SEVENTH GENERAL PROGRAMME OF WORK

Three documents are attached for review by the Regional Committee:

- document EB65/PC/WP/9 which comprises a proposed outline of the Seventh General Programme of Work covering a specific period (1984–89 inclusive);

- document EB65/PC/WP/11 Rev.1 which provides a summary of the issues raised by the Programme Committee of the Executive Board when it discussed document EB65/PC/WP/9;

- document DGO/80.2 which provides clarification on the issues raised and the proposals made in the two above-mentioned documents.

The comments of representatives on the proposed nature and programme structure of the Seventh General Programme of Work will be taken into consideration by the Programme Committee of the Executive Board in preparing an outline for review by the Executive Board at its sixty-seventh session.

At its thirtieth session, in 1979, the Regional Committee briefly discussed and noted the proposed structure of the Seventh General Programme of Work covering a specific period (1984–89 inclusive) aimed at supporting Member States to refine and implement their strategies for health for all by the year 2000 and at evaluating progress towards the attainment of that goal.1

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The Executive Board, at its sixty-fifth session, decided that its Programme Committee should continue to work on the development of the Seventh General Programme of Work with a view to submitting a proposed outline for review by the Board at its sixty-seventh session in January 1981.¹ The outline is to take into consideration consultations with Member States individually, as well as collectively in the regional committees.

Three documents have been prepared and are attached for review and discussion by representatives at the Regional Committee:

(1) Document EB65/PC/WP/9, which comprises a proposed outline of the Seventh General Programme of Work.

(2) Document EB65/PC/WP/11 Rev.1, which provides a summary of the issues raised by the Programme Committee of the Executive Board during its consideration of the nature, method of preparation and structure of the Seventh General Programme of Work.

(3) Document DGO/80.2, which provides clarification on the issues raised and the proposals made in the two above-mentioned documents.

The three documents were sent in advance to Member States, under cover of the Regional Director's letter dated 17 June 1980, so that comments could be made on the proposed structure of the Seventh General Programme of Work, ideas formulated on how best it could support national strategies for health/2000, and representatives prepared for discussions at the Regional Committee.

The Regional Committee is requested to discuss the comments and ideas expressed by representatives so that they may be submitted to the Director-General for consideration by the Programme Committee of the Executive Board in preparing the outline of the Programme of Work which is to be reviewed by the Executive Board in January 1981.

This paper has been prepared following the agreement at the meeting of the Programme Committee of the Executive Board in November 1979 that a working paper would be prepared comprising an outline of the Seventh General Programme of Work based on the Director-General's discussion paper (DG0/79.1) and the Programme Committee's deliberations on it. This paper should illustrate the elements of the Programme and their interrelationships, and should indicate those elements that are already present in the Sixth General Programme of Work.

N.B. In the paper that follows, the outline of the Seventh General Programme of Work is presented on the right-hand pages, and references to the Sixth General Programme of Work are presented on the left-hand pages in italics.

SEVENTH GENERAL PROGRAMME OF WORK

COVERING A SPECIFIC PERIOD (1984 - 1989)

Nature, Method of Preparation and Programme Structure

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Geneva, December 1979
1. NATURE OF PROGRAMME

1. The objectives of the Seventh General Programme of Work will focus on the long-term goal of the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead socially and economically productive lives. The Seventh General Programme of Work will be the first of three General Programmes of Work of WHO until the target date of the year 2000. The targets for the Seventh General Programme of Work will therefore be intermediate targets for the period 1984 to 1989 in relation to the long-term targets for the year 2000. The Programme will constitute WHO's support to the national, regional and global strategies for attaining health for all by the year 2000. It will therefore represent the Organization's response to the individual and collective needs of its Member States in connexion with the implementation of the strategies for health for all. In so doing it will emphasize "health" as defined in WHO's Constitution, rather than the mere control of specific diseases.

2. The Programme will thus consist of priority issues for WHO action, and the broad lines for such action, in the health sector, as well as in other sectors concerned as far as WHO can have an influence on them, to promote, coordinate and support efforts by the countries of the world individually and collectively to attain the goal of health for all. It will therefore aim at supporting countries individually and collectively to refine and implement their strategies for health for all and to evaluate progress towards the attainment of this goal. To this end objectives and targets will be defined for each of the priority issues included in the Programme. Particular emphasis will be laid on supporting developing countries, but the needs of developed countries will also be taken fully into account.
3 The Declaration of Alma Ata clearly stated that primary health care, based on appropriate technology\(^1\), with the full participation of individuals and families in the community, is the key to attaining the target of health for all by the year 2000. The Declaration calls on all governments to launch and sustain primary health care as part of a comprehensive national health system\(^2\) and in coordination with other sectors. The Seventh General Programme of Work will therefore be structured in such a way as to support the strengthening of health systems that are based on primary health care for the delivery of health programmes that make use of appropriate technology and that have a high degree of community involvement. This will constitute an evolution of trends that already appeared in the Sixth General Programme of Work. The Seventh General Programme of Work will strengthen these trends by emphasizing the systematic build-up of the operational infrastructures of health systems and the integration into them of the content of a variety of health programmes.

\(^{1}\) "Technology" and "Appropriate Health Technology" are used in the sense ascribed to them in the Alma Ata Report on Primary Health Care, namely: "Technology - an association of methods, techniques and equipment together with the people using them; Appropriate Health Technology - technology that is scientifically sound, adaptable to local needs, acceptable to those who apply it and to those for whom it is used, and can be maintained by the people themselves in keeping with the principle of self-reliance, with resources the community and the country can afford."

\(^{2}\) A Health System implies services, institutions and activities in the health and other relevant sectors and the people planning, operating and using them, interacting to deliver health programmes at various levels. The first of these levels is the point of contact between individuals and the system, where primary health care is delivered. The various intermediate levels as well as the central level provide support, and specialized services which become more complex as they become more central. (Based on the Alma Ata Report and document A32/8 "Formulating Strategies for Health for All by the Year 2000").
4. The Sixth General Programme of Work defines an approach as a means expressed in broad terms for attaining an objective. Two broad aspects of such approaches by WHO will be emphasized in the Seventh, namely coordination, including ensuring the availability of valid information on health programmes and systems; and technical cooperation with countries individually and collectively, including ensuring the use of valid information. The mutual support of these two aspects will be indicated for every programme wherever applicable.

5. The Seventh Programme will lead to the building up of global programmes as national and regional variations on universal themes as was the case with the Sixth. This implies intercountry and regional programmes that reflect countries' priority needs, interregional programmes that reflect the collective priority needs of a number of Regions, and global promotion and coordination of these regional and interregional programmes. The "top to bottom" and "bottom to top" approaches will be combined. Thus, global policies and principles will promote regional and national programme developments. These will give rise to programme activities at national and regional levels, and will in turn influence the global policies and principles.
II. bis  METHOD OF PREPARATION OF THE SIXTH GENERAL PROGRAMME OF WORK (6GPW)\textsuperscript{1}

As mentioned in the introduction to the 6GPW, page 64\textsuperscript{1}, proposals made by individual countries and experts, as well as recommendations of the Regional Committees, were taken into account to draw up the 6GPW. Consultations took place with Member States, but they were specific to the preparation of the 6GPW and not part of a continuous process as will be the case for the 7GPW.

Basically the same approach was followed to prepare the 6GPW. However, an early start was made in the preparation of the 7GPW which should allow more in-depth work. The Regional Committees were involved from the start in the 7GPW, whereas during the elaboration of the 6GPW they were consulted at a later stage.

