WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH - EAST ASIA

REGIONAL COMMITTEE

Thirty-fourth Session

Provisional Agenda item 15

SEA/RC34/6 Corr.1

4 August 1981

REGIONAL COMMITTEE DOCUMENT

PROGRESS REPORT ON THE SEVENTH GENERAL PROGRAMME OF WORK

Corrigendum

In the Annex to document SEA/RC34/6 dated 10 June 1981, please replace the existing Chapter 5 with the attached revised version.

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

DGO/81.2 Rev.1 Corr.1

23 July 1981

MATERIAL FOR THE PREPARATION OF THE SEVENTH GENERAL PROGRAMME OF WORK (1984-1989 INCLUSIVE)

REVISED CHAPTER 5

(replacing pages 24-34 of document DGO/81.2 Rev.1)

Following further reflection by the Director-General, Chapter 5 has been revised to express with greater force the supreme role of Member States in the work of the Organization, technical cooperation among countries facilitated and supported by WHO, and in the light of these factors the unique mission and role of WHO, particularly at the country level. In addition, the overriding importance to oe accorded to the development and operation of health system infra-structures based on primary health care has been given greater emphasis.

CHAPTER 5: GENERAL PROGRAMME FRAMEWORK

5.1 Programme principles

Taking into account the world health situation in relation to the world socioeconomic situation as described above, the Seventh General Programme of Work covering a specific period will consist of the support WHO can provide to the strategies for health for all during the period 1984-1989 inclusive. WHO's programmes will be oriented towards defined goals and tasks during this period and will include those major fields of activity which have been identified as fundamental in these strategies. These programmes will be sufficiently flexible to integrate global priorities with regional characteristics and individual country needs and to take into account any shift in priorities during the period considered. They will also take into consideration the need for collaboration in all other national and international efforts in the field of socioeconomic development and health. They will be a blend of country, intercountry, regional, interregional and worldwide activities, making use of the unique position and role of WHO in the development of world health, as well as its statutory, financial, and other possibilities.

Therefore the various programmes, activities, services and functions developed by the Organization within the Seventh General Programme of Work covering a specific period should comply with the following principles.

(1) they should correspond to the major functions of the Organization as defined by Article 2 of the Constitution and in particular by the Twenty-third World Health Assembly in its resolution WHA23.59 and by the Thirty-third World Health Assembly in its resolution WHA33.17;

(2) they should be guided by the principles of the Alma-Ata Declaration and by the report of the International Conference on Primary Health Care held in Alma-Ata in 1978;

(3) they should meet defined criteria in regard to quality of planning and management as expressed in previous decisions of the Executive Board and the World Health Assembly, and as reflected in the growing experience of the Organization; and specifically in regard to the rationale for selecting programme areas for WHO's involvement, programme approaches for attaining the objectives of these programme areas, the organizational level or levels for implementation of programme activities, and the type of resource to be deployed;

(4) they should, to the extent possible and wherever applicable, have quantified characteristics and country-oriented targets against which their progress could be assessed by the regional committees, the Executive Board and the Health Assembly. They should concentrate on those problems or fields of activity which have been identified as priorities for the implementation of national, regional and global strategies for health for all by the year 2000.

5.2 Programme criteria

One of the programme principles included in section 5.1 above states that the general programme of work should meet defined criteria and specify the types of criteria to be used. The selected criteria that follow are intended for use by countries, regional committees, the Executive Board, the World Health Assembly and the Secretariat. They represent the main types of criteria necessary for arriving rationally at decisions, although it is not intended that all of them should be applicable simultaneously. The basic criterion of giving priority to problems of developing countries is emphasized, greatest support being given to least-developed countries and to the needs of the economically and socially underprivileged wherever they may be.

