

## WORLD HEALTH FOR ALL: TO BE!<sup>1</sup>

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Son of Denmark that I am, I believe I am entitled to ask with Shakespeare's Hamlet:

"To be, or not to be—that is the question."

Yes, to be or not to be. Is WHO to be the Organization you have decided it should be, the Organization that will lead the people of this world to health for all by the year 2000? Or is not to be that kind of organization? Is it to be merely a congregation of romanticists talking big and acting small; or just another international group of middlemen, giving pocket money to ministries of health and keeping a percentage for its own survival?

Why do I raise these questions? Does WHO not have sufficient success stories to its credit to make the answer so clear that the questions should never have been asked? To be sure, your Organization has plenty of success stories to be proud of, but it also has unsuccessful stories that tarnish its image and so its power to lead. I shall explain, not in order to lay blame on any institution, individual, or group of individuals, but in order to lay even more solid foundations for international health leadership. To lead toward health for all, your Organization needs to maintain the purity of the health value system it has established over the years. Its Member States have to believe in that system and put it into practice in their domestic affairs. For that to happen your Organization needs a high degree of political tranquillity, a reasonable state of financial security, and responsible management of its own resources.

I am convinced that Member States *do* believe in the WHO health value system. Just listening to delegates at successive Health Assemblies is enough to convince anyone of that. If further evidence is needed, add the outstanding phenomenon of last year's Assembly when 90% of the Member States reported fearlessly on the evaluation of

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their national strategy for health for all. Consider the fact that senior planners in developing countries, not to speak of their health ministers, have called this value system a new model for social and economic development, based on the initiatives of people working toward their own salvation; and senior planners in industrialized countries have grasped that, contrary to previous beliefs, health improvements can be targeted for, just as economic growth levels can be targeted for. That realization is taking root in particular throughout the Member States of Europe, where even countries that have resisted change in the past are joining the health-for-all movement with growing enthusiasm. And some of the most powerful industrialized countries have reshaped their domestic health policy in the wake of the WHO value system they contributed to setting up.

Alas, all is not perfect. Alas, part of the declarations of faith at the Health Assembly are empty litanies. Alas, some of the evaluation reports were considered by government as a WHO exercise and were written by the WHO representative in the country. But despite these imperfections, there can be little doubt that your Organization has set in motion a new paradigm for health, a new health culture whose influence will not be easily effaced, come what may, but will be felt for many years, well beyond the year 2000.

Why then the troubling part of the question—"or not to be?" I regret to say that the badly needed political tranquillity I mentioned some moments ago is conspicuous by its absence. Never would I have dreamed before I took up this position as your Director-General, never would I have dreamed that *I* would have to shield *you* from the kind of political pressures that some of your governments are exerting. I would have understood the contrary—the cooperating parties that make up WHO shielding its chief technical and administrative officer from extraneous political pressures so that he can devote all his energies to health matters. But that was not to be. I have raised a note of alarm on several occasions, not the least two years ago in this forum when I supported the President of the Health Assembly in pleading to exclude from its deliberations thinly veiled political conflicts masquerading as genuine health issues.

Distinguished delegates, the situation has worsened since then. Pressures not related to health are being exerted on your Organization outside the Health Assembly as well. It is being demanded that I not disseminate certain technical information on the grounds that doing so is a supranational act that might damage commercial interests or have adverse effects on tourism. I can only call that health information protectionism, and wonder how those who condemn protectionism can condone it. I have to face governments insisting on the appointment of their

nationals to specific senior staff positions, sometimes without thought for their suitability as clearly required by the Constitution. Sometimes their insistence is even accompanied by hints that a positive response on my part is the key to voluntary contributions to WHO. Worse, ghosts have appeared on the scene in recent months, not victims as was Hamlet's father, but living heads of state who have taken little interest in health or in WHO in the past. They are now trying to mobilize other heads of state, individually and in groups, to support their candidate for the most senior staff position. So senior staff have become the pawns of power politics. Did I not plead with you to limit the intrusion of extraneous politics into the affairs of your Organization! Forgive me if I repeat with Hamlet:

“O my prophetic soul!”

