Mr Chairman, Excellencies, Honourable Representatives, Friends, may I be permitted to ask you to listen to me for a few moments as to how I see some of the priorities for your organization.

Targeting for health

1. A senior health executive in a North-European country stated recently that the most novel and exciting idea that health for all by the year 2000 has inspired in him is that you can target for health. Perhaps we who have been so deeply involved in the health-for-all movement have taken the very concept of targeting more or less for granted. It surely was at the very basis of our new health policy; but have we not lost sight of this in practice?

2. I shall be more explicit. To be sure, we have defined the very broad target of health for all. We have also identified indicators to help us realize if we are getting there. We have also defined a couple of specific targets - safe drinking water for all and immunization of all the world's children against the most common infectious diseases of childhood by 1990. We realized full well that such targets are only meaningful if each and every Member State adopts them as its own. But have national targets been defined for the very vehicle that will make or break the realization of all other targets, and by that I mean primary health care rightfully placed in the health system? I think not. I realize that there may have been very good reasons for not doing so in the past, but I certainly believe that there are equally good reasons for starting to do so now. Your evaluation of your health strategies leads me to that conclusion, and so does the progress achieved in defining appropriate technology in a number of specific programme areas.
3. What aspects of your strategies am I referring to? First of all, I am very impressed by the statement that national socioeconomic strategies have been worked out by consensus rather than confrontation, and that this has helped to ensure economic progress without accompanying negative social repercussions. That, I think, is very encouraging. Some of your health indicators too are very encouraging. I refer in particular to the satisfactory food supply for most of your countries, at least in terms of calories, infant mortality rates of less than 50 per thousand live births, life expectancy of more than sixty years and an adult literacy rate of more than 70 percent. If that is the case, you would seem to have the critical energy required to leap forward towards the health-for-all goal.

4. What obstacles are you facing? You have spelled out some of them. You appear to be experiencing considerable difficulty in combining your efforts with those of other sectors in favour of people's health and socioeconomic wellbeing - much more difficult than in extending the coverage of health services. You are also trying to decentralize the implementation of your strategies with varying degrees of success because of inadequate national policy and not enough people with the required managerial skills. And you are facing the inevitable reality that health resources and economic resources are closely interlinked.

National action programmes for primary health care

5. Why then am I encouraged that you are in a position to do better? First of all, because the very fact that you have identified the problems is an important first step in resolving them. Intersectoral action, decentralization to ensure that people become deeply involved, making the most of limited resources - these are the very stuff of strategies for health for all based on primary health care. So there would seem to be nothing more logical than intensifying your primary health care efforts and widening access to it until all people are covered. At Alma Ata everyone agreed that primary health care is the key to attaining health for all but that message seems to be getting lost by the wayside. I think the time has come to shout once more the clarion call for national action programmes for primary health care and not only national talk programmes for primary health care. You can target for that; and you can redouble your efforts to attain your targets.

6. I think we can look back with some satisfaction on the way we have been reshaping health policy at central government level. Now we must concentrate on implementing that policy where it matters most - close to people, in communities and in geographical districts. In most countries these districts are usually small enough to be managed without becoming submerged in excessive government bureaucracy, and yet large enough to permit the country to be subdivided into limited numbers and therefore avoid overdispersal of skills.

7. What can we do about the limited resources for health? I am afraid a hard look at the money side of health for all is essential if we are to avoid unrealized dreams and discredited promises. First of all, it is necessary to identify clearly what is being spent on health and where it is being spent - information that is sorely lacking in most countries, not only in this Region but throughout the world. Then it is necessary to focus resources more sharply; picking up the slack and putting it to good use could make a tremendous difference in most countries. Health for all is not necessarily only a matter of spending more. Much more could be achieved by making sure that existing resources are squeezed to the maximum and used for tomorrow's defined targets, not yesterday's undefined services.
8. I realize the difficulty of reducing ongoing activities in order to release resources for new ones when additional funds are not forthcoming. But it is not impossible. WHO has done just that. If 70 percent of the regular programme budget is now devoted to direct support to its Member States as compared with 50 percent 10 years ago, if in 1986 and in 1987 activities in your countries will benefit from a real increase of some four percent in spite of a standstill global budget, if that can be done internationally, then I am convinced that it can be done nationally. Yes, but only if you are determined that it shall be done - you the health leaders of your countries.

