HEALTH 2000 RESOURCES GROUP

The Regional Director has the honour to present to the Regional Committee the following background documentation relating to the establishment of a Health 2000 Resources Group by the Director-General:

1. Resolution WHA29.32

Operative paragraph 3: URGES that all existing and potential sources of extra-budgetary funds should provide the Organization with increased support for the expansion of its efforts in the health field.

Operative paragraph 4(2): REQUESTS the Director-General to continue to develop appropriate mechanisms for attracting and coordinating an increased volume of bilateral and multilateral aid for health purposes.

2. Resolution WHA30.43

Operative paragraph 2: CALLS UPON all countries urgently to collaborate in the achievement of this goal of attaining by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life through the development of corresponding health policies and programmes at the national, regional and interregional level and the generation, mobilization and transfer of resources for health, so that they become more equitably distributed, particularly among developing countries.
3. **Formulating strategies for health for all by the year 2000, Geneva, 1979**

Paragraphs 95 and 109: regarding the strengthening of mechanisms for attracting bilateral and multilateral funds and for ensuring that they are channelled into priority activities in countries. Reference is made in paragraph 95 to the November 1978 consultations mentioned in paragraph 3 of document WPR/RC31/17.

4. **Resolution WHA32.30**

Operative paragraph 8: INVITES Member States to consider the immediate use of the document entitled "Formulating strategies for health for all by the year 2000", individually as a basis for formulating national policies, strategies and plans of action, and collectively as a basis for formulating regional and global strategies. Reference is made to this resolution in paragraph 4 of document WPR/RC31/17.

5. **Document EB65/18 and subsequently document A33/2**

Study of WHO's structures in the light of its functions

Paragraph 35: regarding the catalytic role to be played by WHO in agreements between developing and developed countries, an outstanding example of which will be the servicing of a global health resources group.

6. **Document EB65/INF.DOC./3**

Health 2000 Resources Group: explaining the background, proposed terms of reference and composition of the Health 2000 Resources Group. This document is virtually the same as Regional Committee document WPR/RC31/17.

7. **Resolution EB65.R12**

Study of WHO's structures in the light of its functions: which recommends to the World Health Assembly the adoption of a resolution based on the report contained in document EB65/18.

Operative paragraph 2.1(6): DECIDES 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.

Operative paragraph 2.3(4): URGES the regional committees to foster the channelling of external funds for health into priority activities in the strategies for health for all of the countries most in need.
8. Resolution WHA33.17

Study of the Organization's structures in the light of its functions, which accepts the above-mentioned recommendation of the Executive Board.

Operative paragraph 1(6): DECIDES 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.

Operative paragraph 3(6): URGES the regional committees to foster the channelling of external funds for health into priority activities in the strategies for health for all of the countries most in need.

At the sixty-fifth session of the Executive Board during discussion on document EB65/18, the Director-General made the two following statements, as reported in the summary records:

(1) "The DIRECTOR-GENERAL said that his constant concern since taking office had been to uphold democracy in all the organs of WHO, and to assemble and disseminate - particularly for the benefit of the Third World countries - the maximum possible amount of information which would help the Organization to meet its challenges. Having been criticized by Board members in the past for setting up bodies to help him in that task - even when such bodies were internal to the Secretariat and established in accordance with the Director-General's prerogative - he had redoubled his efforts to ensure the transparency of his initiatives." \(^1\)

(2) "The Health Assembly had asked him to continue to develop appropriate mechanisms for attracting and coordinating an increased volume of bilateral and multilateral aid for health purposes, and the main task of the health resources group 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. He noted the hesitancy which had been expressed in regard to that group having close relationships with the proposed Global Health Development Advisory Council. In fact, initially some donor countries had favoured having such a group outside WHO. He pointed out however that no group concerned with

\(^1\) Document EB65/1980/REC/2, summary records of the twelfth meeting, page 146.

