

Global Strategy for Health for All by the Year 2000



WORLD HEALTH ORGANIZATION

GENEVA

1981

2

Global Strategy for Health for All by the Year 2000



11 **WORLD HEALTH ORGANIZATION**

2 **GENEVA**

1981

ISBN 92 4 180003 8

© World Health Organization 1981

Publications of the World Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. For rights of reproduction or translation of WHO publications, in part or *in toto*, application should be made to the Office of Publications, World Health Organization, Geneva, Switzerland. The World Health Organization welcomes such applications.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions expected, the names of proprietary products are distinguished by initial capital letters.

PRINTED IN SWITZERLAND

81/4992 - La Concorde - 12 000

Contents

	<i>Page</i>
PREFACE	7
EXECUTIVE SUMMARY	11
INTRODUCTION	15
I. WORLD HEALTH AND RELATED SOCIOECONOMIC PROBLEMS AND TRENDS	19
Survival	19
Causes of death and disease	19
Undernutrition	21
Literacy	21
Economic situation	21
Health systems	22
Management	22
Health manpower	23
Health expenditure	23
Health and related socioeconomic indicators	24
Demographic trends	26
Urbanization	26
Illustration of world demographic trends	27
Health effects of demographic trends	27
Prospective background for the Global Strategy	29
II. HEALTH POLICY AND RELATED SOCIOECONOMIC POLICY	31
Towards health for all	31
Fundamental policies for health for all	34
Health and socioeconomic development	35
The New International Economic Order	37
III. DEVELOPING HEALTH SYSTEMS	39
National action	39
Essential characteristics of the health system	39
Building up the health system	40

Coordination within the health sector	42
Intersectoral action	42
Organizing primary health care in communities	43
Referral system	44
Logistic system	44
Health manpower	44
Health care facilities	45
Health technology	46
Health systems research	46
Essential elements of primary health care	47
Social control	48
Targets	49
International action	49
Information exchange	49
Research and development	50
Technical support	50
Training	51
Promoting coordination within the health sector	51
Promoting intersectoral action	51
Essential elements of primary health care	52
Global targets	53
IV. PROMOTING AND SUPPORTING HEALTH SYSTEM DEVELOPMENT	55
Ensuring political commitment	55
Ensuring economic support	57
Winning over professional groups	58
Establishing a managerial process	59
Reorienting research	61
Information	62
V. GENERATING AND MOBILIZING RESOURCES	65
Development of human resources	65
Financial and material resources	67
Cost estimates	69
VI. INTERCOUNTRY COOPERATION	71
Technical and economic cooperation among developing countries	71
Technical cooperation among developed countries	71
Cooperation among developed and developing countries	72
WHO's regional arrangements	72

VII.	MONITORING AND EVALUATION	73
	National monitoring and evaluation process	73
	National indicators	73
	Regional and global monitoring and evaluation	74
	Global indicators	74
	Reporting on progress and assessing impact	76
VIII.	THE ROLE OF WHO	79
	WHO's General Programmes of Work	79
	WHO's structures in the light of its functions	79
	Promotion and coordination	80
	TCDC	81
	Technical information	81
	Research and development	82
	Management	82
	Training	82
	Coordination within the health sector	83
	Promoting intersectoral action	83
	Generating and mobilizing resources	84
	Global programmes for the essential elements of primary health care	85
	Action at national, regional and global levels	85
	WHO secretariat	87
	The Director-General of WHO	87
IX.	CONCLUSION	89

2

Global Strategy for Health for All by the Year 2000



1 WORLD HEALTH ORGANIZATION

2 GENEVA

1981

WORLD HEALTH ORGANIZATION

"HEALTH FOR ALL" SERIES, No. 3

Global Strategy for Health for All by the Year 2000

CORRIGENDA

Page 55, paragraph 2, 9th line

The word "not" should be deleted, making the third sentence read as follows:

This does not necessarily imply direct administration of all health facilities, since most health systems by their very definition will include elements that are not administratively subordinate to the ministry of health; it does imply the responsibility for channelling activities into the national strategy for health for all and coordinating them on behalf of the government, both within the health sector, no matter what the executing agency or institution, as well as within other sectors through the appropriate channels.

