

WORLD HEALTH
ORGANIZATION
REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN



مَنْظَمَةُ الصَّحَّةِ الْعَالَمِيَّةِ

المكتب الإقليمي لشرق البحر الأبيض المتوسط

ORGANISATION MONDIALE
DE LA SANTÉ
BUREAU REGIONAL DE LA
MEDITERRANÉE ORIENTALE

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

TWENTY-NINTH SESSION

AGENDA ITEM 9

EM/RC29/7 Add.1
20 September 1979

ORIGINAL: AS INDICATED

FORMULATING STRATEGIES FOR HEALTH FOR ALL
BY THE YEAR 2000

ADDENDUM

Attached are replies from Democratic Yemen, Iran, Oman, Saudi Arabia and Yemen Arab Republic which are further to the three previous replies already annexed to the Paper on "Formulating Strategies for Health for All by the Year 2000".

ANNEX I

Ref. MH/WHO/173

ORIGINAL: ENGLISH

Date: 11 September 1979

Ministry of Health
Aden

To: The Regional Director
EMRO - Alexandria

People's Democratic
Republic of Yemen

With reference to your letter No.DEC.6/15 of 18 June 1979 about the formulation and implementation of national policies, strategies and plans of action for "Health for All by the Year 2000".

As the PHC is considered to be the appropriate vehicle for the attainment by all by the year 2000 of a level of health that will permit them to lead a socially and economically productive life, we have introduced the PHC concept in the 5-year National Development Plan 1979/1983 as a national policy geared towards the delivery of health care to health consumers. It is realized that successive and continuous development plans will have to be designed until the end of the century to attain this objective.

The PHC programme in The People's Democratic Republic of Yemen may be regarded as being in its formative stages. Some preparatory action has, however, been initiated for its implementation. A brief résumé of the steps that have been finalized is appended:

- (i) With WHO collaboration, the project document for PHC has been prepared and printed;
- (ii) With UNCDF assistance 51 PHC units will be constructed spread over a period of years. The structural design of the PHC units has been prepared and approved by UNICEF, which is the Executive Agency. Construction will commence directly when the building materials arrive.
- (iii) The 252 existing health units which cover 16% of the rural population will be upgraded with UNICEF and UNFPA assistance to the level of PHC. It is expected that by the end of the Plan period, i.e., 1983, the total coverage will reach 26%.
- (iv) The Supervisory Teams envisaged in the NHP and the PHC project documents are being selected; and

- (v) A UNICEF mission has recently visited the country to assist in the design of the curricula for the various categories and they have advised on the training of the trainers starting in October 1979. Steps towards this have already been instituted including the submission of a list of training equipment needed to UNICEF.

This, therefore, is a brief progress report on the action taken by the Government as a prelude to the implementation of the PHC programme during the current 5-year development cycle.

Should the donors' meeting be held as planned in November or December this year and assistance mobilized for this important project, there would then be every reason to hope for the success of the programme and, therefore, of attaining the noble goal of "Health for All by the Year 2000".

The following are brief answers to the specific questions featuring in your letter under reference *ad seriam*:

1. The question of political commitment at the highest governmental and political level should be considered in the following context. Firstly, the Yemeni Socialist Party is the leader in all the fields including political, economic, social and cultural spheres.

Secondly, the Secretary-General of the Party is also the Chairman of the Presidium of the Supreme People's Council, which is the highest legislative body in the country.

Thirdly, the Public Sector is the leader in the management of the economy and the various Public Organizations are the vehicles guaranteeing community participation in developmental activities.

The People's Democratic Republic of Yemen pursues its development policy within the framework of comprehensive economic and social planning. This means that all the sectors of the national economy must be developed equitably to complement each other and not hinder the progress achieved by any one sector of the economy.

The Constitution of the country provides, *inter alia*, that health care is free for all and that the MCH (which is a major component of the PHC programme) is of prime importance in the health services of the country.

The 5-year National Development Plan, which includes the PHC programme, has been approved by the Supreme People's Council.

All these demonstrate the implied political commitment at the highest level of the PHC concept and, therefore, of the pledge to achieve the target "Health for All by the Year 2000".

The Ministry of Public Health will, in due course of time, obtain a specific political commitment in this respect.

2. The main preparatory steps that have been taken so far may be summarized as follows:

- (a) The formulation of the NHP and the inclusion of all the priority health and health-related programmes in the National Development Plans.
- (b) The formulation of the PHC project document; and
- (c) The Seminar on Planning and Health Administration held in Aden in January-February 1979.

Since the major functions of the PHC are promotive, preventive and curative, better environmental conditions and rural development in general, the Ministry is proposing to hold a national seminar to be represented by all the relevant sectors to educate them on the broader concept of the PHC and how a combined and collective effort on the part of all the sectors could result in better coordination and, therefore, in more effective development of the rural areas.

3. Technical cooperation between The People's Democratic Republic of Yemen and developing countries has so far taken the form of bilateral agreements, protocols, executive programmes etc. resulting in exchange of information, experience, training and expertise but not necessarily for the formulation of policies, strategies and plans of action, though the exchange of information, experience and expertise has been of some assistance in identifying, appraising and reformulating policies and strategies in keeping with our particular needs and necessities and overall policies.

Greater cooperation and coordination is called for provided the policies and strategies conform more or less to the same pattern.

4. WHO has supported in the preparation and printing of the NHP and PHC project documents and will assist in convening the donors' meeting at the end of this year. WHO has also supported inter-related sectors such as environmental sanitation, which is the responsibility of the Ministry in accordance with the decision of the Council of Ministers.

Technical Assistance from WHO will be required in the formulation of inter-regional or rather inter-sectoral strategies and policies within the context of the PHC programme.

Hoping that this provides some background information on the progress so far achieved towards the implementation of the PHC programme and, therefore, towards achieving the common goal of "Health for All by the Year 2000".

