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FORMULATING STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000

Guiding principles and essential issues

Preliminary document of the Executive Board

The World Health Assembly decided in resolution WHA30.43 that the main social target of governments and WHO should be the attainment by all 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, popularly known as "health for all by the year 2000". The Declaration of Alma-Ata stated that primary health care is the key to attaining this target. The Executive Board, in endorsing the Declaration, stressed the need for formulating strategies and plans of action for attaining an acceptable level of health for all. The present document is intended to be considered for use by countries individually and collectively as a basis for formulating national policies, strategies and plans of action, as well as regional and global strategies to promote and support them. Emphasis is placed on ways of bringing about the reforms required, the processes to be set in motion and the mechanisms to be established, to improve health as an integral part of social and economic development. The document goes beyond this to demonstrate how plans of action should lead to well-defined country-wide health programmes and organized health systems to deliver them based on primary health care. The form of presentation is intended to facilitate use as a resource document covering a range of subjects all of which have a direct bearing on attainment of an acceptable level of health for all by the year 2000. It is stressed that this is a preliminary document for the consideration of the Health Assembly. It aims at setting in motion the long-term process required to attain an acceptable level of health for all by the end of the century, and represents a first step in the global strategy for reaching this target. The attention of the Health Assembly is drawn to resolution EB63.R21, in document EB63/48, in which the Executive Board recommended that the Thirty-second World Health Assembly adopt a resolution on this matter.

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FORMULATING STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000

I. INTRODUCTION

1. The health status of hundreds of millions of people in the world today is unacceptable. More than half the population of the world does not have the benefit of adequate health care. There is a wide gap between the developed and developing countries in their levels of health and in the resources they are devoting to the improvement of health. Moreover, within individual countries, whatever their level of development, analagous gaps are commonly evident between different groups of the population.

2. The Constitution of WHO and numerous Health Assembly resolutions have re-affirmed that health is a basic human right and a worldwide social goal; that it is essential to the satisfaction of basic human needs and the quality of life; and that it is to be attained by all people. In 1977 the Thirtieth World Health Assembly decided, in resolution WHA30.43,<sup>1</sup> that the main social target of governments and WHO in the coming decades should be "the attainment by all 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".

3. The Declaration of Alma Ata, adopted on 12 September 1978, by the International Conference on Primary Health Care that was jointly sponsored and organized by WHO and UNICEF, clearly stated that primary health care is the key to attaining the target of health for all by the year 2000 as part of overall development and in the spirit of social justice. The Declaration called on all governments to formulate national

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<sup>1</sup> WHO Official Records No. 240, Part 1, 1977, page 25.

policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. The Declaration also called for urgent and effective international - in addition to national - action to develop and implement primary health care throughout the world, and particularly in developing countries.

4. The Executive Board of WHO, in resolution EB63.R21 endorsed the report of the International Conference on Primary Health Care, including the Declaration of Alma-Ata and suggested to the World Health Assembly that it invite Member States to consider using the present document individually as a basis for formulating national policies, strategies and plans of action, and collectively as a basis for formulating regional and global strategies for attaining an acceptable level of health for all by the year 2000.

5. Before the Executive Board began to identify the essential issues and define the guiding principles for formulating strategies for health for all by the year 2000. It reviewed what these strategies were intended to achieve, namely, what was meant by "health for all". Countries might be expected to have a similar general understanding of the meaning of this term as signifying that, with the objective of continually improving the state of health of the total population, every individual should have access to primary health care and through it to all levels of a comprehensive health system. However, "health for all" will also be interpreted differently by each country in the light of its social and economic characteristics, health status and morbidity patterns of its population, and state of development of its health system.

6. In the process of formulating strategies, especially the setting of national targets, some countries may concentrate more on the health status of the population while others may concentrate more on the provision of health services.

Countries will vary greatly in their interpretation of what is an acceptable level of health. In addition, in attempting to provide health for all, widely different approaches could be used such as providing on the one hand the full range of services required, starting with those in greatest need and progressively reaching the whole population, or on the other hand providing limited services to the total population from the beginning and progressively extending the range of these services.

7. As a result of all the above, it can be difficult to specify at this stage well-defined objectives and targets and incorporate them into national policies, strategies and plans of action; it is even more difficult to formulate regional and global strategies with well-defined objectives and targets. However, in spite of the complexities involved it is important to attempt to specify national, regional and global targets such as those adopted by the World Health Assembly when it resolved to provide by 1990 immunization for all the children of the world against the main infectious diseases, and safe drinking water and sanitation for the entire world population. It is expected, nevertheless, that agreement on acceptable indicators for assessing progress towards health for all will gradually be evolved.

8. The present document is only the beginning of a long process that will require the unprecedented efforts of all the countries of the world individually and collectively over the next two decades. It merely indicates the pathways for attaining the goal of health for all decided by the World Health Assembly. One of these pathways is intersectoral collaboration for health development, the importance of which cannot be sufficiently stressed. Health development not only relies on social and economic development but makes significant contributions to it. When the strategies have been formulated they will constitute an important contribution of the health sector to the new International Development Strategy of the United Nations.

9. It is clear that health for all is to be attained within countries; however, international collaboration and support will be needed to meet this worldwide social goal. In view of this, and in keeping with the policy of basing international action on countries' real needs, it is proposed that strategies should be formulated first and foremost by countries themselves. Regional and global strategies would then be developed collectively on the basis and in support of national strategies and plans of action. It is realized that national policies, strategies and plans of action and regional strategies will vary widely in accordance with the aspirations and capabilities of countries. At the same time, if the goal is to be attained by all the countries of the world, acting collectively as well as individually, there is a need for a common framework for them to formulate strategies and plans of action. The present document is intended to be such a flexible common framework.

10. WHO, in fulfilment of its constitutional function as the coordinating authority on international health work, has an important role to play in the formulation and implementation of strategies for health for all by the year 2000. This role includes promoting worldwide understanding that health for all by the year 2000 is feasible, and facilitating the coordinated development of strategies to reach the target. To this end, WHO will ensure the availability of relevant and valid information, will support technical cooperation among countries and will provide technical and managerial support to national, regional and global efforts.

## II. BASIC PRINCIPLES

11. An acceptable level of health for all by the year 2000 cannot be achieved by the health sector alone. It can only be attained through national political will and the coordinated efforts of the health sector and relevant activities of other social and economic development sectors. Since health development both contributes to and results from social and economic development, health policies ideally should form part of overall development policies, thus reflecting the social and economic goals of the government and the people. In this way strategies for the health and social and economic sectors will be mutually supportive, and together contribute to the ultimate goals of the society.

12. The Declaration of Alma-Ata and various doctrines that have been built up by Member States through their World Health Organization and other international agencies embody a number of fundamental principles for health development. Among these are: the responsibility of governments for the health of their people; the right and duty of people individually



and collectively to participate in the development of their health; the duty of governments and the health professions to provide the public with relevant information on health matters so that people can assume greater responsibility for their own health; individual, community and national self-determination and self-reliance in health matters; the interdependence of individuals, communities and countries based on their common concern for health; more equitable distribution of health resources within and among countries, including their preferential allocation to those in greatest social need so that the health system adequately covers all the population; emphasis on preventive measures well integrated with curative, rehabilitative and environmental measures; the pursuit of relevant biomedical and health services research and the speedy application of research findings; the application of appropriate technology through well-defined health programmes integrated into a country-wide health system, based on primary health care and incorporating the above concepts; the social orientation of health workers of all categories to serve people and their technical training to provide people with the services planned for them.

13. Primary health care forms an integral part of the country's health system, of which it is the central function and main agent for delivering health care. It is also an integral part of the overall social and economic development of the community. For these reasons, the concepts of primary health care, as decided in Alma Ata, should be the driving force behind the determination of policies and should be kept in mind when formulating strategies and plans of action. For primary health care to succeed, it will require the support of the rest of the health system and of other social

and economic sectors concerned. Health system support includes facilities for consultation on health problems, referral of patients to local and more specialized health institutions, provision of supportive supervision and guidance, logistic support and supplies. As for the other sectors, particular emphasis will have to be laid on such sectors as education, agriculture, animal husbandry, food, water resources, environmental protection, housing, industry, public works and communications.

14. The Alma Ata Declaration stated that at least the following should be included in primary health care:

Education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.

15. The planning, organization and operation of primary health care is a long term process and total population coverage by it may have to be achieved in stages. An essential feature is that it should be extended progressively, in both geographical coverage and content, until it covers the entire population with all essential components.