(i) Criteria for selection of programme areas for WHO involvement

(a) The problem with which the programme area is concerned is clearly identified;

(b) the underlying problem is of major importance in terms of public health, in view of its incidence, prevalence, distribution and severity; or in terms of its related adverse sociocultural and economic implications;

(c) the programme is of high social relevance and responds to identified components of national, regional and global strategies for health for all;

(d) there is a demonstrable potential for making progress towards the solution of the problem;

(e) there is a strong rationale for WHO's involvement because the programme area is specifically mentioned in the Constitution, or resolutions of the World Health Assembly, Executive Board and regional committees; WHO's involvement has been clearly indicated in national, regional and global strategies for health for all; WHO's involvement could have a significant impact on the promotion of health and improvement of the quality of life; WHO's involvement will promote self-sustaining programme growth at national level; the problem requires international collaboration for its solution; the programme

has potential for generating intersectoral action for health development; or WHO's status as a specialized agency of the United Nations system requires collaboration with other agencies of the system for the solution of the problem;

(f) WHO's non-involvement would have serious adverse health repercussions.

(ii) Criteria for determining organizational level or levels for implementation of programme activities

The following criteria are aimed at helping to determine at which organizational level or levels programme activities should take place.

(a) Country activities should aim at solving problems of major public health importance in the country concerned, particularly those of underserved populations, and should result from a rational identification by countries of their priority needs through an appropriate managerial process. They should give rise to the establishment and sustained implementation of country-wide health programmes.

(b) Intercountry and regional activities are indicated if: similar needs have been identified by a number of countries in the same region following a rational process of programming; the pursuit of the activity as a cooperative effort of a number of countries in the same region is likely to contribute significantly to attaining the programme objective; countries practising TCDC/ECDC, whether developing countries cooperating among themselves, developed countries doing so, or developed countries cooperating with developing countries, have requested WHO to facilitate or support such cooperation; for reasons of economy the intercountry framework is useful for pooling selected national resources, e.g. for the provision of highly skilled technical services to countries; the activity encompasses regional planning, management and evaluation or is required for regional coordination; or the activity is an essential regional component of an interregional or global activity.

(c) Interregional and global activities are indicated if: similar requirements have been identified by a number of countries in different regions following a rational process of programming; the activity consists of facilitating or supporting technical cooperation among countries in different regions, and its pursuit is likely to contribute significantly to attaining the programme objectives; for reasons of economy the interregional framework is useful for

pooling selected resources, e.g. for the provision of highly specialized and scarce advisory services to regions; the activity encompasses global planning, management and evaluation; the activity is required for global health coordination and for central coordination with other international agencies.

(iii) Resource criteria for programme activities

(a) The programme activity can be satisfactorily developed and maintained by Member States at a cost they can afford.

(b) The programme activity is likely to attract external resources from bilateral, multilateral or nongovernmental sources to well-defined national strategies for health for all, particularly in developing countries, but also as necessary to WHO in support of such strategies.

5.3 Approaches

An approach is understood in this general programme of work as a means, expressed in broad terms, for attaining an objective. There are various means for attaining the same objective, and ideally each of them should be considered separately and in conjunction with others in order to arrive at what appears to be the best combination at the lowest cost. Some approaches for attaining health objectives lie outside the health sector, for example, housing or development schemes which sweep away the ecological factors creating disease situations.

Within the health sector very many approaches are available. WHO, in view of its international nature and limited resources, is unable to apply all of them, but it is attempting to broaden its conceptual armamentarium and extend its technical and managerial skills for the purpose. It is in a unique position to promote international political action for health, encourage action by other social and economic sectors, and coordinate the channelling and use of external resources for health.

Two general approaches will be especially emphasized in the Seventh General Programme of Work, namely: coordination and technical cooperation. These two approaches, which constitute the inseparable essence of WHO's role in international health work conferred on it by its Constitution, can on no account be considered as being separate. On the contrary, their mutual support will form part of every programme, as recognized by resolution WHA34.24 on the meaning of WHO's international health work through coordination and technical

cooperation. The mutually supportive application of these approaches can be summed up as fulfilling the coordinating role of collective generator and guardian of international health policy and the technical cooperation role of working together with countries to apply that policy.

