SUMMARY RECORD OF THE EIGHTH MEETING

WHO Conference Hall, Manila
Monday, 15 September 1980 at 9.00 a.m.

CHAIRMAN: Dr K.W. Ridings (Samoa)

CONTENTS

1. Address by the Director-General ......................... 204
2. Consideration of draft resolutions ....................... 204
3. Statements by representatives of the United Nations, the Specialized Agencies, and intergovernmental and nongovernmental organizations in official relations with WHO ........................................ 205
1. ADDRESS BY THE DIRECTOR-GENERAL: Item 3 of the Agenda

At the invitation of the CHAIRMAN, the DIRECTOR GENERAL addressed the Regional Committee (see Annex 1 for copy of his statement).

2. CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolutions:

2.1 Control of malaria in the Western Pacific Region

(Document WPR/RC31/Conf. Paper No. 25)

Dr MINNERS (United States of America), referring to paragraph 2(2)(i) of the draft resolution, requesting the Regional Director "to keep Member States informed on the occurrence of drug-resistant malaria", emphasized that there was a strong reciprocal responsibility implied, since for the Regional Director to keep them informed, Member States would first have to keep him informed. The Regional Adviser had told him of the mechanism established in the Region for the collection of information, and he urged Members to cooperate.

Decision: The draft resolution was adopted without comment (see resolution WPR/RC31.R26).

2.2 Control of tuberculosis in the Western Pacific Region

(Document WPR/RC31/Conf. Paper No. 26)

Dr CHRISTMAS (New Zealand), referring to paragraph 2(4) of the draft resolution, said that he saw the development of technical cooperation programmes as the major point of the resolution; the Government of New Zealand looked forward to participating in the cooperative effort.

Decision: The draft resolution was adopted without further comment (see resolution WPR/RC31.R27).

2.3 Topic of Technical Presentation in 1981

(Document WPR/RC31/Conf. Paper No. 27)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC31.R28).

2.4 Thirty-second and thirty-third sessions of the Regional Committee

(Document WPR/RC31/Conf. Paper No. 28)

The REGIONAL DIRECTOR, referring to operative paragraph 4, suggested that, in view of the Secretariat's past experience regarding the length of time required for completion of work, the wording should be amended to read "DECIDES further that the thirty-third session of the Regional Committee, in 1982, shall be held at regional headquarters in Manila, for five or six continuous working days from Monday to Friday, or Saturday if necessary."

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC31.R29).
3. STATEMENTS BY REPRESENTATIVES OF THE UNITED NATIONS, THE SPECIALIZED AGENCIES, AND INTERGOVERNMENTAL AND NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO: Item 28 of the Agenda

At the invitation of the CHAIRMAN, statements were presented on behalf of the following:

3.1 United Nations and related organizations

United Nations Children's Fund
United Nations Development Programme
Office of the United Nations High Commissioner for Refugees
International Labour Organisation

3.2 Other intergovernmental organizations

South Pacific Commission

3.3 Nongovernmental organizations

International Pharmaceutical Federation
World Federation of Societies of Anaesthesiologists
International Society for Burn Injuries
International Dental Federation
International Union for Health Education
World Federation for Medical Education
Medical Women's International Association
Christian Medical Commission
International Confederation of Midwives

3.4 A statement was also made on behalf of the Asian Development Bank.

(For continuation of the presentation of statements, see the ninth meeting, section 1).

The meeting rose at 12.00 noon.
Mr Chairman, Excellencies, Honourable Representatives, ladies and gentlemen, colleagues and friends,

Strategies for health for all

1. You are now working on your strategies for health for all by the year 2000. I purposely say "you are working" in the continuous form, because we must never imagine that a strategy that is to take us to the year 2000 can be finalized in all its detail in 1980. The main lines of action can certainly be defined, but ample scope must be left to act in many different ways along those lines. So I hope you will consider your national strategies, as well as the regional strategy that you will be adopting at this session, as guides for further action to attain health for all, and not as straightjackets to be lived in for 20 years.