III. FORMULATING NATIONAL POLICIES, STRATEGIES AND PLANS OF ACTION

National Health Policies, Strategies and Plans of Action

16. National policies, strategies and plans of action form a continuum, and there are no sharp dividing lines between them. It would therefore be unwise to be specific

in attempting to define them, but it is useful to indicate what each might entail.

17. A national health policy is an expression of goals for improving the health situation, the priorities among those goals and the main directions for attaining them.

A national strategy, which should be based on the national health policy, includes the broad lines of action required in all sectors involved to give effect to that policy. A national plan of action is a broad intersectoral master plan for attaining the national health goals through implementation of the strategy. It indicates what has to be done, who has to do it, during what time frame and with what resources. It is a framework leading to more detailed programming, budgeting, implementation and evaluation.

18. What follows is a brief analysis of the main issues involved in formulating national policies, strategies and plans of action. These issues have been presented in such a way as to deal first with general political and social matters, then with various processes and mechanisms that may be required, subsequently with the development of primary health care and finally with monitoring and evaluation. It is not being implied in the least that countries should follow this order. Similarly, it is not being implied that countries need necessarily follow the order of first completing the definition of policies, then continuing with the formulation of strategies and only afterwards devising plans of action since, as mentioned above, these form a continuum without sharp dividing lines between them. There are many possible entry points to the whole process. Some countries may already have a health system based on primary health care that needs

strengthening, and may wish to start from there. Others may have embarked on country health programming, and may find it useful to develop their strategy by continuing the process. Yet others may find it necessary to take one or a series of political and social measures as their starting point.

19. In all cases, it has to be recognized that the way to health for all is not a simple one, but that, if the various issues involved are dealt with adequately, whatever the entry point, the attainment of this goal within two decades is realistic.

National  
Health  
Policies

20. Each country will have to develop its health policies as part of overall socio-economic development policies and in the light of its own problems and possibilities, particular circumstances, social and economic structures, and political and administrative mechanisms. Whatever the process, each country has to specify its health goals and priorities following the identification and careful analysis of its health problems and socioeconomic capacity to deal with them. In the light of this analysis it will be able to indicate the main directions for attaining these health goals.

National  
Strategies

21. The strategies should incorporate the systematic identification and use of suitable entry points for fostering health development, ways of ensuring the involvement of other sectors bearing on health, the range of political, social, economic, managerial, and technical factors, as well as obstacles and constraints and ways of dealing with them. The action of sectors such as those mentioned in paragraph 13 above is most important. It is

part of the national strategy to identify and make use of all favourable conditions and factors, as well as to recognize constraints and identify existing and potential obstacles that could impede the attainment of national goals. The ways of dealing with the above will depend on their nature.

Political  
Commitment

22. The introduction or strengthening of the development process needed to attain health for all will require unequivocal political commitment to bring about the reforms that are essential to convert this goal into a reality. This will most likely have to be set in motion by political decisions taken by the government as a whole, and permeating all sectors, at all levels throughout the country, and not merely by the Ministry of Health or the health sector alone. To achieve this wider political commitment, it will no doubt help to involve actively all levels, sectors and interests in the development of national policies, strategies and plans of action. Mobilizing public opinion can also be effective to overcome obstacles. It may be necessary in some cases to have recourse to firm political measures.

23. National political commitment will be reinforced by technical cooperation among countries and by international political support. The will to cooperate with other countries to attain collective health goals and to provide international support to this end also requires the political commitment of governments. In so doing they will have to be ready to ensure that national health policies are consonant with international health agreements, and to share their experience with others.

Social  
Considera-  
tions

24. The overall social goal of health for all has to be broken down into more concrete social policies aimed at improvement of the quality of life and maximum health benefits to all. If the gap between "haves" and "have nots" is to be reduced within and among countries, there will be a need in most countries to formulate and put into effect concrete measures for more equitable distribution of resources. In many countries this will imply the preferential allocation of health resources to those in greatest social need as an absolute priority, as a step towards attaining total population coverage.

25. Sound health policies contribute to overall socio-economic policies; thus, if the country's overall development policy gives priority for example to rural development, urbanization, or industrialization, the health policy has to give preferential attention to these priorities.

Community  
Participa-  
tion

26. Measures have to be taken to ensure free and enlightened community participation, so that notwithstanding the overall responsibility of governments for the health of their people, individuals, families and communities assume greater responsibility for their own health and welfare, including self-care. This participation is not only desirable, it is a social, economic and technical necessity. Governments will therefore have to devise appropriate ways of promoting such participation, supporting it, effectively propagating relevant information, and establishing or strengthening the necessary mechanisms. Governments, institutions, members of the health professions, as well as all agencies involved in health and development, will therefore have to take measures to enlighten the public in health matters so as to ensure that people can participate

individually and collectively, as part of their right and duty, in the planning, implementation and control of activities for their health and related social development. In developing its strategy for this, each country will have to take into account its cultural and social patterns and its political system. As part of community participation, in the process of formulating national health policies, it may help to involve political, social and community leaders, organizations, industry, labour, relevant professions, and those engaged in the mass information media, in appropriate local, district and national activities.

Adminis-  
trative  
Reform

27. The strengthening and adaptation of administrative structures and systems at all levels and in all sectors, not only the health sector, may be required. Inter-sectoral coordination among health, and some or all of such other sectors as education, agriculture, food, water resources, housing and environmental protection is important. A lead has to be taken to ensure this coordination, and whether this devolves upon one of the sectors or on a higher level of government will depend on the country concerned. To achieve such coordination, countries may wish to review their administrative systems to ensure that coordination can take place at central, intermediate and local levels. As part of this review, they may wish to assess the degree to which they need to strengthen local and intermediate levels of the national administration, by means of delegation of responsibility and authority to the community and to intermediate levels as appropriate, and by the provision of sufficient manpower and resources. In some countries it may be necessary to provide incentives to manpower for service at the peripheral levels, especially in remote and neglected areas.

Financial  
Implica-  
tions

28. In most countries there will be a need to reallocate resources. In addition, in many countries it will be necessary to increase the national health budget to the greatest possible extent in order to provide the population with essential health care. Maximum use will have to be made of local energy, materials and resources, with the government in the final analysis having to ensure that they are adequate for the health development programme agreed upon.

29. Although most of the resources for national health development come from the country concerned, there will nevertheless be a need for substantial and continuing international support for developing countries. The nature of this support must be subject to decisions of the government of the developing country concerned.

30. It is essential to consider the costs of programmes and services and how they can be borne. These might include government direct and indirect financing, social security and health insurance schemes, local community solutions and the use of external loans and grants. While each country evolves its own methods of financing health and health care services in the light of its circumstances, it is also useful to study the experience, successes and failures of others.

Enabling  
Legislation

31. In some countries it may be necessary to legislate in order to introduce the necessary reforms. In preparing their own legislation, countries may find it useful to consult relevant legislation of other countries compiled and analysed by WHO. Legislative action may have to be accompanied by appropriate mobilization of public support, through information



media and other forms of communication with the public. These combined actions may be used to help to define rights and obligations; to protect persons and the environment; and to permit communities to plan, manage and control their health and related social programmes and services.

National  
Plans  
of  
Action

32. What has to be done: The national plan of action has to specify the policies to be followed, the objectives to be attained and related targets, quantified to the extent possible. It includes the political, social, economic and administrative dispositions and the technology required, together with any necessary legislation and managerial mechanisms and processes. It identifies priority problems and country-wide programmes that have to be formulated in response to them, as well as the main agreed actions to be taken by all sectors concerned, including the development of the health services required to deliver programmes. It also indicates the framework for monitoring implementation and evaluating impact.

33. Who has to do it: The Ministry of Health or equivalent governmental authority is responsible for promoting and sustaining the development of plans of action. To do so effectively, it has to involve all levels of the health system including all health workers, as well as the other social and economic sectors concerned. The central level should aim at enabling communities to plan their own primary health care activities in accordance with local needs and circumstances within the framework of the broad national master plan. It should also aim at enabling intermediate levels to support primary health care. To these ends, countries may have to delegate responsibility and authority to community and intermediate levels as part of the administrative reforms mentioned in paragraph 27 above.

