SUMMARY RECORD OF THE SEVENTH MEETING

Hyatt Regency Ballroom, Macao
Friday, 17 September 1999 at 9 a.m.

CHAIRPERSON: Dr José Alarcão TRONI (Macao)

CONTENTS

1. ADDRESS BY THE DIRECTOR-GENERAL: Item 6 of the Agenda

The CHAIRPERSON invited the Regional Director to address the meeting on behalf of the Director-General (see Annex).

2. TIME AND PLACE OF THE FIFTY-FIRST AND FIFTY-SECOND SESSIONS OF THE REGIONAL COMMITTEE: Item 23 of the Agenda

The REGIONAL DIRECTOR recalled that, at its forty-ninth session, the Committee had decided to hold its fifty-first session at the Regional Office in Manila. He proposed that the fifty-first session be held from 18 to 22 September 2000.

The CHAIRPERSON noted that the Committee agreed the dates of its fifty-first session as 18 to 22 September 2000 and requested the Rapporteurs to include those dates in the resolution.

Dr LATIF (Brunei Darussalam) confirmed the invitation of his Government to hold the fifty-second session of the Regional Committee in 2001 in Brunei Darussalam.

The CHAIRPERSON asked the Rapporteurs to prepare an appropriate draft resolution.

Mr ISOBE (Japan) announced that his Government wished to invite the Regional Committee to hold its fifty-third session in 2002 in Japan.

3. CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolutions:

3.1 Tuberculosis prevention and control (Document WPR/RC50/Conf. Paper No.5)

Mr LIU Peilong (China) noted that the report contained in document WPR/RC50/8 indicated that governments should take responsibility for the treatment of tuberculosis by providing the necessary funds. WHO should play an advocacy role in making high-ranking government officials, including finance ministers, aware of the importance of tuberculosis and persuading them to back up their political commitment with increased resources.

He therefore suggested that a new third preambular paragraph be added, to read - "Noting that political commitment has not yet been translated into increased resources for tuberculosis control;". He suggested further that operative paragraph 3(2) be extended by the following addition: "and to take all necessary measures to influence leading political figures to translate political commitment into increased financial resources;".

Professor WHITWORTH (Australia) suggested that the phrase "as a minimum" be added at the end of paragraph 2(3).

Dr THORNE (United Kingdom of Great Britain and Northern Ireland) asked that the words "if this is appropriate" be removed from operative paragraph 2.

Dr KIENENE (Kiribati) proposed that the second preambular paragraph be extended by addition of the phrase "and the fact that 29% of global tuberculosis cases are found in the Western Pacific Region".

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC50.R5).

3.2 Regional Action Plan on Tobacco or Health 2000–2004:
(Document WPR/RC50/Conf. Paper No.6)

Mr LIU Peilong (China) said that the resolution did not reflect the importance of the involvement of multiple sectors in tobacco control, which his delegation had stressed. He suggested that the following insertion be made after the fifth preambular paragraph: "Noting that multisectoral involvement is crucial to effective tobacco control;". He further proposed that a new subparagraph be added after operative paragraph 2(3), to read: "to mobilize and coordinate the involvement of government departments in the above-stated activities;", and that a new subparagraph be added after operative paragraph 3(4), which would read: "to make good use of all opportunities to encourage the involvement of Member States in the Tobacco Free Initiative;".

Professor WHITWORTH (Australia) asked that the words "with amendments as specified in the summary record" be added to operative paragraph 1.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC50.R6).

3.3 Development of health research (Document WPR/RC50/Conf. Paper No.7)

Professor WHITWORTH (Australia), noting that if research were not disseminated there was no use in doing it, asked that the words "where appropriate" be deleted from operative paragraph 3(4).

Dr KIENENE (Kiribati) noted that the phrase "subject to availability of resources", which appeared in operative paragraph 3, had not been included in requests to the Regional Director in other resolutions. As it had a negative connotation, he asked that it be deleted.

Dr NOVOTNY (United States of America) said that the phrase was necessary as the list of requests to the Regional Director included a number of projects that would be expensive to implement and the necessary resources might not be available.

The REGIONAL DIRECTOR, replying to a suggestion from Dr MALAU (Papua New Guinea) to replace the words in question by "to secure and mobilize resources", said that he made every effort to do just that for all programmes and not just health research. He therefore suggested that operational paragraph 3 be amended to read: "REQUESTS the Regional Director to do his utmost:".

