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WHO - the way ahead

Statement by the Director-General to the Executive Board at its 103rd session

Geneva, Monday, 25 January 1999

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

It gives me great pleasure to address the Executive Board at its first formal meeting since I took office as Director-General last July.

Together with the Cabinet and the Regional Directors I have been looking forward to this meeting with a lot of expectation. The January session of the Executive Board offers us a unique opportunity to present policies and strategies, to seek advice, suggestions and improvements, and to rally our forces for the cause of health into a new century.

I have entitled this introduction "The Way Ahead for WHO". I wish to take this opportunity to share with you my thinking on three main themes:

- First, I would like to look ahead and reflect on the global development agenda with its implications for WHO.
- Second, I would like to propose a number of ideas on the shaping of our strategies which will help us make a significant difference to the global agenda.
- And third, I would like to share with you our progress on the structural changes we have initiated.

I will do so based on what we have seen and learned so far - from work here at headquarters - my visits to the regions - interactions with Member States and the inputs received from the Regional Directors.

What I present to you today is work in progress. I therefore invite the members of the Executive Board to engage actively with us in further shaping our ideas, policies and strategies. You represent a unique body of experience, knowledge and insight. Please share it with us.

The forthcoming World Health Assembly will be a milestone for me. On that occasion I wish to lay out a full account of the changes we have made and a clear strategy for how WHO can best make a difference.

We are getting there, and I count on your support to enrich our work - not just during this Executive Board - but also in the weeks and months ahead.

Mr Chairman,

Let us first look ahead at the forces shaping the world's development agenda.

At the outset let us agree: Our perspective cannot be limited to health in a narrow sense. The long process of revising the health-for-all strategy has shown us that we need a clear understanding of a broader societal agenda.

We are leaving a century which has made remarkable achievements in human development. The twentieth century has seen global life expectancy at birth increase by more than 30 years. Half a century ago the majority of the world's population died before the age of 50. Today average life expectancy in developing countries is 64 years and may well go beyond 70 by 2020 - if the HIV/AIDS pandemic does not reverse this trend.

In health it has been a century of unprecedented achievements. We have a detailed understanding of determinants of health - whether molecular or societal - and what it takes to lead a healthy life. There have been widespread technology advances and improvements of living conditions of children, women and men.

But despite these major achievements, we still enter the next millennium with critical tasks unfulfilled.

- The fact is that absolute poverty is spreading - rising well beyond the billion, with one-third of all children going hungry and undernourished to bed, undermining hour by hour their own future, if indeed they ever reach adulthood.

- The fact is that inequities are growing - between and within countries - in poor and wealthy countries alike.

- The fact is that the world's climate is warming up with profound consequences for life on Earth and the health of human beings.

- The fact is that women - so critical in all communities to securing development - continue to be disproportionately vulnerable. Seventy per cent of the absolute poor are women.

- The fact is that although there are fewer wars between countries, armed conflict within countries kills and mutilates and hampers development in many parts of the world.

- The fact is that although technology has come far, the world is badly armed to face epidemics and deadly threats from diseases such as HIV/AIDS, malaria and tuberculosis.

- The fact is that globalization of trade and marketing has led to sharp increases in use of tobacco, alcohol and high fat foods.

- And the fact is that the willingness of the rich countries to support international development is declining.

Focusing on health itself, there is also a long way to go.

Never have so many had access to a broad range of health services. But at the same time - never have so many been denied access to even the most basic levels of care. The developing world carries 90% of the disease burden, yet poorer countries benefit from only 10% of the resources that go to health.

One-fifth of humanity has no access to modern health services and one-half lacks regular access to essential drugs. For 20 years our global health strategy has been based on the principle of equity and Health for All. Yet inequalities are widening under our very feet, in the developed as well as the developing world.

The health sector has to struggle with the consequences of actions taken in other sectors of society. Listening to the accounts of the Regional Directors, I am reminded of what has happened in just the last year.

