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UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY

Report on the twenty-second session held
at the headquarters of the World Health Organization
Geneva, 29-31 January 1879

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UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY

Twenty-second Session

Geneva, 29-31 January 1979

JC22/UNICEF-WHO/79.17

ORIGINAL: ENGLISH

REPORT ON THE TWENTY-SECOND SESSION HELD AT THE HEADQUARTERS OF THE WORLD HEALTH ORGANIZATION

CONTENTS

1. OPENING OF THE SESSION, AND ATTENDANCE

1.1 Dr T. A. Lambo, Deputy Director-General of WHO, formally opened the meeting and welcomed the participants on behalf of the Director-General.

In his introductory remarks he stressed the importance of the Committee in furthering the collaboration of UNICEF and WHO, particularly in the field of primary health care, which had been recently endorsed by the WHO Executive Board as a priority programme.

In presenting the agenda, he emphasized the need to marshal political support to implement all the activities necessary to reach the objectives of the International Water Conference. The views of the Committee and its guidance with regard to the future collaboration of the two organizations would be highly appreciated.

Dr C. Egger, Deputy Executive Director of UNICEF, emphasized the need for both organizations to strengthen their capacity to provide meaningful support to countries for the implementation of primary health care. He stressed the need to maintain the momentum of the international commitment expressed at Alma-Ata and the close ties of partnership as a basis for the work of WHO and UNICEF.

1.2 The Secretary recalled the Committee's terms of reference as approved by the Executive Board of WHO at its January/February 1960 session, and the Executive Board of UNICEF at its March 1960 session.

1.3 List of participants

Representatives

UNICEF Executive Board	WHO Executive Board
Mr M. Candau	Dr A. M. Abdulhadi (Chairman)
Dr Z. Hasan (Rapporteur)	Dr Aung Than Batu (Rapporteur)
Mr R. M. Linjewile	Dr D. Galego Pimentel
Dr G. Lythcott	Dr A. Lari
Dr D. Mateljak	Dr J. de Deus Lisboa Ramos
Mrs S. Ogata	Dr M. Violaki-Paraskeva

Joint Secretaries of the Committee: Dr P. L. Fazzi and Dr A. Mochi

Secretariat

UNICEF

Dr C. Egger, Deputy Executive Director, Programmes
Mr B. Bowles, Senior Adviser (Programme Policies)
Mr M. Assadi-Baiki, Deputy Director, Programme Division
Mr M. G. Beyer, Senior Adviser, Drinking Water Programmes
Mr G. Carter, Director UNICEF Office, Europe
Mr D. W. Shields, Chief, External Relations Division
Mrs F. Dunoyer, External Relations

WHO

Dr H. Mahler (Director-General)
Dr T. A. Lambo (Deputy Director-General)
Dr S. Flache, Assistant Director-General
Dr D. Tejada-de-Rivero, Assistant Director-General
Dr I. Ladnyi, Assistant Director-General
Dr J. L. Kilgour, Director COR
Dr G. Meilland, CPD
Dr O. W. Christensen, CWO
Dr B. Dieterich, Director EHE
Mr J. Lanoix, EHE

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Mr R. Davies, ETS
Dr E. Tarimo, Director SHS
Dr B. el Bindari Hammad, PHC
Dr A. Petros-Barvazian, Director FHE
Dr G. Sterky, MCH
Dr N. Sartorius, Director MNH
Miss E. Meyer, MNH
Dr R. Henderson, Programme Manager EPI
Dr S. Butera, PDT
Dr W. Wanandi, DPM
Dr M. H. Merson, BVI

2. ELECTION OF CHAIRMAN AND RAPPORTEURS

Dr A. M. Abdulhadi was unanimously elected Chairman.

Dr Z. Hasan was elected Rapporteur for UNICEF and Dr Aung Than Batu Rapporteur for WHO.

3. ADOPTION OF THE AGENDA

The Committee adopted the following agenda:

1. Election of Chairman
2. Election of Rapporteurs
3. Adoption of the agenda
4. Primary health care - follow-up of the Alma-Ata Conference
5. UNICEF/WHO joint study on water supply and sanitation components of primary health care
6. Training in maternal and child health
7. Child mental health
8. Subjects for the information of the Committee:
   - 8.1 Expanded Programme on Immunization
   - 8.2 Action programme on essential drugs
   - 8.3 Diarrhoeal diseases control programme
9. Selection of future study by the Committee
10. Other matters
11. Adoption of the report on the twenty-second session

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4. PRIMARY HEALTH CARE - FOLLOW-UP OF THE ALMA-ATA CONFERENCE

The Committee reaffirmed that primary health care was an all-encompassing approach to health development, as stated in the Alma-Ata recommendations. It therefore viewed all the subjects on its agenda as components of primary health care.