Ms EARP (New Zealand) asked that operational paragraph 3(5) be amended to read "to continue to support efforts to improve the communication between research agencies and the use of the Strategic Plan in the Region."

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC50.R7).

3.4 Criteria for candidates and selection methods and procedures for nomination of the Regional Director: Report of the Sub-Committee of the Regional Committee on Programmes and Technical Cooperation (Document WPR/RC50/Conf. Paper No. 8)

Dr TEMU (Papua New Guinea) asked for an explanation of the criterion of "good physical condition" required by operative paragraph 2 (6).

Dr OTTO (Palau), Chairman of the Sub-Committee on Programmes and Technical Cooperation, explained that the provision in question had been based on the criteria for selection of the Director-General, which had been adopted in most regions for Regional Directors. The purpose was to guarantee, as for all staff of the Organization, that the candidate fulfilled certain conditions of good health. It was in no way to be taken as the expression of any kind of discrimination against persons with physical disabilities.

Dr TEMU (Papua New Guinea) expressed satisfaction with the explanation.

Decision: The draft resolution was adopted (see resolution WPR/RC50.R8).

3.5 Method of work of the Regional Committee
(Document WPR/RC50/Conf. Paper No. 9)

Professor WHITWORTH (Australia) proposed the addition at the start of operative paragraph 3(1), of the words: "to make the meetings less formal and more interactive, and ...".

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC50.R9).

3.6 Infant and young child nutrition and implementation of the International Code of Marketing of Breast-milk Substitutes (Document WPR/RC50/Conf. Paper No.10)

Dr NOVOTNY (United States of America) said he had understood that the question of transmission of HIV/AIDS through breast-feeding had been raised and that some recognition of that should be included in the resolution.

The REGIONAL DIRECTOR said that he recalled the issue had been raised by the Representative of Papua New Guinea as a policy issue, and that had been reported in the summary record of the relevant discussion.

Dr NOVOTNY (United States of America) proposed that "and the need for special consideration of HIV-infected mothers" be added to the end of preambular paragraph 7.

He also proposed that an operative paragraph should be added at the end of the resolution, requesting the Regional Director:

"to disseminate updated WHO recommendations on feeding practices for infants of HIV-infected mothers."

Dr ROMUALDEZ (Philippines) proposed that preambular paragraph 5 should be amended by deletion of the words "some countries have reported that", and substitution of "still often not" for "frequently not".

Professor WHITWORTH (Australia) proposed the addition of a subparagraph in operative paragraph 2, requesting the Regional Director:

(4) to continue to expand the "Baby-friendly hospitals" initiative to include a greater focus on the needs of mothers;

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC50/.R10).

3.7 Fifty-first and fifty-second sessions of the Regional Committee
(Document WPR/RC50/Conf. Paper No. 11).

Decision: The draft resolution was adopted (see resolution WPR/RC50.R11).

4. REGIONAL IMPLICATIONS OF RESOLUTIONS AND DECISIONS OF THE FIFTY-SECOND WORLD HEALTH ASSEMBLY AND THE WHO EXECUTIVE BOARD AT ITS 103RD AND 104TH SESSIONS: Item 20 of the Agenda (Document WPR/RC50/16)

The DIRECTOR, PROGRAMME MANAGEMENT presented document WPR/RC50/16 which referred to resolutions adopted by the World Health Assembly and the Executive Board which were of significance to the Western Pacific Region. Seven resolutions adopted by the Fifty-second World Health Assembly were included in the document, which provided some information on activities in the Region that were of relevance to the terms of the resolutions. The resolutions themselves were attached to the

document. He drew the attention of the Committee to the operative paragraphs which related to activities that Member States could undertake in the Region to implement the resolutions.

The CHAIRPERSON then read out the titles of the resolutions one by one, inviting comments from the representatives.

There were no comments.

5. MEMBERSHIP FROM THE WESTERN PACIFIC REGION IN GLOBAL COMMITTEES: Item 21 of the Agenda

5.1 Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee: Item 21.1 of the Agenda (Document WPR/RC50/17)

The DIRECTOR, PROGRAMME MANAGEMENT said that the Policy and Coordination Committee (PCC) was the governing body of the Special Programme on Research, Development and Research Training in Human Reproduction. It was composed of four categories of members from the various Member States with a total of 32 members. One of the categories, category (2), had 14 members, three allocated to the Western Pacific Region. Those members were to be elected by the Regional Committee for three-year terms, giving due consideration to a country's financial or technical support for the Special Programme, and its interest in that field, as reflected by national policies and programmes.

