ACCOUNTABILITY FOR HEALTH FOR ALL

Mr Chairman, excellencies, honourable representatives, ladies and gentlemen, colleagues and friends,

Thirty-ninth World Health Assembly

1. Four months ago the Thirty-ninth World Health Assembly took place in Geneva. To judge from the press coverage, it was a political jamboree with little health content. The reality was very different. It was full of health content in spite of the ever-present danger of political explosions. That that danger was averted is a tribute to the good sense that prevailed when matters came to the brink of disaster. Honourable representatives, you, we, all of us need to keep up that good sense all the time if your Organization is to survive as the socially relevant international health Organization.

Evaluation of Strategy for Health for All

2. The most important single item at the Thirty-ninth World Health Assembly was the worldwide evaluation of the Strategy for Health for All to which your region made a valuable contribution. Ninety percent of Member States reported on their strategies. I would say that that is a rather unique social phenomenon, a sure sign that you are taking the goal of health for all by the year 2000 seriously, and a slap in the face to those who claim that our goal is a mere WHO artefact. The most important single lesson we learned is that evaluation must be undertaken by you in your countries as a normal part of the management of your health systems, and certainly not because
you have to write a report to WHO in two years' time. And we learned also that evaluation has to be a springboard for action and not a mere exercise in history. So good sense dictates that whatever you learn from your evaluation has to be ploughed back into the improvement of your health system. What is more, recent memories are more vivid than distant ones, except perhaps for very old arteriosclerotics; but none of us have reached that stage as yet! So it is good sense to use the findings of your evaluation right away to improve your health system rather than referring back at some later date to an evaluation report.

**District health systems**

3. In my presentation to you last year, I talked about targeting on health for all and advocated establishing action programmes for primary health care to reach your targets. I mentioned briefly district health systems in that context. Well, that theme was taken up and widely reviewed at the recent Health Assembly. As a result, further ideas on the matter crystallized out, and I should like to share them with you so that you can put them to good use. That is as it should be in a democratic organization like WHO; ideas floated at the regional committees are then considered by the Organization's supreme policy organ and returned to the regional committees for further action.

4. It has become clear that district health systems can provide a good opportunity for people to become genuinely involved in shaping their own health care; because the size of the system places it within their grasp, they can see for themselves what is going well and what is not, and they are close enough to those who manage the system to be able to influence their decisions. But we must not over-romanticise the situation. Decentralization to districts has to take place within a sound national policy framework and in a politically and fiscally responsible manner. District authorities have to be given power to act, but also responsibility to act with good sense. They have to be accountable not only to the people in the district, but also to the central authorities. These central authorities, as part of their political and fiscal responsibility, have to define the country's health policy as a basis for action, as well as certain technical and financial standards. At the same time they have to allow for initiative within that policy and those standards; otherwise decentralization of authority becomes a mere pretence. I should add that the health system is only one part of the country's social and economic system, so its administrative pattern has to be able to relate harmoniously to the administrative pattern of the country as a whole. Of course, the health system can pioneer administrative innovation, but the political authorities have to be persuaded to accept that. I mention these few points because if we neglect them we will find ourselves facing a wall of political opposition to our good intentions.

5. But the opposite situation can also arise - where the transfer of authority from centre to district is understood to mean unconstrained and uncontrolled freedom of action. I recently came across a country in which the President had decreed absolute decentralization to districts. So the district hospitals proceeded to buy drugs locally without respect for the country's drug policy and for the list of essential drugs that had been drawn up for the country as a whole. These hospitals soon exhausted their budget for drugs, whereas central purchasing could have reduced costs by 40% and enabled them to have sufficient drugs for the whole year. A similar situation could arise regarding other supplies, as well as equipment, logistics and communication systems. A district is part of a whole. Decentralization does not imply anarchy; it demands responsible management.
6. But the main message I want to get across is that we should not consider the establishment of district health systems as a new academic exercise surrounded by its own mystique. All the ingredients for setting them up are there and have been amply described - in the Alma-Ata Report and the Global Strategy for Health for All - and they have formed the baseline for the evaluation of national strategies. These ingredients have to be mixed in the right amounts. Here is a glorious challenge for down-to-earth health systems research. Your WHO is ready to work with each and every one of you - anxious to work with you - in facing up to that challenge. But in the final analysis the challenge is yours; the era of paternalism has come to an end.

