WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

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EXECUTIVE BOARD

Sixty-third Session

C O R R I G E N D U M

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WORLD HEALTH ORGANIZATION
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EB63/SR/19
20 January 1979

EXECUTIVE BOARD

Sixty-third Session

PROVISIONAL SUMMARY RECORD OF THE TWENTIETH MEETING

WHO Headquarters, Geneva
Saturday, 20 January 1979, at 14h30

CHAIRMAN: Professor J. J. A. REID

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MEMBERS AND OTHER PARTICIPANTS

(For list of members and other participants at the sixty-third session, see separately issued document of 15 January 1979.)

NINETEENTH MEETING

Saturday, 20 January 1979, at 14h30

Chairman: Professor J. J. A. REID

1. REPORT OF THE DIRECTOR-GENERAL ON THE INTERNATIONAL CONFERENCE ON PRIMARY HEALTH CARE: Item 21 of the Agenda (Document EB63/21) (continued)

FORMULATING STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000 (REPORT OF THE PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD): Item 1 of the Supplementary Agenda (Documents EB63/42 and EB63/47) (continued)

The CHAIRMAN invited the Board to resume its consideration of the document of the Programme Committee of the Executive Board (document EB63/47).

Section I, Introduction

Section II, Basic principles

Dr M'BAÏTOUBAM endorsed Dr Venediktov's view that the name of Alma-Ata had now become synonymous with primary health care; the almost total participation of Member States had given its Declaration worldwide dissemination. The time had accordingly come for action in drawing up strategies towards the lofty aim of health for all by the year 2000. These strategies should be planned in the greatest detail and should represent a process which was initiated in the countries and then built up towards the regional and headquarters levels in turn. He stressed the vital part which the regions could play in that process. Operational studies should be initiated at the country level so as to ensure the active participation of those most directly concerned, which would in itself provide the best guarantee for success. He was therefore strongly in favour of setting up national centres for health development.

Dr FARAH believed that the document under consideration was of great importance in that it reflected, as a coherent whole, the results of all the various studies carried out over the years on the topic. It was useful, after the enthusiasm generated by the Alma-Ata conference, to draw countries' attention to the various individual aspects which could together favourably influence the achievement of WHO's goal. He stressed the close link between practical implementation and the theoretical establishment of priorities, which was vital to success in following the strategy. At the national level, action should conform closely to the priorities set by governments based on considerations relating to health rather than of a political nature.

Dr ACOSTA said that all were in agreement that the Alma-Ata conference constituted an international commitment to the cause of primary health care. He wished to revert to his favourite theme of appropriate mechanisms, since, in the present context, it was useless to talk about political will if the appropriate mechanisms to ensure its effectiveness were not brought into existence. The document under consideration had rightly stressed the valuable role to be played by national health ministries; other ministries also would have to be closely involved.

The two items being discussed were extremely attractive subjects. Hence he felt it necessary to sound a note of caution since there was always the risk, where allocation of funds were concerned, that politicians might try to exploit their popular appeal. It was therefore essential for appropriate strategies to be drawn up so as to ensure that the programme endorsed by WHO really worked towards the intended goal.

Dr GALEGO PIMENTEL also emphasized the importance of the Alma-Ata conference as an historical milestone towards the achievement of world health. Criteria had been established in the field of primary health care, which would provide the key for reaching the goal of health for all by the year 2000. The goal was both ambitious and complex, and immense efforts would be called for.

It was hard to overestimate the need for evolving satisfactory national strategy, and that point had been well expressed in document EB63/47. However, it seemed to her that insufficient emphasis had been placed, in paragraphs 3 and 6, on the role of WHO itself, which was vital to success. The report was helpful in that the flexible nature of its contents could be adapted to all countries at varying stages of development. It would be desirable for the document to be refined and adjusted for regional use so as to make it applicable to the needs of groups of countries in a particular region without in any way detracting from its global character.

She endorsed the value of the proposed national centres for health development, which should fully reflect the needs and resources of the country concerned. At a later stage, it would be extremely important to ensure adequate monitoring and evaluation of strategies at the regional level as well as by the Health Assembly and Board.

Dr VIOLAKI-PARASKEVA believed that the document pointed the way to be followed in reaching WHO's goal. There was of course a wide variation between countries of the level of health considered acceptable, but there was broad acceptance of the view that primary health care represented an integral part of health services. She agreed that the participation of all sectors at the national level would be necessary if health for all by the year 2000 were to become a reality, since it was impossible to isolate health. Paragraphs 28 and 29 of the document correctly emphasized the type of action needed and where responsibilities should lie. WHO had a vital catalytic role at the national, regional and global levels, and she wished to lay particular stress on the importance of regional action.

Professor DE CARVALHO SAMPAIO fully agreed with the basic principles enunciated and expressed appreciation to those who had worked towards the adoption of a new approach. The difficulties of implementing a primary health care programme were immense and, in that connexion he strongly emphasized the vital need to maintain the present spirit of enthusiasm. He reminded members of the loss of enthusiasm which had occurred with the malaria eradication programme after a number of years. The present task was also an extremely long-term undertaking, calling for perseverance.

