Plan of Action for Implementing the Global Strategy for Health for All

and

Index to the "Health for All"
Series No. 1-7

WORLD HEALTH ORGANIZATION
GENEVA
1982
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In May 1982 the Thirty-fifth World Health Assembly approved the Plan of Action for Implementing the Global Strategy for Health for All when it adopted resolution WHA35.23, which reads as follows:

The Thirty-fifth World Health Assembly,

Recalling resolution WHA34.36 in which, in May 1981, the Executive Board was requested to prepare a plan of action to implement the Global Strategy for Health for All by the Year 2000;

Noting with satisfaction the adoption by the United Nations General Assembly of resolution 36/43 on the Global Strategy for Health for All by the Year 2000, in which it recognized that peace and security are important conditions for the preservation and improvement of the health of all people, that cooperation among nations on vital health issues can contribute substantially to peace, and that the implementation of the Strategy constitutes a valuable contribution to the improvement of overall socioeconomic conditions and thus to the fulfilment of the International Development Strategy for the Third United Nations Development Decade;

1. APPROVES the plan of action for implementing the Global Strategy for Health for All by the Year 2000, as submitted to it by the Executive Board;

2. THANKS the Board for its work;

3. CALLS on Member States:
   (1) to fulfil their responsibilities as partners in the solemnly agreed Strategy for Health for All by carrying out in their countries, as well as through intercountry cooperation, the activities devolving on them in the plan of action for implementing the Strategy;
   (2) to enlist the involvement of their people in these activities;

4. URGES the regional committees to carry out their share of the plan of action and to monitor its implementation in the regions;
5. REQUESTS the Director-General:

(1) to ensure that the Secretariat carries out fully its part in the plan of action and that it respects the timetable;

(2) to take the action requested of him by the United Nations General Assembly in resolution 36/43, and in particular to take steps to ensure that all appropriate organizations and institutions of the United Nations system collaborate with WHO in implementing the Strategy;

(3) to monitor the implementation of the plan of action and to keep the regional committees, the Executive Board and the Health Assembly fully informed of progress through the reports of the Regional Directors to the regional committees on the implementation of regional strategies and through his reports to the Board on the implementation of the Global Strategy;

6. REQUESTS the Executive Board to monitor progress in implementing the plan of action through the monitoring and evaluation of the Global Strategy in conformity with resolution WHA34.36 and to report to the Health Assembly on progress made and problems encountered.
Introduction

1. In May 1981, the Thirty-fourth World Health Assembly adopted resolution WHA34.36 in which it requested the Executive Board to prepare without delay a draft plan of action to implement, monitor and evaluate the Global Strategy for Health for All by the Year 2000. A draft plan of action was prepared by the Board at its sixty-eighth session in May 1981, reviewed by the regional committees, and finalized by the Board at its sixty-ninth session in January 1982 for submission to the Thirty-fifth World Health Assembly in May 1982. However, this process has not prevented action being taken in the meantime along the lines of the draft. The Thirty-fifth World Health Assembly, in resolution WHA35.23, approved the plan of action that follows.

2. The plan of action will be carried out by the Member States of WHO individually and through intercountry cooperation, by WHO's governing bodies, and by the Director-General of WHO and through him the entire Secretariat.

3. The implementation of the Global Strategy through the plan of action will be monitored and reviewed by WHO's governing bodies at specified intervals; in consequence, the plan of action will be progressively updated and refined as necessary.
I. Strategies and Plans of Action

4. The following action will be taken with respect to the formulation of strategies, their implementation through plans of action, and their monitoring and evaluation:

5. Countries will:

   (1) review their health policies, if they have not already done so, in the light of section II of the *Global Strategy*; ¹

   (2) formulate their national strategies for health for all, if they have not already done so, or update them as necessary;

   (3) decide on specific targets in accordance with section III, paragraphs 28 and 37 of the *Global Strategy*; ²

   (4) develop plans of action to implement their strategies.