Political and fiscal responsibility

7. Honourable representatives, just as the transfer of responsibility from the central level of government to the district level has to take place within a national policy framework and in a politically and fiscally responsible manner, so the transfer of responsibility in WHO to the governments of its Member States has to take place within a collective policy framework and in a politically and fiscally responsible manner. I need not elaborate on the collective policy framework. We have built it up together, we are living in it and we are not afraid to evaluate its consequences. So I shall start with fiscal responsibility. To make the most of what your WHO has to offer, you have to squeeze all its resources to the maximum. These are far greater than financial resources alone. They include human resources, moral, emotional and intellectual ones, information, and the fruits of experience. They are vast because they represent the sum total of human endeavour for health in all 166 Member States. The financial resources are not vast; they are severely limited and the belt is tightening.

8. It is precisely in order to help you to use your WHO's resources optimally - it is precisely for that reason that we have been devoting so much energy to establishing regional programme budget policies. I have personally provided you with guidelines that sum up years of work together to heighten the relevance of our investments in health and improve the efficiency with which they are used. These guidelines show how your collective resources can be used sensibly to support you in building up your health systems so that they really do reflect your strategies for health for all. They show how you can consistently reinforce your own capacities to do that and to manage the system by yourselves, by using the information - the knowledge, the know-how, the experience - that has been accumulating in WHO over the years, thanks in no small measure to your own efforts. And they show how you can use your WHO to rationalize and mobilize your own resources and reach that longed-for status of national self-reliance in health matters. To crown it all, they show how all that can be done in a highly democratic manner, as befits the WHO of the 1980s and the 1990s.

9. Why then, I ask, why then honourable representatives are so many of you reluctant to seize the opportunity you have been offered? Why do so many of you continue to use your Organization as only one of many funding agencies feeding you with crumbs? Why do so many of you still consider your Organization as a donor rather than a partner? As long as you do that you will misuse your collective resources. But if you accept that partnership you will realize what I have been repeating year after year, day after day, over and over again, WHO is your Organization. You can be your own executioners; you can be your own saviours.
10. Now why am I using such words - executioners, saviours? Why such apocalyptic pronouncements? I am using them because we are facing attacks from without and managerial weakness from within, and the two are not unrelated. We are doing splendid work in planning, in monitoring, in evaluating. Unfortunately, our performance in supporting national programmes inside countries is not so splendid. We are still not spending as wisely as we could and should in countries. In spite of the highly flexible process of programme budgeting of our resources in countries, in spite of emerging regional programme budget policy, in spite of the managerial arrangements we have introduced to make it easier to use our resources optimally in support of your health programmes managed by your health personnel, in spite of all that too many of you are still spending far too much on ad hoc supplies and equipment and too much of that is taking place in the last quarter of the budgetary biennium; sometimes you are spending more on these items in that last quarter than in the three previous ones. That is a sure signal to our critics that we are not spending our money on planned activities. Too many of you are still sending people on fellowships in an unplanned way, not using the fellows properly on their return and not even letting your Organization know what happens to them and to our joint investment.

11. There is nothing new in what I am saying. I have been telling you that for years. It is almost masochistic to repeat it. But, honourable representatives, I am repeating it more forcefully than ever this year because the external climate has changed. Past indulgence towards well-meaning if somewhat romantic health administrators has given way to disillusionment, suspicion and even outright hostility. I will not pretend that this is due entirely to our managerial weaknesses, but these add too much fat to the fire. I have seen the writing on the wall for too long. Two years ago I warned you that if the management of our cooperative activities in countries did not improve, the technical cooperation component in our regular budget could be criticized out of existence, leading to the end of our Constitutional regional arrangements. That is why I was in such a hurry to introduce regional programme budget policy, and to initiate a new kind of financial audit that reveals how your collective resources are being used by Member States, or are not being used by them, to set up the kind of policies and programmes you voted for in the governing bodies.

12. It may be too late. The financial squeeze is on, and the squeeze starting in one part of the globe could easily lead to similar squeezes from other parts and to an eventual financial landslide. The early signs are there, and the less said about them in public the better.

Confidence crisis

13. Honourable representatives, we call this euphemistically a liquidity crisis, but in reality it is far more than that; it is a confidence crisis. How can we restore that confidence? Not by verbal acrobatics, but by demonstrating in practice that we are capable of practising what we preach; that we can use our resources efficiently and effectively; and that we will reach our goal by the year 2000.

