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REGIONAL STRATEGY FOR THE PROMOTION OF THE INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE OBJECTIVES

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I INTRODUCTION AND BACKGROUND

1. Numerous key Resolutions concerning Primary Health Care, Health for All by the Year 2000 and the International Drinking Water Supply and Sanitation Decade have, since 1975, been endorsed by the World Health Assembly and the United Nations. They are presented in the following paragraphs in a chronological order.

2. Resolution WHA28.88 (May 1975) "urged Member States to take the necessary steps to develop and implement plans of action in the area of Primary Health Care, leading to the provision of a comprehensive health care system to the total population". The Resolution also requested WHO's Director-General "to promote and assist in the development of Primary Health Care activities with the active participation of different entry points, e.g. national development planning, rural and other intersectoral development activities".

3. The United Nations Conference on Human Settlements (Habitat) held in Vancouver, Canada, between 31 May and 11 June 1976 recommended convening a UN Water Conference in Mar del Plata, Argentina, in March 1977 and affirmed that consideration be given to "the establishment by all nations of measurable qualitative and quantitative targets for the supply of safe water serving all the populations by a certain date".

4. The United Nations Water Conference was held in Mar del Plata, Argentina, in the period 14-25 March 1977. It recommended "that governments reaffirm their commitment made at Habitat to adopt programmes with realistic standards for quality and quantity to provide water for urban and rural areas by 1990, if possible". It also recommended "that with a view to achieving these needs, the nations which need to develop their systems for providing drinking water and sanitation should prepare for 1980 programmes and plans to provide coverage for populations and to expand and maintain existing systems; institutional development and human resources utilization; and identification of the resources which are found to be necessary".

5. Two months later the thirtieth World Health Assembly adopted its WHA30.43 Resolution of May 1977 which contains the decision "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".

6. An International Conference on Primary Health Care was held in Alma Ata, USSR, in the period 6-12 September 1978. The Conference reviewed and endorsed the joint report by the Director-General of the World Health Organization (WHO) and the Executive Director of the United Nations Children's Fund (UNICEF) on Primary Health Care (PHC). This approach includes the following eight components: promotion of proper nutrition; an adequate supply of safe water; basic sanitation; maternal and child care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; education concerning prevailing health problems and the methods of preventing and controlling them; and appropriate treatment for common diseases and injuries.

7. In its Resolution WHA32.30 (May 1979), the "Thirty-second World Health Assembly endorsed "....the report of the International Conference on Primary Health Care including the Declaration of Alma Ata".

8. Resolution WHA33.24 (May 1980) further requested the Executive Board "to ensure that the Organization's programmes constantly support the formulation and refinement of national, regional and global strategies for health for all as well as the monitoring of their implementation".

II DECADE SUPPORT

9. Resolution WHA34.25 (22 May 1981) reaffirmed the principles[1] endorsed by the Thirty-third World Health Assembly that Decade efforts will contribute to Health for All through:

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[1] Document A33/15

- complementarity of sanitation with water supply development;
- focus on both rural and urban underserved populations in policies and programmes;
- achievement of full coverage through replicable, self-reliant and self-sustaining programmes;
- use of socially relevant systems applying an appropriate technology;
- association of the community with all stages of programmes and projects;
- close relation of water supply and sanitation programmes with those in other sectors;
- association of water supply and sanitation with other health programmes.

The Resolution recommended actions to be taken by Member States and requested the Director-General "to further develop and implement WHO's strategy of support for the Decade in conformity with resolutions WHA29.47, WHA30.33, WHA31.40 and WHA32.11 as well as decision 17 of the Thirty-third World Health Assembly".

10. WHO's participation in the International Drinking Water Supply and Sanitation Decade follows its Global Strategy for Health for All by the Year 2000 which is based on Primary Health Care. A Decade approach has been developed by WHO and endorsed by the World Health Assembly Resolution WHA34.25 referred to in above item 9.

On this basis, five major elements in WHO's participation in the Decade have been identified:

(i) Promotion of the Decade

(ii) Institutional development in countries

(iii) Development of human resources

(iv) Information exchange

(v) Financial resources

11. WHO's document EHE82/29 Rev.1 presents the sub-elements of each of the above five major elements. A more detailed analysis of these elements is presented in WHO's publication entitled "Drinking Water and Sanitation, 1981-1990 - A Way to Health".

12. The global strategy for Health for All by the Year 2000[1] recommends for intercountry cooperation that "WHO's regional arrangements will be fully used by countries to facilitate cooperation among them. The regional strategies for Health for All, which contribute to the Global Strategy, will be adapted as necessary so that they reflect global considerations and continue to deal with the specific applications required by countries in the Region in the light of their socio-economic and health situations".

13. In its Resolution WHA36.13 (13 May 1983) the World Health Assembly recognized "that it is essential to seize now the opportunity of improving health through the provision of safe drinking water supplies and adequate sanitation services". It urged Member States to promote, among other things "the concept of safe drinking water supply and sanitation as an essential component of primary health care". It also invited Regional Committees "to adopt regional measures to support countries in strengthening their Decade activities". (Please see Annex II).

III THE PRESENT SITUATION

14. Baseline data as of December 1980 have been obtained for 14 countries[2] (with the exception of population statistics which were obtained for Afghanistan for December 1982, Pakistan for March 1981, and Somalia for end of 1982).

15. Tables 1 and 2 highlight information on population; water supply and sanitation coverage; and on progress made on Decade planning. The following are indicated:

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[1] WHO Publication "Global Strategy for Health for All by the Year 2000", 1981 (Section VI.8).

[2] Afghanistan, Democratic Yemen, Djibouti, Egypt, Jordan, Lebanon, Libya, Pakistan, Somalia, Saudi Arabia, Syria, Tunisia, United Arab Emirates and Yemen Arab Republic.

16. Ratios of urban and rural populations to total national populations vary widely throughout the Region. For example: the United Arab Emirates have these ratios as 90% and 10%, respectively, while they are almost reversed for the Yemen Arab Republic where the vast majority of the population is rural. The averages for the 14 countries are as follows:

Urban population to total population:	37%
Rural population to total population:	63%

This indicates that the rural population is significant and represents about two thirds of the total population.

17. The total national average for water supply coverage is 50% for both urban and rural areas. The range of urban coverage is 28-100% while this range for rural coverage is 8-100%. Although these tables show satisfactory coverage in many countries, note must be taken of problems associated with: inadequate and intermittent supplies; inadequate water pressure in the water supply systems; excessive leakages and water wastages due to corroded piping systems or broken pipes or pipe-joints; pollution problems; inadequate operation and maintenance; lack of trained personnel for this sector and absence of appropriate plans for human resources development; and lack of proper drinking water quality management systems. Added to these are lack of clear government policies in some countries on water and inadequate knowledge of available national water resources.

