STATEMENTS OF

DR HIROSHI NAKAJIMA
DIRECTOR-GENERAL

TO THE
EXECUTIVE BOARD AND THE
WORLD HEALTH ASSEMBLY

WORLD HEALTH ORGANIZATION
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CONTENTS

STATEMENT BY THE DIRECTOR-GENERAL TO THE EXECUTIVE BOARD AT ITS NINETY-NINTH SESSION

Geneva, 13 January 1997

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

It is the responsibility of the Executive Board, together with the Health Assembly, to ensure that the programme orientations and planned activities outlined in the programme budget are consistent with the Organization's mission and priorities. At this session, the Board will consider the proposed programme budget for 1998-1999, the last biennium before the year 2000, when WHO's reform becomes fully operational. In a sense therefore, while it reflects all the reform measures that have been recommended, this is still a transitional programme budget.

Since 1993, under the guidance of our governing bodies, we have been carrying out reform at all levels of the Organization. Major changes have been gradually introduced into WHO's policies, programme areas, structures and procedures, to improve accountability, contain costs, and enhance efficiency. In implementing these changes, my constant concern has been that they should put the Organization in a better position to mobilize international cooperation in support of health development and capacity-building in our Member States.

It would be a dangerous fallacy to measure the success of reform in negative terms only, such as reductions in budget, staff and activities. The purpose of reform is to enable the Organization to adapt as necessary to new environments and future challenges as they emerge, recognizing, however, that many of them are largely unforeseeable.

Reform therefore must be conceived not as a one-time event but as a dynamic process. This was rightly stressed by the executive heads of all

United Nations agencies meeting recently within the Administrative Committee on Coordination (ACC). Neither does reform mean that we should deny all past achievements and throw out all existing policies and methods of work. Rather, it requires that we should build on our past experience, learning both from our successes and from our failures in attempting to achieve what we called «Health for All by the Year 2000».

To make the proposed programme budget a truly analytical tool, we should be able to highlight our strengths and weaknesses much more clearly and link them to the specific challenges we have to face. I shall look forward to hearing the comments and suggestions of the Board on how to improve this document so that it provides the basis for a meaningful debate at the World Health Assembly in May 1997.

In consolidating the proposed programme budget for 1998-1999, we have followed the Board's recommendations on priorities and worked towards harmonizing these proposals and those of the six regions of the Organization. Some degree of divergence, however, remains, reflecting the different needs, cultures and management styles of Member States. Board Members may want to work together during this session on the further harmonization of priorities. For our part, the Regional Directors and I will spare no effort to help facilitate consensus at the coming Health Assembly.

In 1993 the Executive Board adopted 47 recommendations on WHO's adaptation to global change. The policy and managerial changes they implied have been made but some of the new mechanisms and procedures, such as the Management Information System, are still being tested. Many of these changes have already produced tangible benefits. The Global Policy Council and the Management Development Committee, which are now meeting regularly, have improved communication and coordination significantly within the Organization. The Regional Directors will be informing you about the follow-up of reform and its impact in their regions. From my own observations, I can already say that the results are visible at country level, where concerted action has reinforced WHO's identity and effectiveness. We can expect that the new procedures for the recruitment of WHO Representatives will further strengthen WHO's role at country level.

The restructuring of our programmes has been a major factor of change. It has aimed at focusing our resources on a smaller number of essential areas of health work such as infectious diseases, reproductive and family health, environmental health, nutrition, vaccines and immunization, essential drugs, health systems, disabilities, noncommunicable diseases, and mental health and substance abuse. With a sharper focus, our action also becomes easier to identify and understand. This helps to dispel some of the misconceptions about WHO as a bureaucracy. The public need to be able to see for themselves what WHO really is about and what WHO staff are accomplishing in their everyday work to help countries protect and promote people's health.

The preliminary results of our streamlining exercise are encouraging, and show that many of our programmes are gaining momentum. By declaring tuberculosis a global emergency in 1993 and setting up its Global Tuberculosis Programme, WHO was able to catalyse a practical worldwide response to this disease. The epidemic is now showing signs of levelling off, at least in some parts of the world, and an effective strategy (Directly Observed Treatment Short Course - DOTS) developed and tested by WHO is being used by over 70 countries.