Another sword of Damocles that I have tried hard to prevent from descending on your heads is financial insecurity. It is difficult to live with uncertainty, not the least financial uncertainty. Awaiting a verdict is often more painful than the verdict itself. For more than a year now your Organization has been held financial hostage due to uncertainty about payments of assessed contributions. I am sorry to have to say that indifference on the part of some Member States, tacit agreement on the part of others, and the naive belief of yet others that somehow your Director-General will get you out of the situation, I am sorry to have to say that these attitudes are to say the least not helping the situation. Very few Member States are standing up seriously in defense of *your* Organization.

What crimes has WHO committed against those who are withholding mandatory contributions? Surely it cannot be the influence of commercial lobbies who falsely believe that WHO is blocking their expansion, whereas in fact adding resources for the health underprivileged as part of WHO's value system could open up new markets in the most ethical of ways. What crimes then has WHO committed? That it has stimulated Member States to adopt health policies in line with the WHO health culture? That it has saved them more than they have ever contributed to WHO by eradicating smallpox? That it has taken the international lead in the battle against AIDS in response to widespread social anguish, and that it has done so with very meager means, scraped from the bottom of the barrel, until a few generous voluntary contributions provided partial financial relief? Or that it has displayed outstanding fiscal responsibility?

No living ghosts have intervened to protect WHO on this crucial matter. No heads of state have raised their voices to support your Director-General in his efforts on behalf of the developing countries. No heads of state have contacted other heads of state to extricate

WHO from this liquidity limbo. I have done my best to do just that. I cannot say with Hamlet:

“The time is out of joint, O cursed spite  
That ever I was born to set it right.”

I have taken drastic, unpopular fiscal measures to keep your Organization afloat. Now it is *your* duty to influence *your* governments to set the situation right.

Another situation that is not as right as it should be is the management of WHO's own resources for technical cooperation. That does not mean that it is wrong. It *does* mean that it could be much better. I have spelled all that out in my Introduction to the Programme Budget Proposals 1988–1989 and I shall not repeat the arguments. I merely want to say once more that WHO's strength, the strength that will permit it to lead the people of this world to health for all, will depend on interlinked action in four dimensions by all its Member States. It will depend on Member States forging strong links between WHO's health value system, its policy frame based on that system, its strategy for carrying out that policy, and technical cooperation with Member States that reinforces national strength to build up permanent, self-sustaining health infrastructures delivering relevant programs and using appropriate technology. If any of the links in that chain are at variance with the others, we will move forward toward health for all, not steadily and harmoniously as we must, but like a drunk centipede. I am sorry to have to repeat that the weakest link in the chain is technical cooperation. It is still too fragmented; it is still not the catalyst it should be to help countries crystallize a new kind of health system as envisaged at Alma-Ata and enshrined in the strategy of health for all.

My statements in the program budget introduction about the weakness of our technical cooperation have been misconstrued as an insult to governments and a slur on WHO's regional arrangements. Is it an insult to remind governments of the resolutions they adopted in health assemblies? I am not oblivious to the stark realities in many countries, particularly the least developed ones. I realize that many of these countries have serious economic problems, are heavily indebted, have difficulty purchasing supplies and equipment for their health systems, and are short of fuel for the motor vehicles in the system. But using WHO's strictly limited resources to do no more than fill those gaps is like feeding elephants on a handful of seeds. The seeds will quickly be consumed but the elephants will remain hungry. However, if these seeds are used so that solid national health systems grow from them, self-sustaining permanence will gradually be achieved. That is what led to the success of the Marshall Plan for Europe some 40 years ago, after the Second World War. The seeds were know-how and management more than money. And you know the rest. Building systems from seeds takes time and needs patience, but it will pay off in the long run. Chasing after quick results, no matter how attractively these are presented, will pay no long-term dividends and will squander capital.

