

SUMMARY RECORD OF THE SECOND MEETING

WHO Conference Hall, Manila
Monday, 13 September 1993 at 2.30 p.m.

CHAIRMAN: Mr S. Naivalu (Fiji)

CONTENTS

	<u>page</u>
1. Nomination of the Regional Director	124
2. Report of the Regional Director (continued)	125

1. NOMINATION OF THE REGIONAL DIRECTOR: Item 7 of the Agenda
(Document WPR/RC44/2)

The meeting was held in private session from 2.30 p.m. to 3.00 p.m. and resumed its work in public session at 3.10 p.m.

At the request of the CHAIRMAN, Dr CHEN Ai Ju (Singapore), Rapporteur, read out the resolution that had just been adopted by the Regional Committee in private session:

The Regional Committee,

Considering Article 52 of the Constitution; and

In accordance with Rule 51 of its Rules of Procedure;

1. NOMINATES Dr Sang Tae Han as Regional Director for the Western Pacific; and
2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr Sang Tae Han for a period of five years from 1 February 1994.

The CHAIRMAN, congratulating Dr Han on his nomination for a second term of office as Regional Director, said that he was delighted that Dr Han would lead the Western Pacific Region during the next five years.

Twenty-seven representatives congratulated Dr Han on his unanimous nomination. In particular, they expressed their appreciation of the work he had carried out during the past five years and assured him of their full support and cooperation in the future. Similarly, they congratulated Dr Nakajima on his reelection as Director-General, and remarked that the two directors would together successfully lead the Organization forward in improving health in the Region.

Dr HAN replied that he was honoured by the Committee's decision to nominate him as Regional Director and grateful to the Member States of the Region for the renewed opportunity to be of service. He thanked WHO staff at both regional and global levels for their support. Recognizing the importance of WHO's other partners in health development in the Region; the bilateral donor countries, intergovernmental and nongovernmental organizations, and other private organizations and agencies, he observed that their generous support had enabled the Organization to carry out its collaborative programmes with Member States in the Region. He looked forward to continuing and strengthening that close and valuable partnership.

Dr Han noted that the health field had seen many changes in the previous years. WHO had achieved some measure of success in the eradication of selected diseases. The groundwork had been laid for coordinated, targeted approaches to WHO's regional health priorities. During Dr Han's first term WHO had been able, with the strong support of Member States, to establish momentum. Dr Han affirmed that the Organization would move ahead in tackling the challenges to health development in the Region, and that he would endeavour to fulfil his responsibilities to the best of his ability.

2. **REPORT OF THE REGIONAL DIRECTOR:** Item 8 of the Agenda (continued from the first meeting, section 7) (Documents WPR/RC44/3 and Corr.1)

Mr WAENA (Solomon Islands) recalled the pending issue of the appointment of a country liaison officer for Solomon Islands, and looked forward to an appointment before too long.

The new Government in Solomon Islands had placed top priority on the field of health development, and in particular on combating malaria, which was not only a health problem but also an obstacle to the development of tourism. He therefore called upon WHO to support his Government in a recently established programme called "People against malaria". The Government was considering making 1994 the year of the "People against malaria" action programme. This would involve his Government fighting against malaria jointly with the church, nongovernmental and voluntary organizations, as well as with multilateral and bilateral aid agencies. The incidence of malaria had already been reduced with the introduction of permethrin-impregnated bednets. WHO's contribution had been invaluable.

Another problem in Solomon Islands was the lack of adequately trained human resources. He expressed his gratitude to the Governments of Fiji and Papua New Guinea for allowing Solomon Island nationals to be trained in their respective health training institutions. He hoped that that friendly support would be extended in the future, and also that WHO would provide support so that the efforts to train health workers could continue.

With regard to population growth, the rate in Solomon Islands was very high at 3.5% annually. Although the population as such was not very large, if the increase continued at that rate there would be very serious difficulties. He therefore looked forward to special support from WHO.

Chapter 1: The Regional Committee (pages 7-10)

There were no comments.

Chapter 2: WHO's general programme development and management (pages 11-17)

Dr ADAMS (Australia) commended the report, which augmented the Second Evaluation of the Implementation of the Global Strategy for Health for All by the Year 2000 discussed at the previous Health Assembly. With reference to paragraph 2.14, he expressed concern that a recent report on health development by the World Bank¹ was somewhat critical of WHO's approach, although it credited the Organization with help in the preparation of the report. The report emphasized the need for a public health package and certain critical services. In fact WHO's approach, focusing on primary health care and public health management was very similar and it was important to correct any confusion in that regard. Clearly WHO did not have the level of funds available to the Asian Development Bank or the World Bank and perhaps such institutions should be encouraged to provide further financial help to WHO rather than seeking to exercise a direct role in the public health field.

Mr VAIMILI (Samoa) endorsed those comments. It was essential to avoid duplication and confusion and the financial institutions should be encouraged to support WHO. The Regional Director should give due attention to that issue.