It is noted that this subject will be discussed at the Sub-Committee A meeting scheduled to be held in Doha, Qatar, from 8-11 October 1979.

ANNEX II

Ref.: 1260

ORIGINAL : ENGLISH

Date: 9 September 1979

To: The Regional Director
EMRO - Alexandria

PROVISIONAL GOVERNMENT OF
ISLAMIC REPUBLIC OF IRAN
MINISTRY OF HEALTH AND WELFARE
TEHRAN
IRAN

With reference to your letter No.DEC.6/15 H2/61/18 dated 18 June 1979 enclosed please find a copy of "The Programme for Provision of Health and Curative Services for All in Iran by the Year 2000" in six pages, which has been prepared with a view to public health requirements of the country, available sources, facilities, etc.

PROGRAMME FOR PROVISION OF HEALTH AND
CURATIVE SERVICES FOR ALL IN IRAN BY
THE YEAR 2000

1. Shortcomings and difficulties of health services in Iran

Survey and investigation of present health and curative situation in Iran and identification of deficiencies and difficulties and finding suitable solutions to apply to the conditions in the country, are the main problems which are continuously faced by the Ministry of Health and Welfare.

The important ones in this line are as follows:

- (a) Difficulties applied to geographical specifications of areas (scattered rural areas, population and climatic variations).
- (b) Lack of adequate health, curative and welfare centres, the staff for medical services, particularly in rural areas.
- (c) Non-proper utilization of existing centres, establishments and staff, due to social and administrative conditions ruling the Governmental Organizations.
- (d) Delivery of health and welfare services by different methods and orders through various organizations.
- (e) Lack of complete coordination between various development programmes which are related to health and curative programmes, i.e., education, training orientation, roads, transport, agriculture and rural developments.

2. Project for Health and Curative Networks:

For removal of above indicated difficulties, the Ministry of Health and Welfare with cooperation of Institute for Health Researches of Teheran University and World Health Organization launched "The Implementation Manner of Medical and Health Services Development in Iran" in West Azarbaijan.

Results obtained from this project led for the first time in Iran to the question of delivery of primary health and curative services on comprehensive basis, particularly in rural areas. Thus the fundamental basis of networks for health and curative services of the area were established.

The project was carried out following the evaluation made by the collaboration of WHO experts and became part of the national policies for delivery of health and curative services on country level and the below mentioned general policies and aims were pursued:

- (a) Health and Curative Services are parts of development programmes; as such, they are coordinated with other programmes and will be expanded and become a basis for the achievement of various needs and for measuring population characteristics.
- (b) Until the full organizational integration, the health and curative units will be integrated from the operational point of view.
- (c) The proposed networks, with a view to existing units, will become the development and expansion basis of the networks.
- (d) The mentioned network will be expanded with a view to progresses made in economic and social fields of the country, in order to be able to render more complete services from qualitative and quantitative points of view on all levels.
- (e) Application of individuals to health and curative network takes place on most primary levels, and with a view to the category of needs, they are sent to higher levels and speciality centres. For continuation of people's curative and health services and their follow-ups (if required) the applicants will be sent from higher levels to the primary lower levels.
- (f) The existing health and curative manpower:
Utmost benefit is obtained and for performance of simpler duties, auxiliary staff are trained on a comprehensive measure and their services are utilized at the centres.

- (g) In relation to above mentioned policies and aims, the Ministry of Health and Welfare has taken action from the very starting point to train a number of instructors, such as nurse, assistant nurse, (behyar) environmental health technicians in various groups, to be in charge of training and education of auxiliary staff for delivery of primary health care and curative services.

These instructors have up to now been engaged for training and education of primary health care workers on a vast level in different areas. The trained individuals render the primary health services in centres which are named "Health Houses".

- (h) The final goal in this project for delivery of primary health services includes the training of 20 000 primary health workers (behdashtyar and behvarz) who are earmarked for delivery of primary health services in 10 000 Health Houses, and also the creation and equipment of 2 000 rural health centres to function under the supervision of physicians.

In order to realize this goal, the advance revision of time limit programmes is considered vital. With a view to the new policies of the Government of Islamic Republic, the needed revision will be carried out for delivery of health and curative services through the National Health Services.

The project of Health Service Networks has always been supported as a part of national policies for implementation of health services. So far no fundamental obstacles have been faced. This should be considered the reply to the stated question no. 1.

3. Islamic Revolution and Necessity for Presentation of National Health Services Project:

In February 1979, the Islamic Revolution caused colossal changes in all phases of economic and social activities.

This revolution whose main aim and objective is the overthrow of dictatorship, wiping out the remains of colonization, establishment of justice and social equality, has now been the factor of making the poor and the under-privileged members of the society to be considered the original owners of this land and the legitimate heirs of this earth. Thus, the poor and needy expect the Islamic Republic to revive their violated rights.

One of the fundamental rights of the people is to benefit from social security which as a headline to this right provides the utilization of health and medical cares by the public.

In view of duties which we owe to the people, the provision and realization of this right is the responsibility of the Government as a vital exigency in the present revolutionary era.

As a result of this fact, the National Health Services Project is earmarked as the "Health and Curative Policy". The foundation of this project has already been laid out and following its ratification, the time limit programmes will be prepared and the implementation facilities will be provided for.

In fact, this project is the more completed and advanced form of Social Insurance for Curative Services, the expenses of which are met by the Government. As the delivery of services is the direct responsibility of the Government, therefore, the programmes are prepared with a view to priorities (local, regional and needs of various groups of communities). Of course at the beginning of the implementation of the project some part of expenses may be met indirectly by the people.

Policies included in the National Health Services Project:

With a view to acceptance of this general fact by the National Health Services Project that the enjoyment of health is the right of every individual, and the provision of this right is the duty of the Government, the following policies are pursued:

- (a) Priority of health and preventive services to curative services.
- (b) Provision of health and medical needs of public in the framework of logical and acceptable standards.
- (c) Priority of services delivery to the rural inhabitants and low income urban communities.
- (d) Integration of health and curative services in the framework of possibilities.
- (e) Coordination of medical education with communities' requirements and granting of adequate interest to the training and education of affiliated workers and medical aids.