\(^2\) Ibid, page 155.
the international transfer of resources could exist in WHO without the presence of recipient countries; it was essential that both donors and recipients should be able to express their opinions freely, and that was the reason why WHO had offered its facilities. Paragraph 8 of document EB65/INF.DOC./3 was not a categorical statement and the terms of reference of the proposed group could be redrafted to take into account the concern which had been expressed by the Board. He hoped that the Board would agree to the establishment of such a group, subject to all the necessary safeguards.¹


4. REQUESTS the Director-General to apply the conclusions and recommendations in the formulation and implementation of future programmes of the Organization. *May 1975 226, 14*

THE PLANNING FOR AND IMPACT OF EXTRABUDGETARY RESOURCES ON WHO'S PROGRAMMES AND POLICY

EB57.R33 The Executive Board,

Recalling resolution WHA27.19, by which the World Health Assembly requested the Executive Board to carry out an organizational study on the planning for and impact of extrabudgetary resources on WHO's programmes and policy, and also resolution WHA28.31 requesting the Executive Board to report on this study to the Twenty-ninth World Health Assembly;

Bearing also in mind resolution EB55.R43,* whereby the Executive Board noted the Director-General's efforts to strengthen further WHO's coordinating activities in relation to bilateral and multilateral aid programmes; and

Having considered the report on the organizational study presented by the Working Group constituted for this purpose by the Executive Board,

1. Thanks the Chairman and members of the Working Group for their report;

2. Transmits the study to the Twenty-ninth World Health Assembly;

3. Emphasizes the importance of WHO's fulfilling its constitutional mandate as the directing and coordinating authority on international health work along the lines set out in the study;

4. Notes with satisfaction the initiative already taken by the Director-General, in his approaches to sources of extrabudgetary funds, to promote interest and enlist support for work in the health field;

5. Urges the Regional Directors to continue to promote and sponsor regional meetings and other activities designed to improve coordination and cooperation with international, multilateral and bilateral organizations and institutions in the furtherance of national and regional health plans;

6. Invites the attention of the Health Assembly to the analysis of the problem made in the study, and to the far-reaching implications for the Organization in its search for resources to promote health activities in developing countries and additional extrabudgetary funds to complement the work being carried out under the regular budget; and

7. Recommends to the Twenty-ninth World Health Assembly that it adopt the following resolution:*' (The Health Assembly adopted, as resolution WHA29.32, the text recommended by the Board, after replacing the paragraphs reproduced below by the text of paragraph 1.)

---

WHA29.32 The Twenty-ninth World Health Assembly,

Having considered the organizational study prepared by the Executive Board on the planning for and impact of extrabudgetary resources on WHO's programmes and policy,*

1. Agrees that the study has far-reaching implications for furthering the work of the Organization and that it constitutes a suitable basis for the fulfilment of WHO's constitutional mandate as the directing and coordinating authority on international health work;

2. Notes with appreciation the contributions already obtained by or pledged to the Organization and to developing countries for activities in the health field;

3. Urges 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;

4. Requests the Director-General, within the established policies of the Organization:

   (1) to take particularly into account the promotion of those planned health programmes that could attract additional resources for the benefit of the developing countries;

   (2) to continue to develop appropriate mechanisms for attracting and coordinating an increased volume of bilateral and multilateral aid for health purposes;

   (3) to continue his efforts on an interagency basis to harmonize programme budget cycles and planning and operational procedures of the major United Nations funding agencies with those applied to the regular programmes of the organizations in the United Nations system.

---

* The text of resolution WHA29.32, as adopted by the Health Assembly, is hereby adopted as resolution WHA29.32, in place of the text adopted by the Executive Board. The text adopted by the Board is to be replaced by the text of paragraph 1, as adopted by the Health Assembly.
1.2 GENERAL PROGRAMME DEVELOPMENT AND MANAGEMENT

1.2.1 LONG-TERM PROGRAMMING

For previous resolutions, see Volume I, page 5.

EB55.R26 The Executive Board,

Recalling resolution WHA26.36 by which the Health Assembly requested the Executive Board to carry out an organizational study on the interrelationships between the central technical services of WHO and programmes of direct assistance to Member States,

2. TRANSMITS its study1 to the Twenty-eighth World Health Assembly;

3. DRAWS the attention of the Assembly to its findings, conclusions and recommendations, and in particular to the necessity of an integrated approach to the development of the Organization's programmes, all programme activities at all levels being mutually supportive and parts of a whole;

6. REQUESTS the Director-General to apply the conclusions and recommendations in the formulation and implementation of future programmes of the Organization.  