Civil strife and wars, killing and mutilating thousands, leaving even more without a home and without access to health services, especially in Africa. Natural disasters such as the floods in China and Bangladesh, hurricane George and hurricane Mitch - ruining entire health systems and the economies that are needed to support them. High population growth rates compounded by rapid and unplanned urbanization. The tragic outcome of the economic and financial crises.

The little child who loses the most hard won gains - access to education and access to primary health - is left on the streets - a child no longer.

The broader development agenda, including the health part of it, is not just an agenda for the developing world. We cannot accept a world in which one-fifth of the people enjoy more wealth and opportunity than ever, while four-fifths face increasing threats to their well-being.

What we are talking about is a survival strategy for the whole of humanity. That is the message of globalization. It implies that - like it or not - we are utterly dependent on each other. We must act on behalf of all, not just the ones we see or hear.

Taken together the facts are dramatic. No decision-maker, however shielded from these critical survival issues, can escape the reality.

- We need to feed a growing world population - as it climbs from 6 billion today towards 8 billion by 2020.
- We need to provide this same population with energy sources to support every country in its legitimate right to development and progress.
- We need changes in production and consumption patterns to alleviate the burden on health, the environment and the global climate.
- We need improved access to clean water - today 1 billion are without it.
- We need improved access to sanitation - today 3 billion are without it.
- We need to sustain initial progress by expanding access to education - today far too many children, especially girls and young women, are without it.
- We need to prepare countries in transition to respond to the epidemics of noncommunicable diseases.

- And more broadly, we need to build our capacity to put an end to armed conflict and gross violations of human rights.

There is hope because all of this *can* be done. There is the potential to make a difference. We have the technology, knowledge and resources to meet these needs.

This will not just happen. We need the political will.

It will take a concerted effort in which we must all engage - governments, the United Nations family, financial institutions, the private sector, the whole range of nongovernmental organizations and civil society. In most areas there are agreed goals and targets from years of increased understanding and from the serious work of the United Nations conferences in the 1990s - Rio, Rome, Cairo, Copenhagen, Beijing and Istanbul.

- Agenda 21, the climate convention and the convention on bio-diversity set a path towards sustainable development.

- The Cairo plan of action provides a major shift in our strategies towards empowering people, especially women so that they can make informed choices about their reproductive life.

- The social summit in Copenhagen coined the 20/20 principle - 20% of development assistance should be earmarked for basic health, education and social services, in exchange for similar commitments in the national budgets of the recipients.

- The Beijing conference on women refocused on the vital role of women in development.

- The World Declaration and Plan of Action for Nutrition, adopted in Rome, reminded all governments of the unacceptability of hunger and malnutrition, and established a strategic agenda to tackle this huge health burden.

- And we have the overall development target of reducing by half the proportion of people living in extreme poverty by 2015.

In general there is broad agreement on the key development targets. But much needs to be done to ensure they are reached. We need continuously renewed commitment from governments and civil society. We need an efficient and reliable United Nations system.

Mr Chairman,

Our task is to be clear about the role of the World Health Organization. And my pledge as Director-General is to put health at the core of the international development agenda.

Health for All is a message to all stakeholders. We know all too well that we in WHO can make but a small contribution. But that very contribution - if carefully designed and applied - could have enormous impact. It can help others - national governments, civil society, the United Nations family, development banks and the private sector to be so much more effective, to have far greater impact.

In the field of health we have reason to be confident. We define WHO's potential contribution on mounting evidence that health matters. Our foundation is based on values, on the rights of people and communities, on the core value of equity. WHO was created in the same year as the Universal Declaration

of Human Rights was adopted. That was no coincidence. Universal rights, equity and the dignity of human beings are enshrined in our constitution.

We also know that sound investments in health can be one of the most cost-effective ways of promoting development and progress. Improving health in poor countries leads to increased GDP per capita. In richer countries, it reduces overall costs to society.