34. Time frame: The implementation of plans of action is a long-term process for which it is difficult to specify a definitive, precise timetable in advance. Nevertheless it is useful to prepare tentative, rough timetables and to refine them progressively, realizing that implementation will depend on a variety of political, social, economic, managerial and technical circumstances, including the extent to which resources can be made available in accordance with requirements. It is sometimes wise to adopt short-term measures if the initiation of long-term action would lead to too long a delay. This is acceptable however only if the short-term measures are consistent with the main directions foreseen for the long-term action, contribute to the attainment of the national health strategy, and in no way constrain the future implementation of the national plan of action.

35. Resources: Broad allocations and ways of financing have to be defined at the initial stages of formulation of plans of action. Without this, plans cannot be materialized. The nature of the resources and ways of financing them have been referred to in paragraphs 28 to 30 above. Plans of action have to take into consideration resources actually and potentially available, as well as the progressive increase of resources which will be necessary as the plan evolves. Local, national and international resources have to be taken into account in the proper combination, and attention must be given to the most rational use of these resources, whatever their source. The allocation of resources will have to become progressively more specific as the plans of action are refined.

What the  
Action Plan  
Leads to

36. The master plan of action described above leads in turn to the detailed formulation of country-wide programmes that have been identified as being required to deal with priority problems, and to the design of improved health systems to deliver those programmes. The programmes have to be delivered by all levels of the health system including the support of other sectors. These systems should be based on the primary health care approach.

Programmes 37. A programme implies a series of interrelated actions aimed at attaining defined objectives, such as the improvement of child health or the provision of safe drinking water to a population. Programmes will vary according to the socio-economic and epidemiological situation in each country. Each country-wide programme to be developed in the light of the master plan will include specific objectives and related targets, quantified if possible, and including the manpower, technology, physical facilities, equipment and supplies required, means of evaluation and financial estimates, a calendar of action and ways of ensuring appropriate correlation among all the above.

Health  
System  
Design

38. A health system is composed of various levels, the first of which is the point of contact between individuals and the system, where primary health care is delivered. The various intermediate levels as well as the central level provide support, and specialized services which become more complex as they become more central.

39. The design of a health system of which primary health care is the central function and main delivery agent, involves identifying those components of the health sector and other interacting sectors required to deliver health programmes at the various operational levels. The

functions of these components are then defined. The services and institutions required at different levels to fulfil those functions are specified. The necessary interaction between services, institutions and people at each of these levels is also indicated.

Processes  
and  
Mechanisms

40. To facilitate the formulation and implementation of national policies, strategies and plans of action, countries may find it useful to introduce, rationalize or strengthen their health planning processes, and use a variety of mechanisms to this end.

Country  
Health  
Programming

41. A health planning process which has demonstrated its usefulness in recent years is known as Country Health Programming. Country Health Programming is much more than a methodology; it is a systematic, continuing national planning and programming process. It includes policy formulation and the definition of priorities. It involves the preparation of programmes to give effect to these priorities, the preferential allocation of budgets to them, and the integration of the different programmes within the overall health system. It also deals with the monitoring and evaluation of strategies and plans of action, as well as programmes and the services and institutions for delivering them, with a view to modifying existing plans or preparing new ones as required, as part of a continuing cycle.

42. Most countries are dealing with all of the aspects of planning mentioned in paragraph 41 above, but not always in a systematic and interrelated manner. The initiation of a more systematic process may start with any of the above mentioned steps, subsequently leading to the remaining steps being carried out in a systematic and interrelated

manner. Thus, there could be many possible entry points to the Country Health Programming process. Countries may find it useful to refer to the WHO Guidelines for Country Health Programming.<sup>1</sup>

Evaluation  
Process

43. As mentioned in paragraph 41 above, the evaluation process is part of the national health planning process. It consists of monitoring the implementation of the policies, strategies and plans of action, and of assessing their impact in terms of the improvement of the health status of the population.

National  
Health  
Information  
System

44. In order to facilitate national health planning and evaluation as well as the implementation of the policies, strategies and plans of action, governments may find it useful to develop or strengthen their national health information systems so as to ensure the timely availability of the right kind of information, keeping its collection to the useful minimum. Information systems will vary in complexity in different countries. In all cases they should fulfil the specific needs of the country within its economic means and, as far as possible, should be internationally compatible.<sup>2</sup>

Training  
in Health  
Management

45. Appropriate training in health planning and management at all levels is urgently needed to prepare and sustain the capabilities of the manpower required to formulate and implement the national policies, strategies and plans of action. A review of such training is mandatory because of

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<sup>1</sup> A revised version of these guidelines will shortly be issued.

<sup>2</sup> Technical discussions on health information systems have been held in conjunction with the Regional Committees for Europe and South-East Asia and a further consultative meeting has taken place in the South-East Asia Region. During 1979 meetings will be organized in the Regions of the Americas and the Western Pacific, as well as an Inter-Regional meeting in Costa Rica, in order to develop globally applicable principles and guidelines.

the inappropriateness of much of it for present needs. The Executive Board of WHO is embarking on a study of this matter. The results of the study and the Executive Board's recommendations will add to present knowledge of training processes. It can already be stated that a useful mechanism envisaged is the national centres for health development mentioned in paragraph 49 below.

Ministries  
of Health

46. As mentioned in paragraph 33 above, ministries of health or equivalent governmental authorities have a central role in defining national health policy, in ensuring the preparation of strategies and plans of action to give effect to it, and in the subsequent formulation of health programmes, and the design, operation and control of health systems. To be effective they have to be an integral part of the mainstream of policy decision-making at the highest governmental levels, and to ensure the continuing involvement of ministries of finance, planning or similar bodies as well as of other ministries and authorities dealing with socio-economic development. In many countries this implies the need to strengthen them with respect to their political, social, technical and managerial functions, so that they are fully capable of ensuring coordination within the health sector, maintaining dialogue with other sectors and participating in overall national socio-economic development.

47. Experience has shown the need to create or strengthen within ministries of health a permanent coordinating mechanism at the highest level so that the ministry can fulfil the responsibilities and functions indicated in paragraph 46 above. Technical planning units may be useful to support such a high level coordinating mechanism but can never act as a substitute for it. It is important to ensure that all technical and administrative units in the ministry gear themselves to their new role. In addition

to the types of staff normally employed in ministries of health, it may be necessary to draw on expertise in such other fields as the economic, political and social sciences.

National  
Health  
Councils

48. Governments, in fulfilment of their important function of mobilizing professional and public support for, and participation in, the development and control of the new policies, strategies and plans of action, may find it useful to establish or strengthen national health councils. The constitutional position of these councils has to be made as clear as possible. These councils would normally be of an advisory nature, being accountable in some countries to the Ministry of Health and in others to the highest executive or legislative authorities. Such councils could be particularly valuable in ensuring that health systems are developed as an integral part of overall social and economic development. National health councils might therefore be composed of personalities representing a wide range of interests in the fields of health, and political, economic and social affairs, as well as the population at large, including the rural population. In this context the whole range of policy questions affecting health and socio-economic development could be explored jointly, thus sensitizing health leaders to social and economic realities, social and economic representatives to health realities, and all of them to the realities of health service consumers. It might be useful also to create such councils at other levels, depending on the size and political administrative system of the country.

National  
Centres  
for Health  
Development

49. It is suggested that ministries of health consider establishing or strengthening one or more national centres for health development. These centres would deal with the development of the country health programming process, the

investigation and clarification of management aspects concerning the development of primary health care, and the related health services research. To fulfil these functions, they will work in close collaboration with all social and economic sectors concerned. The location, structure, and institutional affiliation of these centres will vary from country to country. In all cases however they should be functionally related to the highest health authorities, preferably servicing national health councils. They would also serve as advisory, training and information centres, and in this way would help to build up cadres of adequately trained health manpower in the areas mentioned above. Some of these centres could be placed at the disposal of other countries as sub-regional or regional centres, as mentioned in paragraph 83 below.

Primary  
Health  
Care

50. Since primary health care is the key to attaining an acceptable level of health for all, its planning, organization and efficient operation are basic for implementing national

Basis for  
Health  
Development  
Action

plans of action. The Declaration of Alma Ata stated that "the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world". It is therefore suggested that it be used as a companion to the present document. What follows is a summary of the main points to be taken into account when developing primary health care as part of the national plans of action. (The numbers that appear in parentheses refer to appropriate pages in the Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978, referred to below as the Alma-Ata report.)