At present, the three category (2) members from the Western Pacific Region were Malaysia, the Republic of Korea and Singapore. The period of tenure of the member from Singapore was due to expire on 31 December 1999.

In order to maintain the full representation of the Western Pacific Region on the Policy Coordination Committee, the Regional Committee should elect one Member State to nominate a member whose three-year term would start on 1 January 2000. The Regional Committee might wish to elect China.

The next meeting of the Policy and Coordination Committee would be held from 22 to 23 June 2000.

The CHAIRPERSON said that, since there were no further comments, China would serve on the Committee.

It was so decided (see decision WPR/RC50(1)).

5.2 Essential Drugs and Other Medicines: Membership of the Management Advisory Committee: Item 21.2 of the Agenda (Document WPR/RC50/18)

The DIRECTOR, PROGRAMME MANAGEMENT explained that the Management Advisory Committee had been set up in 1989 to replace the Meeting of Interested Parties. The Committee advised the Director-General of WHO on matters related to policy, strategy, finance, management, monitoring and evaluation of the WHO programme on Essential Drugs and Other Medicines. The Management Advisory Committee met once a year or more often upon the proposal of either its Chairperson or the Director-General. Two Member States undertaking drug policy and programme development from each of WHO's six regions were selected by the respective Regional Committees for three-year terms. Mongolia and Viet Nam were currently the Member States from the Western Pacific Region whose representatives served on the Management Advisory Committee. Mongolia's term of office was due to end on 31 December 1999. The Regional Committee therefore had to select one Member State to replace Mongolia as a representative of the Western Pacific Region on the Management Advisory Committee. The selected Member State would serve for three years from 1 January 2000 to 31 December 2002. The Committee might wish to consider Philippines as the representative.

The CHAIRPERSON said that, as there were no further comments, the Philippines would serve on the Committee.

It was so decided (see decision WPR/RC50(2)).

6. TOBACCO OR HEALTH MEDAL PRESENTATION

The CHAIRPERSON gave the floor to the Regional Director, who presented the 1999 Tobacco or Health Medal and Citation to Professor Anthony Hedley, Head of the Community Medicine Department at the University of Hong Kong, for his untiring work on tobacco control in the Region and beyond.

7. RESOLUTION OF APPRECIATION

Dr ROMUALDEZ (Philippines) presented a draft resolution of appreciation.

Professor WHITWORTH (Australia) and Dr THORNE (United Kingdom of Great Britain and Northern Ireland) endorsed the proposed resolution.

Decision: The draft resolution was adopted (see resolution WPR/RC50.R12)

8. CLOSURE OF THE SESSION: Item 24 of the Agenda

The CHAIRPERSON thanked the Committee for its trust and confidence. Macao would participate in the subsequent session as a special administrative region of the People's Republic of China. Portugal had administered Macao for five centuries and was proud of its achievements, especially in the health sector. As a Portuguese and as a citizen of the European Union and of the civilized world, he congratulated the Security Council of the United Nations on its resolution 12/64 of 15 September 1999, authorizing a peace force under the leadership of Australia to impose respect for human rights and the results of the referendum in East Timor. Portugal would always support East Timor, and he appealed to the countries of the Region to do likewise.

The CHAIRPERSON said that the draft report of the session would be sent to each representative with a covering letter stating the date by which any comments on the draft should reach the Regional Office. After that date, the report would be considered final.

The REGIONAL DIRECTOR presented a gavel set to the Chairperson in appreciation of his chairmanship.

The CHAIRPERSON declared the fiftieth session of the Regional Committee closed.

The meeting rose at 12.15 p.m.

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SPEECH BY DR GRO HARLEM BRUNDTLAND, DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION AT THE FIFTIETH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC, MACAO, 17 SEPTEMBER 1999

Mr Chairman, Dr José Alarcão Troni, Ministers, Dr Omi, Excellencies, Ladies and gentlemen,

It gives me great pleasure to be with you here in beautiful Macao at this historic time. We are all grateful to the Government of Macao for hosting this Regional Committee meeting of WHO.

