



EXECUTIVE BOARD

Sixty-fifth Session

Agenda item 6



INDEXED

FORMULATING STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000

PROGRESS REPORT

Draft report of the Executive Board prepared by the Working Group

Recognizing that this item is the most important question for all subsequent WHO activities, and in order to bring together related issues of other agenda items, the Board decided to present a report to the Thirty-third World Health Assembly covering the following:

1. A description of the historical frame within which the review of progress is being undertaken with a summary of all important decisions taken by the present Executive Board in this regard;
2. A brief summary of progress at national, regional and global levels;
3. A review of critical issues identified by the Executive Board during its discussion of this item; and
4. A summary of decisions taken to facilitate the work of the forthcoming World Health Assembly and Regional Committees.

The report that follows is structured to meet the above requirements. Its contents include relevant portions drawn from the reports of the Programme Committee,¹ and the Director-General² on this subject.

I. INTRODUCTION

1. The main social target of governments and WHO in the coming decades should be "the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life". In deciding this, through resolution WHA30.43,³ the Thirtieth World Health Assembly, in 1977, took a step of utmost importance for those responsible for and concerned with the health of all people. The International Conference on Primary Health Care, jointly sponsored by WHO and UNICEF and held in September 1978, culminated in the adoption of the Declaration of Alma-Ata, in which it is stated that primary health care is the key to attaining this target.

¹ Document EB65/4.

² Document EB65/PC/WP/4.

³ WHO Official Records, No. 240, 1977, p. 25.

2. The Thirty-second World Health Assembly, in resolution WHA32.30,¹ endorsed the report of the International Conference on Primary Health Care including the Declaration of Alma-Ata, and invited Member States to consider the immediate use of the document entitled "Formulating Strategies for Health for All by the Year 2000",² individually as a basis for formulating national policies, strategies and plans of action, and collectively as a basis for formulating regional and global strategies. Furthermore, this resolution requested the Executive Board:

- (1) to submit proposals for the global strategy to the Thirty-fourth World Health Assembly and to support the Health Assembly in developing, implementing, monitoring and evaluating this strategy;
- (2) to make sure that the global strategy is taken fully into account in preparing the Seventh General Programme of Work covering a specific period;
- (3) to ensure that the global strategy is fully reflected in WHO's contribution to the preparation of the new international development strategy of the United Nations.

3. The detailed timetable for formulating strategies for health for all by the year 2000³ calls for the Member States to submit reports on national strategies by June 1980. It also requests the Executive Board to review progress and to report to the Thirty-third World Health Assembly. This report is meant to serve this latter purpose.

4. In preparing this report, the Executive Board examined the reports of the Programme Committee⁴ and the Director-General⁵ on this subject. The Director-General's report summarized initial progress reported upon by countries, the results of the regional committee discussions, including relevant resolutions adopted by the regional committees,⁶ and WHO support to strategy formulation. The Executive Board also considered the United Nations General Assembly resolution 34/58, "Health as an Integral Part of Development", to which it attached the highest importance.⁷

II. FORMULATING STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000: THE CENTRAL THEME OF THE WORK OF THE MEMBER STATES AND WHO

5. The Executive Board underlined the vital importance of this subject to the work of the Member States and the Organization. It stressed that this is the central theme which all other activities of the Organization should and must support. It is through the strategies, formulated by Member States and the Organization, that the commitment to social justice embodied in resolution WHA30.43 and the Declaration of Alma-Ata, will be realized. It is the main justification behind nearly all the work examined by the Executive Board. It is for this reason that the Board decided to include in the present report a summary of the major results of discussions held under other related agenda items.

6. The review of the Programme Committee's report on the subject of "Monitoring of the implementation of programme budget policy and strategy"⁸ brought into evidence some of the changes that are required if this monitoring process is to contribute effectively to the

¹ Document WHA32/1979/REC/1, p. 27.

² Document A32/8.

³ Approved by the sixty-fourth session of the Executive Board and reproduced in paragraph 134 of document A32/8.

⁴ Document EB65/4.

