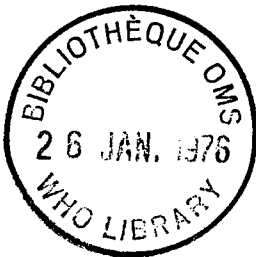




WORLD HEALTH ORGANIZATION
 ORGANISATION MONDIALE DE LA SANTÉ



EB57/SR/15
 22 January 1976

EXECUTIVE BOARD

Fifty-seventh Session

PROVISIONAL SUMMARY RECORD OF THE FIFTEENTH MEETING

WHO Headquarters, Geneva
Thursday, 22 January 1976 at 2.35 p.m.

CHAIRMAN: Professor J. KOSTRZEWSKI

CONTENTS

	<u>Page</u>
1. Promotion of national health services relating to primary health care (continued)	3

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MEMBERS AND OTHER PARTICIPANTS

(For list of members and other participants at the fifty-seventh session, see separately issued document of 15 January 1976.)

FIFTEENTH MEETING

Thursday, 22 January 1976 at 2.35 p.m.

Chairman: Professor J. KOSTRZEWSKI

1. PROMOTION OF NATIONAL HEALTH SERVICES RELATING TO PRIMARY HEALTH CARE:

Item 16 of the Agenda (Resolution WHA28.88; Official Records No. 226, Annex 15; Document EB57/20) (continued)

Dr CUMMING said that in addition to the document under discussion (EB57/20), the report on the Headquarters/Regional Offices Consultation on Primary Health Care should be read with great attention by everyone involved. The publication Health by the People¹ demonstrated clearly the wealth of experience available to the Organization.

He was pleased to see that paragraph 8 of the document (EB57/20) emphasized the importance of the training of staff in the Organization itself in the primary health care concept. He also welcomed the mention in paragraph 12 of consultations between WHO representatives and health professions in their own countries, because in his experience attempts to introduce essential, effective but sometimes unorthodox methods in the delivery of health care encountered the greatest resistance from the established professions, especially doctors. For the vast majority of Member States, primary health care involved the use of auxiliary health workers and would never be effective unless the medical professions were not only prepared to cooperate but also fully committed to the cause.

He was disappointed that more stress was not given in the report to the need for community involvement, although he realized that it was a progress report relating to a document in which such involvement had been mentioned. His own experience in a number of countries had shown that primary health care services imposed from above were often not fully used by the people for which they were destined. For such services to reach every home in every village there must be a movement from the community itself to put forward members in which they had confidence to be trained as first line health workers.

With regard to the proposed international conference, considerable emphasis should be laid on the steps suggested in the second sentence of section 3, paragraph 2 of the document, which, if followed, would achieve the aim of extending primary health care better than the immediate convening of an international conference. Despite the World Health Assembly resolution, he had grave doubts as to what such a conference could achieve unless it had specific objectives and the participants were carefully chosen. Instead of referring to the three possibilities in that paragraph as alternatives, it might be preferable to consider the first two as preliminary steps to prepare for the conference as the Director-General had suggested at the end of the preceding meeting. In that way, an international conference held, say in 1977, might achieve tangible results.

Dr MUKHTAR said that a number of countries were in the process of developing primary health services in such a way that they were not too expensive and benefited as many people as possible. The largest possible areas of developing countries should be covered taking into regard the economic conditions and the availability of properly trained personnel. Primary health care services which were normally a neglected sector should receive priority since the provision of such services was the only way in which the health of people in rural areas could be improved.

¹ Ed. Newell, K. W., WHO Geneva 1975.

He had carefully examined one health programme for a developing country covering the years 1977-1984, which had been worked out through cooperation between experts from the country concerned and WHO experts. The group of experts made a number of visits to rural areas and had had the opportunity of talking with the people for whom the programme was intended. An opinion poll had been carried out and views of people dealing particularly with rural political problems had been taken into account. The group had come to the conclusion that the plan would be reasonably well received and would not meet with the expected resistance. The group had investigated living conditions, transport, environment, education, the existing health framework, and the possibility that the public for which the plan was intended should be given an opportunity to participate in its development, as well as possible problems such as the lack of drugs. It had reached the conclusion that there were not too many obstacles which could not be overcome and that the programme could be implemented.

He wished to say a few words about the responsibility which fell within the purview of the profession responsible for primary health care and the need for their education and training to take due regard to the socio-economic environment in which they would be working. The majority of technical tasks to be undertaken were very closely linked with primary health care and he felt that care should be taken to ensure those responsible for the work should not be overburdened.