Dr MONTAVILLE (France) said that the World Bank report had been largely inspired by WHO, together with UNICEF, and that the Organization should take the opportunity provided by its presentation to reaffirm its global leadership role in the field of health. As the report showed, the World Bank was one of the most important sources of funding in the health field, contributing more than US\$ 1 billion per year. Improved collaboration and coordination between WHO and the World Bank was therefore essential in all the areas covered by the Regional Director's report, in particular those related to communicable diseases.

Dr TAPA (Tonga) agreed that the World Bank report should be looked at carefully and noted that it would be discussed at a forthcoming meeting of representatives of South Pacific governments in Suva. He hoped that WHO would also be represented at that meeting as it was important to safeguard the interests and leadership role of WHO in health matters in the Region.

Chapters 3-15: (pages 19-164)

There were no specific comments on Chapters 3-15 (pages 19-164).

¹World Development Report 1993 *Investing in Health, World Development Indicators*, published for the World Bank by Oxford University Press, USA, June 1993.

Part II, Review of selected programmes (pages 165-193)

There were also no comments on Part II, Review of selected programmes (pages 165-193).

The REGIONAL DIRECTOR said that he had taken full note of the comments made by the representative of Solomon Islands concerning priorities. It was clear that if small countries spread their relatively small allocations from WHO over a large number of programmes the resources available for each would be meagre. It was important to ensure the most effective use of regular budget allocations. Any Member State which prioritized health and development efforts, focusing on a limited number of programmes, would have Dr Han's support. He was prepared to reprogramme so that the major portion of resources might be allocated to the highest priority programme areas. For instance if Solomon Islands wished to allocate its full regular budget for the biennium of US\$ 1.6 million to malaria, Dr Han was prepared to do so, with any other additional resources WHO could mobilize. The Regional Office was most willing to discuss the reorientation of individual country programmes to highest priority areas if both parties agreed.

The World Bank report, mentioned by several speakers, would require careful consideration. In the past, health and health-related issues had always been left to WHO. Increasingly other actors were entering the health field, such as the Asian Development Bank, the World Bank, and other intergovernmental and nongovernmental organizations. In order to achieve the greatest benefits for the peoples and countries of the world it was essential for all the institutions concerned to work together rather than to compete with each other. Of course different agencies had different styles of management, which were reflected in differences in the governing bodies and in their published reports. However, improved collaboration and coordination of their activities were essential. WHO was already collaborating successfully in some areas, such as the malaria control programme in the Lao People's Democratic Republic, where WHO technical expertise was backed by World Bank funding, and a similar project in Viet Nam. He would make further references to that issue during consideration of item 21 of the Agenda, WHO Response to Global Change: Report of the Executive Board Working Group. In his view it was time for WHO to reaffirm its leadership role in the health field and to take a more proactive and entrepreneurial attitude, approaching others at both the global and regional levels rather than waiting for them to approach the Organization, as in the past.

He then addressed the Committee on his perspective on the future (see Annex).

The meeting rose at 5.10 p.m.

ANNEX

ADDRESS BY THE REGIONAL DIRECTOR

Mr Chairman, Distinguished Representatives,

I would like to take this opportunity, at the close of our discussion of my report on the biennium, to speak briefly on the future.

When introducing the Report, I stressed that our response to substantial regional change has been careful evaluation and structured planning. This is our way forward.

By nominating me to serve another five years as Regional Director, you have shown trust in my approach. I would like at this time to look ahead to how I propose we should deal with the next half decade. We cannot just wait for major change to occur and then try to respond. One of the greatest management challenges is to anticipate changes and their impact, and to prepare successfully to deal with them.

This may sound straightforward but it is not. For example, in the field of communicable diseases, how should we use our great store of scientific knowledge? To find a cure for the disease and administer it effectively? To vaccinate against it? To educate and support individuals in their behaviour and environment so that they do not put themselves at risk?

The choice of how to use our resources becomes more acute by the year. Our experience so far shows clearly that, to be most effective, action must be concerted and multilateral. To marshal these forces, the solution we choose must be the right one.

I propose, in the next five years, to further refine the focus of our efforts in the Region. We will direct our energies to a series of key issues or priorities. Further, and most importantly, we will be actively working to increase our role as central coordinator and manager of resources. In some cases this will be a continuation of what we have started together during the past four-and-a-half years.

I propose consolidation of our past successes, and a shift forward to a considerably streamlined agenda. For this I seek your cooperation and support as partners. I am planning a concentrated process of preparation and development.

Annex

Some of this may lead to quite new activity areas. For example, I have in mind a reorientation of the regional office and the country-level offices to be more proactive, functional and issue-oriented. As the Director-General mentioned this morning, the purpose of reform must be to improve the relevance and performance of WHO services closer to countries. He strongly emphasized the role of the regions as a key to shape the relevance of WHO structures and programmes to the needs of the Member States. My staff and I must be able to work with you, the Member States, in a more responsive, systematic, comprehensive and coordinated way. The key to this is to focus on how we will meet country needs. This is a concern voiced not only here but by WHO governing bodies. There is a clear message in the report of the Executive Board Working Group on the WHO Response to Global Change, which we will discuss under agenda item 18. This paper has strong implications for our future *modus operandi*, and I would urge all Representatives to study it well before our joint discussions later in the session.

