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STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000:
REVIEW OF PROGRESS TOWARDS DEVELOPMENT OF
NATIONAL STRATEGIES AND PLANS OF ACTION

Report of the Sub-Committee of the Regional Committee
on the General Programme of Work - Part II

Having completed its review of the country visit reports and having considered the document "Study of WHO's structures in the light of its functions",² the Sub-Committee on the General Programme of Work went on to consider document A32/8 "Formulating strategies for health for all by the year 2000". The following comments and recommendations are submitted for the consideration of the Regional Committee.

Considerable discussion centred on the meaning and implications of the goal "health for all by the year 2000". The Sub-Committee finally accepted as a working definition of the principal goal of WHO, the attainment by all of a level of health that will permit each person to lead a socially and economically productive life,³ with the proviso that, within the Region, Member States should strive to attain the indicators of health status corresponding to a minimum life expectancy of 60 years or more at birth, and a maximum infant mortality rate of 50 per thousand live births within the shortest period of time before the year 2000.

In the opinion of the Sub-Committee, these goals could best be achieved through the provision of the basic health care services and environmental programmes that were now combined in the term "primary health care". Countries that had already attained those targets should continue to strive for better health for all by the year 2000 and, where practicable, cooperate with other countries within the Region to meet the accepted minimum health levels.

The WHO Regional Office could play an important role in coordinating and developing this form of bilateral and multilateral cooperation. The Sub-Committee further recommended that the Regional Committee should now endorse and promote those goals as priorities for bilateral and multi-lateral programmes by Member States within the Region.

¹Document A32/8 (see document WPR/RC30/11 Part II Add.2).

²Document DGO/78.1, issued under cover of document WPR/RC29/18. For consideration of this topic, see document WPR/RC30/11 Part I, Section 4.

³See resolution WHA30.43, WHO Handbook of Resolutions and Decisions, Volume II (3rd edition), 1979, page 3.

Recognizing the importance of document A32/8 and the need for national governments and ministers of health to be fully informed of the regional and global as well as national implications, the Sub-Committee recommended that the Regional Committee request the Regional Director to make formal visits to each Member State to brief heads of government and ministers of health, and leaders of professional health organizations and health administrations on the significance of the new strategy policy and to invite their cooperation and commitment in accordance with the global policy of health promotion.

The Sub-Committee recommended that the Regional Committee endorse the proposal that each Member State should initiate national planning, strategies and actions by the year 1980. Within the context of the national plan, countries should be invited to indicate their requirements in terms of bilateral and multilateral cooperation.

As a means of developing country health programmes in conformity with the national health plan, the Sub-Committee supported the proposal that health administrations set up and strengthen planning and advisory agencies and/or national health councils. To meet the future need for more effective health administration, priority should be given by the WHO Regional Office to the development and extension of appropriate training courses in health planning and management.

The Regional Committee is recommended to adopt the proposal that regional strategies be formulated but the Sub-Committee considered that the setting of well-defined objectives and related targets should await consideration at the Regional Committee of the comments made by individual Member States on document A32/8. Annex 1 gives a summary of the responses received from Member States. Should the Regional Committee agree to the proposal that regional strategies based on national strategies be formulated and to the timetable for 1980 appearing on pages 57-58 of document A32/8, that is submission (by June 1980) of reports on national strategies and plans, for consideration by the Regional Committee at its thirty-first session (September 1980), it may wish to consider the following:

- (1) that Member States be asked to make proposals with respect to the ten issues listed in Annex 2 which it is suggested be addressed by regional strategies. Such proposals would also be submitted in June 1980 at the same time as the reports on national strategies and would be reviewed by the Regional Committee at its thirty-first session later in 1980;
- (2) that the Secretariat be authorized to develop an outline for Member States to follow when preparing their reports on national strategies and plans of action for submission in June 1980. Such an outline would take into consideration the general framework discussed by the Sub-Committee;
- (3) that an appropriate Sub-Committee be authorized to submit an outline of suggested indicators, targets and objectives for the Region.

ANNEX 1

ABSTRACTS OF PROGRESS REPORTS ON STRATEGIES

1. Australia

The Government feels that the aim of the strategy should be the provision of adequate health care to all by the year 2000. The provision of health services is shared by the seven State governments, the Federal Government, and private enterprise. Primary health care is an integral part of the entire health services delivery system. The special health care needs of certain specific populations (i.e. immigrants, aborigines, the handicapped) are also attended to.

The Government is chiefly concerned with the spiralling costs of health care and intends to rectify that situation through a rationalization of resources, with increased emphasis on preventive community basic services and environmental health measures instead of establishment of new institutional health services. It welcomes the emphasis on community participation. The population in general is adequately served. However, the Government would like to pay more attention to groups with special needs.