In its discussion, which was based on document JC22/UNICEF-WHO/79.2 and its addendum, the Committee bore in mind the major constraints outlined in paragraph 6 of that document. Although there was general agreement by national authorities on the importance of health, there was often no tangible political commitment and, in some extreme instances, even a general apathy. There were sectoral barriers with no communication between them, especially between those departments dealing with major components such as water, drugs, etc.; weaknesses in the health ministries preventing them from making the necessary links with sectors dealing with health (private practice, social insurance schemes, etc.) and those of socioeconomic development - links that were vital if health was to be included as an indispensable component and tool of socioeconomic development plans; the isolation and restriction of health activities to the ministries of health and the failure to include them in broad socioeconomic development plans, and the consequent inability to attract the significant resources required; the predominant medical orientation of health ministries, with the consequent difficulty of upholding health within wider developmental contexts; lack of social awareness of many health workers and their professional resistance; and, finally, lack of machinery and means of channelling community participation - the consequence being lack of enlightened communities who actively and responsibly take action exerting the necessary pressures for needed reforms.

The Committee affirmed that a means of redressing this situation was primary health care, which countries collectively chose in Alma-Ata as the strategy that would enable them to reach an acceptable level of health for all their people to live a socially and economically productive life by the year 2000. In this context it was important to raise the level of health consciousness both at the local and national levels and throughout the international community. The Committee emphasized the need for WHO and UNICEF to continue advocating that in national and international development efforts greater priority be given to the major health problems and needs of the majority of the world's population, especially the underserved.

Furthermore, the Committee emphasized the need to ensure that the primary health care approach receives the attention it deserves in the strategy for the next United Nations Development Decade and within the context of the new International Economic Order. It was also suggested that the subject of United Nations support for primary health care should be placed before the Administrative Committee on Coordination (ACC).

The Director-General of WHO and the Executive Director of UNICEF had reported on the Alma-Ata Conference to the ACC at its December 1978 session, and a report will be submitted to the Economic and Social Council at its summer 1979 session.

The views expressed by members of the Committee during the discussion are summarized below.

Primary health care should be seen as an integral part of socioeconomic development; it inevitably concerns many sectors, and a policy consensus among them is necessary.

National institutions for overall planning and development, which already exist in some developing countries (for example, national planning centres and national development institutes whose activities include the health sphere) should be used by all sectors concerned to develop integrated plans.

Technical cooperation among developing countries was seen as one of the most important means for countries to make headway in primary health care, and should be used to the maximum in channelling resources.

In order to facilitate the cooperation of the sectors concerned with primary health care at the country level and to ensure the best use of available resources, the relevant United Nations agencies must themselves have a common policy and a coordinated approach. Only in this way could they provide the necessary support needed for such a comprehensive approach as primary health care.

The mechanisms to achieve this included joint or coordinated programming in support of national plans, and promotion and support of primary health care in zonal development programmes of a multisectoral nature.

UNDP Resident Representatives, as coordinators of United Nations operational activities for development cooperation at the country level, should play a central role in enlisting sectoral support from various sources.

The Committee devoted special attention to the respective fields of competence of WHO and UNICEF and the question of coordination, and emphasized the following.

In carrying out their responsibilities to support developing countries, UNICEF and WHO should re-examine and improve their systems of cooperation at all levels, and particularly at country level. In this connexion, the Committee noted that the differences in the constitutional objectives, functions and organizational structures of WHO and UNICEF required special attention in order to ensure that functions were as complementary as possible.

In order to fulfil their functions better and to make more effective use of limited resources WHO and UNICEF should jointly promote the identification and development of instruments of work for use by countries both individually and collectively - including lists of national institutions and national experts, and yardsticks to measure progress made in the development of primary health care.

The Committee stressed that appropriate policy guidelines and directives governing the work priorities for both organizations should be spelt out to guide actions such as recruitment and orientation of personnel.