\textsuperscript{1} References made in chapters II and III will be to the document, "Sixth General Programme of Work covering a specific period, 1978-1983 inclusive", Geneva, 1976.
II. METHOD OF PREPARATION OF PROGRAMME

6. Consultations will take place with Member States as part of a continuing process of consultation with respect to the strategies for health for all, the Seventh General Programme of Work, the development of medium-term programmes, and the programme budgeting of WHO's resources at the country level, particularly for the biennium 1982/83.

7. Draft material prepared in the light of the needs of Member States with respect to national and regional strategies for health for all will be submitted by the Regional Committees to the Programme Committee of the Executive Board, following whose proposals the Board will prepare the draft Programme and will submit it to the World Health Assembly. This draft Programme too will be prepared in the light of the global strategy for health for all. In all these activities the governing bodies will be closely supported by the Secretariat at the appropriate level - Programme Coordinators in countries, Regional Programme Committees, the Headquarters Programme Committee and the Global Programme Committee, making use of the recently established Programme Development Working Group as necessary.

8. Annex 1 provides further details of the timetable for the preparation of the Seventh General Programme of Work and shows its relationship with the timetable for formulating strategies for health for all.
III. bis STRUCTURE OF THE SIXTH GENERAL PROGRAMME OF WORK

A similar introduction was made for the 6GPW.

A mid-term review of the implementation of the Fifth General Programme of Work was made in 1974 and was presented to the Fifty-third Session of the Executive Board in January 1975 (document EB55/WP/5). The conclusions of the review, summarized in Chapter 8, "Lessons to be drawn from the evaluation of the Fifth General Programme of Work in regard to the preparation of the Sixth Programme", were used for the preparation of the 6GPW, as requested by resolution EB55.R25.

Similarly, in the 6GPW, Chapter 2.1, "Evolution of the world health situation", and Chapter 2.2 "Some indicators of the world health situation" information was derived from the Fifth Report on the World Health Situation, 1969-72.\(^1\) Information on the socio-economic situation was also alluded to in the survey of medium-term implications of long-term health trends for WHO programmes which is referred to on page 75 of the 6GPW.

For the elaboration of the 6GPW a study of long-term health trends for WHO's programmes was launched through a questionnaire addressed to countries and to a number of experts. The elaboration of the 7GPW will benefit from the development by countries individually and collectively of strategies for health for all by the year 2000, which should provide a worldwide long-term basis for the programme.

\(^1\) WHO Official Records No. 225, 1975
III. STRUCTURE OF PROGRAMME

9. The structure of the Sixth General Programme of Work document will be retained as far as possible to ensure continuity and acceptance, but will be modified as necessary in the light of developments subsequent to the preparation of that Programme.

Chapter 1: Introduction

This will consist of the usual type of introduction for a General Programme of Work, citing the constitutional and other policy bases.

Chapter 2: Progress review of implementation of Sixth General Programme of Work

This will consist of a broad assessment of progress made with the implementation of the Sixth General Programme of Work, the way and extent to which governments are using it, and the lessons to be drawn for the Seventh.

Chapter 3: Strategies for health for all

This chapter will provide a summary of the global strategy for health for all. It will be sub-divided into three sub-chapters as follows:

3.1 World health situation in relation to world socio-economic situation

This sub-chapter will be based on the Sixth World Health Situation Report, and will provide a succinct analysis relating the world health situation to the world social and economic situation.

3.2 Health for all by the year 2000

This sub-chapter will consist of a description of the philosophy underlying the goal of health for all by the year 2000 and review of the targets and approaches being adopted to give effect to this philosophy.
Chapter 5, pages 75-78, of the 6GPW, "Medium-term implications of long-term health trends for WHO's programme", gave some idea of the needed health reforms as perceived at that time. It is expected that it will be possible to spell out the needed health reforms as presently perceived in the light of countries' strategies for health for all.

The priority issues of the 6GPW were arrived at from the analysis of country needs, whenever expressed. The parallel development of strategies for health for all by the year 2000 should enable the 7GPW to take a more systematic approach to the setting of priorities.

In 1974 and 1975, the Executive Board decided (resolution EB55.R26) to take into account in its preparation of the 6GPW the conclusions and recommendations of its Organizational Study on the Interrelationships between the Central Technical Services of WHO and Programmes of Direct Assistance to Member States, which at the time was the most advanced study on the roles and functions of the Organization. This was summarized in Chapter 4, "Role and functions of WHO during the period 1978-1983", pages 72-75, of the 6GPW.
3.3 Health reforms

This sub-chapter will indicate the nature of the health reforms required to attain health for all by the year 2000.

Chapter 4: Priority issues for the Seventh General Programme of Work

This chapter will indicate the priority issues and the general targets for WHO for the period 1984/89 inclusive, in support of the implementation of the strategies for health for all. It will stress ways of ensuring that the health reforms included in sub-chapter 3.3 are, in fact, introduced.

The priority activities of the Organization will result from careful analysis with countries of their needs in support of their strategies for health for all by the year 2000, translating these needs into WHO's response under each of the WHO programmes concerned; and from careful definition of the approaches to be used for each programme, with a view to ensuring that all programmes do in fact support the progressive development of comprehensive health systems by countries, making use of the list of approaches that form part of the Seventh General Programme of Work. (See chapter 7 of the Sixth General Programme of Work and sub-chapter 6.3 of the proposed outline for the Seventh). The proper application of the criteria that form part of the Programme (see chapter 8 of the Sixth General Programme of Work and sub-chapter 6.2 of the proposed outline for the Seventh) should go far to determine the ultimate priority activities of the Organization, particularly during the sequentially linked processes of medium-term programming and programme budgeting.

Chapter 5: Roles, functions, processes and structures of WHO

This chapter will start by stressing the particular roles and functions of WHO during the period 1984-1989 in support of national, regional and global strategies for health for all.
See Chapter 6, "Programme Principles", page 78 of the 6GPW.

See Chapter 8, "Programme Criteria", page 80 of the 6GPW.

See Chapter 7, "Approaches", page 79 of the 6GPW.
The analysis of this chapter should lead to the identification for each programme at each policy and operational level of the approaches to be employed in fulfilment of WHO's coordinating and technical cooperation roles, as well as their mutually supportive influence.

The chapter will also indicate the implications of the implementation of the Seventh General Programme of Work for the way in which WHO will have to work, namely the processes it applies, its structures, the nature of these structures and the interrelationships between them. This part of the chapter will be based on the results of the study of WHO's structures in the light of its functions.

Chapter 6: General Programme framework

6.1 Programme principles

These will be based on chapter 6 of the Sixth General Programme of Work, with the additions necessary to incorporate the concept of WHO's support to strategies for health for all.

6.2 Programme criteria

The criteria included in chapter 8 of the Sixth General Programme of Work will be updated in the light of the programme budget policy and strategy adopted following resolution WHA29.48 and the newer requirements in connection with the strategies for health for all. It will thus be necessary to add criteria relating to such matters as social relevance, the promotion of country-wide health programmes, preference to the underserved, and TCDC, as well as criteria relating to the quality of life.

6.3 Approaches

The approaches included in chapter 7 of the Sixth General Programme of Work remain valid. However, many additional WHO approaches that have since been adopted or proposed would have to be added. These include international political action for health, support to technical
See Chapter 9, "General Programme Framework", pages 81-84 of the 6GPW.

A clear distinction was not made between the service infrastructure and the technical content. Experience has shown that this carries the risk of encouraging the development of separate services for delivering technical programmes rather than integrating them into one health system.

The concept of health systems as defined in the Declaration of Alma Ata had not yet been crystallized in the 6GPW which dealt mainly with comprehensive health services and not systems.