Jan. 1975 223, 16

WHO28.30 The Twenty-eighth World Health Assembly,

Having examined the report of the Executive Board on the organizational study on the interrelationships between the central technical services of WHO and programmes of direct assistance to Member States;

2. NOTES with appreciation its findings, conclusions and recommendations, and in particular the necessity of an integrated approach to the development of the Organization's programmes, all programme activities at all levels being mutually supportive and parts of a whole;

3. STRESSES the importance of programme planning being viewed as a joint endeavour in which national authorities, WHO representatives, regional committees, regional offices, the Executive Board, the World Health Assembly and WHO headquarters should all be involved;

4. URGES that the Organization's mechanism for the allocation and reallocation of resources, not only within programmes and regions, but also between programmes and regions, should comply with the principle of responding to integrated programme planning; and

5. REQUESTS the Director-General to apply the conclusions and recommendations in the formulation and implementation of future programmes of the Organization.  

May 1975 226, 14

---

global means of evaluating progress towards the attainment of the goal of health for all by the year 2000.

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

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

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

96. To foster intersectoral support, efforts should be made to establish or strengthen appropriate political, economic and technical relationships with the United Nations, its relevant services, Global promotion and support

---

\(^1\) For example, a body of the type mentioned at a meeting of representatives of these countries held at WHO headquarters in November 1978.
VI. The role of WHO

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

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

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

109. WHO will use its constitutional organs and regional arrangements to ensure the coordinated development of strategies at all operational levels and will support countries individually and
development. This group would work in close liaison with the regional groups of a similar nature mentioned in paragraph 85.

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

Global monitoring and evaluation

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

Role of WHO

105. The role of WHO, including its headquarters, in formulating and implementing the global strategy for health for all by the year 2000 is outlined in the following section, in paragraphs 125-131.
developing countries, economic cooperation among developing countries in health matters, and technical cooperation between developing and developed countries.

34. Since the Organization's support to cooperation among its Member States should permeate all its activities, no special structures to fulfil this function are required. What is required is alertness on the part of Member States and the Secretariat at all policy and operational levels to the possibility of contributing to health improvement through such cooperation.

35. An important activity of the Organization to facilitate cooperation between countries is the collection, organization and dissemination of information on available resources, technology and expertise in the health and related sectors. WHO can also be highly useful in catalysing agreements between developing countries, between developing and developed countries, and also between developed countries, on policy, technical and commercial matters relating to health. An outstanding example of this catalytic role is the proposed servicing by the Director-General of a global health resources group, composed of representatives of developed and developing countries as well as bilateral and multilateral agencies, whose aim is to mobilize resources for health and rationalize their flow in support of strategies for health for all by the year 2000 in the developing countries.

36. While WHO is an intergovernmental organization, it has to pay increasing attention to nongovernmental organizations that are interested in collaborating for the attainment of health for all. This is so in view of the importance of mobilizing all forces to this end and of the potentially significant contribution of such organizations, including their participation in genuine health technology assessment. No structural changes are required for this purpose, but rather increased awareness of the potential usefulness of these organizations, and selective support, starting with the support of governments to nongovernmental organizations in their country that are ready to apply the policies determined in WHO, and continuing through the regional and global levels.
Recalling that, in accordance with its Constitution, WHO is an organization of Member States cooperating among themselves and with others to promote the health of all people, and that this cooperative action embodies the truly international nature of the Organization;

Mindful of WHO's constitutional functions of acting as the directing and coordinating authority on international health work and of entering into technical cooperation with its Member States and facilitating technical cooperation among them;

Convinced that through its international health work the Organization can be a powerful instrument in helping to reduce international tension, to overcome racial and social discrimination, and to promote peace;

Realizing that, in consequence of the above, unprecedented efforts will be required in the health and related socioeconomic sectors throughout the world;

1. DECIDES:

(1) to concentrate the Organization's activities over the coming decades, as far as is possible in the light of all its constitutional obligations, on support to national, regional and global strategies for attaining health for all by the year 2000;

(2) to focus the Organization's cooperative activities within the United Nations system on joint efforts to support health as part of development, to devise the New International Development Strategy and to establish the New International Economic Order;

(3) to strengthen the roles of the Organization in promoting action for health in addition to indicating how such action might be carried out, and in developing health technologies that are effective, socially acceptable and economically feasible, and ensuring that they are available to Member States;

(4) to take all possible measures to maintain the unity of the Organization within its complex structures, to harmonize policy and practice throughout the Organization, and to ensure a proper balance between centralized and decentralized activities;

(5) to ensure that the Organization's directing, coordinating and technical cooperation functions are mutually supportive and that the work of the Organization at all levels is properly interrelated;