The special campaigns set up for the eradication of dracunculiasis and poliomyelitis, and for the elimination of leprosy, Chagas disease, neonatal tetanus and major forms of malnutrition have won considerable political and public support. In 1995, National Immunization Days were organized during which almost half of the children in the world under five years of age were immunized against polio. Last year Africa embarked on a huge effort to increase immunization coverage and advance the goal of polio eradication on the whole continent. In the same spirit, WHO and its partners have launched an African meningitis initiative to strengthen prevention and improve surveillance and response. We will continue to coordinate international cooperation and foster alliances between the public and private sectors in support of these efforts.

The Division of Emerging and Other Communicable Diseases, set up as part of WHO's reform process, has already proved its ability to respond quickly and effectively to new public health challenges such as the recent outbreaks of Ebola haemorrhagic fever and Transmissible Spongiform

Encephalopathies. In the case of natural disasters and complex emergencies, a clearer definition of WHO's role and means of intervention has enhanced our capacity for effective action in partnership with other United Nations agencies, governments and nongovernmental organizations.

The formal process of restructuring has informal by-products which are very useful in themselves and provide clues about what needs to happen. One such clue is the increasing use of ad hoc working groups within the Secretariat, reflecting the interest of people from different programmes in meeting to exchange information on matters of common concern. We want to encourage this trend but keep it rather informal, so that it remains adaptable to changing needs. It will be a valuable asset for strengthening our analytical capacity and adding flexibility to the ways in which programmes and sectors can work together.

Some of the 47 recommendations for change stressed the need for WHO to improve collaboration with other United Nations agencies. We have done this by strengthening WHO's advocacy function and drawing attention to health concerns and requirements for sustainable human-centred development in all relevant United Nations conferences. We have participated actively in the Social Development Summit in Copenhagen, the Women's Conference in Beijing, and more recently in the United Nations Conferences on Human Settlements in Istanbul, Solar Energy in Harare and Food and Nutrition in Rome. I can say with some pride that WHO has always followed up on its commitment to health aspects of the plans of action adopted by these conferences. Our work on environmental health (Agenda 21) and reproductive health demonstrates this particularly clearly.

Our collaboration with other parts of the United Nations system is also developing in cosponsored programmes such as those on HIV/AIDS (UNAIDS), chemical safety (IPCS) and onchocerciasis (APOC), both through joint management meetings and through activities in the field. In addition, collaboration takes place in the technical sessions of the Economic and Social Council. I recently had the opportunity to brief Members of the High-Level Segment of the Council on WHO's assessment of the serious health issues raised by new trends in substance abuse in Africa and worldwide, and our views on how to tackle them at global and

country level. Health and education are the two priority areas of the United Nations System-wide Special Initiative on Africa. The ACC has confirmed that it is WHO's responsibility to lead and coordinate health activities within this framework. It has also stated that all activities within this Initiative should incorporate women's perspectives and contribute to improving the status of women and their socioeconomic opportunities. This is in harmony with the approach WHO has been taking in all its technical programmes for some years now and we will continue to pursue it vigorously.

The world has changed a great deal since the United Nations system and the World Health Organization were founded, and indeed since the Alma-Ata Declaration. The regionalization and globalization of economic and political forces, privatization, new technologies, changing lifestyles and demographic shifts are major factors that determine opportunities and constraints for health development and international cooperation. They are reshaping WHO's partnerships and calling for a re-examination of our functions.

Within this new environment, WHO is increasingly called upon to facilitate dialogue and cooperation on health matters between regional groupings such as the Organization of African Unity, the European Union, Mercosur, the Community of Independent States, and the Non-Aligned Countries. We recently participated in the East Asian Ministerial Meeting on Caring Societies which focused on health and social services and was organized by Japan as a follow-up to the G-7 Summit in Lyons. WHO is also involved in the current initiative launched by the Group of 77 and China, within UNCTAD's Commission on Trade in Goods and Services and Commodities, to look into the implications of the globalization of trade and technology for the health sector. This includes studying problems and opportunities in areas such as telemedicine, procurement of pharmaceuticals through the Internet, quality assurance and regulatory mechanisms, traditional medicine, the implementation of the Agreement on Trade-Related Aspects of Intellectual Property Rights, training, and research.