Amongst the health challenges for the period 1978-1983, health technology was stressed as an important element of any health system, page 68 of the 6GPW.
cooperation among developing countries, the stimulation of action by other social and economic sectors, coordination of the channelling and use of external resources for health, support to national health advisory councils, regional and global health development advisory councils, greater employment of nationals in the work of WHO within their own countries and at regional and global levels, establishment of regional networks of national centres for health development, broadening the scope of advisory panels to include relevant areas outside the health sector such as the mass media, making more use of non-governmental organizations, ensuring the availability of valid information on health technology and systems, and fostering the proper use of such information.

6.4 Classified list of programmes

This will consist of a list of programmes classified under the three broad categories of:

- health systems programmes (operational infrastructure),
- health technology programmes (health systems content), and
- promotional and support programmes.

These categories of programmes will have the following broad functions:

Health systems programmes will aim at establishing comprehensive health systems based on primary health care and the related political and social reforms, including a high degree of community involvement. They will deal with:

- the establishment and progressive strengthening of health systems;
- the absorption and application of appropriate technologies within these systems; and
- the related health systems research.

Health technology, as an association of methods, techniques, and equipment together with the people using them, constitutes the content of a health system. Health technology programmes will deal with:
Support programmes were identified in the 6GPW in Chapter 15, "Programme Development and Support", pages 105-108.

For the following part please refer to pages 84 - 108 of the 6GPW.
- identifying technologies that are already appropriate for delivery by the health system;
- the research required to adapt or develop technologies that are not yet appropriate for delivery;
- the transfer of appropriate technologies; and
- the social control of health technology.

They will thus involve a high degree and wide variety of scientific analysis, assessment, and synthesis, in the perspective of the generation and application of knowledge, and will include the identification and definition of standards and norms. Since the identification, development, transfer, application and social control of appropriate technology will be an integral part of every programme, there will be no separate programme of "Appropriate Technology for Health".

Promotional and support programmes will deal with political, social, legislative, scientific, technical, managerial, informational, financial, and administrative promotion and support.

Close interaction will take place between these programmes as necessary, with a view to supporting the build-up by countries of comprehensive health systems based on primary health care.

Chapter 7: Programme outline according to the classified list of programmes

7.1 For each programme in the order of the classified list, objectives, targets and approaches will be outlined, if these can already be defined in the light of the strategies for health for all, as was done in the Sixth General Programme of Work. Alternatively, ways of arriving at them will be indicated, starting from countries and working through regional and global levels, or by direct political decision of the Regional Committees or Health Assembly. The appropriate mutually supportive coordinating and technical cooperation approaches will be indicated. More detailed activities will not be included; they will be deferred to the medium-term programmes based on the Seventh General Programme of Work.
Health situation and trend analyses in the 6GPW were separated from epidemiological surveillance which appeared as the first programme under Communicable Disease Control. The 7GPW brings together the epidemiological surveillance of all diseases and environmental hazards as one important scientific basis for the development of Comprehensive Health Services. This includes also statistical and information support which was classified under Programme Development and Support in the 6GPW.

Please see page 85 of the 6GPW, principal objective 10.2.

In the 6GPW part of this was with the programme of Primary Health Care, without specific mention of institutional development.

This was part of objective 10.1, page 84 of the 6GPW, and it was also strongly emphasized in Chapter 2.1, "Evolution of the World Health Situation", page 64 and Chapter 4.3, "Programme Formulation", page 75. Health manpower planning and management appeared under objective 13.1, page 102.

In the 6GPW, Health Manpower Development appeared quite separately from the development of Health Services. Following the recommendations of resolution WHA29.72 on health manpower development in conformity with health service requirements, it was deemed necessary to bring these programmes into closer relationship in the 7GPW. In addition, some components such as career structures, labour relationships and wages have been added as they appeared indispensable to this programme.

\[\text{1} \] Such principles go back as far as resolution WHA23.59 on the elaboration of the Fourth General Programme of Work.
7.2 The following classified list of programmes reflects a generalized model of public health systems, organized in such a way as to support the development by countries of comprehensive health systems that are based on primary health care, for the delivery of programmes that make use of appropriate technology, and that have a high degree of community involvement.

7.3 HEALTH SYSTEMS PROGRAMMES (operational infrastructure)

Development of comprehensive health systems will comprise:

- Health situation and trend analysis, epidemiological surveillance of both communicable and non-communicable diseases and of environmental hazards, and the related statistical and other informational support.

- Primary health care and related social and economic development.

- The support of the rest of the health system for primary health care, and in particular support by the immediate referral levels, including institutional development.

- Strengthening of national capabilities to build up health systems based on primary health care, through the application of managerial processes for national health development, including health manpower planning based on health systems needs and potential manpower availability, and the related operational aspects of training health workers.

- Definition of policies concerning the types of health manpower, their interrelationships and their training requirements, career structures, labour relationships and wages in the health system, the prevention of the brain-drain and educational processes as applied to health manpower training.

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1 e.g. Country health programming, including national health programme budgeting, health programme evaluation and information support (see Resolution WHA31.43).
These elements can be found dispersed in objective 10.1, page 84, objective 10.7, page 89 and objective 15.1, page 105, and the need to relate health more closely to social and economic development was expressed in Chapter 4.3 "Programme Formulation" (page 75) and in Chapter 5 "Medium-Term Implications of long-term Trends" (pages 75 & 76).

In the 6GPW emphasis was laid on health services' research (see objective 14.1, page 104) and on the promotion and support of the development of standard health technologies (see objective 10.8, page 91).

Note: In the 6GPW the services required for specific population groups were included in a number of specific technical programmes. The subsequent development of medium-term programmes showed how this approach tended to encourage the development of separate services rather than integrating them into one general health service.

The promotion of health education and information of the public appears as objective 10.7.3, page 90; nutrition appears under objective 10.4, page 87; oral health under objective 11.2.4, page 98; and prevention of accidents as one element of objective 10.7.2, page 89.

See the following objectives of the 6GPW: 103, page 86; 10.6, page 88; and the part of objective 10.7.2 dealing with the care of the aged, page 89.

See objectives 11.1.4, page 95; and 11.1.6, page 96.

See objective 10.5, page 88.
- Multisectoral support to health development, comprising policy definition in the health and relevant socioeconomic and environmental sectors and the associated legislation, and the fostering of the social, economic and administrative factors that contribute to health development.

- Health systems research, which will relate to the process of integrating appropriate technology into health systems, and to the efficient organization of such systems.

Note: These programmes will include the development of services required for specific population groups, such as pregnant women and young mothers, infants and children, workers in certain occupations, the handicapped, and the aged. They will also include the logistics of drug and vaccine supplies.

7.4 HEALTH TECHNOLOGY PROGRAMMES (Health systems content)

Health protection and promotion will comprise:

- General health protection and promotion through such measures as: promotion of health behaviour, including education and information of the public for health promotion; ensuring adequate and appropriate nutrition; promotion of oral health; and prevention of accidents.

- Protection and promotion of the health of specific population groups, such as: maternal and child health, including human reproduction and the health of school children and adolescents; workers' health; and health of the aged.

- Protection against communicable diseases through such means as: immunization; and disease vector control.

- Promotion of mental health through improving the psychosocial environment, preventing or reducing psychiatric, neurological and psychosocial problems, including those related to alcohol and drug dependence, and ensuring the mental health rehabilitation of the physically sick and of the handicapped.
See objectives 12.1 and 12.2, pages 98 - 102 of the 6GPW.

Clinical technology was not specifically mentioned in the 6GPW although laboratory and radiological technologies were part of objective 10.8 and rehabilitation was part of objective 10.7.2 (without mental rehabilitation). Objective 10.9, page 91 concerned drug policies.