The collaboration of all would be essential, and the attitude of mind of cooperating health professionals was of prime importance. Furthermore, every effort should be made to provide health workers in the primary health care field with adequate status so as to attract the right type of person.

Section III, Formulating national policies, strategies and plans of action

Dr AUNG THAN BATU, commenting on the time frame under paragraph 30, emphasized first of all that the goal of health for all was not in fact a new concept as its basic principle was embodied in the Constitution of the Organization. Its most innovative aspect was setting a deadline of the year 2000. However, he noted the absence of any guidelines regarding the time frame within which the achievement of the various stages towards the ultimate aim could be anticipated. While he appreciated the difficulties of arriving at any such projected timetable, it would nevertheless be helpful for countries if some tentative indicative timetable were to be drawn up, at least on a regional basis. It would be valuable if WHO action could be linked with the other main activities being undertaken by the United Nations system, such as the Decade for Safe Drinking-Water Supply. He also agreed with the suggestion made by Dr Venediktov regarding a country model.

Dr BRYANT believed that the document as it stood placed insufficiently strong emphasis on the problems existing at the country level. While the important step of delineating problems was implicit in all country action, some reference, possibly in paragraph 16, to aspects such as causes of ill health and the degree of adequacy of health services, would be useful.

He referred to economic forecasts published by the World Bank according to which the economic growth expected would not be such as to have eradicated poverty by the year 2000, so that it would appear that WHO might have to seek to achieve its goal in the face of severe economic constraints. While he appreciated the limitations of forecasting, since a surprise element could always exist, past experience could help in a better understanding of the present. That World Bank study, which defined absolute poverty as represented by an annual income of less than US$ 50 per person, estimated that 770 million persons, or 37% of the population living in the developing countries were now existing in absolute poverty, and that by the year 2000 approximately 17% of the population, which in fact meant some 600 million persons because of the rise in population, would fall into that category. Assuming a very high rate of economic growth, however, that figure could conceivably drop to approximately 260 million in respect of the year 2000. Those figures underscored the magnitude of the task facing WHO. The point he wished to make in that respect was that that state of poverty should not be regarded as a total obstacle to WHO's goal, and that every endeavour should be made to pursue the aim of health development ahead of economic development, if need be. That had indeed been achieved in some relatively poor countries, by such methods as the reallocation of resources within the health sector, the creative use of local technology, appropriate technology, and new low-cost approaches, and he thought that the document should refer to the desirability of persevering with health development whatever the level of economic progress.

Commenting on paragraph 59, which referred to a minimum life expectancy of 60 years or more at birth, and a maximum infant mortality rate of 50 per thousand live births as indicators that the health status of the population had become a decreasing burden on development, he expressed some concern as to the manner in which such numerical targets were being used, although he was of course aware that there was no intention of implying that their attainment precluded the necessity for certain countries of moving ahead with their health efforts. He suggested, accordingly, that a more appropriate target would be, for instance, that of reducing by half the infant mortality rate by the year 2000. It might also be desirable to specify that the aim should also be to reduce by half the discrepancy between the average mortality rate as compared with the rate obtaining in respect of the less favoured sector of the population. Furthermore, that type of indicator should introduce a more dynamic element into the formulation.

A fundamental point he wished to raise was that all countries, developed and less developed, should be seen as pursuing the goal of health together, and that there should be no arbitrary finishing line in a race towards health for all, any indicators and goals embodying sufficient flexibility and dynamism at all levels so as to make that clear. He would be glad to know whether the Director-General concurred in his own view that there was never any end in sight to the race.

Professor AUJALEU, referring to paragraphs 44 and 45, emphasized the need to safeguard the authority of national health ministries in respect of any national health councils and national centres for health development it was proposed to set up. He believed that, in both cases, they should have an essentially advisory character and that decisions should rest with the political authority, although he entirely agreed as to the desirability of instituting such bodies. Flexibility in adjusting those councils and centres to the particular needs of the country concerned was necessary, but, in his view, the political and technical authority of national health ministries should always be protected. Furthermore, national centres for health development should be directly subordinated to health ministries rather than servicing national health councils, as would appear from paragraph 45.

Dr VENEDIKTOV agreed with Professor de Carvalho Sampaio regarding the need to maintain enthusiasm for the primary health care programme; without that, it would surely fail. Support and confidence could only be maintained by beginning to implement the programme.

It would be helpful if details of the World Bank's economic forecasts, to which Dr Bryant had referred, could be made available to members of the Board. He had already stressed in the past the need for WHO to compile a summary of the forecasts made by various international bodies concerning future developments in science and socioeconomic development, to be used in discussing objectives for the future. He himself rather doubted whether the developing countries would be willing to wait until the year 2000 for the proportion of the population living in absolute poverty to be reduced to 17%; they would no doubt seek some more rapid, revolutionary change. It was, however, clear that, if WHO's goal of health for all by the year 2000 was to be reached, the rate of development of the health sector must be considerably increased, and efforts to obtain more support for that sector must be intensified.

