

SASAKAWA HEALTH PRIZE

GUIDELINES

(as amended in February 2019)

1. The Sasakawa Health Prize consisting of a statuette and a sum of money, will be awarded for outstanding innovative work in health development (see Article 4 of the Statutes).
2. The Prize will be given to a person or persons, an institution or institutions, or a nongovernmental organization or organizations having accomplished notable advances in the health field in recent years, particularly since the promotion of the strategy for achieving health for all by the year 2000.
3. The Prize aims at encouraging the further development of outstanding innovative work in health development that has already been accomplished and extends far beyond the call of normal duties; it is not intended as a reward for excellent performance by a candidate of duties normally expected of an official occupying a government position or of a governmental or intergovernmental institution.
4. The following criteria will be applied in the assessment of the work done by the candidate/candidates:
 - (a) contribution to the successful formulation and implementation of the national policy and strategy for health for all;
 - (b) promotion of and substantial achievement in advancing given health programmes which have resulted in increasing primary health care coverage, and/or improving the quality of health care to the population, and a notable reduction of given health problems;
 - (c) contribution to increased efficiency and management of health systems; policy development, health legislation and ethics, within the framework of primary health care;
 - (d) innovative programmes to reach socially and geographically disadvantaged population groups;
 - (e) innovative efforts in training and education of health workers in primary health care;
 - (f) successful and effective efforts in involving communities in planning, management and evaluation of primary health care programmes;
 - (g) development and successful application of health systems research for the advancement of primary health care.

Some illustrative examples of the above are attached to these guidelines.

5. The candidate/candidates nominated for the Prize must be intimately and directly connected with the efforts and achievements in a given area and must have the possibility of remaining involved in the further development of this work.
6. As one of the main objectives of the Prize is to encourage the further development of such work, the candidate/candidates will be requested to indicate how the award funds would be used for this purpose. The recipient/recipients of the award will, where appropriate, be required to submit annually a report on work carried out to the Administrator of the Prize.
7. To facilitate the assessment of the work done and the accomplishments, the most recent and pertinent documentation directly related to the work should be submitted along with the nomination. Such materials should illustrate clearly the nature of work carried out, the results achieved, the difficulties and obstacles encountered, and the solutions proposed and implemented; they need not necessarily have been published in a

scientific or other journal. Inadequate or inappropriate documentary evidence of the work carried out will greatly handicap the Prize Selection Panel in the assessment of the candidature.

8. To further support the documentary evidence, if necessary, the Administrator, on behalf of the Prize Selection Panel, reserves the right to examine the work done by the candidate/candidates.

9. Current and former staff members of the World Health Organization, and current members of the Executive Board, shall be ineligible to receive the Prize.

10. If more than one candidate is considered eligible by the Prize Selection Panel and selected to receive the Prize, the sum will be proportionately distributed between them.

11. These guidelines will be reviewed and updated periodically as considered appropriate.

SASAKAWA HEALTH PRIZE

Illustrative examples of innovative work deserving consideration for the Prize

- The development of primary health care schemes managed by communities themselves
- Cooperation among communities in transferring the capacity to manage primary health care
- Joint ministry of health/university action to establish primary health care in rural communities and/or in deprived urban and periurban communities
- Voluntary schemes that have led to ensuring primary health care in deprived urban and periurban communities
- Development and maintenance of community action to improve the nutritional status of infants and young children
- Innovative schemes for ensuring safe drinking-water and basic sanitation in communities
- Health educational activities that have led to a healthier human environment and individual and community lifestyles
- Outstanding individual initiative that has given rise to the establishment and maintenance of primary health care in communities
- Outstanding examples of voluntary organizations undertaking the health care of underprivileged populations and individuals
- Outstanding examples of women who have made significant contributions to health and development
- Successful programmes for ensuring the availability and proper use of essential drugs to the mass of the population
- Programmes for ensuring the immunization of children as part of primary health care that have promise for attaining the target of the Expanded Programme on Immunization
- Successful examples of referral systems
- Successful examples of district organization of health systems combining preventive and curative measures in primary health care and in the supportive referral levels
- Schools of medicine, nursing, health sciences and the like that have reformed their curricula so as to train students technically and attune them socially in such a way as to make them competent to set up and to provide primary health care in communities and to guide and supervise community health workers with more limited training
- Institutions that are training nonprofessional health workers adequately for the tasks they have to perform in primary health care
- Innovative in-service training schemes for all categories of community health workers

- Health systems research that has led to a more rational distribution of resources between primary health care and the rest of the health system
- Health systems research that has resulted in the combined delivery through primary health care of formerly separated health programmes
- Health systems research that has reduced the cost of providing the same level of health care and thus released resources to expand the provision of primary health care through the country
- Epidemiological studies that have laid the information basis for the rational development of health systems based on primary health care
- Successful examples of the control of leprosy through primary health care as part of a national strategy for health for all