Professor AUJALEU said that primary health care should be developed in all countries. Such services were needed in urban as well as rural areas although in general the latter were the more neglected. As he had said at the Health Assembly, he did not understand why it was necessary to hold a special international conference to discuss the matter since that could have been done during the Health Assembly itself. However, since the Health Assembly had adopted a resolution it was not for the Board to discuss whether the conference should be held or not, but merely to decide on its date, place and agenda. If a conference was to be held, it must be a success. It would be a pity to spend large sums to produce results such as those of the World Population Conference, at which each country had maintained its point of view and no international approach had been agreed on. If the conference were to succeed, it must be carefully prepared, which would take time. It was therefore impossible to hold it in 1976 and even 1977 was risky. It would be preferable to prepare for the conference in 1976 and 1977 and hold it in 1978. With regard to the place, two invitations had already been received, but others might be forthcoming. He therefore suggested that countries could issue invitations until shortly before the twenty-ninth World Health Assembly, which could then reach a decision. It was also important to know exactly what costs would be borne by the host country and what would be left to WHO and the participating countries. It was certainly much too early to decide on a complete agenda for that conference which called for detailed study. If the date of 1978 was agreed upon, a committee might be appointed in the meantime to study the matter in detail.

Dr VALLADARES said that the Board should pay particular attention to Section III of the document. He considered that the three possibilities which were put forward as alternatives in paragraph 2 should be considered not as alternatives but as successive stages. That would enable everyone to be better informed, would stimulate the regions and would lead up to the conference. The establishment of a conference committee was the main point for decision by the Board. If it was not able to agree on the date or draw up an agenda it could at least establish a committee which would meet immediately after the current session to study the details of the conference and present its recommendations to the next meeting of the Board. He preferred spring 1978 but could accept autumn 1977.

Dr HELLBERG (Alternate to Professor Noro) reminded the Board that the matter under discussion was probably the most important way to reach the millions of people who lacked health services or who were receiving inadequate health care. Section II of the document (EB57/20) showed what was happening in the process of developing primary health care, and this was spelled out in greater detail in the report on the Headquarters/Regional Offices Consultation on Primary Health Care held in June 1975. Strong emphasis was again put on what took place at the country level. He drew particular attention to the last sentence of paragraph 7 of Section II which contained a challenge to all countries to review and evaluate

their own primary health care programme and share their experience frankly with other countries as they had done for the malaria programme. The promotion of primary health care was not only a technical process. The promotion of discussion on health care ideology and its relation to the overall development of the community was also important and the sense of urgency should never be lost. The fundamental aim was for health care to reach all the people wherever they were. He therefore would like more information on the next practical steps to be taken by the Organization in that programme. All countries were in the process of change and were not passive observers. Country programming, the development of primary health care and community participation implied changes in the Organization at WHO headquarters, in staff attitudes and in in-service training, as mentioned in paragraph 8 of Section II.

With regard to Section III, the three suggestions were not really alternatives in the sense that they were mutually exclusive, but were related to the basic aim in different ways. They would lead up to the next phase of the WHO/UNICEF joint study in March 1977 which would provide more information about the development of health services at the primary level in the community. That was to be followed by regional meetings both for a whole region and for groups of countries. Instead of having special meetings on the matter, it might be regularly included on the agenda of the regional committees. The European Region for instance had similar problems with different alternate solutions. Consequently he endorsed Dr Cumming's idea that the first and second so-called alternatives should be considered as leading up to and to a certain extent justifying the convening of an international conference which should have specific objectives. The three suggested courses of action were therefore inter-dependent.

He supported Dr Valladares' suggestion that a small group should be established to discuss the details of the conference arrangements.

Professor von MANGER-KOENIG said that he was not surprised at the doubts implied in Section III of the document. A conference would be useful provided that the top management staff not only of ministries of health, but also of ministries of finance and planning of the developing countries and industrialized and oil-producing countries as well as high officials from development agencies participated. The success of the conference depended on further follow-up measures at regional and country level and, within countries, at district level and below. Consequently a large amount of preparatory work would be needed in order that the results might lead to practical action. He therefore proposed that the international conference should be postponed at least until 1978. With regard to the second so-called alternative, namely the series of regional meetings, recent experience was that the five regional consultations held after the World Population Conference had entailed considerable expense and their practical results remained an open question.

