



*Health resources  
decision planning support*

ACTION FOR RATIONALIZATION AND MOBILIZATION OF  
RESOURCES FOR HEALTH FOR ALL

The Thirty-fourth World Health Assembly (May 1981), in resolution WHA34.37, urged all Member States to allocate adequate resources for health and identify the additional requirements necessary to implement the strategies for health for all and report thereon to their regional committees; invited the regional committees to review the needs of Member States for external resources; and requested the Organization to support developing countries and take appropriate measures for the rationalization and mobilization of resources for health for all. The present discussion paper emphasizes the importance of operational action and coordination of resources at country level, with support from regional and global levels. It concludes with specific points for discussion or decision by the Regional Committee.

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ANNEX Policy basis for WHO support action for rationalization  
and mobilization of resources for health for all



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## I. INTRODUCTION

1. The Thirty-fourth World Health Assembly (May 1981) in resolution WHA34.37 urged all Member States to allocate adequate resources for health and in particular for primary health care and the supporting levels of the health system. The Health Assembly urged Member States that are in a position to do so to increase substantially their voluntary contributions, whether to WHO or through all other appropriate channels for activities in developing countries that form part of a well-defined strategy for health for all and to cooperate with these countries and support them in overcoming the obstacles impeding the development of their strategies for health for all. It invited the relevant agencies, programmes and funds of the United Nations system, as well as other bodies concerned, to provide financial and other support to developing countries for the implementation of national strategies to achieve health for all by the year 2000.

2. The Health Assembly urged those Member States which, for the implementation of their strategies for health for all, require external sources of funds in addition to their own resources, to identify those needs and report thereon to their WHO Regional Committees. It invited the Regional Committees to review regularly the needs of Member States in the region for external resources in support of well-defined strategies for health for all and report thereon to the Executive Board; the Health Assembly requested the Executive Board to keep this subject under regular review and decided that the Health Assembly will review from time to time the international flow of resources for health and will encourage those Member States that are in a position to do so to ensure an adequate level of transfer.

3. Pursuant to the constitutional role and function of WHO, the Health Assembly requested the Director-General to support developing countries as required in preparing proposals for external funding for health and to take appropriate measures for identifying external resource requirements in support of well-defined strategies for health for all, for matching available resources to such needs, for rationalizing the use of such resources, and for mobilizing additional resources if necessary. The policy bases for WHO support action, defined by the Constitution of WHO, the Declaration of Alma-Ata, the global strategy for health for all, the Seventh General Programme of Work (1984-1989) as well as relevant organizational studies, resolutions and decisions of the Executive Board and Health Assembly, are summarized in the Annex to the present document.

4. As a matter of principle and as experience has shown, the main operational action for implementing the strategy for health for all by the year 2000 must take place at country level, with the support, as necessary, of other Member States, other partners in health work and WHO at regional and global level. The present discussion paper outlines actions to be taken at country level, support actions at regional and global level, including certain budgetary implications and reporting requirements.

### (1. ACTION AT COUNTRY LEVEL

5. To carry out the strategy for health for all by the year 2000 will require the mobilization and rational use of all possible human, technical, material and financial resources, within and between countries. This implies making the most efficient and effective use of existing resources, as well as generating additional resources for health. All these actions have to be actively promoted and coordinated if the strategy is to be successfully implemented.

6. Just as "health for all" is ultimately to be attained by and in countries themselves through national strategies that draw on support from regional and global levels, so the primary authority and responsibility for operationalization of action and coordination of resources lie with the individual countries concerned. Experience has shown that the necessary institutional, intersectoral and intercountry arrangements must begin in the countries themselves and not at global level.

