



MEETING OF WHO REPRESENTATIVES AND
PROGRAMME COORDINATORS

30 May 1983

EM/MTG/WR&PCs/2 Rev.1

Alexandria, 5 - 9 June 1983

PROVISIONAL PROGRAMME

All sessions will be Chaired by the Regional Director.

Sunday, 5 June 1983

- 08.30 - 09.00 a.m. Registration
- 09.00 - 09.30 a.m. Opening of the Meeting
by Dr Hussein A. Gezairy,
Director, WHO Eastern Mediterranean
Region
- 09.30 - 10.00 a.m. Coffee break
- 10.00 - 12.00 noon Discussion of Global, Regional, and National
Strategies of HFA/2000, including the role
of WR&PC in relation to the strategy.
- Presentations by: Dr. J. Hamon,
Dr. F. Partow, Dr. O.I.H. Omer
- Group discussion

Monday, 6 June

- 09.00 - *12.00 noon Monitoring Implementation and Evaluating
Effectiveness of Strategy of HFA/2000 at
country level (Issues and problems involved;
course of action)
- Presentations by: Dr. M.A. El Yafi,
Dr. I.M. Chaudhri, Dr O.I.H.Omer
- *10.00 - 10.15 a.m. Coffee break
- Group discussion

Tuesday, 7 June

- 09.00 - *12.00 noon Implementation of 1982/83 Programme Budget,
preparation for review of 1984/85 Programme
Budget, and preparation for Proposed Programme
Budget for 1986/87, including Programme Review
Missions
- Presentations by: Mr. J.H. Donald, Dr. O.I.H. Omer
- *10.00 - 10.15 a.m. Coffee break

Tuesday, 7 June (cont'd)

16.30 - *19.30 p.m.

Managerial Framework for Optimal Use of WHO's
Resources in Direct Support of Member States -
Countries' Experience and Expectations

Presentations by Dr. R.A. Khan, Dr. Abbas Mukhtar, Dr A.Khogali

*17.30 - 17.45 p.m

Coffee break

Group discussion

Wednesday, 8 June

09.00 - *12.00 noon

Discussions on technical and administrative matters of
common interest raised by WR&PCs

*10.00 - 10.15 a.m.

Coffee break

Group discussion

Thursday, 9 June

09.00 - *12.00 noon

Coordination with multilateral (UN and others) , and
bilateral agencies .Presentations by Dr A.Amini and Mr C.Vakis

*10.00 - 10.15 a.m.

Coffee break

Group discussions

12.00 - 12 30 p.m.

Closing Session

PRESENTATIONS AT THE MEETING OF WHO REPRESENTATIVES AND PROGRAMME
COORDINATORS, Alexandria, 5 - 9 June 1983

First Day, Sunday 5 June 1983

- 1 GLOBAL, REGIONAL AND NATIONAL STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000, INCLUDING THE ROLE OF WHO REPRESENTATIVES AND PROGRAMME COORDINATORS IN RELATION TO THESE STRATEGIES by Dr J. Hamon
- 2 NOTES ON REGIONAL STRATEGY HFA/2000 by Dr F.Partow
3. TRANSPARENCIES ON REGIONAL STRATEGY HFA/2000, August 1980 by Dr O I H.Omer

Second Day, Monday, 6 June 1983

- 4 MONITORING IMPLEMENTATION AND EVALUATING EFFECTIVENESS OF STRATEGY OF HFA/2000 AT COUNTRY LEVEL IN YEMEN ARAB REPUBLIC by Dr M.A.El Yafi
- 5 TRANSPARENCIES by Dr M A.El Yafi
- 6 MONITORING/IMPLEMENTATION AND EVALUATING EFFECTIVENESS OF STRATEGY OF HFA/2000 AT COUNTRY LEVEL by Dr I.M Chaudhri
- 7 TRANSPARENCIES by Dr I M.Chaudhri
- 8 TRANSPARENCIES ON MONITORING PROGRESS FOR IMPLEMENTATION OF STRATEGY FOR HFA/2000 by Dr O.I.H.Omer
- 9 ANALYSIS OF INDICATORS IN THE FIRST REPORTS FOR MONITORING PROGRESS IN IMPLEMENTING THE STRATEGIES by Dr E.Hammoud

