At the thirtieth session, the Regional Committee for the Western Pacific was of the unanimous opinion that until plans to establish the proposed Health/2000 Resources Group (HRG) became definite and the Committee had been provided with sufficient background information to enable it to make a decision, it was unable to consider nominating a member from the Western Pacific Region.

This document presents, in some detail, the background to the decision to establish HRG, which held its first meeting on 1 and 2 May 1980. At that meeting the Group itself accepted the proposal that its membership of 20 should include a representative of a developing country in the Western Pacific Region, who would attend meetings of HRG in his expert capacity. It is hoped that the Regional Committee will now be able to consider nominating that member, whose period of tenure would extend to 31 December 1982.
Background

1. In 1976 the Twenty-ninth World Health Assembly, on the basis of the Executive Board's organizational study on the planning for and impact of extrabudgetary resources on WHO's programmes and policy,1 adopted resolution WHA29.32 in which it urged that "all existing and potential sources of extrabudgetary funds should provide the Organization with increased support for the expansion of its efforts in the health field". At the same time, the Director-General was requested, inter alia, "to continue to develop appropriate mechanisms for attracting and coordinating an increased volume of bilateral and multilateral aid for health purposes".

2. In 1978 the Executive Board noted the progress made towards strengthening the basis for the mobilization of increased support to attain the social goal of health for all by the year 2000 and at its sixty-third session, in January 1979, adopted resolution EB63.R24 recognizing this progress.2

3. Subsequently, the Director-General reported3 to the Executive Board at its sixty-fourth session (May 1979) on the results of his consultations in November 1978 with major contributors and representatives of developing countries and on the proposal to set up an international health funding group to advise on how best the Organization could secure extrabudgetary support for the growing demands, which far exceeded the resources of WHO's regular budget.

4. The Thirty-second World Health Assembly, in its resolution WHA32.30,4 adopted the Board's document entitled "Formulating strategies for health for all by the year 2000", which put forward proposals for strengthening global mechanisms "such as the establishment of an appropriate body of participating countries for attracting bilateral and multilateral funds".5

5. The Thirty-third World Health Assembly, acting on a recommendation of the Executive Board adopted at its sixty-fifth session, decided, in its resolution WHA33.17, "to influence the channelling of all available health resources, including those of other relevant sectors and nongovernmental organizations, into support for national, regional and global strategies for health for all" and further urged the regional committees "to foster

---

3See document EB64/8.
4See document WHA32/1979/REC/1, page 27.
5See document WHA32/1979/REC/1, Annex 2, paragraphs 95 and 109; the Board's document is also published separately (WHO, Geneva, 1979).
the channelling of external funds for health into priority activities in the strategies for health for all of the countries most in need". Also on a recommendation of the Executive Board, the Health Assembly requested the Director-General "to take full advantage of the international climate of support at all levels and in all sectors for achieving the health goals of the Organization, through the recognition by all Member States and the whole United Nations system of the essential role of health in development".

Consultations

6. In September and December 1979 the Director-General convened two informal consultations at WHO headquarters, bringing together in an expert capacity specialists from major contributors, developing countries, organizations of the United Nations system, and nongovernmental organizations. These consultations strongly recommended the establishment of a Health/2000 Resources Group whose main task would be to influence and augment the actual and potential flow of resources for health towards the goal of health for all by the year 2000.

Composition of HRG

7. The consultations recommended that HRG's composition should not exceed a maximum of 20 persons drawn from the following:

```
Organization for Economic Cooperation and Development
  Development Assistance Committee
  Western Pacific  1
  Western Europe   2
  The Americas    1
  Scandinavia     1

Council for Mutual Economic Assistance/Eastern Europe  2

Organization of Petroleum Exporting Countries  1

Nongovernmental organizations/Foundations  2

United Nations system  4

  United Nations Children's Fund (UNICEF)
  United Nations Development Programme (UNDP)
  United Nations Fund for Population Activities (UNFPA)
  World Bank
```

1See resolution WHA33.17, paragraph 3(g).