7. Countries need to review the distribution of their health budgets and health resources in relation to their strategy for health for all and in particular the allocations to primary health care and the immediate referral level to urban and rural areas and specific underserved groups of the population. It is necessary to consider the reallocation of existing resources as necessary in accordance with national health and socioeconomic priorities. The costs, benefits and effectiveness of different approaches have to be analyzed, including alternative ways of financing the health system. Countries have to estimate the order of magnitude of the total financial needs to implement the national strategy up to the year 2000, the potential resources available and the additional resources required from internal and external sources. They need to identify activities that could attract external support.

8. In many countries the above actions are already taking place, and mechanisms exist for promoting and coordinating the necessary institutional, intersectoral and intercountry collaboration. In others, actions need to be initiated or intensified and mechanisms further developed to bring together the different national agencies, officials, and people concerned, as well as international organizations, multilateral and bilateral agencies, non-governmental organizations, funding agencies and other external participants. Attention must be paid both to the mobilization of additional resources as required and to the channelling of resources in accordance with the nationally-defined policies, strategies and priorities.

9. WHO stands ready to help developing country Member States initiate and undertake the actions outlined above, ranging from policy and strategy development, analysis of the health and resources situation, information exchanges, and the bringing together of institutional, multilateral and bilateral partners for follow-up action, negotiation, implementation and evaluation, as may be required. WHO will support developing countries on request in preparing proposals for external funding for health and will use its country, regional and global support network to identify needs and attempt to match resources with these needs.

10. One approach which is being tested in a number of countries and may be useful to initiate action and attract external collaboration is a "country resource utilization review." Under the initial auspices of a global "Health Resources Group for Primary Health Care" (HRG) convened from time to time by the Director-General with representatives from developing countries in all WHO's regions, bilateral and multilateral agencies, other United Nations organizations, funds and programmes and non-governmental and voluntary organizations, "country resource utilization reviews" have been tried out in 1981 by five countries: Benin, Ecuador, The Gambia, Sri Lanka and Sudan. In 1982, "country resource utilization reviews" are being undertaken by eight countries: Burma, Nepal, Yemen Arab Republic, Democratic Yemen, Papua New Guinea, the Philippines, Ethiopia and Malawi. (The role and function of the Health Resources Group at global level is particularly discussed in Section IV.).

11. A "country resource utilization review" (CRU) is a study carried out by a developing country itself, involving the Ministry of Health, Ministry of Planning and others, to analyse resource flows, identify total requirements, resources available, and opportunities for external financing in relation to its national strategy for health for all. There is no rigid format or approach for a "country resource utilization review." Each country situation is unique, but by means of the test reviews being supported by the Health Resources Group during 1981-1982, some general guidelines are being evolved which may be of use to other countries. Typically, a "country resource utilization review" provides a succinct summary analysis and an overview of basic, relevant information on: (1) the national health policy, strategy and targets for attaining "Health for All;" and their relationship to the country's socioeconomic development plans; (2) the main problems and obstacles to be overcome; (3) the national health development plan based on the Primary Health Care Approach; (4) the Primary Health Care system design; (5) the financial implication of the plan; (6) the necessary reallocation of national resources; and, (7) the additional external resources required, with the emphasis on effective allocation in support of health development priorities for health for all. Certain basic tabulated information is also useful.

12. Although the first five test "country resource utilization reviews" in 1981 were reviewed by the Health Resources Group at global level, experience has shown that the Group cannot function as a global "clearing house," and it is at country level that "country resource utilization reviews" can be most effectively utilized to stimulate coordinated action. Countries may wish to circulate "country resource utilization reviews" directly for actual or potential external partners to generate interest, or use them as basic information papers for use in meetings or to initiate follow-up action at country level.

13. One of the direct practical outcomes of the test "country resource utilization reviews" undertaken in 1981 has been to facilitate the decision by developing countries concerned to convene and the issuance by them of invitations to interested partners to participate in country-specific resource coordination discussions, follow-up meetings or, as some of these have come to be called, "country primary health care resources groups" (the exact mechanism, form or title varying by country). In many countries, a suitable coordinating body or mechanism may already exist which can assume the functions of, or serve as, the "country primary health care resources group" referred to in this section.