- (f) Provision of all investment expenses and current expenses of National Health Services from the public incomes of the country. Of course at the beginning of the implementation of the project some part of expenses may be met indirectly by the people.
- (g) Mobilization of public for active participation in National Health Services.
- (h) Decentralization of operational affairs and planning of health and medical services.
- (i) Coordination of National Health Services Policies with other development and economic policies of the country and also with the policies of other sectors who are engaged in the propagation of health such as adequate and healthy nutrition, healthy dwellings, literacy, alteration of social insurance, etc.

The time limit programmes and operational projects of National Health Services for delivery of necessary services to public on the full coverage are under preparation.

On the line of provision of health and curative services for all by 2000, the expansion of existing networks of the Ministry of Health and Welfare through the establishment of outpatient rural and urban centres, the establishment of health centres hospital beds, training of medical staff are of interest. There is no doubt that the realization of above indicated needs will require adequate financial sources, establishment of training centres, provision of drugs and adequate equipment and facilities.

As the National Health Services Project cannot by itself be considered the key to the removal of health and curative shortcomings, therefore, the success of the project will depend on the overcoming of economic, social and cultural difficulties of various areas in the country. In view of this, the attention of Plan and Budget Organization is drawn to the important role of other sectors such as agriculture, roads and transport, and particularly to the question of training (one of the vital phases of such programmes is the training of manpower which requires ample time and with a view to the fact that the number of in-service medical and dental staff has to be doubled and the number of staff in other jobs, specially the auxiliary staff has to be multifold, therefore, such a project will need revolutionary changes in

training order) which are related to public health and establishment of a mechanism for further promotion of facilities and coordination with other sectors which would provide the reply to the stated question no.2.

For implementation of the above mentioned programmes, exchange of experts, information, the training of health and curative experiences with the World Health Organization are of great importance for realization of indicated goals and their potentiality.

The Ministry of Health and Welfare expects WHO to continue the bilateral cooperation as it was done in the past, which also will cover the reply to the question no.4.

In reply to question no. 3 the World Health Organization must undertake the responsibility of coordination, distribution of necessary information on primary health and curative services in various countries and their operational powers in this field and the needs of other countries in regard to preparation of their national programmes and keep the various countries in the current of such affairs.

In connection to this question the following events have taken place in Iran up to the present by the cooperation of WHO, i.e., various seminars, particularly the travelling seminars in which the representatives from other countries especially the neighbouring countries have participated and have observed the experiences obtained in Iran from completed works in the field of primary health care. Also the Iranian experts have attended the international conferences on primary health care and curative services which were either held in Iran or in other countries.

At present, the Iranian experts cooperate with WHO in the field of primary health care and are members of the Advisory Panel and have declared their readiness for cooperation with other countries through the availability of their experiences in this field.

ANNEX III

Ref.: MH/1/C/3-4/581

ORIGINAL: ENGLISH

Date: 19 August 1979

Ministry of Health
Muscat
Sultanate of Oman

To: The Regional Director
EMRO - Alexandria

With reference to your letter No.DEC.6/15 dated 18 June 1979 regarding the WHO Executive Board document entitled "Formulating Strategies for Health for All by the Year 2000".

With particular reference to the four questions in your above letter, the following are the replies:

1. Steps to obtain political commitment:

The Ministry of Health will prepare the next Five Year Plan including all plans and programmes of development to ensure promotion of health and prevention of disease all over the country. The Ministry will make every effort to obtain this commitment as an integral part of the national development plan.

2. Promotion of inter- and intra-sectoral action:

- (a) The Ministry has already adopted integration of services between both the Curative and Preventive Services and is in the process of further developing and promoting this integration.
- (b) There are many joint committees between the Ministry of Health and other Ministries concerned, especially Ministry of Social Affairs and Labour, and Ministry of Education.

3. Exchange of information and experience:

- (a) There are joint Technical Committees between this Ministry and the Ministries of Health in the other neighbouring countries.
- (b) Exchange of information and experience is also accomplished through the Secretariat of the Health Ministers of the Gulf Region.

4. WHO Support required:

WHO can support national plans of action by making available services of experts/consultants and by collecting and distributing periodically information on experiences of different countries on matters of health. Another important aspect is creation of more training facilities for health manpower development in which WHO's assistance would be greatly appreciated.

ANNEX IV

Ref.: 1939

ORIGINAL: ARABIC

Date: 23 July 1979

Ministry of Health
Office of the Minister
Kingdom of Saudi Arabia

To: The Regional Director
EMRO - Alexandria

With reference to your letter No.DEC.6/15 dated 18 June 1979 in which reference is made to resolution WHA32.30 issued by the World Health Assembly in its Thirty-second Session in respect of "Formulating Strategies for Health for All by the Year 2000".

We take pleasure in sending you herewith our reply to the queries raised in your above letter and hope that it would meet the purpose sought.

1. The Kingdom of Saudi Arabia is committed at the highest level to the objective of health for all by the year 2000 through the approval of its formal Delegation, headed by H.E. the Minister of Health, to the pertinent World Health Assembly resolution. There are no difficulties in this respect. The Ministry of Health has submitted this resolution, amongst other World Health Assembly resolutions, to the Council of Ministers for approval.

Amongst the procedures taken to realize this objective was the approval by the Government of Saudi Arabia, as represented by the Ministry of Health, to the principle of primary health care as a basis for the health services provided or that will be provided to the public in Saudi Arabia at both the rural and urban levels. This principle has been adopted within the five-year development plans for Saudi Arabia and has been strengthened in the third five-year plan which will commence a year from now.