All these diseases were included in the 6GPW in objectives 11.1 and 11.2, pages 93 - 98, but the structure proposed in the 7GPW is more problem and service oriented.

See objective 11.1.5, pages 95 and 96.

Although mention was made of the role of the World Health Assembly, the Executive Board and Regional Committees in the introduction to the 6GPW, the activities of the Constitutional Bodies were not identified as an active part of the programme.
- Promotion of environmental health, including:
  community water supply and sanitation; environmental health aspects of rural and urban development schemes and housing; control of environmental health hazards; and food safety.

Diagnostic, therapeutic and rehabilitative technology will consist of:
- clinical technology for primary health care and its immediate referral levels, and laboratory and radiological technology in support of primary health care; traditional medicine; physical, mental and related social rehabilitation; and drug policies, including essential drugs and drug quality, safety and efficacy.

Prevention and control of specific diseases will deal with:
- the development and transfer of appropriate technologies for the prevention and control of diseases of widespread major public health importance, such as malaria; other parasitic diseases; diarrhoeal diseases; acute respiratory infections; tuberculosis; leprosy; zoonoses; sexually transmitted diseases; cancer; and cardiovascular diseases.
- Particular attention will be devoted to tropical disease research.

7.5 PROMOTIONAL AND SUPPORT PROGRAMMES

General promotion and support will include:
- the activities of the World Health Assembly, Executive Board and Regional Committees to ensure political, social, technical and financial support to Member States individually and collectively in connexion with national, regional and global strategies for health for all.
See objective 14, pages 104 and 105 of the 6GPW.

See Chapter 15 of the 6GPW, pages 105-108, where WHO general programme development, management, coordination and support are treated jointly with certain national programme development, management, coordination and support activities.

This will be an updating of Chapter 16, page 108 of the 6GPW.
Research promotion and development will deal with:
- the development of national health research capabilities; biomedical and health services research methodology;
- health research management, including ethical aspects; research information support; and national and international health research development mechanisms.

WHO's general programme development, management, coordination and support will consist of:
- WHO's programme development process, including the preparation of the General Programme of Work, medium-term programming, programme budgeting, programme evaluation and information systems support; external coordination for health and social development, including health aspects of emergency relief operations; health information support, including WHO publications and health literature services; health legislation support; and general services and support programmes, including staff development and training.

Chapter 8: Monitoring and evaluation

WHO's provisional guidelines for health programme evaluation\(^1\) will be the basis for evaluating the Seventh General Programme. These guidelines will be adapted as necessary for the evaluation of the strategies for health for all, in keeping with the principles defined in the document of the Executive Board "Formulating Strategies for Health for All". Appropriate health and related socio-economic indicators will be identified and used. The evaluation of the attainment of stated objectives will include an assessment of the incorporation of appropriate technology in technology programmes and the integration of these programmes into health systems programmes.

\(^1\) Document HPC/DPE/78.1
The Programme Classification Structure was not an integral part of the 6GPW and this has caused many difficulties. In the light of these, it now appears that the Programme Classification Structure should be developed by the Executive Board and approved by the World Health Assembly.

See the appendix on page 109 of the 6GPW. To be updated.
Appendix 1: The Programme Classification Structure

Programmes will be classified within a Programme Classification Structure.

This will be used for all aspects of the Organization's activities, including support to strategies for health for all, general programme of work, medium-term programmes, programme budgets and the related planning and evaluation processes and information support. The Programme Classification Structure will ultimately be derived from the substance of the programme to be delivered, and these in turn will be derived from national needs for health development. The first classified list of programmes will thus evolve in a flexible manner into a final Programme Classification Structure in the light of progressive reviews of drafts of the proposed Seventh General Programme of Work in the Regional Committees, Executive Board and Health Assembly.

It is stressed that governments should in no way feel obliged to introduce WHO's programme classification structure; they must remain absolutely free to develop their own programme structures in the light of their needs. WHO's programme structure should be devised in such a way as to help them to do so. For example, the whole concept of the advance grouping of a variety of programmes under major programmes may have to be reconsidered. Such subdivisions may be forcing countries unduly to think in terms of groupings of programmes that are more convenient for WHO Headquarters than for them. Countries need much greater flexibility, starting with the smaller building blocks of programmes rather than major programmes grouping a number of programmes under them.
TIMETABLE FOR PREPARATION OF THE SEVENTH GENERAL PROGRAMME OF WORK AND FOR FORMULATING STRATEGIES FOR HEALTH FOR ALL

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Provision of guidance to Secretariat on preparation of material ........ GPC Jan. 1980

Consultation with countries on continuing basis ....................... RDs Feb. 1980/June 1981

Preparation of preliminary material RPCs, HPC Feb. 1980/June 1980

Consolidation of preliminary material PDWG July 1980


Review of preliminary material PC/EB Nov. 1980

Strategies for health for all

EB Progress review

GPC Progress review

RPCs Preparation of material for regional strategies

RCs Formulation of regional strategies

PC/EB Formulation of proposed global strategy

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**NB:** This timetable does not take into account the work of the various Sub-Committees of the Regional Committees.
As decided at the meeting of the Programme Committee of the Executive Board on 8 January 1980, this working paper consists of a draft summary of the issues raised by the Committee during its consideration of the nature, method of preparation and structure of the Seventh General Programme of Work. The purpose of presenting the paper is to have it reviewed by the Programme Committee, amending it as necessary to reflect the Committee’s opinions. As agreed, the paper will then be sent to Member States, together with document EB65/PC/WP/9, by the Regional Directors, for consultation on the preparation of the Seventh General Programme of Work in the context of the formulation by countries of strategies for health for all, both individually and collectively in the Regional Committees.

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1. POLICIES AND PRINCIPLES

1. Since the Sixth General Programme of Work was formulated, policies have been adopted that are crucial to the development of WHO's programme. Many of these policies were crystallized at the International Conference on Primary Health Care and in the Declaration of Alma-Ata, which was approved by the World Health Assembly and endorsed by the United Nations General Assembly. The Board has developed guiding principles for the formulation of strategies for health for all by the year 2000 in implementation of these policies. The Health Assembly has requested Member States to proceed forthwith with the application of these guiding principles in the preparation of their strategies. The central theme of the Seventh General Programme of Work will therefore be to provide WHO support to Member States, individually and collectively, in preparing and implementing their strategies for health for all.

2. The Declaration of Alma-Ata advocated the development of health systems based on primary health care for the delivery of programmes that use appropriate technology and that have a high degree of community involvement. As explained in the report of the International Conference on Primary Health Care and in document EB65/PC/WP/9, entitled "Seventh General Programme of Work covering a specific period (1984-1989): Nature, method of preparation and programme structure", a health system incorporates many components that go far beyond the health sector. It includes general socioeconomic policies that influence health, as well as direct health policies, services, institutions and activities in the health and other relevant sectors and the people planning, operating and using them, interacting to deliver health programmes at various levels. The first of these levels is the point of contact between individuals and the system, where primary health care is delivered. The various intermediate levels as well as the central level provide support and specialized services, which become more complex as they become more central.

3. WHO's support to Member States and their strategies for health for all must take into account first and foremost these essential principles. The Organization has to support countries in developing unified health systems for delivering programmes in a well integrated manner. This implies laying emphasis on health systems based on primary health care and the integration of programmes into them. Similarly, it implies support to the identification or generation of health technologies for application by countries in the context of their specific socioeconomic and health conditions. Finally, the Organization has been called upon to provide political, social and economic support in addition to its technical and managerial support to Member States.