The essentials of a strategy

2. It would be presumptuous of me to try to outline your health strategies, and in any event these will vary widely with your differing needs. Nor would I wish to repeat the guiding principles for formulating these strategies that were issued by the Executive Board. But I would like to drive home a few main points - some of the essentials of a national strategy as I see them. I will start with health reforms. These cannot be restricted to the health sector. Reforms of a political, social and economic nature may be required. This does not mean that we can fold our arms and wait until these have taken place. A more equitable distribution of resources for health can be the first of a series of such reforms in all sectors. Indeed, action in the health field can be instrumental in bringing about reforms in other social and economic fields. These in turn can lead to further health reforms. This is the upward thrust of human development. I shall now concentrate on action in the field of health that can help set that upward thrust in motion.
3. The health delivery system has become a neglected child. In keeping with the principle of paying greater attention to the underprivileged, urgent action is needed to change that situation. It is understandable that we should have neglected the health delivery system when the kind of health care it should be delivering was not at all clear. Now that we have agreed at Alma-Ata what that kind of care should consist of, and have summarized it in the Alma-Ata Report, we can turn to the reorganization of the health infrastructure. If you allow all your programmes to develop separately, using the health infrastructure as a passive receptacle for them, you will never achieve a balanced delivery system at a cost you can afford. The health infrastructure must therefore play a leading role in forging together the different health programmes into one unified system, however tough the struggle will be. And it must do so not only in the big cities — that is difficult enough; but also, and particularly, in rural areas and urban slums.

4. You may think that the Declaration of Alma-Ata has narrowed down priorities sufficiently by identifying eight essential elements of primary health care, but I am afraid many of you may find it necessary to decide on priorities within those priorities, starting with the most essential in the light of your epidemiological and socioeconomic circumstances. For example, you could decide on top priority geographical areas or social groups, and ensure all the elements of primary health care for them in the first instance, progressively covering the whole population. Or, you could decide on top priority programmes for the whole population, progressively adding additional programmes until all essential elements are included.

5. Are you serious about the involvement of communities? Then take risks, trust them, but at the same time provide them with the right information, stimulate them, advise them, and support them. Make it clear what they can and cannot do, and for which matters they need the support of the rest of the health system. I hope the accusation will never be substantiated that in advocating community self-reliance in health matters we are merely abandoning our responsibilities and transferring them to the powerless. Of course this danger exists. The antidote consists of providing communities with the means to organize their own primary health care, encouraging them to exert pressure on the next level of the health system to provide them with support, and making sure that this first referral level is capable of doing so.

6. Let me now comment on how a few high priority programmes might be progressively organized within the health infrastructure by that infrastructure. I shall start with safe water. The emphasis should be on people, not pipes. If we wait for long distance pipes for all, I am afraid we will be indulging in long-term pipe dreams for all. Local initiative and community research aimed at immediate solutions have to be stimulated and supported — financially and technically. This is community involvement in practice. And the involvement of people in ensuring their source of safe water has to be exploited so that they know how to use water as a source of health, not of disease, and how to dispose of it, as well as excreta and other wastes, without giving rise to nuisance or disease.
7. Now for nutrition. Food and water go together. This is another area where intelligent use of existing knowledge could go a long way to finding solutions. Breastfeeding? Of course. But mothers must have adequate food. The use of local foods? Certainly. And community intervention studies combining social, nutritional and agricultural efforts can help to make sure that the best use is made of local foods.

8. With proper family spacing, enough to eat, sufficient water to keep the homes clean and provide safe drinking water, and decent waste disposal, the care of pregnant women and infants can in most cases be handled to a large extent by women themselves with the support of community health workers. But both the women and the community health workers have to be able to rely on the guidance, and intervention if necessary, of more skilled people at the first referral level of the health system. These people have to be made responsible for giving this guidance and for responding to the calls of communities and their health workers. You can call this professional involvement in community health if you like. In most countries, ensuring this involvement will imply reshaping the functions of the health centre and hospital infrastructure. So if you start with your health infrastructure and use it to strengthen the delivery of your health programmes, you will find yourselves strengthening your infrastructure. This will in turn permit you to deliver more and better health programmes, and so on. The interplay between infrastructure and programme can thus become mutually reinforcing, whereas at present it all too often consists of an open clash.

9. The immunization of children also has to be made a permanent feature of primary health care, and therefore has to be taken over by the primary health care infrastructure if this is going to have lasting effects. Gone are the illusions of permanent results from separate campaigns. But to get parents to bring their children to be immunized, the primary health care infrastructure must gain their confidence by looking after all members of the family when they are sick or injured.

10. This brings me to the control of local endemic diseases. Explain to people what they are all about and get them to take over as much as possible of their control, providing them with the support they require. Let us take the case of malaria control as an example. If you explain to people how it is possible to control it, you can get communities to organize the distribution of chloroquine, as well as their own indoor spraying if that is to be used. But at the same time you must make sure that your logistic system supplies the chloroquine, the sprays and the insecticides on time throughout the whole year, and your community health workers must show the people how to use these control tools.