Year 2000 is now only a few months away and the world is taking stock. We who devote our work to health can celebrate many remarkable achievements. But there is also a legacy. More than a billion people who are poor - hundreds of millions of whom live in this Region - will enter the next century without having shared in the gains of the health revolution of the 20th century.

That we have to change. With a combination of vision, commitment, effective organization, and working together, we can achieve notable accomplishments in the years ahead. The knowledge which produced the revolution of past decades can still bring the excluded billion into our midst.

Mr Chairman,

Today I wish to take the opportunity to share with you how I see the role of the World Health Organization in this major transition. You know our mandate and I can assure you of our commitment: We are after a better deal for world health. A better deal with the prime purpose of delivering a better, healthier future to all, but especially to the poor.

Such a better deal will matter immensely in this Region, which is home to a quarter of the world's population.

As Director-General of WHO, I have seen it as one of my prime tasks to improve the effectiveness of our Organization's work. Working together more effectively, as one WHO,

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is key. We - WHO - cannot do everything, but what we decide to do, we must do well. It goes for all of us: In times of many conflicting challenges we must all learn to *focus* on the health issues that matter most - and we must reach out and convince our partners to do likewise. Reaching out to civil society, NGOs, our UN partners and to the private sector - as we do it in this Region - increases the impact we can make.

Let me share with you today our assessment of our work with the Western Pacific Region, based on **four** global strategic directions.

First, we have to reduce the burden of excess mortality and disability, especially that suffered by poor and marginalized populations.

On many fronts, the Western Pacific Region can stand as an example for hope and optimism. Through systematic and effective intervention, the Region has achieved some impressive improvements in health over the past few years. These improvements show that what often seem like endless fights against diseases that constantly defeat us can be winnable battles, if we only take a systematic, result oriented approach to them.

Malaria continues to be a major health problem. In this Region, about 110 million people are at risk from malaria in 10 countries, with unacceptably high incidence rates in several countries and a growing problem of increasing drug resistance. About one million clinical cases are reported in Eastern Asia and Oceania. We face an increasing malaria burden.

China, Viet Nam and other countries in this Region have shown us that it is possible to reverse this trend. We know it is possible to cut malaria-related mortality by half by the year 2010 if existing interventions are used according to available evidence. This is the goal of our Roll Back Malaria effort - a goal that can be achieved as health services become more focused on helping communities tackle priority diseases.

The long-term success of Roll Back Malaria will require better interventions, new preventive measures and treatments. New alliances for more effective research and product development, such as the Multilateral Initiative on Malaria, and the Medicines for Malaria Venture, are essential to this success.

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The world can learn a lot from the way China has been able to contain the epidemic. China also has an impressive track record for the development of anti-malarials. We hope that China would help the world with the production and distribution of anti-malarial compounds. I discussed this with Chinese leaders when I visited them last November. Then there is Viet Nam, where the systematic use of insect repellent bednets and the wide distribution of malaria drugs have led to a drastic reduction in deaths from malaria over the past few years.

Countries in the Western Pacific Region are showing the way in identifying actions to Roll Back Malaria. They are breaking new ground. China, Viet Nam, Cambodia and Laos are working with Thailand and Myanmar from the South-East Asia Region to harmonize responses to malaria across borders and ensure that **all** adopt consistent strategies and action.

Malaria is not the only area of progress. The greatest feat of this Region is the elimination of polio. Since 1997 there have been no new cases of polio in the Western Pacific Region, despite intense surveillance. Unless something unforeseen happens over the next few months, this Region can be declared polio-free next year. Truly a great victory!

Although we have good reasons to celebrate, we must remember that this is a fragile victory as long as polio is frequent among the Region's neighbours. The South-East Asia Region is fighting a final battle to eradicate polio in their Region. Last week I visited Dhaka and saw the extraordinary effort being made to reach the target of a polio-free world by the end of 2000. Supporting their effort is in this Region's interest, and I urge all Member States that have resources to contribute to this final push to do so. In a global village where any country can be reached in less than twenty-four hours, no country is safe from polio unless all countries are safe.