⁵ Document EB65/PC/WP/4.

⁶ Annex 3 of document EB65/PC/WP/4.

⁷ Document EB65/INF.DOC./5.

⁸ Document EB65/7.

monitoring of progress towards the achievement of health for all by the year 2000. With the implementation of resolution WHA29.48 assured, the Board considered the question of how best to monitor the future contribution of programme budget policies and strategies in light of the national, regional and global strategies presently being formulated. The Board stressed the importance of national strategies addressing clearly the role of technical cooperation in strategy formulation and implementation. It noted that the decisions to be taken with regard to the item of WHO's processes, structures and working relationships in the light of its functions were particularly critical in this regard.

7. The Board's review of the Programme Committee's report on the Sixth General Programme of Work¹ led to adoption of resolution EB65.R4 which, inter alia, approves the work carried out by the Organization in the field of medium-term programming as one of the most important tools in the management of the WHO programme activities since it ensures a continuing and permanent link between policies and principles established by the World Health Assembly, the General Programme of Work for a specific period and ongoing programme budgeting at all levels; and requests the Director-General to explore further the usefulness of the medium-term programming process for furthering the goal of health for all, generally, and specifically for facilitating the appropriate interaction or integration of programmes at headquarters, regional and country levels.

8. The Board's review of the Programme Committee's report on the Seventh General Programme of Work² led to the request that the Programme Committee should continue its work on the preparation of proposals on the nature, objectives, structure and method of preparation of the Seventh General Programme of Work. The Board noted that, while fully responding to the new challenges set by the goal of health for all by the year 2000 and the duty of the Organization to respond adequately to the needs of Member States in support of their individual and collective strategies for attaining this goal, the Seventh General Programme of Work should incorporate all that is essential in the Sixth General Programme of Work to ensure continuity.

9. (To be prepared upon completion of the Executive Board's work with respect to agenda item 18, WHO's processes, structures, and working relationships in the light of its functions.)

III. PROGRESS OF THE MEMBER STATES IN FORMULATING NATIONAL STRATEGIES AND RELATED WHO SUPPORT

Political commitment

10. Almost all countries have indicated a high level political commitment to "health for all". Many national reports highlighted the commitment already contained in important national documents such as the national constitution and national development plans. In many instances, political commitment has taken the form of programme speeches or statements by the Heads of State or Government; in others, commitments have been included in the form of fundamental policies on social and economic development. This commitment has not only been forthcoming from developing countries. A number of industrialized countries have associated themselves with health for all, more specifically with the need to ensure universal access to primary health care as a part of a comprehensive health services system.

11. High level political commitment was promoted through activities on the part of the Secretariat. Resolution WHA32.30 was sent to high level leaders of all Member States attached to a letter from the Director-General in which the importance of the social goal of health for all by the year 2000 was noted. This was followed by contacts with these leaders, including Heads of State, on the part of the Director-General, Regional Directors, and supporting staff. Of particular note was the presence and participation of Heads of State in two of the regional committees.

¹ Document EB65/6.

² Document EB65/5 Rev.1.

³ Based upon the Director-General's report (document EB65/PC/WP/4) and information reported upon during the discussions of the Executive Board.

Obstacles recognized

12. In expressing their belief that health for all can be achieved in spite of the conflicting evidence afforded by recent history and present trends, many Member States stressed the need for a renewed spirit of cooperation among nations. This plea was expressed as part both of their recognition of the importance of the strategy of technical cooperation among developing countries (TCDC) and of their call for a longer-term and increased commitment of assistance for the development and implementation of national plans of action. Nearly all countries noted that it would not be feasible to achieve health for all without adequate mobilization of resources, both nationally and internationally.

Intersectoral collaboration

13. Many references were made to the fact that health cannot be achieved by the health sector alone. This understanding underlined the importance given to the strengthening of mechanisms for promoting and achieving intersectoral action and support. Some countries were able to point to existing high level interministerial coordinating mechanisms which effectively link the health sector to overall socioeconomic development. A number of countries made specific reference to integrated rural development plans of which health development was an integral part. However, a greater number, while identifying the problem of achieving intersectoral collaboration as one of great importance, did not indicate the existence of such coordinating programmes.

