



Statement by the Director-General to the Executive Board at its 101st session

Geneva, 19 January 1998

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

WHO will be 50 years old this year. As we celebrate this fiftieth anniversary, we can look back with legitimate pride to the many health gains which together we have achieved for the benefit of all the peoples of the world. At the same time, fully aware of our responsibilities for the present and future generations, we must assess emerging global health challenges and ensure that our policies and structures are well adapted and will enable us to meet the expectations of the peoples whom we exist to serve.

In May 1998, reclaiming the principles and values set out 50 years ago in WHO's Constitution, we will be adopting a new declaration on global health and a new health-for-all policy. These will provide a framework for WHO's activities in the twenty-first century when, in my view, international cooperation will have increasingly to focus on the developmental aspects of health. Our whole reform process, in fact, has been guided by a concern to meet the ever-changing needs of our Member States more efficiently so that health and socioeconomic development reinforce each other.

Fifty years ago, WHO's main priorities included immunization, infectious and parasitic diseases, malnutrition, hygiene and sanitation, basic health infrastructure, education and training for health workers, and the development or reconstruction of health services. To a large extent these remain major areas of concern and activity of the Organization. Yet the scope of the challenges we face, and our approaches to dealing with them, have changed considerably.

In the area of immunization against childhood diseases, we have increased the global coverage rates for children under one year of age from an average of less than 5% in 1974 to about 80% in 1994. In 1980, we were able to declare the eradication of smallpox. We then embarked on other ambitious yet feasible endeavours. We targeted the eradication of poliomyelitis and the elimination of other preventable diseases such as measles and neonatal tetanus. By 1996, the global incidence of measles was reduced by about 70%. The eradication of poliomyelitis has been achieved in the American Region and is near completion in the Western Pacific Region, while enormous progress is being made in Africa and South-East Asia.

We have effective tools and strategies, and National Immunization Days are being organized regularly in all countries and regions concerned. Our task is now to ensure the sustainability of these efforts and promote the development of multipurpose vaccines that will be both easier to use and affordable to those who need them most. Thus the highly successful Expanded Programme on Immunization has been supplemented by the Children's Vaccine Initiative, mobilizing the joint support of various bodies from both the public and the private sectors.

As we extend immunization coverage, we have to find ways to reach populations that remain excluded by poverty and other disadvantages. Here again, the solutions have to be worked out with other sectors.

WHO has supported the development of global coalitions and intersectoral cooperation against several other diseases such as leprosy, dracunculiasis, onchocerciasis, and Chagas disease. The results are impressive. Between 1985 and 1996, the global prevalence of leprosy was reduced by 82%. During roughly the same period, the global prevalence of dracunculiasis fell from 3.5 million cases to only 130 000 cases. Onchocerciasis has been eliminated from 11 countries of Western Africa and 1.5 million previously infected people have been freed from the risk of blindness. Launched in 1991, the elimination of the transmission of Chagas disease is making remarkable progress in Latin America.

For many years now, WHO has been warning the international community that neglecting health needs has disastrous consequences for the human and economic development of countries. We have made the case that a healthy environment is required to attract domestic and foreign investment for socioeconomic development.

WHO alerted public opinion and led the global mobilization against such scourges as HIV/AIDS, malaria and tuberculosis. An active cosponsor of UNAIDS, WHO also provides countries with specific support for epidemiological surveillance, research, control of sexually transmitted diseases, health education and information, blood safety and access to antiretroviral drugs and other health products. The launching of an African initiative based on the revised global malaria strategy, and the successful development of DOTS, the directly observed treatment short course against tuberculosis, are other examples of WHO's continued leadership in the fight against infectious diseases.

Fifty years ago, it seemed self-evident that science and technology meant progress, and that progress was irreversible. Such assumptions have been called into question by the emergence of new infectious agents, new environmental health hazards, and drug resistance. Outbreaks have occurred of diseases such as plague, cholera, dysentery, *E. coli* O157 infections, viral haemorrhagic fevers of the dengue, Ebola and Hantaan type, yellow fever, Rift Valley fever, bacterial and viral meningitis, transmissible spongiform encephalopathies and, more recently, avian influenza A(H5N1) in humans. They have confronted WHO with additional challenges. We have done a considerable amount of networking to improve global preparedness for epidemics, and successfully built up our capacity to respond to countries' requests for emergency support. The International Health Regulations are also being revised to maximize health protection while minimizing social and economic constraints.

Mother and child health has always ranked high on WHO's agenda. Over the years, significant reductions have been achieved globally in infant and child mortality and morbidity rates. While implementing our commitments at the World Summit for Children, we have moved away from a focus on narrowly defined age groups and diseases to broader community and family health approaches. These have been based on our concern that all people should have ready access to a continuum of essential care and support at all stages of their lives, at home, at school, at work and in their communities.