14. It is proposed to strengthen as far as possible existing mechanisms and not to proliferate some new kind of formal mechanism that would operate outside or independently of the country's health development process, or that would compete with existing multilateral and bilateral aid channels. The CRU follow up is envisaged as an informal, flexible meeting or a nationally-convened association of partners with a continuing interest in that country's national health development based on primary health care. It is important to stress that the country primary health care resource group does not interfere with or displace either (a) national sovereignty over national health development or (b) existing bilateral or multilateral relationships. The country primary health resources group is complementary to and supportive of such existing arrangements. All partners retain their visibility and right of action as before. What is new is the opportunity for collective discussion and commitment to rational, mutually supportive action of the partners in support of clearly defined national health development strategies based on primary health care.

15. It is expected that country primary health care resources group or equivalent follow-up arrangements, far from interfering with existing aid channels, will make for greater confidence among aid agencies because: (a) such agencies could discuss the health programme in its totality with the host country and know what resources the country itself was devoting to health; (b) they could select for support those parts of the programme which for various reasons were most appropriate for others or were not appropriate to another partner, knowing that the programme as a whole had undergone a screening process to identify the primary health care priorities; (c) they would know they were in good company, and what the other agencies were doing, avoiding gaps and duplications; (d) they would know that the United Nations system and the appropriate non-governmental organizations were also involved in a coordinated manner; and (e) they could preserve their own visibility and deal individually with the governments, each preserving its sovereignty.

16. As experience is gained with "country resource utilization reviews" and various follow-up mechanisms or actions in different countries and as more and more Member States bring their national strategies for health development based on primary health care to a state of readiness for concerted attention to external financing, it is likely that there will be an accelerated interest in moving forward at country level. Many countries will doubtless decide to carry out "country resource utilization reviews," based on the experience of others, and move directly to the forms of follow-up action at country level which, in their view and in the experience of others have proved most productive.

17. At country level, the WHO Programme Coordinator (WPC), with Regional Office backing, will provide coordination support as required to "country resource utilization studies" and to country primary health care resource groups or similar mechanisms within the country. The WPC will help identify and call for WHO technical, administrative and information support needed from other organizational levels and will keep the Regional Office fully informed of developments in the country.

18. Accordingly, representatives of Member States in the region will wish to include information on progress in resource mobilization and rationalization at country level in their reports to the Regional Committee on progress in implementation of national strategies for "health for all by the year 2000. Members may be able to make use of country resource utilization review data when reporting to the Regional Committee or national expenditures on health and primary health care, overall requirements, resources available and international flows needed to fill the gap and required to carry out national strategies for health for all.

#### III. SUPPORT ACTION AT REGIONAL LEVEL

19. Implementation of the worldwide strategy for health for all will require international action by all countries, taking advantage of WHO's unique regional organization for international health work. These actions will include exchange of information on alternative ways of financing health systems, estimation of resources available and required, cost-benefit studies on various aspects of the strategy, such as programmes for safe water and adequate sanitation, immunization and nutrition, and cost-effectiveness studies on various ways of organizing health systems based on primary health care. WHO will help encourage the transfer of resources between countries, strengthen the capacities of developing countries to prepare proposals for possible funding by their governments and from external resources, or establish such regional mechanisms as may be required to identify needs and facilitate national mobilization of funds as well as transfer between countries.

20. Under the overall policy direction of the Regional Committee and the Regional Director, the Regional Office will support the WPC in providing technical and administrative support, as may be needed to help countries carry out "country resource utilization reviews" and convene country primary health care resources groups or similar bodies for mobilization and rationalization of resources, programme reviews, preparation of documentation, coordination with external partners, meeting arrangements, secretariat support and follow-up actions that may be required at country, regional or global levels. The way in which WHO provides support to country primary health care resources groups will vary, depending on the unique situation and needs in each requesting country.