14. Of the measures being taken to strengthen intersectoral action and support, particular mention should be made of the creation of coordinating mechanisms of the national health council type which have a multidisciplinary and multisectoral nature. Many countries have set up or envisage setting up councils of this kind. Some referred to the need to "revitalize" existing councils. Many described the existence of similar bodies covering provinces, regions and districts. In some instances, these developments have required the reorganization of the structure of the ministry of health, particularly with regard to mechanisms for planning, programming and coordination. A few countries have used workshops and seminars at central, regional, district and peripheral level to promote collaborative action. Others have created multisectoral task forces responsible for formulating national strategies for health for all. Countries which have undertaken country health programming refer to this approach as favouring development of intra- and intersectoral coordination.

WHO support

15. Several countries envisage using WHO support in the process of formulating policies, strategies and plans of action. Some express this in general terms, others more specifically; for example, seeking WHO assistance in:

- (i) carrying out country health programming;
- (ii) strengthening technical cooperation from other countries;
- (iii) enhancement of managerial and administrative skills needed;
- (iv) strengthening existing institutional arrangements to serve as the basis for a national centre for health development;
- (v) assessing the effectiveness of measures taken to attain an acceptable level of health for all, and monitoring of progress.

16. WHO technical support to national strategy formulation has been organized in a variety of ways. This has included briefing and orientation of WHO programme coordinators, national programme coordinators, and key national staff. In the African Region, joint UNICEF/WHO workshops and seminars are being planned for key nationals with senior UNICEF and WHO staff. The first such workshop is scheduled to be held in Mozambique early in 1980 for six English-speaking countries. It is planned to hold a similar workshop for French-speaking countries

in the Region. In the Region of the Americas this was done through a series of meetings; six subregional meetings have been held to date, with the participation of 40 high ranking national officials and 48 staff members of the Region. There exists a table summarizing the progress in the countries of the Americas as of 31 December 1979. In the South-East Asia Region a joint UNICEF/WHO meeting was held in December 1979 on the formulation of strategies for health for all, with primary health care as the key approach. It was attended by high level representatives from the Member States, WHO programme coordinators, and UNICEF representatives. Principles and work plans for the formulation of national strategies were agreed upon. The Regional Committee of the European Region approved a questionnaire for use by governments. Governments have been asked to give their views in writing by February 1980, using the questionnaire as a basis for their replies. Also, a special task force had been set up to pursue studies at the regional level as requested by the last Regional Committee. An important element in the work of the Eastern Mediterranean Region is the Regional Consultative Committee constituted earlier in 1979. Composed of five distinguished leaders in health and education from the Region, this Committee has advised on critical aspects of regional strategy formulation. In the Western Pacific Region, a special multidisciplinary task force had been constituted which would visit each country and work with national personnel in the preparation of national strategies.

17. The Global Programme Committee, consisting of the Director-General, Deputy Director-General, Regional Directors and Assistant Directors-General, met in January 1979 and May 1979 to review the support that might be required by WHO in the formulation of strategies for attaining an acceptable level of health for all by the year 2000. Three main areas of support were identified: formulation of strategies and plans of action, the progressive implementation of these, and their monitoring and evaluation. A series of actions was agreed upon, including the means for communicating the results of the Executive Board and World Health Assembly to the Member States, the holding of regional and intercountry meetings for briefing and exchange of views on strategy formulation, the discussion of health for all during the 1979 sessions of the regional committees, the preparation of guidelines on critical aspects of strategy formulation, the establishment of regional and global health development advisory councils, promotional action required to stimulate political, social and economic support from other sectors and from international and regional, governmental and nongovernmental organizations, and the strengthening of mechanisms for attracting bilateral and multilateral funds.

