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REPORT OF THE UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY
ON ITS TWENTY-SEVENTH SESSION

WHO headquarters, Geneva

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The Director-General has the honour to bring to the attention of the Executive Board the attached report of the UNICEF/WHO Joint Committee on Health Policy (JCHP) on its twenty-seventh session.¹ The membership of the Joint Committee comprises six members each from the UNICEF and the WHO Executive Boards.

JCHP has requested the Board to take note of four resolutions adopted by the UNICEF Executive Board in 1988 which are related to WHO priority activities (see Appendix).

Several of the recommendations adopted by JCHP are specifically addressed to the WHO Executive Board; these include recommendations on: WHO/UNICEF strategy for improved nutrition of mothers and children in the developing world; WHO/UNICEF common goals for the health of women and children by the year 2000 (see Annex III); Expanded Programme on Immunization (eradication of measles); and communication and social mobilization.

The Board is invited to consider the following draft decision:

The Executive Board took note of the report of the UNICEF/WHO Joint Committee on Health Policy on its seventy-seventh session and endorsed the recommendations made by the Committee on a number of important issues, particularly those pertaining to the common goals for the health of women and children to be included in the International Development Strategy for the Fourth United Nations Development Decade, 1991-2000. The Board expressed its appreciation of the important work accomplished by the members of the Joint Committee.

¹ Document JC27/UNICEF-WHO/89.14.

Twenty-seventh session

Geneva, 23-25 January 1989

REPORT OF THE TWENTY-SEVENTH SESSION HELD AT
THE HEADQUARTERS OF THE WORLD HEALTH ORGANIZATION

CONTENTS

	<u>Page</u>
I. INTRODUCTION	2
II. RESUME OF STATEMENTS BY DIRECTOR-GENERAL OF WHO AND EXECUTIVE DIRECTOR OF UNICEF	2
III. REVIEW OF WHO HEALTH POLICIES AND RELATED WHO AND UNICEF RESOLUTIONS	4
Recommendation on consideration of resolutions	5
Recommendations on tobacco or health	6
IV. THE WORLD ECONOMIC CRISIS AND ITS IMPACT ON HEALTH AND HEALTH SERVICES	7
Recommendations	8
V. WHO/UNICEF STRATEGY FOR IMPROVED NUTRITION OF MOTHERS AND CHILDREN IN THE DEVELOPING WORLD	9
Recommendation	9
VI. WHO/UNICEF COMMON GOALS FOR THE HEALTH OF WOMEN AND CHILDREN BY THE YEAR 2000	9
Recommendations	10
VII. PROGRESS REPORTS	10
Expanded Programme on Immunization	10
Recommendations	10
Bamako Initiative	11
Recommendations	11
Staff development and training	12
Diarrhoeal diseases control	12
Global Programme on AIDS	12
Joint WHO/UNICEF Nutrition Support Programme	13
Information, education and communication	13
Recommendations	13
Safe Motherhood Initiative	14
Recommendation	14
VIII. DATE OF NEXT SESSION OF JCHP	14
ANNEX I Agenda	15
ANNEX II List of Participants	16
ANNEX III WHO/UNICEF Common Goals for the Health of Women and Children by the Year 2000	19

I. INTRODUCTION

1. Dr Kawaguchi, Director, Planning, Coordination and Cooperation, formally opened the session and welcomed the participants. He called for nominations for Chairman and two rapporteurs.
2. Ms M. Dieguez (Mexico), member of the UNICEF Executive Board and Chairman of its Programme Committee, was unanimously elected Chairman. Ms L. Vogel (United States of America), member of the UNICEF Executive Board, and Professor R. Figueira Santos (Brazil), member of the WHO Executive Board, were elected Rapporteurs.
3. The Chairman observed that during the past forty years, WHO and UNICEF had shown just how much could be done when there was a decisive will to unite efforts and share experiences. The Joint Committee on Health Policy (JCHP) constituted an experiment in cooperation and convergence unique in the United Nations system and, as in the past, the recommendations emerging from the session would extend and strengthen the two organizations' endeavours - each in its own fields of competence - in favour of the health of mothers and children, particularly in the developing countries.
4. She drew attention to the meeting of Latin American and Caribbean countries held in Cocoyoc, Mexico in October 1988 under the auspices of WHO and UNICEF during which they identified the health objectives for regional and country strategies for the year 1990. The Cocoyoc Declaration was distributed to members of JCHP and other participants.
5. The Chairman underlined the important issues on the agenda of the session, including: UNICEF/WHO common goals for health and development of women and children by the year 2000 as a contribution to the Fourth United Nations Development Decade, and the impact of the world economic crisis - in particular the indebtedness of the developing countries - on health and health services, with which UNICEF was preoccupied, as it sought to promote "adjustment with a human face", a policy that was steadily gaining recognition. She pointed out that in its 1989 report on the state of the world's children UNICEF estimated that "at least half a million young children have died in the past twelve months as a result of the slowing down or the reversal of progress in the developing world," especially in Latin America and Africa.
6. She concluded by referring to the Bamako Initiative which aimed, during an initial period of five years, to further develop primary health care, to strengthen health services generally, and to improve the availability of essential drugs in Africa.
7. The proposed agenda was adopted without any changes and is attached as Annex I; the list of participants is in Annex II.

II. RESUME OF STATEMENTS BY DIRECTOR-GENERAL OF WHO AND EXECUTIVE DIRECTOR OF UNICEF

8. Dr Hiroshi Nakajima, Director-General of WHO, opened by referring to the WHO Executive Board's recent review of the survey of progress in implementing the Global Strategy for Health for All and its conclusion that notwithstanding the evidence of progress in a number of countries, both in their wide acceptance of the primary health care approach in the delivery of health services, and in health status itself, there had been a deterioration of the quality of life and the general health status of a large number of people living in extreme poverty, and even in that of people living well above the poverty line. He commented that to cope with the economic crisis the hardest-hit countries, situated in sub-Saharan Africa, Western Asia and Latin America, had adopted stringent austerity measures, including structural adjustment programmes, which, although often guided by other organizations of the United Nations system, frequently failed to pay sufficient attention to human and social considerations. He stressed that constant vigilance was called for, through sharper macro-economic analyses of the impact of

structural adjustment policies on resources available for health and on health status. Leaders at policy-making levels, both nationally and internationally, had to be further sensitized to these issues.

