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STATEMENTS OF

DR HIROSHI NAKAJIMA
DIRECTOR-GENERAL

TO THE
EXECUTIVE BOARD AND THE
WORLD HEALTH ASSEMBLY

WORLD HEALTH ORGANIZATION
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STATEMENT BY THE DIRECTOR-GENERAL TO THE EXECUTIVE BOARD AT ITS NINETY-THIRD SESSION

Geneva, 17 January 1994

REFORM IN WHO

Mr Chairman, distinguished members of the Executive Board, ladies and gentlemen,

Beset with deep economic and social tensions, the world in 1993 was riven by ethnic, religious and territorial conflicts, on a scale unprecedented since the Second World War. Global economic and political turbulence, which points to cultural and structural faultlines, reached the World Health Organization too. Faced with a changing environment, WHO's governing bodies and Secretariat, together, promptly initiated action to update WHO's policies, management and structure.

The current reform process takes into consideration the recommendations made by the Executive Board, through its Working Group on the WHO Response to Global Change, and its Programme Committee. Thus, the Secretariat has identified the following areas of priority for reform: WHO's advocacy and communication policy; the methods of work of its governing bodies; WHO's internal structure and working relations as a global network, and its programme development and management, including budgetary and personnel matters.

WHO has embarked on an update of its health-for-all policies in order to foster greater involvement of society alongside government. The new health partnership we want to achieve stresses the interdependence of all sectors, communities and individuals, and the need to share resources and responsibilities in a spirit of respect and solidarity.

WHO's advocacy for health will now be supported by more systematic communication of the considerable amount of data WHO collects from different sources, or generates through its own collaborative research. Once validated and analysed, this information will be published yearly in user-friendly reports on the world health status and WHO's activities in support of public health policies. Such reports will also serve as useful tools for WHO's management.

New procedures and document design are being introduced to help focus and expedite the work of the Board and the Health Assembly. The Secretariat has high expectations of the specific programme reviews to be tested at this January session within three subgroups of the Executive Board. We look forward to hearing the preliminary views of the Board itself on the usefulness and practicality of this mechanism. The Board will decide whether to set up an Administration, Budget and Finance Committee to look into the relevant issues which cut across different programmes.

The Board will also consider options for nomination of the Director-General and Regional Directors, designation of its own members and selection of its officers.

To keep up with the challenges of a new world environment, WHO must make the most of its unique competitive advantage as a global network involved in long-term and comprehensive health development. It can capitalize on the diversity of its regions provided that this potential is enhanced through coordinated action and unity of purpose.

With this in view, I have set up a number of mechanisms to involve WHO regional offices in all stages of the decision-making process and at all levels of the structure. Dealing with policy matters and target-setting, the Global Policy Council brings together the Director-General, the Regional Directors, the Assistant Directors-General, and the Director of the International Agency for Research on Cancer. For management follow-up and technical links, the Management Development Committee includes all Directors of Programme Management from the six WHO regions, together with the Assistant Directors-General and Executive Directors from headquarters. These groups will hold regular sessions throughout the year, and liaison and support will be provided by the Cabinet of the Director-General.

Recognizing that further in-depth work is required to harmonize and finalize our reform, six development teams have been set up. Their membership, again, ensures full representation and participation of the regions. They cover major areas of interest such as: WHO policy and mission; programme development and management; management of WHO information systems; information and public relations policy; the role of the WHO Representatives; and, finally, WHO's personnel policies. These development teams will have a limited life-span.

The structural reorganization, besides emphasizing regional participation, aims at facilitating cross-sectoral collaboration. This is consonant with the new clustering of programmes and activities proposed within the six-year Ninth General Programme of Work and the revised Classified List of Programmes. Basically, the organizing principle has been to emphasize target-oriented activities. This goes together with the implementation of our "rolling plan" concept. For each of the three bienniums covered, direct cross-referencing between the two-year, short-term perspective, and the six-year, longer-term horizon, will help us to be both more pragmatic and more sharply focused. It should also make it easier to keep our priorities up-to-date, and enhance the relevance of our health interventions and programme budget estimates.

In the same perspective, we are instructing our programme managers to provide information to highlight the causal relationship between the use of specific resources, expenditures and activities on the one hand, and health achievements on the other. This should assist Member States and others in assessing the actual "role" and productivity of their contributions to WHO. It will also enhance technical and financial accountability on the part of the Secretariat.