2. Hong Kong

Policies and strategies

The need to safeguard and promote the general public health of the community and to ensure the provision of medical and personal health facilities for the people of Hong Kong are the main principles underlying the 1974 White Paper on the Further Development (1974 to 1983) of Medical and Health Services in Hong Kong. The broad objectives of that paper include the construction of new hospitals and clinics and improvement of standards of existing hospitals, the building up of medical and health services in the new towns and the New Territories and improvement and expansion of existing health services, the consolidation and expansion of the family planning service, provision of specialist treatment for psychiatric cases and the elderly, further development of the medical treatment of drug addiction and the improvement of general dental health.

Progress in the implementation of those objectives is reviewed and monitored by a medical development advisory committee. Plans are then revised if necessary to ensure that they keep in step with the developing requirements of the population.

Plan of action

The development programme for the provision of medical and health services to the community so as to attain an acceptable level of health for all is a continuous process, and some of the efforts made and plans of action decided since the publication of the 1974 White Paper include:

- (1) regional approach - the Medical and Health Department adopted in 1977 a coordinated system for the administration, management and planning of medical and health services on a regional basis, aimed at ensuring a better appreciation of the medical and health needs of each of the main population centres and the optimum and even use of available facilities. Progress is being monitored and the results so far are encouraging;
- (2) improving primary health care - efforts in that direction include the building of new hospitals and general and specialist clinics, with priority for the new towns and the New Territories, for the provision of a wide range of in-patient, out-patient, preventive and specialist services; expansion of the family health service; introduction of the community nursing service in 1979; introduction of a methadone maintenance scheme in 1974 and a methadone detoxification scheme in 1976 for drug addicts; inclusion, in 1978, of antirubella vaccination into the public immunization programme, covering girls aged 11-14 years and females of child-bearing age; and introduction of the school dental health service by 1980;
- (3) health manpower development and training - establishment of a second medical school at the Chinese University of Hong Kong, a dental school at the University of Hong Kong and a third nurses training school is envisaged. A dental nurses training school was established in 1978 and training courses for various paramedical personnel have commenced at the Hong Kong Polytechnic. Overseas recruitment and training will be continued and expanded;
- (4) health education - the Central Health Education Unit was set up in 1978 within the Medical and Health Department to coordinate and stimulate health education activities both within the services of the Department and also in conjunction with other interested departments and voluntary organizations in the community. It also undertakes health information dissemination and activities related to the introduction of new services and promotion of the utilization of services;
- (5) industrial health - the Industrial Health Division of the Labour Department will be reorganized in 1979 in order to expand and develop the present service into a full occupational health service headed by a consultant.

3. Lao People's Democratic Republic

The priority tasks to be undertaken in order to achieve the planned objectives are the following:

- (1) expansion of the health network, especially in rural areas, i.e. agricultural cooperatives to enhance production;
- (2) emphasis on primary health care, prevention and control of epidemics and communicable diseases (immunization, malaria control), environmental health, maternal and child health and education and training of health manpower;

- (3) establishment and expansion of hospitals and dispensaries in cities and rural areas;
- (4) improvement of schools of medicine, laboratories and orthopaedic centres;
- (5) establishment and improvement of drug production and research laboratories (both pharmaceuticals and traditional medicines).

4. New Zealand

- (1) political commitment - the Government is committed to the betterment of the health of its people. It is particularly concerned with the health of specific population groups;
- (2) inter- and intra-sectoral coordination - for this purpose the following are operative:
 - (a) national advisory committees and the various sub-committees of the Board of Health;
 - (b) regional coordinating committees for voluntary organizations (i.e. the Plunket Society);
 - (c) coordinating committees to develop community health proposals at central and district level;
 - (d) various committees for special needs also exist such as the committee on smoking and health, the alcoholic liquor advisory committee, the coordinating committee for disposal of the community health fund;
 - (e) pilot schemes in two regions in which a board takes over the administrative services previously provided by the hospital board and district health office; eventually to have regional boards of health in all regions;
- (3) TCDC activities - assistance to developing countries is carried out through aid schemes administered by the Ministry of Foreign Affairs. In health matters, the Ministry of Health collaborates with the Ministry of Foreign Affairs. It is intended to improve the international health aid scheme. A machinery for continuing consultation and for the evaluation of aid programmes will be developed, as well as a system for the definition of priorities;

The country is active in information exchange and will continue to be so. It will continue to provide training to staff from other countries on a bilateral basis and upon arrangement by international agencies such as WHO;

- (4) strategies for health for all by the year 2000 - these are as follows:
- (a) provision of potable fluoridated water supplies and adequate waste disposal systems to all towns of over 500 inhabitants;
 - (b) 90-95% coverage of the eligible population by immunization programmes;
 - (c) strengthening and adjustment, after pilot studies, of health manpower establishments, including manpower provided by voluntary organizations, in order to enhance their relevance to differing needs;
 - (d) further strengthening of child health services, school health services, health educational programmes, and community health;
 - (e) extension of the regional health board scheme throughout the country, provided that pilot studies demonstrate that it provides an advantage over the present national health board scheme;
 - (f) review of the method of payment for health care to make it more suitable to practice conditions and health requirements;
 - (g) review and improvement of the international health aid scheme.