6. The regional committees will:

   (1) update and adapt the regional strategies as necessary in the light of the Global Strategy (VI.8);

   (2) seek the commitment of governments in the region to implement, monitor and evaluate the regional strategies if they have not already done so;

   (3) consider the possibility of defining regional targets on the basis of national targets if they have not already done so;

   (4) prepare regional plans of action for implementing the regional strategies;

   (5) monitor and evaluate the implementation of the regional strategies (VII.5);

   (6) submit such regional proposals for the Seventh General Programme of Work and subsequent General Programmes of Work as will support the national, regional and global strategies;

² Throughout the plan of action references to section(s) and paragraph(s) of the Global Strategy are presented thus: (III.28 & 37).
Strategies and plans of action

(7) ensure that the regional biennial programme budgets of WHO conform to the policies and orientation of the Seventh and subsequent General Programmes of Work of WHO and through them support the strategies for health for all.

Executive Board

7. The Executive Board of WHO will:

(1) prepare a plan of action for implementing the Global Strategy;
(2) analyse the feasibility of adopting further or more refined global targets than appear in the Strategy, based on national and possibly regional targets, and submit its recommendations to the World Health Assembly (III.37);
(3) monitor and evaluate the Global Strategy and submit reports thereon to the World Health Assembly (VII.5);
(4) prepare the Seventh General Programme of Work and subsequent General Programmes of Work in such a way as to support the national, regional and global strategies through the development of health system infrastructures based on primary health care and through the identification and generation of appropriate technology by scientific endeavour;
(5) ensure that the Organization's biennial programme budgets conform to the policies and orientations of the General Programmes of Work and through them support the Strategy for Health for All.

World Health Assembly

8. The World Health Assembly will:

(1) review and approve the global plan of action at the Thirty-fifth World Health Assembly in May 1982; ¹
(2) review the Board's recommendations concerning the adoption of further global targets;
(3) monitor and evaluate the implementation of the Strategy (VII.5);
(4) ensure that the Seventh General Programme of Work as well as subsequent General Programmes of Work are formulated in such a way as to support the Strategy.

Director-General

9. The Director-General of WHO will:

(1) ensure full secretariat support to countries, the regional committees, the Executive Board and the Health Assembly in the preparation and execution of the plan of action for implementing the Strategy;

¹ See resolution WHA35.23 reproduced in the Preface to this volume.
(2) reprint the following publications in a special "Health for All" Series:

— the report of the International Conference on Primary Health Care, Alma-Ata, USSR;
— the Executive Board document on Formulating strategies for health for all by the year 2000;

(3) publish the following in the "Health for All" Series: ¹

— the Global Strategy for Health for All by the Year 2000;
— guiding principles for the managerial process for national health development in support of strategies for health for all by the year 2000;
— guiding principles for health programme evaluation as part of the managerial process for national health development;
— indicators for monitoring progress towards health for all by the year 2000;
— periodic reports resulting from the monitoring and evaluation of the Strategy;

(4) ensure the implementation of the Seventh and subsequent General Programmes of Work in fulfilment of the aims of the Strategy;

(5) submit biennial programme budget proposals to the Executive Board and the World Health Assembly that conform to the policies and orientations of the General Programmes of Work and through them support the Strategy;

(6) promote studies on ways of overcoming political, sociocultural, educational and economic obstacles to the implementation of the Strategy.

¹ See list on the inside of the front cover.
II. Developing Health Systems

10. Member States will review their health systems with the aim of reshaping them as necessary (III.1-27).

11. Countries will cooperate with one another in order to support the development of their health systems through information exchange, research and development, and training (III.30, 31 and 33 respectively).

12. They will actively seek opportunities for technical and economic cooperation among themselves, whether among developing countries, among developed countries, or among developed and developing countries (VI).

13. The regional committees, the Executive Board and the World Health Assembly will keep under constant review ways of developing health systems based on primary health care and will ensure that the knowledge thus gained is made widely known.