9. Your determination could lead your governments to target for primary health care. Each one of you could do that by incorporating in your action programme for primary health care those elements that are of high priority to you. You could start with a few and set realistic targets, adding elements progressively until all are covered. Strengthening your infrastructure will enable it to deliver more programmes, and sustained delivery of more and more programmes will in turn strengthen your infrastructure. We are gaining experience slowly but surely with the kind of research and development required to build up health systems in just that way. You can use that experience in your countries and thereby add to the general pool of knowledge in the process. We understand sufficiently the social fabric of primary health care, and we have adequate experience of the managerial process required to set it up and manage it. Add to that the fact that we either have sufficient appropriate technology at our disposal, or could get it quickly by investing energies in intensive research and development, so there is no reason why each and every country should not embark on a primary health care action programme with well-defined targets for its infrastructure and for its content.

10. For what programmes could you define targets within primary health care? I have already mentioned community water supply, with its related sanitation, and I have mentioned immunization. Does appropriate technology exist for these? At the risk of repetition I would remind you that to be appropriate technology has to be not only scientifically sound, but also socially sound - that is sound to those on whom it is used and to those who use it. And it has to be economically sound - that is it has to be affordable for the communities and the countries concerned. Wherever water exists, it can be exploited for human use in that kind of appropriate way. Experience has shown that even rural water supply can be made eminently "bankable" - by that I mean that the community itself can repay loans over a reasonable period, in part thanks to the economic gains of having water available. In my humble opinion, by far the best way to motivate people to share the costs of health development is to get them involved in attaining tangible targets that relate directly to their own social preference values and to make them so enthusiastic about their health and the health of their children that they will willingly agree even to help solve the financial problems involved. And as a digression let me add once more that people's social preference values do not necessarily correspond to technocrats either in national government or in international organizations.

11. The technology and related managerial know-how are certainly available for immunization. This applies equally well to diarrhoeal disease control. So both these can be targeted for too. The problem of improved maternal and child health is not lack of knowledge, but lack of application. Proper application can be targeted for. There are no real mysteries about nutrition, so it too can be targeted for. At the same time, a great deal of social, economic and cultural research and development remains to be done to ensure that people have access to the right kind of food and that actually consume it. We have also demystified the whole issue of drugs and know enough
about how to set up and manage essential drugs programmes to make it possible to provide care in the community for all common diseases. So medical care and related drug use can also be targeted for.

12. For the more developed countries in the Region, and also towns in some less developed countries, we know how to prevent and control cardiovascular disease at a fraction of the existing costs of waiting for disease to strike before taking action. That implies modifying lifestyles, and I admit we know less about that than we should - so here is another area for intensive research and development. But you could nevertheless target for reducing cardiovascular disease with existing knowledge, by setting targets for example for increase in popular sports and exercise, and reduction in the consumption of salt, eggs, food containing animal and dairy fat and of course tobacco. You could certainly target for reducing lung cancer by the appropriate technology of eliminating smoking, or at the very least drastically reducing its prevalence.

13. You could target for decentralization too. Each of your governments could make sure that every district reviews what is happening to the national health strategy in its communities; that it identifies priorities for implementation in every district through primary health care; that it targets for them one by one until all are progressively covered; that it builds up its health manpower to carry out first and foremost those priority activities; and that it ensures that its health facilities are geared to the same priorities.

14. Each of your governments could also make sure that every district does its best to take up the great slack in the existing health system and to focus all resources on targeted priorities. As part of that, the very least you could do, but certainly not the least important in many countries, is to rehabilitate your health institutions. I am referring in particular to the rehabilitation of your health centres and district hospitals so that they become capable functionally and physically of supporting primary health care. To be capable of doing that, they must at least inspire confidence as focal points for health by their appearance and by the way they deal with people; and they should certainly not give the impression from their dilapidated state and inefficient management of being focal points for disease. That kind of institutional rehabilitation is certainly eminently suitable for targeted implementation.