Third Day, Tuesday, 7 June 1983

- 10 PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1984-1985 (A)
INTERIM FINANCIAL REPORT FOR 1982 (B)
WHO/EMR REGULAR BUDGET (C) (Previous and present Biennium)
WHO/EMR STATUS OF IMPLEMENTATION OF 1982/83 PROGRAMME BUDGET AS OF
30 APRIL 1983
by Mr J Donald
11. TRANSPARENCIES ON PROGRAMME BUDGET FOR THE BIENNIUM 1982/1983 by Dr O.I.H.Omer
- 12 MANAGERIAL FRAMEWORK FOR OPTIMAL USE OF WHO'S RESOURCES IN DIRECT SUPPORT OF MEMBER STATES by Dr R.Khan , Dr A.Mukhtar, Dr A.Khogali
- 13 TRANSPARENCIES by Dr R Khan, Dr A. Mukhtar, Dr A. Khogali
- 14 PROGRAMME IMPLEMENTATION by Dr R.Khan, Dr A.Mukhtar, Dr A.Khogali

Fourth Day, Wednesday, 8 June 1983

15. GENERAL DISCUSSIONS FOR WEDNESDAY'S SESSION
16. NOTE ON REVIEW MISSIONS TO MEMBERS STATES IN EMR

Fifth Day, 9 June 1983

- 17 COORDINATION WITH MULTILATERAL (UN AND OTHERS) AND BILATERAL AGENCIES
by Dr A Amini
18. TRANSPARENCIES by Dr A.Amini
19. COORDINATION WITH MULTILATERAL AND BILATERAL AGENCIES by Mr C.Vakis
- 20 TRANSPARENCIES by Mr C. Vakis
21. TRANSPARENCIES by Dr K.Olavı Elo

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GLOBAL, REGIONAL AND NATIONAL STRATEGIES FOR HEALTH FOR ALL
BY THE YEAR 2000, INCLUDING THE ROLE OF WHO REPRESENTATIVES
AND PROGRAMME COORDINATORS IN RELATION TO THESE STRATEGIES

The Alma-Ata Conference on Primary Health Care (September 1978) emphasized the need to develop health systems based on primary health care to ensure social justice in the health field and the sound use of local, national and international resources allocated to the health and health-related sectors.

The Alma-Ata declaration and report were endorsed by the Thirty-second World Health Assembly in 1979 by adopting the resolution WHA32.30. By this resolution the Assembly also invited the Member States to act individually in formulating national policies, strategies and plans of action for reaching the goal of Health For All by the Year 2000, and collectively in formulating regional and global strategies, using as a basis the guiding principles issued by WHO's Executive Board in the document entitled "Formulating strategies for Health for All by the Year 2000" (Health for All publication no. 2).

The Global Strategy for Health for All by the Year 2000 was developed accordingly, also responding at the same time to resolution 34/58 of the United Nations General Assembly concerning health as an integral part of development which was adopted in November 1979. This Global Strategy was adopted in 1981 by the Thirty-fourth World Health Assembly in resolution WHA34.36.

The publication on the formulation of strategies included a timetable for the actual formulation and implementation of strategies at all levels which constituted the basis for the preparation by the Executive Board of a Plan of Action to implement the Global Strategy for Health for All by the Year 2000. This plan of action was approved in 1982 by the Thirty-fifth World Health Assembly in resolution WHA35.23.

This Plan of Action (Health for All publication no. 7) summarizes the action required from Member States, Governing Bodies and the WHO Secretariat for the formulation and implementation of regional and global strategies and proposes a timetable for this action. It calls on Member States to:

- (1) review their health policies, if they have not already done so and keep these under constant review,
- (2) formulate their national strategies, if they have not already done so, and update them as necessary;
- (3) decide on specific national health and health-related targets;
- (4) develop plans of action to implement their strategies,
- (5) review their health systems with the aim of reshaping them as necessary;
- (6) consider ways of strengthening their ministries of health or analogous authorities to enable these to:
 - (a) take initiatives to ensure the commitment of their government as a whole to the implementation of the Strategy within the country;
 - (b) make efforts to ensure the support of public figures and bodies as appropriate;
 - (c) propose appropriate mechanisms for ensuring intersectoral action in support of the Strategy,
 - (d) try to gain the support of economic planners and institutions;
 - (e) make efforts to win over professional groups;
 - (f) establish a permanent, systematic managerial process for health development as well as appropriate mechanisms to this end;
 - (g) attempt to orient research towards solving problems required for the implementation of the Strategy;
 - (h) disseminate information that is likely to influence various target audiences to support the Strategy;