Joint training and orientation for UNICEF/WHO staff workshops and seminars should be undertaken to ensure their dynamic and informed support for primary health care at all levels of both organizations. The participation of other bodies in such training, in particular UNDP, should be encouraged.

Finally, members stressed that the implementation of primary health care would require the reorientation of resources both within developing countries and from external aid organizations. Indeed, the sustained and progressively increasing flow of resources would have to be ensured over many years in order that primary health care might be extended to all in need.

The Committee strongly endorsed document JC22/UNICEF-WHO/79.2 and adopted the recommendations contained therein.

5. UNICEF/WHO JOINT STUDY ON WATER SUPPLY AND SANITATION COMPONENTS OF PRIMARY HEALTH CARE

The Committee had before it document JC22/UNICEF-WHO/79.3 (a report on the UNICEF/WHO joint study on water supply and sanitation components of primary health care) and JC22/UNICEF-WHO/79 Conference Room Document No. 1 (containing background material).

The subject had been selected for study by the twenty-first session of the Committee in view of the importance of the role of both water and sanitation in the protection and promotion of health, their importance as factors of community development, and the challenge presented by the need to adapt the necessary technology and to educate the public.

The study was based on case studies carried out in Bangladesh, Colombia, Ghana, India, Nepal, and the Philippines by nationals of those countries. It had also included a review of other documented experiences and had taken into account the deliberations of the Alma-Ata Conference, which had provided an approach for meeting the targets set by the United Nations Water Conference for the International Drinking-Water Supply and Sanitation Decade. The overwhelming problems involved in supplying water and sanitation for rural areas could only be solved by using the primary health care approach.

A problem existed also in urban areas, where a different approach was needed. The report emphasized both the need for greatly increasing the attention given to sanitation, d the importance of cooperative action of the international community at country level. The recommendations were addressed jointly to WHO and UNICEF because they cooperated in work on many aspects of water and sanitation. Their respective responsibilities had been worked out by agreement. The attention of the Committee was drawn to resolution EB63.R32 of the WHO Executive Board, concerning follow-up to the Action Plan adopted by the United Nations Water Conference.

During the discussion the Committee welcomed the report as a valuable document; it stressed the importance of water supply and sanitation as health measures for the underserved rural and fringe urban populations, and the need to give far greater emphasis to sanitation. The primary health care approach for the provision of water supply and sanitation required trained manpower to support community participation. More attention needed to be given to the key role of the community particularly in the operation and maintenance of water supply and sanitation facilities.

The importance of water supply and sanitation varied in different countries: in some countries they affected the quality of life, and in others the very expectation of life. Increased emphasis should be given to the integration of water supply and sanitation with other sectors, taking into account other national objectives. In this connexion reorientation was needed in the training of engineers, health workers, social scientists and all those involved in the development process.

Despite the positive trends at the international level regarding the provision of water supply and sanitation, much remained to be done.

Increased attention should be given to rural areas, where it was estimated that the total investments had to be increased 3.9 times for water supply and 4.0 times for excreta disposal over the current levels of annual investment to meet the targets of the International Drinking-Water Supply and Sanitation Decade. It was important to encourage bilateral and multilateral assistance, to see that any such increase was matched by a corresponding increase in national resource inputs, and to ensure the maximum utilization of available funds through the development of low-cost but effective technologies.

As part of UNICEF and WHO ongoing activities in this field, increased emphasis should be given to areas such as health education of both health workers and the community, the production of manuals and educational material, the provision of courses on the correct operation and maintenance of water supplies, and studies on possible methods of producing cheaper materials for water supply and sanitation projects.

WHO and UNICEF had a catalysing role, to ensure the rational use of water for the improvement of health. The role included the gathering and dissemination of information to assure the operation and maintenance of facilities and promote sanitary measures, including water quality, as well as the utilization of appropriate technologies.

As far as education of the public was concerned, more knowledge was required of actual community needs and reactions, including motivation.

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Although the major water supply and sanitation effort should continue to be made in the rural areas, more attention also needed to be given to the problems of rapidly growing fringe urban areas, where epidemics spread easily. In this context, the problems associated with the quality of water sold by water vendors should also be examined.