14. The Director-General will:
   
   (1) facilitate TCDC/ECDC as requested by countries in furtherance of the development of their health systems (VIII.10);
   
   (2) promote the exchange of information on the development of health systems through WHO's publications and through facilitating direct contacts at organized meetings and by study missions (III.30 & VIII.11);
   
   (3) promote research and development on health systems (III.31);
   
   (4) ensure technical cooperation with individual countries on request for the development of their health system (III.32);
   
   (5) disseminate guiding principles and related learning material on the organization of health systems based on primary health care and on the organization of primary health care in communities (III.32);
   
   (6) develop methods for assessing health technologies and for developing technologies that are appropriate to countries' specific needs (III.29-32);
(7) organize training on health systems development (III.33 & VIII.14),
particularly through facilitating TCDC;
(8) promote coordination within the health sector (III.34 & VIII.15);
(9) promote intersectoral action on specific matters (III.35 & VIII.16);
(10) give priority in the Organization's programmes to the essential
elements of primary health care (III.36 & VIII.20).
III. Promotion and Support

15. Governments will consider ways of strengthening their ministries of health or analogous authorities (IV.2).

16. Ministries or analogous bodies will:

(1) take initiatives to ensure the commitment of their governments as a whole to the implementation of the Strategy within the country (IV.3);
(2) make efforts to ensure the support of public figures and bodies as appropriate (IV.3);
(3) propose appropriate mechanisms for ensuring intersectoral action in support of the Strategy (IV.4);
(4) try to gain the support of economic planners and institutions (IV.7);
(5) make efforts to win over professional groups (IV.9-11);
(6) establish a permanent, systematic managerial process for health development as well as appropriate mechanisms to this end (IV.14 & 15);
(7) attempt to orient research towards solving problems required for the implementation of the Strategy (IV.19-22);
(8) disseminate information that is likely to influence various target audiences to support the Strategy (IV.26-28).

17. The regional committees will:

(1) consider the adoption of regional health charters if they have not already done so (IV.5);
(2) promote the Strategy among geopolitical groupings of countries in the region (IV.6 & VIII.5).

18. The Executive Board will take steps to ensure that the implementation of the Strategy is kept before the United Nations Economic and Social Council and the United Nations General Assembly. It will follow up the implementation of United Nations General Assembly resolution 34/58 on health as an integral part of development (IV.5).
19. The Health Assembly will review reports from the Board on the above-mentioned issues and will guide the Board with respect to further action required to promote and support the Strategy (IV.5).

20. The Director-General will:

(1) keep the United Nations Economic and Social Council and General Assembly informed of progress in implementing the Strategy and General Assembly resolution 34/58 on health as an integral part of development (IV.5), as well as General Assembly resolution 36/43 on the Strategy, adopted in November 1981;

(2) approach the executive heads of the organizations and bodies of the United Nations system with a view to having these other parts of the system take action to support the Strategy in their specific field of endeavour (IV.5 & VIII.16);

(3) approach geopolitical groupings of countries that transcend regional boundaries (IV.6 & VIII.5);

(4) approach bilateral and multilateral agencies with a view to ensuring economic support for the Strategy (IV.8 & VIII.6);

(5) provide information to nongovernmental organizations and attempt to win over professional groups through these organizations (IV.12 & VIII.7);

(6) provide support to the managerial process for national health development (IV.16-18 & VIII.13);

(7) ensure that the regional and global Advisory Committees on Medical Research become fully involved in support of the Strategy (VIII.12);

(8) ensure the dissemination of validated information on health matters to governments and to the public at large through the provision of appropriate technical and popular information material (IV.29-31 & VIII.8);

(9) seek all opportunities of facilitating TCDC in support of the Strategy (VIII.10);

(10) ensure the use of the Strategy in cooperating with other intergovernmental agencies to support the new International Development Strategy and the establishment of the New International Economic Order (VIII.9).
IV. Generating and Mobilizing Resources

21. Member States will mobilize all human resources to the utmost extent possible for the implementation of their strategy (V.2-7).