5. Papua New Guinea

The Ministry of Health intends to discuss with the National Executive Council the subject of primary health care to get further commitment. It will request the National Planning Office to coordinate and relate development projects to primary health care so that they will have better contributory components.

Intrasectoral coordination is discussed in the context of the different divisions and service units of the Ministry. However, there are certain facts known, namely: (a) that church health services have been integrated into the government health services; and (b) through the country health programming advisory committee and its subcommittees, the views of divisions/ service units of the Ministry of Health, churches and training institutions are articulated.

Intersectoral action and support are mainly channelled through the national development strategy and the national public expenditure plan. The latter is the Government's national management tool, which will provide administrative mechanisms to regulate government spending that is to be focused on some important health-related sectors, such as improvement of rural welfare, rural education, food production and nutrition. The plan could be particularly valuable in ensuring that health systems are developed as an integral part of overall social and economic development.

The one aspect of the country health programming process that requires further strengthening is appropriate provincial health planning to ensure the orderly development of comprehensive health care with the primary health care approach, using all available resources, both domestic and external, on a province-by-province basis. The "province-by-province" approach is considered to be appropriate, starting with those provinces in greatest need and progressively covering the whole country.

As part of its activities for technical cooperation among developing countries, the country has been training staff from other countries. It is also an active participant in the South Pacific joint pharmaceutical service.

Among the programmes effectively supported by WHO are country health programming, primary health care, diseases control and health manpower development.

6. Philippines

The Government is committed to the principles of primary health care and country health programming. It is in the process of completing a document on organizational strategy and a plan of action for achieving health for all Filipinos by the year 2000.

The Government does not intend to establish new structures for coordination. Rather, it intends to improve the functioning of its regional, provincial, and municipal development councils as well as the barangay (village) movement. It is reluctant to accept the national health council idea but favours the establishment of a national health development system (instead of a centre).

At the national level, coordination is achieved through the Social Development Committee of the National Economic and Development Authority and the Philippines/WHO Health Development Coordinating Committee.

The principal features of the strategy are:

- (1) development of community health care programmes and a community health care delivery system;
- (2) reorientation and strengthening of the Ministry of Health health care delivery system;
- (3) engagement of private and other government sectors in health development activities, in support of community health programmes.

7. Samoa

The relevant policies of the Government are being written into the fourth five-year development plan, which will begin in 1980. The main features are as follows:

- (1) The principal thrust of the health care delivery system will be in the area of primary health care.
- (2) The active participation of the community in the planning and delivery of health care and the prevention of disease and promotion of positive health will be sought in order to ensure the accessibility, acceptability and high quality of health care within the limits of available resources.
- (3) There will be a deliberate shift in allocation of resources to ensure that health services at the periphery are strengthened so that much of the health care can be delivered close to the homes of the people. This will include upgrading of regional and district hospitals.
- (4) There will be adequate support for the completion of the national hospital and the national laboratory to meet the demands for modern standards of treatment and rehabilitation in respect of established diseases.
- (5) The existing emphasis on preventive medicine will be continued and strengthened and special attention will be given to environmental and occupational health.
- (6) The most important contribution to good health care is the provision of appropriate manpower to meet health delivery needs at all levels. The Government will embark on a health manpower development programme to identify, select, train and deploy the necessary staff to achieve its objective of the highest level of health of the people attainable.
- (7) The Government has embarked upon a thorough reorganization of the health services and will continue to strengthen the administration to achieve a high degree of effective management consistent with appropriate economy in the use of national resources.

8. Singapore

The Ministry of Health has supported the projects of the Housing and Developmental Board and is restructuring its services in accordance with the needs of populations resettled in such projects. It coordinates with the Ministry of Education in providing school health services, and shares the concern of the Ministry of Labour for industrial health and safety. It is also deeply concerned with health education for the prevention of non-communicable diseases.

The Government is an active participant in studies suggested at a meeting of ASEAN experts on health and nutrition development held in April 1979. It also coordinates the utilization of research findings in population and family planning for policy formulation and programme management in ASEAN countries.