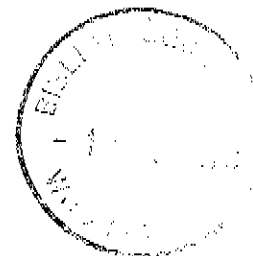




INTERREGIONAL SEMINAR ON COUNTRY HEALTH PROGRAMMING
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REVIEW OF ACTIVITIES IN
COUNTRY HEALTH PROGRAMMING (CHP)
1973 - 1979

This brief review of activities in the Country Health Programming (CHP) process, although incomplete, is intended to provide the reader with the dynamics of the development of CHP in all WHO regions.

Since 1973, when CHP was first launched in Bangladesh, 42 countries have adopted the process. It should be borne in mind that these countries are at various stages of its application, and the following table provides information on those countries which have, to date, initiated the CHP process.

The information contained in this paper is based on reports on CHP activities in various countries. Although incomplete, it indicates the growth of this process and its acceptance in countries, and provides the reader with an indication of the magnitude of global and inter-regional support actually provided by field staff and staff from Regional Offices of WHO.

In the African Region, during 1976 and 1977, training workshops were organized in five countries : Nigeria (June 1976), Ghana (April 1977), Angola (May 1977), Madagascar (May 1977), and Mozambique (September 1977). During 1978 a joint CHP workshop for Zambian and Namibian representatives took place in Lusaka. In addition, the intercountry project, based in Senegal, contributed to the training in planning, programming and management of health services. Four courses of six weeks each were organized by this project for national staff from 1975 to 1979. Two CHP workshops (one regional and one interregional), were organized in the Regional Office between 1974 and 1976, with the participation of national staff from several countries as well as WHO staff.

In Nigeria, programming took place in 1976 when a programme formulation for the basic health service scheme was completed for Kano State, followed by similar programme formulation activities for other states of the Federation. Most of these programmes, then being formulated, are now in the implementation stage. In Guinea-Bissau and Cape Verde, the programming phase of CHP was also completed in 1976, resulting in priority programmes, most of which are now in the implementation stage.

During 1978, Gambia and Upper Volta formulated comprehensive health programmes, and Zambia undertook programming for health manpower development. Most of these programmes are now under implementation, having been determined as priority areas. During 1979, Senegal and Liberia completed the programming stage of CHP and Niger initiated the first stage of CHP.

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Regions	1973	1974	1975	1976	1977	1978	1979
AFRO			Congo	Cape Verde Guinea-Bissau Nigeria Uganda	Angola Ghana Madagascar Mozambique	Gambia Namibia Upper Volta Zambia	Liberia Niger Senegal
AMRO ¹							
SEARO	Bangladesh	Nepal Thailand	Burma		Bangladesh ²	Mongolia Sri Lanka	Nepal ³
EURO			Algeria	4		Portugal Spain Switzerland	5
EMRO		Afghanistan Pakistan Sudan		Yemen Arab Republic	Iraq	Democratic Yemen	Somalia
WPRO			Laos	Fiji	Samoa Papua New Guinea	Philippines Solomon Islands	Cook Islands Malaysia Tonga

¹ A process similar to, but not identical with, CHP has been conducted in many countries in the Region.

² Second CHP effort leading to the completion of the programming phase

³ Support during the preparatory period for the Five-Year Plan

⁴ Ireland (programming of Community Health Care Services)

⁵ In Europe, some preliminary discussions on CHP were held in Turkey, Yugoslavia and Denmark.

In the American Region, although no formal adoption of the CHP methodology was made, a health planning process, very similar to CHP, has been initiated in many countries. A general look at the situation, in 32 countries of the region, will show that:

- 22 countries have defined/updated their health policies;
- 12 countries have ongoing programmes aimed at providing 100% health coverage;
- six countries are implementing health coverage programmes of regional scope;
- two countries have formulated health coverage programmes, which are not yet operational;
- two countries have been evaluating the results of four years of operations in programmes of extension of coverage.

The countries of the Region have started the final evaluation of the Ten-Year Health Plan for the Americas, which will take place in late 1979. At the same time, countries are establishing strategies for the next decade aimed at the goal of obtaining "health for all by the year 2000". PAHO has been active in these processes and has contributed to the formulation of methodology for the final evaluation, as well as with a work plan for the formulation of "national and regional activities to achieve the goal of health for all by the year 2000".

In the Eastern Mediterranean Region, the first CHP training workshop was held in the regional office in 1973 and was primarily organized for WHO Programme Coordinators. Country Health Programming was almost simultaneously initiated in Sudan, Pakistan and Afghanistan. In Sudan, the priority programme, resulting from the CHP programming stage, was primary health care, which was subsequently formulated at the beginning of 1976 and is now being implemented. In Pakistan, two country-wide priority programmes were defined during the CHP programming stage: 1) the population planning programme; and 2) the basic health services programme, which is now in the implementation phase. In Afghanistan, CHP programming took place during 1976 and 1977 and determined ten priority programmes. Most of these programmes were subsequently formulated and are now being implemented. CHP programming in the Yemen Arab Republic, which took place during 1976, resulted in priority programmes being determined, of which the expanded immunization programme, and strengthening of health administration programme are now under implementation. The Democratic Yemen completed the CHP programming stage during 1978 and is now considering detailed formulation and subsequent implementation of their priority programmes. Iraq has initiated the CHP process during 1978 and is now pursuing the following stage.