9. During the coming decade, the least developed countries and others struggling with serious socioeconomic difficulties would undoubtedly require intensified and coordinated responses from the international community to ensure sustainable social and health development. Dr Nakajima pledged WHO's readiness to cooperate with UNICEF and other organizations of the United Nations system in those endeavours, and to play a coordinating role within the system as far as the development of the social sector was concerned.

10. Turning to the agenda of JCHP for its current session, he noted that members would be reviewing key resolutions adopted by the World Health Assembly and the UNICEF Executive Board in 1987 and 1988 and discussing several critical issues. He awaited with particular interest their comments and observations on the world economic crisis,¹ since they would be most valuable to the task force he was setting up to examine its health implications in the developing countries. Dr Nakajima drew attention to the adjustments which were also taking place in the social sector in several developed countries and to the danger that the "adjustment technology" applied there would be exported together with the so-called "economic advisers" - to the developing world. Social scientists needed to obtain a more balanced and sensitive view of the disadvantages as well as the advantages of "conventional" adjustment policies and solutions.

11. Dr Nakajima said that he was sometimes asked by governments about the roles of the two organizations and that such questions were welcome in that they underscored the need for genuine, hand-in-hand complementarity and a spirit of cooperation and harmony in WHO's and UNICEF's efforts to promote health. For its part WHO perceived the two agencies to be closely interlinked by what he described as the four "Cs": common concern for women and children's health; complementarity in support of countries; consistency in the messages conveyed; and coordination at all levels - nowhere more so than at the country level. Consistency in the technical and programmatic messages disseminated to countries was critical in maintaining credibility and moral and technical leadership in support of the health and wellbeing of women and children. An important means of ensuring such consistency had been the formulation and issuance of joint WHO/UNICEF statements on global primary health care issues and relevant technology. The two organizations had learned from experience that joint moral and technical authority had given a much greater weight to those statements than would have been achieved had they worked in isolation.

12. He concluded by wishing the members success in their discussions and urging them to confront without hesitation any difficulties that might come to light. He said that his policy, as Director-General of WHO, was based on "continuity with change" and that change must be in accordance with the constantly evolving global situation in areas that could not fail to have an impact on UNICEF's and WHO's common constituency: the health of the women and children of the world.

13. Mr James P. Grant, Executive Director of UNICEF, commented that while the mechanism of the Joint Committee on Health Policy was considered exemplary and had been sustained during the past 40 years, the experience had, nevertheless, not been emulated - a fact which perhaps underlined the very special nature of the WHO/UNICEF relationship. JCHP was more than rhetoric: its role in giving substance to the promotion of the child survival and development revolution in the context of primary health care was just one demonstration of that fact.

¹ Document JC27/UNICEF-WHO/89.3.

14. Mr Grant referred to the many important events which had occurred since JCHP's last session in January 1987. First of all, the worldwide "outbreak of peace", recently described by the Secretary-General of the United Nations as a time of spectacular political breakthroughs and a dawning of opportunity for major - if not comparable - social and economic breakthroughs, thanks to a new willingness, a new spirit of cooperation and the desire to find new tasks to carry out together. Surely, he argued, health or children, or ideally the two together, should be one subject of such a common world endeavour.

15. The second major development had been the acceptance, at least rhetorically, of the need for "adjustment with a human face": recognition that, in the response to economic imperatives, human needs could not simply be pushed to one side had gained ground in many circles - sometimes unexpectedly. Convincing many governments to acknowledge that principle and put it into practice would be a major challenge of the Fourth United Nations Development Decade.

16. Thirdly, the past two years had seen a breakthrough where child survival and development were concerned, and what five years ago had been an optimistic proposition had become a measurable process. The advance of the Expanded Programme on Immunization towards its 1990 target and progress in oral rehydration therapy were just two illustrations, beyond which lay the broader perspective of significantly enhanced primary health care, in terms of both structure and influence. Consolidation of those achievements was one of the challenges that lay ahead.

17. Sustainability was the fourth issue that had recently come to the fore. The will to advance could ensure real progress - but, he asked, how could that progress be sustained? The Bamako Initiative offered one framework for the answer to that question. Next, Mr Grant referred to the significantly increased importance of the child and its needs on the political agenda. From the mid-1980s onwards, an increasing number of national leaders had become positively involved in the politics of health. Lastly, he referred to the new horizons fixed at the March 1988 meeting sponsored by the Task Force on Child Survival at Talloires to which there had been a most encouraging response; to the Cocoyoc Declaration; and to the hopes vested in the coming UNESCO/UNICEF/World Bank meeting on education for all, already being announced as the "Alma-Ata for education".

18. The past two years, he concluded, had demonstrated as never before the importance of political will, not just in the strictest sense of that term but at the political, professional and community levels alike. What was certain in the last resort was that where will was harnessed to new ends - and independently of the way - much more could be done to attain those ends. During the session he believed, JCHP should ask itself how the two organizations might capture and channel political will. For example, they might constantly give reminders of the adverse consequences of the present situation; highlight the deterioration that was taking place; repeat the fact that some 40 000 children still die every day; or alternatively emphasize the existing opportunities that - given the will and even a "modest wallet" - could be exploited and turned to good account. The idea of an international summit meeting on the theme of "Today's children - tomorrow's world" had been advanced with some trepidation, but the response had been most encouraging. He left the idea, together with the other notions evoked, for the consideration of the Committee, whose deliberations, he hoped, would be crowned with success.

III. REVIEW OF WHO HEALTH POLICIES AND RELATED WHO AND UNICEF RESOLUTIONS

19. In January 1987 the members of JCHP at its twenty-sixth session had expressed their satisfaction at being given the opportunity to review recent international health policy as defined in World Health Assembly resolutions and UNICEF Executive Board resolutions, and had asked that such a review should take place at each session of JCHP. The document

before the Committee¹ highlighted health policies and contained the full text of 17 resolutions adopted by the World Health Assembly in 1987 and 1988 and 11 resolutions adopted by the UNICEF Executive Board in the same years. The main criteria for their selection had been their particular relevance as a policy guidance framework for action for UNICEF/WHO collaboration. The Committee noted that there were striking similarities in the objectives of the resolutions which indicated the areas for complementary action at the global level and particularly in countries, for example: increased support for the least developed countries; the rational use of drugs; universal child immunization; water, sanitation and hygiene and their importance in diarrhoeal diseases control; and women in development.