- Essential Health Programmes and Services 51. It is necessary to decide on the programmes which primary health care has to deliver, and in consequence on the services that have to be provided. The minimum content of primary health care as defined in the Declaration of Alma Ata appears in paragraph 14 above.
- Communities, Support and Coverage 52. It is necessary to define, on the basis of agreed criteria, the size and types of communities for front-line primary health care as well as their grouping for purposes of support and referral. In so doing attention has to be paid to population coverage and the accessibility of health care (Alma-Ata report, pages 16-18, 26, 31 and 58-59). Ensuring community participation has been dealt with in paragraph 26 above, and further details can be found in the Alma-Ata report (pages 16-18, 23, 25 and 49-52).
- Appropriate Technology for Health 53. When considering health technology in the course of devising strategies, formulating programmes and designing services to deliver them, governments may find it of value to review existing technologies, identifying those that are appropriate, and indicate and promote the type of research required to develop alternatives to inappropriate technologies. In so doing, governments may find it useful to promote the participation not only of governmental departments concerned, but also of research and academic institutions, industry and nongovernmental organizations, both in the health sector and in associated sectors. Proper involvement of the community will help to assess the appropriateness of the technology. This is a major area in which technical cooperation amongst countries is vital (Alma-Ata report, pages 19, 27-28 and 57-61).

Health  
Manpower  
Development  
and  
Training

54. In view of the crucial role of human resources, most governments will no doubt wish to take vigorous action to ensure the availability of adequate numbers of the appropriate types of health manpower required to devise and implement the plan of action. This will involve the reorientation of existing health workers as necessary, development of new categories of workers in health and related sectors, and motivation and training of all manpower to serve the community. The useful role of traditional medical practitioners and birth attendants in many societies will need to be taken fully into account where applicable. Similarly consideration should be given to the use of voluntary health workers. In order to ensure the social orientation of health workers of all categories to serve people, and to train them technically to provide the services planned for them, governments will no doubt wish to ensure the cooperation of ministries of health and education and all relevant educational and training institutions. This may call for reform of educational programmes where appropriate. The role of family members will also need to be considered when dealing with health manpower, particularly with respect to self-care as part of primary health care, that is the assumption of responsibility by individuals and families for their own health care (Alma-Ata report, pages 18-19, 25-27 and 61-64).

Referral  
Process

55. To ensure an adequate two-way support and referral process, a system needs to be devised that links the various institutions involved, starting from individuals and the simplest of health institutions in small communities and continuing through increasingly complex institutions along the health system chain. Particular attention has to be paid to those institutions which provide direct support to primary health care. It is thus especially useful to

review the functions, staffing, planning, design, equipment, organization and management of health centres and district hospitals, in order to prepare them for their wider function in support of primary health care (Alma-Ata report, pages 18-19, 23, 25, 28 and 64-66).

Facilities, Logistic Support and Control 56. When dealing with the types of physical facilities required at each of the levels, the costs of their maintenance no less than of their construction have to be borne in mind (Alma-Ata report, pages 19, 28 and 67). The kinds of equipment and supplies, including essential drugs, have to be decided upon. A proper logistic system has to be developed to ensure the timely provision and maintenance of supplies and equipment (Alma-Ata report, pages 19, 28 and 66). A system of control of primary health care with its supporting services has to be introduced (Alma-Ata report, pages 19, 29 and 69).

Health Research 57. National health research capabilities may have to be strengthened, and this can best be achieved by involvement in the planning and carrying out of relevant research activities. Biomedical and health services research will have to be oriented towards dealing with problems relating to the formulation and implementation of national policies, strategies and plans of action. This might include intersectoral research for which relationships would have to be established with the institutions concerned in the other sectors. Biomedical research may be required to elucidate outstanding health problems and to develop new or better ways of dealing with them. Health services research may be required for the design of health services that ensure efficient and effective delivery of health programmes, and the development and application of appropriate technology.

Governments have a responsibility to ensure that the research required is a natural component of the health programme to which it relates, and that health managers are also involved in its conduct as appropriate. They may find it necessary to create specific mechanisms to coordinate research activities, such as National Health Research Councils, which exist in some countries and whose establishment should be extended to others. In so doing they will no doubt find it useful to link these mechanisms to the regional and global mechanisms for research promotion and coordination referred to in paragraphs 84 and 101 below.

Reorienta-  
tion of  
the  
Existing  
Health  
System

58. It is particularly important to ensure that the health system as a whole evolves in accordance with the direction and content of the new policies, strategies and plans of action, and that primary health care and its support do not become a parallel system that is a "poor relation" of the existing system. In ensuring adequate support to primary health care at all levels, governments will no doubt have to face the realities of the existing health system whose functions and emphases may differ greatly from those required to implement the new policies, strategies and plans of action. Governments may have to review the ways in which programmes are being delivered, services organized, institutions operated and coordinated, and resources and energies expended. The aim of this review should be to coordinate efforts in order to give effect to the new policy (Alma-Ata report, pages 18-20, 23-25 and 39-40).

Support of  
Other  
Sectors

59. Similarly, in ensuring the support of other sectors to primary health care, governments may have to review existing mechanisms and channels of communication between the sectors, also taking into account general administration and finance. This should lead to specific and

workable arrangements at all levels for the coordination of health services with other activities contributing to health promotion through primary health care (Alma-Ata report, pages 17, 20, 23-24, 27-30 and 46-49).

**Guidelines  
Required**

60. Guidelines have to be provided to help communities plan and organize their primary health care services. These should include ways of deciding on local mechanisms for planning, operation and control; the composition, authority and responsibility of these mechanisms; as well as ways of establishing the effective relationships between the health and other sectors in the community, and of ensuring that the voice of the whole community is heard. These guidelines also have to provide information on such issues related to primary health care as: appropriate technology, community health workers and their training, equipment and supplies, physical facilities and methods of control. They should also indicate how to establish clear cut procedures that will be known to the community as a whole and to the health workers, and that can be followed by them. Countries may find it useful to call on WHO to prepare draft guidelines for this purpose, it being understood that these will require adaptation to national and local circumstances.

**Monitoring  
and  
Evaluation**

61. To permit governments to know whether they are making progress toward attaining an acceptable level of health for all their people, it is important that they introduce at the earliest stages a process of evaluation. This will include the assessment of the effectiveness and impact of the measures they are taking, and the monitoring of the progress and efficiency with which these measures are being carried out.

62. Monitoring of implementation and evaluation of impact take place at two levels - the policy level and the managerial and technical levels, but the two have to be interlinked. At the policy level there is a need to know if the health status of the population is improving and if revisions of the policy, strategy and plans of action are required. At the managerial and technical levels there is a need to know if relevant programmes are being properly formulated and if corresponding services and activities for implementing them are being adequately designed. There is also a need to know if programmes are being efficiently implemented through suitably operated health and related social and economic services.

63. There is thus a need for two types of indicators - those that measure the health status and related quality of life, and those that measure the provision of health care. In both cases, high selectivity has to be employed so that the use of indicators becomes manageable and meaningful. Two basic health indicators concerned with survival that are suggested for measuring the attainment of the ultimate goal of an acceptable level of health for all are life expectancy at birth and infant mortality rate. Each country will decide on its own norms, but a minimum life expectancy of 60 years or more at birth, and a maximum infant mortality rate of 50 per thousand live births, are suggested as indicating that the health status of the population is becoming a decreasing burden on individual, family and community development. It should be recalled that indicators are not synonymous with targets, but are measures of the extent to which those targets are being reached. All countries, even if the health indicators show that the above norms have been attained, will wish to develop strategies for improving still

further the health status of their people and will consequently wish to define targets to this end. It should also be noted that indicators of survival become less relevant as countries develop socially and economically.

64. Other indicators measure not only survival but also the quality of life. This implies that social as well as health indicators have to be used. Examples of these are indicators of growth and development, indicators of nutritional status, and specific morbidity rates particularly in children. Other indicators relate to social conditions and factors that affect health status directly or indirectly, or the use of health services as, for example, indicators of educational and cultural levels, of the status of women, of housing and of environmental conditions. Yet other indicators relate to psycho-social factors and mental health aspects of the quality of life.

A number of relevant social indicators remain to be developed, such as those for assessing the degree of community self-determination, social and economic productivity, and the closure of gaps in the distribution of health resources. To arrive at these, there is a need to make use of intersectoral research.