Page 74, paragraph 6, 2nd line

Delete: The implies the commitment of countries,

Insert: This implies the commitment of countries,

Contents

	<i>Page</i>
PREFACE	7
EXECUTIVE SUMMARY	11
INTRODUCTION	15
I. WORLD HEALTH AND RELATED SOCIOECONOMIC PROBLEMS AND TRENDS	19
Survival	19
Causes of death and disease	19
Undernutrition	21
Literacy	21
Economic situation	21
Health systems	22
Management	22
Health manpower	23
Health expenditure	23
Health and related socioeconomic indicators	24
Demographic trends	26
Urbanization	26
Illustration of world demographic trends	27
Health effects of demographic trends	27
Prospective background for the Global Strategy	29
II. HEALTH POLICY AND RELATED SOCIOECONOMIC POLICY	31
Towards health for all	31
Fundamental policies for health for all	34
Health and socioeconomic development	35
The New International Economic Order	37
III. DEVELOPING HEALTH SYSTEMS	39
National action	39
Essential characteristics of the health system	39
Building up the health system	40

Coordination within the health sector	42
Intersectoral action	42
Organizing primary health care in communities	43
Referral system	44
Logistic system	44
Health manpower	44
Health care facilities	45
Health technology	46
Health systems research	46
Essential elements of primary health care	47
Social control	48
Targets	49
International action	49
Information exchange	49
Research and development	50
Technical support	50
Training	51
Promoting coordination within the health sector	51
Promoting intersectoral action	51
Essential elements of primary health care	52
Global targets	53
IV. PROMOTING AND SUPPORTING HEALTH SYSTEM DEVELOPMENT	55
Ensuring political commitment	55
Ensuring economic support	57
Winning over professional groups	58
Establishing a managerial process	59
Reorienting research	61
Information	62
V. GENERATING AND MOBILIZING RESOURCES	65
Development of human resources	65
Financial and material resources	67
Cost estimates	69
VI. INTERCOUNTRY COOPERATION	71
Technical and economic cooperation among developing countries	71
Technical cooperation among developed countries	71
Cooperation among developed and developing countries	72
WHO's regional arrangements	72

VII. MONITORING AND EVALUATION	73
National monitoring and evaluation process	73
National indicators	73
Regional and global monitoring and evaluation	74
Global indicators	74
Reporting on progress and assessing impact	76
VIII. THE ROLE OF WHO	79
WHO's General Programmes of Work	79
WHO's structures in the light of its functions	79
Promotion and coordination	80
TCDC	81
Technical information	81
Research and development	82
Management	82
Training	82
Coordination within the health sector	83
Promoting intersectoral action	83
Generating and mobilizing resources	84
Global programmes for the essential elements of primary health care	85
Action at national, regional and global levels	85
WHO secretariat	87
The Director-General of WHO	87
IX. CONCLUSION	89

PREFACE

In 1979, the Thirty-second World Health Assembly launched the Global Strategy for health for all by the year 2000 by adopting resolution WHA32.30. In this resolution the Health Assembly endorsed the Report and Declaration of the International Conference on Primary Health Care, held in Alma-Ata, USSR, in 1978. In the same resolution, the Health Assembly invited the Member States of WHO to act individually in formulating national policies, strategies and plans of action for attaining this goal, and collectively in formulating regional and global strategies, using as a basis the guiding principles issued by WHO's Executive Board in the document entitled Formulating Strategies for Health for All by the Year 2000. A large number of countries in all regions have since formulated national strategies, and all regions have drafted regional strategies. The Global Strategy that follows has been based on the Alma-Ata Report and Declaration and the Executive Board's guiding principles; it reflects the national and regional strategies as seen from a global perspective. It also responds to resolution 34/58 of the United Nations General Assembly concerning health as an integral part of development, which was adopted in November 1979.