Research on public health issues and their biomedical, economic, technological and social determinants is an essential function of our programmes and is carried out in their daily work in cooperation with

countries. It is on the basis of such operational research that WHO is able to consolidate policy guidelines and recommend technical and ethical standards. This comes out clearly in the progress reports you will be considering on the reorientation of medical education and practice, reproductive health, HIV/AIDS and sexually transmitted diseases, tobacco or health, and the prevention and control of malaria, trypanosomiasis and filariasis.

The coordination of WHO's future health research agenda is being closely linked to the renewal of WHO's health-for-all strategy, with the involvement of all our regions. Our responsibility must be to point out gaps, stimulate research and, where necessary, advise on the reorientation of strategies.

Epidemiology is one major area in which further research is needed, not only to obtain data but to define concepts and approaches. We have made much progress since Alma-Ata in securing dependable baseline data, but we need the continued support of countries to define strategies and measure performance on the basis of reliable epidemiological information. A new environment and a new health strategy require new epidemiological approaches. The emphasis must be more on anticipating future health issues and informing policy-makers about them, so that they can take timely action.

In this context, WHO's Advisory Committees on Health Research are working with our programmes to examine the validity of current health indicators and, where needed, propose alternative or additional ones. We must ensure that priorities and policies are not defined and assessed only on the basis of biomedical criteria and economic evaluations of the burden of disease and disability. They must also take into account the huge social and political costs of disease, suffering and unequal access to health and development, and the social disintegration, political unrest and violence they cause. Some of these points, which are of great concern to us will be taken up in the World Health Report this year. The Report is an important outcome of the reform process, and provides a new way of fulfilling WHO's function of advocacy and public information.

In its Preamble the Constitution stresses that «informed opinion and active cooperation on the part of the public are of the utmost importance

in the improvement of the health of the people». This foreshadows the current awareness of the need to include civil society in shaping health policy. Giving people opportunities to formulate their views on health priorities and WHO's role is the best way to reinforce the legitimacy of the Organization and the sustainability of its work. The global consultation on the renewal of our health-for-all strategy is part of the process of opening up WHO to new partnerships not only with institutions but also with the people the Organization was established to serve. You will want to take into account this new emphasis on WHO's role as a facilitator for research, cooperation, the exchange of knowledge and opinions, and standard-setting as you consider the report of the special group on the review of the Constitution.

Last week, the Programme Development Committee (PDC) and the Administration, Budget and Finance Committee (ABFC) met in preparation for the Board. These two bodies are proving to be very useful and are producing constructive recommendations on how all partners in health development can fulfil their responsibilities. They have studied the proposed programme budget in a joint meeting and have endorsed its level in principle, including my proposal for a 2% cost increase. They have also stressed the importance of integrating the new strategy for health for all with the Tenth General Programme of Work and the policy and managerial changes that have been introduced as part of the reform process.

Fifty years ago, the World Health Organization was established as a specialized agency of the United Nations. This was in the aftermath of the Second World War, when resources were scarce but the options for a human world were very clear. The vision of WHO's founders was inspired by their faith in the equal dignity and worth of all human beings. Their determination to act together for peace and security through health development was grounded in their recognition of the interdependence of all people and nations. It is this vision and this determination which we want to reclaim in our renewed commitment to health for all, based on the principles of equity, solidarity and shared responsibility.

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STATEMENT BY THE DIRECTOR-GENERAL TO THE FIFTIETH WORLD HEALTH ASSEMBLY

Geneva, 5 May 1997

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

Last month, on World Health Day, WHO called on its Member States and all other partners in health to mobilize an effective response to the global threat of infectious diseases. Two weeks ago, the Scientific and Ethical Review Group of the WHO-based Special Programme on Human Reproduction reviewed the issue of cloning and its potential risks and benefits for human beings. Today, with its 1997 issue of the World Health Report, WHO is providing the public health community with a sharp analysis of the emerging epidemiological transition and its dramatic implications for human well-being.