The best prospect as a preparatory measure to influence the development of primary health care was the establishment of priorities in national development plans and in-depth studies directed towards individual needs, the detailing of the material and financial problems as depicted in the joint UNICEF/WHO study on Alternative approaches to meeting basic health needs in developing countries¹ and the practical implementation of those proposals and suggestions that resulted from the enlarged study. Only thus could a realistic idea be obtained of which countries were prepared to cooperate with WHO, UNICEF and other appropriate institutions in establishing or enlarging basic health services. The developing countries would thus be able to bring their specific information on health policies to bear and determine the scope of the technical assistance required from WHO. High officials in the ministries of health, planning and finance should be made aware that without the establishment of a primary health care service extending to all the population including the rural areas and responsible mainly for preventive medicine, no progress in the development of the country concerned would be possible.

Dr HASSAN said that the significance of the item under discussion was highlighted in resolution WHA28.88 which had assigned to WHO a definite role in the promotion of national health services relating to primary health care. The delivery of the health service in its

¹ Ed. Djukanovic, V. & Mach, E. P., WHO Geneva, 1975.

classical form was too expensive for developing countries. Consequently, health facilities were available to a very limited sector of the population while the great majority were deprived of any health care. That situation was aggravated in the least developed countries where almost all the population needed basic health care. During the past year the important topic had attracted the attention of Member States and other international organizations. A way must be found to deliver basic health care to a maximum number of people with limited resources. The results achieved in some countries were interesting and the Organization should benefit from such experience and work out a programme suitable to the less developed and perhaps also the developed countries.

The conference referred to in resolution WHA28.88 should be convened in 1977. Of the three alternatives put forward by the Director-General, he preferred the third, namely an international conference which should be held in a developed country where primary health care was an integral part of the national health service.

Dr DLAMINI said that he was pleased to hear that UNICEF and UNDP were cooperating in the field of primary health care. The concept aimed at delivering health care to the deprived population in cities and rural areas. For the developing countries that must be done within their social and economic possibilities which meant the promotion of preventive medicine. Dr Cumming had said that the delivery of health care was meeting with resistance from the health profession. In that case there was no point in postponing the conference because whenever it was held, some countries would not have started to organize a primary health care service. An aggressive approach must be made and the sooner the conference was held the better. If the host country was one which had already put primary health care into practice it could show how that had been done and the results obtained. Many other countries could also make constructive contributions. The conference would sensitize Member countries where the health profession strongly objected to the introduction of primary health care and also draw the attention of the whole world to the idea that the aim of the conference on primary health care was to achieve health coverage for all the population of the world. With regard to the venue of the conference, two invitations had already been received but it would be advisable to leave the matter open in case other countries should follow suit. A deadline for the issuing of invitations might however be set.

Dr PILLAY (Alternate to Sir Harold Walter) said that much had been said about the disparity between health standards in the developed and developing countries. However the greatest social injustice was the disparities existing within countries between the few who had access to expensive hospital and medical care and the vast majority who were deprived of any type of care. It was against that injustice that the Director-General and his team had declared war. Their objective was to bring primary health care to the whole population of the world. Success in that crusade would have more impact on world health than the success of any other programme. The target of health for all by 2000 could not be achieved by WHO alone. The motivation must come from Member countries themselves. WHO could only help with technical knowledge and resources. It was encouraging to see that the Director-General had motivated the staff at WHO headquarters, organizing meetings and publishing books to disseminate the experience of successful countries for the benefit of others.

An international conference to exchange experience on the development of primary health care as part of national health services was one way of exchanging information but in days of limited resources might not be the best from the cost effectiveness aspect. The publication Health by the people showed how effectively the experience of countries successful in this field could be disseminated. However the Board was committed to that conference by the World Health Assembly resolution. The generous invitations were greatly appreciated. The decision the Board had to take was not whether or not the conference should be held but when it should be held if it was to be of maximum benefit. He supported Dr Valladares' compromise solution that it should be held in April 1978.

Dr del-CID PERALTA said that in analysing earlier programmes such as the antimalaria campaign it had always been shown that the primary level was the most important. Consequently the item under discussion was probably the most important on the Board's agenda and would have an impact on other programmes. Primary health care was such a vast subject and had so many local implications that it could not be implemented hastily like programmes