Mr Chairman,

Contrasting these positive developments, formidable long-term sustained efforts are needed in the global response to HIV/AIDS. WHO's commitment is unshakeable. We are addressing it on every front, from issues of blood safety and mother-to-child transmission, to the use of anti-retroviral treatments and the care of people living with HIV, and of course, the dual epidemics of HIV and tuberculosis. We will push for new drugs and eventually the

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vaccine against HIV. And we will push for every deal that can make these innovations available for all.

This will not be easy. By 2000, the number of HIV infected individuals in the Western Pacific Region is expected to exceed 1 million and the annual number of new AIDS cases, 18000 in 1998, will double. Compared with other parts of the world, the Region appears to be experiencing only a moderate epidemic, but that must not make us complacent. Realistically, it will continue to increase despite our best efforts and it will cause a heavy toll to the health system.

Drug use injection is the main mode of HIV transmission in the Region. It is alarming that this is the case especially in the most populous countries, including China and Viet Nam.

Nearly 90% of the HIV cases due to sexual transmission are through heterosexual contacts. Therefore, HIV cases are no longer confined to homosexual or bisexual groups. The hardest hit countries are usually the ones with weak health system infrastructures, in this as in other regions.

Countries like Uganda and Thailand have shown us that openness, intense public awareness campaigns and innovative approaches towards research and treatment can stem this epidemic, also in nations without the huge economic resources of industrialized countries. Let us all learn the lessons from these countries, and be inspired by them.

Even without HIV as its deadly ally, tuberculosis is a major global threat to health, and demands an urgent and massive response. I have made the project against TB a priority and I will strongly urge you to endorse the Regional Director's proposal to make tuberculosis a priority programme in this Region.

Last month, I moved all of WHO's TB control efforts under the single umbrella of the Stop TB Initiative. It will redouble its efforts to bring new partners into the coalition working to control TB, and aims to double the worldwide expenditure on TB control within three years.

We must all commit ourselves to achieving 100% coverage with the DOTS (Directly Observed Treatment Short Course) TB control strategy by the year 2005. Countries in this

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Region hold some of the highest numbers of TB patients in the world, and many lag behind in DOTS coverage. Success in the Western Pacific Region will go a long way to achieving success worldwide. I can assure you of WHO's strong support in these efforts.

Mr Chairman,

In the Western Pacific Region, six common preventable and treatable childhood conditions account for up to 70% of death of children under 5 years of age. Maternal and perinatal problems also take a serious toll on women and infants.

Yet, also here we can note significant successes. 32 countries and areas out of 36 have achieved infant mortality rates of less than 50 per 1000 live births. 21 countries in the Region enjoy more than 90% adult literacy rate. Immunization coverage for BCG, DPT, OPV and measles is more than 95%. We can make a long list of success stories.

Five countries in the Region, including China, have already adopted the Integrated Management of Childhood Illness, a highly effective strategy to attack the traditional childhood killers by breaking down the limitations of single-disease treatment, and to educate health workers and parents to see their child's health and nutrition as a whole.

We will intensify our work on reducing maternal mortality. To push the agenda on reproductive health forward, WHO has developed a strategy to make pregnancy safer. The Making Pregnancy Safer Initiative will encourage governments and our international partners to ensure that safe motherhood is placed high on the political agenda. It is a matter of social responsibility and economic good sense.

Immunization remains one of the most cost-effective public health interventions there is. Over the last year, the issue of vaccines and immunization has been reviewed by WHO with the major partners - UNICEF, the World Bank, bilateral donors, and the private sector.

We have agreed to establish a Global Alliance for Vaccines and Immunization to push for a renewed effort to develop new vaccines and to help increase immunization rates all over the world. WHO will be chairing this Alliance in its first two years.

Let me end by also stressing the critical rising tide of noncommunicable diseases - exposing all countries in this Region to new challenges. At WHO we are building capacity to

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better advise and support countries, especially as health sectors have to go through profound change.

One of the most critical areas that needs our attention is mental health. The Global Burden of Disease tells us that mental health conditions are emerging as one of tomorrow's major public health concerns, in rich and poor countries alike. We have to rise to properly face this challenge. I am looking forward to the opportunity to visit China in November to participate in the Nations for Mental Health Conference in Beijing. This will be an important occasion to strengthen the work that is being done to de-stigmatize mental illness and further develop humane treatment for these diseases.