4. The challenge is to find the best way or ways of giving effect to the above policies and principles. A number of essential issues have been raised for which consideration by countries is necessary.

The nature of WHO programmes

5. Until now, WHO programmes have tended to contain a mixture of technical aspects and service delivery aspects. This has placed the burden on countries to separate out these two aspects in their attempts to develop unified health systems. In a number of countries, there has been a similar tendency to have a number of parallel service delivery systems, each delivering its own specific technical programme. Experience has shown that this is untenable in terms of economy, efficiency and effectiveness. Also, social considerations of effectiveness now have to take into account an equitable distribution of whatever resources are available, no less than the nature of these resources.

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1 Document WHA32/1979/REC/1, p. 27, resolution WHA32.30.
2 United Nations General Assembly resolution 34/58 of 29 November 1979.
6. If at the national level considerations of economy, efficiency and effectiveness make it necessary to have only one health system, including one health service, WHO's programmes should help countries to build up unified health systems and to integrate into them the diverse programmes that are of priority importance to them.

**Unified health systems**

7. The rational development of unified health systems such as those indicated above requires good planning, organization, operational administration, monitoring and evaluation; the building up of the system, with primary health care as the focus, in the manner outlined in the Alma-Ata report; the application of health systems research; and multisectoral support.

8. How can the development of health systems best be related to overall development? How can social and economic development be used for the improvement of health development? What types of financing of these health systems and their services will be effective for countries and equitable for all segments of the population?

**Health technology**

9. The concept of "appropriate technology" that has grown over recent years has been discredited because it gives the impression of inferior technology for backward countries. Appropriate health technology in the sense attributed to it in the Alma-Ata report is quite different. It consists of an association of methods, techniques and equipment, together with the people using them, that is scientifically sound, adaptable to local needs, and acceptable to those who apply it and to those for whom it is used, and can be maintained by the people themselves in keeping with the principle of self-reliance, with resources the community and the country can afford. Ensuring the appropriateness of health technology requires:

(i) identifying technologies that are already appropriate for delivery by the health system;

(ii) research to adapt or develop technologies that are not yet appropriate for delivery;

(iii) the transfer of appropriate technologies; and

(iv) the social control of health technology.

10. In identifying or generating appropriate health technology, it is important to avoid overloading the health system with complex technologies. What may appear appropriate with regard to one programme may be inappropriate in the context of a total health system delivering many programmes. This has to be taken into account both in building up health systems and in developing appropriate technologies for integration into them.

11. The identification and generation of appropriate health technologies requires a high degree of research and development. For developed countries no less than developing countries the need for a reassessment of the health technology they are using is being increasingly felt.

12. What is the best way of approaching this issue? How much national endeavour is involved; to what extent is international collaboration indicated; and how can the two support each other?

13. The social control of health technology is implicit in the application of technology that is appropriate in the sense ascribed to it at Alma-Ata. (See paragraph 9 above.) What measures are available in countries for the social control of health technology? Does the identification or generation of appropriate technology and its integration into the health system suffice? Or, are additional measures required? How do countries visualize WHO's role in the social control of health technology?
Research and development

14. Research and development has been mentioned above in relation to health technology but its scope for health development in general has to be much broader. What are the best measures for ensuring the strengthening of national capacities for such health research and development? Is it advantageous to pursue research and development as a separate entity within the health system; or should it be pursued as an integral part of the development of health systems and technical programmes; or is a combination of both desirable?

Priorities

15. How can the priorities of individual Member States best be reconciled with the regional and global priorities as defined by the regional committees of WHO and the World Health Assembly? Member States of WHO, acting collectively through the Organization's governing bodies, can decide on international health policy, but each Member State has to define its own specific needs and set national targets and allocate resources accordingly, making best use of the health policy adopted in WHO. This implies a framework for the Organization's General Programmes of Work that is sufficiently flexible to accommodate universal themes based on global policies and the allocation of adequate resources to countries' requirements within the context of these universal themes. How can this flexibility best be achieved; and how can regional and global priorities best reflect national priorities?

16. For the Seventh General Programme of Work the universal themes are even more specific than they were for the Sixth Programme, thanks to Alma-Ata and subsequent developments. General programme priorities could be arrived at through analyses of countries' needs within these universal themes, by careful definition of the approaches to be used, and by the proper application of criteria. Approaches and criteria form part of the Sixth General Programme of Work and should form part of the Seventh, being updated as necessary in the light of recent developments such as: technical cooperation among developing countries (TCDC); joint action by all social and economic sectors concerned; generation, dissemination and use of scientifically sound information related to health; and social justice in the allocation of public resources.

What are the best ways of promoting the definition of priorities by the measures indicated above?

II. EXPANSION OF THE SIXTH OR A NEW APPROACH TO THE SEVENTH?

17. One way of responding to these challenges is to expand and update the Sixth General Programme of Work by adding those elements that have emerged since that Programme was formulated. Another possibility is to develop what is virtually a new programme, responding first and foremost to the strategies for health for all, and incorporating all that is essential in the Sixth as part of a continuing process.

18. A possible advantage of the first option is that by using the existing framework, it may be possible to avoid the problems involved in changing any framework. A possible disadvantage could be that in order to incorporate within the existing Programme more recent policy developments it may be necessary to make such substantial changes to the Sixth Programme that its very framework may constitute a constraining factor.

19. A possible advantage of the second option might be that predominance is given from the outset to recent policy developments that are crucial in nature for the whole orientation of the programmes of the Organization and its Member States over the next 20 years. A possible disadvantage might be that the efforts required to introduce the necessary changes could consume the energy of those involved in the preparation of the Programme to the detriment of current programme implementation.

20. The above considerations also have to be taken into account with respect to the transition period between 1980 and 1984, when the Seventh General Programme of Work becomes operational.
In this context, however, the experience of developing the Sixth General Programme of Work has to be remembered, whereby the very preparation of the Programme led to the progressive setting in motion of its implementation.

21. To sum up, what constitute the greater constraints - to modify an existing framework in order to accommodate new policies of great importance both qualitatively and quantitatively, or to create a new framework based on new policies and yet at the same time incorporate essential existing policies?

III. PROGRAMME STRUCTURE

22. The Sixth General Programme of Work is presented under six major areas of concern, namely: Development of comprehensive health services; Disease prevention and control; Promotion of environmental health; Health manpower development; Promotion and development of biomedical and health services research; and Programme development and support. Every major area of concern includes a number of programmes, each with its own objectives, targets and approaches for attaining these objectives and targets. The development of medium-term programmes for these major areas of concern has brought to light many problems resulting from the lack of homogeneity in the types of programme that appear under some of the major areas.

For example, the area of the Development of comprehensive health services includes components that relate to the development of health service infrastructure, such as the Planning and management of health services and primary health care, as well as specific technical programmes such as the Development of standard health technologies, Prophylactic, diagnostic and therapeutic substances, Mental health and Occupational health. In addition, most programmes include a mixture of service aspects and technology aspects. This has tended to encourage the development or maintenance of multiple service delivery systems in Member States, each delivering its own technical programme.

23. To overcome these difficulties and to implement the principles of building up health systems based on primary health care as described in the Alma-Ata report, document EB65/PC/WP/9 incorporates a proposal for a programme structure grouped into three broad interlinked categories:

(i) health systems programmes (operational infrastructure);

(ii) health technology programmes (health systems content); and

(iii) promotional and support programmes.

24. Interaction between these programmes is emphasized with a view to building up unified health systems based on primary health care for the integrated delivery of programmes, using appropriate technology and with a high degree of community involvement, as defined at Alma-Ata. Can the structure of the Sixth General Programme of Work be adapted to achieve this purpose?