(6) 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;

(7) to increase the Health Assembly's monitoring and control function with respect to the work of the Organization, including the follow-up and review of the implementation of resolutions adopted by it;

(8) to improve further the Health Assembly's work methods and in particular to consider carefully the practicability of resolutions and other policies before adopting them, and to promote greater initiative by the regional committees in proposing resolutions to the Health Assembly;

2. URGES Member States, in the spirit of the policies, principles and programmes they have adopted collectively in WHO:

(1) to review the role of their ministries of health, strengthening them as necessary so that they can fully assume the function of directing and coordinating authority on national health work;
(2) to mobilize all possible resources in their countries that can contribute to health development, including those of other relevant sectors and nongovernmental organizations;

(3) to tighten their coordinating mechanisms so as to ensure the mutual relevance and support of their own health development strategy on the one hand and their technical cooperation with WHO and with other Member States of WHO on the other;

(4) to ensure that WHO's action in their countries reflects adequately resolution WHA31.27 concerning the conclusions and recommendations of the Executive Board's organizational study on "WHO's role at the country level, particularly the role of WHO representatives", and in particular the shift from technical assistance to technical cooperation;

(5) to consider the possibility of increasing the use of their Organization as an effective intermediary to facilitate cooperation among them;

(6) to establish or strengthen mechanisms for ensuring continuing dialogue and cooperation with their Organization with a view to making sure that national and international health programmes are well coordinated;

(7) to coordinate their representation at regional committees and the Health Assembly, and to designate representatives to the regional committees and delegates to the Health Assembly who will later be in a position to influence national health policy so as to make it consistent with collective health policy adopted in WHO;

(8) to take into account as far as possible the multidisciplinary nature of health activities when establishing their delegations to the Health Assembly and the regional committees;

(9) to bring their national health policies to the attention of the regional committees;

(10) to coordinate their representation in WHO and in the United Nations and the specialized agencies on all matters relating to health, and particularly the role of health in development;

3. URGES the regional committees:

(1) to intensify their efforts to develop regional health policies and programmes in support of national, regional and global strategies for health for all, and to consider establishing or strengthening appropriate subcommittees to this end;

(2) to promote greater interaction in the regions between the activities of WHO and those of all other bodies concerned, including bodies of the United Nations system and nongovernmental organizations, in order to stimulate common efforts for attaining health for all by the year 2000;

(3) to support technical cooperation among all Member States, particularly for attaining health for all;

(4) to foster the channelling of external funds for health into priority activities in the strategies for health for all of the countries most in need;

(5) to extend and deepen their analysis of the interregional, regional and national implications of Health Assembly and Board resolutions, and to provide such analyses to Member States;

(6) to increase their monitoring, control and evaluation functions so as to ensure the proper reflection of national, regional and global health policies
RESOLUTION OF THE WORLD HEALTH ASSEMBLY

THIRTY-THIRD WORLD HEALTH ASSEMBLY

WHO33.17

21 May 1980

STUDY OF THE ORGANIZATION'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS

The Thirty-third World Health Assembly,

Recalling that the main social target of governments and WHO in the coming decades is the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;

Guided by the Declaration and recommendations of the International Conference on Primary Health Care held in Alma-Ata, and by resolution WHA32.30 concerning the formulation of strategies for health for all by the year 2000;

Noting with satisfaction the United Nations General Assembly resolution 34/58 on health as an integral part of development, which reinforces the responsibilities entrusted to WHO in connexion with the attainment of health for all by the year 2000;

Recalling that, in accordance with its Constitution WHO is an organization of Member States cooperating among themselves and with others to promote the health of all people, and that this cooperative action embodies the truly international nature of the Organization;

Mindful of WHO's constitutional functions of acting as the directing and coordinating authority on international health work and of entering into technical cooperation with its Member States and facilitating technical cooperation among them;

Convinced that through its international health work the Organization can be a powerful instrument in helping to reduce international tension, to overcome racial and social discrimination, and to promote peace;

Realizing that, in consequence of the above, unprecedented efforts will be required in the health and related socioeconomic sectors throughout the world;

1. DECIDES:

(1) to concentrate the Organization's activities over the coming decades, as far as is possible in the light of all its constitutional obligations, on support to national, regional and global strategies for attaining health for all by the year 2000;