(7) mobilize all human resources to the utmost extent possible for the implementation of their strategy;

(8) mobilize also all possible financial and material resources to that effect;

(9) clearly identify needs for external funds in addition to their own resources;

(10) exchange information freely and possibly reach specific agreements for inter-country cooperation concerning their human resources, as well as on financial and material matters, including alternative ways of financing health systems;

(11) national resources permitting, transfer resources to developing countries that are ready to devote substantial additional resources to health and review the nature of these transfers to comply with the needs of the strategy;

(12) introduce a process and establish the necessary mechanisms to monitor and evaluate their strategy;

(13) decide on the indicators they will use to monitor and evaluate their strategy, over and above those already collectively adopted for the global monitoring of the progress towards Health for All by the Year 2000 (Health for All publication no. 4).

This Plan of Action calls simultaneously on the Regional Committees to:

(1) update the regional strategies as necessary in the light of the Global Strategy;

(2) seek the commitment of governments in the region to implement, monitor and evaluate the regional strategies if they have not already done so;

(3) consider the possibility of defining regional targets on the basis of national targets if they have not already done so;

(4) prepare regional plans of action for implementing the regional strategies;

(5) monitor and evaluate the implementation of the regional strategies;

(6) submit such regional proposals for the Seventh General Programme of Work and the subsequent General Programmes of Work as will support the national, regional and global strategies;

(7) ensure that the regional biennial programme budgets of WHO conform to the policies and orientation of the Seventh and subsequent General Programmes of Work of WHO and through them support the strategies for health for all,

(8) keep under constant review ways of developing health systems based on primary health care and ensure that the knowledge thus gained is made widely known;

(9) consider the adoption of regional health charters if they have not already done so,

(10) promote the Strategy among geopolitical groupings of countries in the region,

(11) regularly review the needs of Member States in the region for international resource support,

(12) foster new forms of bilateral and trilateral cooperation,

(13) decide on indicators to monitor and evaluate the regional strategies if they have not already done so,

(14) monitor progress in implementing the regional strategies every two years,

(15) evaluate the effectiveness of the regional strategies every six years and update them as necessary in relation to the preparation of WHO's General Programmes of Work

To facilitate the implementation of the national strategies as well as regional strategies directly supporting the national ones, the Organization has developed guiding principles for the Managerial Process for National Health Development (Health for All publication no. 5) and for Health Programme Evaluation (Health for All publication no. 6).

The role of the WHO Secretariat in support of the national, regional and global strategies has been clearly defined by the Seventh General Programme of Work of the Organization, covering the period 1984-1989 (Health for All publication no. 8, Chapter 4, paragraphs 48 to 55, which was approved by the thirty-fifth World Health Assembly in 1982 by resolution WHA35.24

This Seventh General Programme lists the following criteria to be used for selecting programme areas for WHO involvement (para.69).

- (a) the problem with which the programme area is concerned is clearly identified,
- (b) the underlying problem is of major importance in terms of public health, in view of its incidence, prevalence, distribution and severity; or in terms of its related adverse sociocultural and economic implications;
- (c) the programme is of high social relevance and responds to identified components of national, regional and global strategies for health for all,
- (d) there is a demonstrable potential for making progress towards the solution of the problem,
- (e) there is a strong rationale for WHO's involvement because the programme area is specifically mentioned in the Constitution, or resolutions of the World Health Assembly, Executive Board and regional committees, WHO's involvement has been clearly indicated in national, regional and global strategies for health for all; WHO is in a unique position to deal with the underlying problems in view of its constitutional role in international health work; WHO's involvement could have a significant impact on the promotion of health and improvement of the quality of life; WHO's involvement will promote self-sustaining programme growth at national level; the problem requires international collaboration for its solution; the programme has potential for generating intersectoral action for health development, or WHO's status as a specialized agency of the United Nations system requires collaboration with other agencies of the system for the solution of the problem;
- (f) WHO's non-involvement would have serious adverse health repercussions.