It was felt that there was a need to improve project identification and preparation to attract funding for the construction of inexpensive water supply and sanitation schemes. WHO was making a considerable effort in programming and project identification, and country health programming enabled governments to identify priorities and constraints.

The view was expressed that the present agreement between WHO and UNICEF as to the division of responsibilities for the provision of project personnel needed further examination, taking into account what was most appropriate to the functions of each organization.

The Committee adopted the recommendations contained in document JC22/UNICEF-WHO/79.3.

6. TRAINING IN MATERNAL AND CHILD HEALTH

The Committee had before it document JC22/UNICEF-WHO/79.4, jointly prepared by UNICEF and WHO after extensive consultations with countries and at various levels of the UNICEF and WHO Secretariats.

It welcomed the fact that the report considered training in maternal and child health as an integral part of health manpower development as a whole, and maternal and child health care as a component and indeed the core of primary health care. The basic principles of primary health care activities (such as total coverage, the multisectoral approach, the involvement of families and communities in health care, the maximum utilization of community groups and resources such as traditional birth attendants, agricultural extension workers, women's groups and school teachers) were as crucial for the maternal and child health component as they were for primary health care. Maternal and child health could therefore often provide an important entry point for primary health care.

The Committee commented on the various sections of the report: maternal and child health as part of primary health care, training needs for appropriate maternal and child health care, and WHO/UNICEF support to national training in maternal and child health.

In particular, the Committee discussed and agreed upon the priority areas to be included in maternal and child health training: care during pregnancy, childbirth and the postnatal period; promotion of breastfeeding and appropriate nutrition for both the lactating mother and the child; the proper supervision of growth and development of infants, including immunization; advice on fertility regulation; nutrition education to ensure the promotion of suitable weaning foods and the prevention and management of infant diarrhoea; the physical and psychosocial maturation of the child and adolescent; family self-reliance in matters of health; the management of prevalent diseases affecting mothers and children, and improved environmental sanitation.

In dealing with the strategy for training, the Committee emphasized the importance of the training of teachers, workers in both health and other relevant development sectors, families, communities, and the public at large.

UNICEF and WHO support of training schemes at country level was considered by the Committee as the key to the programme and the approach to be used in future UNICEF/WHO activities. The Committee reaffirmed that one of the main objectives should be the promotion of national self-reliance by strengthening the national capacity for training in maternal and child health for all levels of personnel in health and other relevant development sectors.

With regard to the strategy for training, the Committee supported the various alternatives listed in section 4.3 of the document. In addition, the following points emerged:

- training should be provided for all levels of health workers and addressed to various types of problems; it should not be carried out in isolation, but as a component of continuing education in collaboration with other sectors and organizations;

- with regard to family self-reliance and child-rearing, it is essential to include, besides the mother, other significant members of the family - especially the father, since parenting is a dual role played by both mother and father;

- the new approaches to maternal and child health outlined in the document - such as the risk approach, the use of workers from other sectors, and the trend away from specialized workers at primary level - were endorsed;

- the relationship between maternal and child health and primary health care is extremely important and has great significance for the development of primary health care programmes; training of multipurpose workers in maternal and child health will strengthen primary health care;

- training at different levels should be coordinated, to ensure that functions are complementary; the linking of the training and experience at the primary, university and other levels would provide a valuable exchange of information and experience;

- a two-way exchange of experience in learning and teaching should be encouraged between developing and developed countries;

- resources from outside the health sector - such as agricultural extension centres, women's groups and schools - should be fully utilized;

- the mass communication media should be used, especially to reach the general public and families on issues of self-reliance in health care;

- the training of all types of health workers should be encouraged, especially indigenous or traditional workers, such as traditional birth attendants;

- placing maternal and child health in the context of primary health care involved a broadening of approaches; this trend was obviously relevant, but it should be borne in mind that mothers and children had particular needs calling for priority attention;

- an integrated preventive and curative approach to maternal and child health within the context of the family had been shown by experience to be the most acceptable to the community;

- it was suggested that document JC22/UNICEF-WHO/79.4 should be brought to the attention of the Secretariat of the International Year of the Child, through which a number of issues could be more widely publicized.

The Committee unanimously approved document JC22/UNICEF-WHO/79.4 and adopted the recommendations contained therein.