20. Recommendation. JCHP took note of the resolutions presented for its information and recommended the submission of the following World Health Assembly resolutions to the UNICEF Executive Board in view of their importance to its work:

- WHA41.34 - Strengthening primary health care
- WHA40.27 - Maternal health and safe motherhood
- WHA40.34 - Diarrhoeal diseases control
- WHA41.11 - Infant and young child nutrition
- WHA41.28 - Global eradication of poliomyelitis by the year 2000
- WHA41.16 - Rational use of drugs
- WHA40.26 - Global strategy for the prevention and control of AIDS
- WHA40.35 - Towards the elimination of leprosy
- WHA41.25 - Tobacco or health.

It further recommended that the attention of the WHO Executive Board should be drawn to the following UNICEF Executive Board resolutions:

- E/ICEF/1988/3 - The Bamako Initiative
- E/ICEF/1988/15 - Problems and priorities regarding recurrent costs
- E/ICEF/1988/2 - Water, sanitation and health for all by the year 2000
- E/ICEF/1988/6 - Progress report on achievements made in the implementation of UNICEF policy on women in development.

21. The following sections summarize the Committee's discussion on several of the abovementioned resolutions and include, where appropriate, recommendations for further action.

Tobacco or health

22. JCHP considered a special aspect of the broader problem reflected in WHO resolution WHA41.25 on tobacco or health. The Committee noted that the use of tobacco has a direct harmful effect on the health of women who smoke and, among pregnant women, on their unborn children. In addition, women who smoke, particularly mothers, set poor examples for children that can lead to their smoking. Purchase of cigarettes often constitutes a drain on individual and family budgets, particularly in low-income groups where priorities for children's health and education are very important.

23. JCHP noted the sharp dichotomy between the tobacco trade and health: for many countries tobacco revenues are very important as a source of national income, while on the other hand tobacco use and the health problems it causes ultimately lead to an enormous burden on human beings and on the health systems. The importance of educating children to prevent them from starting to smoke was emphasized, and the inclusion of education on healthy lifestyles in general in school curricula was encouraged. JCHP urged UNICEF to work closely with WHO on such educational efforts, in particular on "World No-Tobacco Day", 31 May, which in 1989 was to be devoted to "Women and tobacco".

¹ Document JC27/UNICEF-WHO/89.2.

24. Recommendations. JCHP recommended that the UNICEF Executive Board, at its session in April 1989, should consider the role of UNICEF in implementing a programme directed toward educating women and children about the hazards of smoking. JCHP also recommended that UNICEF and WHO, in cooperation with other organizations of the United Nations system, as appropriate, should monitor the effect over time of the reduction in demand for tobacco on the economies of some developing countries, and support countries in preventing such measure from having a negative impact on the health of the most vulnerable groups. Efforts should be made to assist countries in finding alternative crops.

Eradication of poliomyelitis and related EPI issues

25. In its review and endorsement of resolution WHA41.28 on the global eradication of poliomyelitis by the year 2000, JCHP stressed that attention to this goal should strengthen the development of the Expanded Programme on Immunization (EPI) as a whole and not detract from the efforts to combat the other EPI target diseases. The importance of measles as a major cause of mortality in many countries and the feasibility of its eradication was discussed; the recommendation formulated in this connection is reported in paragraph 45.

26. JCHP pointed to the importance of integrating specific action such as immunization programmes and oral rehydration therapy into community health services based on primary health care in order to ensure their sustainability.

International Drinking Water Supply and Sanitation Decade

27. While noting, in its review of resolution E/ICEF/1988/2 of the UNICEF Executive Board on water, sanitation and health for all by the year 2000, that tremendous progress has been achieved during the first eight years of the International Drinking Water Supply and Sanitation Decade, JCHP recognized that in view of rapid population growth, the coverage will begin to decline if programme implementation is not accelerated. JCHP commended both WHO and UNICEF for their efforts to assist countries in providing safe water and sanitation and recommended that the two organizations should continue to carry out complementary activities at the country level. The Committee noted the resolution on this subject adopted by the WHO Executive Board in January 1989 (resolution EB83.R14) which also underlined the need for accelerated implementation.

Women, health and development

28. In reviewing UNICEF Executive Board resolution E/ICEF/1988/6 on women in development, JCHP once again stressed the importance of education and literacy for women as a means of obtaining the knowledge and attitudes they require to protect and promote their own health and that of their children. Concern was expressed that in some countries there were still considerably fewer young women of school age enrolled either in formal educational institutions or in literacy classes. The two organizations should therefore do more to increase public awareness of the critical need for the education of women and girls. JCHP noted with interest the development and implementation of a primary school health curriculum in one region which was designed to bring specific health messages to young women and men. This initiative has led to combined visits of UNICEF, UNESCO and WHO officials to countries in the region to increase and stimulate discussion across a wide political spectrum in these countries.

29. In considering the resolution of the World Health Assembly on maternal health and safe motherhood (resolution WHA40.27) JCHP noted that, on the one hand, improvements in this sphere would come about with the improved status of women and their better education, and that, on the other, adequate health services had to be available for mothers. In the WHO Eastern Mediterranean Region the goal of at least one trained traditional birth attendant in every village was being achieved.

IV. THE WORLD ECONOMIC CRISIS AND ITS IMPACT ON HEALTH AND HEALTH SERVICES

30. In discussing this item, JCHP noted that international indebtedness has affected the developing countries particularly seriously, especially those with widespread systems of government subsidy. The Committee's attention was drawn to the discussion on this issue that had taken place in the WHO Executive Board in January 1989, which had adopted resolution EB83.R20 on "Strengthening support to countries in rationalizing the financing of health care services" and resolution EB83.R21 on "Strengthening technical and economic support to countries facing serious economic constraints". Both those resolutions contained recommended resolutions for submission to the Forty-second World Health Assembly in May 1989.

31. The Committee endorsed the call for wider recognition of the need for "adjustment with a human face", i.e., the concept that, in responding to economic imperatives, human needs should not be sacrificed. The "adjustment technology" of the industrialized countries is not necessarily appropriate for the different economic and social structures of the poorest countries and may have exacerbated the situation of the most vulnerable groups. In this respect, the background document¹ may have understated the seriousness of the crisis.