18. The Global Programme Committee agreed to the establishment of the Programme Development Working Group to develop in more detail an operational plan for WHO support in the next two years. The first meeting of the Working Group was held in Geneva, 23-28 July 1979. The Working Group consists of the Directors of Programme Management in the six regional offices,¹ the Chairman of the Headquarters Programme Committee, a representative of the Director-General and a secretary. During its meeting in July the Working Group developed a framework for regional strategies.² This framework was included in the background documentation submitted for consideration during the sessions of the regional committees held this year. The deadline for countries' replies to regional offices on these issues is June 1980, i.e. at the time of submission of national strategies.

19. The Board was provided with information on the proposed Global Health Development Advisory Council.³ It was informed of steps that had been taken to constitute this interdisciplinary advisory group. It noted that the Council will be concerned with the development of a framework for monitoring progress for the achievement of health for all by the year 2000, and with questions related to the strengthening of intersectoral support to health development. Also it is expected to promote useful interaction within the worldwide network constituted by

¹ In the Region of the Americas the functions of the Director of Programme Management are carried out by the Operations Manager.

² Annex 2 of document EB65/PC/WP/4.

³ Document EB65/INF.DOC./4.

national health councils and the regional and global health development advisory councils. As indicated in the Director-General's progress report, most of the regions are in the process of setting up such councils or their equivalents. Also many countries are strengthening their national advisory bodies by constituting health councils or their equivalents.¹ The Board indicated that the councils should be formed keeping in mind other steps being undertaken to strengthen intersectoral representation in the activities of the governing bodies of the Organization. It asked to be kept informed of the development and activities of the regional and global councils.

20. The Board was provided with information on the proposed Health 2000 Resources Group.² It noted that this group would advise on the mobilization and rationalization of the flow of bilateral and multilateral resources for health in order to meet the target of health for all by the year 2000. The Board approved the formation of this group and asked to be kept informed of its development and subsequent activities.

IV. CRITICAL ISSUES

Political commitment

21. In reviewing the report of the Director-General on progress in formulating strategies for health for all by the year 2000, the Board expressed satisfaction with national progress reported as well as with the activities undertaken by the Secretariat in support of the formulation of national strategies. It particularly expressed appreciation of the many efforts undertaken to mobilize political commitment to health for all by the year 2000. The response and involvement of Heads of State attested to the changing awareness of the importance of health matters by political leaders. Also, the adoption of resolution 34/58 by the United Nations General Assembly further evidences the recognition of the importance of the social target of health for all by the year 2000 by political leaders of all countries. At the same time, the Board expressed concern as how best to exert greater influence to translate political commitment into real action. The next few years were seen as critical ones in this regard. Political commitment to the strategies presently being formulated would be placed in evidence by the development of broad declared governmental policies in support of health development and by significant increases in resources allocated for such development. Policies formulated would need to address the critical basic conditions which affected health, e.g. food, housing, agriculture and education, as well as other socioeconomic development factors which affected health development.

Specification of targets

22. The Board noted the particular importance of translating the general social target of health for all by the year 2000 into meaningful operational targets at all levels. It affirmed that this social target is an embodiment of the WHO Constitutional objective of obtaining the highest attainable standard of health of every human being. As such, the constitutional definition of health applies to the definition of health within the context of health for all by the year 2000. An operational definition of health for all by the year 2000 by individual Member States should clarify how they intend to meet their constitutional responsibilities in the coming decades.

23. The Board noted the global and regional responsibility to encourage and stimulate Member States to define health for all by the year 2000 in a manner consistent with the WHO Constitution and the spirit of social justice underlying the Declaration of Alma-Ata. It recognized that all countries would need to formulate targets meeting their specific needs and that different types of indicators may be involved in this process. Global and regional stimulation is not meant to evolve into one system of targets and indicators for all countries;

¹ Document EB65/PC/WP/2 provides additional information on this subject in paragraphs 21-28.

² Document EB65/INF.DOC./3.

it is meant to ensure a certain degree of quality and consistency with social goals identified and agreed upon by the Member States.