concerning specific diseases but had to be stimulated in each country. Preceding speakers had said that the primary health services in some countries would not be strengthened for two or three years but that was immaterial. It was not important when a meeting was held. What was important was that the Organization was already working on strengthening primary health services with the technical cooperation of the different countries. It might be wondered what use the international conference concerning the development of primary health care would be in the light of its many purely local implications but that matter had already been decided by the World Health Assembly. As Dr Valladares had said, the so-called alternatives were in fact complementary and all three should be carried out. As Dr Cumming had said the medical profession was sometimes opposed to the remodelling of health services and to convince them of the need to do so would be a long process which could not be hurried or achieved through an international conference. WHO could not risk its reputation by convening a conference too hastily, with the risk of failure. The organization of such conferences should be carried out first at the local level. In other words, the stage reached in each country should first be analysed, because they differed so greatly even within a single country. The knowledge and experience gained in making such local analyses and in restructuring the national primary health services could then be discussed at local or regional meetings and the result of those discussions could be brought to an international conference. The aim of that conference would be to define a policy and exchange technical experience. There was however danger that participants at such a conference, if they were not already persuaded of the need to reorganize the health services in their own countries would return home with a negative or critical attitude. There must therefore be time to convince authorities and select them carefully if the conference was to be a success. He supported the suggestion that a committee of experienced persons should meet to decide the date of the conference and other details. The date suggested - 1978 - appeared acceptable; 1977 would be too soon for the necessary preparatory work to be done.

The coordination with UNICEF was a practical activity which should be continued. He supported previous speakers concerning the invitations issued for the conference.

Dr BAIRD said that, coming as he did from a developing country that suffered from lack of funds, he would ask what would be the objectives of an international conference. The logical approach seemed to be for national services to develop their own programmes, with WHO assistance, and then, on the basis of the information thus obtained, to draw up the objectives for the conference. For that reason, he considered that it should be held in 1978, or late 1977.

Dr HOSSAIN said that it was essential, in considering a question of such crucial importance, to concentrate on the present rather than the past or future and to bear in mind the obligation incumbent on all those responsible for health to secure for every individual that right which was enshrined in the Organization's Charter, namely, the right to health. The moment of decision had arrived and all aspects of the question had to be considered, be they philosophical, sociological, historical, political or economic.

Countries that had emerged from the yoke of colonialism with meagre health services were now endeavouring to extend public health care to the people, but there was a wide divergence between hope and reality. In developing health care, it was first necessary to make use of basic health workers, deciding how to guide them and who should be the followers, who the leaders. The next step was to convey medical knowledge in the form of health education to the common man. Primary health care itself was not a new idea, having existed since the dawn of civilization; what was new was the universal approach required to activate it, and the difficulty there was the vested interests which cut across that whole concept. It was also necessary to create a mass awareness and a many-faceted collective approach, so that every individual knew what was involved, while examining the resources available at all levels.

Actions spoke louder than words, and the task that lay ahead was formidable. It was therefore necessary to start work straightaway. It mattered not whether the conference was held in 1977 or 1978; what was important was what was done at the conference, what could be learnt from the environment where it was held, and that it should not deteriorate into a conflict of ideologies.

Dr CHEN Chih-Min (alternate to Dr Chen Hai-feng) said that he welcomed WHO's recognition of primary health care as an important element in developing national health services, particularly in rural areas, and also its efforts in that connexion.

The Chinese Communist Party and Chairman Mao Tse-tung had always encouraged Chinese medical workers to serve the people wholeheartedly and, in line with Chairman Mao Tse-tung's directives, the stress had been laid on health work in the rural areas. Thus, a contingent of barefoot doctors and a system of cooperative medical care had been developed to provide the basic health organization in those areas. There were now 1 300 000 barefoot doctors and 3 600 000 other health workers and midwives, and 80% of the production brigades had already adopted a system of cooperative medical care. That health contingent, which did not set itself apart from collective agricultural work nor from the masses, was playing an important role in the radical transformation of the health situation in rural areas and in solving the health problems of the peasants.

In bringing primary health care to the people without delay, it had been realized that it was not enough to rely solely on doctors trained at sophisticated medical schools. It had therefore been decided to have recourse to the masses in training a contingent of basic health workers who would not be divorced from productive labour. Thus, since the Great Proletarian Cultural Revolution, China had trained barefoot doctors from among the peasants in rural areas and worker doctors from among factory workers. In addition, city dwellers trained their own neighbourhood health workers from among housewives. Experience had shown that such contingents played an important role in primary health care.

Referring to WHO's role in promoting national primary health care, he said that it should take account of national characteristics and of the special conditions obtaining in the country concerned. It should also encourage countries to create their own experience and, in so doing, should not insist on uniformity since one country's experience could not be imposed on another's. That did not, however, preclude exchange of experience and information. In particular, many developing countries that had been the subject of imperialist, colonialist and hegemonic oppression, shared the same health problems and it would be useful for them to learn from each other in order to compensate for their respective deficiencies. Such exchanges could take many forms and might include, for example, visits, study tours and meetings.

If the Board decided on an international conference on primary health care, he considered that it should be held in a developing country and would favour Egypt as the venue.