18. The total national average for sanitation coverage for nine countries for which information is available is 24% for the urban and rural areas combined. The range of urban coverage is 42-100% while it is 2-72% for the rural areas. This indicates that sanitation, especially rural sanitation, is lagging behind water supplies; more effort would be required to correct this imbalance. Many of the deficiencies mentioned in above item 17 apply equally to sanitation systems; specifically: corroded, overloaded or worn-out sewerage systems causing pollution of groundwater, water sources or the soil; inadequate rural excreta disposal systems; lack of trained personnel; lack of proper plans for human resources development for this sub-sector; inadequate operation and maintenance of

Table 1
Population, Water and Sanitation Coverage and Progress on Decade Planning

COUNTRY	Population - Dec.1980 (Unless otherwise marked*)					Population Served with Systems for						Decade Baseline Inf. - Dec.1980	WHO Support for Nat.Decade Conf.	National Decade Conference held	WHO Support for Decade Planning	Decade Plan	
	Total mill.	Urban		Rural		Water Supply			Sanitation								
		Pop.	% of total	Pop.	% of total	Total W.S. mill.	% Urban of total W.S. (% Urban)	% Rural of total W.S. (% Rural)	Total Sanit. mill.	% Urban of total Sanit. (% Urban)	% Rural of total Sanit. (% Rural)						
Afghanistan(end 82)	16.270	1.890	12	14.380	88	1.521	32(28)	68(8)	-	-	-	Yes	-	-	-	-	
Bahrain	0.3	0.3	100	0.0	0	-	100	100	-	100	100	-	-	-	-	-	**
Cyprus	0.7	0.3	43	0.4	57	-	100	100	-	-	-	-	-	-	-	-	**
Democratic Yemen	1.925	0.637	33	1.288	67	0.355	63(76)	37(25)	0.639	70(70)	30(15)	Yes	-	-	-	-	
Djibouti	0.330	0.274	83	0.056	17	0.148	93(50)	7(18)	0.129	91(43)	9(20)	Yes					
Egypt	42.710	19.880	47	22.830	53	31.990	55(88)	45(64)	-	-	-(10)	Yes	Yes	Yes	-	-	
Iran	38.0	17.1	45	20.9	55	-	-(86)	-(33)	-	-	-	-	-	Feb81	-	-	**
Iraq	13.1	8.4	64	4.7	36	-	-(97)	-(22)	-	-	-	-	-	-	-	-	**
Israel	3.8	2.8	74	1.0	26	-	-(100)	-(100)	-	-	-	-	-	-	-	-	**
Jordan	2.233	1.550	69	0.683	31	1.994	78(100)	22(65)	1.689	86(94)	14(34)	Yes	Yes	Yes 5/6/83	-	-	
Kuwait	1.4	1.4	100	0.0	0	-	(75)	-	-	(20)	-	-	-	-	-	-	**
Lebanon	3.900	2.100	54	1.800	46	3.900	54(100)	46(100)	-	-	-(18)	-	-	-	-	-	
Libya	3.245	2.596	80	0.649	20	3.180	82(100)	18(90)	3.063	85(100)	15(72)	-	-	-	-	-	
Oman	0.9	0.1	11	0.8	89		(70)	(10)		(60)	-		Yes	Yes Feb82			**
*Pakistan(March 81)	83.800	23.700	28	60.100	72	29.0	59(72)	41(20)	11.0	91(42)	9(2)	Yes	Yes	Yes	Yes	-	
Qatar	0.2	0.2	100	0	0		(90)	(50)	-	-	-			Nov.81			
Saudi Arabia	7.508	6.358	85	1.150	15	6.832	85(92)	15(87)	5.706	90(81)	10(50)						
*Somalia(End 1982)	5.321	1.181	22	4.140	88	1.537	46(50)	54(20)	0.738	72(45)	28(5)	Yes	Yes	Yes	Yes	Yes	
Sudan	18.4	3.7	20	14.7	80		(49)	(45)		(80)	-	82	Yes	Nov80 Yes			**
Syria	8.979	4.382	48.8	4.597	51.2	6.349	53(77)	47(65)	4.081	62(58)	38(22)	Yes	Yes	Dec81 -	-	-	
Tunisia	6.300	3.500	56	2.800	44	3.970	88(100)	12(17)	N.A.	-(100)	-	Yes	Yes	Yes	Yes	-	
UAE	1.080	0.967	90	0.113	10	1.007	91(95)	9(81)	0.924	97(93)	3(22)	Yes	-	Mar83 -	-	-	
Yemen Arab Rep.	6.227	0.710	11	5.517	89	1.703	42(100)	58(18)	-	-(50)	-	Yes	-	-	-	-	

Remarks (Table 1):

*Population figures for these countries are for the dates shown. Figures for other countries are for the baseline date of December 1980.

**No sector Digest Reports have been prepared yet for these countries. Information shown is taken from the Rapid Assessment Reports as summarized in Table 9 in WHO Document "Water, Sanitation and Health", "EM/RC30(81)/Tech. Disc.1 - July 1981. This information is not included in Table 2 as it is approximate and possibly outdated.

Table 2

Population and Percentage Coverage for Water Supply and Sanitation

COUNTRY	Population - December 1980 (unless otherwise stated)*					Percentage Coverage						Remarks
	Total million	Urban		Rural		Water Supply			Sanitation			
		Pop.	%	Pop.	%	National Average	Urban	Rural	National Average	Urban	Rural	
Afghanistan (end 1982)*	16.270	1.890	12	14.38	88	10	28	8	-	-	-	(1) National Average for Water Supply Coverage is based on 14 countries. (2) National Average for Sanitation Coverage is based on 9 countries for which information is available (see Table 1)
Democratic Yemen	1.925	0.637	33	1.288	67	44	76	25	33	70	15	
Djibouti	0.330	0.274	83	0.056	17	45	50	18	39	43	20	
Egypt	42.710	19.88	47	22.83	53	75	88	64	-	-	10	
Jordan	2.233	1.550	69	0.683	31	89	100	65	76	94	34	
Lebanon	3.900	2.100	54	1.800	46	100	100	100	-	-	18	
Libya	3.245	2.596	80	0.649	20	98	100	90	94	100	72	
Pakistan (March 1981)*	83.800	23.700	28	60.100	72	35	72	20	13	42	2	
Saudi Arabia	7.508	6.358	85	1.150	15	91	92	87	76	81	50	
Somalia (end 1982)*	5.321	1.181	22	4.140	88	29	60	20	14	45	5	
Syria	8.979	4.382	48.8	4.597	51.2	71	77	65	46	58	22	
Tunisia	6.300	3.500	56	2.800	44	63	100	17	-	100	-	
UAE	1.080	0.967	90	0.113	10	93	95	81	86	93	22	
Yemen Arab Republic	5.227	0.710	11	5.517	89	27	100	18	-	60	-	
Total	189.828	69.725	37	120.103	63	50	Range 28-100%	Range 8-100%	24	Range 42-100%	Range 2-72%	

