FORMULATING STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000

PROGRESS REPORT

Report of the Executive Board

Recognizing that this item is most important for all subsequent WHO activities, and in order to bring together related issues of other agenda items, the Executive Board decided, at its sixty-fifth session, to present a report to the Thirty-third World Health Assembly for its information, covering the following:

(1) a description of the historical framework within which the review of progress is being undertaken, with a summary of all important decisions taken by the Board in this regard;

(2) a brief summary of progress at national, regional and global levels;

(3) a review of critical issues identified by the Board during its discussion of this item; and


The report that follows is structured to meet the above requirements. Its contents include relevant portions drawn from the report of the Programme Committee of the Executive Board¹ and the Director-General's report to the Programme Committee on this subject.

I. INTRODUCTION

1. The main social target of governments and WHO in the coming decades is "the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life". This has come to be known popularly as "health for all by the year 2000", and there is still some uncertainty as to its meaning. To understand it, it is necessary to refer to WHO's Constitution, which has defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." This definition is based on a social ideology, and is an idealized concept of health. In reality, health in these terms may be well-nigh unattainable.

However, the objective of WHO as defined in its Constitution is "the attainment by all peoples of the highest possible level of health". The goal of health for all by the year 2000 embodies that objective. It emphasizes "highest possible", so that countries will strive to improve the health of their people in keeping with their own particular social and economic capacities. By the year 2000 all people in all countries should have a level of health that will permit them to lead socially and economically productive lives. In deciding on this target in resolution WHA30.43, the Thirtyih World Health Assembly, in 1977, took a step of utmost importance for those responsible for and concerned with the health of all people. The International Conference on Primary Health Care, jointly sponsored by WHO and UNICEF and held in September 1978, culminated in the adoption of the Declaration of Alma-Ata,

¹ Document EB65/4.
in which it is stated that primary health care - which forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community - is the key to attaining this target.

2. In 1979 the Thirty-second World Health Assembly, in resolution WHA32.30,1 endorsed the report of the International Conference on Primary Health Care including the Declaration of Alma-Ata, and invited Member States to consider the immediate use of the document entitled "Formulating Strategies for Health for All by the Year 2000",2 individually as a basis for formulating national policies, strategies and plans of action, and collectively as a basis for formulating regional and global strategies. Furthermore, this resolution requested the Executive Board:

(1) to submit proposals for the global strategy to the Thirty-fourth World Health Assembly and to support the Health Assembly in developing, implementing, monitoring and evaluating this strategy;

(2) to make sure that the global strategy is taken fully into account in preparing the Seventh General Programme of Work covering a specific period;

(3) to ensure that the global strategy is fully reflected in WHO's contribution to the preparation of the new international development strategy of the United Nations.

3. The detailed timetable for formulating strategies for health for all by the year 20003 calls for the Member States to submit reports on national strategies by June 1980. It also requests the Executive Board to review progress and to report to the Thirty-third World Health Assembly. This report is meant to serve this latter purpose.

4. In preparing this report, the Executive Board examined the reports of its Programme Committee and the Director-General on this subject.4 The Director-General's report summarized initial progress reported upon by countries, the results of the regional committee discussions, including relevant resolutions adopted by the regional committees, and WHO support to strategy formulation. The Executive Board also considered the United Nations General Assembly resolution 34/58, "Health as an integral part of development", to which it attached the highest importance.5

II. FORMULATING STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000: THE CENTRAL THEME OF THE WORK OF THE MEMBER STATES AND WHO

5. The Executive Board underlined the vital importance of this subject to the work of the Member States and the Organization. It stressed that this is the central theme which all other activities of the Organization should and must support. It is through the strategies, formulated by Member States and the Organization, that the commitment to social justice embodied in resolution WHA30.43 and the Declaration of Alma-Ata will be realized. The unanimous adoption by the United Nations General Assembly of resolution 34/58 reflects the importance of this matter within the international community. The resolution's support to the actions called for in the Alma-Ata Declaration and to the formulation of national, regional and global strategies should be used to reinforce national and international commitment to achieving health for all by the year 2000.

