

WHO/DC/89.1

24598

STATEMENTS OF
DR HIROSHI NAKAJIMA
DIRECTOR-GENERAL
TO THE WORLD HEALTH ASSEMBLY
AND THE EXECUTIVE BOARD



WORLD HEALTH ORGANIZATION



CONTENTS

- 1
ACCEPTANCE OF APPOINTMENT
AS DIRECTOR-GENERAL
Forty-first World Health Assembly
Geneva, 4 May 1988
- 3
STATEMENT TO THE EXECUTIVE BOARD
AT ITS EIGHTY-THIRD SESSION
Geneva, 10 January 1989
- 11
STATEMENT TO THE FORTY-SECOND
WORLD HEALTH ASSEMBLY
Geneva, 9 May 1989

**ACCEPTANCE OF
APPOINTMENT AS
DIRECTOR-GENERAL**
*Forty-first World Health Assembly
Geneva, 4 May 1988*

Mr President, Vice-Presidents, Mr Chairman of the Executive Board and representatives of the Board, ladies and gentlemen, it is not easy for me to find words to adequately express my feelings on being elected Director-General of the World Health Organization by the Forty-first World Health Assembly. I am deeply moved by the confidence you show in me by this act and the honour which you bestow on me personally and on my country as well.

But it is also no less an honour to the Member States of the Western Pacific and South-East Asia Regions and to my colleagues there with whom I have had the privilege to work over the past nine years. Equally important it is a vindication of the democratic process that the World Health Organization has the good fortune to enjoy.

The World Health Organization has emerged unscathed from the scrutiny which is being cast on all the United Nations system and has been judged as one which is doing a good job and moving in the right direction. This surely reflects the correctness of our common goals, the wisdom of our policy-makers, the dedication and loyalty of our staff, the inspired leadership of our past Directors-General, particularly Dr Halfdan Mahler, the commitment of the Regional Directors, and the steadfast support and cooperation of all our Member States.

In accepting the position of Director-General I am inspired by the achievements of WHO in the 40 years of its existence. I am also influenced by my own experience as a young man in Japan, growing up amidst the misery and tragedy of war in contrast to the prosperity and development that have been achieved in the years of peace which have followed. It has strengthened my conviction

that the pathway to social development is directly related to our success in maintaining peace in the world. I have lived half my life outside the country of my birth and this experience will certainly help me to discharge my responsibilities over the next five years in a manner worthy of the trust you have shown in me.

I am mindful of the challenges which lie ahead.

We live in fragile times. The gap between the haves and have nots has not narrowed. If we, Member States and WHO, are to achieve our goal of health for all in the spirit of social equity we must establish new partnerships and engage in different dialogues involving the world community – not only with North-South but also East-West participants. But our dialogues must be followed by concerted and timely action. Talk alone is no longer enough.

Even before we win our battle against the communicable diseases, which has engaged us since our earliest days, many countries must now, in addition, face the burden of aging and the chronic and degenerative diseases. At the same time still too many people in the world live without the benefit of safe drinking-water and sanitation. And with each passing day threats to the environment from man-made pollution make more tenuous our very survival. On top of these sad recitations we are more recently assailed by a new and terrible disease – AIDS – for which there is yet no cure.

The solution to any of these problems would tax the resources of even the rich countries but I am sad to say, in the midst of these realities, world economic recovery is slow and remains uncertain.

But there are encouraging signs about us that our common desire for peace may soon be achieved. I am optimistic that this will result in more resources being channelled towards health and social development and will lead us closer to our goal of health for all.

In all humility I pledge to you that I shall spare no effort to maintain the proud image of your Organization. With the continuing support of all of you, our Member States, working as equals in the spirit of friendly cooperation, we, the WHO Secretariat, with the strongest support of the Regional Directors, dedicate ourselves to achieving our common health goals. In so doing, we shall surely be leading the World Health Organization towards even greater excellence and making our own contribution to world peace.