I believe the international health community, including WHO, has undersold this fact. In a time of global trade and investment, where nations are searching for ways to make ends meet, we have been sitting on a secret.

We haven't fully seen that this is a powerful message we should take to the political decision-makers and to the private sector. It is truly within WHO's mandate to remind Prime Ministers and Finance Ministers that they are health ministers themselves.

My own experience tells me that this strategy was instrumental in taking the environment from being a cause just for the already convinced, to becoming a real issue of political importance to major players.

The scientific facts came in. The true costs of environmental degradation were analysed and spelled out in words as well as figures. Then, gradually, governments and parliaments started to vote for incentives to change the behavioural patterns of industry and consumers.

Building stronger evidence is key to the success of our advocacy. Health has its own path - but we can learn from advances in other sectors.

When I addressed the Executive Board after the World Health Assembly in May, I shared with you my guidelines for the reorganization at headquarters. I said that when establishing the clusters my objective was to create a structure which would enable us to:

- Help combat ill-health.
- Help build healthy communities and populations.
- Sustain our activities by solid evidence and first class norms and standards.
- Reach out to established and new partners.

An overarching objective was to pull the Organization together in "One WHO" - not seven meaning Geneva and the six regional offices - not more than fifty meaning the more than fifty individual programmes, and not two meaning the one based on the regular budget and one based on the voluntary contributions.

Since July the nine clusters have been established and they have defined their mission. Fifty programmes have been reduced to thirty-five departments. And we are in the process of streamlining our working relations with regions and countries.

These structural changes are important, but only as a means of ensuring better delivery of WHO's contribution. We need more clearly to identify what I would call a **corporate strategy** - a joint understanding of WHO's role in making a difference for development.

Mr Chairman,

Let me move to the second part of this address and share with you my thinking on WHO's contribution. What are the overall areas of achievement for health and development where WHO should focus to make a maximum difference?

Again - this is work in progress. We will continue to work on this in the weeks and months ahead - with all parts of the Organization. My aim is to present a full outline to the World Health Assembly of a corporate strategy with a clear message of *what* we will do and *how* we will do it. I look forward to continued inputs from the Executive Board and Member States. WHO is your Organization.

I see four interconnected strategic themes for our work.

- We need to be more strategic in our work with countries.
- We need to be more focused in helping to obtain better and more equitable health outcomes.
- We need to be more effective in supporting health sector development.
- We need to be more innovative in creating influential partnerships.

These themes are already appearing in our work. The Regional Directors are in their different regional settings all putting a new emphasis on how our work can support countries with ongoing health sector reforms. And we are seeing good and consistent work to follow up Health For All and the key emphasis on combating inequities in health. The fundamentals of primary health care still remain valid.

The first strategic theme concerns more effective work for and with countries.

This is in a way the *raison d'être* for WHO. It should be central to the work of the whole of the Organization. It is the populations of our Member States that we are here to serve.

I say working for, in and with countries.

In all our activities we always work *for* countries. We do so through two main modalities.

The first one implies working *in* countries by establishing a direct presence to respond to the developmental needs of one particular country or a group of them.

The second modality is to work *with* the entire community of countries, helping them to mobilize their collective wisdom, knowledge and action for producing international public goods - such as norms and standards, sound evidence and effective surveillance - actions which benefit all.

I wish to see a shift in the way we think and the way we act. Interacting with countries is not just the job of the WHO Representative. He or she is critical. But our task is to see to it that the WR can draw on the resources of the whole of the Organization.

But strengthening work for, in and with countries is not only about the country office. It is also about the collective responsibility of regional offices, headquarters and collaborating centres. Let me suggest some examples:

- We work *for* countries when we help tailor a DOTS programme to combat tuberculosis in a district.

- We work *for* countries when we set standards for blood safety.

- We work *for* countries when we establish an international system for disease classification that allows decision-makers everywhere to plan services on the basis of evidence.

- We work *for* countries when we organize disease surveillance networks that protect populations from events occurring beyond their national borders.