The meaning of WHO's international health work can best be reflected by a consideration of WHO's unique constitutional mission; the Organization was created as the intimate international health partner of every Member State, indeed as an international extension of each country's health sector and the collective expression of the health aspirations and actions of all Members. WHO acts both as a neutral platform which enables Member States to take collective decisions on health policies, doctrines and programmes, and as a vehicle which enables them to cooperate with their Organization and among themselves in putting into practice what they have decided collectively. It is this combination of worldwide coordination in health matters and cooperation in applying the fruits of these coordinated efforts that gives rise to the uniqueness of WHO's role in international health.

The distinctive features of coordination and technical cooperation, and the ways in which they support each other, are illustrated in further detail in the paragraphs that follow.

(a) Coordination

The first of the Organization's twenty-two constitutional functions is "to act as the directing and coordinating authority on international health work". Whereas WHO's technical cooperation is primarily a process of two way action between WHO and its Member States, WHO's coordinating function in international health is carried out primarily through the collective action of its Member States. This collective action takes place in the Health Assembly, the Board, and the Regional Committees, with the support of the Secretariat, as prescribed in the Constitution. These structures are supported by a wide range of mechanisms for providing scientific, technical and managerial expertise, whose generation or synthesis WHO coordinates on a worldwide scale. The application by individual Member States of policies and principles adopted collectively by them in WHO illustrates well the voluntary acceptance of the Organization's leadership role in international health work. This role is a proper manifestation of direction and coordination, a function of WHO made possible by the fact that it is fulfilled through the collective action of Member States.

Coordination implies, essentially, WHO leadership aimed at bringing to bear the right solution on the right problem with the right amount and quality of resources at the right time and place.[1] It thus lies within the Organization's

[1] WHO Official Records, No. 233, 1976, Annex 7, page 73.

coordinating function to identify health problems throughout the world that deserve high priority and for whose solution international action is required. The right solutions include the formulation of socially relevant international health policies in response to these problems, the definition of principles, capable of local adaptation, for interpreting policies and the development of international strategies, plans of action and programmes for giving effect to these policies. They also include the reaching of agreement on priorities for implementation. In support of the above, the Organization's coordinating function encompasses the promotion of health research and development, and the definition of the scientific and technical bases for health programmes, including norms and standards. It does so through identifying the world's most important health research goals and promoting the collaborative efforts of the world's most suitable health research workers to fulfil these goals. The right place for WHO's activities is principally within countries, activities at other levels supporting country endeavours. As for the right time, this implies a forward-looking approach.

As part of its coordinating function, the Organization tries to match needs in some countries with resources in others and to mobilize, rationalize and secure the international transfer of resources accordingly. The coordinating function also includes the strengthening of relationships with international nongovernmental organizations working in the health sector. In addition, it includes joint action with other sectors at the international level, both inside and outside the United Nations system, in common endeavours for health and socioeconomic development.

An important aspect of WHO's coordinating function is the generation and international transfer of valid information on health matters, the Organization serving as a neutral ground for absorbing, distilling, synthesizing and disseminating information that has practical value for countries in solving their health problems. In this way, WHO can provide the world with an objective assessment of what is really valuable for health development, and it can identify those health problems for which there is as yet no suitable answer. The Organization also has an important role in ensuring the proper use of this information. This last aspect forms part of WHO's technical cooperation functions, and the complementarity of these two aspects of information transfer also illustrates well the mutually enhancing nature of the Organization's two major functions of coordination and technical cooperation.