22. They will also mobilize all possible financial and material resources (V.9 & 10).

23. Those Member States requiring external funds in addition to their own resources will clearly identify those needs (V.10).

24. Countries will exchange information freely, and may reach specific agreements concerning their human resources relating to the Strategy, as well as financial and material matters, including alternative ways of financing health systems (V.8 & 11).

25. Developed countries will transfer resources to developing countries that are ready to devote substantial additional resources to health, and will review the nature of these transfers with a view to complying with the needs of the Strategy (V.11).

26. The regional committees will regularly review the needs of Member States in the region for international resource support (V.11).

27. The Executive Board will regularly review the international flow of resources in support of the Strategy (V.11).

28. The Health Assembly will encourage the international flow of resources in support of the Strategy and will use its influence to promote the sustained support of the more affluent countries to developing countries with well-defined strategies for health for all (V.11).

29. The regional committees, the Board and the Health Assembly will foster new forms bilateral and trilateral cooperation (VI.7).

30. To develop human resources for the Strategy the Director-General will take the measures indicated in the Global Strategy (V.8 & VIII.17 & 18).
31. To support the generation and mobilization of financial and material resources the Director-General will:

(1) facilitate information exchange on these matters (V.11);

(2) analyse health expenditures in countries, on the basis of information provided by them, and further estimate the order of magnitude of the financial needs of the Strategy (V.11-13 & VIII.19);

(3) support developing countries in preparing proposals for external funding for health (VIII.19);

(4) ensure that WHO's regional arrangements are used to identify needs and matching resources, and take further appropriate measures, including the convening of meetings of a Health Resources Group for Primary Health Care, with the aim of rationalizing the transfer of resources for health for all and mobilizing additional funds if necessary (VIII.19);

(5) report periodically to the Executive Board and Health Assembly on the international flow of resources in support of the Strategy.
V. Monitoring and Evaluation

32. Member States will:
   (1) introduce a process and establish the necessary mechanisms to
       monitor and evaluate their strategy (VII.1 & 2);
   (2) decide on the indicators they will use to monitor and evaluate their
       strategy (VII.3).

33. The regional committees will:
   (1) decide on indicators to monitor and evaluate the regional strategies
       if they have not already done so (VII.5);
   (2) monitor progress in implementing the regional strategies every two
       years (VII.7);
   (3) evaluate the effectiveness of the regional strategies every six years
       and update them as necessary in relation to the preparation of WHO's
       General Programmes of Work (VII.7).

34. The Executive Board will:
   (1) monitor progress in implementing the Strategy every two years
       following the monitoring of progress by the regional committees
       (VII.7);
   (2) review in intervening years reports on the implementation of the
       Strategy presented by the Director-General in accordance with resolu-
       tion WHA34.36;
   (3) evaluate the effectiveness of the Strategy every six years in relation
       to the preparation of WHO’s General Programmes of Work, following
       the evaluation of the regional committees (VII.7).

35. The World Health Assembly will review reports of the Executive
    Board resulting from the monitoring of progress and evaluation of effective-
    ness of the Strategy (VII.7).

36. The first progress review will be carried out by the regional committees
    in 1983. This will be followed by a progress review by the Board in
    January 1984 and by the subsequent Health Assembly in May 1984. The
first review of the effectiveness of the Strategy will take place in the regional committees in 1985 and in the Executive Board and Health Assembly in 1986.