The principle of primary health care in Saudi Arabia implies the integration of curative, preventive and training services in the new dispensaries that will be called "Primary Health Care Centres". These centres, which will form an integrated network between themselves and the hospitals, will be of different sizes according to the number of the population which will be served by them. However, the same type of

services will be rendered in all centres, no matter how small their sizes may be, and will include maternal and child services, health education, environmental health, immunization against diseases, epidemiological investigation, health statistics, nutrition and curative services which do not require hospitalization, supported by laboratory and X-ray activities, as required. One physician will be assigned to each health centre serving 1 000 population and more. The greater the population, the greater the number of physicians and technical assistants assigned to each centre. Places with less than 1 000 population will be served by health centres manned by qualified nurses who will be supervised by physicians from the adjacent centres. The Ministry of Health has also adopted the principle of air services to provide health and medical services by aircraft to remote areas where it would be difficult to establish stationary centres with permanent personnel.

In cities, primary health care centres will take the form of quarters' dispensaries comprising all medical and health services, so that each quarter will have its own centre serving its entire population. Every individual and his dependents living in the quarter will have a health card as well as a health file for himself and his dependents. These centres will function in lieu of hospital outpatient clinics so that hospitals may serve as referral institutions to which cases will be referred by the centres. The centres will also render first-aid services on a 24 hour basis at a simple level. Every hospital will be responsible for the nearby primary health care centre to facilitate follow-up and evaluation. The personnel of the centres and hospitals will exchange expertise and work, particularly in respect of continued training and education.

Housing accommodation as well as the comfort of the personnel of primary health care centres and hospitals and their dependents will be secured. The Ministry of Health plans to expand and strengthen its health network in such a manner as to create an incentive for nationals and expatriates to work therein.

The only obstacle that may be met would be the provision of the necessary health manpower to operate this large network of centres and hospitals. The Ministry of Health has decided to recruit the largest possible number of technicians and other workers from the Arab, Islamic and friendly countries to operate these centres and hospitals, in addition to strengthening the national manpower training and education

programmes at the Faculties of Medicine, Health Institutes and Nursing Schools in Saudi Arabia as well as to provide them with training abroad in order to provide Saudi Arabia with the largest possible proportion of Saudi nationals working in the health sector; in other words, to raise the proportion of Saudi physicians from 8% to 50% within 12 years and the proportion of technical assistants, including nursing personnel, from 20% to 70% during the same period. Although this is a great aspiration, yet it is essential to nationalize the health services.

2. Strengthening of Intersectoral and Intrasectoral Joint Activities

In respect of the joint activities rendered by the various sectors, the Ministry of Health submitted three months ago a request to the Council of Ministers for the establishment of a Supreme Board for Health Services under the Chairmanship of the Vice-Chairman, Higher Committee for Administrative Reform, in which the Ministers of Higher Education, Planning, Health and Finance will serve as members. The terms of reference of the Board will be to formulate health policies for the development of health care and manpower within the health sector. An Executive Authority will be attached to the Board and will be headed by the Minister of Health. Its members will comprise the heads of the health services sectors within the various Ministries and other Governmental Bodies, including Ministers of Health and Deans of Faculties of Medicine. The objective of the Board and its Executive Authority is to coordinate between the scattered health services provided by various ministries and to avoid duplication and repetition.

At present there exist several Ministerial Higher Committees in which the Ministry of Health cooperates with other Ministries and Governmental Departments related to health, such as the Ministerial Council for Health Manpower consisting of the Ministers of Higher Education, Health and Planning and the Higher Committee for Environmental Health comprising the Ministries of Health, Rural and Municipal Affairs, Agriculture, Water and Finance. Other Committees deal with specific subjects, such as the Committee on the Handicapped, the Committee on Child Care, the Committee on Relief and the Committee on Malaria etc. all of which comprise various Ministries in addition to the Ministry of Health.

As an example of the strengthening of joint activities within the Ministry of Health, the Ministry adopted, more than three years ago, a system of decentralization in running its activities, and has integrated its curative and health services in addition to giving full authority in financial and administrative affairs to the provincial level. Thus, the various Administrations of the Ministry of Health have now become partners in the work carried out at the provincial level under one leadership, that of the Director of Health Affairs. This was not the case in the past, a fact which caused the health services rendered to falter due to routine and multiplicity of administrations.

3. Technical Cooperation amongst Developing Countries

Cooperation in the health field between Saudi Arabia and the countries of the Gulf is considered as a model for cooperation amongst developing countries. The Arab countries of the Gulf established, three years ago, a General Health Secretariat attached to the Council of Ministers of Health in these countries. This type of cooperation was successful in many areas, including the importation of drugs, coordination of training programmes in health institutes and nursing schools, training in maintenance of medical equipment, cooperation in formulating health legislation as well as in other highly specialized medical fields and, naturally, in the field of primary health care and many other areas.

Saudi Arabia is an active member of the Council of Arab Ministers of Health. In this capacity, it encourages and supports joint health programmes, such as the establishment of the Joint Arab Pharmaceutical Industries and the Arab Board for Higher Medical Specializations at a level compatible with that of similar medical boards in Europe, UK and USA.

Saudi Arabia also cooperates, through the World Health Organization and by direct means, with many developing countries by providing financial and material facilities for their health services. Saudi Arabia also recruits trained health manpower from many developing countries, thus enabling the exchange of expertise and effective cooperation between these countries and Saudi Arabia.

Saudi Arabia cooperates at present with the World Health Organization in many areas and looks forward to further cooperation with the Organization in future. Amongst the prominent areas of cooperation at present are: malaria control, immunization against communicable diseases, recruitment of experts on a funds-in-trust basis in order to provide experience in planning and programming, preventive medicine, nutrition, rehabilitation of the handicapped and other fields. The Ministry of Health has also invited the WHO Programme Coordinator to take part in meetings held within the Ministry and to submit his comments and observations, particularly as regards the third five-year plan with a view to benefiting from his opinion and that of his WHO colleagues in such areas as planning, programming methodology and priorities of health programmes on which stress will be laid in the coming years.