These are just three examples of WHO's day-to-day activities but they give some idea of the range of our responsibilities. These responsibilities derive from the obligation placed upon us by our Constitution to direct and coordinate international health work so that all the people of our Member States can have equitable access to health.

In 1995 our first issue of the World Health Report highlighted the gaps in health between the rich and the poor. It stressed the need to reassess the health situation and its determinants, and to rethink our health-for-all strategy so that new policies and partnerships could be defined that would enable us to bridge these gaps. In this spirit, we have undertaken a worldwide consultation, with all interested partners, to explore the biomedical, social, institutional and economic approaches that can help us to further the equitable development of health globally in the years to come.

The 1996 issue of the World Health Report alerted the international community to the continuing threat of infectious diseases. It gave an overview of the premature death and disability they cause, as well as the huge losses in trade and economic development. It also reviewed some of the main factors that account for the re-emergence of infectious diseases. These include economic and ecological changes, new industrial practices, increased movement of goods and populations, inadequate water and sanitation systems, and, equally importantly, inadequate health infrastructure.

WHO has always been at the forefront in the fight against infectious diseases. In recent years, we have intensified our prevention and control activities against these diseases, which kill about 17 million people each year and disable many millions more, a large proportion of whom live in developing countries. The special campaigns for the eradication of poliomyelitis and dracunculiasis and the elimination of leprosy, Chagas disease and other diseases have made very encouraging progress. Some countries and even some regions have already reached their goals, others are approaching the certification stage, and others are in the surveillance phase. The formidable effort currently being deployed by Africa, led by heads of state, to achieve universal immunization against polio is a remarkable contribution to global health development and deserves our full support.

Tuberculosis, malaria and HIV/AIDS are major causes of suffering and death in the world today. They involve many difficult biomedical, social and economic challenges. The fact that we now have a new and effective strategy for controlling one of them, tuberculosis, has been hailed as an important public health breakthrough. The strategy has been developed and tested extensively in different countries by the programme set up in 1993 in WHO to stimulate a global effort to control tuberculosis. "DOTS" (Directly Observed Treatment Short Course) is not only curing patients but also helping to contain the risk of drug resistance. The recent development of antiretrovirals used in triple therapies against HIV/AIDS is also a remarkable achievement and a source of hope for people living with AIDS. Many questions remain unanswered, however, about long-term effectiveness and side-effects, and just as importantly about the accessibility of the treatment to so

many people in the world who urgently need it. These are technical and ethical issues to which WHO is particularly alert and on which we held a special consultation just last week. Efforts continue to promote integrated community-based strategies for malaria control and to find more effective technologies for prevention and treatment.

WHO's activities in the area of global surveillance and control of infectious diseases have included the coordination of emergency response to epidemic outbreaks such as dengue haemorrhagic fever, Ebola, cholera, meningitis, dysentery and yellow fever. Some of our interventions have been in complex emergency situations, to ensure technical support for humanitarian assistance to refugees and displaced populations. We have paid particular attention to networks for the surveillance of diseases and antimicrobial resistance and have supported capacity-building for this at country level. We have continued our work for standard-setting on drugs, biologicals and medical devices. The revision of the International Health Regulations is in progress and will provide us with an updated and more flexible instrument to respond more effectively to the health requirements of the new social and economic global environment.

The emergence of spongiform encephalopathies and their possible cross-species transmission, the outbreaks of Ebola haemorrhagic fever, and the recent epidemics of food poisoning caused by E.Coli 0157 have required us to respond quickly to the changing nature of public health. WHO has maintained close contact with the relevant experts and organized consultations as necessary to monitor the situation and provide advice on the various issues involved. These are issues that show the complex links between health policies and industrial, technological and economic policies, and the need for ways to manage and regulate them. They also show that better use must be made of epidemiology to anticipate future trends and health needs.