(b) Technical cooperation

Technical cooperation implies joint action of Member States cooperating among themselves and with WHO to achieve their common goal of the attainment by all people of the highest possible level of health, and in particular the goal of health for all by the year 2000. Member States can best attain these goals by implementing the policies and strategies they have defined collectively in WHO. Technical cooperation is characterized by equal partnership among cooperating parties, developing and developed countries alike, WHO and, where applicable, other intergovernmental bilateral, multilateral and nongovernmental organizations participating in technical cooperation; respect for the sovereign right of every country to develop its national health system and services in a way that it finds most rational and appropriate to its needs; mobilizing and using all internal as well as bilateral and other resources to this end; and for this purpose making use of scientific, technical, human, material, information and other support provided by WHO and other partners in health development. Cooperating parties are mutually responsible for carrying out jointly agreed decisions and obligations, exchanging experience and evaluating results obtained both positive and negative, and making the information thus generated available for the use and benefit of all.

There are four interlinked types of technical cooperation, which together form an organic whole. Their characteristics are outlined below:

Technical cooperation between WHO and its Member States is an approach whereby Member States cooperate with their Organization by making use of it to define and achieve their social and health policy objectives, through programmes that have been determined by their needs and that are aimed at promoting their self-reliance for health development. WHO's role in technical cooperation between itself and and its Member States is thus to support national health development that has been defined in countries by countries in line with policies adopted collectively in WHO.

Technical cooperation among developing countries (TCDC) means cooperation between two or more developing countries.[1] This cooperation is for the purpose of social and economic development and is part of the drive of these countries towards individual and collective self-reliance. The United Nations Conference on TCDC, held in Buenos Aires in the second half of 1978, considered TCDC as a vital force for initiating, designing, organizing and promoting cooperation among developing countries so that they can create, acquire, adapt, transfer and pool

[1] Since technical cooperation and in particular TCDC are essential approaches to be applied throughout all programmes they are not mentioned specifically in each programme described in Chapter 7, to avoid repetition.

knowledge and experience for their mutual benefit and for achieving national and collective self-reliance, which are essential for their social and economic development. TCDC in the field of health encompasses the examination by each country of its own needs, the review of existing resources and capabilities and, through discussion and mutual agreement with other interested countries, the selection of ways and means for the exchange and transfer of specific resources which lend themselves to cooperative activities and joint ventures. This might include, for example, the production, procurement and distribution of essential drugs and medical equipment, the development of low-cost technology for water supply and wastes disposal, joint training programmes for manpower development, and collaborative research. Whereas the financing of TCDC activities should be mainly the responsibility of the countries themselves, WHO may cover certain costs required to facilitate such activities. TCDC for health may take place without WHO involvement. At the same time, WHO has a duty to support countries in their cooperative endeavours for health, and will do so whenever the opportunity arises and the countries concerned are interested in WHO's involvement. Indeed, such support to the cooperative endeavours of countries should be the basis of WHO's intercountry activities.

Mention should also be made of technical cooperation among developed countries, in which WHO will continue to be an active catalyst of cooperation with respect to a wide range of health problems of particular interest to them. Such cooperation often takes the form of intercountry activities carried out under the aegis of WHO at minimal cost to the Organization. WHO also maintains technical relationships with geopolitical groupings of developed countries, such as the Council for Mutual Economic Assistance (CMEA) and the European Economic Community (EEC).

Finally, a fourth type of technical cooperation for health is technical cooperation between developed and developing countries. Such cooperation has been a feature of international health for many decades, but in recent years it has been taking a new form of trilateral or multilateral cooperation for health development, which is in keeping with the principles of the New International Economic Order.

Well established approaches, such as the formulation of standards and norms and the development, adaptation, application and transfer of appropriate methods and techniques which are socially relevant to countries, will continue to be used by the Organization. To this end scientific research, whether biomedical or behavioural in nature, will be widely promoted and efforts made to foster collaboration among research workers in national institutions, and thus help to build

up national capabilities and national infrastructures for health research. Technology used for medicine and health will be assessed and efforts made to arrive at health technology appropriate for countries with different socioeconomic and epidemiological characteristics.