It gives the criteria to be used for determining at which organizational level or levels programme activities should take place (para. 70):

(a) country activities should aim at solving problems of major public health importance in the country concerned, particularly those of underprivileged and high-risk populations, and should result from a rational identification by countries of their priority needs through an appropriate managerial process; they should give rise to the establishment and sustained implementation of countrywide health programmes,

(b) intercountry and regional activities are indicated if similar needs have been identified by a number of countries in the same region following a rational process of programming or a common awareness of joint problems; the pursuit of the activity as a cooperative effort of a number of countries in the same region is likely to contribute significantly to attaining the programme objective; cooperating countries, whether developing countries cooperating among themselves (TCDC/ECDC), developed countries doing so, or developed countries cooperating with developing countries, have requested WHO to facilitate or support such cooperation, for reasons of economy the intercountry framework is useful for pooling selected national resources, e.g. for the provision of highly skilled technical services to countries; the activity encompasses regional planning, management and evaluation or is required for regional coordination; or the activity is an essential regional component of an interregional or global activity;

(c) interregional and global activities are indicated if similar requirements have been identified by a number of countries in different regions following a rational process of programming; the activity consists of facilitating or supporting technical cooperation among countries in different regions, and its pursuit is likely to contribute significantly to attaining the programme objectives, for reasons of economy the interregional framework is useful for pooling

selected resources, e g., for the provision of highly specialized and scarce advisory services to regions; the activity encompasses global planning, management and evaluation, the activity is required for global health coordination and for central coordination with other international agencies.

It also indicates the most important resource criteria to consider for deciding on the acceptability of specific programme activities (para 71):

- (a) the programme activity can be satisfactorily developed and maintained by Member States at a cost they can afford and with human resources that are either currently available or could become available if appropriate training were provided;
- (b) the programme activity is likely to attract external resources from bilateral, multilateral or nongovernmental sources to well-defined national strategies for health for all, particularly in developing countries, but also as necessary to WHO in support of such strategies

These criteria must be used, taking fully into account the clear warning given to Member States and the mandate given to the Organization by the WHA resolutions concerning the use of WHO resources at country level, in particular WHA31.27, para 3, sub-para. 3, which:

"Urges Member States to take care that their requests for technical cooperation with the Organization conform to the policies adopted by them in the Health Assembly", and WHA33 17, para 5, which

"Requests the Director-General and Regional Directors to act on behalf of the collectivity of Member States in responding favourably to government requests only if these are in conformity with the Organization's policies"

These criteria, along with these WHA resolutions, should also be used for transforming the Seventh General Programme of Work into a relevant and coherent series of activities at intercountry, regional, interregional and global levels, so as to fully support the development of health systems based on primary health care at country level through a systematic application of the Managerial Process for WHO Programme Development (7th GPW, chapter 4, paras. 63 to 65 and chapters 8 and 9, paras. 427 to 438). This calls for a much more systematic bottom-to-top programming approach than ever done before, so that at all levels of the Organization the proposed activities will be mutually supportive and will result in relevant technical cooperation with Member States, it also calls for genuine application of the principle of programming by objectives and budgeting by programme, which has been more often quoted than used within the Organization. This streamlining of the use of WHO's human, technological and financial resources will be discussed later when considering the document DGO/83.1 "Managerial framework for optimal use of WHO's resources in direct support of Member States" which constitutes item 1.3 of our agenda, but it must be kept in mind throughout the discussion of the present agenda item.

Health for All by the Year 2000 through the development of health systems based on Primary Health Care calls for greater social justice in the health field. It implies in particular universal accessibility of essential health care, defined with the full participation of individuals and communities, and tailored to what the community and country can afford to develop and maintain in the spirit of self-reliance and self-determination. The translation of the HFA-2000/PHC concept into action will therefore vary from country to country and does not mean that everybody will be healthy by the year 2000.

The most important contribution that the Organization could make to the development, implementation and periodic updating of national strategies and corresponding plan of action might often be comprehensive support to the building of a national capability in the managerial process for national health development, either in all fields concerned by this process, or in some of these fields only (information support, policy formulation, broad programming, detailed programming, programme-budgeting, implementation, evaluation, reprogramming, etc.). In view of the limited resources of the Organization, the usually modest level of the national resources allocated to health and the uncertainty of external inputs, the first priority should be given to maximizing the social cost-effectiveness of the already available resources by questioning the appropriateness of the existing approaches concerning the physical infrastructure, the manpower policy, the technologies used, the relative priority ranking adopted for health promotion and protection, as well as for disease prevention and control.