24. In discussing the subject of indicators that could be used in the specification of targets, the Board identified a number of attributes which the indicators should possess. At the same time it underlined the complexity of the problem of developing meaningful and measurable indicators. Indicators were needed which could capture the dynamic and continuous nature of health development. Broadly speaking, as countries progressed along the development continuum, their possibilities for health development changed, as well as the precise nature of the various factors and components contributing to health development. In addition to these requirements, the Board felt that indicators related to political decision-making, consequences of social and economic development on health, as well as population expectations and community involvement, were also important. Furthermore, attention should be given as to how best to identify areas where there was little or no progress being made, e.g. the presence of high-risk groups whose size continue to grow.

25. The Board was informed of Secretariat activities undertaken to identify indicators of potential value for monitoring progress towards health for all. So far, the work carried out had concentrated mainly on two types of indicators considered relevant for monitoring progress: first on those indicators for measuring health status and factors which could determine health status, such as the physical, social and economic environment, matters related to the quality of life, human behaviour, etc.; and secondly on those indicators for measuring the provision of and access to health care, namely, coverage by primary health care and relevant referral systems.

Obstacles recognized

26. The Board noted that most of the conditions and factors influencing health related to the need to improve social justice and equity within and among countries. Overcoming discriminatory action such as racism and apartheid was one dimension of the action that needed to be pursued through the mobilization of a political commitment in support of health for all. Also required was the reduction of international tensions through disarmament and détente, and the freeing of resources at present allocated to the military sector. The reported investments of US\$ 25 000 million in military research and development work and the involvement of one quarter of the world's scientists and engineers in this area were a measure of the magnitude of the problem.

27. The Board recognized that not all economic developments contributed positively to health. Increased pollution, broken homes, and a deteriorating psychosocial environment were examples of the side effects of many national efforts to increase GNP without adequate social control. In both industrialized and developing countries, health ministries often did not have the opportunity to analyse the potential health hazards associated with development projects. Significant increases in disease prevalence had been known to occur as a result of some agricultural development projects and, without general policies aimed at avoiding these and other ill effects of "development", individual initiatives by ministries of health could not be expected to have a high degree of success. The potential importance of the United Nations resolution on "Health as an integral part of development" was noted in this context.

28. The Board identified a number of additional critical obstacles which national strategies would need to address. It recognized the inadequacy of the health infrastructure in the majority of countries to meet the challenges of primary health care. Obsolete health legislation, inadequate managerial and administrative practices and poor relations with the community, together with insufficient involvement of health professionals in primary health care, were cited as outstanding areas requiring reform. Only when such reform was forthcoming and tangible progress was achieved could one expect the population to begin to support and believe in primary health care. In this connexion the Board noted the importance of the discussions held in connexion with the subjects of health legislation¹ and the ongoing

¹ Item 24 of the agenda (resolution WHA30.44; document EB65/24).

organizational study on "The role of WHO in training in public health programme management, including the use of country health programming".¹

29. The Board stressed the importance of research as a means for solving the many problems inherent in the obstacles identified. Timely research undertaken in close correlation with the priority problems confronting the health services system could provide the health decision makers with the information needed to guide the undertaking of necessary reforms. In this connexion, the Board noted the importance of the discussions held in connexion with the subject of development and coordination of biomedical and health services research (including research strengthening and career structures in developing countries).²

Intersectoral collaboration

30. The Board recognized that many of the obstacles identified were associated with this highly important aspect of strategies required for the achievement of health for all by the year 2000. This dimension of the problem was constantly reiterated in nearly all of the agenda items before the Board. It clearly represents one of the outstanding challenges before the Member States and the Organization. In adopting resolution EB65.R on formulating strategies for health for all by the year 2000 and resolution EB65.R on WHO's processes, structures and working relationships in the light of its functions, the Board underlined the importance of this issue. One of the aims of resolution EB65.R is that of encouraging multisectoral action through a greater involvement of the whole United Nations system in health development; resolution EB65.R promoted intersectoral collaboration by encouraging the involvement of representatives of other sectors in the work of the governing bodies of the Organization.