*Population figures for these countries are for the dates shown. Figures for other countries are for the baseline date of December 1980.

sewage and excreta disposal systems; and the need to apply appropriate technologies for sub-sector development. Wastewater reuse to offset water shortages has now become an important issue in this Region and needs further development with due consideration given to health implications.

19. Holding national conferences/workshops in the countries of the Region as a prelude to national Decade planning as an important activity for Decade promotion. The purpose of these conferences/workshops is: to review the present sector situation; identify problems and constraints; and set realistic Decade targets. Table 1 shows that, although nearly three years have elapsed since the launching of the Decade, only seven countries have held such conferences/workshops[1]; while one country (Somalia) completed preparation of a Decade plan.

20. An essential element of national institutional development for the Decade is the creation by the governments of National Action Committees (NACs) or similar mechanisms for the overall coordination of water and sanitation activities. So far, only four countries have done so (Afghanistan, Egypt, Somalia and Sudan) and some of these have not been very active. The need for strengthening existing national institutions is recognized. However, this process is inherently slow and is faced with such factors as: fragmentation of sector responsibilities among many national agencies; lack of national human resources development (HRD) plans; shortages of needed manpower as well as absence of clear government policies and definition of objectives concerning Decade development. More attention is being paid to strengthening of national and community-managed institutions and linking them with Primary Health Care activities, of which water supplies and sanitation are major components. Also, gradual improvement of the management of the operation and maintenance of sector systems and the development of a suitable national data base and an information system for sector planning, management and

[1] Egypt, Jordan, Oman, Pakistan, Somalia, Sudan and Tunisia (Syria's is tentatively scheduled for September 1983).

long-term health impact and progress monitoring are recongnized as important Decade activities. More national efforts are needed in this respect.

21. It seems that national HRD plans are generally lacking; some current activities in this field appear to be carried out on an ad hoc basis. Information on the existing HRD situation in the countries of the Region is scant, but there are efforts for accelerating this activity.

22. Financial resources are a major constraint in sector development in most countries of the Region, and dependence on funding part of the national sector programmes and projects through external financial assistance is and will continue to be a major consideration. Additional constraints to external funding include: institutional weaknesses; lack of government commitment, policy and appropriate Decade plans; and lack of well prepared sector programmes and projects.

IV WHO'S ROLE IN SUPPORT OF DECADE ACTIVITIES IN THE REGION

23. WHO has collaborated with eight countries[1] by assisting in the preparatory work for their Decade National Conferences and in participating in these Conferences. Post-conference support for Decade planning was also given to Oman, Pakistan, and to Somalia.

24. WHO has produced a basic strategy document on HRD which has been disseminated to the countries of the Region. Support has been or is being given to Egypt (through a UNDP-assisted project), Lebanon (National Waste Management Plan), Syria and the Yemen Arab Republic for HRD of the sector.

25. Information exchange and technology development is an important component of Decade promotion. During the last three years WHO has carried out a feasibility study on setting up a regional centre for Environmental Health Activities (CEHA) which would be the focal regional institution for research and technology development and information dissemination.

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[1] Somalia (November 1980), Egypt (February 1981), Pakistan (November 1981), Sudan (December 1981), Oman (February 1982), Tunisia (March 1982), Jordan (May/June 1983), and Syria (tentatively scheduled for September 1983).

A decision was made in 1983 to locate CEHA in Amman, Jordan; this being considered a favourable location. Concurrence of the Government of Jordan is awaited, after which steps would be taken to establish CEHA during 1984.

26. WHO has developed a Project and Programme Information System (PPIS) in order to assist in liaising with financial agencies and potential donors to stimulate interest and to cooperate in preparing national project proposals for infrastructure development and support programmes. PPIS has been utilized by Djibouti, Pakistan, Syria, Tunisia and Yemen Arab Republic and there is now evidence that external financing agencies consider this system useful and informative. WHO has, furthermore, produced a comprehensive "Catalogue of External Support" (April 1983) in which nearly 100 donors are listed.

27. WHO has been chosen as the Secretariat of the Decade Global Steering Committee responsible for reporting on progress in achieving Decade objectives. These activities require strong cooperation between the countries of the Region, the WHO Secretariat at all levels and the Decade Global Steering Committee.

V NEED FOR A REGIONAL STRATEGY FOR THE IDWSSD

28. It may be restated (EHE82/29 Rev.1 - Item 18) " that the International Decade is not a United Nations or WHO Programme or programme for external funding alone. It is the sum of the efforts of Member States during the 1980s to make safe drinking water and sanitation available to all their people, if possible. It sets a challenge to countries to show whether, given the limitations of their resources, they can develop and apply an approach to drinking water supply and sanitation that will rely more on untapped resources, and a technology and standards permitting more effective utilization of what resources are available in on-going programmes".

29. The endorsement by the World Health Assembly (WHA34.25) of the global Decade Strategy and Approaches has been an important landmark towards

achieving Decade objectives which contribute to Health for All by the Year 2000 strategy through seven components previously delineated in Section 9.

30. On the basis of the above Decade approach, five major elements in WHO's participation in the Decade have been identified: Decade promotion; institutional development in countries; human resources development; information exchange; and financial sources (see Section 10).

31. Although the major elements and sub-elements of WHO's participation in the Decade have been generally reviewed[1], there is a further need to identify in more detail the sub-programmes pertaining to these elements which could guide national authorities in pursuing Decade activities in parallel or in cooperation, when required, with international, bilateral and any other external agencies.

32. As stated in Section 13, Resolution WHA36.13 (13 May 1983) invited Regional Committees "to adopt regional measures to support countries in strengthening their Decade activities". For this reason, a draft regional strategy for the International Drinking Water Supply and Sanitation Decade has been developed (Annex I) reflecting the objectives outlined in above Section 31.