There is no universally valid blue print for the development of health systems based on primary health care, but only guiding principles. Actual implementation will therefore not only call for a relevant situation analysis but also for health system research, both to maximize the cost-effectiveness of existing resources and to determine how best to introduce alternative solutions to identified problems. The development, on a pragmatic basis, of a national and/or regional health system research capability will therefore be essential.

There is no doubt that major efforts will be needed during many years to come for improving our understanding of illness and disease and developing better preventive and curative tools and approaches. It is certain, however, that the health situation of most communities and countries, both developed and developing, could be tremendously improved by the mere application of existing

knowledge and this should constitute an important priority. The sound use of this knowledge will again require a national and/or regional health system research capability. It will also call for a major improvement of present systems of data gathering and analysis, information collection, validation and dissemination, with priorities based on actual country needs.

Health problems are in constant evolution; some are solved, new ones arise or are detected and relative priorities vary with the national, regional and global health situations and their expected trends. Biomedical research is therefore essential, as much to solve acute problems of today as for coping with anticipated health problems of tomorrow. Biomedical research calls on increasingly complex and rapidly evolving technologies and is a field "par excellence" for international cooperation associating all countries concerned independently of their degree of development, it is essential, however, that countries contribute according to their potential and benefit according to their needs, contributing to reach such an equilibrium constitutes one of the duties of the Organization.

Member States, or their collective representatives, are like people they can be absent-minded, committing themselves to certain tasks, duties, targets and objectives, subsequently forgetting to act accordingly. The Plan of Action for implementing the Global Strategy for Health for All provides for monitoring progress in the implementation of the national, regional and global strategies (every second year) and evaluating their effectiveness (every six years). What is involved is basically a self-monitoring or evaluation at the country level, and a peer monitoring or evaluation at the regional and global levels. It is the duty of the Organization to support the Member States in this endeavour so that it might prevent forgetfulness and become the engine irresistibly moving communities and countries in the direction of their collectively selected objective of HfA-2000/PHC

In all the above-mentioned fields the establishment of an open, frank and constructive dialogue between the Organization and Member States is a condition sine qua non for progress, involving all national authorities concerned, and not only the officials of the Ministry of Health. In most instances the expertise required will exceed what a single health specialist can acquire and will therefore call for a multidisciplinary team work approach. The establishment of such a dialogue and the constitution of such teams probably constitute the greatest challenge for the Organization in the years to come. Wherever WRs&PCs exist they will obviously play a key role in this development, but one may conceive a variety of alternatives for ensuring this development in the absence of any WR&PC.

The Organization has little human and financial resources. It can only achieve its goal by mobilizing, guiding and coordinating the use of human and financial resources existing outside by its advocacy role and cost-effective links with scientific and technical institutions, individual scientists, bi- and multilateral organizations, intergovernmental and nongovernmental organizations, and institutions, programmes and organizations of the UN family. This is not an easy task. An important part of the action should obviously take place at the country level, to induce national authorities to both fully maximise the usefulness of national NGOs and streamline the support offered by external institutions, organizations, programmes and agencies. There again, the role of the WR&PC, when there is one, and of the WHO multidisciplinary team dialoguing with the Member State concerned, could be very critical for ensuring that all parties concerned are faithful to the policy decisions made collectively by the Member States.

NOTES ON REGIONAL STRATEGY HFA/2000

by

Dr F. Partow, Director, Programme Management

The document EM/RC 30/9 on Regional Strategies for HFA/2000 is based on the conclusions of the three WHO subregional meetings on HFA/2000 held in 1980 at Mogadishu, Damascus and Kuwait and on individual country strategy statements received subsequently.

This document was submitted to Governments by mail but was not discussed at Regional Committee (RC) as it did not meet that year or since then.

It was used as Regional input to the Global Strategy Documents submitted to 34th World Health Assembly (WHA) in May 1981.