This is what WHO's World Health Report 1997 attempts to do, concentrating on chronic conditions, disability and ill-health caused by noncommunicable diseases. These diseases, which include cancer, diabetes, and cardiovascular diseases, cause more than 24 million deaths a year and a vast range of disabilities. They appear later in life but are the result of long years of exposure to behavioural and environmental risk factors.

Between 1990 and 1995, the number of people in the world aged 65 and above increased by 14%. In the coming 25 years, it will increase by another 82% globally - more than 100% in the developing countries and about 40% in the developed countries. This calls for major changes in the organization of health services.

In 1996, more than 15 million deaths and a much larger number of cases of severe disablement were caused by circulatory problems such as heart disease and stroke. Of these deaths, approximately 64% occurred in developing countries and 15% in countries in economic transition.

In 1996 cancer caused 6 million deaths, of which 4 million occurred in developing countries. More than 10 million new cases appeared globally, of which nearly 60% were in developing countries. Cancer patients and their families and friends endure a particularly heavy burden of anxiety and suffering. Conditions and effectiveness of treatment are gradually improving, however, and many types of cancer are both preventable and curable. Lung cancer causes about one million deaths a year, most of which are preventable since 85% of the cases in men and 46% of those in women are caused by smoking.

It is estimated that no fewer than 135 million people in the world are suffering from diabetes and this number is expected to double in the next 25 years. Diabetes can seriously restrict people's autonomy and lead to complications such as heart disease, renal failure, gangrene, and blindness.

Major risk factors for chronic diseases are improper diet, physical inactivity and smoking. Although more research needs to be done to elucidate the genetic and lifestyle-related factors as well as the infectious agents involved in these conditions, preventive action can already be taken.

We have promoted several multicentre, multicountry projects, such as INTERHEALTH on noncommunicable diseases, through the WHO Collaborating Centres, working with national institutions, professional associations and private foundations. The chronic conditions dealt with include asthma (in the GINA project), diabetes (DIABCARE), cardiovascular diseases (CARMEN), circulatory diseases (MONICA) and nicotine dependence (CINDI). Within these projects WHO has

coordinated epidemiological studies, set up global computerized databases, and developed and disseminated protocols for prevention, treatment and rehabilitation. We have supported health worker training and health education and promotion strategies in these areas. We are carrying out similar work in the areas of rheumatology, oral health and hereditary diseases such as thalassaemia, sickle cell disorder, haemophilia and cystic fibrosis. The WHO International Agency for Research on Cancer, in Lyon, deals with all cancer-related research issues, including epidemiology. It works in close collaboration with our Geneva-based programmes, in particular those dealing with occupational health, environmental health and chemical safety.

Other chronic conditions requiring urgent attention include blindness, mental disorders and substance abuse. Nearly 45 million people in the world are blind. Most of this blindness is treatable or preventable, but persists for want of access to affordable eye care. In close partnership with nongovernmental organizations, we have been particularly active in promoting prevention, treatment and rehabilitation for conditions such as trachoma and cataract. After successful completion of the onchocerciasis control programme in 11 African countries, co-sponsored control activities have been undertaken in other countries where this disease is endemic.

Mental and neurological disorders affect hundreds of millions of people. In many countries, drugs to treat conditions such as epilepsy and schizophrenia are not available. Age-related forms of dementia such as Alzheimer disease are becoming more common worldwide. The serious challenges ahead include improving mental health at the primary health care level, as well as providing neuropsychiatric care, essential drugs and essential psychosocial interventions. In this area, in 1996, WHO produced guidelines on primary prevention, essential treatments, and basic principles relating to patients' rights. It also supported the development of a major intersectoral initiative called "Nations for Mental Health".

Substance abuse is growing, starting earlier in life, and shifting to new products such as amphetamines. These trends are particularly worrying because of their links with organized crime, and because of the self-

inflicted and interpersonal violence to which substance abuse often leads. Drug injection is becoming increasingly common, with the additional risk of spreading HIV/AIDS, hepatitis B and C, and other bloodborne infections.

