WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

24214

EB77/15

20 November 1985

EXECUTIVE BOARD

Seventy-seventh Session

Provisional agenda item 11.3

ADDITIONAL SUPPORT TO NATIONAL STRATEGIES FOR HEALTH FOR ALL IN THE LEAST DEVELOPED AMONG DEVELOPING COUNTRIES

Report by the Director-General

This report is submitted in response to resolution WHA38.16, in which inter alia the Thirty-eighth World Health Assembly requested the Director-General to prepare a report on possible actions which can support the least developed among developing countries in strengthening their health infrastructures and thereby enhance their capacities to attract and absorb significant quantities of new health resources.

The report outlines recent years' efforts to mobilize financial and technical resources in support of these countries' national strategies for health for all, and points to continuing action undertaken by the Organization to strengthen their health infrastructure.

A draft resolution is proposed for consideration by the Board in section V of the document.

CONTENTS

I. INTRODUCTION

1. The Executive Board, in its seventy-fifth session in January 1985, considered the Director-General's progress report on the Global Strategy for Health for All by the Year 2000.[1] In the discussion, members noted that recent alarming trends in the economic and health situation of many developing countries, particularly the least developed among them, had been aggravated by natural and man-made disasters (a list of the least developed countries is appended as an Annex). The already vulnerable economies of these countries had been strained to ensure the physical survival of their peoples; even if the threat to survival was averted, the current critical situation might jeopardize the implementation of their health strategies. Concern was expressed by many members that all possible action should be undertaken to mobilize new financial and technical resources to enable the least developed countries to pursue their goals, to strengthen their health infrastructure and to ensure a better quality of life. The Board recommended in its resolution EB75.R14 that the Thirty-eighth World Health Assembly consider the matter.

2. The Health Assembly reaffirmed that concern over the deteriorating health situation in the least developed among the developing countries, which stood in flagrant contradiction to the Global Strategy for Health for All adopted unanimously by WHO's Member States. It requested the Director-General: (1) to mobilize new financial and technical resources to support national strategies for health for all in the least developed among developing countries within the existing Special Account for Assistance to the Least Developed Among Developing Countries in the Voluntary Fund for Health Promotion; and (2) to prepare a report for further consideration by the Executive Board and the Health Assembly on possible actions which can support these countries in strengthening their health infrastructures and thereby enhance their capacities to attract and absorb significant quantities of new health resources (resolution WHA38.16).

3. The estimated 300 million people living in the 36 least developed countries (LDCs) are trapped in a vicious circle of poverty, malnutrition, disease and despair that saps their energy, reduces their productive capacity, and carries a heavy toll of morbidity and mortality. These countries are the poorest and economically weakest of the developing nations, with the most formidable structural, social and health problems. Their restricted resource base, complicated by their weak health infrastructure and the inadequate numbers of qualified health workers, has made it difficult for them to move with any vigour towards a realization of their national health-for-all strategies. While they have primary responsibility for their own overall development, concerted action and support by the international community will be required to reverse the serious health situation they face. This support will need to come from the developed countries, from the developing countries which may be in a position to be of assistance, and from relevant international and nongovernmental organizations.

II. ACTION BY THE UNITED NATIONS SYSTEM

4. The Organizations of the United Nations System undertook a new initiative at the United Nations Conference on the Least Developed Countries held in Paris in 1981 when they launched the Substantial New Programme of Action for the 1980s for the Least Developed Countries (SNPA).[2] The Conference affirmed that there is an immediate need for a greatly expanded programme, including a major increase in the transfer of additional resources, to meet the critical needs of the LDCs and to help them promote more rapid socioeconomic development. Participants emphasized the particular importance of the contribution that economic and technical cooperation among developing countries can make, inter alia, to the development of the least developed among them.

5. The main objectives for intensified international support to the LDCs within the framework of the SNPA included special attention to food security and agricultural development; human resources and social development, including health; natural resources and energy development; manufacturing; physical and institutional infrastructure

---

[1] Document WHA38/1985/REC/1, Annex 6.

[2] Reported to the Executive Board in January 1982 (document EB69/44).

development; environment; foreign trade; economic restructuring and strengthening; and disaster assistance. Health, nutrition and population issues rank among the priorities identified for specific attention in the SNPA, and WHO's participation has ensured that the Global Strategy for Health for All by the Year 2000 based on primary health care was adopted as the approach to be followed.