**STATEMENT TO
THE EXECUTIVE BOARD
AT ITS EIGHTY-THIRD SESSION**
Geneva, 10 January 1989

Friends, colleagues, ladies and gentlemen, you all know that I have had a long and challenging experience working with WHO, first in a technical division at headquarters and then as Director of the Regional Office for the Western Pacific. But this is the first time I have the honour and pleasure of formally addressing the Executive Board as Director-General.

In presenting WHO's proposed programme budget for the 1990-1991 biennium, I have the opportunity of sharing with you some ideas about the main lines of WHO's future work and the basic policies underlying our efforts. I look forward to receiving your views, guidance and support.

All the work of our Organization is aimed ultimately at improving the health of all people in all countries of the world. This is fundamental to the attainment of peace and security, and is dependent on the fullest cooperation of individuals and Member States. What we plan to do must logically respond to the health situation, needs and priorities defined by Member States. It must also take into consideration the report on monitoring progress in implementing strategies for health for all and the comments and conclusions of distinguished members of the Board. Although that report reflects substantial progress in many areas, it also reveals serious gaps and difficulties in health development, especially in the less developed countries of the world. The results reported argue eloquently for increased attention to meeting basic human needs using the primary health care approach. This involves the integrated implementation of health-for-all strategies, not only by governments but also by individuals, and not only by the "haves" but also by the "have nots". The report also reminds us that the situation of each country is unique.

Therefore, the response of WHO must be tailored to the needs, state of development and priorities of each country.

In my written Introduction to the proposed programme budget for the financial period 1990-1991¹ I have outlined some of the main proposed programme orientations. I shall not repeat all of these now, but I should like to draw your attention to certain highlights and new developments, and to share with you some thoughts about the basic policies that underlie these proposals.

The basic concepts of health for all and the primary health care approach have been accepted by virtually everyone. As is implicit in my report on strengthening primary health care,² we must now concentrate on the practical implementation of these concepts. In doing so, we must draw on, and correctly apply, the most appropriate technology. We must monitor progress at country level and at all support levels of the Organization. This requires a degree of change, reflecting a rationalization of the relationship between structure and function, in countries and within WHO itself.

Therefore, I have begun a process of change within WHO to improve our way of doing things. This process has been put into motion only after careful in-house consideration. It is also my policy that we should utilize to the fullest the skills of the men and women on our existing staff, not only in terms of their special technical knowledge but also by enabling them to give full rein to their individual managerial styles.

A number of the organizational changes in progress are reported in my Introduction to the proposed programme budget. These include the creation at headquarters of a new division of drug management and policies, the strengthening of activities in health education and health promotion, reorganization of the offices responsible for planning, coordination and cooperation, and a restructuring of activities related to health care technology.

In recent years we have been urging Member States to give greater political recognition to the health sector. I see that this is beginning to happen in many countries. WHO, together with national health authorities, must be ready to respond positively to these developments.

1 Document PB/90-91.

2 Document EB83/1989/REC/1, Annex 9.

The question is, how should WHO react in this changing milieu? If WHO is to fulfil its constitutional role as the directing and coordinating authority on international health work, including the provision of technical cooperation at country level, we have to take a new look at how we do things. This raises some basic issues. Are we to limit our direct technical cooperation work mainly to the development of health policy, to priority setting, and to strengthening national managerial processes? Does WHO have a key role to play in testing and applying new technology and operational approaches in countries? If WHO has such an operational role, what is its proper role in mobilizing the necessary extrabudgetary resources, over and above our limited regular budget? Should we seek such funding more aggressively, from governmental, private and public sources? Can we work more directly and imaginatively with national authorities and external partners in the generation and optimum use of such resources?

Certainly we have to streamline our programme management, delivery and evaluation, and we have to ensure the cohesive application of our policies at all levels. This has implications for how we use both our regular budget and our extrabudgetary resources to optimize their value to Member States.

For the first time in the history of WHO the extrabudgetary resources expected for the current biennium and for the biennium 1990-1991 actually exceed the regular budget provisions. This underlines the importance of unity in all our programmes, irrespective of the source of funding.