32. The Committee noted that economists and national planning and financial authorities were generally unfamiliar with health issues and continued not to regard expenditure on health as an essential investment in development. Doctors and other medical professionals are likewise often unfamiliar with economic issues and reluctant to make recommendations for appropriate action. Many ministers of health do not understand why funds for their ministries' activities are cut. Sensitization is therefore needed at all levels as to how the consequences of the economic crisis should be identified and tackled. Measures should include orientation to economic aspects - those of appropriate technology, cost recovery, cost-containment, allocation of resources and operational efficiency - as they affect clinical, teaching and nursing staff and not just the staff of health planning units. The Bulletin of the International Pediatric Association was recommended as a means for dissemination of such questions.

33. JCHP concluded that a greater sense of urgency and pragmatism is required in response to the economic crisis. The basis of decision-making needs to be broadened to spread the task of information collection and analysis and ensure the establishment and use of economic structures which admit of greater participation by the social sector, including the health sector. Health and economic concerns should therefore be pursued together, not in isolation.

34. WHO and UNICEF should have deeper and more systematic contacts, at country and global levels, with international financing agencies, and should themselves have regular consultations. These agencies are potential catalysts and supporters of countries' efforts to escape from poverty. Countries must, however, deal with their own particular situations. Expenditure on health as a contribution to economic and social development needs to be better documented from "success" stories, and a "health-istic" response to the "economistic" outlook on development should be fostered. Much more attention should be paid to the interdependence of the global economic situation since this has an important impact on health. In summary, JCHP called for greater emphasis on this "critical and sinister reality".

35. The Committee endorsed the recommendations for (1) medium- and (2) short-term action contained in the document and (3) added recommendations and clarification of its own, as follows:

¹ Document JC27/UNICEF-WHO/89.3.

Recommendations

(1) JCHP recommended that over the medium-term period of five years, UNICEF and WHO should:

(a) support training courses and workshops on economics, option appraisal and financial management at national and district level for policy-makers from health and related sectors and health programme managers;

(b) identify regional institutions in the area of health economics and assist them to develop continuing training, policy analysis and information support for countries;

(c) support regionally-based professional networks of economists and policy analysts active in the health policy field in order to increase locally-available consulting and advisory skills; and also provide support as appropriate for meetings to disseminate and exchange information, and for training;

(d) support the development of training materials and conduct training courses in economics-related areas for WHO and UNICEF staff in countries, and their regional and headquarters staffs.

(2) JCHP recommended that in the short term, UNICEF and WHO should:

(a) support countries in identifying, collecting, analysing and publishing possible indicators of the economic situation and of efficiency and equity in financing and resource use in the health sector, for application in (i) fast-response policy information systems, (ii) country-level review processes, and (iii) international situation analyses;

(b) systematize and expand information support to countries on UNICEF's and WHO's experiences in economic aspects of the provision and utilization of health services, by (i) undertaking and publishing case studies of innovations in financing, resource allocation and resource management; (ii) providing methodological and procedural advice; and (iii) developing an expanded bibliographical data-base for improving the dissemination of country experience and research findings;

(c) increase their support to countries for policy reviews related to (i) the impact of economic conditions on health and health services, (ii) the needs and role of the health sector in the national economy, and (iii) appraisal of options within the health sector.

(3) JCHP also recommended that:

(a) support for country-level analysis should be multidisciplinary and pragmatic and the analysis should be expressed in clear language;

(b) experiences of positive adjustment, in which social and economic processes evolve together, should be documented in a study for the next session of JCHP;

(c) monitoring should be reinforced to ensure that data are not only collected but also analysed and disseminated as a basis for increased advocacy;

(d) health and economic concerns should be integrated into a wider analysis of the changing international and social situation;

(e) UNICEF and WHO should take stock of their experiences more frequently;

(f) health professionals should increase public awareness of the negative effects on health and development of little or no investment in human capital resulting from adjustment policy.

V. WHO/UNICEF STRATEGY FOR IMPROVED NUTRITION OF MOTHERS AND CHILDREN IN THE DEVELOPING WORLD

36. The Committee commended the document¹ and endorsed the strategy with its emphasis on prevention of ill-health. It supported the proposal to promote a common nomenclature and definitions, as set out in the technical annex to the document.

37. While JCHP considered the nutrition targets for the 1990s appropriate, it was commented that attempts should be made to achieve the breast-feeding target immediately, without waiting for the 1990s. It was thought that a major handicap to the initiation of breast-feeding was the attitude often found amongst obstetricians/paediatricians and maternity facilities, and in this connection the Committee welcomed the forthcoming joint WHO/UNICEF statement on "Protecting, promoting and supporting breast-feeding: the special role of maternity services".

38. The discussions highlighted the importance of food and nutrition surveillance and recognized the importance of the Interagency (WHO/UNICEF/FAO) Food and Nutrition Surveillance Programme. It was noted that surveillance is useful to the extent that it leads to action to improve food and nutrition.

Recommendation

(1) JCHP recommended that the document be elaborated further regarding the multisectoral nature of nutrition and distributed widely for discussion and further development. The revised document could serve as the basis for a presentation to the UNICEF and WHO Executive Boards in 1990.

VI. WHO/UNICEF COMMON GOALS FOR THE HEALTH OF WOMEN AND CHILDREN BY THE YEAR 2000

39. The document before the Committee² was an articulation of WHO/UNICEF common goals for achieving improved health status for women and children, which would in turn promote development during the final decade of the twentieth century. It was proposed that the goals be presented to the United Nations to form part of the Fourth United Nations Development Decade 1991-2000.

40. The goals have been grouped under: Reduction of mortality, Women's education and health, Better nutrition, Control of childhood diseases, and Control of the environment - clearly priority areas of concern for WHO and UNICEF. They have been adopted in various contexts by the World Health Assembly and build directly on the social goals of the Third United Nations Development Decade (1981-1990).

41. The Committee agreed that it is of the utmost importance that these goals should serve not only as targets but as reference points for monitoring the implementation of primary health care strategies at local, country, regional and global levels.

42. The implementation of the measures to achieve these goals will depend on considerable improvement of the health infrastructure in a number of countries. While recognizing that difficulties will be encountered if the prevailing economic crisis is not alleviated, the Committee stressed that, the fact that these goals are being approached simultaneously is what makes each of them possible.

¹ Document JC27/UNICEF-WHO/89.4.

² Document JC27/UNICEF-WHO/89.5.

43. Editorial changes and technical clarifications were made and agreed by the two Secretariats and the full text of all the goals are attached as Annex III to this report.

Recommendations

(1) JCHP urged that the goals (Annex III) be submitted to the Executive Boards of UNICEF and WHO, respectively, for further discussion and approval in connection with the Fourth United Nations Development Decade (1991-2000).