25. If it is considered necessary to use a different programme structure, and if the structure proposed in document EB65/PC/WP/9 is envisaged, will it be possible to convey the concepts to national and WHO staff in time to develop the programme accordingly?

Health manpower development

26. In document EB65/PC/WP/9, health manpower development is an integral part of health systems development. If the principle of including programmes under broad categories as presented in document EB65/PC/WP/9 is accepted, should a fourth category of programme be added, devoted entirely to health manpower development? Would such a solution give more visibility and importance to the development of health personnel, an issue that the World Health Assembly has identified as crucial in numerous resolutions? Or, would it detract from the concept of the development of health manpower in conformity with the requirements of health services, as recommended in resolution WHA29.72?
Health systems programmes

27. On the assumption that the division of the programme into three categories, as proposed in document EB65/PC/WP/9, is acceptable, it has been suggested that the category of health systems programmes be divided as follows:

(i) planning and management infrastructure;

(ii) primary health care including health facilities, health manpower and health material; and

(iii) health services research?

If the concept of "health systems programmes" is adopted, should these programmes be subdivided as suggested above?

(If this is accepted it implies not accepting health manpower development as a fourth category of programme within the programme structure as proposed in paragraph 26 above.)

Health technology programmes

28. If the concept of health technology programmes, as proposed in document EB65/PC/WP/9, is accepted, care should be taken to develop them in such a way as to emphasize the links between them, to facilitate their integration into health structures, and to avoid their development in separate compartments. How can these links be ensured both in the development and in the presentation of the Programme?

29. Do the programmes proposed under "health technology" in document EB65/PC/WP/9 include all major types of support for the development of appropriate health technologies that countries will require from WHO, or are there additional requirements?

Promotional and support programmes

30. If a category of programme entitled "Promotional and support programmes" is accepted, as proposed in document EB65/PC/WP/9, how should it be strengthened to include the role and influence of WHO on economic and social sectors at the national and international levels?

Research and development

31. In document EB65/PC/WP/9, research and development appears in three separate but interlinked ways:

(i) as research specific to each programme, shown as part of that programme;

(ii) as health services research aimed at the application of science and technology and their proper use in health services; and

(iii) as a specific programme for the promotion and coordination of research with emphasis on WHO support to the development of national capacities.

32. An alternative could have been to concentrate all research activities in a single large programme of research and development. A possible advantage of the latter proposal could be to give global visibility to all the Organization's research activities. A possible disadvantage could be the dissociation of research activities from their specific parent programmes. Which alternative is preferable? Or are there other possibilities that could ensure at one and the same time high visibility and yet the inclusion of scientific research and development as an integral part of each programme as required?
IV. MONITORING AND EVALUATION

33. Whatever the structure, how can monitoring and evaluation best be ensured, taking into account the two aspects of:

- evaluation of progress made by Member States in attaining health for all; and
- evaluation of WHO's effectiveness in supporting countries in these endeavours.

V. MEDIUM-TERM PROGRAMMING

34. For the implementation of the General Programmes of Work, medium-term programmes are prepared. Whatever the structure of the Seventh General Programme, how can the medium-term programmes that result from it deal adequately with:

(i) interlinkages between programmes; and

(ii) the further development of specific programmes?

VI. PROGRAMME PRESENTATION

35. The Sixth General Programme of Work was presented as a global programme for the totality of the Organization without mention of specific regional variations. Should the Seventh be presented in a similar manner, or should it consist of six regional components and a global umbrella?
1. The purpose of this paper is to clarify the issues raised and the proposals made in documents EB65/PC/WP/9 and EB65/PC/WP/11 Rev.1. A tentative Draft Programme Classification Structure, based on the classified list of programmes that appeared in document EB65/PC/WP/9, has therefore been prepared, the nature of each broad category of programme has been outlined, and illustrations have been given to show how different types of programmes will have to interact in support of strategies for health for all.

Tentative Draft Programme Classification Structure

2. The following is the draft Programme Classification Structure referred to above. It is stressed that this is only a tentative draft; the final Structure will emerge at a later state as the formulation of the Programme progresses.

I. DEVELOPMENT OF COMPREHENSIVE HEALTH SYSTEMS (operational infrastructure)

I.1 Planning and Management
   I.1.1 Health Situation Identification
   I.1.2 Managerial Process for National Health Development
   I.1.3 Health Systems Research

I.2 Primary Health Care

I.3 Support for Primary Health Care
   I.3.1 Health Systems Support
   I.3.2 Multisectoral Action for Health Development

I.4 Health Manpower
II. HEALTH TECHNOLOGY PROGRAMMES (Health Systems content)

II.1 General Health Protection and Promotion
   II.1.1 Promotion of Health Behaviour
   II.1.2 Nutrition
   II.1.3 Oral Health
   II.1.4 Prevention of Accidents

II.2 Protection and Promotion of the Health of Specific Population Groups
   II.2.1 Maternal and Child Health
   II.2.2 Research in Human Reproduction
   II.2.3 Workers' Health
   II.2.4 Health of the Elderly

II.3 Protection against Communicable Diseases
   II.3.1 Immunization
   II.3.2 Disease Vector Control

II.4 Mental Health
   II.4.1 Promotion of Mental Health
   II.4.2 Psychosocial Aspects of Health and Development
   II.4.3 Alcoholism and Drug Dependence

II.5 Promotion of Environmental Health
   II.5.1 Community Water Supply and Sanitation
   II.5.2 Environmental Health in Rural and Urban Development and Housing
   II.5.3 Control of Environmental Health Hazards
   II.5.4 Food Safety

II.6 Diagnostic, Therapeutic and Rehabilitative Technology
   II.6.1 Clinical Technology for Primary Health Care and its immediate referral levels
   II.6.2 Laboratory and Radiology Technology in support of Primary Health Care
   II.6.3 Essential Drugs and Vaccines
II.6.4 Drug and Vaccine Quality, Safety and Efficacy
II.6.5 Traditional Medicine
II.6.6 Physical, Mental and Related Social Rehabilitation

II.7 Prevention and Control of Specific Groups of Disease
II.7.1 Malaria
II.7.2 Parasitic Diseases
II.7.3 Tropical Disease Research
II.7.4 Diarrhoeal Diseases
II.7.5 Acute Respiratory Infections
II.7.6 Tuberculosis
II.7.7 Leprosy
II.7.8 Zoonoses
II.7.9 Sexually Transmitted Diseases
II.7.10 Other Communicable Diseases of Major Public Health Importance
II.7.11 Blindness
II.7.12 Cancer
II.7.13 Cardiovascular Diseases
II.7.14 Mental and Neurological Disorders
II.7.15 Other Noncommunicable Diseases of Major Public Health Importance

III. PROMOTIONAL AND SUPPORT PROGRAMMES

III.1 General Promotion and Support
III.1.1 World Health Assembly
III.1.2 Executive Board
III.1.3 Regional Committees

III.2 Research Promotion and Development
III.2.1 Development of National Health Research Capabilities
III.2.2 Biomedical, Behavioural and Health Systems Research Methodology
III.2.3 Health Research Management and Information Support
III.2.4 National and International Health Research Development Mechanisms
III.3 WHO's General Programme Development, Management, Coordination and Support

III.3.1 WHO's Programme Development Process
III.3.2 WHO's Information System
III.3.3 External Coordination for Health and Social Development
III.3.4 Health Information Support
III.3.5 Health Legislation
III.3.6 General Services and Support
III.3.7 Staff Development and Training

The nature of the Programme Classification Structure

3. Any programme classification structure can be used or abused in many different ways, since it is no more than a skeleton. It is the substance of the Seventh General Programme that will matter. The Programme Classification Structure, however, can be conceived in such a way as to support and even to promote the desired substance. In biological terms, it is function that gives rise to structure, so if we know what functions we would like to carry out we are in a better position to define the corresponding structure. The function of the Seventh General Programme of Work is to support Member States in the development and implementation of their strategies for health for all. The above Programme Classification Structure is therefore country-oriented, and does not reflect the organizational structure of any regional office or of headquarters.