33. It has sometimes been thought that the Decade is primarily directed at the least developed countries. However, countries that are sufficiently advanced or are financially independent can also benefit from the Decade Regional Strategy in areas that need strengthening and possibly through technical cooperation with external agencies. Such areas may include: development of appropriate data bases; development of suitable HRD plans; appropriate legislation; water resources studies; drinking water quality management; and wastewater reuse when water is scarce.

34. The Regional Decade Strategy thus elucidates actions that can be taken by Member States in order to strengthen and develop Decade support and coverage programmes with strong linkages with activities concerned with Primary Health Care and Health for All by the Year 2000.

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[1] WHO publications EHE 82/29 Rev.1 and "Drinking Water and Sanitation, 1981-1990 - A Way to Health".

VI CONTENTS OF THE PROPOSED DECADE REGIONAL STRATEGY

35 The proposed Decade Regional Strategy[1] (Annex I) is presented in four sections, as follows:

(a) The major elements and sub-elements of the Decade Strategy and approaches, together with the corresponding possible activities requiring promotion and development by the countries of the Region, are presented in a check-list form. This is a concise account of sub-programmes which are essential for developing and strengthening support and coverage programmes necessary for achieving Decade objectives.

(b) Three Appendices as follows:

(i) Appendix I is an analysis of the major components of the WHO Decade Approach presented under the seven headings:

1. Complementarity of Sanitation and Water Supply Development.
2. Focus on both rural and urban underserved populations in policies and programmes.
3. Achievement of full coverage through replicable, self-reliant and self-sustaining programmes.
4. Use of socially relevant systems applying appropriate technology.
5. Association of the community with all stages of programmes and projects.
6. Close coordination of water supply and sanitation programmes with those in other sectors.
7. Association of water supply and sanitation with other health improvements.

[1] Major basic documents used for developing the Regional Strategy for IDWSSD are listed in Annex III.

(ii) Appendix II which outlines the framework for national action, including: formation of National Action Committees (NACs; coordination with UNDP Resident Representative; reorientation of existing national plans to incorporate a Decade Plan; promotion of community participation; holding of National Decade Conferences; and use of communications media to promote Decade objectives.

(iii) Appendix III, which presents a concise analysis of the five major elements and their sub-elements for WHO's potential participation in Decade activities. The five major elements are: Decade promotion: national institutional development; human resources development (HRD); information exchange and technology development; and financial resources. This Annex presents background analysis of the activities or sub-programmes shown on the check-list.