(2) The following specific recommendations were made and agreed with respect to modification of the goals put forward in the document and are incorporated in Annex III.

4.3 Reduction by 95% of measles deaths and reduction by 90% of measles cases compared to pre-immunization levels by 1995, as a major step towards the global eradication of measles in the longer term;

.....
5.4 Achievement of a safer and more sanitary environment with significant reduction of radioactive, chemical, microbiological and other pollutants.

VII. PROGRESS REPORTS

44. A recurrent theme stressed by members of JCHP throughout their review and discussion of the following progress reports was that while each of these initiatives was important in its own right, the overall impact was greater than the sum of the parts and essential for primary health care. Each programme should be working to strengthen the health care infrastructure needed for the other programmes, and each should continuously look for ways to promote other programmes. This serves both to maximize their synergistic impact in reducing morbidity and mortality and to ensure their sustainability.

Expanded Programme on Immunization

45. JCHP reviewed and discussed in depth the progress and evaluation report on EPI (document EB83/4)¹ submitted to the WHO Executive Board in January 1989.

Recommendations

(1) JCHP called the attention of the UNICEF Executive Board to resolution EB83.R2 adopted by the WHO Executive Board on 16 January 1989 and urged UNICEF to continue its collaboration with WHO in support of EPI - collaboration which has been a model of effectiveness and complementarity.

(2) JCHP, noting the projection in the WHO progress and evaluation report on EPI (document EB83/4) that "... with vigorous efforts, a coverage rate for a protective course of the EPI vaccines of some 75% may be obtained by the end of 1990" and also that "... surprising progress is possible where political will is strong", urged UNICEF and WHO to exert every effort to attain a coverage of at least 80% by the end of 1990 and particularly underlined the importance of efforts in the areas of social mobilization and reinforcement of national political will.

(3) JCHP, underlining the importance of the disease control targets identified in that report, including the global eradication of poliomyelitis (by the year 2000) and the reduction of measles cases by 90% and the elimination of neonatal tetanus by 1995, called the attention of the UNICEF and WHO Executive Boards to the

¹ See document JC27/UNICEF-WHO/89.6.

possibility of measles eradication. The achievement of the 1995 measles disease reduction target will constitute a major step towards global measles eradication and will raise the realistic hope that measles could soon join smallpox and poliomyelitis as a disease of the past.

(4) JCHP noted that a number of countries and the sub-Region of the Caribbean have already adopted national or regional measles eradication goals. It recommends that UNICEF and WHO Executive Boards should encourage other countries or areas which are in a position to do so to adopt such goals with a view to rapidly acquiring the experience needed for global eradication of the most lethal of the EPI target diseases, which currently takes the lives of over 1.5 million children annually.

Bamako Initiative

46. The document before the Committee¹ was a progress report on the Bamako Initiative, which originated at the meeting of the African Ministers of Health in 1987 and which is directed towards improving maternal and child health through universal access to primary health care at a time of tremendous economic stress. The Committee noted that a number of countries are moving toward implementing the Bamako Initiative.

47. The Committee noted that it is currently anticipated that five or six country programmes will be presented to the UNICEF Executive Board in April 1989 and that joint WHO/UNICEF guidelines have been prepared and distributed. WHO and UNICEF are also issuing simple programme guides and a series of reference documents.

48. The Committee noted that advocacy is important in the early stages to ensure support not only at the highest levels of government but also at district and local levels and to encourage self-reliance.

49. The Committee recognized that, given the recent birth and the innovative nature of the Bamako Initiative, there are a number of related issues which have not been fully examined; it noted, for example, that an important guiding principle of the Bamako Initiative should be that countries develop national policies on the rational use of drugs and access to essential drugs in line with the policies adopted by the World Health Assembly.² WHO and UNICEF expressed willingness to examine these issues.

Recommendations

(1) In the light of the fact that the Bamako Initiative is new, JCHP cautioned that the objective must be clearly understood and must take into account the rational use of drugs and access to essential drugs.

(2) JCHP recommended training for those who prescribe drugs as well as those who manage the resources in districts and communities, since it is essential to avoid over-use of drugs and ensure the integrity of the revolving funds.

(3) JCHP strongly encouraged close collaboration between WHO and UNICEF in monitoring and evaluation of the Bamako Initiative in the context of the ultimate goal, revitalization of primary health care.

(4) Notwithstanding the cautionary remarks expressed above, JCHP agreed that, in view of the significance and timeliness of the Bamako Initiative, efforts should move forward to implement this programme in order to gain experience.

¹ Document JC27/UNICEF-WHO/89.8.

² Resolutions WHA39.27 and WHA41.26.

Staff development and training

50. JCHP noted that the report¹ on staff development and training in the context of UNICEF/WHO complementarity highlighted the collaboration between the staff of UNICEF and WHO in joint activities. The Committee also noted the need for country representatives of UNICEF and WHO to participate in training workshops in order to understand the roles of UNICEF and WHO in their complementarity in joint activities to support programmes in the countries.

Diarrhoeal diseases control

51. JCHP recognized that the Diarrhoeal Diseases Control Programme (CDD), as presented in the document before it,² was progressing even more rapidly than had been anticipated, and gave its full support. Achieving the Programme's targets should receive high priority for several years within the overall child survival initiative for decreasing childhood mortality and malnutrition, and will require considerable changes in the attitudes and practices of the medical profession and the behaviour of those caring for children. WHO and UNICEF must continue to support governments in accelerating training, intensive efforts for education and social mobilization in order to facilitate behavioural change. It is also important that national CDD programmes maintain their close links with other environmental health efforts, and that the global Programme continue its support of research to determine means of improving hygiene in the home. JCHP also encouraged studies to determine the relation between vitamin A deficiency and diarrhoea morbidity, and the benefits of routine administration of vitamin A to diarrhoea cases in parts of the world where vitamin A deficiency is common.

52. As both CDD and acute respiratory infections (ARI) programmes seek to reduce mortality in children below five years of age through case management, many operational aspects of CDD programmes can be applied to national ARI programmes (e.g. in areas of training, monitoring, supervision and evaluation). ARI programmes should also be closely linked to essential drug programmes to help ensure that the appropriate antibiotic is available to the child with pneumonia when needed.

