, for example, through greater use of intercountry teams and interregional missions.

While it is the prerogative of the Regional Committees to decide on their own methods of work, this has implications for the scheduling and harmonization of reform for the whole of WHO. In fact, any final proposals for improvements in policy planning, analysis capability and information systems, at any level, will require overall coordination between countries, regions and headquarters.

Honourable representatives and colleagues, I have come to ask for your support and participation.

I urge you all to be active and full partners in the major reform process that together we have launched. I request you, as the Regional Committee for the Western Pacific, to set up a working group along the lines you deem most appropriate, to look into the recommendations made at global level, as they apply to your region and countries. Your initial suggestions and recommendations may then be submitted as an interim report by your Regional Director to the WHO Executive Board in January 1994. A fuller report will be considered by the Board in January 1995.

WHO is the only global health network with a comprehensive approach to health and a deliberate concern for long-term impact and sustainability. It now numbers 187 Member States. It has always served all peoples of the world without exception. It has a long-standing tradition of political neutrality, and of high technical and ethical standards. We must uphold this tradition while improving our performance and demonstrating our capacity to adapt to our environment.

On the eve of the twenty-first century, the Asia-Pacific region has created what is qualified as an "Asian miracle", a successful model to be emulated by all. Hard work and a lively spirit of enterprise, paralleled by a democratization of the political process, are at the root of the economic achievements of this region. Indeed, the Western Pacific Region can be proud of its economic and social take-off. The impetus gained by health development policies in the region is reflected by the fact that most countries have met, or will soon meet, the health indicator targets they had set for the year 2000. Even cash-strapped countries have markedly improved their infrastructure and primary health care coverage. Thus, the Expanded Programme on Immunization has developed successfully, and work has been continued or pioneered for the control of diarrhoeal diseases and acute respiratory infections. Altogether, the region has made significant headway in controlling leprosy, tuberculosis and poliomyelitis. I am confident that all of you will want to safeguard such gains and reinforce your leadership in health development.

Leadership and creativity will certainly be needed to meet all the health and management challenges of the coming century. Today, both WHO and its Member States are faced with the prospect of diminishing resources while needs are increasing and diversifying. In this environment, as your Regional Director, Dr Han, stressed to the Programme Committee last July,

WHO "cannot simply try to do more of the same with less". WHO has to learn to do things differently so as to do them even better and at a lesser cost, together with its Member States.

In some countries of the region, overall health-related costs are expected to double over the next ten years because of the rapidly aging population. It is also estimated that, in these countries, the number of workers supporting each senior citizen may drop by about 30%. Meanwhile, the region is still confronted with difficult health problems such as malaria, cholera and the threat of AIDS with its likely impact on tuberculosis. Furthermore, at this time of rapid industrialization, I believe it is essential that all of us should keep emphasizing health and safety issues to decision-makers. In particular, we must impress upon all political and social actors that economic growth and higher productivity cannot be pursued at the expense of worker safety. Going against this principle would be counterproductive and, in the end, extremely costly in terms of both human and financial resources. The same caution must be used in managing and preventing environmental health hazards.

Let us recall what the President of the Philippines, Mr Fidel Ramos, once said: "In each country where economic change has been successful, the key has been a national consensus for change". That consensus for economic change and development will be at risk unless the health, employment, safety and welfare of all groups of the population are given equal attention. What applies at the national level must also be defended at the international level.

Personally, I shall continue to stress to the international community that solidarity is our best investment for security; that solidarity and aid to development must go beyond short-lived compassion. They imply long-term commitments. They must pave the way for the development and sustainability of health infrastructure. There are no quick-fix solutions to AIDS, tuberculosis, malaria, cardiovascular diseases, cancer, cholera and malnutrition. Prevention and treatment of such health problems need long-term planning, research, training and investment of resources, and multisectoral interventions. Health development and sustainable national economic development are mutually dependent. And both, in turn, are largely dependent on fair and stable international economic relations.

For vulnerable populations and countries in greatest need, WHO launched a special initiative for intensified cooperation at the end of 1988. It has earned high regard, not only among the beneficiaries but also among bilateral and multilateral donors. It is my intention that this initiative, now a major activity, will be one of our highest priorities in a reformed WHO. The success of this activity, however, depends on close cooperation between headquarters and the regions, a key element in our reform process.

In a world where relations between countries become increasingly complex and interdependent, strong forces are at work which also drive towards fragmentation. This is a real and major risk. To be fully effective, our Organization must be one. Diversity is one of the major assets of the World Health Organization. Our regions are the very substance of that diversity. Fragmentation, however, would soon spell insignificance, and disintegration.

WHO must be one. Decentralization can and must be reconciled with unity of purpose and coordination of resources, action and information. Flexibility must be matched by accountability. WHO structures and programmes must show internal coherence to maximize efficiency. They must also be directly relevant and adapted to the needs of our Member States. Your participation in the current reform process is thus essential. In the end, the contributions of the Regions will be crucial to the successful outcome of the reform process in WHO.

Our ultimate objective in reforming WHO reaches far beyond strengthening WHO as a major United Nations development agency. It is nothing less than ensuring the future of global health cooperation. It is to improve the health, not just of a few, but of all peoples of the world, including the most vulnerable groups.

Today, contrary to post-Cold War expectations, poor countries are suffering more than ever. Natural, but also man-made disasters, and wars especially, are producing millions of casualties and leave millions to suffer unproductive lives in ill health. At the same time, rich countries, despite their relative difficulties, continue to enjoy improving health and an environment of peace. It must be our shared moral responsibility to fight suffering and injustice. Thus, I call for the world to unite for peace through health and development.

Honourable representatives and colleagues, I shall look forward to your advice and recommendations. I thank you for your attention.