WORLD HEALTH ORGANIZATION
Regional Office
for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau régional de la Méditerranée orientale

منظمة الصحة العالمية
المكتب الإقليمي
لشرق البحر المتوسط

In the name of God, the Compassionate, the Merciful

Address by

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to

THE OPENING MEETING OF
THE THIRTY-FOURTH SESSION OF THE REGIONAL COMMITTEE

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Your Excellencies, Director-General, Ladies and Gentlemen,

Once again we are gathered together, at this the Thirty-fourth Session of the Regional Committee, to look at our achievements, and also at the difficulties we have encountered during the last twelve months as we have carried out our responsibilities in helping to improve the health of the people of the Region.

I should like to express my thanks to the Government of Iraq, and particularly to His Excellency Dr Sadik Hamid Alwash, for having provided us with the opportunity to meet here in Baghdad and for the superb facilities which have been put at our disposal.

I also thank Dr Halfdan Mahler, Director-General of WHO, for taking the time from his very busy schedule to join us here. His frank and refreshing views are always a stimulus which I am sure we all appreciate and which set the tone for the open exchanges which characterize our Regional Committee meetings.

We have again with us colleagues and partners in the fight for health from international agencies and intergovernmental and nongovernmental bodies, as well as heads and members of diplomatic missions and other supporters whose attendance at this Opening Session is most welcome.

I would, first, like to draw your attention to the topic which was brought so harshly to our notice at last year's meeting and which has continued to occupy our thoughts throughout the past year: our financial situation. We are in a state of siege. This crisis, which has both natural and man-made causes, continues not only in the Eastern Mediterranean Region, but the world over. Now the situation is exacerbated by shortfall in payment of contributions from some Member States and, as a result of these two factors, the availability of financial and other resources within WHO is constantly threatened. We must believe that the situation will improve and not give up hope; our Director-General has always expressed optimism. Nevertheless, we all know that hope most often comes from within, from self-help. Dr Mahler has repeatedly emphasized the importance of using resources wisely, in support of HFA policy. Such optimism and advice coming from an economically rational and sincere, committed leader throws not only responsibility but also challenge on to our, and your, shoulders.

At the same time you will want to know what we in the Regional Office have done, and are doing, in this area, what we plan to do and what we can help you to do.

You have before you the Regional Programme Budget Policy, compiled as a result of our last meeting; an audit of the Policy has also been carried out. We have had increased dialogue, as well as joint programming, through the Joint Programme Review Missions and visits from nationals to the Regional Office. We have carried out in-depth reviews in primary health care to ensure optimal use of resources. We are working to streamline the managerial process in the Regional Office through training and by strengthening the link between the managerial process for WHO programme development and the managerial process for national health development.

With regard to the generation of funds, the Regional Consultative Committee twice discussed how best this might be done and what approaches might be made. As a start, we have carried out country resource utilization studies and enlisted support from Regional agencies for programmes in the Region. We have sought closer collaboration with UNICEF and other United Nations and bilateral agencies so that we might pool our resources in support of Health for All and, at the same time, avoid wastage, competition and overlap. Joint declarations and letters of understanding were issued in relation to this.

However, generation and rational use of resources alone are not enough. It is important that the most cost-effective strategy, leading to greatest impact, be adopted. The Regional Office strategy for Health for All ensures the most effective utilization of resources through four main features.

Firstly, targeting for Health for All. This can be done geographically by defining certain areas, such as districts or governorates, and then concentrating on their development as areas for demonstration and for health research activity. Targeting can also be done functionally and operationally by concentrating on priority programmes such as immunization, control of diarrhoeal disease, acute respiratory infections, water and sanitation and maternal and child health. These programmes can be used to spearhead others and as vehicles to carry other components of primary health care in an integrated manner. Eventually, financial targeting by pooling resources from various programmes into an "umbrella" primary health care programme will allow flexibility in using resources in a way that satisfies financial regulations, yet which also meets the needs of innovative approaches, arising out of changing situations.

The second feature of the cost-effective strategy is the basic needs approach. This requires that all sectors set their own priorities constituting the basic needs of the people, namely, basic education, primary health care, housing, water and sanitation, adequate income, healthy food and security. We, in the health field, should be the pioneers in securing this improvement in meeting basic needs; if they are not satisfied then neither can an improved health status be achieved, even if the most modern hospital were to be built in every village! Yet if these needs <u>are</u> met, morbidity and mortality will drop considerably without even mentioning the word "hospital".