Preparing the programme budget means adjusting overall demands, resources and priorities. Once the general directions and overall breakdown in expenditure are agreed upon, allowance has to be made for programme and operational priorities which are country- or region-specific, and also for changes which occur over time.

For the Organization to meet emerging or long-term priorities, availability of resources is a basic prerequisite. Here, WHO is faced with three main difficulties: ***first***, the sheer inadequacy of funds, due to the continuing zero-growth policy in real terms for its regular budget. This

shortage of funds is currently made more acute by a deficit in assessed contributions received. A ***second*** issue is the increasing imbalance between regular and extrabudgetary funding in some priority programmes. This often gives the Organization very little choice in practice when it comes to priority-setting, budget cuts and redeployment of staff. And, ***third***, the recurrent call for WHO to use "value-for-money" as the basis for its priority-setting. "Value-for-money" can and should be a useful tool for management. But it should not lead us to give preference to "quick fixes" over sustainable health development. We must accept that sustainability requires long-term investment, often with few visible and immediate returns.

WHO's staff is one of its major resources. To sustain WHO's activities, provisions must be made to ensure sustainability and flexibility in staffing. This year, WHO is 46 years old! In 1998, we will celebrate our fiftieth anniversary and, by that time, many current staff will have retired. One hundred and forty-four nationalities are represented among WHO staff working all over the world, but their distribution is heavily skewed according to their geographic location. For example, over 70% of WHO staff at headquarters come from America and Europe. And we all know that, unfortunately, sex distribution is still far from satisfactory.

The use of geographical and sex criteria for recruitment is only fair. But when stringent financial constraints and political pressures are added, management ends up with serious difficulties, to say the least, in implementing its staffing and, particularly, its redeployment policies. High up on WHO management's priorities has been the restructuring of the Division of Personnel in order to review and improve these policies. I hope that all staff can recognize both the constraints within which we all have to work and the efforts of management to establish a dialogue. I also hope that the Staff Committee will come to understand that its mandate, its objectives and the interests of the staff are best served by collaboration rather than confrontation.

As WHO enters the next stage in its reform process, a major challenge will be to complete the smooth harmonization and coordination of WHO's regional autonomies within its global network. A simpler and more transparent structure will be a key element to convince donors to

step up their financial commitments. This, in turn, should broaden opportunities for recruitment and give more flexibility for staff redeployment.

Harmonization and coordination will also increase our relevance and effectiveness. Relevance implies that the right decisions are made at the right time – based on significant and up-to-date information. Effectiveness means that decisions lead to action; and that what is decided can and will be implemented. We are currently reviewing our whole information system in order to ensure that it relates directly to the new programme clusters and activities. Our management information system will also be adapted, taking into account our specific needs for basic compatibility and communication throughout the world.

To meet the growing interest in and demand for health information on the part of the public, and in view of the high prevalence of noncommunicable and lifestyle-related diseases in both developing and developed countries, WHO needs new approaches for communication about health. Health education, health promotion and public information will each be reviewed to make sure that there is a component in every WHO programme.

Providing emergency assistance has become a vital function of WHO, and we welcome the opportunity to contribute to United Nations undertakings in this field. However, they are difficult and expensive. Political pressure, fed by pressure from the media and public opinion, is often greatest on WHO in cases of "man-made disasters".

Since the beginning of the conflict in the former Yugoslavia, and under the leadership of the United Nations High Commissioner for Refugees, WHO has been involved in assessing health needs and providing emergency health care and supplies. WHO has brought humanitarian assistance to the peoples of Bosnia and Herzegovina and other affected countries such as Croatia, The Former Yugoslav Republic of Macedonia, and Slovenia. It will continue to provide humanitarian assistance to the populations of Serbia and Montenegro, and will plead for the partial lifting of sanctions where health services are concerned.

WHO's mandate is to work for peace through the protection and promotion of the health of all peoples of the world. I strongly believe

that solidarity and equitable development are the best foundations and defences of peace.

Consequently, WHO was quick to explore the prospects for cooperation created by the peace process initiated between Israel and the Palestine Liberation Organization. WHO's latest appeal for emergency assistance (for 10 million US dollars last October) has been well-received. With over 50% of the funds requested now available, WHO is poised to launch health interventions to help the Palestinian Interim Administration and its Health Council develop and strengthen an autonomous primary health care network.