ANNEX V

Ref.: 8553

ORIGINAL: ARABIC

Date: 13 September 1979

Ministry of Health
International Health
Relations Department
Yemen Arab Republic

To: The Regional Director
EMRO - Alexandria

With reference to your letter No.DEC.6/15 dated 18 June 1979 requesting information regarding the procedures taken by us towards attaining the goal of health for all by the year 2000. A summary of these procedures is appended hereunder:

1. Political Support:

Health policy is considered as one of the components of the comprehensive development policy of the Yemen Arab Republic, amongst the most important principles of which is to provide health care to all citizens throughout the country. Towards this end, a five-year health plan has been formulated within the framework of the comprehensive socio-economic development plan.

2. Primary health care is considered as the key to achieving the objective of health for all. Hence, the Ministry of Health, in collaboration with the World Health Organization, formulated a Country Health Programme for the period 1976-1981, amongst the most important bases of which was the programme for basic health services and primary health care. The implementation of this programme has actually started in accordance with the plan.

3. Coordination between the Health Sector and Other Sectors:

Out of the conviction that health development contributes to socio-economic development and is also a result thereof, we have strengthened coordination between the health sector and other related sectors. Examples of this coordination are as follows:

- (a) The Higher Committee for Environmental Sanitation which is headed by the Minister of Health and includes in its membership representatives from the various related sectors.

- (b) The Higher Committee for Maternal and Child Care which is headed by the Minister of Health and includes in its membership representatives from the various related sectors.
- (c) The Health Board which is headed by the Minister of Health and includes in its membership representatives from the related sectors.
- (d) Comprehensive coordination existing between the Ministry of Health and the National Cooperation Bodies for Development.

4. Technical Cooperation amongst Developing Countries:

Because of our belief in the importance of regional strategies, we were keen on strengthening technical cooperation with developing countries through the exchange of knowledge and points of view in conferences and seminars held in various health areas, with the objective of achieving an accepted level of health for all our citizens.

This is in addition to strengthening technical cooperation in the field of health manpower training and exchange of technical expertise and medical missions through either bilateral or international cooperation.

5. Role of the World Health Organization:

The World Health Organization has a great role in raising the level of health in our country, through its contribution to supporting our national health projects and by making available technical expertise and medical supplies and equipment, in addition to its contribution to the preparation of country health programmes through which the priorities of health problems are determined and the necessary strategies are formulated for solving them.

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ORGANISATION MONDIALE
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REGIONAL COMMITTEE FOR THE
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TWENTY-NINTH SESSION

AGENDA ITEM 9

EM/RC29/7
17 AUGUST 1979

ORIGINAL: ENGLISH

FORMULATING STRATEGIES FOR HEALTH FOR ALL
BY THE YEAR 2000

The Thirty-second World Health Assembly, in considering guiding principles and essential issues for formulating strategies for Health for All by the Year 2000, asked the Member States to formulate and implement national policies and strategies which will lead to the attainment of the agreed objectives. In formulating policies, strategies and plans of action, the Member States are requested to consider the basic principles enunciated in part II of document A32/8. Preparation of long-term plans covering the period of the next two decades would be useful. These should be supplemented by detailed plans of action in the form of short-term or medium-term plans for development and implementation, if the social goal of HFA/2000 is to be attained.

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1. BACKGROUND INFORMATION

The World Health Organization, in 1977, decided "that the main social target of governments and WHO in the coming decades should be the attainment by all the citizens of the world, by the year 2000, of a level of health that will permit them to lead a socially and economically productive life".¹

The International Conference on Primary Health Care, in its declaration, asked that "all governments should formulate national 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. To this end, it will be necessary to exercise political will to mobilize the country's resources and to use available external resources rationally". This declaration also stated that "an acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources".

In pursuance of World Health Assembly resolution WHA30.43, the Regional Director, in March 1979, forwarded to Member States a copy of the document entitled "Formulating Strategies for Health for All by the Year 2000"², and the relevant Executive Board resolution EB63.R21 on the subject (a copy of A32/8 is available for easy reference), for consideration and to offer the services of the Organization in support of activities by the governments for the attainment of the goal to which the Member States were firmly committed.

The Thirty-second World Health Assembly, after reviewing the document A32/8, endorsed³ the declaration of Alma Ata, which:

1. states that primary health care, forming as it does an integral part, both of countries' health systems, of which it is the central function and main focus, and of overall social and economic development, is the key to attaining an acceptable level of health for all;
2. calls upon all governments to formulate national 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;

¹Resolution WHA30.43

²Assembly Document A32/8

³Resolution WHA32.30

3. calls for urgent and effective national and international action to develop and implement primary health care throughout the world, and particularly in developing countries, in a spirit of technical cooperation and in keeping with a New International Economic Order;

4. recommends that WHO and the United Nations Children's Fund should continue to encourage and support national strategies and plans for primary health care as part of overall development, and should also formulate, as soon as possible, appropriate plans of action at the regional and global levels to promote and facilitate the mutual support of countries for accelerated development of primary health care.

It further desired that the Regional Committee should study the national proposals, policies and strategies. It should present its proposals concerning the development of Coordinated Regional Strategies for approval to the Thirtieth session of the Regional Committee in 1980, and, eventually, to the Thirty-fourth World Health Assembly in 1981 for the adoption of a global strategy.

The Director-General was asked to provide all technical and administrative support to the formulation and implementation of national policies, strategies and plans of action, and of regional and global strategies. The strategies prepared for attaining health for all by the year 2000 would be submitted to the United Nations Preparatory Committee for inclusion in the New International Development Strategy, which is to be considered by the General Assembly of the United Nations at its Thirty-fourth Session in 1980.