Dr EHRLICH said that he was pleased to note the progress made with a programme which was unquestionably of high priority. He saw the three suggestions put forward in document EB57/20 as a continuum of activities rather than as alternatives and agreed that the interpretation to be put upon the Health Assembly resolution was that it had entrusted the Board with the planning of an international conference. The main issue was to decide on the time, place and programme for the conference but he found it difficult to decide on any of those points without a clear understanding of the objectives. His understanding of the four objectives that had emerged from the discussion, each of which had implications with regard to the time, place and programme for the conference, was as follows:

The first objective was to exchange and analyse experience in providing primary health care particularly in the developing countries, although some developed countries were also very interested in the concept and its application. If that were the main objective, he considered that the earliest practicable date for the conference would be 1978, when a body of experience would be available for exchange. The second objective was to examine different systems and to ascertain how they operated under WHO's sponsorship. If that were the objective, he considered that the conference should be organized in the form of a travelling seminar so that its members would have a chance to see the different models. The third objective was to draw up guidelines for WHO's programme, in which case he would question the advisability of holding a conference to do work for which the Health Assembly and Board were better fitted. The fourth and last objective, which he regarded as important and calling for consideration, was that the conference should serve to sensitize opinion.

While those four objectives were not mutually exclusive, the Board would have to decide which headed the list. In his opinion, it was the first objective, as was implicit in the Health Assembly's resolution. In that case, the venue was virtually irrelevant, unless there were considerations affecting the Organization's resources or an offer was made that was attractive in terms of the financial support that would be provided. He suggested that a committee of the Board, including members of the Secretariat and a representative of the host country, be appointed to draw up an outline for the conference which could then be submitted to the Health Assembly.

Lastly, there was a tendency to view the programme as a kind of competitive ideological effort. He trusted that, in future, it would be seen rather as a means of progress towards health for all.

Dr JAKOVLJEVIĆ said that the document EB57/20 gave a full picture of the Organization's primary health care activities, and of the initiatives being taken at various levels, those of the Regional Committees being particularly important, in his view. He considered that the Board could endorse the report as an excellent illustration of the programme's development. He agreed with Dr Venediktov's remarks on the Board's role and the instructions it had received from the Health Assembly: the Board's task was to consider the date, place and programme for the conference and not to decide whether a conference should be held. He also agreed with Dr Ehrlich's remarks regarding the objectives of the conference and considered that the Director-General should proceed to make preparations for it. In particular, he welcomed the Director-General's suggestion for a working group which might enable the Board to take a decision at its next session. The conference could then be held in September or October 1977.

Dr BUTERA said that the report was particularly interesting in regard to the strategy for promoting primary health care. The methodology involved was of course in its early stages as far as most countries were concerned and much remained to be done, particularly in regard to training staff and determining the functions of each member of the health team. In addition, doctors had to be made aware of the needs, since many were still reluctant to delegate their traditional responsibility to auxiliary workers. He therefore found it difficult to recommend a conference for the immediate future: while the primary health care programme itself was urgent, the conference was not. Moreover, time was needed to reflect on the matter and to prepare for the conference scientifically and on the basis of the experience gained. In that connexion, he fully agreed with the suggestion to hold national meetings, which could be attended by those responsible for public health and by experts designated by Regional Offices: that would meet the Director-General's point that national health policies depended mainly on the countries concerned. Also, some of the other international organizations, and in particular UNICEF, could cooperate in studying the best ways of helping developing countries to promote their health services.

In the light of all those factors, he considered that the conference should be postponed until the beginning of 1978, when progress had been evaluated and experiences exchanged. He agreed with the suggestion to appoint a committee to look into questions of time, place and programme, as well as the objectives, for the conference; that would ensure that valid work was done, and avoid the situation which occurred at the International Population Conference.

Dr DIBA, referring to an earlier comment on the success achieved with one of the projects in Iran, explained that the public health system in that country was highly complex, since medical care was obtained from a number of sources, including teaching hospitals, the Ministry of Public Health and charitable bodies; in addition, the medical and teaching professions were also involved. A province had been selected for coordinating all those elements and, with the help of WHO, the Institute for Public Health and the Ministry of Health, a system had been evolved for providing public health services at the peripheral level. From that system it had become apparent that the existing elements did not suffice and that people would have to be found in the community and trained to assist doctors and other public health workers in delivering primary health care. Although some voices had been raised, there had been no serious opposition: possibly the medical profession was a little concerned as to the extent to which it could have confidence in people who lacked higher training but, following meetings between the Ministry of Health, medical faculties, universities and other bodies, the duties to be entrusted to local workers had been determined and a suitable programme drawn up.