(2) to focus the Organization's cooperative activities within the United Nations system on joint efforts to support health as part of development, to devise the New International Development Strategy and to establish the New International Economic Order;

(3) to strengthen the roles of the Organization in promoting action for health in addition to indicating how such action might be carried out, and in developing health technologies that are effective, socially acceptable and economically feasible, and ensuring that they are available to Member States;

(4) to take all possible measures to maintain the unity of the Organization within its complex structures, to harmonize policy and practice throughout the Organization, and to ensure a proper balance between centralized and decentralized activities;
(5) to ensure that the Organization's directing, coordinating and technical cooperation functions are mutually supportive and that the work of the Organization at all levels is properly interrelated;

(6) 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;

(7) to maintain to the full the Health Assembly's constitutional authority as the supreme organ for determining WHO's policies as well as the other powers vested in it and to increase its monitoring and control functions with respect to the work of the Organization, including the follow-up and review of the implementation of resolutions adopted by it;

(8) to improve further the Health Assembly's work methods and in particular to consider carefully the practicability of resolutions and other policies before adopting them, and to promote greater initiative by the regional committees in proposing resolutions to the Health Assembly;

2. URGES Member States, in the spirit of the policies, principles and programmes they have adopted collectively in WHO:

(1) to review the role of their ministries of health, strengthening them as necessary so that they can fully assume the function of directing and coordinating authority on national health work, and to establish or strengthen multisectoral national health councils;

(2) to mobilize all possible resources in their countries that can contribute to health development, including those of other relevant sectors and nongovernmental organizations;

(3) to tighten their coordinating mechanisms so as to ensure the mutual relevance and support of their own health development strategy on the one hand and their technical cooperation with WHO and with other Member States of WHO on the other;

(4) to ensure that WHO's action in their countries reflects adequately resolution WHA31.27 concerning the conclusions and recommendations of the Executive Board's organizational study on "WHO's role at the country level, particularly the role of WHO representatives", and in particular the shift from technical assistance to technical cooperation;

(5) to consider the possibility of increasing the use of their Organization as an effective agent to facilitate cooperation among them;

(6) to establish or strengthen mechanisms for ensuring continuing dialogue and cooperation with their Organization with a view to making sure that national and international health programmes are well coordinated;

(7) to coordinate their representation at regional committees and the Health Assembly, and to designate representatives to the regional committees and delegates to the Health Assembly who will later be in a position to influence national health policy so as to make it consistent with collective health policy adopted in WHO;

(8) to take into account as far as possible the multidisciplinary nature of health activities when establishing their delegations to the Health Assembly and the regional committees;

(9) to bring their national health policies to the attention of the regional committees;
(10) to coordinate their representation in WHO and in the United Nations and the specialized agencies on all matters relating to health, and particularly the role of health in development;

3. URGES the regional committees:

(1) to take a more active part in the work of the Organization and to submit to the Executive Board their recommendations and concrete proposals on matters of regional and global interest;

(2) to intensify their efforts to develop regional health policies and programmes in support of national, regional and global strategies for health for all, and to consider establishing or strengthening appropriate subcommittees to this end;

(3) to promote greater interaction in the regions between the activities of WHO and those of all other bodies concerned, including bodies of the United Nations system and nongovernmental organizations, in order to stimulate common efforts for attaining health for all by the year 2000;

(4) to support technical cooperation among all Member States, particularly for attaining health for all;

(5) to provide support for the establishment or strengthening of multisectoral national health councils to Member States who so desire;

(6) to foster the channelling of external funds for health into priority activities in the strategies for health for all of the countries most in need;

(7) to extend and deepen their analysis of the interregional, regional and national implications of Health Assembly and Board resolutions, and to provide such analyses to Member States;

(8) to increase their monitoring, control and evaluation functions so as to ensure the proper reflection of national, regional and global health policies in regional programmes and the proper implementation of these programmes, and to include in their programmes of work the review of WHO’s action in individual Member States within the regions;

4. REQUESTS the Executive Board:

(1) to strengthen its role in giving effect to the decisions and policies of the Health Assembly and in providing advice to it, particularly with respect to ways of attaining health for all by the year 2000, among other things by ensuring that the Organization's general programmes of work, medium-term programmes, and programme budgets are optimally oriented towards supporting the strategies for health for all of Member States;

(2) to become increasingly active in presenting major issues to the Health Assembly and in responding to the comments of delegates;