ANNEX I

PROPOSED REGIONAL STRATEGY FOR THE PROMOTION OF THE INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE OBJECTIVES

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Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
I. PROMOTION OF THE DECADE	(a) Technical inputs into national programmes for general and health education and through dissemination of information to the public.	1. Define general education needs w.r.t. health component	
		2. Develop suitable courses on basic environmental sanitation.	
		3. Develop education programmes designed for children of school age.	
		4. Develop suitable national public information mechanisms for dissemination of health information to the public.	
		5. Articulate Decade objectives at national, regional and local levels.	
	(b) Promote Decade in national plans and programmes. Support UNICEF/WHO JCH.	1. Review, keep up-to-date, or develop plans for the Decade; such plans should implement the Decade approach and contribute to HFA/2000.	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
	Train high-level staff in management. Disseminate experience available elsewhere on Decade Planning and Management.	2. Organize national conferences for Decade planning.	
		3. Choose national programmes and projects in line with the Decade approach.	
		4. Strengthen the capacity of MOH to effectively promote the Decade at all levels; and to participate in co-ordinating and orienting Decade programmes on priority health needs in the country.	
		5. Train high-level national staff in planning and management of Decade-oriented health programmes.	
		6. Promote inter-country co-operation for dissemination of experience on Decade planning and management.	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
	(c) Strengthen national decision-making and planning mechanisms for intersectoral action.	1. Review existing HFA/PHC and National Action Committee (NAC) existing decision-making mechanisms.	
		2. Improve coordination among these bodies and integration of Decade programmes with HFA/PHC and other sector programmes.	
		3. Promote community participation for more effective planning and decision-making w.r.t. Decade objectives.	
II. NATIONAL INSTITUTIONAL DEVELOPMENT	(a) Create coordinating mechanisms for the overall coordination of water and sanitation activities.	1. Form NACs, if not yet formed.	
		2. Improve effectiveness of NACs or similar mechanisms.	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
	(b) Develop permanent community managed institutions, especially in rural areas	1. Develop community-managed institutions for PHC activities of which water supply and sanitation are major components.	
		2. Develop community-managed systems for Operation and Maintenance (O&M) of water supply and sanitation systems.	
		3. Develop appropriate systems for monitoring of drinking water quality.	
	(c) Strengthen health agencies for monitoring of health impacts of Decade programmes, promoting improvements and coordinating them with other PHC components.	1. Define indices for monitoring of health impacts on Decade programmes.	
		2. Strengthen health agencies for carrying out of monitoring activities.	
		3. Develop suitable data base and information system for	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
		long-term health impact monitoring.	
		4. Coordinate between Decade programmes and other PHC components (health education, MCH, prevention and control of diseases, etc.)	
	(d) Strengthen national institutions to undertake studies to develop and adapt appropriate technologies and establish a system for the exchange of information.	1. Review existing systems and technologies and assess their health implications.	
		2. Develop guides for alternative water and sanitation systems and estimate their costs.	
		3. Study social acceptability of these systems.	
		4. Study feasibility of the use of local material and products to produce required systems' components.	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
		5. Inventory existing national institutions and individuals capable of research and development in technology for the Decade.	
		6. Develop an appropriate system for exchange of technical information within country and with other countries using TCDC approach.	
		7. Use Programme on Exchange and Transfer of Information (POETRI) for the benefit of the countries.	
	(e) Establish proper quality guidelines and standards for drinking water. Organize a national surveillance programme	1. Obtain information on WHO and other appropriate drinking water guidelines and standards.	
		2. Review existing drinking water quality guidelines and standards.	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
	and protect drinking water sources.	3. Review existing legislation for protection and surveillance of sources and quality.	
		4. Inventory existing national sanitary laboratories.	
		5. Inventory drinking water supplies and identify sanitary conditions.	
		6. Prepare national drinking water guidelines, standards to be applied in phases.	
		7. Design a phased drinking water quality surveillance programme and select required determinants.	
		8. Promote national action for protection and upgrading of drinking water sources and installations.	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
		9. Develop appropriate training programmes for necessary manpower for managing surveillance programmes.	
	(f) Develop organizational and management information systems.	1. Examine existing information system and identify shortcomings.	
		2. Develop an efficient national information system for planning, programming and monitoring of Decade activities and project management.	
		3. Support institutional development to handle the information system. Consider necessary training of individuals.	
	(g) Develop national programme monitoring activities including use of indicators	1. Examine existing national agencies involved in Decade programme monitoring and identify limitations.	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
		2. Develop at the national level a suitable mechanism for programme monitoring down to the community level.	
		3. Develop and use appropriate indicators for programme monitoring.	
	(h) Encourage lending agencies to include infrastructure development in capital expenditure for which they grant loans.	1. Governments to request lending institutions to include infrastructure development in loans for capital expenditure including support and coverage programmes.	
		2. Upgrade existing facilities to improve O&M by developing suitable training programmes for their operators.	
III. HUMAN RESOURCES DEVELOPMENT (HRD)	(a) Strengthen national training institutions, preparation of guides,	1. Survey Decade manpower needs and prepare manpower development plans.	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
	organizing educational activities, seeking funds. Familiarization of all concerned personnel with correct operation, maintenance and repair of water and sanitation systems. Giving special attention to the training of trainers.	2. Survey national training institutions and propose means for their strengthening.	
		3. Support national institutions of higher education and vocational training.	
		4. Train supervisors, technicians, sanitarians, community health workers, etc.	
		5. Emphasize training of trainers.	
		6. Utilize WHO Basic Strategy Document on Human Resources Development (HRD).	
		7. Formulate HRD projects and seek their funding.	
		8. Familiarize personnel concerned with correct procedures for O&M of the systems.	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
		9. Member States to build up a network of training institutions at national and regional levels, and participate in their activities.	
	(b) Evaluate and disseminate information on experience of HRD programmes in other countries. Help organize self-sustaining training programmes making best use of existing institutions and technical expertise (with WHO's assistance).	1. Evaluate information on various countries' HRD programmes and disseminate this information to the countries (with WHO's assistance).	
		2. Organize various training programmes using existing institutions and technical expertise available.	
		3. Upgrade these training programmes in the light of improvement in HRD activities outlined in above item III-a.	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
IV. INFORMATION EXCHANGE AND TECHNOLOGY DEVELOPMENT	(a) Collect information on technology and promote programme for exchange and transfer of information (POETRI).	1. Collect and process relevant information on technology (software and hardware).	
		2. Create national mechanisms or focal points, and strengthen existing ones.	
		3. Strengthen national focal points' contacts with concerned government and non-government agencies and institutions.	
		4. Support CEHA regional centre for research and technology development and information dissemination through POETRI, and establish appropriate links between various levels of WHO, CEHA and national focal points.	
	(b) Develop methodologies for promotion of	1. Develop methodology for promotion of health education	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
	health education and community participation, drinking water quality and sanitary surveillance and protection of water sources, training of community workers and improvement of management processes. Participate in execution of programmes for evaluation of health services linked with operational aspects of PHC.	with emphasis on water, sanitation and hygiene.	
		2. Develop methodology for promotion of community participation in this sector.	
		3. Develop methodology for development of national drinking water quality standards, a phased surveillance programme, and a programme for the protection of drinking water sources (see Item II-e).	
		4. Develop methodology for training and utilization of community workers as activities integrated with PHC/HFA programmes.	
		5. Develop methodology for improvement of management processes at national, regional and local levels and for a suitable data base.	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from,
		6. Participate in programmes of evaluation and research linked with operational aspects of water and sanitation systems.	
V. FINANCIAL RESOURCES	(a) Liaise with financial agencies and potential donors to stimulate interest and to cooperate in preparing project proposals for infrastructure development and support programmes.	1. Identify, at country level, projects which meet Decade criteria and have priority.	
		2. Use WHO's Project and Programme Information System (PPIS), when required, to stimulate interest of external financing agencies.	
		3. Establish direct contacts with financing and other agencies to follow up on funding of Decade programmes and projects which have been identified.	
		4. Generate "salable" projects with Decade approach for possible external financing assistance.	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
	(b) Select strategies to make best use of programme funds available by identifying critical Decade activities to select inputs more effectively.	1. Review present constraints of water supply and sanitation programmes. 2. Identify critical sector activities having most impact on attaining Decade objectives. 3. Select suitable national strategies for making best use of programme funds available by selecting suitable inputs more effectively.	
	(c) Increase flow of funds for health-related activities including the support of infrastructure and incorporate these components into project formulation.	1. Use Decade Project and Programme Information System in mobilizing potential donors and financing agencies. 2. Include activities for support of infrastructure in their project formulation. 3. Follow up activities for maintaining the interest of financing agencies and securing	

Specific Decade Activities Requiring Promotion at the Country and Regional Levels

Major Decade Elements (As defined in the Global Decade Strategy)	Sub-Elements	Corresponding Possible Activities for Sub-Elements	If external specific assistance is required for promoting an activity, the country should define which international, bilateral or other agencies this assistance would be required from.
		flow of necessary external funds.	
		4. In inter-agency missions ensure that components are properly assessed, and encourage their inclusion for consideration in loan negotiation process.	

APPENDIX I

MAJOR COMPONENTS OF THE WHO DECADE APPROACH

1. Complementarity of Sanitation and Water Supply Development

(a) Encourage governments to examine declared policy and existing programmes for water supply and sanitation, and to identify gaps in policy implementation, deficiencies in sanitation programmes, and imbalances between water supply and sanitation programmes.

(b) Support and assist national review of existing health education programmes and assessment, as far as possible, of their effectiveness. Simultaneous improvements in water supply, sanitation and sanitary disposal of wastes (including excreta) in coordination with an effective health education programme would have a profound impact on health conditions.

(c) In parallel with water supply development, promote the preparation of well-defined sanitation programmes on an accelerated basis so as to meet as much as possible Decade objectives. Encourage governments to concentrate more on sanitation rather than only on water supply.

(d) Advise governments that improvement of water supply alone cannot be expected to produce major health improvements. For health benefit to accrue, other improvements must take place simultaneously with respect to sanitation, education/health education, and other essential elements of primary health care (EHE/81.19).

2. Focus on both rural and urban underserved populations in policies and programmes

(a) Promote examination of existing policies, plans and programmes for water supply and sanitation development in the country.

(b) Support identification of services imbalances between urban areas and underserved populations in rural and urban fringe areas.