He shared the concern expressed by Dr Bryant regarding the indicators mentioned in paragraph 59. Statistical data concealed differences between countries and between different sections of a country's population. Such data might be very useful, but should not be used as targets for WHO's programme. He also agreed with Dr Bryant regarding the need for all countries to pursue the goal actively.

He agreed with the remarks made by Professor Aujaleu concerning national health councils and the need to protect the authority of ministries of health. However, the establishment of such councils, including the ministers of finance, education and others, under the chairmanship of the minister of health, might well serve a valuable function in some countries. Examples could perhaps be given of countries in which such councils had been established and were functioning successfully; their experience might well be useful for other countries.

Dr KASONDE said that, in developing national and possibly international strategy, some thought should perhaps be given to why it had not been done earlier. He did not think it was for lack of political will, particularly where the developing countries were concerned. In any event, there was a tendency to forget that the political will of another country could be even more relevant to national health services than that of the country concerned. In his view, therefore, the question must be considered in the international context, in which connexion it would be interesting to know why the Alma-Ata conference had been organized by WHO and UNICEF rather than by the United Nations. Then again, nations might have the will, but did they have the resources? And, more important still, were the resources available at the world, as opposed to the national, level properly redistributed?

The health development centre was an extremely interesting idea, although he felt that there might be a risk of divorcing health from overall development. Such centres should either be development centres in the total sense or have strong links with overall development. On no account should they be isolated or they would be doomed.

He had been somewhat surprised to hear it suggested that a centre for primary health care should be set up in Alma-Ata, since he understood that WHO had responsibility in the matter. At the same time, he considered it essential to implement an independent primary health care programme since he did not accept the idea that, since primary health care cut across all the other programmes, it did not need a programme of its own.

Lastly, he considered that the formulation of global strategy should start immediately and not after national strategies had been formulated.

Dr ABDULHADI, referring to the proposals regarding national health councils, said that the participation of all the various sectors linked to health, directly or indirectly, was absolutely essential if WHO was to attain its objectives. The Declaration of Alma-Ata contained a clear statement to that effect in paragraphs VII, 3 and 4. The eradication of any disease called for the joint intervention in a partnership endeavour of all the services involved. National health councils had a vital role to play in that they enabled the municipal authorities to collaborate with the ministry of health, each working efficiently within their specific area of competence.

Dr VENEDIKTOV said that possibly Dr Kasonde had not understood him correctly. In suggesting that a centre be set up in Alma-Ata, he did not mean that the centre should be responsible for the global primary health care programme, which was of course the role of WHO and its regional offices. Collaborating centres fulfilled certain functions which it was difficult to carry out at headquarters or at the regional offices - for example, preparing documents and carrying out research. It might be useful to establish a network of such centres for primary health care throughout the regions, and he thought that Alma-Ata could be the site of one of them. It might even be given an interregional function, since Alma-Ata was in fact nearer to New Delhi than to Copenhagen.

Dr KASONDE thanked Dr Venediktov for his explanation which clarified the situation.

Section IV, Formulating regional strategies

Professor AUJALEU said he noted that the various regional bodies were dealt with at the beginning of the section, which gave the impression that they were independent of the regional offices. In his view, more emphasis should be given to the important role which the WHO regional offices should play in the establishment and operation of such bodies.

Dr ALVAREZ GUTIÉRREZ said that the problem of financing health programmes continued to be a source of major concern, at least for the Latin American countries. In that connexion he considered that the regional economic commissions, to which reference was made in paragraphs 64 and 70, could provide the health sector with useful information in regard to financing. The Economic Commission for Latin America had in the past developed a whole planning methodology at the request of the Pan American Health Organization. In his view, too little use was being made of those commissions, which had the necessary know-how to carry out studies on, for example, costs of medicines, social security systems and health insurance schemes.

Dr VENEDIKTOV said that it would be interesting to have the views of the Regional Directors on the Programme Committee's report.

Dr KAPRIO (Regional Director for Europe) replying first to the point raised by Professor Aujaleu said that, although the first part of the chapter dealt with general matters the role of the regional offices was spelt out later. Possibly some cross-reference was needed.

The European Regional Committee had adopted a resolution which was designed to support and develop the spirit of the Alma-Ata conference, and the Regional Office was reviewing the programmes and problems connected with the public health services and national health planning, to see how that new spirit could be harnessed to get more support. The main difficulty was that health had not received the priority that was its due. A joint approach was needed in determining how to proceed. It would not be an easy task but the regional programmes afforded a valuable tool. One of the dilemmas facing all the Regional Directors was how to build up a strong corps of medical officers, with the positive, as opposed to fragmented, approach and readiness to collaborate with others that would make for a sound structure.