Mr Chairman,

Let me briefly move to the **second** strategic direction. Focusing on the things that matter does not just mean diseases. There is also the need to **counter potential threats to health** that result from economic crises, unhealthy environments and risky behaviour.

We need to strengthen the focus on how sectors outside the health sector have a major impact on health. In the environmental field, air pollution is an ever-growing problem in cities in this Region. For the tens of millions who crowd into the slums of these mega-cities, the effects of pollution, crowding and lack of proper sanitation are the largest threats to their health. Neither health interventions nor economic growth will on their own solve these problems. It will take active government intervention - concerted policies towards sustainable development and vigorous enforcement - before we will see any meaningful improvements in the overall health situation for the urban poor.

Talking about air pollution - there is another threat that is already with us in a big way - an emerging epidemic about to hit the developing world. I am referring to tobacco.

Western Pacific countries are under threat from a tobacco epidemic. The tobacco industry is conducting a major offensive. It is now focusing its attention and advertising power on the developing world and on Asia - and especially on Asian women and children.

Young generations are lighting a fuse. The explosion will kill one out of two smokers and load new, expensive and totally avoidable burdens on the health sector.

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Let's be frank. Adolescents are being lured into tobacco addiction. In most countries, as many as nine out of ten addicted smokers say they started before the age of 18. We are no longer talking about free choice. We are talking about a violation of children's rights.

The experience from Europe shows that strict tobacco advertising legislation and time-limited information campaigns are necessary but not enough. We need to keep a constant global vigil against tobacco. In this Region, governments need to be more consistent in their health warnings. One such warning reads: "As there is a risk that it might damage your health, try not to smoke too much. And be sure to observe smokers' etiquette." This is something of an understatement!

But we are progressing. When I took office, one person in WHO Headquarters devoted part of his time to tobacco. During these 13 months, a broad and talented team is pulling the efforts of WHO and its partners together. In May, the World Health Assembly endorsed our work to create a WHO Framework Convention on Tobacco Control. We will welcome representatives from the Western Pacific at the meeting in Geneva of the working group on the Convention which will take place in a few weeks.

Still, some continue to say that after all tobacco may be good for the economy because of employment opportunities and tax incomes to the government. They are making a big mistake. Health is WHO's business, so we let the World Bank answer the question on economics; in their latest report - *Curbing the Epidemic* - their message is clear: Tobacco is not only bad for health - it is also bad for the economy. Let me show you another example. According to a recent report , "Healthy Japan 21" of the Ministry of Health and Welfare of the Government of Japan, the Finance Ministry expects to receive 7.5 billion US dollar tax income from tobacco sales in the current fiscal year. The report noted that the cost of health care from smoking related illness, death, and accidents amounted to 33 billion US dollars. There were 95000 deaths, that is 12% of the total, in 1995.

Mr Chairman,

The **third** strategic focus concerns health systems. WHO will give renewed priority to helping countries develop health systems that can better respond to present and future challenges.

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Building on the impressive achievements of the last half century, health systems must assure protection for all within - of course - limits set by available resources. This is the key message of the New Universalism that WHO spelled out in this year's World Health Report. It means in short that we must develop a process of priority setting which is evidence based, ethically grounded and socially acceptable. Our best hope lies in a health system that makes the improvement of health status and the recognition of health inequalities its defining goal. A health system that responds to the legitimate needs of the population. A system that protects people from financial loss due to health care costs and that distributes such economic burdens fairly.

The challenges that face you who sit here today range widely: some of you have welfare states that are under pressure for reform; others are facing continuous pressure to shrink government expenditure and open up more sectors to the private sector in the face of slower economic growth and insufficient fiscal revenues. All of you have to take into consideration a substantial number of the relatively poor, who must not be left without basic health coverage.

There will be tough choices: not just in deciding which services should be covered but in determining how health care should be financed. Health care has to be paid for - but solidarity through some form of pre-payment system places less of a burden on the poor than systems which rely on out-of-pocket payment. A growing body of evidence suggests that pre-payment is an efficient as well as an equitable financial policy.

Country after country is now looking to WHO for guidance on health sector reform. They want to engage us in how to handle the rapid growth of private medical care and to harness the energies of the private sector for public goals. We will respond to that call, and we are considerably expanding our capacity to do that.