6. The United Nations Conference on Trade and Development (UNCTAD) has been designated as coordinating secretariat for the SNPA, and the United Nations Development Programme (UNDP) and the World Bank have taken the lead in focusing the resources of the donor community on the specific needs of the LDCs. Within the limitations imposed by the modest increases in funding supplied to UNDP, preferential funding to the LDCs has been increased and UNDP has channelled greater contributions through its Special Measures Fund for the Least Developed Countries and the United Nations Capital Development Fund (UNCDF). The main collaborating mechanisms at the national level for reviewing needs and for the generation of the required external resources for individual countries have been the UNDP-supported round table meetings of donors and agencies of the United Nations System, and the World Bank-supported consultative group meetings. WHO has played a significant role in support and advocacy on behalf of health sector requirements during the first half of this important decade.

7. A mid-term review of the progress made towards the objectives of the SNPA was carried out in October 1985 by all concerned governments and donors under the auspices of UNCTAD. There was general agreement that inadequate progress had been made in reaching the established targets. The success of formal donor consultations in mobilizing additional resources for the LDCs concerned has varied from case to case over the years, but it was conceded that the results of round table meetings in the early 1980s had been generally disappointing. The global economic recession of the early 1980s has restrained any significant increase in official development assistance during this period and for the foreseeable future. The situation has been further complicated by the demands placed upon the donor community by the emergency situations in drought affected countries, war zones and assistance to refugees. In view of all this, governments represented at the mid-term review of the SNPA emphasized the need for renewed efforts to ensure that the LDCs would receive priority attention by donor agencies from now to the end of the decade.

III. MOBILIZATION OF TECHNICAL AND FINANCIAL RESOURCES BY WHO FOR THE LEAST DEVELOPED COUNTRIES

Technical resources

8. In addition to its overall policy and operational coordination at the international level, WHO provides technical resources to the developing countries for direct support to their national health development. Fundamental to this support, and particularly crucial for the least developed countries, is the support provided for strengthening health system infrastructure, which is aimed at establishing comprehensive health systems based on primary health care. The infrastructure provides the essential framework for the development of health science and technology for the protection and promotion of health and the control of disease. The establishment, progressive strengthening, organization and operational management of health system infrastructures, including the related manpower, is achieved through the systematic application of a well-defined managerial process and related health systems research based on valid, available information. Support is provided to assist the defining of national strategies for health for all based on overall health policy and the articulation of a clear national plan of action for primary health care to achieve the delivery of well-defined country-wide health programmes. Support is also provided for the development of information systems to analyse the health situation and trends as the basis for the planning of health systems. In most LDCs, the existing health infrastructure typically lacks coherent and coordinated organization and the management capacities to assure the application of the essential elements of primary health care to entire populations. WHO support in these areas aims also at increasing community involvement and coordinated intersectoral action to ensure the best application of all national resources. Particular attention is paid to the selection of technologies appropriate for use at the local and national level and the training of people who form the key to developing and sustaining national health programmes.

9. Technical cooperation among developing countries (TCDC) is another vital force for initiating, designing, organizing and promoting cooperation among developing countries for the sharing of pooled knowledge, experience and technical resources. WHO plays a catalytic and supportive role in this cooperation, supporting, for example, the production 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.[1]

10. Technical and managerial support to LDCs has been geared towards identifying those activities that will gain the optimal impact from domestic (national) resources as a first and necessary step to identifying the need for additional external resources which may be required from enlightened donor partners. This has been facilitated through the methods incorporated in the country health resource utilization (CRU) reviews, which are now seen as an integral part of the managerial process for national health development. The starting point is the study of national resource utilization, in order to rationalize its application for the development of primary health care, reallocations being recommended as necessary to meet that end. External resources already available must be examined to ensure their most effective use. A major output of each CRU review is the preparation of well conceived proposals for external funding which are then made available for donor review. Since they were first used in 1981, the CRU reviews have been applied as a priority to LDCs, and 17 LDCs have now carried out their own reviews. The proposals have been used successfully in bilateral negotiations with individual donors in some cases. Other countries have chosen to convene follow-up round table meetings for the health sector in the context of the SNPA (see also document EB77/35).

11. Recent years have also seen the expansion and development of new programmes which carry primary benefits to the developing countries and address some of the most pressing problems in the LDCs. More effort is still required to assure that the work of these new programmes is coordinated to enhance the building up of the basic infrastructure for primary health care and the capacity of the country to sustain the programmes. The Action Programme on Essential Drugs and Vaccines is focusing attention on the LDCs and has concrete activities under way in 20 out of the 36 LDCs; plans call for increasing that number before the end of the 1980s. Some 20 countries are the beneficiaries of nutrition support programmes to combat malnutrition, most of them among the LDCs. Most of the LDCs have, with WHO support, developed their expanded programmes on immunization and their diarrhoeal disease control programmes as part of overall primary health care efforts in order to interrupt the vicious circle of the preventable but devastating diseases of childhood. Other activities supported by WHO from within the country and from the regional and global level, ranging from the promotion of safe drinking-water supply and sanitation to action for the prevention of blindness, tropical disease research and new vaccine development, all have a bias towards the needs of the countries where infrastructure is the weakest and where the benefits will be the greatest. Once again, the benefits of these new programmes and of discoveries in such fields as tropical disease research and new vaccine development can have their maximum effect only when the health system infrastructure provides the framework for their application.