- We work *for* countries when we stimulate research and disseminate knowledge, like in reproductive health.

- We work *for* countries when we do advocacy for active ageing.

- And we work *for* countries when we share experience and help national policy-makers to benefit from health reform experiences in other parts of the world.

Let us reflect for a moment on what it will take for our Organization to regain its position as a more significant actor.

- WHO needs to be seen by governments and other agencies to have a sound understanding of sectoral needs and the political and institutional context in which they have to be addressed.

- WHO needs to be a reliable source of high quality advice, and to act as a facilitator with a technically authoritative voice.

- WHO needs to possess up-to-date and relevant evidence, set relevant norms and standards and be responsive to the needs of Member States.

- WHO should be able to serve as a broker and negotiator for better health - helping to reconcile concerns and needs of Member States and external agencies that support the health sector.

- WHO should be able to help to shape the rules of engagement between governments and external agencies as well as being able to use its own limited financial resources as strategically as possible.

- WHO should be instrumental in raising international resources for emerging issues in health.

This is a tall order. But since July we have devoted a lot of time to the study of our partnerships with countries and we are clear about the challenges we face. Next month, for the first time ever, we will bring together all WHO Representatives and liaison officers for one week to discuss how we can improve and streamline our work with countries. I am happy that the three Vice-Presidents of the Executive Board and the Regional Directors will be with us.

Eventually we must be in a position to develop a single WHO country programme for each country, which uses our resources as strategically as possible, encompassing what all parts of WHO can do to support the quest for better health.

The second strategic theme is to be more focused in helping deliver better health outcomes.

We need a particular focus on reducing the disparity between the health outcomes of the poor and those that are better off. It must be anchored in equity and solidarity, always focusing on combating inequity in

health. Focusing on health strategies which may help lead populations out of poverty is for me a leading theme.

We have to be realistic. We cannot do everything at once and our agenda will evolve over time. The objectives and expected results in the budget give an outline of our work, but let me highlight some areas which will receive particular attention.

- We are committed to reducing the burden of sickness and suffering resulting from communicable diseases - so often hitting the poor and impeding development. Roll Back Malaria is central to this approach. We will also contribute as effectively as possible to combating the global epidemics of HIV/AIDS and tuberculosis, to complete the eradication of poliomyelitis and to understand and fight growing antimicrobial resistance and be able to respond to new threats.

- We need to step up our ability to deal with the rising toll of noncommunicable diseases and to develop and test preventive strategies. Special attention will be given to cancer and cardiovascular disease. The Tobacco Free Initiative is supporting and leading this approach.

- We will pay more attention to the delivery of high quality health care for children, adolescents and women. WHO will speak forcefully for the continuing need to pursue reproductive health when we meet in The Hague in February to review where we are five years after Cairo.

- We will put the spotlight back on immunization as one of the most cost-effective health interventions. Since July, WHO has worked hard to strengthen its capacity to play its rightful role in a global alliance for immunization. In early February we are meeting with the World Bank, UNICEF, the private sector, the Rockefeller Foundation and other partners to highlight our contribution in the areas of vaccine research, access and delivery and the introduction of new vaccines - to renew our joint commitment and to push the global alliance forward.

- We will continue and strengthen our work to support countries in their quest for access to affordable and quality drugs.

- I wish to see that mental health - and particularly the neglected scourge of depression - be given the attention it deserves. In a few weeks I will convene a roundtable of world experts to address the most appropriate strategy for WHO to pursue.

- We need to intensify our efforts in reducing the enormous burden of malnutrition, especially in children. We will support countries and our international partners to ensure that more effective nutrition policies are implemented worldwide to move away from today's situation of millions of stunted, wasted, developmentally retarded children.

- We need to refine and develop our ability to respond to an increasingly diverse set of emergencies and humanitarian crises - in particular in the preparedness phase, and in the follow-up support to populations after crises and disasters.