We need to be able to understand why one country's health system performs better than another. A better understanding - of success, failure and best practice - needs to underpin the new agenda for health systems reform. To indicate the importance of this subject, the whole of the forthcoming World Health Report 2000 is being dedicated to it.

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Mr Chairman,

The **fourth** direction concerns the development agenda itself. I have pledged to do what I can to place health at the core of that agenda - where it belongs. Health is key to human development and progress.

Research illustrates clearly how illness is not only a result of poverty - but can also cause it. What we are increasingly seeing is that improved health conditions can turn this vicious circle around. Healthier, better fed people are more productive and can focus their resources on improving their livelihood. It is no coincidence that marked improvements in health status and life expectancy preceded the 20-year period of strong economic growth in East and South-East Asia. One of Asia's own leading economists, Nobel Laureate Amartya Sen, has eminently shown how closely linked health is to progress and development.

The Asian economic crisis was a wake-up call. It showed how tenuous was the toehold that tens of millions of poor had gained into the middle class. Lacking a security net, they were plunged back into poverty almost overnight. Unless health systems are made to provide basic services to all, this economic and social setback will translate to a setback in health levels as well.

The challenge for those of us who are gathered here today is to turn this knowledge into concrete policies and to execute them. Our responsibility is to see that enough resources are spent on health - and spent in an equitable fashion - so that the poor are given their chance to join the rest of us in enjoying the health achievements of the 20th century.

Mr Chairman,

You have to face many players in development - and we all are facing many players in international health. As the lead agency in health with a broad mandate, WHO needs to refine its role and see how we can best be of use to our Member States. Let me share with you some of the issues. They will indeed be brought to your attention as we start planning for the 2002–2003 budget.

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In each area - be it HIV/AIDS, or making pregnancy safer - we need to ask ourselves where WHO's comparative advantage really lies. Which functions are we best equipped to perform? Which are better left to other organizations? Or where can we call on our collaborating centres?

WHO is a technical agency, not a major donor. We also need to think of ourselves as a *catalyst* - forging alliances and building consensus in many different contexts - at national and international level. This catalytic role lies at the heart of all our core functions, and will be a dominant theme as we prepare our coming budget.

Focusing means having clearer priorities so that we can have a greater impact where the needs are greatest. There is the famous example of how in one country 4.9 million US dollars from WHO's regular budget was allocated to cover the cost of 428 priority activities in 44 different national health programmes. That is not the best way to make a difference and should now be a history lesson.

In too many countries our resources are divided between too many disparate activities, and there is little coordination between our activities. We are in the process of changing that, and I hope you will support this process.

Mr Chairman,

I would like to conclude with some comments on the World Health Assembly budget resolution, and the work that is now underway in response to it. The Assembly decided not to compensate us for cost increases. And in addition we were asked to shift resources from so-called low priority areas to high priority areas.

It has been a tough task. But I believe we have found a realistic way forward, one which avoids cutting our key activities.

You know where I stand: WHO's most important tasks lie in countries, and our budgets and joint efforts will reflect this. The efficiency shifts we have to make in the 2000–2001 budget will not lead to a reduction in spending at the country level. But throughout WHO, we can become more efficient.

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In reviewing the options for efficiencies, I have looked first at measures that are applicable across the whole of WHO. We are concentrating on cutting our travel bill, for example, and taking a critical look at what we publish and what we procure.

Globally, I have decided on a figure for efficiency measures of around 50 to 60 million US dollars at this stage, in line with what the World Health Assembly called for. I would ask for your cooperation as Ministers when it comes to focusing the funding that this will free up for priority health areas within your country.

Mr Chairman, Excellencies, Ladies and Gentlemen,

This is a region of diversity. There is a Member State of 1.2 billion population, and there is a Member State of 1500 population. The second biggest economy in the world is here. Here are also eight countries with per capita GNP less than 1000 US dollars.

Big or small, rich or poor, together you have achieved remarkable success. Let us not forget that achieving the health needs and rights of a population requires a basic respect for human rights and popular democracy. These two basic institutions are crucial in improving health and reducing poverty. Only when there is commitment among the leaders to respect the will and the basic rights of its people, can real development take place.

This Region holds the key to answering the question of eradicating poverty and creating a world where all its citizens enjoy the basic human rights of health and nourishment. The progress so far makes me optimistic. I am confident that you will succeed, and WHO stands ready to support you.

Thank you.