Financial resources

12. With regard to WHO's regular budget, the situation has evolved favourably in that a growing proportion of resources is being devoted to technical cooperation with and services to Member States. This trend has resulted from the Health Assembly's historic decision in resolution WHA29.48 (May 1976) calling upon the Director-General to reorient the working of the Organization with a view to ensuring that allocations of the regular programme budget reach the level of at least 60% in real terms towards technical cooperation and provision of services by 1980. Not only has this goal been reached but it has actually been surpassed as a result of recent years' budgetary policy placing increasing emphasis on activities at country level. Thus, as shown in the programme budget for 1986-1987, nearly 70% of the regular budget is now allocated to country and regional levels. Moreover, despite recent years' budgetary constraints with zero real growth, it has been found possible also in 1986-1987 to provide a 4% real increase in country allocations, offset by decreases at other

---

[1] For a further discussion on TCDC, see document EB77/16 - "Technical cooperation among developing countries in support of the goal of health for all".

levels. As a result of this policy it has, therefore, been possible also in respect of the regular budget to increase the resources being made available for health activities in the developing countries, including LDCs.

13. The importance of the development of health system infrastructure is reflected in the regular programme budget by the fact that almost 33% of regular budget funds are devoted to this type of support. Included in this 33% is the 11% of the budget devoted to health manpower development alone.

14. Regional programme budget policies are aimed at making the maximum use of the Organization's resources to the benefit of Member States, especially the LDCs. An illustration of this commitment can be seen in the proposed programme budget for the biennium 1986-1987 for Africa, where the allocation for intercountry projects has been decreased by 16.8% to permit a corresponding increase in individual country allocations of some 17.5%. In the Eastern Mediterranean Region, the country allocations in WHO's regular budget go almost entirely to the LDCs, the more wealthy countries having relinquished their share and, in addition, provided extrabudgetary resources for the LDCs of the Region.

15. The importance of strengthening health system infrastructure within the context of WHO support to individual countries is seen most clearly at this level. An examination of the country programmes for the 36 LDCs reveals that, on the average, WHO's resources are applied to activities in health infrastructure development with far greater weight than activities in other areas. An average of 63% (64.8% in 1982-1983, 63.1% in 1984-1985, 61.6% in 1986-1987) of the country programme budget in the LDCs is aimed specifically at infrastructure strengthening.

16. The importance of extrabudgetary resources for WHO's work and the provision of assistance to developing countries has long been recognized by all concerned. Over the years the Board and the Health Assembly have adopted a number of resolutions and decisions urging Member States and all other existing and potential sources of extrabudgetary funds to make voluntary contributions in support of the Organization's work, with particular reference to the needs of the developing countries. At the same time they have requested the Director-General to continue to develop appropriate mechanisms for attracting and coordinating an increased volume of bilateral and multilateral aid for health purposes.

17. Following the amalgamation of a number of special accounts into the Voluntary Fund for Health Promotion, the past two decades have seen a significant growth in extrabudgetary resources available to the Organization for programme purposes, both as part of and in addition to the Fund. The special accounts channel contributions to action in the areas of malaria, community water supply, leprosy, diarrhoeal diseases, the prevention of blindness, and the Expanded Programme on Immunization. Another is the Special Account for Assistance to the Least Developed among the Developing Countries. Thus, this latter account is only one account among many which provide specific and directed support to priority programmes in LDCs. More recently this trend has been accentuated as a result of the establishment of a number of important special programmes, such as the Onchocerciasis Control Programme in the Volta River Basin Area and the Special Programme for Research and Training in Tropical Diseases. A new grant of US$ 250 000 has just been received for health resource utilization, rationalization and mobilization work in the African Region. The Director-General has also pursued new resource mobilization mechanisms, such as the creation of the Primary Health Care Initiative Fund.

18. The Primary Health Care Initiative Fund was established in 1981 to support countries in their planning process for primary health care, and particularly to support their efforts in reviewing their resource utilization. This Fund has been applied in a priority way to LDCs and, in a number of cases, has been used to support the carrying out of country health resource utilization reviews in those countries. This Fund has expended some US$ 750 000 in providing such support to 17 LDCs to date, and ensuring the printing and distribution of the resource utilization review documents to donors and round table meetings.