(c) Encourage governments to re-orient their national policies, plans and programmes to correct these imbalances and to assign priority to the underserved populations in rural and urban fringe areas.

3. Achievement of full coverage through replicable, self-reliant and self-sustaining programmes

(a) Promote programmes which primarily rely on the efforts of the beneficiary communities themselves and active participation in planning and construction of water supply and sanitation systems, using as much as possible local labour and material and community-sharing in costs.

(b) Promote programmes which, when completed, are successfully operated and well maintained by the communities themselves.

(c) Promote development of programmes that can serve as models and invite imitation by stimulating other interested parties. These programmes should effectively utilize good communication of information, greater commitment, better coordinative management for various sponsors and participants; improved ability to remain flexible and to absorb knowledge and experience for the orientation of further programmes. They should also involve decisions that are local and essential responsibility which is close to the programme.

(d) Promote and support training of local persons and community auxiliaries for the operation, maintenance and repair of the systems and equipment and for handling local contracts and tasks which can be given to village artisans or to a multipurpose village maintenance unit, (such as development of shallow wells, the protection of springs, etc.).

(e) Promote the use of design criteria and standards of service which have not been set too high and which are appropriate for the purposes for which they are applied. These could gradually be raised as programmes are expanded, experience gained, and more training and education acquired.

(f) Encourage and support the use of simple technology suited to local conditions.

(g) Support development of appropriate linkages between local communities, PHC, regional and central agencies for necessary support and referral.

4. Use of socially relevant systems applying appropriate technology

(a) Promote examination of existing water supply and sanitation systems and identification of their deficiencies and unsuitability and of those which are a potential health hazard.

(b) Develop guidelines for alternative water supply systems, using simple technologies, and estimate their cost range (for the different countries of the Region).

(c) Develop guidelines for alternative sewage and excreta disposal systems using simple technology and estimate their cost range (for the different countries of the Region).

(d) Support governments in thinking less in terms of over-sophisticated water supply and sewerage schemes in urban agglomerations and more in terms of low-cost but effective technology in rural areas.

(e) Encourage identification of improvements that could be made in existing water supply and sanitation systems in order to make them safe and acceptable, and the estimation of the cost of such improvements.

(f) Promote examination of the social relevance of each alternative water supply and sanitation system or of proposed improvements of existing systems, and of assessing the degree of social acceptance of such systems.

(g) Encourage the investigation of the possible standardization of these systems and of the potential market for the local manufacture of certain components of the proposed systems (e.g., latrine slabs, pipes of

different material and size, water storage tanks, prefabricated septic tanks, hand pumps, etc).

5. Association of the community with all stages of programmes and projects

(a) Promote local initiatives and encourage any sense of eager community participation.

(b) Promote, encourage and support community participation in planning, site selection, construction, operation and maintenance of water supply and sanitation installations and systems.

(c) Encourage communities, through appropriate local mechanisms, to play a major role in defining their existing situation, choosing among the technically feasible alternatives, determining methods of implementation, evaluating the form of community contributions and setting up social controls for the continued use and maintenance of facilities, and to articulate their perceptions, preferences and doubts.

(d) Support the selection of suitable local people for appropriate education (within the primary health care concept) so that they can act as community leaders or advisers on issues connected with the development of water supply and sanitation facilities and systems.

(e) Promote health hygiene education of the public in order to create awareness among the population and household users to improve their surroundings and to understand the strong linkage between health and hygiene and the availability of potable water supplies and of appropriate methods for sewage and excreta disposal and for the proper operation and maintenance of these systems.

(f) Promote studies at both country and community levels in order to understand relevant information which will influence development of necessary water supply and sanitation facilities and their successful operation and maintenance.

6. Close coordination of water supply and sanitation programmes with those in other sectors

(a) Identify programmes in which water supply and sanitation can be found as components of or closely related to such programmes as Primary Health Care. The major components of the programme are: Health Education; Food Supply and Nutrition; Safe Water; Basic Sanitation; Maternal and Child Health; Immunization; Prevention and Control of Locally Endemic Diseases; Treatment of Common Diseases and Injuries; Mental Health; and Essential Drugs. Other related programmes include: Rural Development; Community Development; Water Resources Development; Agricultural Development; Housing Development; Urban Land Use; City Planning and Satellite Settlements, etc.

(b) Promote the establishment of explicit procedures, programmes and means of coordination and planning which provide for funding and support of joint projects.

(c) Encourage strengthening the role of lower levels of management which have a better knowledge of the local situation and which could help identify the problems and needs of the communities to be served. The greater motivation which results could facilitate intersectoral planning and programming and the integration of activities at the lower governmental levels.

7. Association of water supply and sanitation with other health improvements

(a) Promote appreciation of the understanding that the association of water and sanitation with health improvement is such that this element of the Decade approach is to be regarded as a problem, not of intersectoral coordination, but of coordination within the sector.

(b) Promote and strengthen the role of health agencies with regard to Decade objectives and activities.

(c) In the design of programmes, encourage (i) consideration of the close existing relationship of water supply and sanitation to health in a given environment and (ii) ensuring that improvements in health will in fact result, instead of merely monitoring or measuring the health impacts of water and sanitation investments (e.g. just the construction of more public and private water and sanitation systems).

(d) Advise on the development of a suitable system for the periodic examination of water sources, treatment and distribution facilities and for initiating corrective actions where necessary.

(e) Encourage and support improvement of public education programmes in water and sanitation hygiene with emphasis on schoolchildren.

APPENDIX II

THE FRAMEWORK FOR NATIONAL ACTION

1. A high-level National Action Committee (NAC) or a similar mechanism should be formed and must be given responsibility for national Decade activities. Membership of this Committee should include spokesmen from a number of concerned ministries and agencies.

2. The UNDP Resident Representative has been assigned the role of focal point for international cooperation. He is to work very closely with the NAC or any other similar national mechanism and will help increase coordination among bilateral agencies and donors and promote Decade objectives, with the support of WHO and other international agencies.

3. The Government formal plan should be reoriented to incorporate the Decade plan, to set long-term goals with respect to coverage, and to support programmes to remove the constraints on rapid coverage.

4. Community participation in the planning process should be sought in the form of a contract delineating an agreed work plan between the community and the local and/or other levels of the administration. The contract would set out responsibilities for construction, maintenance, operation and repair of equipment and systems as well as details of cash contributions and financing.

5. A national conference or seminar is useful for discussing policies, strategies, and most suitable options for meeting Decade objectives, policy reorientation, determining responsibilities, reallocation of priorities between the various sectors and within the water supply and sanitation sector, and for introducing the PHC approach for community participation.