2. PRESENT POSITION

In pursuance of resolution WHA32.30 of the World Health Assembly, and to assist in the discussion during the Twenty-ninth Session of the Regional Committee, the Regional Director, in June 1979, requested the governments of the Region to advise regarding the political commitments, obstacles and the mechanisms which have been established at the country level to prepare appropriate plans and to implement the resolutions. Further, he enquired regarding the support which could be provided by WHO in the formulation of national strategies, and posed the following questions:

1. What steps have been taken, or will be taken, in your country to obtain political commitment at the highest governmental and political level, and what obstacles have been or will be faced?
2. What are the main preparatory steps being taken and mechanisms being established to promote intersectoral and intrasectoral action and support?
3. What has been done, or is being planned, for the exchange of information, experience, training and expertise among developing countries for the formulation of policies, strategies and plans of action, in the spirit of technical cooperation amongst developing countries?
4. What WHO support is being used, or will be required, and in what form, for supporting the formulation of national policies, strategies and plans of action at country level?

At the time this paper was prepared three Member States (Kuwait¹, Libya² and Qatar³) had responded to these questions, and their replies are attached.

WHO is cooperating with the governments of Democratic Yemen, Somalia, Sudan and the Yemen Arab Republic in preparing programmes for primary health care, and collaboration with them is to continue to develop national strategies for the year 2000 to provide health for all.

Most of the countries in the Region have developed national health plans for four to seven years, and some have made projections for developing their health services, health manpower and facilities for the next twenty to twenty-five years.

The subtle difference between extension of health services, and provision of health for all by the year 2000, should be distinguished. The attainment of the goal of health for all will be extremely difficult to attain, unless effective, time-bound action plans are evolved and enforced to achieve the objectives of universal access to comprehensive, preventive, curative and rehabilitative health care, providing at least the eight essential elements of primary health care: (1) food supply and nutrition; (2) safe water supply and basic sanitation; (3) maternal and child health, including family planning; (4) immunization; (5) prevention and control of locally endemic diseases; (6) appropriate treatment of

¹See Annex I

²See Annex II

³See Annex III

common diseases and injuries; (7) information, education and mobilization of the public and (8) provision of essential drugs.

Moreover, health care for all cannot be attained by the health sector alone; it must involve all related sectors, and implies that national health policies are part of overall national development policies. These policies permeate all sectors as well as reorient the health system from the periphery through increasingly complex referral and support levels. Governments must encourage and ensure full community participation in national health development. Countries are interdependent in matters of health, and must collaborate in a spirit of technical cooperation, with full respect for national self-reliance and self-determination.

In planning for health for all, the critical question, in many cases, will not be how to improve efficiency in existing systems, or how to provide more of the same services to the same people by basically the same kind of delivery system; rather, it will be a matter of determining where fundamental change or redirection is needed.

In preparing the national strategies, consideration should be given to the declaration of Alma Ata and document A32/8, particularly part II "Basic Principles". The national document should include an analysis of country health situation, in relation to national objectives and targets and the following information for identification of probable obstructions, if any, or of the support which may be required for facilitating the implementation of national plans: political commitment; social consideration; community participation; administrative reform; financial provisions; enabling legislation; multisectoral action or action of other individual sectors; the introduction or strengthening of the national health development process; the specification of programme objectives; the definition of targets; the strengthening of primary health care and the support of the rest of the health system; the assessment of the resources required; the strengthening of Ministries of Health; the establishment of national health councils; and the establishment of health development centres.

It should also be useful if a section on International Cooperation, and assistance which can be provided to other countries in the Region by the Member States alternatively, would be required by the Member States themselves to achieve the desired objective, should be included in the following way:

- Specify the cooperation required with some or all countries in the Region with respect to the various components of the national health strategy mentioned above.
- Specify in which areas, how and with what countries you would foresee direct cooperation between your country and other countries with similar problems in the spirit of TCDC.
- In which way can WHO support the development of your national health strategy (e.g., by defining regional health policies, promotional activities, promotion of TCDC, cooperation in developing strategies, intersectoral collaboration, assessment of resource requirements and mobilization of funds, information exchange, methodology development, production of guidelines and manuals, training, research promotion and coordination)?
- Specify the amount of external financial aid required for what purposes and for what period.

3. CONCLUSION

Member States may wish to prepare their national plans and advise the Organization by early 1980, so that a Regional Strategy could be formulated for consideration of the Thirtieth Regional Committee in 1980. The Regional Office would be at the disposal of the Member States to cooperate in formulating the strategy for achieving this objective and reorienting the technical cooperation to meet the needs of the Member States.

ANNEX I

Original: Arabic

Ref. 6657

State of Kuwait
Ministry of Public Health

Date: 26 July 1979

To: The Regional Director
EMRO - Alexandria

I wish to refer to your letter No.DEC.6/15 of 18 June 1979 in respect of "Formulating Strategies for Health for All by the Year 2000".

I take pleasure in appending hereunder our reply to the questions put to the Government of Kuwait in your letter:

1. Political commitment and what obstacles are faced

The commitment of the Government of Kuwait in the field of health is evident, detailed in the following articles of the State Constitution:

Article 9 : The family is the basis of the community. Religion, ethics and love of the homeland form its foundation. Its existence is preserved by law which strengthens its ties and consequently protects the mother and child.

Article 10: The State provides care to youth and protects them from exploitation and from moral, physical and spiritual neglect.

Article 11: The State guarantees to provide aid to citizens in old age, illness or inability to work, and provides them with social insurance services as well as with social and health care.

Article 11 The State is concerned with public health and with means of prevention and treatment of diseases and epidemics.

This commitment is stressed in the address and guidance given by H.E. The Emir of Kuwait, as well as in the decisions of the Council of Ministers and in the policies and current and future plans of the Ministry of Health, all of which commit the State to, and emphasize, the provision of the best comprehensive health care

services, including primary care, to all citizens and expatriates, without maximum limit, gratis and without financial burden. This is covered by all services - preventive, curative and rehabilitative. It also includes third phase treatment in respect of rare specialities since patients in highly specialized areas are sent for treatment abroad.