14. I know that a number of countries are demonstrating just that. But there are far too few of them. We need a critical mass of countries like these to give living evidence beyond doubt that our strategy is not only viable, but that it is the only reasonable response in a situation of growing problems and diminishing resources. Yes, it is a miraculous strategy, but not a super-natural miracle - a very down-to-earth one that can be produced by hard work and good sense. I could be genuinely optimistic,
I could infect others with that optimism, if only I were sure that you are indeed doing your utmost to make the most of what your Organization has to offer. When I say you, I mean all of us. I am not exonerating the Secretariat from the defect of unnecessary bureaucracy. There is still far too much of that, impeding the speed of our action and casting shadows on the sincerity of our efforts. We must loosen up that bureaucracy to make way for initiative - the kind of initiative I mentioned a few moments ago that thrives in a climate of collective policy and political and fiscal responsibility.

15. Honourable representatives, we are on trial. We could emerge with flying colours if only we used the tools we have. We have a unique policy and strategy. We have a reasonably sound general programme of work; it can help you to build up health infrastructures that conform to the collective policy and use technology that is really appropriate to your country. We have a programme budget that is not a mere bagatelle, but a powerful instrument - if we want to use it as a powerful instrument. But I shall not beg of you to use my guidance for regional programme budget policy. I shall not beg of you to start auditing the way you use your collective resources - or do not use them - to set up sound policies and soundly manage your programmes to give effect to them. It is not for me to beg any more. Your Organization has set up these tools on your behalf. It is up to you to decide if you want to use them and how best to use them. That is your political responsibility, and I am sure you will display good sense in discharging it. If we use our collective resources wisely, come what may your Organization will not only survive, it will flourish under the momentum of its powerful collective decisions and wise knowledge and experience that it has accumulated. But if you continue to use resources in an ad hoc short-term manner, these resources will vanish, leaving little behind but the skeleton of a once-thriving Organization.

Accountability

16. Well, you may ask, if WHO faded into oblivion would the difference be the same? I think it would make a vast difference. Organizations may not be important, but people are. The people of this region need your continued support and guidance until they attain that long-awaited state of self-reliance on health matters. You are their regional health guardians. As for you, within your WHO each and every one of you is accountable to your collective selves. That is by no means a relinquishment of your individual responsibility; quite apart from your moral responsibility to all the people in the region, it is you who bear the consequences of your action within your own country.

17. Now, I said that within your Organization you are accountable to your collective selves. And outside the Organization? Outside you are being judged daily by the world surrounding you, which still does not consider action for health as an investment in development, but rather as a troublesome consumption of resources that could be better used elsewhere to boost the economy. There is only one way to combat that hostile environment. It is to demonstrate in practice that by the proper use of your own resources and of those you share collectively in WHO, by the proper use of these and of the resources of other enlightened external supporters, you can and do forge ahead towards the attainment of the goal of health for all by the year 2000, and through that to the attainment of the other social and economic goals of your people.

18. Yes Mr Chairman, honourable representatives, the value system that inspired the goal of health for all could also inspire other social and economic goals; unfortunately it has not done so as yet. If, thanks in no small measure to your WHO, there has been
a high degree of national interdependence and international solidarity regarding health, there has been little or no international solidarity regarding other sectors of development. On the contrary, North:South and South:North relationships have degenerated into a dialogue of the deaf, and the deafness I am sorry to say affects both sides and all ears. There is a terrible danger that that deafness will infiltrate international health endeavours. You, honourable representatives, can help to restore that mutually lost confidence by exemplary action in the field of health.

19. To succeed, you will have to display outstanding leadership, if only to overcome the all-too-prevalent cynicism and no less pernicious apathy. What is more, if you succeed with regard to health, you may even influence the restoration of confidence in other international social and economic spheres. And if strong leadership is needed to attain a goal that has been so clearly defined and universally accepted as health for all, you can imagine the intensity of leadership required to make sure that our common health goal does indeed give rise to broader socioeconomic development goals and genuine international dialogue to attain them. You can exert that leadership if you try hard enough, fortified by your Organization's common but most uncommon value system and resulting health policy. By exerting it you will fill an all-too-evident vacuum, not for personal glorification, but for the benefit of your people. For in the final analysis you are accountable to them, to your people. And in the final analysis, your WHO is accountable to all people everywhere.

Thank you.