11. Last but not least, I come to the provision of essential drugs and vaccines. Start at the end, namely a short list of the most essential drugs for primary health care, but make sure you can get them to the people whenever they need them. In attempting to do so, you will reinforce your infrastructure, which will then become progressively capable of supplying additional items to all parts of the health system.
12. I have mentioned supplies in relation to a number of programmes. The logistics of supply is one of the most neglected of the health system's neglected children. In its absence, the health infrastructure is a lifeless skeleton; if properly organized, it can be a vital nerve apparatus for the whole infrastructure. In addition to providing material, it can provide information for action and can receive information in return to keep that action on the right track as seen from the perspective of the communities being served by it. So you surely must build up your logistic system as an inseparable part of your health infrastructure.

13. Also, to identify the most appropriate form of technology for each programme under the local circumstances, to find out the best ways of delivering these programmes, and to integrate their delivery within the health infrastructure, will require extensive health systems research. This kind of research means trying different ways and trying again. That explains my obsession with it, because trying to make the most of people, other resources, and technology, and keeping an open mind throughout, is what building up a health system is all about.

14. I have outlined a way of dealing with problems from the perspective of the needs of people. This entails gradually strengthening the capacity of the health care delivery system to meet these needs by progressively introducing and expanding through it specific programmes based on appropriate technology, and mobilizing people to apply this technology as much as they can. If you use this approach, I think you will find it easier to help people to understand what they can do to care for themselves, how to do it, and when to rely on the health care delivery system. This approach should certainly help you to train health workers in close relationship with the jobs they will have to do; the all too prevalent practice of divorcing the education and training of health workers from the service really required of them surely must come to an end.

15. There is nothing new in much of the action I have indicated, but I thought it worth recapitulating. Much of it will mean working together with people in other sectors. Again, may I suggest that you adopt a pragmatic approach to this kind of intersectoral collaboration. There is no need to jump into the turbulent waters of total intersectoral collaboration for integrated socioeconomic planning. You are only likely to be drowned. So be selective, ensuring this collaboration whenever and wherever it is needed. Keep insisting on communities doing likewise when they are developing their primary health care. If you get the intersectoral ball rolling in this way it will gather its own momentum.

16. You will have to control its direction. You will have to control the direction your communities are taking in developing their primary health care. You will have to control the direction the rest of the health system takes in providing support to primary health care. To do so will mean that ministries of health will have to function in a way that is quite different from the way they function in most countries. They will have to become the directing and coordinating authorities on national health work, in much the same way as WHO is the directing and coordinating authority on international health work. They will have to coordinate activities for health not only within the health sector but also within other sectors.
They will have to influence national planning authorities to give proper consideration to health development as part of social and economic development. They will have to influence them to allocate adequate resources to national strategies for health for all, to channel external resources into these strategies, and to ensure that these external resources are used to strengthen further the country's internal resources.

17. National health councils can strengthen ministries of health by providing them with political, social and technical support, both from inside and from outside the health sector. These councils are in no way intended to usurp the functions of ministries of health; quite the contrary, they are intended to strengthen their hand.

18. I have heard misgivings too about national health development centres, as though they were intended to replace the functions of ministries of health. Again, it is quite the contrary. They were advocated so that ministries of health could put to work all the people and institutions who could possibly help to do the staff work needed to organize and reorganize the health system based on primary health care. In particular, they could be useful to ensure the optimal development and application of your managerial process for working out and carrying out your health strategies. In doing so, they could start off and sustain the process of health systems research I mentioned a few minutes ago. So please, do not let any sense of prestige based on false assumptions allow you to miss the opportunity of mobilizing for your ends all the intellectual resources your country possesses.

WHO in support of strategies for health for all

19. Where does WHO come into all this? You now have a guide as to how to make the most of your WHO in the form of the resolution (WHA33.17) that the World Health Assembly adopted this year after it had reviewed the Study of WHO's Structures in the Light of its Functions. The Health Assembly decided that WHO should concentrate its activities on support to strategies for attaining health for all, and that it should take action for health in addition to indicating how such action might be carried out. In adopting this resolution, the Assembly took the process of democratizing WHO a further step forward by spelling out what it expected of Member States individually and collectively in accordance with the Organization's Constitution. These responsibilities include the monitoring and control of the Organization's activities as a collective effort of Member States - surely a manifestation of democracy if ever there was one. As another example of democratic procedure, the Assembly urged you, the regional committees, to take a more active part in the work of the Organization.