2. The main preparatory steps taken to promote intersectoral and intrasectoral action

The State of Kuwait has launched, since January 1979, the comprehensive preparatory stage for formulating the country's health plan until the year 2000 within the comprehensive socio-economic development plan, taking into consideration the following bases:

1. Full participation and coordination in respect of the preparation of the plan in collaboration with the Ministry of Planning, which is the authority concerned with socio-economic development plans.
2. Development of the health services system for beneficiaries with a view to supporting the correlation and integration of services. In order to realize this objective, the Plan aims at:
 - 2.1 Strengthening Primary Care Services Programmes, so that they will be linked to specialized care, and so that the general hospital may serve as the centre for treatment in the area, thus dividing the country into comprehensive health areas.
 - 2.2 Strengthening the integration of preventive, curative and rehabilitative services.
 - 2.3 Coordinating and supporting means of planning and developing manpower in collaboration with the bodies concerned, namely, the Ministries of Planning, Education, Social Affairs and Labour and the University of Kuwait.
 - 2.4 Developing the administrative systems, as well as supporting and developing the information system.
 - 2.5 Supporting health services studies and research.

2.6 Initiating the comprehensive national health planning operation, including the planning operation and practical application and continued evaluation of plans and programmes.

Towards this end, a Supreme Planning Committee has been formed within the Ministry of Health, in which the Ministry of Planning is represented, as well as an Executive Committee within the Ministry. Working Committees in the Health Sectors and a Working Secretariat for the Health Plan. A time schedule for the Health Plan has been formulated comprising two phases:

The First Phase is of an 18-month duration, and comprises the formulation of a strategy and a framework for the future health plan for the country until the year 2000, as well as the formulation of the detailed five-year plan for the period 1981-1986.

The Second Phase is of a 3-year duration, during which the details of the programmes and projects, covering the quantitative and specific objectives of the long-term plan, will be formulated in the light of the assessment results of the Five-year Plan for 1981-1986.

3. Exchange of information, experience and training among developing countries

1. The State of Kuwait participates in this field within the following framework:

1.1 With the WHO Regional Office

a. The assistance of the WHO Regional Office has been given to provide the State of Kuwait with the necessary experts to initiate operations for the formulation of the long-term health plan, in collaboration with local expertise.

b. The State of Kuwait participates in the studies undertaken by the WHO Regional Office, including the Regional Medium-term Programme for Health Manpower Development, as well as the study of geriatric health care, in collaboration with the WHO Regional Office.

1.2 With the Arab Countries in general and Countries of the Gulf in particular

In areas of coordination and cooperation between these countries, the most important is the identification of highly specialized areas to achieve sufficiency of treatment in these areas at the Arab and regional levels, e.g. a study is under way to establish a specialized Centre for renal transplantation and oncology centre in Kuwait.

1.3 With other Developing Countries

The State of Kuwait takes part in supporting development projects, including those in health areas through the Kuwaiti Economic Development Fund, and supports many health projects which are proposed by the World Health Organization within the framework of global health co-operation.

4. WHO Support

1. Bases of cooperation: The State of Kuwait follows the following principles in the field of international health cooperation:

- Full cooperation and exertion of efforts at the WHO Regional level, and
- full readiness to exchange expertise and information and to coordinate resources with WHO Member States and other developing countries whenever so requested directly or through the Council of Arab Ministers of Health or the World Health Organization.

Whereas the health problems in the Region are inter-related, the anticipated return from each national plan separately will be limited, unless the efforts of Member States and their health plans are coordinated.

2. Determination of priorities which require WHO support in Member States:

2.1 To support manpower development policies and plans.

2.2 To support and integrate communicable diseases control programmes, particularly tuberculosis, poliomyelitis, entero-enteric infections and specifically, cholera, salmonellosis, and infective hepatitis, in view of the inter-relationship existing between the peoples of

the Region and their frequent movement, the fact which renders the integration of the control projects of these diseases imperative.

- 2.3 To support and integrate health services research for the exchange of information and expertise, and to derive optimal benefit from the existing possibilities in this area.
 - 2.4 To support and integrate the establishment of high specializations in the Region, with a view to providing specialized medical care at the Regional or Gulf level, so that countries of the area may not individually be compelled to send their patients abroad for treatment; or to establish high specializations on a limited scale, in view of the dearth of manpower and the impossibility of application of these specializations in each country separately.
3. WHO Support required by Kuwait

The State of Kuwait is in need of support in the following areas:

- 3.1 The areas indicated under item 4, 2;
- 3.2 continuation of assistance in the operation for the formulation of the long-term health plan;
- 3.3 development of studies and means of environmental protection; and
- 3.4 development of the information and statistics authority.

I would like to assure you that the State of Kuwait looks forward to an increased cooperation and coordination amongst all countries in all health areas through the WHO Regional Office.

Yours respectfully,

Minister of Public Health

ANNEX II

Original: Arabic

Ref. 1/7/29/13736

Socialist People's Libyan Arab Jamahiriya
Secretariat of Health

Date: 7 July 1979

To: The Regional Director, EMRO, Alexandria

Through: The WHO Programme Coordinator, Tripoli, Libya

With reference to your letter No.DEC.6/15 of 18 June 1979, we append hereunder the replies to your queries:

1. The commitment by the First September Revolution to support the Health Sector is still valid and continued. No difficulties are being faced by the Secretariat of Health in this respect.
2. Discussions are currently under way between the sectors to reach the safest means of supporting and sustaining joint action.
3. This is carried out through the Programme of Cooperation amongst the Non-Aligned States.
4. None at this stage.

Yours respectfully,

Dr Abdel Meguid Abdel Hadi
Under-Secretary for Health

ANNEX III

Original: Arabic

Ref.8/3

Ministry of Public Health
Qatar

To: The Regional Director
EMRO - Alexandria

You will find enclosed the replies to the questions raised in your esteemed letter of 18 June 1979 in respect of "Formulating Strategies for Health for All by the Year 2000".