I visited Gaza and Jericho myself last December. I very much appreciated the pledges of cooperation from the governments of Israel and other countries and from nongovernmental organizations. My ambition is that, with the support of the international community, rapid and tangible progress can be achieved in the field of health, which will demonstrate the reality and the benefits of the peace-building process to all populations concerned. This will be a shining example of global partnership for peace.

Whatever the present impasses and hurdles in countries such as the former Yugoslavia, Afghanistan, Somalia and Mozambique, I believe the same principle of non-discriminatory humanitarian assistance should apply. But in particular the health of Africa must be of concern to us. Political instability has compounded the economic and health difficulties experienced by many of our fellow human beings on that continent. An added problem for WHO is the present stalling of operations at its Regional Office in Brazzaville, due to major security problems. We are monitoring the situation day by day.

Restructuring has emphasized synergy and cooperation with the United Nations. At this session, the Executive Board will consider establishing a joint and cosponsored United Nations Programme on HIV/AIDS. The cosponsors have indicated their preference for a global programme, with global coordination of policies, approaches and funding, and for a unified secretariat to be administered by WHO. The main purpose of this global integration is to enhance consistency and efficiency in action and use of resources.

The HIV/AIDS pandemic is of exceptional importance not only for its own epidemiological magnitude but also for the re-evaluation it has forced on the world of the meaning of health in terms of economics and politics. AIDS, moreover, has forced us to reconsider how international partnerships should be carried out in research and development, in prevention and control, in caring for patients, in sharing resources and even in accepting changes in the value-systems of our civilizations. I would like to make a plea that we do not let the discussion on structures and procedures overshadow the fact that, as it is, global resources devoted to AIDS research, prevention and care, are just plainly inadequate. Beyond administrative considerations and beyond any quarrel over who gets how much credit and funding for what, I wish we could all concentrate on the crying need for intensification of efforts and resources in our fight against AIDS.

Regarding vaccines and immunization programmes, within WHO I am moving ahead with the setting up of a consolidated programme, bringing together the Expanded Programme on Immunization, the Vaccine Development Programme and the Children's Vaccine Initiative. I am pursuing the dialogue with our United Nations partners to finalize the structure for a cosponsored programme led by WHO. WHO itself will be involved at all levels of its own structure to provide support for research on and development of safer, more stable and more efficacious vaccines, to ensure quality at affordable cost and to achieve sustainable and fully effective immunization coverage.

At headquarters, all programmes now are under review and will be streamlined on a systematic and phased basis. One of the options we are contemplating would accelerate our activities to eradicate or eliminate poliomyelitis, leprosy, and dracunculiasis by making them the subject of special programmes.

We have worked hard with limited resources to design and implement a wide range of reforms while keeping up with present programmes. WHO staff and management have been intent that WHO should honour its current commitments to Member States. This WHO has done, servicing countries and consolidating past health achievements. It has followed up the plans of action established for malaria, tuberculosis,

nutrition, intensified cooperation with countries in greatest need and environmental health under Agenda 21. The International programme on the health effects of the Chernobyl accident has made good progress in the monitoring and surveillance of nuclear exposure. Chemical and food safety are related fields in which we have continued our work.

WHO has been actively preparing for the United Nations International Conference on Population and Development to be held in Cairo in 1994. It is also gearing up for the World Summit for Social Development, planned for 1995 in Copenhagen, to mark the fiftieth anniversary of the United Nations.

The Executive Board Working Group suggested that WHO should update its health targets and restate its mission, in line with the new challenges global change is creating for us. On the eve of the twenty-first century, one of these challenges is biomedical ethics.

WHO's constitutional functions include technical and ethical standard-setting. At this session, the Board has two normative items on its agenda: Status of implementation of the International Code of Marketing of Breast-milk Substitutes, and WHO ethical criteria for medicinal drug promotion. Today, however, the ethical challenges emerging from dramatic advances in biomedical technology have a quite different scope. They touch upon the definition of the human being, our biological integrity, and our status and relationships within the family structure and society at large.