Director-General

37. The Director-General will (VII.7):

(1) ensure the collection and analysis of information from countries on the indicators adopted for monitoring and evaluating the Strategy;

(2) provide support to countries in developing their capacities for collecting and analysing the information required to monitor and evaluate their strategies;

(3) publish progress reports as approved by the Health Assembly every two years starting from 1984;

(4) submit reports in intervening years to the Executive Board on the implementation of the Strategy in accordance with resolution WHA34.36;

(5) publish effectiveness reports, as approved by the Health Assembly, every six years starting from 1986;

(6) submit copies of the above progress and effectiveness reports to the United Nations Economic and Social Council and the General Assembly.
VI. Timetable

38. The following timetable for Member States, the governing bodies and WHO Secretariat covers the period up to the date of approval of the Eighth General Programme of Work by the Health Assembly in May 1987. The attention of the Board was drawn to the tightness of the timetable, for example, the submission of the first evaluation reports by Member States on the effectiveness of their strategies scheduled for March 1985. These are to be followed by a first assessment by the regional committees of the effectiveness of regional strategies in September 1985 and by a first assessment by the Board of the effectiveness of the Global Strategy in January 1986, and subsequently by the Health Assembly in May 1986. This timetable is proposed so that the results of a global evaluation will be available in time to permit any necessary updating of the Global Strategy before the Executive Board embarks on the preparation of WHO’s Eighth General Programme of Work in May 1986. However, to ensure proper evaluation by these dates will require the introduction of a suitable evaluation process in Member States as part of their managerial process for health development, including the use of at least the 12 global indicators included in the Global Strategy (VII.6). It will also require the proper application of the evaluation process in WHO. While these requirements may present difficulties, they also present an opportunity and a challenge to set the evaluation process in the right direction in countries and in WHO. Even if the products of the evaluation process are imperfect in the first instance, the very application of the process could help to ensure that the Strategy is being implemented as envisaged and that its course is corrected as necessary.
# Timetable for Implementing the Global Strategy

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<th>Member States</th>
<th>WHO governing bodies</th>
<th>WHO Secretariat</th>
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<td>May 1981</td>
<td></td>
<td>Thirty-fourth World Health Assembly: adoption of Global Strategy; request to Executive Board to prepare plan of action for implementing the Strategy</td>
<td>Director-General: support to Executive Board in preparing draft plan of action</td>
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<td>Executive Board, sixty-eighth session: preparation of draft plan of action</td>
<td>Global Programme Committee: review of Organization's role in facilitating technical cooperation and economic cooperation among developing countries</td>
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<td>June 1981 and onwards</td>
<td>Continuation of review of national health policies; continuation of preparation of national strategies; formulation of national strategies by those that have not already done so;</td>
<td>Regional Directors: support to governments in preparing and implementing national strategies</td>
<td>WHO programme coordinators and national WHO programme coordinators:</td>
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<td>Member States</td>
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<td>updating of national strategies as necessary in light of Global Strategy;</td>
<td>support to governments in formulating, implementing and evaluating national strategies and plans of action, and, where applicable, in seeking external resource support</td>
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<td>consideration of defining specific national targets; development of plans of action to implement their strategies</td>
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<td>July 1981</td>
<td></td>
<td>Director-General: presentation to the Economic and Social Council of Global Strategy and progress report on implementation of United Nations General Assembly resolution 34/58</td>
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| Second half of 1981 and onwards | Review of health systems — commencement or continuation; consideration by governments of ways of strengthening health ministries or analogous bodies; action by ministries of health or analogous bodies to ensure wide national commitment; action by ministries of health or analogous bodies to establish or strengthen the managerial process for national health development; | Director-General: reprint in *Health for All Series*:  
- report of the International Conference on Primary Health Care, Alma-Ata, USSR  
- Executive Board document on *Formulating Strategies for Health for All by the Year 2000*  
publication of:  
- Global Strategy for attaining health for all by the year 2000 |