- We need to approach the relationship between the environment and health - to cover issues such as air pollution and the complex issues relating from climate change and health. We will work to refine and sharpen our response to these intersectoral challenges.

Let me conclude this point by saying that any agenda for delivering better health outcomes is subject to change. Indeed, it should be seen as a sign of our effectiveness that WHO is more able to react quickly and

be more assertive in the face of new threats to human health - whether they come from economic and financial crises, evolving microbes, new patterns of drug resistance or changes in our environment.

The third strategic theme relates to our ability to support more effective health sectors.

We have learned that we cannot address specific health problems in isolation. I told the Executive Board last year that health sector development should be a part of everything we do - and that if what we do does not contribute to develop and strengthen the health sector, we should consider not engaging.

Again, values matter. A well-run health sector is one with certain characteristics:

- it is designed to reduce inequity of access;
- it is one where quality of health outcomes, both at clinical level and for public health programmes, is a main focus of health care providers and public health managers;
- it will use scarce funds as effectively and efficiently as possible, basing the allocation of resources on the best possible evidence;
- it is responsive, and allows people a voice in setting priorities and in holding providers accountable for their performance.

The health sector cannot function without strong links to other parts of government, the private sector and civil society. We cannot talk about effectiveness if ministries of health are unable to make their case to other parts of government, or to regulate the private sector in ways that ensure access to quality health care for all.

WHO has to be a reliable and effective supporter of countries as they reform and restructure their health sector. Reform is not an end in itself. It is a way of making sure that people - particularly poor people - get a better deal from their health system.

This is why I have launched the project under the title of Partnerships for Health Sector Development.

This project is a means of transforming the way we work with countries. Some have asked what this will mean in practice to our Member States. First and foremost, it is concerned with how we can best interact with our colleagues in countries.

WHO has always been strong in responding to specific requests. We are good at fielding highly qualified technical experts. But at the same time we have to recognize that individual experts tend to see the world through their own expert lenses. We are less good at helping senior decision-makers deal with the big picture. And yet this is what is needed, and what is being asked of us.

Policy-makers, as those of you in this room know only too well, do not have the luxury of focusing on single issues. Health is one of the most politically and institutionally difficult sectors in any country. If WHO is to earn a leadership role in health, we cannot deny the responsibility of helping our colleagues deal with complexity.

These are key questions: How do you reconcile the need to keep nurses and doctors in the public sector by increasing salaries without undermining public spending targets? How do you raise additional funds for

health when the majority of people have no formal job and increasing user fees will deter the most needy? How do you protect past investment in hospitals and yet demonstrate a clear commitment to community care?

We are starting to address what we see as the need for "a new universalism" - a new way of addressing universal coverage - the attainment of better health and the attainment of international development goals.

Universal access to quality care remains the bedrock principle. We need to maintain our firm commitment to primary health care - still a crucial part of the health sector - 20 years after Alma-Ata.

Governments should be responsible for securing people's opportunity to attain these health goals. Only the government can guarantee this basic universal right. Governments should provide strategic leadership - through setting priorities - accepting that there are limits to the care governments can finance, limits that each country has to define for itself.

WHO needs people who can help others handle the difficult interface between political and technical decision-making. We need to develop a critical mass of staff who can think and act effectively in terms of the health sector as a whole.

The brief I have given the project team is not to work as a conventional development project - pursuing a few activities in a limited number of countries. We want them to develop processes - based on real country experience - which will enable WHO as a whole to interact more strategically with *all* Member States.

I have also been asked whether the project is the part of WHO that will now be primarily concerned with health sector reform and health systems development. The answer is no.

The objective of this project is to ensure that expertise from headquarters and the regions is brought to bear on the problems facing Member States in ways that are more consistent with their needs. The project will work with groups concerned with the control and prevention of disease - including the projects on malaria and tobacco - to the same extent as they will work with groups concerned with other aspects of health sector development.