31. In this connexion, the Board was particularly pleased to note the report of the UNIDO representative. It welcomed the interest shown by UNIDO in the Organization's work, and hoped that such links would be intensified. It noted with interest the growing cooperation focusing on industrial production policies and projects relating to pharmaceuticals and the utilization of natural resources. As one of the essential elements of primary health care, all efforts to strengthen national industrial capabilities for the production of essential drugs were to be commended.

WHO support

32. The Board discussed a number of areas where a strengthened WHO supporting role could help overcome obstacles identified. It noted that active steps should be taken not only to propagate the idea of health for all, but also to indicate practical measures to be taken in pursuit of that aim. For this the Board was of the opinion that it was insufficient for WHO to adopt a "wait and see" attitude. Representatives of WHO headquarters and regional offices need to go into the field, see what is happening, engage in discussions and activities, and stimulate further action. High priority should be given to country health programming in support of strategy formulation, interagency cooperation for strengthening intersectoral planning of health, strengthening national mechanisms in support of health for all, such as national health councils and networks, and the development of guidelines on the organization of PHC for use by administrators and trainers. In this context, the Board, while expressing general satisfaction with many of the meetings held in support of different aspects of strategy formulation, warned against the danger of attaching too much importance to them rather than effective action.

33. The Board discussed the need for increased interregional exchanges to facilitate the formulation of strategies for health for all. In this regard, the development of regional charters and regional support to mechanisms for technical cooperation among developing countries (TCDC) were highlighted. The Board noted the responsibility of the Secretariat to ensure a wide distribution of national experiences at the same time as developing

¹ Item 25.2 of the agenda (document EB65/26).

² Item 20 of the agenda (documents EB65/20 and EB65/20 Add.1).

activities that fitted the needs of individual Member States. This responsibility was of particular importance in the light of the reaffirmed decision to formulate strategies first at national level, then at regional level and lastly at global level.

V. FUTURE STEPS

34. In expressing satisfaction with the progress reported upon to date, the Board also expressed a concern with the degree of correlation that really exists between the reports of progress by all involved and the reality existing in countries. It noted its responsibility in identifying whether such a gap exists or not. If developments are moving vigorously, then this momentum needs to be identified and reinforced. If they are not, then this too must be noted and corrective action taken accordingly.

35. The forthcoming World Health Assembly was seen by the Board as a critical time to learn what is happening in the Member States. In this connexion the Board requested the Director-General and the Regional Directors to invite Member States to use the plenary of the World Health Assembly to report upon selected critical aspects of national strategy formulation. For this purpose a framework would be developed by the Secretariat for use by heads of delegations in the preparation of their report to the plenary. This would reinforce the obligation of countries to report annually on progress being achieved in improving the health of its people, as specified by Article 61 of the WHO Constitution. As well, this is consistent with the Board's responsibility to call for additional information pertaining to health, as specified by Article 65.

36. The Board considered that work of the Secretariat regarding indicators was of immediate importance and that results should be distributed widely to stimulate discussions and exchange of views on this important item. The Secretariat need not wait for a further refinement. This was an area where considerable evolution could be expected as countries formulate and implement their strategies. Undue haste for finalizing such a list was not called for. It should be made clear that, in communicating this list as a preliminary draft, the Secretariat is trying to encourage a deeper and more careful consideration of how the social target of health for all by the year 2000 might be translated into meaningful targets and objectives at all levels.

37. In adopting resolution EB65.R , the Executive Board wished to underline the high importance of the resolution adopted by the General Assembly of the United Nations. This initiative on the part of the United Nations is of great importance to the work of the Member States and the Organization as already noted. It should be used in the context of inter-sectoral and interagency discussions to motivate collaborative support to health development on the part of all involved.

38. In concluding discussions on this item, the Board recognized that all strategies formulated would continue to evolve in response to the setbacks, successes, unforeseen developments, and emerging forces of which history was made. Nevertheless, the early specification of national strategies was of critical importance; the formulation of truly supportive regional and global strategies requires the formulation of national strategies that reflect fully the results of Alma-Ata.