In the European Region, three CHP workshops were held in 1978, for international participants : in the USSR, the Netherlands, and Scotland. In addition, national CHP workshops were held in Vizcaya, Spain, Neuchâtel, Switzerland, and in Bragança, Portugal.

As a result of the CHP programming phase in Algeria, which took place in 1975, the following major priority programmes were identified and subsequently formulated, namely: environmental health, occupational health, family planning, and health information systems, and in 1979, a primary health care programme was designed. In Ireland, a community health care service programme was designed in 1976. During 1977, a CHP programming stage was initiated in the Vizcaya province of Spain, identifying priority programmes for implementation. In Denmark, during 1979, a consultancy with the Danish Hospital Association took place on CHP principles and the methodology involved. Several consultative visits took place during these last years, at the request of countries such as Turkey and Yugoslavia.

A regional CHP workshop was held in Vienna in June 1979, to consider the implications of applying the CHP methodology in the context of European health planning and management education systems processes.

In the South-East Asian Region, CHP training workshops started in 1974, in Thailand, one with national, and the other with international attendance. In 1975, CHP national training workshops were organized in Burma, Nepal and Thailand. During 1976 a national training workshop in Thailand concentrated on CHP management and implementation procedures. In the same year a regional training course with the participation of nationals from countries of the region and staff from the WHO Secretariat, was organized, presenting overall CHP concepts, principles and management requirements. During 1977, national training workshops were held in Bangladesh, Sri Lanka, Nepal and Thailand, and in 1978 in Mongolia. Several hundred nationals participated in CHP training and educational activities during the last six years.

As stated earlier, country health programming was launched in Bangladesh in 1973, resulting in, the same year, with the formulation of rural health services programmes. A second effort in Bangladesh took place during 1977, leading to the completion of the programming phase of CHP and the identification of several priority programmes which are now being implemented. The CHP programming phase, in Nepal, was completed during 1974, resulting in 12 priority determined programmes which are now under implementation. A mid-term review in Nepal was undertaken in 1979, leading to the preparation of the sixth national health plan. In Thailand, country health programming was initiated in 1975, with 19 priority health or health-related programmes being determined. Most of these programmes are being formulated and are now under implementation. In Burma, CHP took place in 1975 and continued in 1976 with 9 priority programmes being determined by governments, most of which are in the implementation phase. In Sri Lanka, country health programming was undertaken in 1978, resulting in several priority programmes being determined by the government.

In the Western Pacific Region, training courses in health programme management, with CHP components, were organized in the Philippines during 1976, 1977 and 1978, with the collaboration of staff from WHO. In Papua New Guinea a CHP training course was organized in 1977. During 1977 an interregional training course in CHP was organized in New Delhi with the participation of nationals from several countries of the Western Pacific region. In 1978 an intercountry training course in health management, with CHP components, was organized in Tonga.

CHP programming took place in Laos in 1975, in Fiji in 1976, and in Samoa, Papua New Guinea in 1977 and Solomon Islands in 1978. Preparatory work, with a view to integrating some CHP procedures in the national planning system, was undertaken in the Philippines during 1978. In Samoa, the CHP programme has been accepted as the basis for the preparation of the next five-year plan. In the Solomon Islands, following CHP activities, the health sector contribution to the Second National Development Plan, was finalized. At the beginning of 1979 CHP was initiated in Tonga and will form the Ministry of Health's contribution to the next national development plan.

Global and Interregional Activities

WHO has attempted to provide the kind of technical cooperation and support that countries have requested. In some countries, the CHP process has opened new avenues for collaboration between governments and WHO, specifically with regard to the coordinating role of the Organization.

Country Health Programming Guidelines have been applied in a growing number of countries. The First Interregional Seminar on Country Health Programming, held at the beginning of 1977 in the Regional Office for South-East Asia, reviewed the accumulated experience and knowledge on the methods and practices of CHP in different regions and countries. This Interregional Seminar was followed, in 1977, by an Interregional Consultation on CHP, to discuss and develop plans for the implementation of recommendations from the Seminar, and to finalize the Progress Report on Country Health Programming for submission to the Executive Board and World Health Assembly, and to develop guiding principles for the development of a medium-term programme for CHP.

The Second Interregional Consultation on Country Health Programming was held in 1978 at the Regional Office for Africa, to analyze, primarily, the problems and shortcomings in the implementation of CHP, with a view to providing support and strengthening technical cooperation with countries involved in the CHP process.

A SEARO/WPRO Workshop on Planning and Management of the CHP Process also took place during 1978. The main subjects discussed during this workshop were the technical, organizational administrative and functional implications involved in the establishment of National Training Research and Development Centres for CHP. The objectives, content and format of training for CHP were discussed, in particular, and training modules for CHP were developed, based on accumulated experience in countries.

The Interregional Workshop on CHP, held in June 1979 in Bangkok, primarily developed principles, together with format, content and timing for performing case studies on CHP, reports of which will be made available to the Second Interregional Seminar on CHP to be held in Dubrovnik, Yugoslavia, from 11 to 19 November 1979.

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