On the suggestion for a conference, he considered that, in view of the expense involved, there should be a guarantee that it would produce definite results capable of application or, at least, that ideas could be exchanged and the difficulties encountered in programmes already implemented alleviated. He therefore agreed that, if the date of the conference were postponed, more elements would be available for discussion. He also agreed that the Board should appoint a committee to study the programme for the conference.

Dr de VILLIERS said that his country, though developed, could also be described as developing in that it was very much aware of the difficulties in delivering public health care at the community level, not only because of geography and climate and the problem of reaching isolated communities but also because of the resistance to any new approach and the rigidity of traditional attitudes.

He fully agreed with the importance which WHO attached to primary health care, subject to the reservations expressed by Dr Cumming, Professor Aujaleu and other speakers. He also agreed that the Director-General's suggestions were not so much alternatives as a series of evolutionary steps and that regional meetings, by providing for a dialogue at the regional level, could form the basis of a more significant international discussion. One of the main obstacles to the success of an international conference was that, unless care were taken, it would be attended by what he would term "chronic conference-goers". He fully subscribed to the suggestion for a committee to report back to the Board as soon as possible on the implications of such a conference, perhaps with proposals.

Dr CHILEMBA agreed that, no matter how effective WHO planning, the motivation to improve primary health care must come from the Member State concerned for only then would the success of its programme be assured. His country, for example, had drawn up a national health plan with the assistance of WHO, which was now in the first five years of implementation and had given encouraging results: that was because the country concerned had initiated the move. He supported the suggestion that a committee be appointed to consider the objectives of the conference.

Dr SHAMI said the report dealt with a matter of paramount importance, especially for the developing countries who wished to deliver improved health care services, adapted to local conditions, at lower cost, to the largest possible number of people. With regard to the international conference, he considered the Board should abide by the Health Assembly's decision. The timing of the conference should not give rise to any problem since it would depend on the venue and the need for favourable climatic conditions. In considering the venue, however, and the invitations extended in that connexion, the Board should take account of the resources that would be made available and of the need to spare the Organization any undue expense.

Professor NABEDE PAKAI said that the Health Assembly had taken a firm decision to convene a conference on primary health care, so that no further discussion was required on that point. He was in favour of such a conference but considered that meetings should be held beforehand at the national and regional level to acquaint participants with the problems involved. He further considered that the conference should be held in 1978 so as to allow time for countries to prepare for the conference and for a proper programme to be drawn up and thus avoid any likelihood of failure. He agreed that a committee should be appointed to submit a draft programme for the Board's consideration.

With regard to venue, the Board should take account of the financial and technical facilities offered, as well as of any tangible achievements that the country concerned could show. He suggested that invitations could be submitted until the end of April 1976, then a selection should be made on the basis of the country offering most facilities. The time of the year when the conference was held should depend on the weather conditions prevailing in the country selected, so that participants were not hampered in any visits to field projects.

Dr SAUTER observed that the decision to hold the conference had been taken by the Health Assembly in resolution WHA28.88 which at the same time laid down the basis of the programme. The three alternatives suggested in section III of the progress report should

be regarded as complementary rather than mutually exclusive. It was suggested that national discussions, cooperation with UNICEF and regional discussions should prepare the way for the conference. That would take time. He wished to warn the Board against adopting too early a date. He doubted whether it would be possible to arrange national discussions and evaluate the results early enough for the regional discussions to take place during the current year. If they could not be held before 1977, then even 1978 might be too soon for the conference.

Dr TARIMO emphasized the importance of clarifying what was the real problem in primary health care and what was really being done. The progress report, in section II, gave an account of the activities at headquarters and regional levels (subsection 6) and of staff development and he hoped that the conclusion - that the primary health care approach was now accepted both within WHO and in Member States - would turn out to be true. But it would not be pessimistic to observe that only action could lead to success. In his opinion operative paragraph 2 of resolution WHA28.88 urging Member States to take action was at least as important as operative paragraph 5 concerning the proposed conference; the resolution left no doubt where the emphasis lay.

The reports by Dr Newell and the regional directors showed the existence of the familiar gap between objectives and action in the field. He recalled that, at the fifty-fifth session of the Board, a member was on record as saying that the Organization should not force its current policy on Member States;¹ what would constitute "forcing" did not appear from the record. The problem for WHO was how to induce countries to act. There the Organization's scope might be more limited than appeared at first sight to be the case. It would be superfluous to enlarge on the futility of attempting to introduce primary health care in isolation from other aspects of socioeconomic development. Primary health care meant socioeconomic development and involved a more equitable distribution of resources. Those were considerations of politics and social justice beyond the scope of the Organization or even national ministries of health.