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1 Document WHA32/1979/REC/1, p. 27.
2 Document WHA32/1979/REC/1, Annex 2.
3 Approved by the Executive Board at its sixty-fourth session and reproduced in paragraph 134 of Annex 2 in document WHA32/1979/REC/1.
4 Document EB65/4.
5 Reproduced in the Annex to this document.
6. The review of the Programme Committee's report on the subject of "Monitoring of the implementation of programme budget policy and strategy" brought into evidence some of the changes that are required if this monitoring process is to contribute effectively to the monitoring of progress towards the achievement of health for all by the year 2000. With the implementation of resolution WHA29.48 assured, the Board considered the question of how best to monitor the future contribution of programme budget policies and strategies in the light of the national, regional and global strategies at present being formulated. The Board stressed the importance of national strategies addressing clearly the role of technical cooperation between WHO and its Member States and among the Member States themselves in strategy formulation and implementation. It noted that the decisions to be taken with regard to the item of WHO's processes, structures and working relationships in the light of its functions were particularly critical in this regard.

7. The Board's review of the Programme Committee's report on the Sixth General Programme of Work led to the adoption of resolution EB65.R4, which, inter alia, "approves the work carried out by the Organization in the field of medium-term programming as one of the most important tools in the management of the WHO programme activities, since it ensures a continuing and permanent link between policies and principles established by the Health Assembly, the General Programme of Work covering a specific period, and ongoing programme budgeting at all levels;" and requests the Director-General "to explore further the usefulness of the medium-term programming process as a means of achieving the goal of health for all, in general, and, specifically, for facilitating the appropriate interaction or integration of programmes at headquarters, regional and country levels". Although not explicitly included in this resolution, the Board reiterated the importance of using the mechanism of country health programming. In addition to being a useful managerial tool for national health development, it could also help to link national with international programmes.

8. The Board's review of the Programme Committee's report on the Seventh General Programme of Work led to the request that the Programme Committee should continue its work on the preparation of proposals on the nature, objectives, structure and method of preparation of the Seventh General Programme of Work. The Board noted that, while fully responding to the new challenges set by the goal of health for all by the year 2000 and the duty of the Organization to respond adequately to the needs of Member States in support of their individual and collective strategies for attaining this goal, the Seventh General Programme of Work should incorporate all that is essential in the Sixth General Programme of Work to ensure continuity.

9. The Board's consideration of the Director-General's report on the study of WHO structures in the light of its functions led to the adoption of resolution EB65.R12 which recommends, inter alia, that the Organization concentrates its activities "over the coming decades, as far as is possible in the light of all its constitutional obligations, on support to national, regional and global strategies for attaining health for all by the year 2000". In this regard the resolution urges the regional committees "to intensify their efforts to develop... regional and global strategies for health for all, and to consider establishing or strengthening appropriate subcommittees to this end", and requests the Executive Board "to strengthen its role in giving effect to the decisions and policies of the Health Assembly and in providing advice to it, particularly with respect to ways of attaining health for all by the year 2000, among other things by ensuring that the Organization's general programmes of work, medium-term programmes, and programme budgets are optimally oriented towards supporting the strategies for health for all of Member States".

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1 Document EB65/7.
2 Document EB65/6.
3 Document EB65/5 Rev.1.
4 Document EB65/18 and Add.1-3.
III. PROGRESS OF THE MEMBER STATES IN FORMULATING NATIONAL STRATEGIES AND RELATED WHO SUPPORT

Political commitment

10. Almost all countries have indicated a high level political commitment to "health for all". Many national reports highlighted the commitment already contained in important national documents such as the national constitution and national development plans. In many instances, political commitment has taken the form of programme speeches or statements by the Heads of State or Government; in others, commitments have been included in the form of fundamental policies on social and economic development. This commitment has not only been forthcoming from developing countries. A number of industrialized countries have associated themselves with health for all, more specifically with the need to ensure universal access to primary health care as a part of a comprehensive health services system.

11. High level political commitment was promoted through activities on the part of the Secretariat. Resolution WHA32.30 was sent to high-level leaders of all Member States attached to a letter from the Director-General in which the importance of the social goal of health for all by the year 2000 was noted. This was followed by contacts with these leaders, including Heads of States, on the part of the Director-General, Regional Directors, and supporting staff. Particularly worthy of note was the presence and participation of Heads of State in two of the regional committees.