4. In keeping with the principles of Alma-Ata, the guiding principles of the Executive Board concerning the formulation of strategies for health for all, and resolution WHA32.30 on formulating strategies for health for all, the functions of these strategies are to develop comprehensive health systems based on primary health care, to deliver through these systems programmes that make use of technology that is appropriate in the sense defined in the Alma-Ata report, and to do all this with a high degree of community involvement. The proposed Structure is therefore based on the above functions. The Structure has a triangular configuration with three inter-acting limbs as follows:
5. The following is a brief outline of the substance of each of the above limbs. It will be seen that interaction between various programmes is required, including interaction between programmes that fall within the same limb and between those that lie in separate limbs. Examples of such interaction will be given in the illustrations below.

Development of comprehensive health systems (I)

6. This limb will deal with support to countries in developing their health infrastructures.

7. Planning and management (I.1) will include health situation and trend analysis as a basis for immediate and long-term planning. It will also include epidemiological surveillance of both communicable and non-communicable diseases and of environmental hazards, as well as the related statistical and other informational support required for
the above activities. All these activities have been grouped together under "Health situation identification" (1.1.1) for want of a better name. Health technology programmes will include their own epidemiological aspects as part of their technology, but there is a need to collate the resulting information and to make overall assessments and forecasts of the health situation as one of the bases for continual planning of the health system. Then comes the process of overall planning; broad programming; programme budgeting to foster the preferential allocation of resources to priorities; planning and managing the implementation of developmental activities; ongoing management of programmes, services and institutions; monitoring and evaluation; and related manpower planning and information support. All this is grouped under "Managerial process for national health development" (1.1.2).

Health systems research (1.1.3) is an integral part of planning and management, inter alia developing ways of absorbing and applying appropriate health technologies within the health system.

8. The Programme of Primary Health Care (1.2) will deal with all the developmental, managerial, and operational questions related to primary health care infrastructure. Not the least of the activities of this Programme will be the constant dialogue with health technology programmes in order to ensure that these are indeed appropriate for primary health care and in order to arrive at the best ways of introducing these technologies, progressively if necessary. An important aspect of this work will be to support balanced and coordinated integration of various health technologies into health systems so as to avoid overloading primary health care with activities that it cannot absorb and apply all at once.

9. Support for primary health care (1.3) will aim at focussing the rest of the health system on the needs of primary health care, including the development and maintenance of firstline hospitals. This support will also include the action required from other sectors. All this has been outlined in the Alma-Ata Report.
10. **Health manpower** (1.4) activities have to be brought close to national health infrastructure realities. Health manpower planning should be applied as an integral part of the managerial process for national health development mentioned in paragraph 7 above. The methodology exists, and should cease to be dealt with as a separate entity. Yet many additional health manpower problems plague countries and there are no easy solutions. These include policies concerning the varied types of health manpower, what they are allowed and what they are not allowed to do, their interrelationships and their training requirements, their career structures, labour relationships and wages in the health system, down-to-earth ways of preventing the brain-drain, and educational processes and methodology that are sufficiently simple to be applied by countries that do not have highly specialized faculties devoted to the matter.

11. The above programmes have been presented in a neat sequence; in real life they rarely occur in such a way. If this is so in countries, it must certainly be so for WHO, which has to be ready to respond to the varied needs of 152 Member States. So the neatness of the sequence within WHO is of little importance; what is important is that WHO activities should be made to converge on Member States in such a way as to support them in developing their programmes and in ensuring the interaction between these programmes that is necessary to build up and strengthen their health systems.

**Health technology programmes** (II)

12. Most of these programmes are recognizable by their name, but this does not mean that their content should remain in the Seventh General Programme of Work as it was in previous Programmes of Work. Countries have to decide what to put into their health infrastructures and this content is often limited by the capacity and potential capacity of the health infrastructure. Selectivity in this area is important for all countries. A reassessment of the usefulness of existing technologies is therefore proposed with a view to arriving
at technologies that are appropriate in the sense ascribed to this concept in the Alma-Ata Report. Such reassessment implies identifying technologies that are already appropriate for delivery by the health system, carrying out research to adapt or develop technologies that are not yet appropriate, making sure that those who need to know have the right information on health technologies, and also making sure that people have the ability to decide on the type of health technology they want in fulfilment of the health policy they have decided upon. The search for appropriate technology also includes social and behavioural alternatives to medical technology.

13. Each of the programmes under this broad category will engage in technology reassessment, and the identification, generation, transfer, and social control of the technologies concerned, as mentioned above. The following comments are made with respect to only a few programmes since their meaning may be less clear than that of others.

14. Promotion of health behaviour (II.1.1) will deal with the search for social and behavioural alternatives to medical technology mentioned in paragraph 12 above. It cannot possibly deal with all areas; it will start by working out suitable methods, and if it acquires a reasonable degree of success it will subsequently act as an animateur to promote this kind of activity in other programmes.

15. Clinical technology for primary health care and its immediate referral levels (II.6.1) has hardly been touched by WHO. Yet, in most countries this technology consumes a high proportion of the health budget. The Programme will therefore deal with the assessment and development of appropriate clinical technology for primary health care, health centres, polyclinics and the like, and firstline hospitals.

16. Laboratory and radiology technology in support or primary health care (II.6.2) will also concentrate on health centres, polyclinics and the like and firstline hospitals.
17. Traditional medicine (II.6.5) is proposed as a programme in its own right. This Programme will deal with traditional perspectives of diagnosis, cure and care, medicinal herbs and the like, and the traditional promotion of mental health. In the spirit of interaction mentioned above, nothing prevents other programmes from incorporating "traditional" solutions and from working together with the Programme of Traditional Medicine in the joint search for solutions, for example to promote mental health.

18. Physical, mental and related-social rehabilitation (II.6.6) will deal with the integration of the various aspects of rehabilitation, particularly at the community level, but also at the immediate referral levels. There are many examples throughout the world of physical and organizational structures for rehabilitation dictating methods of rehabilitation that have been transferred from other cultures and other socio-economic conditions, leading to malfunction and fragmentation of efforts. The Programme will therefore aim at further developing well-coordinated, culturally acceptable technologies, of which social and behavioural alternatives should certainly be well represented.

19. Prevention and control of specific groups of disease (II.7) is problem-oriented, highlighting the main disease problems that afflict mankind. This is a continuation of the trend of departing from programme structures whose programmes, as far as communicable diseases are concerned, were named according to the type of microorganism concerned rather than to the problems to be solved. The programmes under "prevention and control of specific groups of disease" should not have delivery functions at country level; that is the job of the health infrastructure.

Promotional and Support Programmes (III)

20. These programmes will help to promote the other programmes, and will provide a wide variety of political, social, scientific, managerial and resource support to them. Of greatest importance is
the political and social support to strategies for health for all of governments and the people they represent. Indeed, this could be considered as an essential yet invisible fourth limb of the Programme Structure triangle presented in paragraph 4 above. WHO's activities will have to promote and support such national endeavours, in spite of the highly delicate nature of any attempts to do so, touching as they must on sensitive national issues. This is where the World Health Assembly, the Executive Board and the Regional Committees will have important roles in providing General Promotion and Support (III.1). Action by Member States within their own boundaries and in their bilateral and international health relationships in the spirit of the policies they have adopted collectively in WHO, as advocated in resolution EB65.R12 on the Study of WHO's Structures in the Light of its Functions, should go far to resolving this issue.