Dr QUENUM (Regional Director for Africa) said that, in his view, the Programme Committee's report was extremely important and he fully endorsed it. It laid down a precise timetable and it now only remained for the regional offices to get down to the job of deciding what could be done at that level in order to benefit from international support. His only concern was at the volume of work entailed.

Dr GUNARATNE (Regional Director for South-East Asia) said that a regional meeting attended by 24 representatives from nine countries had been held in December 1978 to follow up on the Alma-Ata conference. The meeting had reaffirmed the recommendations and the declaration adopted at the conference and had noted that South-East Asian countries had taken action with a view to implementing those recommendations and to formulating primary health care programmes for the attainment of the goal of health for all by the year 2000. It had made a number of recommendations concerning the establishment of national health development committees, intersectoral coordination, community participation, administrative and technical support, development of national strategies, technical cooperation among developing countries, international support and appropriate technology for health. It had also considered the medium-term

programme for primary health care, a draft of which was now being finalized. Four countries, with a total population of 800 million, had already implemented national primary health care programmes, using village community health workers. The Democratic People's Republic of Korea and Mongolia had achieved good coverage. Two other countries were implementing pilot primary health care projects and two more were preparing to launch primary health care programmes.

A donor's meeting on primary health care was to be held at the Regional Office in July 1979. The proposals for international support which countries had been asked to prepare should be ready by mid-April 1979.

Dr DY (Regional Director for the Western Pacific) said that the new thrust in primary health care called for a new orientation in regard to the regional office staff and a medium-term programme had therefore been developed for staff development and training, geared towards the promotion and implementation of primary health care.

Dr ACUÑA (Regional Director for the Americas) said he was gratified to note that the Programme Committee document laid stress on the development and implementation of plans at the national level, for, in his view, the basis for any development and any improvement in the health sector rested on the decisions and action taken by each individual government. In Latin America, 12 countries now had well-defined plans for extending their primary health care coverage, which were the result of decisions and action taken not at the regional but at the national level, although the governments concerned had recognized that the regional and world organization had a certain complementary role to play in providing certain technical expertise which could help to expedite the programme concerned.

During the Board's discussion, reference had been made to external participation as the complement to national participation and decision-taking. It was, however, essential for governments to appreciate the need for technical cooperation among their own institutions first before entering into the field of international technical cooperation, whether bilateral, subregional or regional.

There was much talk of lack of coordination within the health sector at the national level. It must be recognized that no international body could compel a country to achieve coordination. What WHO could do, in his view, was to help countries to identify the national machinery for technical cooperation among national institutions and thus enable them to recognize those forms of external cooperation which would best complement national plans.

Dr TABA (Regional Director for the Eastern Mediterranean) said that his Region was extremely interested in the primary health programme. WHO as well as the majority of countries had prepared well for the Alma-Ata conference, had made a reasonable contribution to it and had followed up upon it actively.

The accent was on training in the first place, since primary health care called for proper training at all levels, and secondly, on evaluation and community participation in which respect the role of the Regional Advisory Panel on Primary Health Care was very important. This multidisciplinary panel advised the Regional Director and WHO on the best way of promoting primary health care in the Region.

Professor AUJALEU, referring to the answer to his earlier question by the Regional Director for Europe, said he still thought that some more explicit reference to the role of the regional offices in regard to the various regional bodies should be made in section III.

The CHAIRMAN suggested that the Secretariat be requested to consider how the programme might be strengthened in the light of the comments made by the Regional Directors.

Section V, Formulating the global strategy

There were no comments.

Section VI, The role of WHO

Mr VOHRA said that it appeared from the documents that, in 1978, WHO had spent US$ 1 700 000 on organizing the Alma-Ata conference. At present, the funds allocated for all regions to enhance support for primary health care programmes amounted to US$ 2 300 000.

It did not seem realistic, in considering the role of WHO headquarters, to formulate rigid systems within the overall conceptual framework. Although the basic input would come from country level, WHO headquarters would continue to provide leadership and guidance. It was up to Member States to show how far, how effectively and how speedily they could undertake this programme. The regional offices would soon have to deal with specific country proposals.

The role of headquarters would continue to be related to promotion, coordination and support of regional and national activities. Headquarters would also be required to mobilize extrabudgetary resources, appropriate technology, research, training and innovations along the lines most suitable to the requirements of the region, and to act as a clearing house for information from countries. Monitoring and evaluation would be important at all stages of the work.

He considered that the document presented as complete a picture of the role of WHO as was possible at present. He supported the proposals contained in the document and suggested that there was no need for an elaborate theoretical discussion about them.

Professor AUJALEU referred to paragraph 123 which dealt with the Programme Committee of the Executive Board. He asked whether it was suitable to refer to the Programme Committee in the document. The Programme Committee was, after all, an internal organ of the Board and had nothing to do with global strategy. He suggested that paragraph 123 should be deleted.

The CHAIRMAN said that, in drafting the document, this paragraph had already been reduced in status by means of the removal of a separate heading for it.

Dr KASONDE approved, in general, with this section of the document and pointed out the particular importance of paragraph 125 which stated that WHO headquarters would constitute a practical link with the relevant global social and economic bodies such as the Economic and Social Council of the United Nations, UNDP, etc.