15. It goes without saying that manpower rehabilitation is at the very core of institutional rehabilitation. Health personnel can breathe life into bricks and mortar and can convert them into useful health institutions; bricks and mortar alone cannot breathe life into health personnel. They have to be motivated socially so that they want to care for people; and they have to be provided with the right kind of incentives to work in health centres and district hospitals that are often far away from their homes, such as bestowing honour and careers on them, providing financial attractions or ensuring adequate educational facilities for their children. All that costs money. So financial rehabilitation of health centres and district hospitals is no less important than physical, managerial and human rehabilitation. In this context I should like to remind you once more of the many untapped resources that could be generated by involving people much more deeply in their own health development.
Decisions by governments and people

16. Please note that when I talk of taking decisions I am referring to decisions by governments, by district authorities, and by people in their communities, not by WHO. It is not for WHO, nor for any external agent for that matter, to decide on behalf of people or governments. It is for them to decide. WHO can help by providing them with information and generating the skills required to make reasoned decisions, and I think your Organization is now in a very sound position to do that. WHO can cooperate with you in applying that information and using those skills. But it cannot decide for you what your priorities will be. To do that would be frank United Nations colonialism. Nevertheless, when WHO's Member States have taken collective decisions, as you did with respect to the target of health for all by the year 2000 and ways of attaining it - when that has happened you have moral obligations individually and collectively to invest your resources first and foremost in realizing that target. The least you can expect of your Organization is that it should invest its resources in supporting you to do so.

Regional programme budget policy

17. That is precisely what the new regional programme budget policy is all about - a policy of targeting resources on health for all. I hope I have been able to get that message across in the guidelines I sent you through your Regional Director. They emphasize investing the Organization's collective resources to trigger off your own resources as well as those of nongovernmental organizations and all external partners in support of your strategies for health for all. If the collective strategy has given rise to national strategies, then surely resources available to the collective strategy should give rise to resources for national strategies. If collective programmes aim at strengthening national ones, then surely the resources of collective programmes should reinforce national programme resources. And if there are collectively agreed principles for ensuring primary health care that deliver programmes whose technology is appropriate, surely the collective resources for infrastructure development should strengthen national infrastructures based on primary health care. Targeted action programmes for primary health care can concentrate all these resources where they are most needed.

18. I have heard criticism - sometimes noisy, sometimes subdued - that the new programme budget policy is a return to centralization. Well, if the critics mean centralization in WHO headquarters they are totally wrong. But if centralization means concentrating resources to focus on people - everywhere - so that they can benefit from concerted worldwide efforts to attain defined national targets that reflect the worldwide target of health for all, if that is what it means then let it be called centralization.

Leadership for health for all

19. Honourable representatives, to set up the kind of primary health care action programmes I have outlined requires leadership and determination. I am not sure which to put first. Leadership can give rise to widespread determination, but widespread determination can also generate leadership. Of one thing I am sure. Leadership is sorely lacking everywhere, not the least in the field of health. I include in leadership the ability to judge wisely, decide firmly and implement vigorously. I started by the need to judge wisely. Otherwise leadership can be very dangerous; it
can lead in wrong or devious directions. I am convinced that we have provided the world with all the ingredients required to make decisions about sound health development. We are a unique international organization in that respect. These facts alone should excite us to firm decisions and equally firm resolve to carry them out vigorously despite all the obstacles.

20. What are the ingredients I have just mentioned? One is the ethical challenge and philosophy of health for all based on social justice and social equity. Another is the policy and strategy for getting there. Then there is the social contract for health between governments, people and WHO. There is the clear direction of building up infrastructures based on primary health care to deliver programmes that use appropriate technology. And there is the managerial process with its inherent financial planning to create the framework for moulding these ingredients into a variety of coherent national wholes.

21. All that makes WHO the leader in world health. By the same token, by applying all that, each and every one of you in your own country, you will become undisputed health leaders there and you will be able to inspire others to follow in your footsteps. I hope you will pressurize your WHO to help you to develop your leadership qualities for the attainment of health for all. I hope you will clamour for part of WHO's resources in your country to be devoted to that. I hope that you as a Regional Committee will encourage countries in the Region to devote part of their resources to health-for-all leadership development and that you will make sure that regional resources too are invested in the effort. I shall certainly invest global resources in this initiative.

22. Mr Chairman, Honourable Representatives, lead your countries towards better health. You can do that very largely by targeting on health for all by the year 2000. And in all of this, let us never forget that all great things in human history have been carried out by women and men who refused to accept how badly they were doing. If you can live with the moral implications of that contradiction, I still think health for all is worth while fighting for.

Thank you very much.