1 See list on the inside of the front cover.
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<tr>
<td>Second half of 1981 and onwards (continued)</td>
<td>action to orient research towards priority problems of the Strategy; review of ways of mobilizing all possible human resources; review of ways of mobilizing all possible financial and material resources; identification of needs by those Member States requiring external sources of funds in addition to their own resources; review by developed countries of the level and nature of their international transfer of resources for health; introduction of process and mechanisms for monitoring and evaluating their strategies; selection of indicators for monitoring and evaluating their strategies; intercountry cooperation in support of health systems development—information exchange, research and development, training, economic cooperation; intercountry cooperation in regard to human, financial and material resources through exchange of information and through specific agreements</td>
<td>guiding principles for the managerial process for national health development in support of strategies for health for all by the year 2000; indicators for monitoring progress towards health for all by the year 2000; contacts with heads of organizations and bodies of the United Nations system to promote intersectoral action on the specific matters included in the Strategy; contacts with geopolitical groupings of countries that transcend regional boundaries; continuation or commencement of contacts with nongovernmental organizations concerning their role in implementing the Strategy; review of mechanisms for the exchange of information for promoting relevant research and development and appropriate technology, and for providing training in the development of health systems;</td>
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<td>initiative of activities for developing methods of assessing health technology;</td>
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<td>analysis of health expenditures in countries and further estimation of the order of magnitude of the financial needs of the Strategy;</td>
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<td>taking of appropriate measures for promoting the rationalization of the international flow of resources for the Strategy and for increasing the flow if necessary;</td>
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<td>review of policies and practices for the dissemination of validated information on health matters;</td>
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<td>promotion of dialogues to prevent the brain drain of health personnel</td>
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<td>Regional Directors:</td>
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<td>continuation or commencement of contacts with United Nations regional economic commissions;</td>
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<td>continuation or commencement of contacts with relevant regional nongovernmental organizations;</td>
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### Timetable

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<tr>
<td>Second half of 1981 and onwards <em>(continued)</em></td>
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<td>review of regional mechanisms for the exchange of information, for promoting relevant research and development and appropriate technology, and for providing training in the development of health systems; collation of information regarding people and groups who can provide support to the Strategy; support to developing countries in preparing proposals for external funding for health</td>
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<tr>
<td>September 1981</td>
<td></td>
<td>Regional committees: updating and adaptation as necessary of regional strategies in the light of the Global Strategy; seek government commitment, if they have not already done so, to implement, monitor and evaluate regional strategies; decisions concerning geopolitical groupings of countries and ways of promoting the Strategy through them; consideration of defining regional targets;</td>
<td>Regional Directors: support to regional committees in updating and adapting regional strategies as necessary; contacts with geopolitical groupings of countries as decided by the regional committees</td>
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<td>consideration of the adoption of regional health charters if they have not already done so; preparation of regional plans of action for implementing regional strategies and review of global plan of action; regular review of needs for international resource support; selection of indicators for monitoring and evaluating the regional strategy if they have not already done so; submission of appropriate recommendations concerning the Seventh General Programme of Work</td>
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<td>October 1981</td>
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<td>Regional Directors: ensuring implementation of regional plans of action</td>
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<td>Director-General: presentation of the Strategy to United Nations General Assembly and progress report on implementation of resolution 34/58</td>
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<td>December 1981</td>
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<td>Director-General:</td>
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<td>meeting with Health Resources Group for Primary Health Care with the aim of promoting the rationalization of the international flow of resources for the Strategy and increasing the flow if necessary, and submission of report thereon to the Executive Board</td>
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<td>January 1982</td>
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<td>Executive Board, sixty-ninth session:</td>
<td>Director-General:</td>
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<td>commencement of consideration of feasibility of adopting further or refined global targets;</td>
<td>report to Executive Board on presentation to the Economic and Social Council and the United Nations General Assembly;</td>
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<td>preparation of Seventh General Programme of Work in support of the Strategy;</td>
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<td>finalization of plan of action for implementing the Strategy;</td>
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<td>consideration of report by Director-General on his presentation to the Economic and Social Council and the United Nations General Assembly;</td>
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<td>review of the international flow of resources for the Strategy;</td>
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<td>review of Director-General’s report on health expenditures and the Strategy’s financial needs</td>
<td>report to Executive Board on health expenditures in countries and further estimation of the order of magnitude of the financial needs of the Strategy</td>
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<td>First half of 1982</td>
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<td>Director-General: consultation on methods of assessing health technology;</td>
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<td>issue of draft guiding principles and related learning material for the organization of primary health care in communities;</td>
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