That applies to external as well as internal capital. Bilateral agencies are finding it more and more difficult to

persuade their constituencies that their support to developing countries is worthwhile. Once they concentrated on supporting development; then the pendulum swung in favor of emergencies; now there is uncertainty—no development, no emergency, what then? There *is* an emergency. It is a long-standing one and therefore goes unnoticed; it is underdevelopment. Our health policy is another kind of road to human development. Implementing it means sacrificing quick fixes in favor of fundamental solutions. I have no illusions that it is easy to make such sacrifices, but the alternatives are even worse. That is why I have been warning the regional committees for the past few years that all is not well in the state of technical cooperation, and that unless WHO's resources for technical cooperation in the field of health are used as a lever for development, they will be swept away when the gathering storm bursts. I have been obliged to pronounce these warnings in the spirit of Hamlet:

“I must be cruel only to be kind.”

I believe we have been very kind in WHO with our regional arrangements. We have stretched them to the absolute limits of the Constitution. The Constitution states that the work of the Organization shall be carried out by three organs—the Health Assembly, the Executive Board, and the Secretariat. The regional arrangements are mentioned much further on, suggesting that they arose as an afterthought to justify local historical inertia. Their functions are defined in the Constitution as being of an exclusively regional character. Yet, when you come to review the program budget proposals, you will find the regional committees among the Organization's governing bodies. As the constitutional chief technical and administrative officer of the Organization, I am ready to take the blame, if blame there is, for having influenced you to take that step. I do *not* regret it. What I *do* regret is that it may be leading WHO to consist of six separate regional organizations and one separate headquarters organization. What I *do* regret is the increasing tendency to appoint staff in countries and in regional offices in their great majority from within the region. That to my mind contradicts the very spirit of the Constitution. What I *do* regret is that rather than decentralization being accepted by each and every Member State as a delegation to them of responsibility for the work of WHO and accountability to the Organization as a whole for the use of its collective resources, rather than that, decentralization is all too often being regarded as a blank check for pocket money. The first batch of financial audits in policy and program terms clearly reveals that.

Having said all that, I cannot repeat often enough, and I do so again in order to dispel all suspicions, I cannot repeat often enough that I firmly believe in decentralized management of our technical cooperation activities. But I believe in it on one condition, and that is that it takes place on the basis of the new WHO value system for health and leads to the kind of cooperative activities the Thirty-fourth World Health Assembly had in mind when it stated in no uncertain terms that WHO's constitutional roles of directing and coordinating authority on international health work and of technical cooperation must be mutually supportive. On

the positive side, numerous examples of that *are* taking place. Congratulations to all those who are making it take place; and I can only plead with those who are not to follow in their footsteps.

On that note of guarded optimism, I should like to reassure you that I have never been guilty of pessimism concerning the long-term future of your Organization, its viability, and its vitality. I have no doubt that we *can* and *will* repair the present-day fissures in our front and restore WHO to long-lasting solidity. But to do that we must try harder, must have stronger belief in the worth of *our* health values, and, guided by that belief, must work together in harmony. It is in that spirit that I shall enumerate my beliefs in WHO.

I firmly believe that your Organization *can* maintain its leadership role in international health. That depends on you as individuals and as a group.

I firmly believe that Member States at all levels of development *can* derive great benefit from WHO by applying domestically the policies they have agreed upon collectively, and that many are already doing that.

I firmly believe that Member States engaged in technical cooperation with WHO will gain most by using its resources to build up self-sustaining health systems based on primary health care.

I firmly believe that, if Member States cohabit with WHO as their most intimate health partner, and exploit all the potentials it has to offer, irrespective of where these are located, I firmly believe that if they do that they will be able to mobilize additional internal and external resources for health and use them more rationally, so that the total will far exceed the sum of the individual parts.