Also, in adopting a basic needs approach we make other sectors target for Health for All without depriving them of credit or making them feel they are working for goals set by the Ministry of Health. This approach has been successfully pioneered in Thailand and we have already introduced it to senior officials, representing some nine different sectors from Democratic Yemen, Islamic Republic of Iran, Pakistan, Somalia and Sudan, through the direct experience of field trips.

A third feature of the strategy is the district health development system based on the integrated primary health care approach which we are actively promoting in the Eastern Mediterranean Region; indeed, we have already identified targeted districts in various countries of the Region.

Fourthly, and finally, the Regional Office is encouraging self-managing programmes, in which the community plays the leading role in defining its needs, developing indicators, managing the programmes and providing support in kind and in cash. So far four countries have started or are planning to start this approach to community involvement.

There are other steps we have taken in support of Health for All. I mention a few of particular importance.

The action-oriented, integrated school health curriculum: this, when implemented, will enable teachers and pupils to take specific action in support of their own health and the health of their families and communities.

Family self-care: we are starting to develop a series of health aids and media programmes to assist in making families capable of managing their minor health problems.

Development of positive life-styles: the Regional Office is organizing consultations to develop a programme and material which will encourage people to lead healthy life-styles; it is unfortunately the case that the most common cause of morbidity and mortality is the life-style of people themselves. Surely it is ironic that the greatest burden upon the health resources of a community is self-inflicted.

The spiritual dimension of health: discussions to involve religious leaders, Christian and Muslim, in the Health for All movement have taken place.

Community-oriented medical education and the use of the local language in medical schools: both of these are being promoted by the Regional Office.

Leadership development, in which we can claim to be the most advanced Region: we have used various approaches towards identification of leaders for the Health for All movement, including colloquia, travelling workshops, Joint Programme Review Missions and meetings with parliamentarians and local leaders.

Improvement of resource management through identifying waste factors during processes of implementation, allocating resources according to certain priorities and strictly adhering to the guidelines of the Regional Programme Budget Policy. As an example of the latter, we have ceased supplying vehicles, payment of incentives and so on.

Now, all this is still only a beginning; it is not enough. But we have plans for future efforts. These include the encouragement of cost-sharing and cost-recovery through mobilization of resources from health and other sectors in support of basic needs. We also propose estimating household and private expenditure on health and streamlining this in the direction of risk-sharing schemes. And this relates to plans to promote innovative approaches to recover user charges, to foster the development of group health insurance schemes catering for promotive and preventive services and to encourage studies in health economics.

We will, of course, continue to investigate means of income generation and rational use of resources. Our thesis, at the Regional Office, is that WHO resources should only be used to initiate or sustain action which leads to positive and sustainable impact on the health of the people: action which will build up self-reliance and self-sufficiency and which, above all, will use technology appropriate to the local heritage and knowledge rather than alien systems and approaches.

There are areas where you, the Member States, can help us, the Regional Office; areas in which we can work together for the good of the Region. I believe the first of these areas is that of attitude. We must approach development in the Region holistically, both from the point of view of the many development schemes taking place and from that of interaction between the Member States. And the spearhead for all development should be health, for without healthy people no progress, in any field of development, is sustainable.

At the same time we must all work to strengthen technical cooperation between the developing countries of the Region. And this, too, relates to the need to identify and exploit local and Regional potential and to ensure that an increasing percentage of resources is spent at community level. Together, also, we should promote the role of WHO as a technical agency; countries should make use of its resources as seed input, to support interventions that lead to positive change where desirable. Above all, it is essential to monitor the effectiveness of WHO and of national resources.

There are, too, areas in which you yourselves can work toward improving the strategy for Health for All; WHO will assist wherever it can. You might usefully begin by re-examining, and restructuring where feasible, the organizational set-up of health sectors to facilitate efficient and effective management of resources. You might also usefully look at means of accelerating implementation of the Health for All strategy, through targeting for Health for All and through promotion of the basic needs approach. You might start with the major four global indicators: local health care, immunization, water and sanitation and maternal and child health, as spelt out in the Regional Programme Budget Policy. Or you can develop your own priority programmes to use as a spearhead for achieving Health for All. Imagine what could have been the drop in morbidity and mortality of children if we had all concentrated on providing just one midwife per village in the last few years, or one clean water source within reachable distance. It could have been done at manageable cost and would have achieved massive impact.