Biomedical technology today opens tremendous avenues for research and, in time, can provide us with much-needed therapeutic breakthroughs. But it also raises far-reaching medical, ethical and legal issues. The recent interest and controversies which developed around the cloning of cells of human embryos and medically assisted human reproduction, including post-menopausal pregnancies, have shown that public opinion perceives the whole field as a major social issue, that deserves full scrutiny and a systematic public debate.

This vividly illustrates the pivotal role of biological research and health care practices in redefining our contemporary societies – one is tempted to say, in reshaping our civilizations. Medically assisted human

reproduction is an important field, but only one of the many essential fields of concern for biomedical ethics. Blood safety is yet another, with related issues of quality, cost, sustainability of supply, and international trade of blood products. Gene therapy, organ transplants, and experimentation on human subjects are others still. And the list could go on.

These issues cannot be seen as limited to rich countries only. They necessarily spill over from one discipline, country or continent to another. They also reveal and could aggravate economic and technological inequalities and cultural divisions. Today, in most developing countries and, as was seen recently, in developed countries as well, there are few ethical safeguards to guarantee that in such health-related issues the safety and rights of both individuals and communities are adequately protected.

As I have informed the Programme Committee of the Executive Board, my intention is to push for WHO's intensive involvement in the fields of both human rights and biomedical ethics. With its global membership, long-standing experience in standard-setting, and specific technical expertise, WHO is uniquely equipped to facilitate reflection, exchange of data and experiences, and consultation at the international level. As one distinguished member of this Executive Board very aptly put it: "WHO should be the health conscience of humankind".

Reflection on these new issues must be integrated into a broader reassessment of the value of health in our societies and in an interdependent world. What is required is a deeper understanding of the implications of this global interdependence for solidarity as a deliberate and reasoned policy. This vision of health and solidarity inspired the call I made last year for a new health partnership – a partnership which would involve all countries, communities and individuals, and both government and society, in the sharing of resources and responsibilities to ensure health for all, in a spirit of justice and mutual respect. I hope, and indeed believe, that this session of the Executive Board will mark a milestone on the road to the fulfilment of that vision.

Distinguished members of the Board, ladies and gentlemen, I thank you for your attention.

STATEMENT BY THE DIRECTOR-GENERAL TO THE FORTY-SEVENTH WORLD HEALTH ASSEMBLY

Geneva, 3 May 1994

Mr President, excellencies, honourable delegates, ladies and gentlemen,

One year ago I began to reform the management of WHO as you requested. The process is moving forward. It has to be steady, ensuring the participation of all. And, by 1995, I am hopeful that reform will be harmonized at all levels of the Organization. WHO will then be better able to face the priority issues of health development in its Member States. Under most items on its agenda, the Forty-Seventh World Health Assembly will be introduced to the many dimensions of the reform process. For reform, as all of us realize, is not just about structures.

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WHO has two major constitutional functions: the direction of international health work, with a responsibility for both advocacy and coordination; and the unique obligation to carry out technical cooperation in the field of health with its Member States. Reform, therefore, means both improving our structures and redirecting our choices and priorities to better respond to the needs of our Member States. Reform is about improving WHO's capability to act and react more swiftly and effectively in the face of new health challenges and changing international and local environments.

Within WHO, I have focused on developing collective management and strengthening communication and information throughout our global network. I established a Global Policy Council within which I

meet regularly with the Regional Directors, the Assistant-Directors General and the Director of the International Agency for Research on Cancer. Together we review health trends and issues and we update WHO's policies and strategies. With a membership representing all six WHO regions and headquarters at senior level, a Management Development Committee ensures technical coordination and follow-up.

Collective management in WHO further extends to six development teams which are now looking into the following priority areas for reform: WHO policy and mission; WHO programme development and management; WHO information systems; WHO information and public relations; WHO country offices; and, WHO personnel policy. Already, some major programmes have been restructured, merged or streamlined, to foster intersectoral approaches and speedy action.

Information and communication are crucial for decision-making and action. To support managerial reform and ensure the effective monitoring of health trends and health-for-all strategies, a comprehensive WHO management information system will be established. Furthermore, starting in 1995, as recommended by the Executive Board, WHO will publish an annual report on the health status of the world. The report will help to put WHO's work in perspective, assess its impact on health and review priorities. I am convinced that it will also strengthen WHO's advocacy for health development, document the need to integrate health into other areas of government policy, and reinforce WHO's urgent call for national health system reforms.