Importance of technical cooperation

12. In expressing their belief that health for all can be achieved in spite of the conflicting evidence afforded by recent history and present trends, many Member States stressed the need for a renewed spirit of cooperation among nations. This plea was expressed as part both of their recognition of the importance of the strategy of technical cooperation among developing countries (TCDC) and of their call for a longer-term and increased commitment of assistance for the development and implementation of national plans of action. Nearly all countries noted that it would not be feasible to achieve health for all without adequate mobilization of resources, both nationally and internationally. United Nations General Assembly resolution 34/58 should be exploited fully to facilitate the mobilization of the necessary resources.

Intersectoral collaboration

13. Many references were made to the fact that health cannot be achieved by the health sector alone. This understanding underlined the importance given to the strengthening of mechanisms for promoting and achieving intersectoral action and support both as an integral part and for the promotion of primary health care. Some countries were able to point to existing high-level interministerial coordinating mechanisms which effectively link the health sector to overall socioeconomic development. A number of countries made specific reference to integrated rural development plans of which health development was an integral part. However, a greater number, while identifying the problem of achieving intersectoral collaboration as one of great importance, did not indicate the existence of such coordinating programmes.

14. Of the measures being taken to strengthen intersectoral action and support, particular mention should be made of the creation of coordinating mechanisms of the national health council type which have a multidisciplinary and multisectoral nature. Many countries have set up or envisaged setting up councils of this kind. Some referred to the need to "revitalize" existing councils. Many described the existence of similar bodies covering provinces, regions and districts. In some instances, these developments have required the reorganization of the structure of the Ministry of Health, particularly with regard to mechanisms for planning.

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1 Based upon the Director-General's report to the Programme Committee of the Executive Board (document EB65/PC/WP/4, annexed to document EB65/4) and information reported upon during the discussions of the Board.
programming and coordination. A few countries have used workshops and seminars at central, regional, district and peripheral level to promote collaborative action. Others have created multisectoral task forces responsible for formulating national strategies for health for all. Countries which have undertaken country health programming refer to this approach as favouring development of intra- and intersectoral coordination.

**WHO support**

15. Several countries envisage using WHO support in the process of formulating policies, strategies and plans of action. Some express this in general terms, others more specifically - for example, seeking WHO's collaboration in:

(i) carrying out country health programming;

(ii) strengthening technical cooperation with other countries;

(iii) enhancement of managerial and administrative skills needed;

(iv) strengthening existing institutional arrangements to serve as the basis for a national centre for health development;

(v) assessing the effectiveness of measures taken to attain an acceptable level of health for all, and monitoring of progress.

16. WHO technical support to national strategy formulation has been organized in a variety of ways. This has included briefing and orientation of WHO programme coordinators, national programme coordinators, and key national staff. In the African Region joint UNICEF/WHO workshops and seminars are being planned for key nationals with senior UNICEF and WHO staff. The first such workshop is scheduled to be held in Mozambique early in 1980 for six English-speaking countries. It is planned to hold a similar workshop for French-speaking countries in the Region. In the Region of the Americas this was done through a series of meetings; six subregional meetings have been held to date, with the participation of 40 high-ranking national officials and 48 staff members of the Region, and the progress in the countries of the Americas has been summarized as of 31 December 1979. In the South-East Asia Region a joint UNICEF/WHO meeting was held in December 1979 on the formulation of strategies for health for all, with primary health care as the key approach. It was attended by high level representatives from the Member States, WHO programme coordinators, and UNICEF representatives. Principles and work plans for the formulation of national strategies were agreed upon. In the European Region the Regional Committee approved a questionnaire for use by governments, and governments have been asked to give their views in writing by February 1980, using the questionnaire as a basis for their replies. In addition a special task force has been set up to pursue studies at the regional level as requested by the Regional Committee. An important element in the work of the Eastern Mediterranean Region is the Regional Consultative Committee constituted earlier in 1979; composed of five distinguished leaders in health and education from the Region, this Committee has advised on critical aspects of regional strategy formulation. In the Western Pacific Region a special multidisciplinary task force has been constituted; it will visit each country and work with national personnel in the preparation of national strategies.