In that context the proposed conference and the preparatory discussions could be useful. The progress report did not suggest who the participants should be. But the problem was known and if the preparations and preliminary discussions could show who could be instrumental in solving it, the whole conference should be addressed to them. The emphasis should be on mobilizing countries for change, rather than on planning and implementation. In reply to Professor Aujaleu, he said that the success or otherwise of a conference depended on who evaluated it. The lesson of the World Population Conference was that socioeconomic development only could have a significant impact on the world population problem. In so far as that had not been generally acknowledged at the time, the Conference had been a success. But such a conclusion for the proposed conference would not constitute a success. Careful planning was therefore needed and the building up of discussion from the national to the regional and international levels was a valid method of preparation that had become the current practice. However, operative paragraph 6 of resolution WHA28.88 instructed the Board to determine the date, place and concrete programme of the conference at its fifty-seventh session. There could be no eluding that heavy responsibility and so he supported the suggestion that a subcommittee of the Board discuss those questions in the light of the Board's own discussions and come forward with suggestions. Even with the help of a subcommittee it might be difficult for the Board to make recommendations on all those points to the Twenty-ninth World Health Assembly. But however that might be, it should be borne in mind that the proposed conference would not solve all the problems of primary health care and arrangements should be made for discussion to continue afterwards.

On the question of whether primary health care was or was not equivalent to rural health care, he considered that the two were synonymous for most developing countries.

He would welcome recent information on how - rather than where - country health programmes were being implemented, since implementation was the problem.

¹ WHO Official Records No. 224, 1975, p. 64.

In conclusion he suggested that as the developing countries acquired the national will to provide health care - as they were in the process of doing - there would be less time for long discussions and voluminous documents, less need for pilot programmes and greater need for personnel to work with nationals in developing programmes with the emphasis on rural health care and disease prevention using simple technology and equipment.

Dr KHALIL said that primary health care deserved the most careful attention since it would benefit the less fortunate among the populations of the developing countries. He therefore agreed with the proposals for a conference. Where it was held should depend on which of the prospective host countries was best able to sponsor it and which of them had the most to show to participants. It should be borne in mind at all stages that the objective was to bring health care to all people wherever they lived as soon as possible.

Speaking in a personal capacity, the CHAIRMAN said that the promotion of national health services relating to primary health care was more than an agenda item, or a WHO programme; it was the most important of the Organization's programmes, having a bearing on most of the others both present and future. The Board should therefore give its development and implementation the most careful attention. There was no time to be lost if the Director-General's slogan "Health for all in the year 2000" was to become a reality, because primary health care was the basis for all future achievement.

As regards the proposed conference, he urged the Board not to fix too distant a date, especially as resolution WHA28.88 specified that it should be held as soon as possible. Although the proposed conference should be well planned and organized, there should not be too many seminars or preliminary discussions or the initial impetus would be lost. In view of the 25-year target, two or three years for preparations was a long time. Preparations should go forward as quickly as possible. On the question of the purpose of the conference, he agreed with previous speakers that it should provide a stimulus and guidance on how to attack the problem of primary health care. It should be for people actively engaged in providing that care and should take place in an environment from which they could learn.

Speaking as Chairman, he asked whether, in view of the great interest shown, members of the Board wished to discuss the proposed conference further.

Dr VENEDIKTOV noted that the discussion, in which practically all members of the Board had participated, had shown that there was unanimous agreement regarding the vital importance of primary health care; nearly everyone had stressed the need for an exchange of opinion on the subject in an international conference, even if some speakers felt that a long preparation was required to ensure that such a conference was a complete success.

Dr Ehrlich had made a helpful summary of the various views that had been expressed during the discussion concerning the objectives of the conference. Many speakers had rightly stressed that the most important thing was not the conference itself, but that primary health care should be provided for all populations, both rural and urban. He also agreed with Dr Tarimo on the need to bridge the gap between objectives and action. It was the governments that were responsible for organizing health care, and they alone could guarantee the people's right to health, as defined in the WHO Constitution. It had been rightly stressed that there was a need for a free exchange of ideas and experience, in order to acquire an understanding of the various approaches in different countries. For there was no single solution.

Several references had been made to the need for cooperation with UNICEF; in fact, the cooperation should be much broader, and should include FAO and ILO and all other organizations that could contribute useful technical expertise in this field.