The Ninth General Programme of Work, which the Assembly will consider at this session, must be seen within the general spirit of reform. It will serve as a framework and a tool for global and national health development during the period 1996-2001. As such, it must accommodate both integrated, horizontal health interventions and vertical, disease-specific programmes. It must provide practical guidelines for immediate priorities while retaining enough flexibility to make room for future, as yet unidentified, health needs.

In attempting to reconcile such contradictory demands and ensure a common purpose, the Ninth General Programme of Work proposes ten goals which are basically aspirations and measurable aims. It also spells out operational targets against which WHO and its Member States can

measure the outcomes of their health interventions. These are realistic targets which we can achieve if we mobilize our efforts and resources.

Priorities for health action differ from country to country and from region to region. So does the pace of change. Thus budget allocation, which is a balancing act between resources, needs and priorities, must allow sufficient flexibility for different regional and local programme priorities while preserving transparency and accountability.

In January 1994, the Executive Board experimented with in-depth group reviews of selected WHO programmes. The Board also decided to establish an Administrative, Budget and Finance Committee and to transform its Programme Committee into a Programme Development Committee, entrusted with monitoring WHO's managerial and structural reform and ensuring that it enhances technical cooperation. All these mechanisms will assist us in adjusting programme priorities and budget allocations to meet evolving health needs. They will also help us intensify our dialogue and partnership with our Member States.

The Ninth General Programme of Work reaffirms WHO's commitment to our common goal of health for all. The definition of health given by the WHO Constitution is essentially dynamic. Any public health achievement or technological breakthrough sets a new baseline to be improved upon. Yet in many countries today, much remains to be done to meet even the most basic health needs.

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I have repeatedly expressed my vision of health as a continuous and inclusive development process, involving all countries and all individuals and communities. And I have reiterated WHO's commitment to national health development in support of world peace and development, whatever the political and economic environment.

WHO's involvement in emergency relief operations and humanitarian assistance exemplifies this commitment to health, development, peace, and international cooperation. This involvement is of long standing and a constitutional obligation. Because of its traditional working relations with Member States, WHO is familiar with the national and

local health staff and situations. It can readily provide specific back-up through its technical programmes, as in the case of drug production and supply through its Action Programme on essential drugs. WHO's support also covers preparedness and logistics, and includes the training of health personnel among refugees and displaced populations.

Altogether, demands on WHO for humanitarian assistance have increased. In spite of our financial limitations, we have been active in many countries and areas such as Afghanistan, Cambodia, Somalia, Liberia, Mozambique, the occupied Arab territories, including Palestine, the former Yugoslavia, and more recently Rwanda. WHO works closely with local experts and institutions to ensure the provision of essential medical supplies and health care, particularly in countries affected by sanctions. WHO has expressed its serious concern over the adverse consequences which sanctions are having on the health of entire populations, both in the countries concerned and in neighbouring areas.

While coordinating our activities with the United Nations system and international nongovernmental organizations, WHO always looks beyond the emergency period. Against fragmentation, WHO consistently strives to promote the sustainable and harmonious development of comprehensive health services, based on primary health care, for all peoples nationwide.

For all people to enjoy healthy and peaceful lives, hunger and poverty must be eradicated. Here, our priorities for action start with children.

A significant decrease in infant mortality has already been recorded worldwide. From 163 deaths per 1000 live births in 1950 it has fallen to 65 in 1990. Seventy countries, with a total population of 3 billion, have less than 50 deaths per 1000 live births. Because 1994 is the International Year of the Family, I wish to highlight the importance of the combined work of our technical programmes for family health, immunization and nutrition. By their intersectoral activities, they successfully promote not just the survival but the healthy and happy growth of children throughout the world.

The health of women is also a high priority and a critical factor in family health and national development. Recently, WHO Global Com-

mission on Women's Health met in Geneva to take stock of both achievements and needs and to prepare a consolidated plan of action to be considered by the Fourth World Conference on Women in Beijing in 1995.

Sustainable development requires the prevention and control of major diseases such as malaria, tuberculosis and HIV/AIDS, which are destroying the most precious resources countries have, namely their peoples. Health action and development are closely dependent on demographic and socioeconomic factors. This has been demonstrated by the adverse consequences that structural adjustment has often had on the health sector, and by the negative impact of recent devaluations in Africa, especially on the availability of pharmaceuticals and other medical supplies.