Yours respectfully,

A.W.A. Al Maulawi
International Relations
Affairs

FORMULATING STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000

1. What steps have been taken or will be taken in your country to obtain political commitment at the highest governmental and political level, and what obstacles have been or will be faced?

The Ministry of Health was able, during the last few years, to obtain the approval of the higher authorities for the proposed programmes submitted by the Ministry of Health for the promotion and development of basic health services in the country. The most important of these programmes are as follows:

- (a) The primary health care programme and the provision of primary health care services to cover the needs of the population sectors which are deprived of comprehensive service;
 - (b) strengthening maternal and child health services in all health centres;
 - (c) development of food control and analysis services, formulation of programmes aiming at ensuring food safety, undertaking food research to decrease the incidence of malnutrition in all its forms, and taking the necessary measures to make better nutrition available to all individuals;
 - (d) strengthening the preparation of suitable health manpower and providing in-service training, as well as training abroad in cooperation with the Faculty of Medicine in Ireland, and seeking the assistance of expatriate experts at the highest level in the curative, preventive and training fields;
 - (e) strengthening the formulation of environmental health policies and programmes, providing safe drinking water and waste disposal, as well as controlling environmental pollution chemically, physically and biologically; and
 - (f) providing medical, social and educational services to the handicapped and rehabilitation services.
2. What are the main preparatory steps being taken and mechanisms being established to promote intersectoral and intrasectoral action and support?

Comprehensive cooperation between the Ministries, Governmental and Semi-Governmental Sectors concerned with health is taking place. The most important of these bodies are:

- (a) Ministry of Municipalities;

- (b) Ministry of Public Works;
- (c) Ministry of Information;
- (d) Ministry of Education;
- (e) Ministry of Agriculture;
- (f) Industrial Development Centre;
- (g) Ministry of Labour and Social Affairs;
- (h) Ministry of Electricity and Water; and the
- (i) Industrial Sector and Petroleum Companies.

The most important problems being faced in this manner are:

- (i) Control of drinking water, and waste water and its use in irrigating cultivation and gardens in a manner that would safeguard the health of citizens and protect them;
- (ii) protection of industrial workers from occupational hazards and the enactment of the necessary legislation;
- (iii) protection of the environment from marine, air and water pollution; and
- (iv) food control and establishment of the necessary legislation and specifications for the protection of citizens from the hazards of commercial adulteration and food contamination.

3. Technical cooperation among developing countries.

Within the framework of the Secretariat of Health for the Arab countries of the Gulf there exists complete coordination between the Ministries of Health in all the preventive and curative fields, their areas of specialization and as regards the exchange of expertise and training. The countries of the Secretariat also participate in providing material support to the countries in need in the Eastern Mediterranean Region within the framework of the services rendered by the WHO Regional Office to the countries of the Region.

4. WHO's role in supporting the formulation of national policies, strategies and plans of action at country level.

- (a) Determining the best and most effective means for assisting the development of health systems, particularly in training national workers in the health field at all levels.

- (b) Giving increased attention towards the problem of malnutrition, whether it refers to over-nutrition or under-nutrition, in view of its close relationship with morbidity and mortality amongst both children and adults; utilizing existing food resources in the best manner, undertaking intensive studies on new protein sources, as well as encouraging research on food requirements, taking into consideration the increasing difference in the nature of work and professions, geographical and climatic conditions, the housing situation and that of work sites.
- (c) The marked changes in the human environment in most countries of the world and the tendency towards industrialization and the application of chemicals in agriculture and in daily life are all matters involving increased risks to the environment and its pollution. In order to avoid the adverse effects of these factors on the environment, the World Health Organization is required to concentrate its efforts towards preventing pollution, providing safe drinking water to citizens and promoting waste disposal methodology.
- (d) Giving due attention to the formulation of basic health criteria that may be applicable in various countries to draw attention to environmental influences on health. The World Health Organization should develop its programmes in order to prevent accidents in houses, factories and roads. It should also strengthen its programmes concerned with environmental problems relating to urban expansion.
- (e) The WHO non-communicable disease programmes should continue to develop control methodology, to give due attention to the preventive aspects, as well as to promote mental health within the development of public health services.
- (f) Pharmaceutical preparations represent one of the most costly items within the health services. The World Health Organization should strengthen its programmes in order to assist in the procurement of basic drugs at a reasonable cost as well as to encourage the production of these drugs in developing countries.
- (g) Assisting in the development and introduction of the best means for serving the handicapped, and their rehabilitation both physically and socially.

ANNEX IV
FRAMEWORK FOR REGIONAL STRATEGIES

ISSUES TO BE ADDRESSED

- (1) How to further promote the idea of Health/2000 and PHC, how to mobilize collectively the health profession and other interested groups, and how to overcome political indifference and other obstacles.
- (2) How to foster and support the formulation and/or implementation of national policies, strategies and plans of action.
- (3) How to promote and support TCDC efforts in relation to the process (even in cases of neighbouring countries belonging to different regions), how to promote and support, along this line, the development of regional networks of national health development centres, and how to promote and support regional exchange of information.
- (4) How to foster intersectoral collaboration and support from other regional bodies and promoting intercountry and regional mechanisms to support national action, and how to stimulate the relevant regional bodies for adopting health-related social and economic policies.
- (5) How to set up common regional health goals and health-related socioeconomic goals.
- (6) How to institute and orient regionally critical activities needed for the process, such as research, training, development and use of appropriate technology, etc. (particularly through the proper utilization of regional bodies such as Regional Advisory Committees on Medical Research).
- (7) How to develop regional mechanisms for assessing orders of magnitude of resources required from external sources, and for attracting bilateral and multilateral funds and how to channel them properly in support of the process.

- (8) How to infer and present the implications of the regional strategies for the global strategies in such a way that the latter will strengthen and support regional action.
- (9) How to define the WHO direct technical cooperation, specific and different for each country but at the same time within a common overall framework, and
- (10) How to develop the mechanisms needed for evaluating progress.