Extensive use of the mass media to promote Health for All issues is a proven area of worth, one I would recommend to all governments.

You might look at possibilities of reorienting your planning systems, by investing at the community level and building up from there instead of hoping that effects will filter down from the tertiary level. I would recommend you look at how you coordinate the external assistance you receive to ensure that it is used according to the stated Health for All policy and strategy. It is essential to avoid short-lived action, such as unsustainable campaigns, which erode your resources so; just as it is essential to counteract, and better still, prevent, overlap and distractions from the agreed-upon policy.

I recommend too that you look at ways of developing socially acceptable schemes for cost-sharing - you may have to innovate. If so, don't be afraid; too often have we all been held back by old methodology. Look at health insurance schemes; these should not be oriented toward therapy, or toward employees only. Schemes can be developed which cater for promotive and preventive health services; they can be organized collectively: by groups, by farmers, by villagers.

I think you might also look toward strengthening your information exchange procedures and your resource management systems, and toward including within them regular and efficient monitoring and auditing. Likewise, you should exploit the mass of information already available from WHO and your own national institutes; there is a point at which information gathering must cease and action start. This does not mean, however, that you should not strengthen your research capabilities and, in particular, at this stage, your health systems research, or that you should not continue to exchange experience with other countries and international agencies and institutions. Quite the contrary.

If all these steps are taken, if we all do our part, individually and collectively - and for my part I intend to ensure that they <u>are</u> taken - then, I feel, we can ultimately benefit from the financial crisis that besets us; we can make WHO a more effective and efficient agency and ensure that we shall all share a brighter future.

I would like to turn now to a subject that has stirred up a degree of controversy within the Organization. The issue of centralization versus decentralization of our technical cooperation activities. Over the years, WHO has developed a policy and strategy based on a value system. This is now

entering an implementation phase which calls for acceleration of activities. Acceleration, in turn, calls for mobilization of all resources and the collecting together of those resources for maximum impact at country level. Now, how we go about achieving all this may be through centralization, or it may be through decentralization. Surely the most important issue is that it works. What is needed is team work and strong support to countries. What is important is to get the work done effectively, economically and efficiently, with a sense of partnership and in the spirit of a team. What is essential is that we be flexible, that we delegate powers of responsibility where they are most needed, that we be ready to face situations as and when they arise, and that we support our staff when they are in need so that they can carry out the work we have requested of them. Towards this end we are strengthening inter-regional cooperation through joint programmes. This will facilitate exchange of experience and make WHO a real, WORLD, health organization, not just a regional agency.

I have talked of resource management. But such talk will not lead to the desired impact if we cannot ensure availability and proper use of suitable manpower. We are but thirteen years short of the year 2000 and those years will be crucial for WHO. It is essential that we have efficient, action-oriented, highly-qualified manpower to meet the needs of the final implementation phase of the Health for All strategy yet, at the same time, continue to identify and develop future national and international health leaders.

Selection of staff should be on the basis of merit and of proven ability to achieve. When you want a lawyer you look for the number of successful cases he has managed, while the engineer you assess by the success of his projects. Likewise, assignment to WHO should be based, first and foremost, on merit and achievement. In this respect, I believe the Eastern Mediterranean to be a balanced Region.

Moreover, of the 105 Regional Office professional staff, 60 are of Regional nationalities, 45 of other nationalities.

We are now setting aside 10% of the total general fellowship allocations to identify and train potential leaders from various countries of the Region in WHO policies, strategies and systems by assigning them to the Regional Office as trainee health development specialists. We shall, of course,

continue to develop our existing staff capabilities and to make aggressive use of the human resources available, both in Geneva and in other regions.

I would like now to turn to an issue which is of importance to all of us. The issue of WHO's accountability to you, the Member States, and to all its donors, whether governmental or nongovernmental. It is your right to expect and our duty to deliver. Furthermore, since the major function of WHO is to assist countries to develop their health services in the most economically feasible and appropriate manner, WHO is morally obliged to set the example and prove to its Member States that every dollar spent can contribute to positive development in meeting countries' needs.