In our common fight against HIV/AIDS, advocacy is essential. WHO will keep stressing the need for public policies which are consistent with, and actively support, health policies. WHO continues to support and cosponsor important international conferences such as the Conference on AIDS in Africa, held in Marrakesh. At the Summit of the Organization of African Unity, which will meet in June in Tunis, the heads of state of Africa have chosen to put "AIDS and the Child in Africa" on their agenda. The next International Conference on HIV/AIDS will be held this August in Yokohama. It will be a major milestone in our annual policy and technical updates on HIV/AIDS. We have entered a new era where the dimension of caring for the people infected with HIV is receiving much greater attention. We must now ensure that this dimension is properly integrated into all health policies and services.

Our tuberculosis programme has gathered momentum and is placing renewed emphasis on advocacy, policy and strategy development. Work continues on the development of new diagnostic tools and, in particular, drugs which can be used against multi-drug-resistant strains.

Major epidemics such as cholera, as well as malaria and other parasitic diseases still confront us with difficult situations. But recent advances in the development of drugs and vaccines are encouraging. The eradication of dracunculiasis (guineaworm disease) is nearly achieved, although its certification will continue up to the year 2000. WHO is

shortly to announce the establishment of a special global programme for leprosy elimination to enable us to step up our efforts in this last and decisive stage of our fight against this centuries-old scourge.

The Forty-Seventh World Health Assembly will celebrate the twentieth anniversary of a programme of which we are all particularly proud, the Onchocerciasis Control Programme. Having successfully carried out its control operations in West Africa, the programme has reached the final stage of devolution. About 25 million hectares of land are now available for safe resettlement, and many among the previously affected populations have returned to their villages and farms. The sponsoring agencies and the international community are now able to turn their attention to sustainable development in these "oncho-freed" areas.

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Synergy and intersectoral cooperation are necessary to achieve health for all as an indispensable part of economic and social development. This is true not only in times of economic and financial constraints but at all times, because health itself is multidimensional.

Thus, another major thrust of my leadership has been to set up new health partnerships. I have constantly looked for opportunities to create new alliances, to expand collaboration with other agencies and nongovernmental organizations and to enable the public and the private sectors to work together. This has always been, and remains, an important part of my vision of health and international cooperation.

Our efforts to develop interagency and intersectoral partnerships are bearing fruit. A proposal is on the table and has general support for setting up a joint and cosponsored United Nations Programme on HIV/AIDS. The Programme will be administered and implemented by WHO and coordinated at country level by the United Nations resident coordinator, with strong technical support from the WHO country office. This ground-breaking initiative highlights our determination to enhance complementarity of action to meet health needs in an integrated fashion.

I have moved along the same lines to propose joint action in the field of immunization and vaccines. Negotiation is well advanced with

UNICEF, UNFPA, the World Bank and the Rockefeller Foundation. An agreement should soon be concluded on a cosponsored programme, with WHO as the lead agency. With this in view, I am restructuring WHO's programmes, merging the Expanded Programme on Immunization together with the Children's Vaccine Initiative and other vaccine-related units and activities. I want to strengthen our cooperation with all our partners, including nongovernmental organizations, because I want to make sure that, as of the year 2000, we save the three million children under five years of age whom it is in our power to save every year provided we have the resources. I also want to make sure that by the year 2000 we have eradicated poliomyelitis and that no child will ever again suffer the severe disabilities caused by this disease. And this is feasible provided we put into it the necessary political will and resources which many heads of state have already committed.

Sound management of the environment is essential to protect and improve the health of present and future generations and, indeed, to ensure that there is a future left for them. On this issue again, and as a follow-up to the Rio "Earth Summit" and its Agenda 21, WHO has worked very hard to promote joint programming and complementarity of action with other agencies. It has done so, for example, with its many partners within the International Programme on Chemical Safety and has pushed for the establishment of an intergovernmental forum. At the International Conference on Chemical Safety, held last week in Stockholm at the invitation of the government of Sweden and cosponsored by WHO with ILO and UNEP, we offered to act as secretariat to the forum. Soon, therefore, we shall be able to tackle environmental health issues more in depth, achieving synergy to promote sustainable development.