All of this represents new and heavy demands on the health system. And it is not just a matter, when setting priorities, of choosing between noncommunicable and infectious disease programmes, for the two are not always separable. For example, in addition to specific genetic factors, some infectious agents have been shown to be associated with the etiology of chronic diseases, such as *Helicobacter pylori* in the case of stomach cancer. These diseases also share common risk factors related to lifestyles and the environment. In all cases, prevention is urgently needed.

Prevention must be fully recognized as the guiding principle of public health policy. In the long run, it is the only way to achieve cost-containment and to reduce the incidence of diseases and the harm they do to individuals and societies. The current worldwide effort to rethink health systems will only succeed if it takes this approach to the so-called "double burden" of infectious and noncommunicable diseases. In doing this our concern is to increase not only life expectancy but disability-free **health expectancy**.

WHO, its staff, its programmes and its administration, are ready to support the new effort required to promote this inclusive approach to health development. We have organized various consultations on issues such as the reorientation of medical education and practice, health system development, essential public health functions, human resources for health, nursing and midwifery services, community health care, traditional medicine, social security and sustainable funding, and new approaches to care. All these issues are central to the policies and activities that must be brought in to support the new health-for-all strategy that our Member States will finalize and adopt in 1998.

The thorough reform process I have been conducting for the past four years has helped to shape a streamlined, more flexible and more focused Organization. The outcome is enhanced effectiveness and accountability. Within this reform process, the organizing principle has been to redefine

structures according to the functions and activities to be carried out. Programmes have been redesigned to encourage the sharing of expertise and avoid duplication. The availability of a clear statement of each programme's functions will facilitate both the definition and the evaluation of its priorities, planned activities, goals and targets. This improves management through closer budgetary and operational monitoring.

The reform has also improved coordination and consultation among the regions. Decentralization to the national level has been enhanced by the clarification and strengthening of the role of WHO representatives. Greater flexibility and delegation of authority contribute to enhancing people's sense of responsibility and initiative at all levels of the Organization. This has gone together with the revision of our administrative, financial and personnel procedures and policies to ensure transparency and quality of performance. The development of our Management Information System will play a crucial role in ensuring communication between all our offices and our Member States.

At this session, the Health Assembly will consider the proposed programme budget for 1998-1999. For the second time, this document is organized as a strategic planning tool. In preparing it we have greatly benefited from the collaboration of the Executive Board and its Programme Development Committee, and its Administrative, Budget and Finance Committee.

This is a transitional programme budget in that it reflects current priorities and at the same time prepares for our activities under the Tenth General Programme of Work as they will develop in the 21st century. This 1998-1999 programme budget follows our administrative and programme structures as they have been redesigned at all levels of the Organization to respond to global change. Subject to our statutory obligations within the United Nations system we have made every effort to contain costs, and thanks to the dedication of our staff we have continued to work efficiently while doing this. I wish to stress, however, that the Organization has to have sufficient resources to be fully operational and effective. It will be the responsibility of this Health Assembly to provide the Organization with the means to fulfil its mission.

WHO's reform must be seen as a continuous process. Changes are taking place at an accelerated pace in the world, and health sector reform is still under way in most countries. The ongoing consultation on the renewal of WHO's health-for-all strategy has helped us and our Member States to assess jointly the Organization's role in promoting health development globally.

To advance our goal of health for all, WHO has had to carry out tasks which can be grouped under three main headings: **information, normative activities, and technical support.** This broad categorization helps to highlight the main areas of need that are common to our Member States. It also helps us to ascertain what benefits Member States feel they can obtain from our activities and expertise, and what comparative advantage they see in WHO.

Information must be understood here as consisting not only of the collection and dissemination of data but also of a careful process of validation and analysis. The tracking of epidemiological trends, the definition and monitoring of health indicators and determinants, as well as the worldwide exchange of knowledge based on science and experience, are all part of WHO's information function. WHO's role in the area of research must be seen in this light: it must stimulate and guide scientific work by providing information on actual public health needs, and help countries make practical use of the relevant knowledge and technology. Through advocacy for health, WHO must also alert policy-makers and the general public to health problems and opportunities.