This Global Strategy for health for all by the year 2000 was adopted by the Thirty-fourth World Health Assembly in resolution WHA34.36, which reads as follows:

The Thirty-fourth World Health Assembly,

Recalling WHO's constitutional objective of the attainment by all peoples of the highest possible level of health, the Declaration of Alma-Ata, and resolutions WHA30.43, WHA32.30, and WHA33.24 concerning health for all by the year 2000 and the formulation of strategies for attaining that goal, as well as resolution 34/58 of the United Nations General Assembly concerning health as an integral part of development;

Having reviewed the Strategy submitted to it by the Executive Board in the document entitled "Global strategy for health for all by the year 2000";

Considering this Strategy to be an invaluable basis for attaining the goal of health for all by the year 2000 through the solemnly agreed, combined efforts of governments, people and WHO;

1. **ADOPTS** the Global Strategy for health for all by the year 2000;
2. **PLEDGES** WHO's total commitment to the fulfilment of its part in this solemn agreement for health;
3. **DECIDES** that the Health Assembly will monitor the progress and evaluate the effectiveness of the Strategy at regular intervals;
4. **INVITES** Member States:
 - (1) to enter into this solemn agreement for health of their own volition, to formulate or strengthen, and implement, their strategies for health for all accordingly, and to monitor their progress and evaluate their effectiveness, using appropriate indicators to this end;
 - (2) to enlist the involvement of people in all walks of life, including individuals, families, communities, all categories of health workers, non-governmental organizations, and other associations of people concerned;
5. **REQUESTS** the Executive Board:
 - (1) to prepare without delay a plan of action for the immediate implementation, monitoring and evaluation of the Strategy, and submit it, in the light of the observations of the regional committees, to the Thirty-fifth World Health Assembly;
 - (2) to monitor and evaluate the Strategy at regular intervals;
 - (3) to formulate the Seventh and subsequent General Programmes of Work as WHO's support to the Strategy;
6. **REQUESTS** the Regional Committees:
 - (1) to review their regional strategies, update them as necessary in the light of the Global Strategy, and monitor and evaluate them at regular intervals;
 - (2) to review the Executive Board's draft plan of action for implementing the Strategy and submit their comments to the Board in time for it to consider them at its sixty-ninth session in January 1982;
7. **REQUESTS** the Director-General:
 - (1) to ensure that the Secretariat at all operational levels provides the necessary support to Member States for the implementation, monitoring and evaluation of the Strategy;

- (2) to follow up all aspects of the implementation of the Strategy on behalf of the Organization's governing bodies, and to report annually to the Executive Board on progress made and problems encountered;
- (3) to present the Strategy to the United Nations Economic and Social Council and General Assembly in 1981, and report to them subsequently at regular intervals on progress made in implementing it as well as United Nations General Assembly resolution 34/58.

Executive Summary

1. The following Executive Summary, which incorporates the main features of the Global Strategy for health for all by the year 2000,¹ is intended for the reader who would like to have a general view of the Strategy at the outset.

2. In 1977 the World Health Assembly decided that the main social target of governments and of WHO should be the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life, popularly known as "health for all by the year 2000". In 1978, an International Conference on Primary Health Care, held in Alma-Ata, USSR, stated that primary health care is the key to attaining this target.

Background

3. In 1979 the Health Assembly launched the Global Strategy for health for all when it endorsed the Alma-Ata Report and Declaration² and invited Member States to act individually in formulating national strategies and collectively in formulating regional and global strategies.

4. In 1979, the Executive Board of WHO issued guiding principles for formulating strategies for health for all by the year 2000.³ In this document, the Board described a health strategy as the broad lines of action required in all sectors to give effect to health policy. The Strategy that follows describes the broad lines of action to be undertaken at policy and operational levels, nationally and internationally, in the health sector and in other social and economic sectors, to attain health for all by the year 2000.

What is a strategy?

5. Most global plans of action resulting from international conferences have been formulated at the global level in the course of these conferences. In contrast, the Global Strategy for health for all starts with countries, and is built up through regions to the global level, where the cycle is completed by focusing on support to countries. It is not a separate "WHO strategy", but rather an expression of individual and collective national responsibility, fully supported by WHO.

6. In these circumstances is a *global* strategy a viable concept? Experience, particularly that gained from the International Conference on Primary Health Care, has shown that there is a need to issue at the global level guiding principles based on national experience, to work on these in countries, and to reinforce or

¹This will be referred to throughout as "the Strategy".

²*Alma-Ata 1978. Primary health care*, Geneva, World Health Organization, 1978 ("Health for All" Series, No. 1).

³*Formulating strategies for health for all by the year 2000*, Geneva, World Health Organization, 1979 ("Health for All" Series, No. 2).