17. The existing internal coordinating mechanisms of the Secretariat consisting of Regional Programme Committees and a Headquarters Programme Committee, and guided by the decisions of the Global Programme Committee is being used for supporting strategies for health for all by the year 2000. The Global Programme Committee, consisting of the Director-General, Deputy Director-General, Regional Directors and Assistant Directors-General, met in January and May 1979 to review the support that might be required by WHO in the formulation of strategies for attaining an acceptable level of health for all by the year 2000. Three main areas of support were identified: formulation of strategies and plans of action, the progressive implementation of these, and their monitoring and evaluation. A series of actions was agreed upon, including the means for communicating the results of the Executive Board and Health Assembly to the Member States, the holding of regional and intercountry
meetings for briefing and exchange of views on strategy formulation, the discussion of health for all during the 1979 sessions of the regional committees, the preparation of guidelines on critical aspects of strategy formulation, the establishment of regional and global health development advisory councils, promotional action required to stimulate political, social and economic support from other sectors and from international and regional governmental and nongovernmental organizations, and the strengthening of mechanisms for attracting bilateral and multilateral funds.

18. The Global Programme Committee established a Programme Development Working Group consisting of the Directors of Programme Management in the six regional offices,¹ the Chairman of the headquarters Programme Committee, a representative of the Director-General and a secretary, and requested it inter alia to develop in more detail an operational plan for WHO support in the next two years.

19. The Board was provided with information on the proposed Global Health Development Advisory Council, whose role was particularly to advise the Director-General on the best ways of ensuring multisectoral support for health for all and of monitoring progress towards its attainment. As indicated in the Director-General's progress report, most of the regions are in the process of setting up such councils or their equivalents. Also, many countries are strengthening their national advisory bodies by constituting health councils or their equivalents. The Board expressed certain reservations about the terms of reference of the proposed global council, some of which could be construed as encroaching on the activities of the Board itself. The Director-General explained that this was certainly not the intention; at the same time, he informed the Board that, in view of the reservations, he would proceed cautiously, and would seek the best forms of multisectoral consultation in as informal a manner as possible at this stage. He would keep the Board informed of developments.

20. The Board was informed of plans and steps taken to establish a "Health 2000 Resources Group,"² It was provided with information on the composition and functioning of such a group, which was tentatively scheduled to be convened at the beginning of May 1980. The Board expressed concern in general regarding the establishment of new groups, the risk of their over-proliferation and the potential duplication of the activities of other groups and of the Board. It was informed that this group would provide a mechanism for representatives of bilateral and multilateral agencies, developing countries and nongovernmental organizations to promote the rationalization of all health resources and stimulate the mobilization of resources for health. The Board approved the formation of this group and asked to be kept informed of its development and subsequent activities.

21. In the context of this discussion, the Board underlined the importance of improved correlation of its work with that of the regional committees and the Health Assembly. Only in this manner would the activities of the new groups established at regional and global levels contribute effectively to the implementation of regional and global health for all strategies.

IV. CRITICAL ISSUES

Political commitment

22. In reviewing the report of its Programme Committee on progress in formulating strategies for health for all by the year 2000, the Board expressed satisfaction with national progress reported as well as with the activities undertaken by the Secretariat in support of the formulation of national strategies. It particularly expressed appreciation of the many efforts undertaken to mobilize political commitment to health for all by the year 2000. The response and involvement of Heads of State attested to the changing awareness of the importance of health matters by political leaders. The adoption of resolution 34/58 by the United Nations General Assembly was further evidence of the recognition of the importance of the social target of health for all by the year 2000 by political leaders of all countries. At the same time,

¹ In the Region of the Americas the functions of the Director of Programme Management are carried out by the Operations Manager.

² Document EB65/INF.DOC./3.
the Board expressed concern as to how best to exert greater influence to translate political commitment into real action. The next few years were seen as critical ones in this regard. Political commitment to the strategies at present being formulated would be placed in evidence by the development of broad declared governmental policies in support of health development and by significant increases in resources allocated for such development. Policies formulated would need to address the critical basic conditions which affected health, e.g. food, housing, agriculture and education, as well as other socioeconomic development factors which affected health development.