21. Under the direction of the Regional Director, the Director of Programme Management, assisted by the Director of Support Programmes, as required, will assume operational responsibility for coordination of regional secretariat support action, including communications and information flow relating to country primary health care resource group activities, and support action for other related rationalization and mobilization of resources, involving WHO Regional Office staff, WPC, other WHO staff, consultants and services in the region. The Regional Office will keep WHO headquarters informed of major developments in the region, particularly where global support is required.

22. The Regional Director will keep the Regional Committee fully informed of actions being taken by WHO for the mobilization and rationalization of health resources in support of countries in the region. Reports by the Regional Director and by the country concerned to the Regional Committee will help enable the Regional Committee to carry out the responsibilities set forth in Health Assembly resolution WHA34.37 which invited regional committees "to review regularly the needs of Member States in the region for external resources in support of well-defined strategies for health for all." In view of the importance of these issues and the central focus of action at country level, the Regional Committee will doubtless wish to remain involved in and be kept fully informed of the selection of countries for particular attention, the initiation of "country resource utilization reviews," as well as progress made, results achieved, follow up at country levels and implications for national strategies for health for all. Consideration could be given to review of selected "country resource utilization reviews" by a sub-committee of the Regional Committee, or by a regional-level review group set up for this purpose.

23. The Regional Directors will inform the Regional Committee as necessary on technical, administrative and financial aspects of this support action, and will take steps to provide the Regional Committee with an overview of health development financing in the regions. Discussions in the Regional Committee will permit an evaluation of the current situation as well as collective decision making for future action in the region.

#### IV. SUPPORT ACTION AT GLOBAL LEVEL

24. Implementation of the strategy for health for all requires international action at global level and making use of WHO's central position to help coordinate and stimulate the transfer of resources between countries in different regions, maintain close contacts with those Member States and organizations in a position to help developing countries, and exchange information on orders of magnitudes and possibilities for matching of external resources required with those available worldwide.

25. To help initiate international action, generate innovative ideas and provide a forum for discussion and guidance at global level in accordance with the policies established by the regional committees, Executive Board and World Health Assembly, the Director-General has decided to convene, from time to time and as required a Health Resources Group for Primary Health Care (HRG). The HRG functions in accordance with a blend of caution, flexibility and pragmatism; its role will undoubtedly change with time, particularly as the focus of resources generation shifts increasingly to country levels.

26. The stated purpose of the HRG is "to help mobilize and rationalize resources for health in accordance with international health policies determined by the Health Assembly." The HRG is not a pledging group, a fund-raising mechanism, or a vehicle for attracting extrabudgetary funds for WHO's own programmes. Rather, its role is to generate ideas, solve problems and stimulate action. Thus, for example, the HRG has been active in initiating and testing "country resource utilization reviews" in a number of countries (as mentioned in Section II). The HRG is seen as a central forum for developing countries and bilateral and multilateral agencies as well as non-governmental organizations, to discuss problems relating to the rationalization of the international flow of resources for the strategies for health for all and the broad lines for resolving them.

27. The HRG is composed of interested governments, international agencies and other organizations together with developing countries selected by WHO regional committees to represent their region. Thus it is the responsibility of the Regional Committee to designate the developing country to represent the Regional Committee on the HRG, and it is anticipated that the developing country will report back to the next session of the Regional Committee. The Executive Board has approved the following regional representation:

<u>Region</u>	<u>Representation</u>	<u>Region</u>	<u>Representation</u>
Africa	2	Europe	1
Americas	1	South-East Asia	2
Eastern Mediterranean	1	Western Pacific	1

28. The Regional Committee at its current session accordingly will wish to nominate the developing country member(s) to represent the region at the next meeting of the HRG which is likely to take place during the second half of 1983.