For our Region, I propose to focus WHO's programme resources on priority issues. We will deploy our forces where impact can be made, sustained and accounted for.

When I look at what the Region will be like at the end of this century, I see a population somewhat larger, but considerably older. I see a population far more concentrated in larger cities than it is today, and I see a population struggling to keep the benefits of economic and social development while minimizing the detrimental effects on the environment. The dominant diseases will be those heavily influenced by the wide range of behavioural factors which we now call "lifestyles". Presently we have little or no influence over these changes, and, it might be argued, even over their outcome. These will be the challenges of the future.

We know that an aging population has increased morbidity, especially chronic illnesses and degenerative changes. Many of these disabilities can be prevented or at least diminished by very simple interventions, made, often at a personal level, at earlier stages of life. These include not smoking, reducing salt intake, regular exercise and eating a healthy diet. These can reduce the incidence of cardiovascular diseases, respiratory diseases and cancer.

Simple actions for health can start from the first days of life. Breast-feeding is one such simple measure, which can have significant effects on infant survival and longer-term health of the child. Yet, the influence of social and economic change, affecting family support, creating financial pressure for mothers to work are combining to reduce this practice to a serious extent in the Region.

Annex

We must find ways to be more effective in convincing people to change and to provide the context in which they can do it. This also applies to many conditions affecting younger people, for example AIDS and HIV infection. Transmission by the major routes of sexual contact or voluntary intravenous injection can be entirely prevented by individual behaviour change. Here we have to confront the obvious question "how successful have we been in convincing at-risk persons to make the change?". The answer is that we have not been as successful as we would have hoped. We know we must learn more effective ways to persuade and convert. Effective communication will be even more important in our future efforts.

The years to come will see continued, probably accelerating change in the Region. The effect of this is obvious even today. We must plan what we can do now to reduce the future impact of urban congestion, pollution, the overburdening of health and social services and the disruption of human lives. It is in these situations that the active support of communities and governments is crucial to enable individuals to lead healthier lives. Later during this session, I will present to you my proposed Regional Strategy on Environmental Health. In this proposal I have emphasized the need to make interventions and design projects that we can really deal with. In this Strategy I show how we aim at outcomes that are likely to have a significant impact on human health and to be sustainable. For too long we in the health sector have waited for others involved in planning to come to us to seek advice. This has not worked. We must take our expertise, knowledge and advice to them. I mean to do this and urge you to join me.

This brings me to the role of external resources available to you at country level to develop health programmes and the health system. My aim is to encourage or attract the maximum possible amount of resources for you to address health priorities. As I have stated to several donor agencies, I am not seeking funds for WHO execution, but rather trying to match funding requirements of countries in need with donor agency interests.

I am prepared to put the resources of the Western Pacific Regional Office at your disposal to develop and achieve this match. Such a partnership of country programme, donor agency and WHO during planning and perhaps implementation, monitoring and evaluation of programmes, should achieve satisfactory results. This uses WHO's technical resources more effectively. One current example is our extensive collaboration with several donors in country programmes on the critical field of malaria control. Once we have decided on the appropriate approach, we will make a concerted move forward.

Annex

In order to do all these, it is important that we all address the issue of health system reform in all of our countries. With rapid social, political and economic changes taking place in so many countries, both developing and developed, the health system of yesterday is no longer appropriate for today, let alone tomorrow. Financing of health systems is a critical issue in many countries, but have we really addressed what we are financing? Traditions are comfortable and reassuring, but can at times develop into major constraints in themselves. We must have the courage to look at and listen to new ideas, and seriously assess their worth. This is especially true in the development of human resources for health. In this area we must ensure that the health workforce of tomorrow is prepared to handle problems which require the use of advanced management skills and the marketing and communication techniques by which lifestyles and individual behaviour can be influenced. The health sector has long been conservative, but we must now take on a leadership role, broaden our horizons and greet the 21st century with well-prepared plans.

In the next five years, it is unlikely that the tremendous pace of change in our surroundings will slow down. The threats to health we perceive now will not disappear or diminish. Our best hope is to think very carefully what each country's priority issue should be, and use that urgent need to link related health activities. I propose that each Member State should select two or three such issues upon which to concentrate their individual WHO country programmes. For instance, if a country decides that it will focus on malaria control, related concerns would encompass nutrition, environmental issues, surveillance techniques, laboratory skills and clinical management. The government would look at how individuals could be encouraged and supported to better protect themselves and their families, as well as making sure that community action and public policy clearly supported the chosen health goals.

If we can achieve these specific goals, within the context of the regional priorities, I think that we shall have established the disciplines and practices to take us forward into the 21st century. Perhaps we can even say more. If we can deal thoroughly and effectively with the problems we have identified, we will not only have managed change, we will have built a legacy for future generations. Let us work together in the next five years to accomplish this vision, through careful analysis of needs and concerted application of our many strengths. Mr Chairman, Distinguished Representatives, let us rise to the challenge of change!