7. CHILD MENTAL HEALTH

The Committee's discussions were based on document JC22/UNICEF-WHO/79.5, entitled "Proposals for collaborative action in child mental health and psychosocial development" and on the introductory comments made by the Secretariat. Note was also taken of the materials that had been distributed for information, particularly the report of the WHO Expert Committee on Child Mental Health and Psychosocial Development,[1] the description of WHO's medium-term

[1] WHO Technical Report Series, No. 613, 1977.

programme in mental health,[1] and two publications containing reviews of child mental health in various parts of the world, prepared by members of the WHO expert advisory panel.[2]

The Committee noted that child mental health, a vital factor affecting the quality of life of children, families and the community, had been neglected in the past. It considered that it was indeed time for mental health to be "legitimatized" and for collaborative efforts to be undertaken. The celebration of the International Year of the Child was a propitious occasion both to start such activities and to increase the awareness of decision-makers about the urgency of action in this field. Furthermore, a mandate to undertake action in mental health as an integral part of primary health care had been given in the recommendations of the Alma-Ata Conference (recommendation 5), and in resolutions of the World Health Assembly.

The consensus of the Committee was that child mental health problems and psychosocial development constituted a public health and social concern of major importance, and that they required a priori a multisectoral approach and full use of experiences in various countries, including those gained in mental health programmes carried out in collaboration with WHO. The Committee therefore agreed that UNICEF/WHO collaboration was not only appropriate, but essential.

The Committee discussed the possible interventions concerning child mental health and psychosocial development. Examples were given of mental disorders in children and variations of psychosocial development in children which, unless properly handled, could result in handicaps. The Committee noted that child mental health problems were of concern to developed as well as developing countries. In developing countries mental health problems arose not only because of brain damage connected, for example, with prevalent communicable diseases, and malnutrition resulting in mental retardation, epilepsy and learning disorders, but also because no adequate measures were taken to counteract untoward consequences of rapid social change, urbanization, industrialization, migration, disruption of family structures, compulsory schooling and other phenomena.

Although the Committee recognized the need to acquire more information and knowledge, it agreed that enough was already known to start action without any further delay. It emphasized that in many instances simple, low-cost and effective methods were available, and could be applied immediately - in prevention, treatment and rehabilitation. The Committee particularly welcomed the emphasis placed on the promotion of child mental health and psychosocial development, the role of the family, and the possibility of intervening effectively in the context of primary health care.

The proposed collaborative activities outlined in the document were generally endorsed by the Committee. It was suggested that the Secretariats of WHO and UNICEF jointly develop guidelines and proposals for programmes at country and intercountry level. In this connexion the Committee stressed the need for educational activities regarding mental health for parents and teachers; training for all types of health workers, and especially those at primary health care level; and programmes to increase community participation in child mental health activities. It also noted the importance of involving, for example, other United Nations agencies and nongovernmental organizations in this programme of activities.

The Committee approved the report and adopted the recommendations contained therein.

8. SUBJECTS FOR THE INFORMATION OF THE COMMITTEE

The following subjects were presented to the Committee for its information.

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[1] Document A31/17.

[2] International perspectives on child mental health and psychosocial development, International Journal of Mental Health, 6, No. 3 (fall 1977) and 7, No. 1-2 (spring-summer 1978).

8.1 Expanded Programme on Immunization

It was emphasized that the Expanded Programme on Immunization was a priority for both WHO and UNICEF and provided a good example of collaboration between the two organizations. The Programme was a component both of primary health care and of maternal and child health. It was not a time-limited campaign but an effort to strengthen permanently countries' abilities to immunize their children using available vaccines and at the same time creating delivery systems capable of utilizing new vaccines.

Areas of UNICEF/WHO collaboration included the testing of cold-chain equipment by independent testing laboratories and the development of improved equipment. Product information sheets summarizing this testing, describing the performance and prices of a selected range of cold-chain equipment, were now being issued on a regular basis to WHO and UNICEF staff. UNICEF had initiated a survey for forecasting vaccine and equipment requirements for the Programme; the results would be of critical importance for the purchase and production of required quantities of the various types of vaccines. UNICEF was providing considerable equipment at the country level, and was also active in the area of training. Training in the field of "Project support communications" was being given to the staff of the Programme in the Philippines, and it was hoped that this might also prove useful for other programmes. UNICEF had also participated in the Programme's Global Advisory Group established in 1978 to provide guidance to WHO in planning and implementing the Programme.