The three main special programmes, those dealing with tropical diseases research, human reproduction research, and onchocerciasis control, are "special" in three senses. First, they result from a legal agreement with external partners. Secondly, they have special governing bodies of co-sponsors, to which WHO as executing agency is accountable. Thirdly, they have demonstrated a strong potential for attracting extrabudgetary resources. Many other WHO programmes, such as the Expanded Programme on Immunization, the Diarrhoeal Diseases Control Programme, the rapidly developing Global Programme on AIDS and the new tobacco or health programme, are also heavily dependent on extrabudgetary funding. Without detracting from their technical integrity and attractiveness for external funding, we must ensure that the largely extrabudgetary special programmes have close linkages with all related programmes, so that the new technological products they generate can be properly "appropriated" by countries in their national health programmes. For this

reason I am taking steps to strengthen the operation and delivery of these programmes, especially at country level.

Research is a critical component of virtually all WHO's technical programmes. How can we ensure that research development and the transfer and application of technology in countries are carried out in a consistent, balanced and effective manner? This deserves further study. In our work, we rely on guidance from a wide range of technical sources. For example, the discussions of the Executive Board on the role of epidemiology in attaining health for all will have implications not only for health statistics but also for health systems research. At its latest session, the global Advisory Committee on Health Research helped to define WHO's health research strategy. The Advisory Committee also considered the important role of nutrition research and made recommendations on the transfer of technology and its application in health systems development. Emphasis was placed on research in human resources for health and on national research capability strengthening. We have an obligation to integrate all these into a cohesive whole that is useful to our Member States. This includes streamlining the administration of research and research training grants within WHO.

The Global Programme on AIDS, which appears as a separate programme in the Eighth General Programme of Work, and thus for the first time in the proposed programme budget, responds to a new worldwide disease threat that affects both East and West and North and South, rich and poor alike. We have to fight with the best tools we have available. Until new drugs and technology are available, these tools are health education and information to influence human behaviour. I am pleased to report that the Global Programme on AIDS is attracting strong interest and financial support. We are taking steps to strengthen the management and delivery of the AIDS prevention and control programme, particularly at the country level. This requires the effective planning and delivery of activities as integral parts of WHO's regular technical cooperation programmes in countries, supported, coordinated and directed by the Global Programme with the close involvement of the Regional Directors and the WHO representatives.

A new theme, which cuts across all WHO programmes, is the interaction between the environment and human health. To the extent that all our aspirations and goals are dependent on the ecosystem in which we live, we

must ensure that, in all our programmes, attention is given to respecting and conserving the natural environment and its resources. As Mrs Gro Harlem Brundtland said of the 1987 report of the World Commission on Environment and Development "the entire report is about health". I am convinced that environmental health issues will become the global concern of the 1990s. All our programmes must be aimed at sustainable development.

The specific programme proposals for the 1990-1991 biennium, which is the first biennium of the Eighth General Programme of Work, are described in the proposed programme budget. As you know, these proposals are the result of a planning process which began in 1987. This entailed joint government/WHO programme review and planning at country level, followed by review in each of the six WHO regional committees. In October 1988 the Programme Committee of the Executive Board reviewed the proposals for global and interregional activities, giving particular attention to current priority issues. My proposals in response to the Committee's recommendations are reflected in the text of the programme statements and in the budgetary tables.

We are, I trust, emerging from the most serious financial crisis WHO has ever faced, which was due to the partial or total withholding of certain Member State contributions to the United Nations system. It has always been my belief that WHO is an organization that particularly deserves support. We have sound policies, realistic goals and clear lines of action. Furthermore, we police ourselves with the utmost stringency, and the programme budget review and approval process is based on principles of transparency and consensus, which should continue to guide our way. The review carried out by the Programme Committee of the Executive Board in October 1988 is a practical demonstration of this process, reflected in the Programme Committee's report and in the proposed programme budget before you. The Regional Directors will also be describing how the regional programme budgets were developed in the same way, on the basis of identified priorities, and in a spirit of consensus discussion during the regional committees.

After careful consideration I am proposing a regular effective working budget level of US\$ 653 740 000 for 1990-1991. Compared with 1988-1989, this represents no real growth.

The programme budget proposals show that an estimated US\$ 770 million can be expected from extrabudgetary sources, an amount that exceeds that

proposed for the regular budget. These extrabudgetary funds are not completely interchangeable with the regular budget. However, they make an invaluable contribution to the integrated international health programme.