6. Carefully planned use of communications media can encourage and motivate people at an early stage to help achieve Decade objectives. Communications work should stress the close relation between safe water, good sanitation and other health components. Preparations for and promotion of the Decade should be integrated with all current or planned programmes of health education.

APPENDIX III

WHO'S POTENTIAL PARTICIPATION IN THE DECADE ACTIVITIES, EASTERN MEDITERRANEAN REGION

(All activities (unless otherwise indicated) are strictly national activities. WHO's role is, where possible and within WHO's available resources, to promote support, encourage, and assist governments in carrying out these national Decade activities).

1. Promotion of the Decade

(a) Cooperation with and technical inputs into national programmes for general education (e.g. literacy programmes), and health education, and through the dissemination of information to the public.

(b) Promotion of the Decade in national plans for HFA/2000, in drinking water supply and sanitation plans, and other plans for social and economic development, and the choice of programmes and projects, in line with the Decade approach. To support the UNICEF/WHO Joint Committee on Health Policy, and similar efforts that have quick and practical results, to train high-level staff in planning and management, and to disseminate experience available elsewhere on Decade Planning and Management.

(c) Promote coordination and integration among national decision-making bodies for intersectoral action for drinking water supply and sanitation, focusing on the improvement of health and, in collaboration with UNDP, to strengthen national mechanisms at the decision-making and planning levels.

(d) Promote the Decade and its health orientation through participation in the work of the regional economic commissions.

2. National Institutional Development

(a) Encourage governments to establish coordinating mechanisms for the overall coordination of water and sanitation activities.

(b) Cooperate with governments in the development of permanent community-managed institutions, particularly in rural areas.

(c) Support the strengthening of health agencies in their roles of monitoring the health impacts of drinking water supply and sanitation programmes, promoting improvements, and coordinating these programmes with other components of primary health care.

(d) Support the strengthening of national institutions to undertake studies to develop and adapt appropriate technology and establish a system for the exchange of information.

(e) Cooperate in the establishment of appropriate quality standards for drinking water, in the organization of national drinking water quality surveillance programmes, and the protection of drinking water sources.

(f) Promote development of organizational and management information systems to improve institutional efficiency in using operational resources and expanding installed capacity.

(g) In support of the managerial process at community level, to promote and cooperate in the development at national level of programme-monitoring activities, including the use of indicators.

(h) To encourage lending institutions to include infrastructure development in capital expenditure for which they grant loans, and to work with donors to assure investment in infrastructure development before projects are implemented.

3. Human Resources Development (HRD)

(a) Cooperate with countries in strengthening national training institutions, prepare guidelines, organize educational activities, and seek funds for the support of those activities which include higher education, vocational training, and the training of supervisors, technicians, sanitarians, community health workers and volunteers at the village level. All personnel concerned with water supply and sanitation should be

familiar with the correct operation, maintenance and repair of simple and safe water supply and sanitation systems. The training of trainers should be given special emphasis.

(b) Evaluate and disseminate information on experience of HRD programmes in countries, and help organize self-sustaining training programmes in as many countries as possible, making the best use of existing institutions and technical expertise.

4. Information Exchange and Technology Development

(a) Collect information on technology for equipment and support mechanisms and promote the programme for the exchange and transfer of information (POETRI) so as to disseminate the information to regions and focal points in countries.

(b) Assist in development of methodologies for the promotion of health education and community participation, drinking water quality and sanitary surveillance and protection of drinking water sources (including methods of sampling, analysis and reporting), training and utilization of community workers, and the improvement of management processes. Participate in the execution of programmes of evaluation and health services research linked with the operational aspects and other elements of primary health care, in order to strengthen national ability to plan and arrange programmes and optimize the use of resources and the resulting effects.

5. Financial Resources

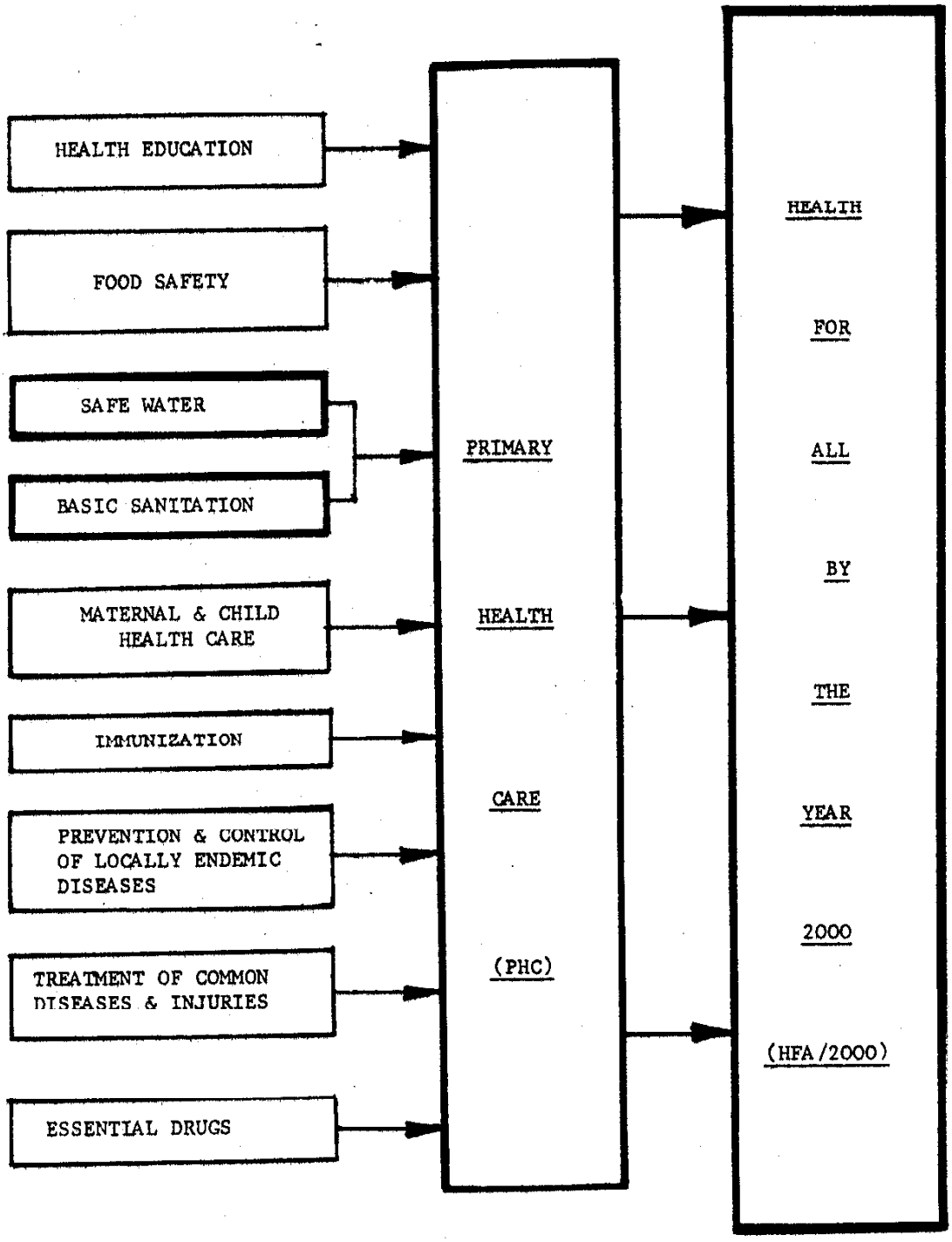
(a) Maintain liaison with lending institutions, bilateral donors, non-governmental organizations and development agencies, to stimulate contacts, develop interest, and cooperate in preparing project proposals for infrastructure development and support programmes.