So what are we at the Regional Office doing about it? We are continuously aiming to improve and develop the audit and managerial system. This not only provides us with a check on how efficient we are in the management of our resources but it also provides our donors with a clear picture of the impact their input has had on the health of the people. In addition, I am now in the process of establishing a task force which will have the job of making sure we are accountable. Its task will be resource analysis, to counter wastage in field operations, costs, supplies, manpower and so on. I will be inviting your advice and directions as to how it might best achieve this. One function I have already attached to its various responsibilities is to develop ways and means of assisting countries to ensure proper management of their own health resources. Once it has established itself and has carried out its initial work in accountability, it is proposed that the task force evolve into a resource management team so that it may continue in resource analysis, in maintaining monitoring and in advising countries and WHO field offices.

I have already spoken to you of the value system of WHO, of the existence of its stated policy and outline strategy. WHO is one of the very few agencies to have such a basis for work and it is Dr Mahler who has worked so hard to achieve this commendable status. WHO has succeeded in bringing together systems which are politically and ideologically different and in making them work towards common goals with both understanding and complementarity. Nevertheless, WHO has recently received a number of dents to its image. Whatever we have achieved in the past has been due to you, the Member States, and I call upon you now to play a role in reflecting the real image of WHO; more, to advocate in favour of your Organization.

There are a number of entry points which you can use, both national and international. The best support you can give for the improvement of the image of WHO will be to meet the requirements of the decisions you have taken, to implement the strategy you have collectively agreed upon, and to give your full trust to your secretariat and to WHO institutions and bodies. WHO should be looked upon as a partner, and not as a health administration parallel to, or imposed on, the health ministries. In the Regional Office we have developed proposals and taken a number of steps to encourage advocacy for WHO; we have discussed these with our Member States. We have also invited to WHO public relations officers of the Ministries of Health, experts in the media and social workers, and we are preparing a training programme for public relations officers of all the Ministries of Health of the Region. All of which, we hope, will improve our image at this time of crisis.

To end on a happier note, let us call to mind the approach of the fortieth anniversary of WHO and the tenth anniversary of Alma-Ata. You will be discussing in this meeting our plans for commemorating these occasions. WHO regards them as opportunities for action and would like to see celebration through performance rather than symbolic gesture. As I have said, this is an implementation phase in the life of WHO and so all our activities should be action-oriented. In celebrating these occasions we are going to issue next year, 1988, the final material of the action-oriented school health curriculum. We will also issue the health aids for family care, while our programme for development of positive life-styles will reach its peak. We are planning to assist you in commemorating these milestones over and above the programmes already developed, by assisting you in taking action to strengthen the Health for All movement. Such action may involve acceleration of programme implementation, either in priority programmes, as I mentioned earlier, or by picking one activity which will have a lasting impact and which can be implemented before the year 1990. The stated example of providing one midwife per village might well be a good starting point.

In addition to the anniversaries of Alma-Ata and of WHO itself, there are other opportunities for celebration approaching which I call upon you to exploit with aggressive action. The year 1990 promises to be a memorable one. In that year we expect immunization to be available to all children. It will mark the end of the Water and Sanitation Decade and also of the Women's

Decade. These are also wonderful opportunities to accelerate action in anticipation of the year 2000. In preparing ourselves to use these entry points the Regional Office has taken various actions. We have considered it important to develop a system through which we can strengthen the role of women's movements in support of Health for All. We have arranged field trips for senior ministers and leaders from three countries of our Region to Indonesia, where the women's organizations play a major role in support of health development. We have also agreed with the Government of Indonesia to send women's leaders from various countries there to learn from their experience.

Furthermore, we have undertaken various innovative approaches in the Regional Office and we have achieved good results in many of them. Although it is not my intention to give an account of these now, I will be referring to them in my presentation of our Report of Work.

Ladies and Gentlemen,

When I accepted the trust you placed in me by taking this post as your Regional Director, I considered it a challenge; I also knew that it would be a challenge that would ever increase; I realized that there would be problems, but that there would also be means of solving them. It is my firm belief that the way to solutions is through will, commitment, sincerity and continuous improvement of both self and system. The sincerity and devotion of Dr Mahler provide a guiding light for all of us. In this Region, I am confident that we are going to develop this commitment and sincerity, strengthened with the necessary knowledge and skill.