WHO can do much more than implement the activities specifically recorded in document PB/90-91. I feel that it can be much more active, as a technical cooperation agency, in helping to channel the energies and resources of external partners, other organizations and bodies of the United Nations, and bilateral, multilateral, governmental and nongovernmental organizations, in support of national and international health development programme activities. I intend to promote more intensive multilateral collaboration, involving both public and private sources and, of course, WHO and other organizations and bodies of the United Nations system. This is the most cost-effective way of mobilizing resources to meet the real needs of Member States, particularly those that are developing.

Because WHO's work begins and ends in the countries of all regions, I cannot sufficiently stress the role of the Regional Directors. I depend on them for the unified course of action and sound management of our Organization. Immediately following my remarks, each of the Regional Directors will be briefly reporting to you on regional priorities, and how they are reflected in the proposed programme budget, on regional committee matters, and on the monitoring of national strategies for health for all. I rely on the Regional Directors as a team, and we, in turn, count on the advice and support of members of the Executive Board.

In conclusion, allow me to revert to a concern expressed by members of the Board during the discussion on the monitoring of progress in implementing strategies for health for all. That is, the deterioration of health status experienced in many developing countries as a result of their need to adjust and restructure their economies because of their indebtedness. The question of structural adjustment was discussed last October by the Administrative Committee on Co-ordination – the body that consists of the heads of all the agencies of the United Nations system. I was able to intervene several times in regard to the effect of economic adjustment on the health sector. Of course, the type of adjustment varies from country to country. But, generally speaking, such sector-oriented policies as enhanced export production, foreign exchange and import restrictions, and cuts in public spending, including reduced

subsidies, can have a direct effect on the health sector, both the public and the private sector if it exists. In times of economic stress the health sector is more often than not the one that is neglected. It is also internationally interdependent – for example, in respect of essential drugs. WHO has already carried out some case studies. From them it is clear that altering income and prices affect the health and nutrition of the poor and the most vulnerable. But individual people are often capable of overcoming these adversities – for example, in the area of nutrition. Recovery is slow, but the impact of individuals' adjustments over the years since the economic crisis began may gradually become visible.

The Administrative Committee on Co-ordination will probably discuss the question again later this year, as will the Economic and Social Council of the United Nations. At both these meetings I shall voice the concern expressed by WHO's governing bodies. My own personal opinion is that, while there is no doubt that economic adjustment policies can have an adverse effect on health status, they also present opportunities for reviewing and reorganizing the health system from the health economics point of view, and for allocating resources to the programmes needing them most in a more flexible way. The key to this is "management by information", and continuous monitoring and evaluation for the better allocation of resources. The more information we are able to accumulate the more we shall be able to change our approaches and adjust to current needs.

*STATEMENT TO
THE FORTY-SECOND
WORLD HEALTH ASSEMBLY
Geneva, 9 May 1989*

*M*r President, excellencies, honourable delegates, ladies and gentlemen, colleagues and friends, it is a privilege and a pleasure for me to address the World Health Assembly for the first time as Director-General. In compliance with resolution WHA28.29, I have the honour to present the short report on the work of WHO covering significant matters and developments during 1988, which is contained in document A42/3.

During this Health Assembly, you will also be reviewing the second report on monitoring progress in implementing the Global Strategy for Health for All by the year 2000, the proposed programme budget for 1990-1991 and a number of other programme and policy matters, including important resolutions on strengthening technical and economic support to countries facing serious economic constraints, and WHO's contribution to the international efforts towards peace, rehabilitation and sustainable development.

As we enter the last decade of the twentieth century, I should like to review with you where we stand in worldwide health development, and where we go from here to the year 2000 and beyond.

As all of you are fully aware, WHO's work is firmly based on its Constitution. Its founders defined "health" in the broadest sense as "a state of complete physical, mental and social well being". They recognized that health is one of the pillars of peace. In essence, the WHO health ethic means that there can be no liberty, no economic development, and consequently no human progress, unless we meet at least the minimum conditions for health. Every one of

us should bear some responsibility for our own health and all of us are interdependent. Indeed, I see health as a lever and motivating force for human and social development.

