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GENERAL ASSESSMENT OF THE IMPLEMENTATION OF THE
SIXTH GENERAL PROGRAMME OF WORK

This document (DGO/80.5) consists of a general assessment, prepared at global level, of the implementation of the Sixth General Programme of Work covering a specific period (1982-83 inclusive). It analyses the extent to which the Programme has laid the basis for the Organization's activities since 1978, with problems that have arisen in implementing the Programme, and draws lessons therefrom for the preparation of the Seventh General Programme of Work. It is therefore submitted to the Regional Committee for review and comment and for consideration in making its comments on the proposed nature and programme structure of the Seventh General Programme of Work.

1. Before embarking on the formulation of the Seventh General Programme of Work it is useful to assess the implementation of the Sixth.
2. The Sixth General Programme of Work consists of a conceptual preamble that defines policy, followed by a description of programme activities to be undertaken in the light of that policy. An analysis of the world health situation gives rise to the health challenges to be expected for the period 1978-1983. A short review of the evolution and evaluation of WHO programmes leads to the definition of the role and functions of WHO during that period. Implications for WHO's programme for the period are also derived from a brief analysis of long-term health trends up to the end of the century. General principles are provided, underlining that the programmes of WHO should be oriented towards defined goals and targets. Criteria for the selection of programmes are also spelled out, the basic criterion of giving priority to the problems of developing countries being emphasized.
3. The general programme framework that follows describes the objectives of the Sixth General Programme of Work, grouped under six sections, corresponding to the six major areas of concern of the Organization for 1978-1983. These are: Development of Comprehensive Health Services; Disease Prevention and Control; Promotion of Environmental Health; Health Manpower Development; Promotion and Development of Biomedical and Health Services Research; and Programme Development and Support. The Programme's objectives come as a logical sequence of its policy basis. These objectives, however, are not set in any order of global priority, since priorities vary by country and by region.
4. For each principal objective the Sixth General Programme of Work describes detailed objectives, targets, approaches and activities and, sometimes, output indicators. Despite this, the World Health Assembly, in adopting the Programme by resolution WHA29.20, considered that it provided "an appropriate policy framework for the formulation of medium-term programmes and programme budgets within the period covered". It therefore became necessary to translate the Programme into more detailed medium-term programmes for implementation through programme budgets.
5. The need to test the methodology for medium-term programming led to the progressive development of the medium-term programmes corresponding to the Sixth General Programme of Work, the order of their development being determined pragmatically. First to be elaborated in 1977 were the medium-term programmes for Mental Health and Health Manpower Development, followed in 1978 by the medium-term programme for the Promotion of Environmental Health. In 1979 the medium-term programme for Comprehensive Health Services was put together, comprising Health Services Development, Family Health, Mental Health and Prophylactic, Diagnostic and Therapeutic Substances. Finally, in 1980, the medium-term programmes for Diseases Prevention and Control, the Promotion and Development of Biomedical and Health Services Research and Programme Development and Support are being finalized. Consequently, by the end of 1980, all the major areas of concern of the Programme will have been converted into medium-term programmes. In the light of this schedule, it was possible to use some medium-term programmes for the formulation of the 1980/81 programme budget and many for the formulation of the 1982/83 programme budget.

6. Although it is too early at this stage to evaluate in detail the results of the implementation of the Sixth General Programme of Work through medium-term programming and subsequent programme budgeting, what has been achieved until now and what is planned can be compared with the original policy bases, objectives, and targets, to assess whether the Programme has been used as a guide for the activities of the Organization during the period concerned.