(3) to foster the correlation of its work with that of the regional committees and the Health Assembly, among other things by reviewing carefully and drawing conclusions from the policy proposals of the regional committees in matters of worldwide interest, particularly in preparation for the ensuing Health Assembly;

(4) to monitor on behalf of the Health Assembly the way the regional committees reflect the Assembly’s policies in their work, and the manner in which the Secretariat provides support to Member States individually, as well as collectively in the regional committees, Executive Board and Health Assembly;
(5) to review regularly measures taken by the relevant bodies of the United Nations system in the areas of health and development, and to ensure the coordination of WHO's activities with the activities of those bodies in order to promote an inter-sectoral approach to health development, thus facilitating the attainment of the goal of health for all by the year 2000;

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

6. REQUESTS the Director-General:

(1) to continue to exercise to the full all the powers entrusted to him by the Constitution in his capacity as chief technical and administrative officer of the Organization, subject to the authority of the Board and the Health Assembly;

(2) to ensure the provision of timely, adequate and consistent Secretariat support to the Organization's Member States, individually and collectively, and to this end to take all the measures within his constitutional prerogatives that he considers necessary;

(3) to expand the engagement of national staff of the country concerned in the execution of collaborative projects, to review the engagement of international WHO field staff, and to take any measures required so that such WHO staff become fully involved with the collaborative national programmes;

(4) to redefine the functions of the regional offices and of headquarters in such a way as to ensure that they provide adequate and consistent support to Member States in their cooperation with WHO and among themselves, and to adapt accordingly the organizational structures and staffing of the regional offices and of headquarters, reporting to the regional committees, the Executive Board and the Health Assembly as appropriate on his projects and plans in conformity with the constitutional functions of these bodies;

(5) to monitor the implementation of the decisions in this resolution and to keep the regional committees, the Executive Board and the Health Assembly fully informed on progress.
inadvisable to institutionalize matters by creating standing bodies, since it was the task of
the Board to monitor and evaluate the Organization's programmes. He also agreed on the need
to clarify the terms of reference of the Global Health Development Advisory Council and would
join in the request for more details as to its exact composition.

He had some doubts about the suggestion that the Council's membership should be changed after
two years, and considered that its members should be appointed for longer periods to ensure
that it had the requisite stability.

Also, he did not agree that the members of the Council should be appointed by the
Director-General. The experience with the Advisory Committee on Medical Research provided an
example of the misunderstandings that could arise on that score. Although matters had
improved, that Committee was still not responsible to the Board. In his view, it should be, or
its recommendations should at least be submitted to the Board.

If it were decided that some advisory machinery was needed, he wondered whether it should
not be similar in type to the UNICEF/WHO Joint Committee on Health Policy (JCHP). He would
appreciate the Director-General's views on that point, as also on the United Nations General
Assembly resolution 36/58 which called on the relevant bodies in the United Nations system to
coordinate their activities with those of WHO. Possibly, pursuant to that resolution, an
intersecretariat body could be appointed.

Lastly, he suggested that the Board might establish a budget and finance committee to
consider questions of financing both from budgetary and extrabudgetary resources.

Dr Bryant, endorsing Dr Christiansen's suggestions, said that, in his view, the Organiza­
tion should not hesitate to seek advice in such a complex matter. The Global Health
Development Advisory Council, representing as it would a range of competence in a number of
disciplines, could greatly assist the Director-General in that respect.

With regard to possible duplication of the role of the Organization's established bodies,
it seemed, from his reading of the Director-General's report, that the Council would not, and
indeed should not, be making decisions on the Organization's behalf. It would not be formula­
lating resolutions or instructing the Director-General in any formal sense but only advising him
on the technical matters in which the Board had great interest but to which it could devote
little time. In so doing, it could draw on a large reservoir of world thinking before sub­
mitting its conclusions to the Director-General, who could then make its advice available to
the other bodies of the Organization as he deemed fit.

The DIRECTOR-GENERAL said that his constant concern since taking office had been to uphold
democracy in all the organs of WHO, and to assemble and disseminate - particularly for the
benefit of the Third World countries - the maximum possible amount of information which would
help the Organization to meet its challenges. Having been criticized by Board members in the
past for setting up bodies to help him in that task - even when such bodies were internal to the
Secretariat and established in accordance with the Director-General's prerogatives - he
had redoubled his efforts to ensure the transparency of his initiatives.