Dr KLIVAROVÁ (alternate to Professor Prokopec) referred to paragraph 120 which stated that the World Health Assembly should ensure the generation and dissemination of relevant and valid information for all countries. As the Health Assembly only met for three weeks each year, it seemed unlikely that these functions could be fulfilled. The Health Assembly held discussions, provided guidelines, and made recommendations to the Director-General on the way to implement decisions. Were these further tasks consistent with the Rules of Procedure and the Constitution? The same question arose regarding the Executive Board. How could the Board stimulate individual Member States when it met for a mere three weeks in winter and less than a week in spring? Paragraph 122 made it appear that the Board would contact countries directly; this activity would be a great change from its usual practice of making recommendations to the Health Assembly. How would it be possible for the Board to work within the framework of regional committees unless Board members happened also to be members of those committees? She pointed out that the membership of the Board changed and this might make it difficult to implement the proposals set out in this paragraph. The paragraph should reflect the existing functions of the Board. Paragraph 124 stated that WHO headquarters would support the Health Assembly and the Board. Was it enough to say that headquarters simply supported these bodies? In fact, headquarters responsibilities were much broader; they included the implementation of decisions of the Health Assembly and the Board. This paragraph should give a more accurate picture of the role of WHO headquarters.

The CHAIRMAN noted that the World Health Assembly was the supreme governing body of the Organization which had the final say in all matters. It was also a political forum where ideas could be discussed. Paragraph 122, concerning the Executive Board, had been shortened in drafting the document and perhaps its original sense had been lost. The idea had been that if members of the Board also attended regional committees they could take the opportunity of explaining strategies and plans of action.

Professor SPIES said that the description of the role of WHO left out a definition of the role of the Director-General. Of course, the Director-General was mentioned in passing in the text but it might be useful if some headquarters tasks were specifically assigned to him. One particular aspect of the role of the Director-General might be in forming a link with the relevant global social and economic bodies, as described in paragraph 125.

Dr BARAKAMFITIYE referred to paragraph 121 which suggested that Member States should report on progress in developing national policies, strategies and plans of action to the plenary session of the Thirty-fourth World Health Assembly in 1981. He felt this was a useful way to raise the consciousness of political decision-makers in the countries. The fact that health ministers had to report to their colleagues from the rest of the world would encourage them to exert pressure on their governments into elaborating and implementing strategies such as those under discussion. However, he was not sure that a plenary session was the best place for such a report. Delegations which had only had two members, who had to participate in the work of committees A and B would therefore not be represented at the plenary. Whatever arrangement was finally decided, he believed that it would stimulate the taking of appropriate decisions at country level.

The CHAIRMAN said that it had not been intended to suggest a special plenary session for the presentation of country reports on this topic. Rather, the general discussion on the report of the Director-General was to emphasize this aspect.

Dr AUNG THAN BATU referred to paragraph 102 which stated that WHO would estimate the order of magnitude of resources required for health development in the regions and health development in the world. He asked how WHO would make these estimates. Would a separate mechanism have to be established to carry out this task? He supposed that the estimates would be based on country and regional estimates.

Section VII, Timetable for formulating strategies

Dr VENEDIKTOV said that various comments had been made on the document in general and it would be useful to have the opinion of the Director-General regarding the wording of the text. Had too much or too little been said about the Programme Committee? Perhaps the role of the Director-General could be broader than that set out in the document? Perhaps not all the text was acceptable to the Director-General? Professor Aujaleu had suggested the deletion of a paragraph; there might be other suggestions. The text should be discussed before consideration of the draft resolution.

The CHAIRMAN said that a full reply to all the comments raised regarding the document would be given by members of the Secretariat and the Director-General himself after consideration of the timetable.

Dr ABDULHADI generally agreed with the timetable but wondered whether it was realistic to expect Member States to begin applying the strategy and plan of work immediately after the Health Assembly had accepted the proposals contained in the document. Delegates attending the Health Assembly in May 1979 would only be able to start detailed study of the documents on their return to their countries. Often delegations were headed by ministers who would have to catch up with the backlog of work before they could devote themselves to the proposals of the Health Assembly. Regional committees were expected to review progress towards the development of national strategies and plans of action between August and October 1979. He doubted whether countries would be able to prepare their plans in that short time.

Dr GALEGO PIMENTEL asked for clarification about the timetable. It seemed that Member States were to commence the development of national strategies and plans of actions immediately after the Thirty-second World Health Assembly. The regional committees would then review progress and, by June 1980, Member States would be in a position to submit reports to the regional committees. She asked when countries had to submit their plans to the regional committees for review. The Health Assembly was to adopt the global strategy in May 1981. Presumably this global strategy would include national strategies which had been submitted to regional committees and reviewed by the Board. Would it be advisable, in addition to approving a global strategy, to make concrete proposals for action to be taken in 1981?

