



World Health Organization Organisation mondiale de la Santé

FIFTIETH WORLD HEALTH ASSEMBLY

Provisional agenda item 26

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Renewing the health-for-all strategy

Progress report by the Director-General

HEALTH FOR ALL BEYOND THE YEAR 2000

1. Since the International Conference on Primary Health Care, held at Alma-Ata in 1978, the call for health for all by the year 2000 through primary health care has provided a motivating and unifying concept in international health development and made an important contribution to achievements in terms of better health in different parts of the world; increased life expectancy, declining infant mortality and improved access to basic health services. However, as the target date approaches, it can now be seen as limiting, may be misunderstood and, above all, is not universally attainable. To cite just a few examples of the remaining challenges: in 53 countries, representing 13% of the world's population, average life expectancy at birth is less than 60 years; there are wide variations in infant mortality between countries; and maternal mortality in sub-Saharan Africa is three times greater than in the less developed countries as a whole.

2. Considering that the cornerstone of WHO's institutional vision remains "health for all", resolution WHA48.16 on the "WHO response to global change: renewing the health-for-all strategy", recognized "... the need to give priority attention to those most seriously deprived in terms of health or health care, whether owing to poverty, marginalization or exclusion; and ... the need for intensified support of the international community; ...". It went on to urge Member States "to take appropriate steps for consultations to raise the awareness of the general public, political leaders, ministries and other partners concerned with social and economic development policy to the need to place health high on the political agenda ... to forward to WHO the consensus views of health challenges and major policy orientations resulting from the national consultation to serve as a basis for the elaboration of the global health policy; to adapt the global health policy, after its adoption, to national or subnational contexts for implementation ...".

3. The resolution also called on organizations of the United Nations system, as well as other intergovernmental organizations and nongovernmental organizations active in the field of health, to participate. It requested the Director-General *inter alia* to take the necessary steps for renewing the health-for-all strategy by developing a new holistic global health policy based on the concepts of equity and solidarity.

GLOBAL CONSULTATIVE PROCESS

4. Resolution WHA48.16 also requested the Director-General to consult widely with all Member States and other partners of WHO in health development to "ensure convergence of the work ... at all levels of the Organization". Over 90% of Member States have participated to some degree in the process. All regional offices have guided the consultative process through a series of meetings and a review of their own policies and

priorities. Simultaneously, several reviews of achievements since Alma-Ata have been completed. Contributions have been made by WHO collaborating centres, major nongovernmental organizations and others. Progress is also under way to develop a global health charter that will be based on the new global health policy, as well as to determine how best to obtain high-level political endorsement for such a charter on the occasion of the fiftieth anniversary of WHO, as requested by resolution WHA48.16.

INVOLVEMENT OF ALL SECTORS

5. The acknowledgement that the determinants of health extend beyond the health sector, and further that combined action in several sectors is required to achieve health for all, has led WHO to ensure the broadest possible participation in the consultative process. The views of other organizations in the United Nations system, WTO, regional and international banks, a wide range of nongovernmental organizations at global, regional and national level, certain private sector organizations, and academic and research institutions, have been taken into consideration in preparing the new policy.

INTENSIFICATION OF THE CONSULTATIVE PROCESS

6. After extensive formal and informal discussion of the new policy, the Executive Board resolved in January 1997 (resolution EB99.R16) that the consultative process should be intensified and that a draft outline of the policy should be developed for submission to and review by the Board at its 100th session.

HEALTH FOR ALL FOR THE TWENTY-FIRST CENTURY, WHO'S TENTH GENERAL PROGRAMME OF WORK, PROGRAMME BUDGETING AND EVALUATION

7. The Executive Board also adopted resolution EB99.R15, which recommends a resolution to the Fiftieth World Health Assembly *inter alia* requesting the Director-General to use the renewed strategy to enhance WHO's leadership role in global health, ensuring that the global policy is implemented through action plans that have strong international, regional and national components and that WHO's services and functions meet well-defined criteria which will be specified in the Tenth General Programme of Work and reflected in programme budget development, implementation, monitoring and evaluation.

MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

8. The Health Assembly is invited to consider the resolution recommended by the Executive Board in its resolution EB99.R15.

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