I firmly believe that Member States acting within the regional arrangements will soon realize the benefits that accrue from close cooperation with one another, so that common goals and individual ones become identical and reflect the goals that the Health Assemblies have endorsed.

I firmly believe that these Member States will come to look forward to the opportunity for reciprocal analysis in their regional committees of the way they are progressing toward health for all domestically and using WHO's resources to that end.

I firmly believe that the members of the Executive Board will find it worth their precious time to follow closely what is taking place in the regional committees and in the Secretariat, as requested by the Thirty-third World Health Assembly.

I firmly believe that with increasing insistence Health Assemblies will hold *all* Member States accountable to them for the way they use their WHO.

I firmly believe that Health Assemblies will learn to separate the health wheat from the political chaff and will concentrate on the wheat.

I firmly believe that Health Assemblies will consistently aim at reaching consensus, despite differences of opinion, in order to foster higher health values that transcend individual interests. That belief is strengthened by the remarkable way in which the Executive Board reached consensus this January on the program budget proposals for 1988–1989, in spite of the widely varying viewpoints of Board members, reflecting those of the Member States that designated them.

I firmly believe that Member States, in turn, will respond to the Health Assembly's resolutions with the utmost seriousness and will draw practical conclusions for action domestically, regionally, and globally.

I firmly believe that my beliefs *will* materialize and will lead to genuine cooperation among *all* Member States throughout the world, irrespective of regional boundaries, to ensure the attainment of health for *all* by the year 2000—the central theme of this general debate. That belief is fortified by the solidarity you have shown regarding the goal of health for all, making your Organization an outstanding pioneer in a new kind of international North-South-East-West development dialogue.

And I firmly believe that when that comes to pass, staff members at all stations will have only one loyalty—to the Organization as a whole, since the individual components and the totality will coexist in harmony.

Utopia? Distinguished delegates, I believe that this kind of utopia is well within our grasp since we *do* have all the foundations for it. You have been laying them over the years. Sometimes these foundations tend to be forgotten. It is my duty to remind you of them. Some Member States are bound by a political philosophy, some by an economic philosophy, others by a cultural philosophy, and yet others by a religious philosophy. I believe our health philosophy can permeate all of them, not to modify them, but to add a further dimension to them. And for those who doubt if that is possible, may I declare with Hamlet:

“There are more things in heaven and earth . . .  
Than are dreamt of in your philosophy.”

Distinguished delegates, in the coming year you will have a golden opportunity to demonstrate that your Organization *does* continue to lead toward health for all by the year 2000. Nineteen eighty-eight marks the fortieth anniversary of WHO; it also marks the tenth anniversary of the International Conference on Primary Health Care held in Alma-Ata. I propose to use the whole of that year to strike home those health messages that you have endorsed and that will bring the people of spaceship earth much nearer to their goal of health for all, if only they subscribe to them. I am sure that all of you

will want to celebrate this anniversary by advocating WHO's collective policies. I am convinced that doing so will also serve to enhance the prestige of your Organization, not for its own sake, but for the sake of the ideals for which it stands. During that year we can surely act out in words and in deeds a model for the future—WHO as *the* health conscience of the world. And here I must disagree with my famous historical compatriot Hamlet when he stated:

“Thus conscience does make cowards of us all.”

I believe we have shown in the past that it is precisely our conscience that has made us courageous; and I believe that this same conscience will continue to make us just as courageous in the future—courageous in daring to cooperate worldwide in spite of all our differences, in daring to cooperate in pursuit of higher goals for health, for human development, and for human dignity.

Mr. President, distinguished delegates, with these words permit me to return to my point of departure today, to my roots, to my native Denmark. I was born in a small village called Vivild. It means “We will.” Let that be our motto. *We will* cooperate worldwide. *We will* lead the people of the world to health for all by the year 2000—and beyond. The question is not “To be?” “To be!” That is the answer.

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*Source:* H. Mahler, *World Health For All: To Be!*; WHO document WHA 40/DIV/4; World Health Organization, Geneva, 1987.