The constitutional objective of WHO is "the attainment by all peoples of the highest possible level of health", in the broadest sense, and our World Health Organization is "to act as the directing and coordinating authority on international health work". In 1977 the World Health Assembly agreed on the Global Strategy for Health for All, beginning with equitable access to health care through the primary health care approach, as defined at Alma-Ata in 1978.

In the ten years that have passed since the Declaration of Alma-Ata, we have been witnesses to, and participants in, a world-wide process of change – political, economic, and social – with profound implications for human health, and for the role of WHO. Although the warning signs were there in 1978, no one fully anticipated the magnitude of the changes that have occurred. No one foresaw the economic downturn and the burden of indebtedness many developing countries would have to bear. The economic interdependence that stems from extensive trade links has meant that developed countries have also been affected.

National economic problems have been compounded by rising health costs and increased demands on the health services from the community. In developing countries population increases mean that the demands are for services for children. In the industrialized countries more services are demanded for the increasing number of elderly people. The problems have also been compounded by competition, within the health sector for the allocation of scarce resources between health promotive activities and clinical care, and outside the health sector among competing sectoral interests.

The report on monitoring progress in implementing the strategy for health for all shows that there has been a substantial improvement in health status and services in many countries. But it also reflects serious gaps and difficulties in health development. The International Drinking Water Supply and Sanitation Decade has been only partially successful. In many countries we have seen some setbacks, such as in malaria control. But on the whole, health services have improved, health technology has become more effective and accessible, and most communicable diseases are increasingly coming under control.

Progress brings its own problems. As infectious diseases are controlled, populations increase and life expectancy is extended, resulting in an aging population. We also see demographic shifts, with consequent problems of urbanization: unemployment, lack of housing, congested living and increasing demands for food, energy and other consumable resources. Thus an incongruous situation arises, in that progress, which is undoubtedly welcome, and which certainly should not be perceived by countries as placing an additional burden on their resources, does in fact become a burden in terms of heavier health costs, particularly in the developed countries.

Meanwhile, on the economic front, efforts over the past several decades to provide loans for development have backfired: developing countries are trapped in a vicious circle of debt and debt servicing. In the rush to find solutions to these economic problems, restructuring decisions are being taken for reasons of debt reduction alone. Solutions are being imposed on developing countries without sufficient reference to the health and social consequences, and the needs of people in the countries concerned.

Most important is that WHO and all its partners should plead for, and justify, the cause of health and social development in economic adjustment policies and practices, at both national and international level. The substantial flow of international resources that can be expected over the next several years offers opportunities for choice among a range of competing developmental purposes. This provides a unique opportunity to give priority to health. WHO can help countries to identify the health programmes and activities that best qualify for such support.

I want to present a challenge to both developed and developing countries. Can they, in their mutual self-interest, envisage an arrangement whereby creditor nations can agree to the cancellation of debts in return for, and as part of, a systematic solution by the debtors of their own health problems. I am convinced that, with imagination and will, the current economic crisis can be transformed into a new opportunity for health development.

The economic situation requires us to pay greater attention than ever before to the rational allocation and use of the resources available, and to innovative approaches to health financing and cost containment. I expect WHO to play a more active role in health economics and health financing in support of Member States, from a technical as well as a developmental point of view.

In the past ten years profound changes have been wrought in our environment. Worldwide deforestation has occurred on a scale never imagined at the time of Alma-Ata, bringing recrudescence of diseases, such as malaria, and destruction of the natural habitat. The excuse for this devastation is development, and the need for food and energy. When the motivation is export-driven, the cost burden in terms of human health and services is never included in the price of the exported commodity, such as rice, lumber and other natural products. Natural resources are irretrievably lost, the health of populations is damaged, and the under-budgeted health services are left to bear the burden. These actions compound the effects of natural disasters, such as flood, storm, earthquake and drought.