Dr Venediktov had rightly indicated that WHO was working well with the United Nations
Children's Fund within the framework of the Joint Committee on Health Policy (JCHP); moreover,
the Organization was striving in many dynamic ways and in accordance with its mandate from the
United Nations to promote a unified and harmonious approach to various issues, such as that of
rural development, through formal arrangements with other organizations of the United Nations
system.

It was, nevertheless, clear that the involvement of other sectors in what were primarily
the concerns of WHO - being related to health - left much to be desired, and parochial resis­
tance was still encountered in certain quarters. He was thinking, for example, of the
reluctance of agricultural ministries to assume their responsibilities with regard to primary
health care, water supplies and sanitation in rural areas, and of the difficulties encountered
with national and international agricultural authorities with regard to joint responsibility for nutrition.

It was against that background of multisectoral support for health development that
he had set the matter before the Thirty-second World Health Assembly, suggesting that the
Organization, as the representative of the health sector, might seek suitably qualified advice on
ways and means of ensuring such support.
Dr BAKAMFITE concurred with Dr Bryant's and Professor Aujaleu's comments on the proposed health resources group, and said that he supported its establishment. Like Professor Aujaleu, he was glad to note the second sentence in paragraph 33 of document EB65/18; he thought that instead of deleting operative paragraph 25 of the draft resolution it would be better to redraft it on the lines of paragraph 33.

Dr PATTERSON said that a great new challenge was facing the Organization and to meet it there must be new machinery. She therefore appreciated the Director-General's new initiatives. The task would cost a great deal in terms of money, personnel and supplies and some mechanism for attracting and coordinating resources was necessary. She agreed with those who had said that the functions of the health resources group must be well spelt out but she emphasized that there was a need for a body which could take action on a global scale and to which Member States would have access.

Coordination of the resources entering a country at country level was vital. Many Member States did not have sufficient experience or expertise to undertake such coordination themselves and would like to receive help from WHO. Some members had suggested that the word "neutral" implied passivity, but to her it meant that the Organization belonged to all Member States without bias and that they could trust it. She therefore supported the new health resources group, subject to the comments on its structure and functioning made by other members.

The DIRECTOR-GENERAL recalled that when he had worked in the Organization's tuberculosis programme he had seen that more than three-quarters of all the bilateral resources being given to developing countries for use in the field of tuberculosis were being employed in a way which went against the collective policy of Member States as recommended by expert committees and approved by the Executive Board and the Health Assembly. It must be termed a "poisoned gift" when donors insisted on providing a tuberculosis sanatorium to a country, a gift that was so costly that the country would not be in a position to afford to treat more than 1% of its tuberculosis patients. Such decisions were taken at a political level by foreign ministers or presidents - not by health workers, who asked WHO to protect them from such gifts. It must be conceded that at least half of the US$ 2000 million or so currently being transferred annually for health as part of development assistance was not being correctly employed for the essentials of primary health care.

With regard to the question of individual and collective responsibility, he found it hard to understand that, while the Member governments of most developmental agencies were Members of WHO and as such had agreed on what they wished for health by the year 2000, those same Member States could support bilateral health programmes which were utterly contrary to policies and principles adopted in WHO. There was thus a divorce between policy and practice. Nevertheless, he believed that some 90% of major donor agencies were now becoming truly aligned towards the concepts of WHO health policy for primary health care, and that was an important step forward. Moreover, it had been possible to mobilize more support than ever before for specific WHO programmes, and those funds were directly controlled by WHO in its role as executing agency.

The Health Assembly had asked him to continue to develop appropriate mechanisms for attracting and coordinating an increased volume of bilateral and multilateral aid for health purposes, and the main task of the health resources group 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. He noted the hesitancy which had been expressed in regard to that group having close relationships with the proposed Global Health Development Advisory Council. In fact, initially some donor countries had favoured having such a group outside WHO. He pointed out however that no group concerned with the international transfer of resources could exist in WHO without the presence of recipient countries; it was essential that both donors and recipients should be able to express their opinions freely, and that was the reason why WHO had offered its facilities. Paragraph 8 of document EB65/INF.DOC./3 was not a categorical statement and the terms of reference of the proposed group could be redrafted to take into account the concern which had been expressed by the Board. He hoped that the Board would agree to the establishment of such a group, subject to all the necessary safeguards.