65. In monitoring implementation through the provision of health care, it is important to use as reference points those objectives and targets that have been set as part of the process of formulating programmes and designing the health system. It is particularly important to monitor whether priorities are being adhered to, realizing that these may have to be implemented progressively. Indicators are then selected that can measure change toward attaining the objectives and reaching the corresponding intermediate and final targets, for example: the percentage of the population having safe drinking water and waste disposal systems; rates of women attended by suitably trained health workers during pregnancy and child birth; and the percentage of

children immunized against the common infectious diseases. It will be necessary to develop locally suitable indicators of coverage and accessibility of services as a measure of the provision of health care.

66. Whatever the indicators selected, they have to be closely related to the means available for data collection and processing, including lay reporting, and should be gathered as an intrinsic part of the system for delivering health care. Sampling often suffices, and has the advantage of avoiding overloading health workers with routine data collection which often leads to inaccurate reporting and unused information. Such sampling should take into account all strata of the population and other factors as appropriate to the country concerned, in order to reveal countrywide variations in addition to the national average.

67. To monitor progress and evaluate the efficiency, effectiveness and impact of the policies, strategies and plans of action, countries may find it helpful to make use of the WHO Guidelines for Health Programme Evaluation (document HPC/DPE/78.1).

Role of  
WHO

68. The role of WHO in promoting and supporting the formulation and implementation of national strategies and plans of action are covered in paragraphs 118 to 119 of the present document.

IV. FORMULATING REGIONAL STRATEGIES

Regional  
Strategies

69. Regional strategies are arrived at through the collective decision of the countries in each region. They will involve the adoption or strengthening of regional health policies, and the stimulation of relevant regional bodies, such as the regional economic commissions, to adopt related social and economic policies. These policies should



include the health and related socio-economic goals for the region. Use could be made of current long-term health plans, including regional health charters and sub-regional agreements where they exist. The need for collaboration among neighbouring countries belonging to different WHO regions should not be forgotten. Regional strategies should foster the development and implementation of national policies, strategies and plans of action, and support countries in preparing and implementing them. For this purpose, regional strategies should be developed without delay and should include tentative rough timetables that can be progressively refined.

70. Regional strategies should be designed to give effect to regional health and related socio-economic policies. They should embrace a synthesis of national policies, strategies and plans of action as seen from a regional perspective, and should indicate priority issues for international action within the region, as well as the broad lines for such action, in health and other sectors concerned, that have to be undertaken by the countries of the region individually and collectively.

71. The strategies should include well-defined objectives and related targets, quantified to the extent possible, for the region as a whole. They should also include the establishment or strengthening of intercountry and regional processes, mechanisms and arrangements to support national action. They should propose the means of evaluating progress towards attaining an acceptable level of health in the region, and should identify the implications of the regional strategies for the global strategy.

72. The paragraphs that follow illustrate the various components of regional strategies and issues which have to be considered when formulating them.

Regional  
Promotion  
and  
Support

73. Regional strategies should include the promotion of the idea that an acceptable level of health for all by the year 2000 is feasible. They should stimulate international support for activities aimed at attaining this goal. To this end, use should be made of WHO and in particular of its regional committees, of other regional political fora within and outside the health sector, and of regional and sub-regional groupings of countries.

74. Regional strategies should envisage the strengthening of regional mechanisms to attract bilateral and multilateral funds and ensure that they are channelled into priority activities in countries. For this purpose, estimates should be made of the orders of magnitude of the total resources required for health development in the region, including those required for transfer between countries and regions.

75. To foster inter-sectoral support, efforts should be made to establish or strengthen appropriate political, economic and technical relationships with Regional Economic Commissions, as well as with relevant regional social and economic organizations, and regional bureaux of global social and economic organizations, both within and outside the UN system, such as the United Nations Development Programme. Full use should be made of the resources of the Regional Economic Commissions, particularly those required for intersectoral collaboration.

Overcoming  
Obstacles

76. Regional strategies should include ways of helping countries to overcome obstacles. One of the best ways of overcoming such obstacles as political indifference in countries to adopting strategies for attaining health for all, is to exercise collective regional moral pressure. This might include, in addition to the promotional efforts described in paragraphs 73 to 75 above, collective action to gain the support of political and social leaders, as well as those engaged in the mass information media, by involving them in appropriate regional activities. In the same way, attempts should be made to mobilize the health professions and other groups interested in health matters. Every attempt should be made to promote the support of the medical and related industries by encouraging them to produce equipment for appropriate technology and to manufacture essential drugs at reasonable cost.

Regional  
Information  
Exchange

77. Relevant and valid information will have to be made available on methods, processes, mechanisms and technology. This should be achieved mainly by the promotion of the exchange of information among countries through live contacts, formal and informal meetings, written communications and publications. Mechanisms will have to be strengthened to ensure not only that the relevant and valid health information is collated, analysed and subsequently disseminated but also that this information can be properly absorbed by those who require to use it.

Technical  
Cooperation  
Among  
Developing  
Countries

78. Technical cooperation implies activities that have a high degree of social relevance for countries in the sense that they are directed towards defined national health goals and that they contribute directly and significantly to the improvement of the health status of their populations through

methods that they can apply now and at a cost they can afford now. On no account should the concept be considered as a new name for technical assistance which has led in most instances to fragmented projects that have little real influence on the improvement of the national health situation and that did not promote the self sustaining growth of the relevant programme in the country after the assistance had ceased. Technical cooperation implies that no matter at what operational level programme doctrines have been generated or programme activities implemented the programmes have to be concerned with solving specific priority national health problems. The development of technical cooperation programmes implies the identification of needs in countries by these countries as well as the identification or generation of appropriate methods for meeting these needs. These methods have to take full account of the social and economic contexts in which they are to be applied.

79. Technical cooperation among developing countries (TCDC) is an essential aspect of regional strategies. This has been interpreted in the United Nations system to include technical cooperation among developed countries and among developing and developed countries. The mutual support of countries for attaining an acceptable level of health for all their people will consist mainly of the sharing of expertise and training facilities, the development of appropriate technology and the exchange of information and experience, using national institutions.

80. At the regional level, agreements will have to be reached among countries on such matters as drug manufacture and bulk purchase, the selection of countries for vaccine production as part of the drive to reach regional self-reliance in vaccine supply and the selection of firms

dealing with low cost technology, for example for water supply. TCDC could also include the establishment of relationships with regional social and commercial organizations and enterprises with which individual and collective collaboration could be worthwhile.

81. Regional strategies should include the establishment or strengthening of regional mechanisms for promoting, supporting and coordinating this kind of technical cooperation among countries, making sure that national institutions are properly used for this purpose. This should include the development of an appropriate TCDC information service.

Countries should use the regional offices of WHO to ensure the best possible coordination of such regional mechanisms.

82. Regional strategies should make full use of WHO's provisions for technical cooperation with its Member States.

This would include making use of the processes and mechanisms developed in WHO by its Member States for national health programme development, as well as specific cooperation for programme development, institutional strengthening and health manpower planning and training, both with individual countries and at intercountry and regional levels.

Regional  
Networks  
of Health  
Development  
Centres

83. Full use will have to be made by groups of countries, or by all the countries of the region, of national research, training and development centres of the types and for the purposes mentioned in paragraph 49 above. These national centres should be linked together in regional networks as part of the implementation of TCDC.

Regional  
Orientation  
and Support  
for  
Research

84. Regional strategies will have to include measures to ensure that national and intercountry biomedical and health services research activities deal with priority problems whose solution will contribute to the fulfilment of the national and regional strategies and plans of action.

Support will have to be given to the strengthening of national health research capabilities through the involvement of countries in the development and conduct of relevant national and intercountry collaborative research, and through the training of health and related workers in relevant research practices and methods. Cooperation among countries in different regions should be facilitated as necessary and due attention paid to global research efforts in the areas concerned. The strategies should also include the planning and carrying out of any intersectoral research required at the regional level, and the establishment of relationships with the regional institutions concerned. Countries should make full use of WHO's Regional Advisory Committees on Medical Research for the above purposes.

Regional  
Use of  
National  
Expertise

85. Regional use of national expertise, drawn from different disciplines and sectors, will support the development and operation of the national strategies and plans of action in the areas concerned. A good example of how national expertise can be used for the benefit of all countries within a given region is the WHO Regional Advisory Committees on Medical Research. In addition, these committees can be of benefit to countries in other regions since their activities are correlated within the framework of the WHO global Advisory Committee on Medical Research. As another example of how national expertise can be profitably used it is suggested that regional health development advisory councils should be established. These should be groups of national experts from health and relevant socio-economic sectors, and should deal with all regional questions of health development as they relate to social and economic development.<sup>1</sup>

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<sup>1</sup> Various groups of national experts from health and relevant social and economic sectors have started to function in a number of regions.