WHO will pursue the promotion of international understanding of the concepts of the strategies for health for all by the year 2000 and of health systems based on primary health care, and will offer a permanent forum for the formulation of further international policies for health and social development. A related approach will be collaboration with other organizations and institutions for this purpose, especially within the framework of the New International Development Strategy for the Third United Nations Development Decade with a view to establishing and maintaining the New International Economic Order. Wider and closer collaboration will take place with nongovernmental organizations.

The following are illustrations of approaches that might be used at country level.

It is again stressed that the fundamental approach is to induce governments to make WHO their active partner in matters of health by carrying out individually the policies they have agreed on collectively in WHO. This implies in particular using the Global Strategy for Health for All by the Year 2000, which reflects national and regional strategies, and which was agreed upon collectively in the World Health Assembly, in order to develop and implement national strategies for health for all.

To do so implies using WHO's resources to promote relevant country-wide programmes with in-built self-sustaining growth, health infrastructures based on primary health care, technology and behavioural alternatives that are appropriate to the conditions of the country concerned, the requisite intersectoral action, and adequate community involvement in shaping and controlling the health system. From this description, it is clear that the emphasis must be on the development and operation of national activities for health development, by which "government execution" is self-evident. However, the government may wish WHO to cooperate closely in the planning and implementation of some of these activities, and WHO may even agree to considerable participation in the implementation of some of them during their initial phase until such time as national personnel and other national resources can fully take over, provided this takes place as an integral part of, and does not undermine, government execution.

In addition to government execution of national health programmes in whose planning or implementation WHO is cooperating, national personnel in health and related fields should be engaged to a greater extent in the work of WHO at regional and global levels, and exchange of national health staff and experts more widely carried out.

One of the prerequisites for promoting health is the formulation of national health policies, strategies and plans of action. Methodological support will need to be strengthened in relation to these. Of great importance in this connexion is the application of an appropriate managerial process for national health development and the related health systems research. Legislation too is often required for the implementation of national health strategies.

Fostering of community involvement in the development and control of health strategies and of the delegation of responsibility and authority to communities to organize their own primary health care or selected elements of it is crucial for the success of these strategies. Public education and information on health is essential to stimulate people's interest in the promotion of their health and political interest in solving health problems. But such information is often inaccurate and sensational. WHO should be more active in helping ministries of health to provide accurate yet stimulating information on health to the mass media.

Of equal importance is the fostering of intersectoral action through cooperation between ministries of health or analogous authorities and other ministries concerned, for example by establishing multisectoral national health councils, interministerial committees, arrangements between ministries of health and other ministries and sectors concerned. Particular attention will therefore be given by WHO to collaborating with countries on the development of measures for promoting health to be taken in other sectors. These may be political, social, economic, cultural, or educational in nature. In all these endeavours, maximum use will be made of existing individuals and institutions in both the health and other sectors.

The provision of fellowships and of support to training courses and institutions continue to be important approaches for training national health personnel. To be effective, fellowships and training courses should conform to coherent national plans for health manpower development, based on health services' needs. The role of external consultation has changed as technical assistance has given way to technical cooperation. Whenever external consultation is required, it should take the form of cooperative review with the national health administration or institution concerned, and should make use of valid information generated through WHO or agreed upon collectively in WHO.

National health authorities, institutions and individual scientists will be widely consulted in order to identify research requirements and will be selectively invited to collaborate in the pursuit of relevant research. In view of the importance of reducing the time lag between scientific and technological discoveries and their practical application, WHO will make special efforts to ensure that the knowledge of scientific and technological advances that it is accumulating becomes widely known at national level for possible application.

The need for collaboration with other organizations and institutions at the country level as well as at regional and central levels is becoming increasingly recognized. Such local collaboration should facilitate the channelling of the attention and resources of these organizations into priority health programmes at national levels. The channelling of other resources towards national, regional and global priorities identified in the strategies for health for all by the year 2000 can be one of the most effective approaches of the Organization during the Seventh General Programme of Work, as it is recognized that most developing countries will find it difficult to finance completely with their own resources the programmes and plans of action emanating from their strategies.