20. Are these merely words, or are we going to act upon them together to make full use of WHO in support of your individual and collective strategies for health for all? Your Organization is gearing itself up for this. It is for you to use it properly, and to make sure that it keeps geared up to provide you with the support you need.

21. For genuine partnership between you and WHO is the key to attaining our common goal. Let us look at how such partnership could help you to get where you want to go. As usual, I shall start off in countries, because that is where action is most needed, and that is where it will have most impact.
22. You, the representatives of your governments, have to be two-way ambassadors - your governments' ambassadors to WHO so that we know what your requirements really are, and WHO's ambassadors to your countries, so that we get the right messages across to them. For it is not enough that you should be convinced of the way to attain health for all your people in the spirit of the policies you have adopted in WHO; you will have to convince your governments, and your colleagues, and your public, if your people as a whole are to benefit from the partnership.

23. I know the obstacles you have to face when you return to the realities of your countries. But that is all the more reason for using your WHO as a source of reference to rally round, or, if you like, without appearing to be immodest, a source of inspiration. Use it as a source of collective political resoluteness and moral support to bring about in your country the health reforms you dream about, and talk about in WHO. This may seem a very intangible way of using an international organization, but it is a very powerful one; from my travels in your countries I have become more and more convinced of the potential political power in individual countries of the decisions you have taken collectively in WHO. But power is only powerful if it is used; so use your WHO to strengthen your power in your own country to make sure that your strategies for health for all get the political backing they require and are pursued relentlessly.

24. Knowledge is power too. So use in your own country the ideas and information that you are forging collectively in WHO. And make sure that all those working with you use them too, no matter how prestigious they are in their own country or organization, or no matter what influential financial interests they represent. In this way you will ensure that your technical cooperation with WHO, or with any other organization, is making the most of the policies, ideas and information that the Member States of WHO collectively have to offer.

25. How can you best use WHO in practical terms to support the development and implementation of your national strategies? You can start by deciding collectively to pursue as priorities in those strategies the kind of activities I have just outlined. You can then use the very existence of such a collective decision to initiate activities of this nature in your own country, and to help you overcome the obstacles that always face those trying to bring about change in an existing order.

26. Your collective decisions in WHO can also be the starting point for technical cooperation among yourselves. Use your WHO to identify those issues which you would like to pursue together with other Member States. Then use it to facilitate such cooperation among yourselves. Use WHO not only to exchange ideas and information, but also to reach practical agreements. I will mention only a few examples. You could reach agreements on joint research for low-cost water technology based on successful experiences; on joint training in health management, using whatever facilities are proving to be most fruitful; on joint purchase and quality control of essential drugs; and on commercial exchanges as part of a new drive to create a primary health care industry that subserves not only health development, but also economic development, by opening up vast new markets.
27. I shall now give you a few examples to illustrate how the Organization is gearing itself up to support you in new ways, quite apart from the kind of support with which you are already familiar.

28. Safe water and sanitation. The United Nations System has established a Steering Committee for the Drinking Water-Supply and Sanitation Decade. We have accepted the responsibility of acting as its secretariat, while the Resident Representatives of the UNDP are coordinating United Nations activities on this matter in countries. We accepted this responsibility to ensure the principle of water development for people. Use us. We can support you to develop socially relevant drinking water and sanitation programmes in your country as part of primary health care, and can influence the whole United Nations system to mobilize massive resources for you if you have such programmes.

29. Now for nutrition. As you know, in the face of powerful interests your Organization is fighting a bitter battle to restore breastfeeding to its rightful place. We have also been working on protocols for community research aimed at improving nutritional status by making the most of local foods. We have secured funds for this research, and large additional sums are potentially available. Yet very few countries seem to be interested. Is it less relevant than we have judged? If you do think such intervention studies can be of use to you, just let us know and we will be happy to support you in carrying them out. If not, what large scale nutritional support do you require? We cannot help you directly to obtain additional food, but we can help you to make the most of available food.

30. Our Expanded Programme on Immunization is concentrating on building up national capacities for organizing country-wide immunization programmes for delivery through primary health care. Manuals have been prepared; national centres are being designated as regional research, training and demonstration centres. If you want to use them and need more of them we can add to their number. We are discussing with UNICEF how best to ensure vaccines and cold-chain equipment for all governments who need them and cannot afford them, and yet are trying to introduce country-wide programmes aimed at providing immunization through primary health care to all their children by 1990. We are ready to help you work out such programmes, both by direct cooperation with you and by facilitating cooperation among yourselves. But all this will only materialize fully if you make demands on us; your pressure will stimulate us to take further action and to find for you the resources you require.