The project will also work closely with our External Relations cluster to shape partnerships with other development agencies - in countries, in regions and globally. A measure of success will be that WHO's position on health sector development will feature with increasing prominence not only in the policy statements of governments, but also in the policies and practices of our international partners.

This brings me to the last strategy theme on forging more influential partnerships.

We need to make a shift. We need to move from our traditional approach which too often has favoured our own small-scale projects - to one which gives more emphasis to strategic alliances in which we influence both the thinking and spending of other international actors - and where what we do fits into a broader picture.

WHO is the lead agency in health. But the broad development agenda is too big and complex for any single agency. Even the broad health agenda is too big for WHO alone - let us admit that. And let us add that we can lead even more effectively when we link up with others, agree on a division of labour, and create real partnerships in the attainment of tangible health outcomes.

We have worked actively during our year as chair of the co-sponsors of UNAIDS - supporting the work of achieving more common programme and budget planning.

We have initiated a closer working relationship with the World Bank - not only on the Roll Back Malaria project and Tobacco Free Initiative, but also engaging in a deeper dialogue on policy issues.

We have initiated a new dialogue with the International Monetary Fund. We will share with the IMF our knowledge of the health sector, seeking to avoid the harm that can occur to the social sectors during economic adjustments to financial crises.

We have developed working relations with the World Trade Organization. In addition to contacts between our experts, I will be meeting the Director-General of WTO twice a year on a prepared agenda. We need to better interact with WTO to make the health dimension of trade and globalization be heard before and during - and not only after - complex negotiations.

We are strengthening our work with the OAU by upgrading our presence in Addis Ababa.

We are updating and expanding our working relations with the European Union, an increasingly important player in health, not only in Europe but beyond. And we are intensifying our relations with the Regional Development Banks.

Agencies, banks and Member States are coming to realize the disadvantages of traditional development projects. They realize, as we do, that sectoral approaches offer a way of supporting health development in ways that strengthen national ownership and help to build sustainable national systems.

In sector programmes all partners may jointly claim success, as well as sharing the risks of failure. This is an important departure from a situation where external agencies take credit for what goes well, and pass the blame to governments when things go wrong. We need to think through how we can internalize sectoral thinking into more aspects of our work - not just in specific countries, but throughout WHO.

In addition to governmental and intergovernmental partners, we are making progress in building partnerships with NGOs and the private sector. We have had a number of roundtables with industry as well as NGOs on important issues such as access to drugs and nutrition. Roundtables are not single events - they are a method of work - and they will continue.

As I told the World Health Assembly in May, we need to work more closely with the Member States, including with the main providers of development assistance. We need a better understanding of how the leading contributors set priorities in support of health-related work - what goals they set for reaching health outcomes through the multilateral system, and what they try to achieve through bilateral channels, and try to converge these interests with national priorities.

I wish to meet soon with the heads of the leading government development cooperation agencies, and we are in discussion with interested Member States who may host the event. That meeting will give us the opportunity to develop a shared understanding of how health strategies can help in addressing the global development agenda. I will be reporting to the Executive Board on the outcome of that meeting.

Mr Chairman,

Let me now move on to the process of change itself.

You are well familiar with the changes of the first 100 days. I wish to say today that the key objectives we identified for structural change at headquarters have been either reached - or we are very close to reaching them.

The structure is flatter. There is more transparency through more open decision-making in Cabinet. We are moving with determination toward gender parity. We have initiated a process of staff rotation and mobility. There is a new dialogue with staff.

Some issues need time. We wish to see the number of senior positions come down - and they will. But in getting there we intend to fully respect contracts and previous commitments. We have reduced administrative costs. And we will go further. It is my ambition to see to it that our administrative and programme review identifies scope for further redirection of funds from administrative to technical activities.

I would like to take this opportunity in front of the Executive Board, to pay tribute to and thank all WHO staff, but in particular to staff here at headquarters. A considerable burden has been placed upon them. I know it has not been easy and I am impressed with the way they have responded.