This integrated approach to issues such as childhood illness, adolescent and women's health, reproductive health, nutrition, substance abuse, noncommunicable diseases, health of older persons and disability, can be traced back to the inclusive definition of health provided by our Constitution. It may also be seen as a direct extension of the WHO primary health care strategy which was defined 20 years ago in Alma-Ata. Much of the terminology used today may remain the same but I believe that there has been a fundamental change in perspective, the consequences of which have yet to be fully recognized. As I see it, in the new approach to developing integrated primary health care, the focus is moving from structures and systems to people. In the future, an even greater effort will have to be made to understand users' needs, their expectations, and their potential to contribute to the definition and implementation of health priorities and interventions.

This change in perspective reflects a growing awareness of the importance of developing an open and mutually respectful dialogue between health professionals and the public. Empowering people in all cultures and

segments of society with the necessary information and opportunities for health development is both an ethical and a technical imperative.

Noncommunicable diseases such as cancer, cardiovascular diseases, diabetes and mental health disorders are on the rise everywhere and a major cause of suffering and disability. They are influenced by a combination of factors which include lifestyles, environmental hazards, genetic predisposition and the global ageing of the world's population. A vast amount of epidemiological data on these diseases has been generated worldwide through research coordinated by WHO. Cost-effective interventions and strategies are available. Our next urgent task must be to help integrate them into national health policies, especially in developing countries, to put in place health promotion and education activities, case-finding, case-management, and rehabilitation and social support services. Success will depend increasingly on our ability to communicate with the public about the need to adopt health-conducive lifestyles.

The link between health, lifestyles and the environment was already made by the Constitution in the context of what was then called "environmental hygiene". Traditionally, WHO has been particularly strong in areas such as nutrition, sanitation, and vector control, and we remain actively involved in initiatives such as Africa 2000, for the development of basic sanitation, including water supply and waste disposal systems. But, especially during the last two decades of this century, environmental health has become an entirely new area of major concern worldwide, closely related to issues of sustainable development and justice. The WHO Commission on Health and Environment played a decisive role in this regard at the Rio Conference. Today, such issues as air and water pollution, urban and industrial development, occupational hazards, climate change, and chemical and food safety are being hotly debated both by the general public and by governments.

As the nature and scope of environmental and man-made health hazards have changed, WHO has redefined its emergency relief capability. It has placed new emphasis on preparedness to mitigate the health consequences of both natural and man-made disasters, and on providing technical backup for the health aspects of humanitarian and rehabilitation work.

Fifty years after it was founded, WHO's prime responsibility remains that of fostering access to health for all through international cooperation. It does this by working with countries to formulate sound health policies and strategies, and to establish and manage effective and sustainable health services. Capacity-building is a prerequisite for sustainability. It must include not only human resource development but also the financial and institutional support measures that will ensure that the health services can be fully operational.

At a time of wide-ranging social, political and economic change, practically all countries in the world are having to redefine their development strategy and reform their national health systems. WHO's new health-for-all policy offers support to our Member States as they strive to ensure the relevance, effectiveness and sustainability of their action for health development. The definition of essential public health functions provides a basis on which national health services can be organized and operated. The health services of the future will continue to carry out disease prevention and control activities using traditional approaches, but they will also include the public health applications of new knowledge and technology such as genetics, molecular biology, immunology and diagnostic imaging.

It is particularly important in this context to strengthen collaborative research based on actual public health needs and ensure the dissemination of relevant findings to potential users. It is just as important that the development and implementation of research, technology and health services should be carefully assessed and guided by sound technical and ethical principles. Rapidly evolving areas of science and medical practice such as organ transplantation, cloning, genetic engineering and clinical research have major ethical and social implications for our humanity. WHO provides a forum within which international consensus can be built with regard to the many crucial issues that arise in these areas.

Ethical concerns are also at the core of our health-for-all policy. WHO's goal of promoting equitable access for all to health services, including care and essential drugs, is based on the principle of justice and the recognition

that all human beings should enjoy equal rights and opportunities. Our new partnerships for health will stimulate innovation and encourage the participation at national and international level of all institutions and sectors concerned, including civil society and nongovernmental organizations.

During 1997, reform in WHO has continued as an ongoing process of change, focusing on further improving accountability and efficiency. In the preparation of the Tenth General Programme of Work, particular care has been given to ensuring consistency with health policy reform and strategic budget orientations. The major elements of reform which the Board will be considering at this session are related to the review of the Constitution and regional arrangements of the World Health Organization as well as the revised proposals for WHO's representation and cooperation mechanisms at country level. Other important items on your agenda include the nomination of the next Director-General and the review of the proposed new declaration on health and new health-for-all policy which the Health Assembly will adopt in May 1998.

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

Over its 50 years of existence as a vital part of the United Nations system, WHO has done an impressive amount to promote health and peace worldwide. We should celebrate the anniversary of our Organization with feelings of pride, gratitude and humility. We can be proud of having been able to take part in WHO's inspiring endeavour. We should feel grateful to all those who, today as in the past, have contributed to making our achievements possible. Finally we must recognize, in all humility, that the task ahead of us remains formidable. This must prompt us to act with renewed determination, mobilizing our resources and efforts for our common goal of making health accessible to all. Fighting disease and alleviating human suffering will continue to require the dedication and cooperation of all of us. It is in this spirit that I invite the Board to proceed with the important work on the agenda for this session.

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