Dr KASONDE, referring to his previous comment, asked at what stage the global strategy would be formulated. It would be useful if the global strategy were formulated earlier than November 1980 because it dealt, first, with the overall strategies for the coordination

of individual country strategies with other agencies and, secondly, with the coordination of actual country strategies. If an early start were made, not only would the global strategy be ready sooner but countries would be able to see their own contributions in the context of an overall framework.

Dr ALVAREZ GUTIÉRREZ said that the timetable should be modified in the light of the suggestion in paragraph 129. There were about 150 Member States, many of whom had already started to implement this programme. Regional directors had referred to the fact that a number of countries had made headway in the implementation of the strategy. Other countries would begin activities later. It was therefore difficult to apply the same timetable to all countries and it should be seen as a tentative schedule. It was suggested that regional committees should make their first review of progress in August-October 1979 and their second review in August-October 1980. The timetable should not be so specific in setting deadlines.

Dr KLIVAROVÁ (alternate to Professor Prokopec) asked whether material had already been sent to Member States. Was the document under discussion to be sent to governments? If so, the document would have to be redrafted, at least in Russian, in order not to be so authoritarian. For example, paragraph 50 stated that "most governments will have to take vigorous action . . .". WHO could not tell governments what they had to do. Certainly, the Russian text required a milder term. Similarly, paragraph 45 stated that "Ministries of health should seriously consider . . .". In Russian, and possibly in other languages, this sounded as though WHO were telling ministers what to do.

The CHAIRMAN said that document would be sent to governments and agreed that any imperative phrases should be removed.

Dr M'BAÏTOUBAM said that the timetable seemed to be set out in a logical chronological order. However, he was doubtful whether the development of national strategies and plans of action by Member States would fit exactly into the proposed schedule. Some countries which had experience in such activities would certainly be able to produce their plans in time. Other countries with less experienced national services might take longer. If it was essential for all the plans to be ready at the specified time, then the regional offices would have to become actively involved in the production of these plans in certain countries.

Dr VENEDIKTOV noted that the timetable set out in paragraph 128 seemed to be concerned mainly with the preparation and further flow of documents. He felt that it should include an indication of the activities to be undertaken, showing more clearly the work to be carried out by the countries, regional offices, regional committees and headquarters, and the period of time to be devoted to the various stages of the work.

He noted that, according to the suggested timetable, reports on national strategies and plans of action were to be submitted to regional committees in June 1980 for the formulation of regional strategies. Some sort of framework should be provided beforehand to ensure comparability; otherwise, he very much doubted whether the global strategy could be formulated in the brief period indicated.

Paragraph 121 stated that Member States should report on progress in developing national policies, strategies and plans of action to the Health Assembly in 1981. Some amendment was required to indicate that a report was to be submitted by the Director-General and that delegates, in commenting on the report, would be able to inform the Health Assembly of the progress made in their respective countries. That would bring paragraph 121 into line with paragraph 118, and would avoid giving the impression that a vast number of reports were to be submitted by countries to the Thirty-fourth World Health Assembly, which would have the task of adopting the global strategy.

The CHAIRMAN agreed that paragraph 121 should be related more closely to paragraph 118.

Dr VENEDIKTOV suggested that the Director-General might be consulted on the manner in which the Board should proceed with that document. To redraft it completely would take too long, but it must be made clear to the Health Assembly that it was a preliminary text.

The CHAIRMAN noted that the document had given rise to constructive criticism, and that it had not been the subject of antagonistic comment. He agreed with Dr Venediktov that it must somehow be made clear to the Health Assembly that the guiding principles represented only the preliminary stage in a long and complex process, but he personally did not favour inclusion of detailed comments as an annex to the document.

Dr VENEDIKTOV said that if the meeting were adjourned, it would give the Director-General and the Secretariat time to prepare replies to the questions raised during the discussion.

The DIRECTOR-GENERAL, in reply to a question by the Chairman, said that many of the questions raised could be answered briefly at any time, and in particular information could be given on the work done by the Secretariat as a follow-up to the International Conference on Primary Health Care. But the decision on how to proceed with the document of the Programme Committee was one for the Board itself.

Dr SENILAGAKALI supported Dr Venediktov's suggestion with regard to adjournment of the meeting.

Dr VENEDIKTOV explained that he wished to avoid a situation in which a decision affecting WHO policy for many years to come might be taken too hastily by a tired Board.

Professor AUJALEU and Dr SEBINA opposed adjournment.

Professor SPIES asked whether, within the terms of Article 32 of the Constitution, which provided that the Director-General should "be ex-officio Secretary of the Health Assembly, of the Board, of all commissions and committees of the Organization and of conferences convened by it . . .", the Director-General could abstain from taking a position on the matter to hand.

The DIRECTOR-GENERAL explained that he had not wished to interfere in the Board's discussions on matters that involved sensitive political issues such as the views which representatives of governments had expressed in other fora with regard to health and development policy. The Board was discussing a draft of its document and he did not wish to make statements that might unduly influence Board members on issues that clearly required a decision of the Board. However, if the Board recognizing this situation felt, nevertheless, it would like to have his comments on the document he would gladly comply.