Having spent six months at WHO I feel I can say this: Staff serving the United Nations are hard working people - often accepting workloads that many national civil servants would turn down.

We are reviewing a number of activities and practices to work better and to make efficiency gains. Let me mention one area at the core of our work - a review of our research strategy.

With substantive inputs from its regional bodies, the Advisory Committee on Health Research adopted last October a consolidated Research Policy Agenda as the basis for our dialogue with the scientific community. With these recommendations in mind we are reviewing our research strategy and the bodies that support it - across departments and clusters. The review will include WHO expert advisory panels and collaborating centres - to ensure they adapt to the needs of the next century.

Our work in this initial phase is about WHO Renewal, and I wish to see this penetrate everything we do - safeguarding what works, drawing on experience and knowledge, but looking ahead to serve a world in dramatic change. The challenge now is to work better and focus our efforts on where the return in health gains is greatest.

To support and enhance the renewal process I invited Member States to help kick-start change through the creation of the Renewal Fund. I need not reiterate the tightness of our budget. There was no room in our regular budget to carry out critical tasks to foster rapid change - such as bringing up to speed our information technology - retraining our people to work more closely together across clusters and regions - increasing the support to our country representatives, or rapidly refocusing our work through the Partnership for Health Sector Development project.

The Renewal Fund is making this possible - and I am very grateful to the countries who responded to my call and made an extra and extremely valuable contribution. Our target was and still remains to raise 10 million dollars to be spent over three years. As of today we are close to 7 million dollars.

Let me thank each and every one of the contributors: Belgium, Canada, China, Croatia, Denmark, Finland, Japan, Netherlands, Norway, Sweden, Switzerland, Tunisia and the United Kingdom.

And to those countries who wish to lend their support it is not too late - your contribution is still more than welcome.

With structural changes at headquarters behind us, we are now engaging closely with the regions. The regional offices are a major strength of WHO. Many United Nations agencies are struggling to decentralize.

WHO has already done it. Now the task is to make the Organization pull together around a shared corporate strategy and in the same direction.

It would make little sense to establish the structure in headquarters in every regional office. But it is my view that we would achieve greater transparency and accountability by having more similar structures among the regional offices. And we would gain from clearer lines of communication and decision-making between headquarters and regional offices.

We are gradually getting there. I will meet formally with the Regional Directors five to six times a year. Regional Directors will be more directly included in the work of the Cabinet by having more time to study and comment on Cabinet papers of strategic significance. Each Executive Director has an identified counterpart in each regional office. In a few months time our new video facilities, financed by the Renewal Fund, will enable real time communication between all offices of WHO - opening new opportunities in training, planning and decision-making.

Mr Chairman,

Let me end with a few words on the budget. We will be discussing the budget later this week, and we have had useful exchanges on it last week.

The budget, too, is work in progress. We will continue to work on the details, but the directions are clear. Our budget reflects the work and the priorities of this Organization.

I expect there will be discussion on the question of zero real growth, and I believe we need that discussion, after ten years of budgets which have not been able to keep track of inflation and changing exchange rates.

The fact is that our budget has declined by 20% in real terms over the last ten years. My job is not to look back, it is to look ahead. I can hardly see how we can fulfil our mandate and do the work that Member States expect of us, if we are at the same time implicitly being asked to downsize a WHO which in fact has a smaller budget than many university teaching hospitals in developed countries.

The difference in dollars between a zero real growth and zero nominal growth budget would today amount to more than 30 million dollars. If this is taken away from us the work proposed in the budget in front of you will have to be reduced accordingly. I, for one, cannot see that this should be our intention, to shrink our ambitions for world health. I hope Member States will share this view.

We can, we should and we will continue to improve our efficiency, and this budget tells the story of how we are doing just that. But the very nature of the Organization will be changing if Member States decide to scale it down.

Mr Chairman,

I invite the Executive Board to look ahead with us - to continue to guide our work and to embark on the exciting task of making a lasting difference on the global development agenda.

Thank you.

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