**Specification of targets**

23. The Board noted the particular importance of translating the general social goal of health for all by the year 2000 into meaningful operational targets at all levels. It affirmed that this social goal was an embodiment of the WHO constitutional objective of obtaining the highest attainable level of health of every human being. As such, the constitutional definition of health applied to the definition of health within the context of health for all by the year 2000. The specification of the year 2000 was an expression of the need on the part of all Member States to set operational targets which commit them to achieving social justice in health in the coming decades.

24. The Board noted the global and regional responsibility to encourage and stimulate Member States to define health for all by the year 2000 in a manner consistent with the WHO Constitution and the spirit of social justice underlying the Declaration of Alma-Ata. It recognized that all countries would need to formulate targets meeting their specific needs and to select indicators to assess progress towards reaching these targets.

25. In discussing the subject of indicators, the Board identified a number of attributes which the indicators should possess. At the same time it underlined the complexity of the problem of developing meaningful and measurable indicators which could capture the dynamic and continuous nature of health development. Broadly speaking, as countries progressed along the development continuum, the precise nature of the various factors and components contributing to health development changed. As well as the possibilities present for health development, both positively and negatively. In addition to these requirements, the Board felt that indicators related to political decision-making, the consequences of social and economic development for health, population expectations, and community involvement were also essential. Furthermore, attention should be given as to how best to identify areas where little or no progress was being made, e.g. the presence of high-risk groups whose size continues to grow.

26. The Board was informed of Secretariat activities undertaken to identify indicators of potential value for monitoring progress towards health for all. So far, the work carried out had concentrated mainly on two types of indicators considered relevant for monitoring progress: first, on those indicators for measuring health status and factors which could determine health status, such as the physical, social and economic environment, matters related to the quality of life, human behaviour, etc.; and, secondly, on those indicators for measuring the provision of and access to health care, namely, coverage by primary health care and relevant referral systems.

**Obstacles recognized**

27. The Board noted that most of the conditions and factors influencing health related to the need to improve social justice and equity within and among countries. Overcoming discriminatory action such as racism and apartheid was one dimension of the action that needed to be pursued through the mobilization of a political commitment in support of health for all. Also required was the reduction of international tensions through disarmament and détente, and the freeing of resources at present allocated to the military sector. The reported investments of US$ 25 000 million in military research and development work and the involvement of a quarter of the world's scientists and engineers in this area were a measure of the magnitude of the problem.

28. The Board recognized that not all economic developments contributed positively to health. Increased pollution, broken homes, and a deteriorating psychosocial environment were examples
of the side-effects of many national efforts to advance economic development without adequate social control. Restricted focus on the gross national product as the major indicator for development only further increased the possibility of serious side-effects developing.

In both industrialized and developing countries, health ministries often did not have the opportunity to analyse the potential health hazards associated with development projects. Significant increases in disease prevalence had been known to occur as a result of some agricultural development projects and, without general policies aimed at avoiding these and other ill effects of "development", individual initiatives by ministries of health could not be expected to have a high degree of success. The potential importance of the United Nations General Assembly resolution 34/58, on "Health as an integral part of development", was noted in this context.

29. The Board identified a number of additional critical obstacles which national strategies would need to address. It recognized the inadequacy of the health infrastructure in the majority of countries to meet the challenges of primary health care. Obsolete health legislation, inadequate managerial and administrative practices and poor relations with the community, together with insufficient involvement of health professionals in primary health care, were cited as outstanding areas requiring reform. Only when such reform was forthcoming and tangible progress was achieved could one expect the population to begin to support and believe in primary health care. In this connexion the Board noted the importance of the discussions on the subjects of health legislation1 and the ongoing organizational study on the role of WHO in training in public health and health programme management, including the use of country health programming.2

Intersectoral collaboration

30. The Board stressed the importance of research as a means of solving the many problems inherent in the obstacles identified. Timely research undertaken in close correlation with the priority problems confronting the health services system could provide the health decision-makers with the information needed to guide the undertaking of necessary reforms. In this connexion, the Board noted the importance of the discussions on the development and coordination of biomedical and health services research (including research strengthening and career structures in developing countries).3