86. The Executive Board is currently carrying out an organizational study on the "Role of WHO Expert Advisory Panels and Committees and Collaborating Centres in Meeting the Needs of WHO regarding Expert Advice and in Carrying Out Technical Activities in WHO." The results of this study will have important implications for the use of national expertise in formulating and implementing regional and global strategies.

Global Implications of Regional Strategies

87. The regional strategies should identify those regional policies which could be strengthened by appropriate global policy, and should indicate those aspects of the regional strategy that could benefit from global action and support as part of the global strategy.

Regional Monitoring and Evaluation

88. A common regional evaluative framework will have to be agreed upon. This should include monitoring the formulation and implementation of the national and regional policies, strategies and plans of action, and evaluating their impact in improving the health status of the people in the region towards attaining an acceptable level. To these ends, a short list of indicators will have to be selected that are applicable for the region as a whole. It will no doubt be necessary to support countries in monitoring and evaluating their strategies and plans of action, as described in paragraphs 61 to 67 above, and to hold periodic reviews of regional strategies.

Role of WHO

89. The role of WHO, including the regional offices, in formulating and implementing the regional strategies is outlined in paragraphs 120 to 124 below.

#### V. FORMULATING THE GLOBAL STRATEGY

Global Strategy

90. The global strategy is arrived at through the collective decision of the countries of the world in the World Health Assembly. It will involve the adoption or strengthening of

global health policies and the stimulation of relevant global bodies, such as the Economic and Social Council of the United Nations, and the United Nations Children's Fund, to adopt related social and economic policies. These policies should include the health and related socioeconomic goals of the whole world. The global strategy should foster the development and implementation of regional and national policies, strategies and plans of action, and should support countries, both in regional groupings and individually, as appropriate, in preparing and implementing them. For this purpose, the global strategy should be developed without delay, and should include a tentative rough timetable that can be refined progressively.

91. The global strategy has to give effect to the global policy of health for all by the year 2000. It should embrace a synthesis of regional strategies as seen from a global perspective, and it should indicate priority issues for international action on a world-wide scale, and the broad lines for such action, in health and other sectors concerned, to be undertaken by the countries of the world individually and collectively.

92. The global strategy should include well defined objectives for the world as a whole and related targets, quantified to the extent possible, whilst realizing that this is a complex and difficult task. It should include the establishment of intercountry and inter-regional processes, mechanisms and arrangements to support global, regional and national action. It should also include the global means of evaluating progress towards the attainment of the goal of health for all by the year 2000.



Global  
Promotion  
and  
Support

93. The paragraphs that follow illustrate the various components of a global strategy and issues which have to be considered when formulating it.

94. The global strategy should include the promotion, at the highest governmental and nongovernmental international levels, of the idea that an acceptable level of health for all by the year 2000 is feasible. It should serve to stimulate international interest in and support for this idea throughout the world. To this end, use should be made of all appropriate global fora. Maximum use will have to be made of WHO, notably through the World Health Assembly and the Executive Board, as well as of other global fora both within and outside the health sector, such as the United Nations, its Economic and Social Council, UNDP, UNICEF and specialized agencies.

The Alma-Ata report and the present document should be brought to the attention of the Economic and Social Council and the General Assembly of the United Nations at an appropriate time.

95. The global strategy should envisage the strengthening of global mechanisms, such as the establishment of an appropriate body of participating countries<sup>1</sup> for attracting bilateral and multilateral funds and for ensuring that they are channelled into priority activities in countries. For this purpose, estimates should be made of the orders of magnitude of the total resources required for health development in the world, including those required for transfer between countries and regions.

96. To foster inter-sectoral support, efforts should be made to establish or strengthen appropriate political, economic and technical relationships with the United Nations its relevant services, organs, programmes and specialized

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<sup>1</sup> This refers to a body of the type mentioned at a meeting of representatives of these countries held at WHO headquarters in November 1978.

agencies. These relationships are especially important with ECOSOC, UNDP, UNFPA, UNICEF and the World Bank, as well as with appropriate global social and economic organizations outside the UN system.

Overcoming  
obstacles

97. The global strategy should include ways of overcoming obstacles of a world-wide nature. This could mean promoting collective action at highest international levels, involving governmental and non-governmental organizations, to mobilize the health and related professions, generate the active support of world-wide information media, and influence multinational economic groupings and corporations. The strategy should also envisage support to regions in overcoming obstacles that have been identified by them as being more than regional in scope. Collective global moral pressure may have to be exercised.

Global  
Information  
Exchange

98. Relevant and valid information will have to be made available on methods, processes, mechanisms and technology. To ensure that information is both relevant and valid, the global strategy will have to provide for the means and resources to collate, distil, synthesize and validate information so that it will have practical value for countries in solving their health problems. It will also have to ensure the proper distribution of such information to those who need it.

Technical  
Cooperation  
Among  
Developing  
Countries

99. The global strategy should envisage appropriate global support to regional and intercountry actions for technical cooperation among developing countries (TCDC). At the global level, agreements will have to be reached on policies relating to such matters as the production, quality control, pricing, export and import relating to such commodities as drugs, vaccines,

food, prophylactic, diagnostic and therapeutic equipment and supplies. TCDC could also include the establishment of inter-regional relationships among social and economic organizations and enterprises whose activities have world-wide implications for health.

100. The global strategy should include the establishment or strengthening of global mechanisms for ensuring the development and coordination of TCDC activities among regions and this should include the exchange of TCDC information between countries. It should also include support to the development of regional mechanisms, such as the regional networks of health development centres mentioned in paragraph 83 above, ensuring their inter-regional cooperation.

Global  
Orientation  
and Support  
for  
Research

101. The global strategy will involve a reconsideration of current health research policies with a view to making them supportive of overall health policies. It will have to include measures to ensure the proper orientation of biomedical and health services research so that they can make an effective contribution to the solution of problems which are impeding attainment of an acceptable level of health for all. This will no doubt imply significant modifications to current health research trends and greater involvement of the world scientific community in these endeavours. The global strategy will also include the support of national and regional research efforts. Consideration will also have to be given to the inter-sectoral research required at the global level and to the establishment or strengthening of relationships with the global institutions concerned, particularly the relevant specialized agencies and institutes of the United Nations. Countries should make

full use of WHO's global Advisory Committee on Medical Research for the above purposes.

Global Use  
of National  
Expertise

102. The strategy should include the use of national expertise for dealing with problems on a world-wide scale. For this purpose, countries should use such bodies as WHO's panels of experts and the global Advisory Committee on Medical Research. It is suggested that a global health development advisory council should be established, that is a group of national experts from health and relevant socio-economic sectors to deal with all global questions of health development as they relate to social and economic development. This group would work in close liaison with the regional groups of a similar nature mentioned in paragraph 85.

103. Reference is again made in this context to the Executive Board Organizational Study mentioned in paragraph 86 above.

Global  
Monitoring  
and  
Evaluation

104. A global evaluation framework will have to be agreed upon. This will include monitoring the world-wide efforts and evaluating their impact in attaining health for all by the year 2000. A short list of indicators will have to be selected that are applicable in the global perspective. In addition, guidelines will need to be prepared to support regions and countries in selecting and using health and related socio-economic indicators for monitoring the implementation of their strategies and plans of action and evaluating their impact in improving the health status of the people as described in paragraphs 61 to 67 above. These guidelines should also include the methods and means required to collect and analyse the information, including reporting by non-professional health workers as appropriate.

Role of  
WHO

105. The role of WHO, including its headquarters, in formulating and implementing the global strategy for health for all by the year 2000 is outlined in paragraphs 125 to 131 in the following section.

VI. THE ROLE OF WHO

106. According to its Constitution, WHO is an organization of Member States cooperating among themselves and others to promote the health of all peoples. Such cooperation among Member States makes it possible for WHO to fulfil its constitutional functions of acting as the directing and coordinating authority on international health work and of furnishing appropriate technical cooperation upon the request or acceptance of governments.

107. In carrying out these interrelated and mutually supportive functions, WHO has a central role in developing strategies for attaining an acceptable level of health for all by the year 2000. WHO will fulfil this role through the promotion, coordination and support of the efforts described in the previous sections, in countries individually and through their collective action at regional and global levels.