This Regional Strategy reflects the main long term programme objectives, targets and approaches which are further specified and elaborated in the 7th General Programme of Work (GPW) 1984-89 and the respective Medium Term Programmes (MTPs), it also includes more specific discussions of Regional Programme Strategies particularly relevant to the 8 components of Primary Health Care (PHC), and the necessary support measures to HFA/2000 and to Primary Health Care. These are :

- a) Political
- b) Economic
- c) Social
- d) Technical: Health manpower
- e) Managerial
- f) Health information systems
- g) Research
- h) Public Information

It also addresses itself to the need for "generation and mobilization of resources"; human and financial.

It emphasizes the importance Intra of Intersectoral coordination and collaboration as well as international and intercountry cooperation (TCDC/ECDC) for the implementation of the strategy.

An outline for monitoring and evaluation is also laid down in the document.

It is to be noted that since the preparation of the Regional Strategies document important developments occurred in this respect which were reflected in specific actions and documentations at national, regional and at global levels. Reference is made particularly to documents:

- HFA Document No.3 Global Strategy for HFA/2000 (issued 1981)
- HFA Document No.7 Plan of Action for Implementing the Global Strategy for HFA (issued 1982)
- HFA Document No.8 Seventh General Programme of Work covering the period 1984-1989 (issued 1982)
- Global and Regional Medium Term Programmes for 1984-1989
- Format for Monitoring Progress Applied in countries in 1983
- Format for Evaluation HFA/2000 Under finalization, for application in countries in 1985

In the light of the above, the need for updating the document on Regional Strategies may be considered.

THE ROLE OF THE REGIONAL OFFICE

- The member states of the Region and the WHO Regional Office for the Eastern Mediterranean are embarking on an era of closer cooperation on the road to HFA/2000.

Resolution WHA/36.34 of the 36th World Health Assembly confirms the wish of the countries to this effect.

Since then consultations started between Governments and WHO to foster cooperation at Regional level.

It is to be noted that this represents an important development that calls on great attention and effort on the part of the WHO Secretariat (EMRO and field staff).

It is sincerely hoped that the Regional WHO Governing Body, the Regional Committee, will play an instrumental and highly positive role in guiding the work in the Region after more than three years of limited exchange.

- It is to be emphasized that most international support will take the form of intercountry cooperation. WHO, by its mandate will foster and support this cooperation. WHO role will include coordinating all aspects of the strategy and facilitating cooperation among countries regarding the strategy.

The Seventh General Programme of Work contains priority issues for WHO action and the broad lines for such action.

The Regional Office relies in performing its role in supporting implementation of national strategies for HFA/2000 principally on the WHO Representatives and Programme Coordinators and WHO field staff at country level as well as on other human resources available to it. The Regional Office also coordinates closely this support with WHO/Headquarters. The whole WHO functions as one organization with all levels complementing each other to achieve optimum results.

The Regional Office as part of WHO will continue to be restructured to permit the Regional Committee and the Secretariat to carry out its responsibilities.

SUPPORT OF STRATEGY

1. P O L I T I C A L
2. E C O N O M I C
3. S O C I A L
4. M A N A G E R I A L
S U P P O R T
5. H E A L T H I N F O R M A T I O N
S Y S T E M
6. R E S E A R C H
7. P U B L I C I N F O R M A T I O N

ACTION AT REGIONAL LEVEL

- 1) ENLIST TOP LEVEL POLITICAL SUPPORT
- 2) COORDINATION OF IMPLEMENTATION, MONITORING AND EVALUATION OF STRATEGY
- 3) STRENGTHEN COORDINATION WITHIN HEALTH SECTOR
- 4) PROMOTE INTERSECTORIAL ACTION
- 5) ENSURE EXCHANGE OF INFORMATION AMONG COUNTRIES REGARDING STRATEGIES
- 6) FACILITATE TECHNICAL COOPERATION AMONG COUNTRIES
- 7) ORGANIZE TECHNICAL COOPERATION BETWEEN WHO AND MEMBER STATES
- 8) SUPPORT COUNTRIES IN DEVELOPING THEIR MPNHD
- 9) SUPPORT NATIONAL RESEARCH AND COORDINATE REGIONAL RESEARCH RELATED TO STRATEGY
- 10) SUPPORT TRAINING
- 11) IDENTIFY RESOURCE NEEDS AND POSSIBLE EXTERNAL RESOURCES

REGIONAL STRATEGY
HFA/2000
August 1980

SITUATION ANALYSIS (Demographic)