WHO's **normative activities** include the definition and harmonization of technical and ethical standards and, less stringently, guiding principles on health policies, products and practices. In view of the accelerated development of biomedical and information technology, it is particularly important that we should define technical and ethical standards which protect the health and dignity of human beings. This has always been a core concern of our programmes, as illustrated by their work in areas such as reproductive health, quality and accessibility of drugs, disability, genetic disorders, clinical research and organ transplants. The universal membership of our Organization, and its close familiarity with conditions in the field, place it in a unique position to facilitate national and regional debate on such matters, so that a meaningful consensus can be

reached at global level. The emergence of new diseases and the growing pressure of industrial and trade policies make such consensus indispensable.

Our responsibility towards our Member States and their people, however, does not end with the production of information, standards and strategies. All these must be tested in the field to evaluate their usefulness and undertake revisions where needed. We must be ready to provide **technical advice and support** to the countries that lack the necessary resources, structures and experience. Our task is then to help them adapt health policies, monitor outcomes, and build up their own capacity. The demand from our Member States has been particularly pressing not only for disease control and prevention but also in areas such as family health, ageing, drug policies, human resources and health system development. In this regard, one of our essential tasks is to act as a catalyst for technical cooperation, especially among developing countries.

In 1998, we will celebrate WHO's Fiftieth anniversary. At that time, you will adopt a New Health Charter that sets out the principles of health development and international cooperation in the 21st century. In doing this, you will express your own vision of WHO and clarify the functions and partnerships through which you consider that the Organization can best fulfil its role in the future.

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Mr President, distinguished delegates,

As this Assembly reviews the Organization's achievements and addresses its long term perspectives, particularly the health-for-all strategy for the 21st century, I remind you that a nomination and selection process for new leadership of WHO will commence in approximately two months' time. Under new procedures, the 32 members of the Executive Board and all 191 Member States will be invited to nominate candidates. Next January the Executive Board will nominate a new Director-General who will be considered by the 51st World Health Assembly for appointment to a term beginning 21 July 1998.

The specific criteria for candidates to be considered by the Executive Board for the post of Director-General are set out in Executive Board resolution EB97.R10, supplemented by World Health Assembly resolution WHA49.7. In addition, I believe that the next Director-General should be committed to the renewed health-for-all strategy and to the achievement of its goals, particularly universal access to primary health care based on equity and social justice. I further believe that this person should be widely experienced in and sympathetic to the many and varied health cultures and value systems in the world, and should be able to incorporate them harmoniously into every WHO programme and activity. The next Director-General must also be committed to WHO's reform as a continuous process in the light of a changing world political, economic and social situation.

I have been fortunate in that, throughout the two terms of office which I have served as Director-General, many people have steadfastly supported my efforts to make this Organization more effective and responsive to the changing needs of the governments and the peoples of all its Member States. Many of the things I set out to accomplish have been or are being realized, especially in our main mission of fighting against diseases and for the well-being of people, but also in preparing renewed health-for-all policies for the next century and in the first thorough reform of WHO in its fifty-year history.

WHO deserves a smooth leadership transition which will continue the ongoing reform at all levels without disruption or discontinuity. I have decided not to stand in the way of a new generation which seeks to lead this Organization and have taken the decision not to seek another term with only the best interests of the Organization and its Member States in mind. More than one year remains of my last term, a crucial year for WHO and its Member States in preparing for a 21st century which will put people and their health at the centre of global development.

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Mr President, distinguished delegates,

As you prepare to renew WHO's strategy and leadership, you will also want to reflect on the unchanging mission of the Organization and the values that guided its creation.

WHO was entrusted half a century ago with the mission of laying the foundations of peace and security through international cooperation for health development. WHO's founders believed that sustainable peace would be achieved when people learned to live and work together and when prosperity and security could be shared by all. Our founders were also convinced of the equal worth and dignity of all human beings. They viewed health as a basic need and a universal right which all people should be able to enjoy in order to develop their potential to the fullest. The World Health Organization deeply identifies with the values of justice, solidarity and mutual respect which our Constitution upholds. They are the values that guide our efforts to achieve health for all with the participation of all.

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