Role of WHO  
in Promo-  
tion and  
Coordina-  
tion

108. WHO will be instrumental in promoting worldwide understanding that an acceptable level of health for all by the year 2000 is feasible, and that primary health care is the key to this. WHO will carry out such promotion among policy makers at top government level, and among professional groups in the health and related social and economic sectors. It will also actively promote the idea among the general public. WHO will stimulate the interest and support of other international organizations both within and outside the United Nations system, as well as through international non-governmental organizations.

109. WHO will use its constitutional organs and regional arrangements to ensure the coordinated development of strategies at all operational levels and will support countries individually and collectively in overcoming obstacles. WHO will establish mechanisms such as that mentioned in paragraph 95 above, through which participating countries will be able to ensure that bilateral and multi-lateral support is channelled first and foremost into priority activities in countries as determined by them within the framework of their strategies and plans of action, as well as into priority intercountry activities included in regional strategies. In so doing, WHO will ensure that all funds channelled through it are devoted to activities that conform to its policies and priority programmes. WHO will estimate the order of magnitude of resources required as mentioned in paragraphs 74 and 95 above.

Information 110. WHO will ensure the availability of relevant and valid  
Role of WHO

information to facilitate the formulation and implementation of policies, strategies and plans of action. To this end, WHO will ensure that information is distilled, analysed, synthesized and properly disseminated among countries. It will also collect relevant information from other sectors involved in social and economic development as well as from the health sector. As part of the strengthening of its information role, WHO will rely on such mechanisms as regional and national centres for health development as these are progressively established and strengthened.

111. WHO will use the opportunity of bringing together policy makers in such bodies as the Regional Committees and the World Health Assembly, and health managers, practitioners and researchers in various types of meetings, to exchange such information. It will orient further its written

communications and publications towards the provision of information required to prepare and implement strategies and plans of action. It will make available to Member States information on the experience of countries in which strategies and plans of action for health for all are being carried out. It will also provide information on relevant national health legislation. Consideration will be given to making "Health for All by the Year 2000" the theme of World Health Day in the near future.

Technical  
Cooperation  
Among  
Developing  
Countries

112. WHO will support technical cooperation among developing countries, developed countries, as well as among developed and developing countries. It will create mechanisms for ensuring timely and appropriate exchanges of information among countries interested in the possibility of technical cooperation among themselves. It will also maintain relationships with other bodies, such as regional economic commissions, for this purpose. WHO will maintain proper contacts with the UNDP's Information Referral System for Technical Cooperation Among Developing Countries (TCDC/INRES). Whereas the financing of activities for technical cooperation among developing countries (TCDC) is mainly the responsibility of the countries themselves, WHO will provide for indispensable technical and administrative overhead costs.

113. To facilitate TCDC, WHO will further develop suitable mechanisms at the regional level. In addition to maintaining contact with other sectors and being closely involved in the information service mentioned above, the mechanisms will deal with such matters as commercial questions related to TCDC and legal questions in support of countries who so wish in reaching agreements and signing contracts. These mechanisms will ensure that all WHO

programme activities take into account the possibility of being implemented through TCDC. WHO will support cooperation between national centres for health development, for whose establishment and functioning it will prepare guidelines, and which WHO will help to organize in regional and interregional networks.

WHO Support to Country, Regional and Global Efforts 114. WHO will provide technical and managerial support to national, regional and global efforts. It will be particularly active in developing appropriate technology for use in those areas that directly contribute to attaining an acceptable level of health for all.

115. WHO will ensure any further development of appropriate managerial processes required for health development in the manner prescribed by the Health Assembly<sup>1</sup> and for designing health systems based on primary health care. It will ensure that the processes for country health programming, national health programme budgeting and health programme evaluation, as well as for the provision of adequate information support, are developed in a coordinated manner and in such a way as to facilitate the formulation and implementation of national policies, strategies and plans of action. WHO will also ensure that its own processes for programme development, including the general programmes of work, medium-term programming, programme budgeting, health programme evaluation and information systems support, give priority to the essential requirements for the formulation and implementation of the worldwide strategies and plans of action.

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<sup>1</sup> Resolution WHA31.43, WHO Official Records, No. 247, Part I, 1978, p. 30.



116. WHO will play a leading role in orienting biomedical and health services research, through its regional and global Advisory Committees for Medical Research, and in supporting those research activities that aim at providing solutions required for the formulation and implementation of strategies and plans of action.

Monitoring and Evaluation 117. WHO will be instrumental in ensuring the monitoring and evaluation of the worldwide efforts at all operational levels, as described in paragraphs 61-67, 88 and 104 above.

Role of WHO in Countries 118. The role of WHO in countries was defined in the Executive Board's Organizational Study on "WHO's role at the country level, particularly the role of the WHO representatives",<sup>1</sup> which was endorsed by the World Health Assembly in resolution WHA31.27.<sup>2</sup> For this reason it is being dealt with only in summary fashion in the present document. In conformity with this Study, and with the concept of technical cooperation as defined by the World Health Assembly, WHO will collaborate on the request of the governments concerned in the formulation of national policies, strategies and plans of action. It will collaborate with the other United Nations agencies and funds working in the country in support of the national efforts for health and socioeconomic development, such as UNDP and UNICEF.

119. WHO will also collaborate on request in setting in motion the country health programming process and in participating in its implementation as well as the related introduction of the evaluation process and the strengthening of national health information systems. Similarly, WHO will provide support on the request of governments to the

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<sup>1</sup> WHO Official Records, No. 244, Part I, 1978, Annex 7.

<sup>2</sup> WHO Official Records No. 247, Part I, 1978, p. 17.

follow-up of plans of action; such as the formulation of specific programmes, the design of health systems based on primary health care, health manpower development, the development and application of appropriate technology, the organization of health services research, the support of national centres for health development. In keeping with the decision of the World Health Assembly concerning technical cooperation, and with the process of programme budgeting of WHO's resources in countries, WHO will provide on request continuing support to countries' programme priorities which fall within its General Programmes of Work that Member States have decided upon collectively, and will facilitate the identification of development activities for external support. WHO will also provide support on request for translating important documents into local languages.

Role of  
WHO at  
Regional  
Level  
  
WHO  
Regional  
Committees

120. The Regional Committees of WHO have a crucial role in formulating, implementing, monitoring and evaluating regional strategies, and in ensuring political, social, managerial, technical and financial support to national strategies and plans of action. To this end, one of their functions will be to review reports on national strategies and plans of action that have been presented to them in order to permit them to synthesize regional strategies. These will bring together common issues that require the collective action of countries in the region. The regional strategies will in no way usurp the rights of countries in developing their own national strategies. In their efforts the Regional Committees will be supported by such bodies as Regional Programme Committees and Regional Advisory Committees on Medical Research and should make full use of other national expertise through appropriate mechanisms such as panels of

experts, task forces and those that will be recommended by the Executive Board in its organizational study mentioned in paragraph 86 above.

121. Regional Committees constitute regional fora and provide frameworks for reaching collective decisions by the countries of the region on regional policies and strategies, and for defining objectives and related targets. Thus, they will constitute important regional political fora to promote the idea that an acceptable level of health for all is feasible, and to help overcome obstacles. They should be active in stimulating relevant regional bodies to adopt related social and economic policies. Regional Committees should provide political, social, managerial and technical support to national strategies and plans of action, as well as financial support through the assessment of requirements and the attraction of external funds, ensuring that these are channelled into priority activities.

122. Regional Committees should create or strengthen regional mechanisms and arrangements to support national action. Thus, they should be instrumental in facilitating agreements among countries on TCDC, including the regional use of national health development centres. They should ensure the regional use of national expertise in other ways, such as through problem-oriented panels, the health development groups mentioned in paragraph 85, and the Regional Advisory Committees on Medical Research. The latter will be active in ensuring the contribution of biomedical and health services research to the overall regional efforts. The Regional Committees should be responsible for ensuring the generation and dissemination of relevant and valid information for the countries of the region through an adequate information service,

including information required for TCDC. They should identify global implications of regional strategies and should monitor and evaluate these strategies.

WHO  
Regional  
Offices

123. The Regional Offices will support the Regional Committees in all of the above, and will act as the instrument for giving effect to the decisions of these Committees, and for carrying out those aspects of the regional strategies that are assigned to them by the Regional Committees. The Regional Offices will thus, for example, provide the Regional Committees with information required to formulate, implement, monitor and evaluate the regional strategies. The Regional Offices will be instrumental in ensuring exchange of relevant information among countries in the regions, including information on practical ways of developing primary health care and ensuring the progressive integration into it of a variety of health programmes. They will support countries in applying TCDC and for this purpose will host the regional bureaux for TCDC, and will help to establish and provide support to regional networks of national centres for health development.