7. An analysis of the medium-term programmes shows that the Organization's activities since 1978 have generally reflected both the preambular part and the specific objectives of the Sixth General Programme of Work. In some cases, particularly in the case of medium-term programmes that were elaborated first, the policy changes brought about by the Alma-Ata Conference on Primary Health Care, and the adoption of resolutions WHA30.43 on the goal of health for all by the year 2000, and WHA32.30 on formulating strategies to attain this goal, necessitated substantial revisions of the medium-term programmes. For example, in 1979 it was necessary to update both the programmes of Mental Health and Health Manpower Development in view of the new policy developments, in order to lay more emphasis on primary health care and related activities. In another case, it was found necessary to narrow down the priority objectives of the programme for the Promotion of Environmental Health in view of the emphasis to be put on the International Drinking Water Supply and Sanitation Decade.

8. Due to the proximity of the dates of preparation of the Sixth General Programme of Work and the 1980/1981 programme budget, and to the fact that most medium-term programmes were formulated after that programme budget had been prepared, it is too early to assess the extent to which the Sixth General Programme of Work has been reflected in the Organization's Programme Budget. This will be possible for the 1982/83 biennium.

9. Have the criteria for programme selection been used? In general, it can be said that the most important determining criterion, namely priority to developing countries, has been respected, even if the other criteria have not been systematically applied. In particular, it appears that the criteria relating to the determination of the organizational level or levels for implementation of programme activities were inadequately taken into consideration when programming.

10. The Sixth General Programme of Work's programme classification proved to be a serious obstacle to integrated programming. The Programme had originally advocated a coordinated approach to the implementation of its six major areas of concern, but these included such heterogeneous objectives that coordination, both between the areas of concern and among the constituent programmes of each of them, proved to be very difficult to attain.

11. The second major obstacle encountered was that the approaches described in the Sixth General Programme did not make it sufficiently clear which programmes should deal with infrastructure and which with technical substance, or in other words which programmes should deal with the health delivery system and which with the health system's content. This occurred in particular with respect to the major area of concern of Comprehensive Health Services, which comprises programmes both of a technical nature and of a health infrastructure nature. As a result, during medium-term programming there was an overwhelming influence of technical programmes, many of them engaged in developing their own delivery system.

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12. The lesson to be learned from this for the Seventh General Programme of Work is that there is a need to distinguish clearly between, on the one hand, activities dealing with the infrastructure for the delivery of health programmes, and on the other hand those dealing with the technical content that is to be delivered. The former would include the planning and organization of health systems based on primary health care, manpower, and the relationships between health and other socioeconomic sectors; the latter would include the content of the health system, i.e. the technology to be used, scientific endeavours to arrive at this technology, and the social control of technology so that it is really appropriate in the sense of the Declaration of Alma-Ata.

13. The above-mentioned problems were increased to some extent by the different timing of the development of the medium-term programmes. Although this was necessary in order to test the methodology of medium-term programming, it made coordination between the major areas of concern even more difficult. The lesson to be learned for the Seventh General Programme of Work is that there is a need to formulate medium-term programmes simultaneously, possibly together with the preparation of the first programme budget for the period of the Seventh General Programme, i.e. the programme budget for 1984/85.

14. With these reservations, it can be said that the Sixth General Programme of Work has proved a useful basis for formulating the Organization's programmes. Its flexibility proved valuable at all organizational levels, the room left for initiative being ample in relation to the varying needs of countries and regions. The involvement of the Regional Committees, the Executive Board (in particular through its Programme Committee), and the World Health Assembly, proved a great asset in guiding and monitoring the implementation of the Programme.

15. The Sixth General Programme of Work is being implemented during a transitional period marked by great policy changes throughout the world with respect to health and development and the role of WHO in promoting this. The implementation of the Programme has consequently often been overshadowed by the dramatic launching of new health policies that will greatly influence WHO's activities in the 1980s and 1990s. Some of these policy changes were foreseen in the Sixth Programme, particularly in its preamble. But the extent to which countries have been inspired by the Alma-Ata Conference on Primary Health Care, and in consequence their decision to develop strategies for health for all both individually and collectively, could not have been foreseen. The real success of the Sixth General Programme of Work will have to be judged in the final analysis by the degree to which it has prepared WHO to collaborate better with its Member States in the development and implementation of strategies for health for all by the year 2000.