31. The Board recognized that many of the obstacles identified were associated with intersectoral collaboration - a highly important aspect of strategies required for the achievement of health for all by the year 2000. The need to collaborate with other sectors such as agriculture, education and labour was constantly reiterated in the discussions on nearly all the agenda items before the Board. It clearly represents one of the outstanding challenges before the Member States and the Organization. In adopting resolution EB65.R11 on formulating strategies for health for all by the year 2000 and resolution EB65.R12 on WHO's structures in the light of its functions, the Board underlined the importance of this issue. One of the aims of resolution EB65.R11 is to encourage multisectoral action through a greater involvement of the whole United Nations system in health development; resolution EB65.R12 promotes intersectoral collaboration by encouraging the involvement of representatives of other sectors in the work of the Governing Bodies of the Organization.

32. In this connexion, the Board was particularly pleased to note the report of the UNIDO representative. It welcomed the interest shown by UNIDO in the Organization's work, and hoped that such links would be intensified. It noted with interest the growing cooperation focusing on industrial production policies and projects relating to pharmaceuticals and the utilization of natural resources. As one of the essential elements of primary health care, all efforts to strengthen national industrial capabilities for the production of essential drugs were to be commended.

WHO support

33. The Board discussed a number of areas where a strengthened WHO supporting role could help overcome obstacles identified. It noted that active steps should be taken not only to propagate the idea of health for all, but also to indicate practical measures to be taken in pursuit of that aim. The Board was of the opinion that it was insufficient for WHO to adopt a "wait and see" attitude. Representatives of WHO headquarters and regional offices need to go into the field, see what is happening, engage in discussions and activities, and stimulate further action. High priority should be given to country health programming in support of strategy formulation, interagency cooperation for strengthening intersectoral planning of health, strengthening national mechanisms in support of health for all, such as national health councils and national health development centres and networks, and the development of guidelines on the organization of primary health care for use by administrators and trainers. In this context, the Board, while expressing general satisfaction with many of the meetings held in support of different aspects of strategy formulation, warned against the danger of attaching too much importance to them rather than to effective action.

34. The Board discussed the need for increased interregional exchanges to facilitate the formulation of strategies for health for all. In this regard, the development of regional charters and regional support to mechanisms for technical cooperation among developing countries (TCDC) were highlighted. The Board noted the responsibility of the Secretariat to ensure a wide distribution of national experiences at the same time as developing activities that fitted the needs of individual Member States. This responsibility was of particular importance in the light of the reaffirmed decision to formulate strategies first at national level, then at regional level, and lastly at global level.

V. FUTURE STEPS

35. In expressing satisfaction with the progress reported upon to date, the Board also expressed concern regarding the degree of real correlation between the reports of progress by all involved and the reality existing in countries. It noted its responsibility in determining whether or not such a gap exists. If developments are moving vigorously, then this momentum needs to be identified and reinforced. If they are not, then this too must be noted and corrective action must be taken accordingly.

36. The forthcoming Health Assembly was seen by the Board as a critical time to learn what is happening in the Member States. In this connexion the Board requested the Director-General and the Regional Directors to invite Member States to use the plenary of the Health Assembly to report upon selected critical aspects of national strategy formulation. This would reinforce the obligation of countries to report annually on progress achieved in improving the health of its people, as specified by Article 61 of the WHO Constitution; it would also be consistent with the Board's responsibility to call for additional information pertaining to health, as specified by Article 65.

37. The Board considered that work of the Secretariat regarding indicators was of immediate importance and that results should be distributed widely to stimulate discussions and exchange of views on this important item. The Secretariat need not wait for a further refinement. This was an area where considerable evolution could be expected as countries formulate and implement their strategies. While there was a need to issue a draft without delay, no undue haste in finalizing such a list was called for.

38. The Executive Board adopted resolution EB65.R11 in response to resolution 34/58 on health as an integral part of development, adopted by the United Nations General Assembly on 29 November 1979. The Board realized the importance of this international demonstration of support for health goals which clearly recognizes the integral place of health in development. The resolution recommended for adoption by the Thirty-third World Health Assembly calls for action on the part of Member States and the Director-General which would respond to and take

1 In document A33/29 an account of the action taken in order to enlist full collaboration of the Organization within the United Nations system in support of resolution 34/58.
advantage of the United Nations General Assembly resolution, especially as regards encouraging multisectoral action with countries supported by the work of other international organizations with primary responsibilities in other sectors.