53. WHO and UNICEF should provide support for the initiation of national ARI control activities, as the scientific basis of pneumonia case management - i.e., simpler methods for recognition of cases, and the benefit of antibiotics - is now well founded. It was also realized that more operational experience with ARI programmes is required before national ARI activities are fully integrated with CDD and other child health activities. Furthermore, reduction of pneumonia mortality (by as much as 25%-35%) will also be achieved through immunization (against measles, pertussis) and reduction of malnutrition.

Global Programme on AIDS

54. The Committee endorsed the report³ and welcomed the good collaboration between UNICEF and WHO at the global, regional and country levels in the implementation of the global AIDS strategy. At country level it was stressed that the national AIDS plans continue to serve as the framework for all AIDS activities. The Committee noted that new initiatives between the two organizations would emphasize increased collaboration at the national level and would include a joint investigation of the impact of AIDS on women and children.

55. The Committee was informed of a meeting being planned jointly by WHO and UNICEF to pursue the question of how best to bring educational messages to the community and how to ensure that they reached people who were outside the range of mass campaigns.

¹ Document JC27/UNICEF-WHO/89.10.

² Document JC27/UNICEF-WHO/89.7.

³ Document JC27/UNICEF-WHO/89.9.

Joint WHO/UNICEF Nutrition Support Programme

56. JCHP noted the report¹ on the progress achieved and the lessons learned from the Joint WHO/UNICEF Nutrition Support Programme (JNSP), and the emphasis placed on the importance of mobilizing communities to work in partnership for their own development. It also noted the significant contribution made by JNSP on the international scene to the furtherance and enhancement of nutrition.

57. While noting that most JNSP country programmes still have two to three years to run with existing funds, JCHP took note that JNSP would terminate at the end of 1989.

Information, education and communication

58. The document before JCHP² was both a progress report and a vehicle for presentation of the overall strategy and plan of action for information, education and communication (IEC), the plan of action being directed towards implementing the guidelines endorsed by JCHP in 1987.

59. The Committee emphasized that IEC is of the utmost importance in the effort to achieve health for all by the year 2000 and the goals of the "Child Survival and Development Revolution". The need to maintain consistent efforts to reach political leaders and policy-makers at all levels as well as a broad range of groups (see recommendation (1) below) so as to advance and sustain social mobilization, was reaffirmed. The Committee endorsed the overall strategy and plan of action proposed for 1989 and 1990.

60. The Committee commented that behavioural change can have an enormous positive impact on morbidity and mortality, and that IEC is the major mechanism for achieving that change. The Committee noted that in many countries, particularly where infrastructure needs have been largely met, significant improvements in health programmes will depend to a large measure on behavioural change. Health professionals including doctors/medical practitioners must be motivated and provided with the knowledge permitting them to effect behavioural changes in their patients as well as within the institutions with which they, the professionals, are associated. This may require changes in medical education and other curricula for the health professions. The role of education and information in relation to maternal health was also stressed.

Recommendations

(1) Recognizing that efforts must be made to mobilize youth organizations, youth leaders, trade unions, school leaders, teachers and others to be more actively involved in communicating health messages, JCHP urged that teachers be singled out as a group for particular attention in this regard.

(2) JCHP urged that the promotion of breast-feeding become one of the foci of information, education and communication activities.

(3) JCHP recommended that action be taken to provide a clearer focus for joint efforts of WHO and UNICEF for information, education and communication.

(4) JCHP recommended the submission of the following text to the respective Executive Boards:

¹ Document JC27/UNICEF-WHO/89.12.

² Document JC27/UNICEF-WHO/89.11.

"The JCHP encourages WHO and UNICEF to give increased attention to strengthening the political will of national and professional leadership towards greater use of communications and mobilization of societal forces in promoting health action, especially through the application of better health practices among families. This includes more effective utilization of existing infrastructure and social institutions for preventive health actions."

Safe Motherhood Initiative

61. The document before the Committee¹ was a report on the progress of the Safe Motherhood Initiative since its inception in 1987. The Committee fully endorsed the conclusions presented in the document and recognized that safe motherhood is not only central to the health of most women but also an important requirement for ensuring the survival of newborn children in terms of both quantity and quality.

62. The Committee agreed that the four-part strategy described below was essential to the achievement of a rapid reduction of maternal mortality:

- equal access for girls and boys to education, food and health care;
- provision of help in family planning so as to prevent high-risk and unwanted pregnancies;
- primary maternal health care, especially: effective prenatal care for all women and the presence of a trained assistant at all births;
- access to emergency obstetric care for all women with severe life-threatening complications of pregnancy and childbirth.

Recommendation

JCHP urged that means be found to convince decision-makers of the importance of safe motherhood in the context of overall development strategies and programmes.

VIII. DATE OF NEXT SESSION OF JCHP

63. It was agreed that the twenty-eighth session of the UNICEF/WHO Joint Committee on Health Policy should take place in Geneva immediately following the eighty-seventh session of the WHO Executive Board in January 1991.

¹ Document JC27/UNICEF-WHO/89.13.

UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY
Twenty-seventh session
Geneva, 23-25 January 1989

AGENDA

1. Opening
 - Election of Chairman and Rapporteurs
 - Adoption of agenda [JC27/UNICEF-WHO/89.1]
2. Review of WHO health policies and UNICEF resolutions [JC27/UNICEF-WHO/89.2]
3. The world economic crisis and its impact on health and health services [JC27/UNICEF-WHO/89.3]
4. WHO/UNICEF strategy for improved nutrition of mothers and children in the developing world [JC27/UNICEF-WHO/89.4]
5. UNICEF/WHO common goals for health development of women and children by the year 2000 and as a contribution to the Fourth United Nations Development Decade 1991-2000 [JC27/UNICEF-WHO/89.5]
6. Progress reports on specific topics
 - 6.1 Expanded Programme on Immunization (EPI) [JC27/UNICEF-WHO/89.6]
 - 6.2 Diarrhoeal Diseases Control (CDD) [JC27/UNICEF-WHO/89.7]
 - 6.3 The Bamako Initiative [JC27/UNICEF-WHO/89.8]
 - 6.4 WHO Global Programme on AIDS (GPA) [JC27/UNICEF-WHO/89.9]
 - 6.5 Staff development and training in the context of UNICEF/WHO complementarity in support of primary health care [JC27/UNICEF-WHO/89.10]
 - 6.6 Information, education and communication [JC27/UNICEF-WHO/89.11]
 - 6.7 Joint Nutrition Support Programme (JNSP) [JC27/UNICEF-WHO/89.12]
 - 6.8 Safe motherhood [JC27/UNICEF-WHO/89.13]
7. Other matters