He did not share Professor von Manger-Koenig's view that ministers of health, finance and planning should participate in the conference, which, above all, should provide an opportunity for a direct exchange of experience in the field of primary health care.

He reiterated his opinion that the conference should be held as soon as possible. There certainly seemed to be no point in postponing it indefinitely, waiting for more experience to be acquired. References had been made to the World Population Conference. Whether or not

that had been a success was a matter of opinion: if it was understood that the aim of the Conference had been to show how to limit the growth of the world population, then it had been a failure - for that was a matter for each country, and each individual. On the other hand, the fact that the Conference had demonstrated precisely that point could be taken as an indication of success. In any case, no doubt had ever been cast on the urgency of the subject, and it had never been suggested that the Conference had been premature.

Where the conference was held was a matter of secondary importance. The Soviet Union had a wide experience concerning the provision of primary health care in very varied conditions, some of which would be of particular interest to countries with tropical climates. But in fact there were many countries that had much to offer by way of experience, and he would welcome any other suggestions.

Thanking the Egyptian authorities for their invitation to hold the conference in their country, he supported the suggestion that an ad hoc committee should be established to make recommendations on the date, place and programme of the proposed conference in the light of the discussions. For his part he thought that the summer or autumn of 1977, or spring of 1978, just before the Health Assembly, would be appropriate according to the venue. The ad hoc committee might receive invitations until a specified date (1 March for instance) and report on the Board's behalf directly to the Twenty-ninth World Health Assembly. The Board might then consider adopting a resolution calling attention to resolution WHA28.88, expressing its awareness of the importance of primary health care programmes being developed at the national, regional and global levels as soon as possible, thanking all countries that might offer invitations for the conference by a certain date and recommending to the Twenty-ninth World Health Assembly that the conference be held in the summer or autumn of 1977 in (country's name, to be left blank) with an agenda to be prepared by the Board's ad hoc committee.

The CHAIRMAN asked whether the Board wished the promotion of primary health care services and the proposed conference to be dealt with in a single resolution or in separate resolutions.

Dr VENEDIKTOV said that he had merely tried to suggest how one point might be handled, and did not think that two resolutions were necessary.

Professor AUJALEU expressed a preference for two resolutions.

The CHAIRMAN suggested that the drafting group should prepare both a comprehensive draft and two further drafts, one on each subject. During its discussions a consensus would probably emerge on one or other of the alternatives.

After some further discussion in which Dr EHRLICH, Professor AUJALEU and Dr VENEDIKTOV took part it was so agreed.

Dr TEJADA-DE-RIVERO (Assistant Director-General), said that Dr Newell would answer the various specific points raised, before he himself gave any further explanation that might be required from the Secretariat.

Dr NEWELL (Director, Strengthening of Health Services) said that the lack of emphasis on community involvement was only apparent. The Director-General's progress report was intended to be read with the Director-General's report to the Twenty-eighth World Health Assembly in which community involvement had been given the great prominence it continued having in the Organization's programme.¹ The Director-General and the Secretary-General of UNICEF had agreed on a new joint study by the two organizations for submission to the UNICEF/WHO Joint Committee on Health Policy in February 1977. That study would be similar in structure to the preceding one on alternative approaches to meeting basic health needs of populations in developing countries but it would be entitled "Community involvement in primary health

¹ WHO Official Records No. 226, 1975, Annex 15.

care - a study of the process of community motivation and continued participation". This aspect was thought to have been insufficiently covered in the first study although it was crucial and merited particular attention.

The danger of overburdening the primary health care worker, in his opinion, arose from a misconception. The primary health care worker was not alone in his village facing all the tasks devolving upon him. In reality he was a member of a community, the other members of which were responsible for other aspects of development. What the primary health care worker should do would depend on national objectives and concerns in the health field and elsewhere. But it would also depend on what the villagers wished him to do, and the outcome of what was described in the Director-General's report as a "continuing dialogue" between the people and the services. His tasks were unlikely ever to be standardized even for a single country.

In reply to Dr Hellberg on the next steps in primary health care programmes, he said that a detailed account would take up a great deal of the Board's time. He would see that the information was included in the progress report to be provided for the Twenty-ninth World Health Assembly.

Certain points had been mentioned in the presentation of the progress report. It had been stressed that there were a number of entry points to the primary health care system other than those mentioned, i.e. as a result of a political policy of a newly independent country, or of a national overall planning process even without major social or political changes. There were indeed many others; they included rural development, regional development, and other types of development and disaster relief. The Organization was only now recognizing them and had so far not really started exploring their possibilities. The Board and the Health Assembly would be kept informed.

The meeting rose at 5.45 p.m.