In reply to questions raised by members of the Committee, it was stated that the cost of the four vaccines for children included in the Programme (BCG, DPT, measles and polio) was approximately US$ 0.30, BCG being the least expensive (US$ 0.01) and measles the most expensive (US$ 0.12-0.15). The strategy was to encourage the use of multiple antigens during a single visit, so as to reduce to a minimum the need for return visits. The Committee expressed interest in the results of cost/benefit analyses with regard to immunization, and noted that, although the background document (JC22/UNICEF-WHO/79.6) mentioned the figure of US$ 3.00 per fully immunized child, government leaders should be made aware of the fact that the benefits in terms of prevention of death and disability were far in excess of the costs.

While recommending caution in the promotion of vaccine production in countries with a population of less than 20 million, the Committee noted the possibility of promoting production in subregional centres servicing a number of small countries. The encouragement of subregional collaboration was a specific element in the programme of technical cooperation among developing countries.

It was noted that the Expanded Programme on Immunization was being carried out in close collaboration with the International Children's Centre in Paris, as well as with many other institutions in developed and developing countries, and that the success of the smallpox eradication programme had made it possible to drop smallpox vaccination from the Programme.

In conclusion, the Committee noted with satisfaction the progress of the Programme.

8.2 Action programme on essential drugs

The attention of the Committee was drawn to the new action programme on essential drugs, the serious deficiencies occurring in most developing countries in the supply of essential drugs to meet the real health needs of the people, and the high percentage of annual health budgets spent on drugs.

It was stressed that when governments developed primary health care networks and extended population coverage the problem of availability of essential drugs became particularly important and could only be improved by strengthening national drug policies, especially concerning the improved selection, procurement, distribution, storage and, whenever feasible, local production of essential drugs.

Since drug procurement was often an international matter, international action was needed to improve the situation. In this respect WHO had had fruitful contacts with the pharmaceutical industry, international agencies and the countries themselves, and had received favourable responses.

Some members of the Committee felt that, in order to respond efficiently to the interest shown by the developing countries, UNICEF should participate in negotiations with industry regarding the procurement and supply of essential drugs for developing countries.

In all the above areas the Committee noted that it would seem appropriate for WHO and UNICEF to adopt the same policies and formulate a coordinated programme of action within the framework of such policies.

WHO should play a leading role in the development of this important programme, taking into consideration countries' priorities and health programmes.

There was general endorsement of the suggested action programme on essential drugs as set out in document JC22/UNICEF-WHO/79.7.

8.3 Diarrhoeal diseases control programme

The diarrhoeal diseases control programme should be seen as an integral component of primary health care and within the context of national comprehensive health services, especially in the field of maternal and child health and nutrition, as well as disease prevention and control, environmental health and health education. UNICEF and WHO have had a long interest in the control of acute diarrhoeal diseases, including cholera, as these diseases are leading causes of child mortality and morbidity, and contribute greatly to malnutrition in developing countries. They also often incapacitate older children and adults. The need for a global WHO programme for the control of all the acute diarrhoeal diseases was expressed in resolution WHA31.44 of the Thirty-first World Health Assembly. The long- and medium-term objectives are to decrease the mortality and morbidity from the acute diarrhoeal diseases and associated malnutrition, as described in document JC22/UNICEF-WHO/79.8.

A major strategy for reducing mortality and malnutrition associated with diarrhoea is the institution of national oral rehydration therapy programmes, the main goal of these programmes being to promote the widespread availability of oral rehydration fluid so that it can be given by mothers early in the course of diarrhoea. It should be accompanied by guidance on proper dietary practices to be followed during and after diarrhoea - an important step in substantially decreasing malnutrition.

The strategies for reducing the incidence of the acute diarrhoeal diseases include the promotion of related maternal and child care practices, especially breast-feeding, the improvement of water supplies and sanitation facilities, health education, and epidemiological surveillance and control.

The mechanisms and materials for support of the diarrhoeal diseases control programme are now being developed. In May 1978 a WHO advisory group recommended strategies for the development of country, regional and global programmes and suggested related areas of research. In WHO headquarters and in the regional offices interdisciplinary groups have been established during the last two years to coordinate programme activities. It is hoped that national diarrhoeal diseases control programmes will soon be developed in the countries that are at present using oral rehydration therapy, as well as in other interested countries as part of primary health care. To help in the planning of country programmes, regional planning meetings are being held in collaboration with UNICEF and country staff.