5.4 Classified list of programmes

The general programme of work provides a framework for the Organization's total programme; this is made up of a number of specific programmes, each consisting of an organized aggregate of activities directed towards the attainment of specific objectives. It is possible to group such activities in smaller or larger aggregates and to call any of these aggregations a "programme". An "optimal size" has to be defined, so that the programme can be powerful enough to have an effect, yet of such a size as to be properly manageable. The definition of such "optimal sizes" is arbitrary. Moreover, similar programmes can be grouped under broader headings if deemed necessary. The totality of the programmes organized as described above is called a "classified list of programmes". The principal programmes of the Seventh General Programme of Work have been organized in such a classified list. The list will be used not only for the general programme of work but also for all the components of the WHO managerial process: medium-term programming, programme budgeting, financial control, evaluation and information support, as well as for certain other administrative purposes.

While no universal blueprint of a health system can be imposed on countries, the classified list of programmes adopted for the Seventh General Programme of Work reflects a generalized model of support to national health systems, organized in such a way as to facilitate the development and operation of health systems based on primary health care in conformity with the Alma-Ata Report and the Global Strategy for Health for All by the Year 2000. In addition, the model includes programmes that are specific to the management of WHO. The classified list comprises four broad interlinked categories:

- direction, coordination and management,
- health system infrastructure,
- health science and technology, and
- programme support.

Close interaction will take place between these programmes as necessary, with a view to supporting the build-up by countries of comprehensive health systems based on primary health care.

These categories of programmes will have the following broad functions:

Direction, coordination and management will concern itself with the formulation of the policy of WHO, and the promotion of this policy among Member States and in international political, social and economic fora, as well as the development, coordination and management of the Organization's general programme.

Health system infrastructure will aim at establishing comprehensive health systems based on primary health care and the related political, administrative and social reforms, including a high degree of community involvement. It will deal with:

- the establishment, progressive strengthening, organization and operational management of health system infrastructures, including the related manpower, through the systematic application of a well defined managerial process and related health systems research, and on the basis of the most valid available information;

- the delivery of well-defined country-wide health programmes,

- the absorption and application of appropriate technologies that form part of these programmes; and

- the social control of the health system and the technology used in it.

Now that the principles for developing health systems based on primary health care have been made abundantly clear in the Alma-Ata Report and the Global Strategy for Health for All, overriding emphasis will be given in the Seventh General Programme of Work to providing support to the reinforcement of the infrastructures of such national health systems, for without such infrastructures national strategies for health for all will remain paper strategies. Those dealing with all other programmes will therefore always have to bear in mind the technical, social and economic feasibility of having

them delivered by the health infrastructure. They will have to do so in close consultation with those dealing with health infrastructure programmes, for the health infrastructure cannot remain a mere passive receptacle for health programmes and the technology applied in them; in the final analysis, it is the infrastructure that has to deliver these programmes and apply the technology. So it must be involved actively in the preparation of country-wide programmes and must take the lead in forging the different programmes into a unified system. WHO's programmes will give supreme attention to fostering and supporting this process.

Health science and technology, as an association of methods, techniques, and equipment together with the research required to develop them, constitutes the content of a health system. Health science and technology programmes will deal with:

- the identification of technologies that are already appropriate for delivery by the health system infrastructure;

- the research required to adapt or develop technologies that are not yet appropriate for delivery;

- the transfer of appropriate technologies;

- the search for behavioural alternatives to technology; and

- the related aspects of social control of health science and technology.

They will thus involve a high degree and wide variety of scientific research, aimed at the validation, generation and application of knowledge, and will include the identification and definition of standards and norms. Since the identification, development, transfer and application of appropriate technology will be an integral part of every programme, there will be no separate programme of "Appropriate Technology for Health".

Programme support will deal with informational, organizational, financial, administrative and material support.

The classified list of programmes, giving the order in which the programmes will be presented in the programme budget, is attached as an Annex.

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