We see damage to the environment, such as uncontrolled dumping of toxic industrial wastes, release of chemicals into the atmosphere and into water, and the indiscriminate use of pesticides and fertilizers in agriculture. The "greenhouse effect" resulting from the burning of fossil fuels and depletion of the ozone layer, if not controlled, will alter the global climate. These are all issues identified in the "Brundtland Commission" report, and they can all be translated in terms of human health. While some of these issues are perceived as being of concern either mainly to developed countries, or mainly to developing countries, they are all in fact of global concern. However, the developed world must not dictate solutions to developing countries, where there are fewer options for solving problems.

I appeal for solidarity among developed and developing countries to find viable options for furthering development that also protect the health of their people. Decisions taken by one country will not only have repercussions for its neighbours but for all other countries of the world. The developmental activities we choose must conserve and protect our environment so that they can be sustained. In this way we can ensure social justice and equity, which are fundamental to global peace.

Traditional organizational structures and developmental processes have proved to be not flexible enough to deal with these issues. New multilateral relationships must be envisaged. WHO and health ministries must play a more affirmative, activist role in establishing and defending health policy as part of developmental and environmental protection policy in a changing world.

There is great public anxiety about development, environment and health. We see increasing, urgent reference to it in the world media. The questions are, how serious is the threat to health, what is to be done about it, and who will do it?

To begin with, not enough is known about the adverse effect on human health of the developmental and environmental crisis. Therefore, to me, it is consistent with its mandate that WHO should address this question. I am prepared to convene a high level, technical expert commission on health and environment to make an inventory of what is known, and what is not known, that is, where more research is needed. On the basis of the Commission's findings, WHO will develop responsive programme strategies, and initiate the necessary research activities financed by extrabudgetary resources.

Since 1978, the year of Alma-Ata, significant social and political developments have had an important bearing on health. More and more people, especially in the developed countries, have come to see health as a priority in their lives. It is becoming evident, from the easing of strained relations in developing countries, that when people are no longer exposed to war or local conflict health becomes of greater concern. Politicians are beginning to react to public interest in health and are recognizing its importance.

As we look about us, we see a lessening of certain political tensions, a slowing down of the arms race, some easing of traditional enmities and a new entente. Can we not turn this to our advantage? In the past, vast sums have been spent on building up the global military arsenal at the expense of peaceful development. Yet it costs more to dispose of these weapons safely than it does to produce them in the first place. If the arms race can be halted, think of the additional resources we would have for health and social development! Surely the common enemies of our times, poverty and ill health, must take the place of disparate animosities of old? Let us forge a new alliance for health!

Poverty can be looked at in terms of politics, in terms of social equity and in terms of health. One thousand million people live in poverty and about 800 million are starving or malnourished. In developing countries only two out of every five people have easy access to safe water and one out of every four to proper sanitation. Since 1945, some 400 million people have died from neglect - victims of starvation and disease. This is the challenge to WHO.

I am sure we can succeed. But such success, the new détente for the purpose of health, will increase the responsibilities of national health authorities who, with the cooperation of WHO, will have to face rehabilitation and reconstruction of the health system in response to increasing demands for health services. Not only will WHO have to support relief operations but it will have to be more active in longer term health development.

What are the implications of the changed global situation, as I have just described it, for the role of WHO? Our Constitution says that WHO is "to assist governments, upon request, in strengthening health services; to furnish appropriate technical assistance and, in emergencies, necessary aid upon request or acceptance of governments". This was 40 years ago; the substance has not changed but the concept is an evolving one. Should WHO's cooperation be sporadic, jumping in here or there on request, or should WHO's action be within a broad development framework, in response to the new economic situation, the environment and new health problems? I foresee a much more active role for WHO in defending and promoting health within this broader framework. In this light, we have to reassess the priorities and approaches of our health programmes in a spirit of "continuity with change".

As reflected in the proposed programme budget for the financial period 1990-1991, all WHO's programmes will continue to receive due attention. But particular emphasis will be placed on revitalization of the health system, with innovative and cost-effective approaches to human resources development, management training, health education and health promotion, the organization and financing of health services, and action-oriented, problem-solving research. I intend to strengthen our capabilities in the technical and developmental aspects of health economics and health financing.