An overall research programme has also been formulated. Global Scientific Working Groups and Regional Advisory Committees on Medical Research have given priority to diarrhoeal diseases. WHO is reviewing current knowledge and advances in this field and its

regional offices are identifying national scientists to undertake research in priority areas in the regions.

The Committee recognized the importance of the diarrhoeal diseases control programme and considered that it deserved full support as an important component of primary health care. UNICEF was fully committed to support the programme. There was general agreement that emphasis in programme development should be placed on educational and promotional activities to support the programme strategies.

The Committee agreed that oral rehydration therapy was extremely important for the prevention as well as for the treatment of dehydration, and that every effort should be made to ensure that it was available early in the course of diarrhoea. Back-up support with intravenous rehydration and education on how to use oral rehydration, with appropriate dietetic measures, were considered essential.

The Committee stressed that measures to prevent diarrhoea, especially the promotion of related maternal and child care practices and the improvement of water supplies and sanitation facilities, deserved full attention and support.

9. SELECTION OF FUTURE STUDY BY THE COMMITTEE

Regarding the selection of the subject for the next UNICEF/WHO study, to be presented at the twenty-third session of the Committee, the following suggestions were presented and explained by the Secretariats:

1. Integration of primary health care in rural development
2. Financing of health services
3. Logistics and information systems (reporting, etc.) in health services, including primary health care
4. Review of family planning and family health as a component of primary health care
5. Motivation and training for the achievement of health for all by the year 2000

During the discussion which followed, a sixth proposal was made: "Capacities and mutual cooperation of UNICEF and WHO in relation to the implementation of primary health care". This was not retained, as the subject is to be included as an aspect of a comprehensive "Study on WHO structure in the light of its functions", being carried out by WHO in full consultation with Member States for consideration by the Executive Board and the World Health Assembly.

The Committee considered at length the various proposals which it considered worthy of an in-depth investigation. It was informed, however, that the Secretariats could not undertake more than one single detailed study at a time, as they involved a substantial effort, both financially and otherwise.

Finally the Committee decided to select the fifth suggestion, and requested that the UNICEF and WHO Secretariats prepare a framework for the study of the situation in a few selected countries that have already embarked on the development of primary health care. The study should include an analysis of the initial steps leading to the adoption of primary health care policies, and also describe both the difficulties and the favourable factors encountered in the implementation of primary health care.

The Committee also requested that, in addition to the detailed study, the other items (1-4 above) should be the object of a progress report which would consider past activities and include proposals for future action.

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10. OTHER MATTERS

No other matters were raised for discussion.

11. ADOPTION OF THE REPORT ON THE TWENTY-SECOND SESSION

The Committee examined a draft of the essential parts of the report on its twenty-second session, prepared by the Rapporteurs with the assistance of the Secretariat. It also considered a redraft of document JC22/UNICEF-WHO/72.2 Add.1 (containing recommendations for action by WHO and UNICEF to follow up the Alma-Ata Conference), which had been amended following the discussion on agenda item 4.

After reviewing both documents in detail and making a number of suggestions for amendments, to be taken into consideration by the Secretariats, the Committee adopted the report on its twenty-second session.

In accordance with established practice the Committee meets every two years, which allows time for the Secretariats to prepare special reports, studies and other material. The two-year interval seems also to constitute an adequate minimum for an appraisal of action taken by the UNICEF and WHO Secretariats on specific programmes.

Subject to agreement between the two Secretariats, the twenty-third session of the Committee will be convened at the end of January 1981.

Before the closure of the session Dr H. Mahler, Director-General, addressed the Committee, pointing out several important aspects of the development of primary health care. Among them he mentioned the need for a serious political commitment by governments, to be followed by the necessary national action and allocation of resources. This process entailed a significant change of attitudes and a clear understanding of primary health care as a social commitment and as a component of development at all levels, from national leaders to villagers. Such a process would of necessity be country-based, and the role of WHO and UNICEF was to accelerate it. In view of the new perspective of health development, now considered as an essential component of the quality of life, it was possible that the very concept of international collaboration in this endeavour would change from the narrow concept of the provision of goods or specific technical inputs to the broader one of sociopolitical collaboration, involving the various socioeconomic sectors.

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