Popn.	(1980)	268 million	Urban	40%
	(2000)	459		
C.B.R.	(1980)	18.0 to 48.1		
	(2000)	14.3 to 39.1		
C.D.R.	(1980)	7.3 to 19.2		
	(2000)	6.7 to 14.1		
Life Expect	(1980)	43.4 to 71.1	males and	
		46.6 to 74.9	Females	
	(2000)	49.3 to 72.4	males and	
		52.8 to 77.1	Females	
IMR	(1979)	13 to 142		

SOCIO ECONOMIC

P.C. Income US\$ 200 to US\$ 20,000

OBJECTIVES

Each Country Define own Targets

B U T

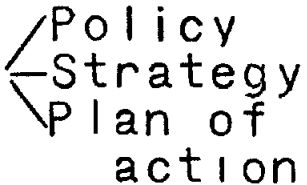
- (1) Lead Economically and Socially Productive Life
- (2) Increase Life Expectancy to All Popn. to 65 years
- (3) Inform All Public to lead healthier Life
- (4) Increase Food $\left\{ \begin{array}{l} \text{Production} \\ \text{Distribution} \end{array} \right. \rightarrow \text{Balanced diet}$
- (5) All People have reasonable access to adequate safe water supplies and Sanitation
- (6) Reduce Maternal (10) and Child Mortality (40)
- (7) 90% Coverage by Immunization
- (8) Health Facilities within reach of 90% of popn.
- (9) Essential Drugs Available to All

NATIONAL STRATEGIES FOR
HFA/2000

1. STATUS TODATE

- 18 Countries prepared statement of strategy and Plan of Action
- 5 Countries statement not available at R.O.
- 20 Countries reported on Progress of implementation including 3 with Statement not available. One of countries with statement did not report on Progress

2. DEGREE OF DETAIL

- 1. Very detailed
- 2. Brief statement
- 3. Separate statements 
 - Policy
 - Strategy
 - Plan of action
- 4. Combined statements for strategy and Plan
- 5. More than one version

3. FIRST LEVEL OF CONTACT WITH
HEALTH SERVICES

- | | | | |
|----|---|------|-------------------------------|
| 1. | PHYSICIAN | e.g. | Egypt
Bahrain
Kuwait |
| 2. | Village Health
Worker
Health Guide | | PDRY |
| 3. | PHCW
Social Health
Worker
Medical Assistant
Nurse | | SUDAN

PAKISTAN
IRAN |

4. MOST PERIPHERAL STATIC UNIT

Home of Health Worker

Room in Village Club or School

One-roomed Health Unit

Dispensary

Health Centre

Hospital outpatient

5. REFERRAL

Systematic and Organized

Ad hoc

No specified level of first contact

6. 8 COMPONENTS OF PHC

All components

Stress on few components

MCH

Water Supply and Sanitation

Treatment

Prevention

Activities not clearly identified

Vertical Programmes - Prominent

7. PREPARATION

1. In collaboration with WHO
2. Ministry of Health staff alone
 - One person
 - task forces
3. Special intersectoral National Groups
4. WHO STCs (major role) with Focal point Ministry of Health

ACTION AT THE NATIONAL LEVEL WILL INCLUDE :

- 1) ENSURING DIRECT TECHNICAL COOPERATION ON REQUEST TO SUPPORT THE IMPLEMENTATION AND EVALUATION OF NATIONAL STRATEGIES ;

- 2) ENSURING THE DISSEMINATION OF RELEVANT INFORMATION TO MINISTRIES OF HEALTH AND OTHER RELEVANT MINISTRIES AND BODIES :

- 3) COLLABORATING WITH THE OTHER UNITED NATIONS AGENCIES WORKING IN THE COUNTRY IN SUPPORT OF NATIONAL EFFORTS FOR SOCIOECONOMIC DEVELOPMENT AS PART OF THE NATIONAL STRATEGY .

FUTURE REGIONAL SUPPORT TO NATIONAL STRATEGIES

Review Missions Examine:

- (1) Strategies for validity or updating
- (2) Health system based on PHC -
8 elements
 - Strength
 - Working or not
- (3) - WHO Supported Programmes
 - National Health Programmes
 - conformity with objectives
7GPW
- (4) Implementation Problems
 - Integration of Vertical Programmes
 - Physical Resources
 - Management Problems
- (5) Monitoring Progress and Evaluation