21. Research promotion and development (III.2): This group of programmes aims at supporting countries in developing their health research capabilities. It will therefore deal with building up national manpower and facilities for health research; information and training on methodology for biomedical, behavioural, and health systems research, as well as collaborative application of such methodology; questions of managing health research and the related information support. The Programme will also deal with such mechanisms as national health research councils, the regional and global ACMRs, and the promotion of joint research for health development with other sectors at national and international levels.

22. Health information support (III.3.4) is a broad heading which emphasizes the concentration of the dissemination of technical and statistical information, as well as related information for the general public, in support of strategies for health for all. The Programme will pursue its aims through publications, documents, health literature support, and communications through the mass media.
Priorities

23. How will priorities be arrived at? The inclusion of a programme in the Programme Classification Structure does not mean that it is an absolute priority. Of course, it is a priority in relation to programmes that have not been included, such as clinical technology for teaching hospitals. If WHO has to respond to national priorities it can have no priorities of its own other than the synthesis of national priorities. This synthesis will become apparent both in the type of activities to be carried out in each programme and in the volume of these activities. The direction each programme will take will therefore be dictated by national requirements, and further details of the programme course to be followed will be worked out by medium-term programming. In the final analysis the priority accorded to a programme, at least in terms of the resources to be invested in it, will be revealed by the programme budget, including extrabudgetary funds and activities aimed at ensuring the rational flow of external funds in support of the strategies for health for all of the developing countries.

The nature of WHO support

24. WHO's support can be subdivided into two main approaches, which should support each other in every programme. One approach is to fulfil WHO's coordinating function, and in particular to ensure the availability of valid information with respect to all programmes, irrespective of the broad category under which they are classified. The other approach is technical cooperation with countries individually and collectively, which should always be based on the use of the valid information referred to above.
Illustrative examples

25. Immunization (II.3.1). National immunization programmes have to deal with their own planning, the vaccines and the equipment required, promoting acceptance by parents, and ensuring that staff understand how to deliver the programme. Planning may include decisions on the diseases to be covered and in consequence on different combinations of vaccines. It may also include ways of phasing the introduction of immunization against the diseases; immunization schedules in different epidemiological situations; the types and number of people required to plan and control the programme, to administer the vaccines and to guide and supervise those who administer them. Appropriate vaccines and related equipment, including cold chain equipment, have to be decided upon. Training programmes have to be organized for different types of health workers, and all the above has to be costed. WHO's Programme of Immunization will therefore have to support countries in all the above. It will have to promote research aimed at developing more stable and more potent vaccines that give rise to less adverse reactions and at improving cold-chain equipment. It will also have to support national training activities and ensuring any international training required.

26. But the health infrastructure has an equally important role to play. After all, it has to "deliver the goods". So health infrastructure programmes also have a role in planning, for example to ensure that the total child population receives the immunizations it requires; coordinating immunization activities with the other functions of primary health care; promoting community involvement so that children are brought for immunization; and designing schedules for immunization sessions so that children, staff, and supplies and equipment are all present where they should be at the right time. The health delivery supply system has to ensure the availability of vaccines where and when they are required, no matter how peripheral the outpost. Joint health systems research by the immunization and primary health care programmes may be required to improve ways of organizing and administering immunizations.
WHO's Programme of Primary Health Care therefore has to be ready to support countries in endeavours such as the above, whether through the provision of information or through the application of this information in technical cooperation activities. The implications for interaction between the Programmes of Immunization and Primary Health Care in WHO are clear.

27. Essential drugs and vaccines (II.6.3). Countries' drug policies may include the provision of essential drugs and vaccines. WHO's Programme of Essential Drugs and Vaccines has to support them in this, both by the provision of information and by the application of this information through technical cooperation. But drugs are delivered through the health infrastructure, whether in hospitals, pharmacies or primary health care facilities. So the health infrastructure has to know how to deal with the technical information resulting from the essential drugs programme as well as with the procurement, storage and distribution of drugs. These health infrastructure responsibilities in countries have to be supported by WHO's health infrastructure programmes.

28. The provision of essential drugs goes far beyond technology and health infrastructure. It includes many complicated economic, industrial and commercial issues. Here is an example where WHO's general promotion and support programmes could be more active. Thus, the Regional Committees (III.1.3) could be more active in supporting TCDC between countries for the procurement, manufacture and quality control of essential drugs. To do so, they would have to strengthen their political function in order to reach agreement among countries concerning the location of manufacturing facilities and quality control laboratories, as well as the related commercial issues.

29. Malaria (II.7.1). The Health Assembly recently adopted a new malaria control strategy. Information is available on ways of developing and applying national malaria control strategies. Work is continuing unabated on the development of more appropriate technologies
for implementing such strategies. Efforts will now have to be made to ensure that these technologies are widely understood. This has implications for training of malariologists, epidemiologists and health managers. Social and behavioural alternatives, or if not alternatives at least supplements, require further development and application. The generation of valid information for this Programme has been and continues to be part of WHO's coordinating role. In fulfilling its technical cooperation role the Organization must now ensure that it uses this information. Much of the implementation of malaria control strategies will devolve on primary health care, so this Programme has to deal with the absorption of relevant malaria control technologies and the related training of primary health workers.

30. **Diarrhoeal diseases** (II.7.4). The prevention and control of diarrhoeal diseases illustrates well many of the issues referred to above. There is a need to continue the search for more appropriate technology for preventing diarrhoeal diseases, whether by environmental, social and behavioural, or immunological means; as well as for controlling these diseases by means of care and cure, e.g. oral rehydration therapy, antibiotics if clearly indicated, such as in frank cases of dysentery, and follow up by suitable nutritional measures. But these technologies have to be delivered by primary health care, so primary health care has to be ready to absorb the technologies involved and to train health workers as well as mothers and other family members to use these technologies. This includes the absorption and transfer of social and behavioural alternatives to medical technology. The supply or production of oral rehydration solutions may have to be linked to the provision of essential drugs as part of the logistics of supply in general, which is a function of the health service infrastructure. Environmental and behavioural research aimed at controlling the immediate factors of transmission may require the support of expertise that is not available in primary health care but that may be available at some other level of the health system; yet, the subsequent action may depend on community water supply and sanitation technology which may have to be delivered through primary health care.
31. The above relates to activities within countries, but WHO has to support these activities through its various programmes, improving technology and devising better ways of absorbing it and delivering it by primary health care. Additional support from WHO has to be given through its Programme of Diarrhoeal Diseases in the area of research, aiming at strengthening the capability of countries to conduct their own epidemiological, behavioural, and health systems research in this area. Support may have to be given particularly for the development of behavioural research methodology (III.2.2) as well as for collaborative research to develop low-cost drinking water, drainage and sewage purification methods (II.5.1), and various vaccines. Additional international promotion and support for research in this area is a function of the advisory committees on medical research (III.2.4).

Conclusion

32. These are but a few examples to illustrate the activities of the various types of programme and their interaction. Health is indivisible, but programmes tend to divide it, no matter how good the intentions of those involved in them. The Seventh General Programme of Work is being conceived with a view to preserving that indivisibility by allocating well-defined functions to different kinds of programme and promoting their interaction. Programmes must have freedom to develop technologies, but these technologies must contribute to the attainment of defined social health policies. Health infrastructures must have power to control these technologies by integrating them into one system. People must have power to control both the technology and the system. WHO's Seventh General Programme of Work should promote and support the above process.