Dr VENEDIKTOV formally moved adjournment of the meeting.

Decision: The motion was defeated by 13 votes to 10, with 4 abstentions.

Dr FLACHE (Assistant Director-General), replying to Professor Aujaleu on the definition of technical cooperation "among" or "with" developing countries (TCDC), said that the United Nations conference on this subject held in Buenos Aires in 1978, while rejecting a proposal to limit the meaning to the former (cooperation "among" developing countries) - which would have excluded the cooperation of developed countries and even of the United Nations system in the development process - had nevertheless given the central and privileged position to developing countries and their cooperation with each other, to which cooperation with developed countries constituted an important and necessary complement.

Dr TEJADA-DE-RIVERO (Assistant Director-General), replying to questions on the follow-up to the International Conference on Primary Health Care, said, in respect to publications on the conference, that in addition to the first volume including the Declaration and recommendations as well as the Joint Report, which had been published[1] and made available to Board members with document EB63/21, a second volume would be distributed for consideration at the time of the Thirty-second World Health Assembly. It would include the messages,

[1] Alma-Ata 1978: Primary health care. Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. Geneva, World Health Organization, 1978.

speeches and statements delivered to the plenary sessions of the conference by governments and international and nongovernmental organizations. The WHO Chronicle in its November 1978 issue (Vol. 32 No. 11), presented a comprehensive summary on the conference including the reports of regional directors, which had also received wide distribution in the respective regions. Further, the Division of Public Information at headquarters had developed a full programme of information on all matters related to the conference. An analysis of the debates in the committees and of the material distributed by countries and by other participants in Alma-Ata was being prepared as a basis for exchange of information among countries on the major problems that frequently occurred worldwide and on the main constraints encountered as well as the means used by countries for their solution.

For its meeting to be held from 29 to 31 January 1979, the Joint Committee on Health Policy of UNICEF and WHO, had on its agenda the follow-up to the conference (a document thus entitled was available for perusal by members of the Board) as well as water supply and basic sanitation as components of primary health care, drug supplies and training on maternal and child health as other components of primary health care.

In relation to involvement of other international organizations, the Director-General of WHO and the Executive Director of UNICEF had reported to ACC in October 1978 on the results of the conference. ACC in turn had reported to the Second Committee at the thirty-third session of the United Nations General Assembly on the results of the conference, and both executive heads were further to report to the next session of the Economic and Social Council on the conference and on the importance of the declaration and recommendations for the activities of other organizations. WHO was participating in a task force of ACC on rural development in which it was hoped that primary health care would constitute a basic element.

As examples of related collaboration with nongovernmental organizations, he informed the Board that the League of Red Cross Societies was planning a meeting on the role of national Red Cross societies in implementing the declaration and recommendations of the conference, and the International Council of Nurses was planning a workshop on the role of nursing in primary health care activities at country level.

In relation to intersectoral coordination, links were being formed between different international organizations and various sectors of activity and the reoriented WHO programmes which in many ways would be implementating primary health care at all levels in the countries. In respect to regional activities, examples had been given to the Board by the Regional Directors for South-East Asia and the Eastern Mediterranean. At headquarters other activities cover inter alia information on experiences in community participation and the supervision and training of community health workers was being analysed in preparation for information exchange. Questions relating to the establishment of national centres and the Director-General's and regional directors' advisory bodies on health development had been and would be further discussed in relation to document EB63/47.

The DIRECTOR-GENERAL assured Dr Klivarová that the roles assigned to the Regional Committees, the Board, the Health Assembly, and the Secretariat in document EB63/47 were in conformity with the Constitution.

He expressed the gratitude of the Secretariat for the new impetus given to the Organization, the widening of its horizons and the great challenge to its staff, which the International Conference on Primary Health Care represented. He assured members of the Board that the staff had worked very hard since the conference in order to give it the follow-up it deserved.

He also wished to thank the Programme Committee of the Executive Board for the way in which it had synthesized many of the concepts that had been repeatedly stated in the Organization's deliberating organs, some of them reflecting his own ideas. In particular, any kind of "supranational behaviour" was to be avoided by the Organization, especially in the context of "health for all" and primary health care. The development of primary health care required a continuous process involving national and international bodies working together in a spirit of technical cooperation. Many Member States wished WHO's part in this relationship to include active support and moral encouragement to national authorities in their efforts to implement measures coming within the framework of strategies collectively agreed upon on such

occasions as the Alma-Ata conference. Dr Kasonde had expressed his concern about what came first, "the chicken or the egg", in such a relationship. The lesson to be drawn from many of the international conferences held in recent years was that plans of action must begin with a "groundswell" rising from the national level rather than with a superficial framework imposed at the international level. That being said, he hoped that it would be possible, as Dr Kasonde had urged, for countries to contribute more; the formulation of an outline for plans of action or strategies for primary health care should start at the national level and be built up through the regional to the global level. Countries which had already introduced primary health care would not wait until 1981 for confirmation of the desirability of such a strategy at the international level. The pace of progress would depend on a stimuli from Member States, and WHO would seek to be as receptive as possible.