29. The resources of WHO at global level will be placed at the disposal of the Member States in accordance with the global strategy for health for all. Accordingly, the Director-General will take action to ensure total organizational response to resolution WHA34.37. The Director of the Headquarters Division of Coordination will ensure appropriate

communication, information transfer, and coordinated action, involving global and interregional relations, meetings and activities of WHO personnel, programmes and services. The Global Programme Committee and the Headquarters Programme Committee of the WHO Secretariat will fulfil their functions in ensuring coordination of activities within the Secretariat.

#### V. BUDGETARY IMPLICATIONS OF WHO SUPPORT ACTION

30. The support action by WPCs and Regional Offices foreseen to facilitate country resource utilization reviews as well as follow-up action at country level will require the effective utilization of the human, technical and financial resources of WHO. The involvement of the WHO office and by decision of the country concerned, the planned utilization of some portion of the WHO "country planning figure" under the regular budget for support to CRUs and country primary health care groups are entirely appropriate uses of WHO's resources at country level.

31. In view of the need for support action to country level by the Regional Office, consideration will have to be given to budgetary implications at regional level. Support to country resource utilization and follow-up action at country level in 1982-1983 can appropriately be met, as necessary, from the Regional Director's Development Programme. In addition, the Regional Committee may wish to advise the Regional Director on the value of including a small amount, possibly of the order of \$50 000, in the regional regular budget for 1984-1985, as a means of ensuring that the necessary resources are readily available and as a means of giving visibility to regional level responsibility, involvement in the support to resource mobilization and actions to promote rationalization at country level.

32. At global level, the HRG has established a "Primary Health Care Initiative Fund," as a trust fund of WHO to be used "for initiating seed and catalytic work for which alternative funding is not available in support of activities that are highly relevant for attaining health for all by the year 2000, based on primary health care principally." In practice, the Fund has been used primarily to help finance HRG support team missions and costs directly related to country resource utilization reviews (CRUs) carried out by selected countries. The Director-General has made resources available from the Director-General's Development Programme. In addition, WHO manpower from global level is being used for technical support to relevant activities at country level, as well as follow up actions as required.

33. The HRG and WHO welcome contributions made by Member States to the Primary Health Care Initiative Fund for the purposes stated above.

#### VI. REPORTING TO THE BOARD AND HEALTH ASSEMBLY

34. Reporting and discussions in the Regional Committee on progress being made at country level will permit the Committee to comply with resolution WHA34.37, which "invites the regional committees to review regularly the needs of Member States in the region for external resources . . . and report thereon to the Executive Board." The Regional Director will, on behalf of the Regional Committee, include these developments in his "Report on regional matters requiring the particular attention of the Board."

35. The Director-General will comply with resolution WHA34.37 which requests him "to report regularly to the Executive Board on the measures he has taken and the results he has obtained." Thus, the Director-General and the Regional Director will report to the Executive Board on progress being made at country, regional and global levels for the mobilization and rationalization of resources for health. In addition, the individuals designated by Member States of the regions to serve on the Executive Board will normally be in a good position, based on experience in the Regional Committee, to further inform the

Board on regional developments, both in respect of overall resource requirements in the region and the contribution of specific country health resources coordinating action to meet those needs in individual countries.

36. Resolution WHA34.37 requests the Executive Board "to review regularly the international flow of resources in support of the strategy for Health for All, to ensure that such resources are effectively and efficiently used for that purpose, and to report thereon to the Health Assembly." In addition, the Regional Director and the Director-General, in their statements to the Health Assembly, will report on the regional and global situation in respect of rationalization and mobilization of resources for health development.

37. Delegates of individual countries may also bring to the attention of the Health Assembly issues and trends relating to the rationalization and mobilization of resources in the regions and globally. This will support implementation of the decision of the Health Assembly in resolution WHA34.37 that "the World Health Assembly will review from time to time the international flow of resources for health and will encourage those Member States that are in a position to do so to ensure an adequate level of transfer."