(b) Cooperate with governments in selecting strategies to make the best use of the programme funds available by identifying the critical Decade activities in each country so that the inputs can be selected more effectively.

(c) Assist in increasing the flow of funds for health-related activities, including the support of infrastructure (software), and to incorporate these important components in project formulations.

FIGURE

WATER SUPPLY AND SANITATION
AS INPUTS TO PRIMARY HEALTH CARE



ANNEX II

RESOLUTION - WHA36.13

THIRTY-SIXTH WORLD HEALTH ASSEMBLY 13 May 1983

INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE

The Thirty-sixth World Health Assembly,

Noting with appreciation the report[1] of the Director-General relating to the International Drinking Water Supply and Sanitation Decade (1981-1990);

Recalling resolution WHA34.25 and particularly its emphasis on the Decade approach and its recommendation to Member States that they concentrate water supply and sanitation programmes on their priority health problems;

Noting with concern that, despite the progress made, including the increased external technical and financial support, with almost a quarter of the Decade already gone, countries are encountering difficulties in achieving the goals they and the Decade have set and in accelerating their Decade programmes;

Considering that in this respect the national health agencies have a special role to play in promoting the Decade and in contributing to the attainment of its aims as part of primary health care activities, and particularly the training and use of community-based workers, health education and public information, and the strengthening of the health infrastructure;

Noting that, despite the general acknowledgement of the importance of intersectoral cooperation and action, many national and international agencies have not yet taken steps to introduce the changes of approach that the Decade requires;

Recognizing that it is essential to seize now the opportunity of improving health through the provision of safe drinking water supplies and adequate sanitation services;

[1] Document A36/5.

1. CALLS for a vigorous effort by all concerned to ensure substantial progress towards the goals of the Decade;

2. URGES Member States to pursue the following plan of action:

(1) to accelerate the adoption of national policies and the drawing-up of sound plans through which priority can be given to underserved urban and rural populations, bearing in mind that improved sanitation should go hand in hand with the provision of safe water;

(2) to promote, as proposed by the Director-General, the concept of safe drinking-water supply and sanitation as an essential component of primary health care;

(3) to ensure that their national agencies take practical steps and allocate the necessary resources and manpower to implement the above concept;

(4) to ensure that all agencies with operational responsibility for water supply and sanitation, including, where applicable, ministries of health, develop:

(a) programmes to extend coverage to the whole population with priority to underserved urban and rural groups;

(b) institutional structures that will enable communities to assume responsibility for important tasks in planning and implementation, and, more particularly, in operation and maintenance;

(c) human resources with particular emphasis on middle-level and basic manpower;

(d) the use of the health system's capacity for community and public health education;

(e) low-cost technology for drinking-water supply and sanitation;

(f) arrangements for drinking-water quality surveillance and control;

INVITES Regional Committees

(1) to review the Decade's progress at their meetings, in 1983 if possible, in the light of the regional Health-for-All strategies, and to propose measures that national health agencies can take to ensure the adoption and implementation of the above-mentioned national plans of action, and to include relevant parts of these plans in reviews by countries of the utilization of resources for primary health care;

(2) to adopt regional measures to support countries in strengthening their Decade activities;

URGES the multilateral and bilateral agencies concerned

(1) to support health-oriented national Decade plans in accordance with resolution WHA34-25;

(2) to participate in efforts to coordinate external contributions to Decade activities at country level;

(3) to pay particular attention to supporting infrastructural improvements and measures to enable countries to absorb external support more fully and use it more effectively;

REQUESTS the Director-General

(1) to continue to collaborate both with health agencies and with other agencies concerned in carrying out their tasks and activities in support of the above-mentioned plan of action, paying special attention to obtaining the greatest possible benefits to health, extending coverage to the underserved, and ensuring that sanitation develops *pari passu* with water supply;

(2) to strengthen the Organization's technical cooperation, particularly in regard to human resources, evaluation, research, information exchange and technological development, and, in collaboration with all the bilateral and international agencies concerned, to try to obtain a substantial increase in support for Member States in these respects;

(3) to continue to cooperate with multilateral and bilateral agencies by keeping them informed on needs for external cooperation, persuading them to

direct more of their resources towards the crucial needs of Member States in regard to infrastructural improvement, and ensuring that their support is of the greatest possible benefit to health;

(4) to continue to collaborate with the other agencies of the United Nations system in the Steering Committee for the Decade, and specifically with UNDP Resident Representatives in their focal role at country level, and to use these means to ensure that the Decade has the greatest possible impact on progress towards Health for All.

(5) to prepare a mid-Decade review of progress for submission to the Thirty-ninth World Health Assembly.

Twelfth Plenary Meeting, 13 May 1983
A36/VR/12

ANNEX III

DOCUMENTS USED FOR DEVELOPING THE DECADE REGIONAL STRATEGY

The major basic documents used for developing the Regional Strategy are:

(a) WHO Document EHE.82/29 Rev.1: "Strategy for WHO's Participation in the International Drinking Water Supply and Sanitation Decade".

(b) WHO Publication: "Drinking Water and Sanitation 1981 - 1990 - A Way to Health", 1981.

(c) WHO Publication: "Alma Ata 1979 - Primary Health Care", 1979.