The relevance of the Organization's role in this regard would be the subject of discussion at the forthcoming sessions of regional committees as part of the study on WHO's structure in the light of its functions and at the January 1980 session of the Board, when he would submit a report on this study reflecting on the feasibility of accepting the challenge of "Health for all by the year 2000". That would provide an opportunity for discussing what kind of an organization WHO was to be in order to fulfil Member States' expectations of it. He believed that any proposed change designed to separate health development from social and economic development would be unacceptable to the vast majority of Member governments, and he personally considered them to be indivisible. The fact that the world found it difficult to come to grips with the New International Economic Order should not be taken as grounds for pessimism. He was optimistic in view of the increasing recognition in developing and developed countries alike of interdependence as the key to self-sustaining socioeconomic growth.

He agreed that the document should be seen as a preliminary guide with acknowledged weaknesses which would become apparent at the Health Assembly. He suggested that an attempt should be made to incorporate the comments of Board members in a revised document, which should be submitted to Member States well in advance of the next Health Assembly.

Proceeding along the lines that Dr Venediktov had indicated, the document would provide an initial basis for Member States to consider before the Thirty-second World Health Assembly. Subsequent national, regional and global strategies would undergo further analysis, first by the Executive Board and then by the World Health Assembly in 1981. Developments leading to the crucial decision in 1981 would constitute one continuous process starting at the national level and involving regional committees, the Board and Health Assembly. He hoped that countries would meanwhile move ahead with primary health care, not waiting for the Health Assembly's blessing in 1981.

Industrialized countries too would have to make agonizing reappraisals of their health systems. Acceptance of the concept of "health for all" would force them to recognize the imperfections of a situation in which, for example, however well developed the network of health services, one-third of the population of certain industrialized countries were taking tranquillizers. He hoped that many industrialized countries would display the political courage needed for such a reappraisal.

The CHAIRMAN, noting that no difference of opinion had emerged during the discussion, suggested that the Secretariat might be asked to incorporate the textual and other amendments, such as the point about indicators, in the document, or - alternatively - to produce an annex giving the views of all Board members as the Director-General suggested. It could be stressed, in particular by those means and even by an amendment of the title if members wished, that the document was a preliminary one; the point could be made explicit in the draft resolution as well, along with the other amendments to be made when he put the draft resolution to the Board. In his opinion, the sooner the document could be made available to Member States, the better, the Board's discussions having demonstrated that it could already serve as a useful basis for a fruitful exchange of views. Member States would then be able to prepare for discussions at the Thirty-second World Health Assembly. The document could be followed up, in time for the Board's sixty-fourth session, by a properly prepared diagram of the kind suggested by Dr Venediktov showing how the duties of the various echelons could fit in.

Dr BRYANT explained that he had not realized that his previous remarks on health and development were open to misinterpretation because some of the approaches to social development, such as the concept of the pursuit of the fulfilment of basic human needs, could be seen by some as means of simply putting off economic development. He hoped that no member of the Board could have misinterpreted those remarks as reflecting any willingness on his part to condone poverty. He was sure that every member of the Board, like himself, believed that every effort should be made to alleviate poverty; further, he believed that efforts to promote health should be pursued at all levels of development, and especially at poverty levels. He also hoped that there was no difference of opinion on the need for greater creativity in working out more effective ways of promoting health development in the face of poverty.

He agreed with the Chairman on the usefulness of the document and expressed the hope that it would be possible to close discussion on it soon; he had no preference for one or other of the ways of completing it suggested by the Chairman.

The DIRECTOR-GENERAL suggested that the Secretariat might be given the time that remained of the weekend to try each of the alternatives and see how much of the substance of the discussion could be incorporated into the document itself and what could not find a place, so that the Board itself could then decide how to proceed and, in particular, which of the matters raised were less important, too detailed for the Health Assembly, or strictly within the province of the Board itself and so need not be brought before the Health Assembly. That should not take up too much of the Board's time.

Dr VIOLAKI-PARASKEVA agreed with that suggestion provided that the discussion was not reopened. Members of the Board might hand in any additional comments to the Secretariat, if necessary.

The CHAIRMAN suggested that any discussion should then centre specifically on the inclusion or exclusion of the various points and their placing in the document itself or in an annex.

Dr VENEDIKTOV thought that it should not be necessary for there to be discussion on matters of substance. In the absence of a formal motion, only the adoption of a resolution on a subject ended discussion. While he did not wish to prolong it, he did wish the current discussion to reach its normal conclusion in this way.

The CHAIRMAN expressed his conviction that members of the Board all understood the spirit of the remarks made concerning its discussions at its following meeting.

He suggested that a small drafting group should meet to consider the draft resolution and to incorporate the constructive points raised during the discussion.

It was so decided.

The meeting rose at 18h35.

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