39. In concluding the discussion on this item, the Board recognized that all strategies formulated would continue to evolve in response to the setbacks, successes, unforeseen developments, and emerging forces of which history is made. Nevertheless, the early specification of national strategies was of critical importance; the formulation of truly supportive regional and global strategies requires the formulation of national strategies that reflect fully the results of Alma-Ata. For this reason, the Board felt that the final version of the present document should be published after the Thirty-third World Health Assembly, so that it can take into account the discussions and presentations at that time and include the resolutions of both the Health Assembly and the United Nations General Assembly.
TEXT OF RESOLUTION 34/58, ADOPTED BY THE UNITED NATIONS GENERAL ASSEMBLY ON 29 NOVEMBER 1979

EXAMINATION OF LONG-TERM TRENDS IN ECONOMIC DEVELOPMENT

Health as an integral part of development

The General Assembly,

Recalling its resolutions 3201 (S-VI) and 3202 (S-VI) of 1 May 1974 containing the Declaration and the Programme of Action on the Establishment of a New International Economic Order, 3281 (XXIX) of 12 December 1974 containing the Charter of Economic Rights and Duties of States, and 3362 (S-VII) of 16 September 1975 on development and international economic cooperation,

Recalling also the United Nations conferences held during recent years on major issues relating to economic and social development and the establishment of the new international economic order, particularly the 1978 Conference on Primary Health Care, jointly sponsored by the World Health Organization and the United Nations Children's Fund at Alma Ata in the Soviet Union,

Noting that a substantial portion of the population in many countries, developing as well as developed, lacks access to basic health services, and that people lacking adequate health cannot fully participate in or contribute to the economic and social development of their nation,

Welcoming the important efforts of the World Health Organization, the United Nations Children's Fund and the other agencies of the United Nations system associated with the effort to attain the goal of "health for all by the year 2000", as expressed in World Health Assembly resolutions WHA30.43 (1977) and WHA32.30 (1979),

Considering that peace and security are important for the preservation and improvement of the health of all people and that cooperation among nations on vital health issues can contribute importantly to peace,

Cognizant of the vital role that health and health care play in the development of countries, particularly that of developing countries,

1. Endorses the Alma Ata Declaration and in particular its view that primary health care, aimed at the solution of the major world health problems through a combination of promotive, preventive, curative and rehabilitative measures, constitutes the key to the ultimate achievement of a healthful society, especially when primary health care is incorporated into the development process, particularly that of developing countries;

2. Notes with approval the World Health Assembly decision contained in resolution WHA32.30 that the development of the World Health Organization's programmes and the allocation of its resources at the global, regional and country levels should reflect the commitment of that organization to the priority of the achievement of health for all by the year 2000;
Annex

3. **Calls upon the relevant bodies of the United Nations system to coordinate with and support the efforts of the World Health Organization by appropriate actions within their respective spheres of competence;**

4. **Appeals to Member States to carry out the actions called for in the Alma Ata Declaration;**

5. **Reiterates the appeal contained in paragraph 10 of World Health Assembly resolution 32.30 to the international community "to give full support to the formulation and implementation of national, regional and global strategies for achieving an acceptable level of health for all";**

6. **Welcomes the decision of the World Health Assembly to ensure that the global strategy is to be reflected in the World Health Organization's contribution to the preparation of the new international development strategy of the United Nations and calls upon the Preparatory Committee for the New International Development Strategy to give full and careful attention to the World Health Organization's contribution;**

7. **Calls upon Member States, both developed and developing, to cooperate with each other and with the World Health Organization in the exchange of technological information and expertise in order to facilitate the achievement of the primary health care goals;**

8. **Requests the Director-General of the World Health Organization, following the Sixty-seventh session of the World Health Organization Executive Board and the Thirty-fourth session of the World Health Assembly, to submit a report to the appropriate session of the Economic and Social Council in 1981 on the progress achieved in the formulation of the global health strategy and, in turn, calls upon the Council to submit recommendations for further action by the General Assembly at its thirty-sixth session.**