124. The Regional Offices will promote and carry out direct technical cooperation between WHO and Member States on request of the governments concerned. They will service the various bodies and mechanisms involved in developing the regional strategies, such as the Regional Programme Committees, the health development groups mentioned in paragraph 85 and Regional Advisory Committees for Medical Research. The Regional Offices will constitute practical links with relevant regional socioeconomic bodies such as the regional economic commissions. The Regional Offices will

also deal on behalf of the Regional Committees with the practical issues involved in attracting external resources and channelling such resources into priority activities that form part of the national and regional strategies.

Global  
Level

World  
Health  
Assembly

125. The World Health Assembly in fulfilment of its constitutional functions, has supreme responsibility for formulating, adopting, implementing, monitoring and evaluating the global strategy for supporting regional strategies and for ensuring political, social, managerial, technical and financial support to national strategies and plans of action. It is suggested that the annual report of the Director-General for 1980 that will be presented to the Thirty-fourth World Health Assembly in 1981 should be devoted to progress in formulating national, regional and global strategies. It is also suggested that governments should devote their reports in the plenary session of this Health Assembly to comments on the Director-General's report.

126. The World Health Assembly constitutes an important global political forum to promote the idea that an acceptable level of health for all is feasible, and will help to overcome worldwide obstacles. It should be active in stimulating relevant global bodies to adopt related social and economic policies. The World Health Assembly will provide political, social, managerial and technical support to regional and national strategies and plans of action, as well as financial support through the assessment of worldwide requirements and the attraction of external funds, ensuring that these are channelled into priority activities.

127. The World Health Assembly should ensure the generation and dissemination of relevant and valid information for all countries. It should create or strengthen global mechanisms and arrangements to support regional and national action. Thus it should adopt any necessary policies to facilitate TCDC, and should establish or

strengthen global mechanisms and support regional and inter-regional mechanisms for this purpose. The World Health Assembly should ensure the global use of national expertise through such mechanisms as national health development centres, problem-oriented panels, and the Global Advisory Committee on Medical Research. The Health Assembly should be responsible for ensuring adequate information support for regional and national strategies and plans of action, including information required for interregional TCDC. It should monitor and evaluate the total global strategy.

WHO  
Executive  
Board

128. The WHO Executive Board has an important function in stimulating countries individually, as well as collectively in the Regional Committees, to launch and sustain strategies and plans of action. In addition, its members should be active in promoting the development of strategies in their own countries. Also, whenever they represent their countries at Regional Committees and the World Health Assembly they should be similarly active in serving these ends. The Board will take steps to ensure that the Regional Committees assume the functions outlined in paragraphs 120 to 122 above. It will submit proposals for the global strategy to the World Health Assembly and will support the Health Assembly in developing, implementing, monitoring and evaluating that strategy. Such a strategy would form one of the bases for the Seventh General Programme of Work covering a specific period, for whose formulation the Board is responsible, as well as for WHO's contribution to the preparation of the new International Development Strategy of the United Nations.

WHO  
Headquarters

129. The WHO Headquarters will support the World Health Assembly and the Executive Board in all the above and will act as the instrument for giving effect to their decisions and for carrying out those aspects of the global strategy

that are assigned to it by these bodies. It will thus, for example, provide the Board and the Health Assembly with the information required for them to arrive at rational decisions. It will ensure that the mechanisms required at the global level function properly, for example for ensuring the availability of relevant and valid information, including that required for inter-regional TCDC.

130. The WHO Headquarters will ensure the preparation of guidelines required in all regions, such as for the establishment and functioning of national centres for health development, managerial processes for health programme development, the selection and use of indicators for monitoring and evaluation, and the integration of a variety of programmes into primary health care, the organization of primary health care by communities, and national health information systems. Headquarters will service the various global bodies and mechanisms involved in developing the global strategy, such as the Programme Committee of the Executive Board, the health development group mentioned in paragraph 102, and the Global Advisory Committee for Medical Research. Headquarters will constitute a practical link with the relevant global social and economic bodies such as the Economic and Social Council of the United Nations, UNDP, UNFPA, UNICEF, and the World Bank. Headquarters will facilitate the process of attracting bilateral and multilateral funds and channelling them into priority activities relevant to the attainment of health for all. One of the ways in which it will do so will be by servicing the global body of participating countries mentioned in paragraph 95 above.

Director-  
General  
of WHO

131. The Director-General of WHO, in accordance with his constitutional role as chief technical and administrative officer of the Organization, subject to the authority of the Executive Board, will ensure that the Secretariat at all operational levels provides the necessary support to countries, Regional Committees, the Executive Board and the Health Assembly for the formulation and implementation of national, regional and global strategies. The Director-General will also ensure that the Secretariat acts as an efficient instrument for giving effect to the resolutions and decisions of the Regional Committees, Executive Board, and World Health Assembly concerning strategies for health for all by the year 2000, and for carrying out those aspects of the national, regional and global strategies that are assigned to the Secretariat by these bodies.

WHO's  
Structures  
in the  
light of  
its  
Functions

132. The possible re-structuring of WHO in relation to its role in attaining an acceptable level of health for all by the year 2000 is currently being examined on the basis of the background paper prepared by the Director-General entitled "Study of WHO's structures in the light of its functions" (Document DGO/78.1). This study includes the structures in countries for dealing with the political and technical interface between the national authorities and WHO; the Regional Committees; the Regional Offices; Headquarters; the Executive Board; and the World Health Assembly. Any re-structuring of the secretariat will follow from the re-structuring of WHO as a whole. All the above will have to gear themselves to their new role of supporting Member States in developing and implementing the policies, strategies and plans of action.



133. All the Regional Committees have launched the study in their respective regions at their 1978 sessions. Member States are being consulted, either by questionnaires or by visits of Regional Committee representatives. The Regional Committees will review the response of Governments at their 1979 sessions, following which the Director-General will prepare his report and present it to the Executive Board in January 1980.

VII. TIMETABLE FOR FORMULATING STRATEGIES<sup>1</sup>

134. The following timetable is suggested:

STEP	ACTION BY	DATE
Preparation of draft document for the Executive Board	Programme Committee of Executive Board	November 1978
Review of Programme Committee draft document and dissemination of Executive Board's document to Member States for their early consideration before the Thirty-second World Health Assembly	Executive Board	January 1979
Review of the Executive Board document by the Thirty-second World Health Assembly and requests to governments	World Health Assembly	May 1979

<sup>1</sup> A more detailed timetable including the action of the Secretariat of WHO will be prepared by the Director-General and will be reviewed by the Executive Board at its sixty-fourth session in May 1979.

STEP	ACTION BY	DATE
and Regional Committees to formulate national and regional strategies and plans of action		
Review of detailed timetable <sup>1</sup>	Executive Board	May 1979
Commencement of development of national strategies and plans of action	Member States	Following Thirty- second World Health Assembly
First review of progress towards development of national strategies and plans of action and ways of formulating regional strategies	Regional Committees	August-October 1979
First review of reports from Regional Committees	Programme Committee of Executive Board	November 1979
Progress review by Executive Board	Executive Board	January 1980
Progress Review by World Health Assembly	World Health Assembly	May 1980
Submission of reports on national strategies and plans of action to Regional Committees	Member States	June 1980
Further review of progress in developing national strategies and formulation of regional strategies	Regional Committees	August-October 1980
Formulation of proposed global strategy	Programme Committee of Executive Board	November 1980

<sup>1</sup> A more detailed timetable including the action of the Secretariat of WHO will be prepared by the Director-General and will be reviewed by the Executive Board at its sixty-fourth session in May 1979.

STEP	ACTION BY	DATE
Review of report of Programme Committee	Executive Board	January 1981
Adoption of global strategy	World Health Assembly	May 1981

135. It is realized that many countries may have gone far beyond what is being suggested for inclusion in their strategies and plans of action, or at least that they may have made such progress with respect to certain if not all the issues involved. Other countries may well have a long way to go. It is stressed that the reports from countries to regional committees mentioned in the above timetable should include those issues that form part of the national strategies and plans of action. They need not necessarily include those issues to which the plans of action will lead, such as details of the formulation of priority programmes and of the design of improved health systems based on primary health care.

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