2See resolution WHA33.24, paragraph 4(1).
Development banks and funds

Developing countries
(each member to be nominated by a regional committee to represent developing countries of that region)

- African Region: 1
- Region for the Americas: 1
- Eastern Mediterranean Region: 1
- South-East Asia Region: 1
- Western Pacific Region: 1

8. While tenure of office would in principle be for two years, a system of rotation was recommended, with selected persons in the first HRG remaining in office for three years to ensure continuity.

Meetings of HRG

9. The first meeting of HRG was held on 1 and 2 May 1980. The second meeting will be held on 5 December 1980.

Terms of reference of HRG

10. At its meeting on 1 and 2 May 1980, HRG recommended that:

"The HRG should be constituted as a consultative group to be appointed by the Director-General, under the auspices of WHO, in fulfilment of its constitutional function as the coordinating authority on international health work. The HRG will be composed of members from developed and developing countries, multilateral agencies and nongovernmental organizations, who will act in their personal capacity, with the following mandate:

- to promote the rationalization of all available resources required for primary health care activities in developing countries, aimed towards health for all by the year 2000, in accordance with the priorities recognized by WHO Member States and incorporated in the resolutions of the World Health Assembly and the United Nations General Assembly;

- to stimulate the mobilization of resources, including those of developing countries themselves and of external donors, to achieve the world community's social goal of health for all by the year 2000, using primary health care as the main method, and to facilitate appropriate utilization of these resources by donor organizations and recipient countries, according to source, recipient, topic, or other relevant criteria."
"Within this context, the HRG will particularly concern itself with the following issues related to the resources necessary to achieve health for all by the year 2000:

(1) to develop improved simplified methods of relating resources to the needs of developing countries and of ensuring continuity of funding;

(2) to encourage the application of these methods by all bilateral, multilateral and nongovernmental agencies concerned;

(3) to devise ways of promoting in all relevant sectors of the government the high priority due to the development of primary health care activities in the attainment of health for all;

(4) to facilitate the achievement of better relation of resources to needs between countries and agencies;

(5) to review and disseminate critically analysed information related to needs, resources and their utilization;

(6) to identify constraints relating to external funding for the attainment of health for all and suggest ways to overcome them;

(7) to encourage and support governmental and nongovernmental sectors, with a view to minimizing duplication in technical areas and maximizing substantive collaboration in planning and achieving health development;

(8) to advise the Director-General on the use of and review the Health Development Initiative Fund.

The HRG will arrange its periodic meetings in such a way as to ensure fulfilment of its objectives and will keep these terms of reference under review."

Conclusions and recommendations of first meeting of HRG

11. In addition to the above-mentioned recommendations with regard to its terms of reference, HRG recommended that:

(1) the HRG should be composed of members from developed and developing countries, multilateral agencies and nongovernmental organizations, appointed by the Director-General (see also Chapter 7 above);

(2) the members of the HRG should act in their personal expert capacity;

(3) the Director-General should set up a trust fund, to be known as the "Health Development Initiative Fund";

(4) an interim planning group should be set up to direct preparations for the second full meeting of the HRG in December 1980.

Decision of the Regional Committee with regard to HRG

12. In relation to the composition of HRG (see paragraph 7 above) the Regional Committee, at its thirtieth session, expressed the wish to postpone nomination of a representative from the Region until the current session; that is until plans to establish HRG were more definite and until the Regional Committee was in possession of adequate information with regard to HRG and its terms of reference.

13. It is hoped the Regional Committee will now feel that it has been provided with sufficient background information to enable it to nominate a Member State to send a representative to the next meeting of HRG on 5 December 1980 and to subsequent meetings during the period ending on 31 December 1982.

---

1The interim planning group met on 23 June 1980 and will meet again in September. After the meeting of HRG in December, at which a decision is expected to be taken as to the Secretariat, including its functions, size, physical location and place within the WHO organizational structure, the interim planning group might no longer be necessary.