ANNEX II

UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY
Twenty-seventh session
Geneva, 23-25 January 1989

LIST OF PARTICIPANTS

UNICEF Executive Board members

Mr Z. R. Akplogan
Deuxième Conseiller
Mission permanente du Bénin
auprès de l'Organisation des
Nations Unies à New York

Dr Immita Cornaz²
Adjointe scientifique
Direction de la Coopération au
Développement et de l'Aide
humanitaire
Département fédéral des Affaires
étrangères
Suisse

Ms Margarita Dieguez, Chairman
Minister
Permanent Mission of Mexico to the
United Nations, New York

Professor I. Dogramaci
President
Council of Higher Education
Turkey

Mrs L. Vogel, Rapporteur
Associate Director
Office of International Health
Public Health Service
Department of Health and Human
Services
USA

Dr Suyono Yahya
Secretary to the Minister
Coordinator for People's Welfare
Indonesia

WHO Executive Board members

Dr N. Blackman¹
Minister of Health
Guyana

Professeur J.-F. Girard³
Directeur général de la Santé
Ministère de la Solidarité, de la Santé
et de la Protection sociale
France

Dr H. Oweis
Secretary-General of Jordan Medical
Council
Ministry of Health
Jordan

Professor R. Figueira Santos,
Rapporteur
Professor of Internal Medicine
Federal University of Bahia
Brazil

Dr O. Tall
Inspecteur en Chef de la Santé publique
et des Affaires sociales
Ministère de la Santé publique et des
Affaires sociales
Mali

Dr S. Tapa
Minister of Health
Tonga

¹ Alternate member replacing Mr K. G. Rahman.

² Alternate member replacing Ms T. Skard.

³ Unable to attend (Mr Hervé Ladsous, First Counsellor, Permanent Mission of France to the United Nations and specialized agencies at Geneva, attended as an observer).

Annex II

LIST OF PARTICIPANTS

UNICEF Secretariat

Mr James P. Grant, Executive Director
 Dr R. Jolly, Deputy Executive Director, Programmes
 Mr P. Evans, Senior Supply Officer
 Dr P. Greaves, Senior Nutrition Adviser
 Dr T. Hill, Senior Health Adviser
 Mr R. Hoffmann, Deputy Director, Geneva Office
 Mr F. Kronfol, Manager, The Bamako Initiative
 Dr Nyi Nyi, Director, Programme Division
 Mr B. Oldaeus, Secretary of the UNICEF Executive Board
 Dr V. Ramalingaswamy, Special Adviser, Programme Division
 Mr L. Rivera, Chief, Programme Communication/Social Mobilization
 Dr A. C. Paganini, Joint WHO/UNICEF Nutrition Support Programme

WHO Secretariat¹

Dr Hiroshi Nakajima, Director-General
 Dr M. Abdelmoumène, Deputy Director-General
 Mr M.A. Acheson, Manager, Community Water Supply and Sanitation (CWS)
 Dr T. Bektimirov, Assistant Director-General
 Ms P. Brice, Office of External Coordination (ECO)
 Mme P. Brudon Jakobowicz, Action Programme on Essential Drugs (DAP)
 Mrs I. Brüggemann, Representative of the Director-General of WHO to the United Nations System and other Intergovernmental Organizations, New York (DGR)
 Dr C. Chollat-Traquet, Associate Programme Manager, Tobacco or Health (TOH)
 Dr R. Cook, Family Health (FHE)
 Mr A. Creese, National Health Systems and Policies (NHP)
 Mr H. Dhillon, Director, Division of Health Education and Promotion (HEP)
 Dr N. Drager, Office of External Coordination (ECO)
 Dr V. Fattorusso, Adviser to Dr Hu Ching-Li, Assistant Director-General
 Dr H. A. Gezairy, Regional Director for the Eastern Mediterranean
 Dr K. Giri, Regional Adviser, Family Health, South-East Asia
 Dr E. Goon, Acting Assistant Director-General and Director HMD
 Dr C. Guerra de Macedo, Regional Director for the Americas
 Mme M. Helling-Borda, Action Programme on Essential Drugs (DAP)
 Dr R. H. Henderson, Director, Expanded Programme on Immunization (EPI)
 Dr Hu Ching-Li, Assistant Director-General
 Dr M. Jancloes, Chief, Office of International Cooperation (ICO)
 Dr J.-P. Jardel, Assistant Director-General
 Dr Y. Kawaguchi, Director, Planning, Coordination and Cooperation (PCO)
 Mrs A. Kern, Director, Division of Public Information and Public Relations (INF)
 Dr S. Khanna, Adviser to the Deputy Director-General
 Dr A. Kochi, Chief, Tuberculosis (TUB)
 Dr U Ko Ko, Regional Director for South-East Asia
 Dr W. Kreisel, Director, Division of Environmental Health (EHE)
 Dr Maaza Bekele, Office of External Coordination (ECO), Secretary
 Dr J. Mann, Director, Global Programme on AIDS (GPA)
 Dr M. Merson, Director, Diarrhoeal Diseases Control Programme (CDD)

¹ WHO technical staff on this list attended for the discussions on specific agenda items.

Annex II

LIST OF PARTICIPANTS

Dr G. L. Monekosso, Regional Director for Africa
Dr S. K. Noordeen, Chief, Leprosy (LEP)
Dr A. Petros-Barvazian, Director, Family Health (FHE)
Dr W. J. Pigott, Programme Manager, Staff Development Programme (SDP)
Dr A. Pradilla, Chief, Nutrition (NUT)
Dr G. Quincke, Head, Food Aid Programmes (FAP)
Dr D. K. Ray, Chief, Governing Bodies and Protocol (GBP)
Dr M. Sathianathan, WHO Representative in Indonesia
Dr I. Tabibzadeh, Chief, National Health Systems and Policies (NHP)
Dr E. Tarimo, Director, Strengthening of Health Services (SHS)
Dr B. Thylefors, Programme Manager, Prevention of Blindness (PBL)