19. In purely financial terms the increased support of WHO's work from extrabudgetary resources is illustrated, for example, by the fact that the cumulative total contributions to the Voluntary Fund for Health Promotion from inception until the end of 1984 amounted to US$ 446 956 835. During the last 10 years the annual contributions to the Fund increased significantly from a level of about US$ 15 million in 1974 to some US$ 35 million in 1984.

Similarly, the total contributions made to the Onchocerciasis Control Programme in the Volta River Basin Area from inception until 1984 amount to about US$ 155 million and to the Special Programme for Research and Training in Tropical Diseases to nearly US$ 160 million. For these two major programmes the currently anticipated extrabudgetary financing stands at about US$ 45 million and US$ 64 million respectively for 1986-1987. As can be seen, very substantial progress has been made during the past decade in the mobilization of extrabudgetary resources to the benefit of the Organization's work and thus of its Member States, in particular the developing countries (including the LDCs). This encouraging situation is also illustrated by the fact that of the two main sources of financing the work of WHO for 1986-1987, nearly half is accounted for by sources of funds other than the regular budget.

IV. CONTINUING ACTION BY WHO FOR THE MOBILIZATION OF RESOURCES

20. Resource mobilization efforts continue in a wide variety of ways to reinforce what WHO is already doing to strengthen health system infrastructure in developing countries. New and active liaison with the major donor capitals is being fostered with a view to enhancing the commitment of enlightened donors to health development programmes which reflect the priority needs of developing countries. These cooperative programmes with donors are regularly reviewed during annual meetings with such donor countries as Denmark, Finland, Sweden, and the United States of America. WHO continues to assure the overall coordination of the mobilization of resources for its technical support activities, promoting coordination among these donor efforts through regular pledging meetings and coordinating bodies. Special collaboration with the World Bank, UNDP and major donor partners exists to ensure rapid progress in the areas of drinking-water supply and sanitation, tropical disease research, and human reproduction.

21. The structures and mechanisms, therefore, already exist for the continuing efforts by the Director-General and the Secretariat to mobilize financial and technical resources to support the priority programmes of the least developed among the developing countries. The Organization has committed itself to a reinforcement of all of these efforts to support the LDCs in their struggle to improve the quality of life of their peoples.

V. DRAFT RESOLUTION

22. In the light of the foregoing, the Executive Board may wish to consider the following draft resolution:

The Executive Board,

Having considered the report of the Director-General on additional support to national strategies for health for all in the least developed among developing countries,

RECOMMENDS to the Thirty-ninth World Health Assembly the adoption of the following resolution:

The Thirty-ninth World Health Assembly,

Recalling resolution WHA38.16;

Having considered the report of the Director-General on additional support to national strategies for health for all in the least developed among developing countries, and the Executive Board's recommendation thereon;

Noting with satisfaction the efforts of the Director-General to mobilize additional resources for priority programmes of technical cooperation with and support to developing countries, especially the least developed among them;

Noting further with appreciation the growth in extrabudgetary resources available to the Organization and to developing countries for activities in the health field;

Reiterating its deep concern over the deteriorating health situation in the least developed among developing countries;

1. EXPRESSES its appreciation for the support given by governments and other donors through their contributions of additional resources for the Organization's work;

2. THANKS the Director-General for his report, and requests him to continue his efforts to mobilize additional contributions from external sources for support to priority health activities in the least developed among developing countries, using all existing mechanisms for the mobilization and application of those financial resources;

3. URGES Member States to cooperate with the Director-General in his efforts and to provide additional resources to meet the pressing and priority needs of the least developed among developing countries in support of their strategies for health for all.

ANNEX

LIST OF LEAST DEVELOPED COUNTRIES BY WHO REGION[1]

Africa (23)

Benin
Botswana
Burkina Faso
Burundi
Central African Republic
Chad
Cape Verde
Comoros
Equatorial Guinea
Ethiopia
Gambia
Guinea
Guinea-Bissau
Lesotho
Malawi
Mali
Niger
Rwanda
Sao Tome and Principe
Sierra Leone
Togo
Uganda
United Republic of Tanzania

Americas (1)

Haiti

South-East Asia (4)

Bangladesh
Bhutan
Maldives
Nepal

Eastern Mediterranean (6)

Afghanistan
Democratic Yemen
Djibouti
Somalia
Sudan
Yemen

Western Pacific (2)

Lao People's Democratic Republic
Samoa

[1] Total of 36 countries, with a population of approximately 300 000 000.

= = =