To meet the continuing needs of developing countries, WHO will provide technical cooperation and support for nutrition, maternal and child health, water supply and sanitation, environmental protection, drug management and policies, health care technology, immunization, including the eradication of poliomyelitis, and the control of diarrhoeal diseases, acute respiratory infections, tropical diseases, such as onchocerciasis, and other communicable and noncommunicable diseases.

With the evolution in the state of development of many countries, we must be prepared to respond to the needs of those developing countries that carry a "double burden", that is of cancer, cardiovascular diseases and other noncom-

municable diseases, such as diabetes, while still facing the need to control major communicable diseases. We must pay renewed attention to malaria and tuberculosis, which have re-emerged as serious problems, and we must wage war on the new global threat of AIDS.

Recognizing the new trend, in many countries, towards an aging population, WHO will address the specific health problems of the elderly, promote their welfare and quality of life, and ensure their active social integration in the community. It will also support research aimed at a better understanding of the aging process, how to retard it and how to diminish the health problems related to aging.

In responding to new social pressures, we must deal with human health in its widest sense. This includes mental health and the behavioural aspects of the prevention and control of alcohol-related problems and of drug abuse, the last being of particular importance because of its implications for the transmission of HIV infection. We are launching a new programme on tobacco or health, in order to promote the concept of a tobacco-free society as part of a healthy life-style.

All of these programmes have to be effectively planned, managed, monitored and evaluated as integral parts of WHO's technical cooperation. WHO will work in partnership with its Member States in the development, assessment, transfer, appropriation and effective use of appropriate technology. By "technology" I mean methodology (or software), hardware and trained manpower, because technology can be managed only by men or women and not machines.

Within WHO, some restructuring is necessary to make the best use of, and develop, its human resources, foster teamwork, and pursue a unified policy on the basis of informed decision-making and the decentralized management of programmes. The main lines of this restructuring and new programme directions are outlined in my Introduction to the proposed programme budget for the financial period 1990-1991.

To finance these initiatives, I am proposing an effective working budget level of US\$ 653 740 000 for 1990-1991. This represents a "zero growth" regular budget in real terms. However, we shall redouble our efforts to mobilize extrabudgetary resources. I appeal to all Member States for the full and timely payment of their assessed contributions to ensure the implementation of this programme budget.

Those of you who were present at the last session of the Executive Board will remember the proposal that WHO might appoint some well-known personalities to serve the interests of the Organization. I have reflected seriously on this proposal. I firmly believe that WHO's role and activities should be more widely publicized to policy-makers and the general public. I have therefore already taken steps to designate two or three eminent personalities concerned with health issues to act as WHO's "goodwill" ambassadors, to help promote WHO's health goals and further improve WHO's image, both its "apparent" image and its "transparent" image. I shall keep the Board and the Health Assembly informed of further developments.

Mr President, excellencies, distinguished delegates, ladies and gentlemen, I have spoken to you of economic reality, of political reality and of the role and programme of cooperation of WHO as a health reality. These might seem to have been presented as separate issues but, of course, they are not. They are interrelated. Our prime concern must be for all mankind, as much as for the individual. We recognize people's right to want to have a country and a home of their own, and to have access to social justice, which is also a fundamental human right. But this not only calls for political consensus, it calls for the mobilization of financial resources, a daunting enough prospect in to-day's bleak economic climate. Tomorrow in this Health Assembly we must face up to both a political reality and an economic reality. Whether or not, as a purely technical agency, we are suited to face this dilemma, face it we must. I have referred many times in this speech to the Declaration of Alm-Ata, and to the strategy that Member States have been implementing for the past ten years, in order to reach the goal of health for all. I plead with all of you to come to a decision that will not jeopardize the survival of our Organization and its commitment to working with you to achieve this goal. In our collective wisdom and with vision and moderation let us reach the right decision. As I said earlier, we have an obligation for the health of mankind through an equally peaceful and "healthy" WHO.

I have tried to highlight for you some of my thinking about WHO, where we are today, and where we must go from here. I am looking at reality. I know the task will not be easy. But I have faith in what our World Health Organization, in partnership with its Member States, can do, if we strive together for health, peace and sustainable development for all mankind.