This leads me to the matter of our collaborating centres. These centres make up a vast and unique global network of expertise which we must use more effectively. Thus, as we enlarge our approach to health, we must bring them into intersectoral ventures rather than restricting our collaboration with them to specific diseases and health issues.

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Health for all to promote peace and sustainable development, through synergy and complementarity of action – this has been my vision of international cooperation and the basis for my leadership of the World Health Organization.

Health issues, however, and consequently health action, are becoming ever more complex as they are influenced by many factors external to health. New lifestyles and changing lifecycles have emerged which bring new health problems. These include a worldwide increase in the prevalence of noncommunicable diseases such as cancer, cardiovascular diseases and diabetes. There are new and expanding demands on the health sector because of a longer life expectancy which we would like to make as disability-free as possible. Poverty, migration and growing unemployment also have specific medical and psychosocial consequences which we must face and help to alleviate. Substance abuse has become a worldwide concern, together with the violence and behavioural problems it entails, and drug abuse is a threat to the lives and health of our youth especially.

Global change requires us to rethink our fundamental understanding of human life, and of societies and civilizations, reasserting that human beings, as a species, are unique. We all have a common biological susceptibility to human-specific diseases such as AIDS, and we all share a capacity for mutual respect and solidarity. In the field of health, our sense of moral responsibility is expressed in our concern for biomedical ethics. Two important items on your agenda are related to health and ethics: Infant and young child nutrition; and WHO ethical criteria for medicinal drug promotion. Your discussions on these two items will help shed light on important issues of ethics, enriching the current global debate with your different cultural views and approaches.

For some time now, WHO has been developing its orientation with respect to biomedical ethics. Recently, I sent a questionnaire to all Secretariat staff at headquarters and the regions to elicit their preliminary comments and suggestions, both as concerned citizens of many countries and as people with experience in the Organization. The responses show a majority favouring the definition of minimum criteria and codes of good practice, and the spread of information and public debate as the best options for WHO to support Member States in this

area. Equity of access to health care scores highest among individual ethical issues of concern to WHO staff. It is followed by genetic technology, experimentation on human subjects, euthanasia and medical research.

I shall soon extend the consultation process to all Member States and request their participation in drawing up a more systematic and technical catalogue of the ethical issues related to health and the priorities they would wish WHO to take up.

Human reproductive health is an important example of WHO's involvement and responsibilities. At the United Nations Conference on Population to be held in Cairo, in September 1994, WHO will promote follow-up action on population issues, for example within the Safe Motherhood Initiative. WHO also intends to table the issue of the definition of reproductive health. We will aim at a definition which includes access to reproductive health services, informed choice, and clearly defined rights and responsibilities.

Access to health services is a matter not only of human rights but of ethics in general, and of individual and community responsibility. As they reassess their activities, all WHO programmes will give more emphasis to these issues, including in the fields of research, health promotion and education, human resource development and the collection and dissemination of information.

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Once again, I want to emphasize that health cannot be assessed and quantified as just any commodity. It would be foolish for us to ignore the impact of escalating health costs on public expenditure. The economic crisis, increased unemployment and the general aging of the world's population raise the question of the long-term sustainability of health services and their financing by a proportionally shrinking labour force. Yet the choices involved in health care policies go far beyond economic and managerial decisions. Implicitly, they involve our vision of the mutual relations and responsibilities of the State, the individual and the community. We should realize that at both the national and the interna-

tional levels, our definition of health, of human life and of society, and our priorities will be read in our budget policies. And, for the time being, WHO's regular budget remains limited to zero growth in real terms.

The 1946 WHO Constitution and the 1978 Declaration of Alma-Ata continue to express our unchanging goals for world health. Yet today we face new health problems and unsolved ones in a world environment which is increasingly unpredictable and seems irrational. Together, we must envision a new model for the solution of health problems, a model which is responsive to today's political and economic realities and which can help us shape new societies and civilizations. In a turbulent world, such a model must give rise to unified action throughout a reformed WHO structure and in our collaboration with Member States, with nongovernmental organizations and with all peoples – in a spirit of solidarity and shared responsibilities. With a new partnership for the development of human health, I remain optimistic that together we shall achieve our goal of Health for All by the year 2000. My staff and I pledge to do everything in our power and concentrate all our efforts and energy on attaining this mighty objective.

Thank you.