WHO/UNICEF COMMON GOALS FOR THE HEALTH OF WOMEN AND CHILDREN
BY THE YEAR 2000

1. Reduction of mortality
 - 1.1 Reduction by 50% from 1980 levels of maternal mortality rates.
 - 1.2 Reduction of 1980 infant mortality rates by at least half or to 50 per 1000 live births, whichever is the greater reduction.
 - 1.3 Reduction of 1980 under-five mortality rates by at least half or to 70 per 1000 live births, whichever is the greater reduction.
2. Women's education and health
 - 2.1 Achievement of universal primary education and 80% female literacy.
 - 2.2 Access by all couples to information and services for child spacing.
3. Better nutrition
 - 3.1 Reduction of the rate of low birth weight (2.5 kg) to less than 10%.
 - 3.2 Empowerment of all women to exclusively breast-feed their children for four to six months and to continue breast-feeding with complementary food well into the second year.
 - 3.3 Virtual elimination of severe malnutrition (severe stunting, severe wasting, severe obesity) in children under five years, and reduction by half of moderate malnutrition.
 - 3.4 Virtual elimination of iodine deficiency disorders.
 - 3.5 Virtual elimination of the blindness and other consequences of vitamin A deficiency.
4. Control of childhood diseases
 - 4.1 Global eradication of poliomyelitis.
 - 4.2 Elimination of neonatal tetanus by 1995.
 - 4.3 Reduction by 95% of measles deaths and reduction by 90% of measles cases compared to pre-immunization levels by 1995, as a major step towards the global eradication of measles in the longer term.
 - 4.4 Reduction by 70%, compared to 1980 levels, of deaths due to diarrhoea in children under five years; and 25% reduction of the diarrhoea incidence rate compared to 1980.
 - 4.5 Reduction by 25%, compared to 1980 levels, of deaths due to acute respiratory infections in children under five years, excluding the current target diseases of EPI.¹

¹ Diphtheria, pertussis, tetanus, measles, poliomyelitis and tuberculosis.

Annex III

5. Control of the environment

- 5.1 Universal access to safe drinking-water.
- 5.2 Universal access to sanitary means of excreta disposal.
- 5.3 Elimination of guinea-worm disease (dracunculiasis).
- 5.4 Achievement of a safer and more sanitary environment with significant reduction of radioactive, chemical, microbiological and other pollutants.

RELEVANT RESOLUTIONS ADOPTED BY THE EXECUTIVE BOARD AT ITS 1988 SESSION

1988/2. Water, sanitation and health for all by the year 2000:
UNICEF actions for the years to come

On the recommendation of the Programme Committee,

The Executive Board,

Recognizing the necessity for further improvements in water supply, sanitation and hygiene education to reach the target of "Health for all by the Year 2000", as described in document E/ICEF/1988/L.4,

Aware of the need to develop even closer co-operative links with other organizations to attain the objectives of improved infant and child health and development, especially relating to the control of diarrhoeal diseases,

1. Confirms that UNICEF should continue to promote the use of low-cost technologies and to advocate their acceptance in national planning and local implementation so as to achieve national coverage, sustainability and cost-effectiveness, and as much as possible based on the principle of replicability;

2. Urges that higher priority be given to human resource development as a critical factor in achieving and maintaining nation-wide water supply and sanitation coverage;

3. Further urges that sanitation, hygiene and health education be given prominence in existing and future water projects and that these be closely linked with diarrhoeal disease control programmes;

4. Recommends that greater attention be given to social mobilization at all levels and to the participation of beneficiaries so as to accelerate the rate of implementation and the coverage of programmes in this sector;

5. Further expects that the targets of assistance to this sector as projected in the medium-term plan for the period 1987-1991 (E/ICEF/1988/3) be met while promoting fund-raising to attract further supplementary assistance.

1988/3. The Bamako Initiative

On the recommendation of the Programme Committee,

The Executive Board,

Strongly welcoming the Bamako Initiative,

Taking into consideration the comments made by the members of the Executive Board,

1. Approves in principle the policy framework for the Initiative, initially for five years, as set out in documents E/ICEF/1988/P/L.40 and E/ICEF/1988/CRP.2;

2. Authorizes UNICEF to seek funding from interested donors for support;

3. Considers that it is advantageous to proceed from ongoing experiences and evaluate them before embarking on a comprehensive programme;
4. Decides that individual country programmes, having regard to the Bamako Initiative, should be submitted to the Executive Board for approval, either at regular Board sessions or, if necessary for more rapid action, by mail poll;
5. Also approves, in the meantime, an allocation of \$2 million from general resources for preparatory work and the authority to spend this allocation and up to \$30 million of supplementary-funded resources for initiating actions at the country level;
6. Requests the secretariat to report annually to the Executive Board on progress in this initiative.

1988/6. Progress report on achievements made in the implementation of UNICEF policy on women in development

On the recommendation of the Programme Committee,

The Executive Board,

Taking into consideration the comments made by the members of the Executive Board,

Endorses the recommendations for action as proposed in paragraphs 36 to 50 of section IV.

1988/15. Problems and priorities regarding recurrent costs

On the recommendation of the Programme Committee,

The Executive Board,

Aware of the major problems faced by many developing countries, in particular the least developed as well as the poorest countries, to ensure the sustainability and expansion of social sector programmes, and of the necessity, in many cases, to mobilize additional external resources to complement the efforts of the countries concerned,

Recognizing the need for UNICEF to develop policy guidelines with regard to recurrent cost financing with the aim to ensure sustainability of its programmes of co-operation, to facilitate and promote national restructuring actions and, in specific cases, to serve as a temporary funding bridge to meet critical needs,

1. Notes with interest the report of the Executive Director on problems and priorities regarding recurrent costs (E/ICEF/1988/L.3);
2. Requests the Executive Director to assist Governments in their efforts to reduce the total burden of recurrent costs through support to actions such as (a) improving programme management; (b) promoting the use of low-cost technologies; (c) adopting more community-based models of service delivery, management and financing; (d) promoting self-help practices at the household level; and (e) targeting services more effectively towards the needs of vulnerable groups, especially children and women;

3. Requests the Executive Director to assist recipient countries to increase the availability of national resources for recurrent cost support by promoting new approaches to local resource generation;

4. Invites the Executive Director to provide for the necessary flexibility in support of the payment of recurrent costs and to help mobilize, where needed, additional external resources without, however, substituting for the Government's continuing responsibilities;

5. Requests the Executive Director to collaborate with Governments and other donors to monitor the impact of economic and social sector policies on vulnerable groups and to assist in identifying long-term requirements for meeting recurrent costs;

6. Urges the Executive Director to establish operational guidelines for the financing of recurrent costs related to UNICEF field activities and, at its 1989 session to inform the Board through the Executive Director's report of the measures taken.

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