31. I mentioned UNICEF. We are discussing with them and with the World Bank an ambitious scheme to ensure the provision of a selected list of about 20 essential drugs to all in need as part of national strategies for health for all based on primary health care. This list includes drugs for most of the diseases of major public health importance encountered in primary health care. Surely, this is one of the things the Assembly meant when it decided that we should take action for health. Challenge us. Specify your requirements, use these as a basis for developing your logistic system; we are ready to help you work that out too as part of the provision of essential drugs. These are for people, not for warehouses.
32. Do you want to strengthen your health infrastructures in the manner I have outlined? We have no ready made answers, and there are no ready made answers. But we are ready to work with you and to support you in working among yourselves to this end. In particular, we are ready to support you in all possible ways if you are interested in expanding your health systems research and building up your capacities to do so. Quite apart from the infrastructure for primary health care itself we could start working together on the first referral level. For example, in collaboration with a number of nongovernmental organizations we are studying ways of converting first line hospitals into the kind of first referral level support outlined in the Alma-Ata Report. We have challenged the international surgical community to agree on a limited list of essential surgical procedures with the related equipment and supplies, and to train health workers to perform them. Will you do what you can to ensure that your surgeons give their full support to this initiative?

33. Talking of training, we are providing modest support to about a dozen medical schools with innovative teaching programmes. Are you ready to influence your medical schools to join this group and swell the ranks of those trying to provide medical education that is relevant to the attainment of health for all? If you are, we will increase our support. We have started to provide learning material for community health workers in local languages. We are also preparing diagnostic flow charts for training and for practical use. Make the most of these facilities. If you increase your demands for health learning material we will be stimulated to seek further resources to supply them.

34. Do you want to strengthen your ministries of health in the way the Health Assembly prescribed, that is as directing and coordinating authorities on national health work? I am sure you do; but I am also sure that many of you will encounter enormous obstacles in the attempt. Do your ministries of health need the support of national health councils and health development centres to establish and maintain your health strategies? Use your WHO to work out together how best to deal with these issues. Then put into practice in your own country what you have worked out together in WHO. If you are not afraid to start the process, I promise you that WHO will do all it can to give that process full momentum. It will do so both by providing a political forum and by working as an active intermediary to ensure that the international community participates in providing the resources required.

35. Talking of resources, a Health/2000 Resources Group has just been established under the aegis of WHO. Its purpose is to rationalize the transfer of resources to support the developing countries in carrying out their strategies for health for all. Large sums of money are at stake—about 2000 million dollars a year. We are not looking for additional funds for WHO's programmes. We are using WHO as an agent to match resources with requirements and thus make the most of whatever can be made available in favour of those most in need. Success will depend on your involvement, first of all by developing sound strategies, and then by identifying what resources you really require to give these strategies a push in the right direction until you can eventually take over entirely by yourselves.
36. Mechanisms do exist to help you work out how best to use your WHO. You have a highly flexible process of programme budgeting at the country level. You need not decide on specifics too far in advance. You can define your priority needs in terms of broad programmes, deferring until nearer the operational period your detailed requirements both to develop and to implement these programmes. You therefore have a golden opportunity to develop with WHO genuine technical cooperation programmes, but I am sorry to say that you are still not using that process to the best advantage. You still appear to be making use of WHO's resources for fragmented activities that cannot possibly have a lasting effect on your national strategies. So please use the programme budgeting process as it was planned - for you to use your WHO in your best interests.

37. The Executive Board is in the course of preparing the Seventh General Programme of Work for the period 1984-1989. Make sure that your Organization uses that Programme to support your strategies, by defining clearly what each and everyone of us should do and how we should do it - who should systematically work to strengthen the health infrastructure and how this should be done; who should devote themselves to the scientific and technological endeavours required to ensure health technology that is indeed appropriate, and how this should be done; who should deal with the related health systems research, and how best to deal with this; and who should ensure the political, social, financial and managerial support, and how best to ensure it.

38. Mr Chairman, honourable representatives, I have tried to illustrate how in this era of health expectations WHO can be of use to you by fulfilling its directing and coordinating role in international health work. I have also tried to illustrate how it can be of use to you by fulfilling its closely related roles of generating ideas and information, using these in its technical cooperation with you, and facilitating technical cooperation among yourselves. Please make use of WHO in all these roles to the maximum. Your Organization is geared up to be made use of by you in an unprecedented way. It is in a unique position internationally. You have made it that way. Please, use it that way.