38. In addition to, but not to be confused with, the official reporting involving the Regional Director, Director-General, Regional Committee, Executive Board and Health Assembly, in the light of their constitutional functions and responsibilities as outlined above, the Regional Director, the Director-General and the selected countries representing the region, will also report to the HRG on developments, successes and failures with specific "CRUs" and follow-up actions at country level for the purposes of: (a) permitting the HRG to evaluate actions initiated, promoted or financed by it; (b) bringing forward problems needing solution and support at global level; and (c) coming forward with new, innovative proposals for action that could be taken in the future.

39. The HRG, to be convened as necessary by the Director-General, will thus fulfil its proper role which is "to help mobilize and rationalize resources for health in accordance with international health policies determined by the Health Assembly."

#### VII. CONCLUSION - POINTS FOR DECISION

40. The Regional Committee at its present session may wish to discuss the role of the Committee and of WHO support action at regional level, generally, in implementing the regional strategy for the mobilization and rationalization of resources in support of national strategies for health for all at country level.

41. The Regional Committee may wish to provide guidance to the Regional Director and to the Member countries concerned on the nature of country resource utilization reviews or progress reports and possible mechanisms to be used at regional level which would be desired in order best to permit the Regional Committee to carry out its responsibilities under resolution WHA34.37.

42. The Regional Committee may wish to advise the Regional Director on the value of including a small amount, possibly of the order of US\$ 50 000, in the regional budget for 1984-1985, as a means of providing visibility and availability of resources for support action, as indicated in paragraph 31.

43. A decision should be taken by the Regional Committee to nominate the developing country member(s) to represent the region at the next meeting of the global-level Health Resources Group, which is likely to take place during the second half of 1983, as indicated in paragraph 28.



ANNEX

POLICY BASIS FOR WHO SUPPORT ACTION FOR RATIONALIZATION AND MOBILIZATION  
OF RESOURCES FOR HEALTH FOR ALL.

1. The rationalization and mobilization of resources for health development fall squarely within the constitutional mandate and function of WHO as "the directing and coordinating authority on international health work," while fully respecting and supporting the national sovereignty and responsibility of every Member State for the coordination and utilization of internal and external resources for national health development.
2. When the Thirtieth World Health Assembly (May 1977) in resolution WHA30.34 decided that "the main social target of governments and WHO in the coming decades should be attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life," it called upon all countries "urgently to collaborate in the achievement of this goal through the development of corresponding health policies and programmes at the national, regional and interregional level and the generation, mobilization and transfer of resources for health, so that they become more equitably distributed particularly among developing countries."
3. The Declaration of Alma-Ata (September 1978) asserted that "Primary Health Care is the key to attaining this target as part of development in the spirit of social justice," and called on all countries "to support national and international commitment to primary health care and to channel increased technical and financial resources to it, particularly in developing countries." The International Conference further recommended that WHO and UNICEF "continuously promote the mobilization of other international resources for primary health care."<sup>1</sup>
4. The importance of ensuring the rational and sufficient flow of resources necessary for health development has been of particular concern to WHO governing bodies since the Executive Board organizational study in 1976, which concluded that WHO should play a leadership role, and not just a marginal role, in rationalizing and mobilizing resources of health development.<sup>2</sup> The Twenty-ninth World Health Assembly (May 1978), in resolution WHA29.32 requested the Director-General "to continue to develop appropriate mechanisms for attracting and coordinating an increased volume of bilateral and multilateral aid for health purposes."
5. The "Study of the Organization's Structures in the Light of its Functions"<sup>3</sup> concluded, as reflected in resolution WHA33.17, that WHO had to undertake "unprecedented efforts" in order "to ensure that the Organization's directing, coordinating and technical cooperation functions are mutually supportive and that the work of the Organization at all levels is properly interrelated," and "to influence the channelling of all available health resources, including those of other relevant sectors and non-governmental organizations, into support for national, regional and global strategies for health for all." The study emphasized the importance of the role of the WHO regional committees and resolution WHA33.17 urged Regional Committees to take an increasingly active part and "to foster the channelling of external funds for health into priority activities in the strategies for health for all of the countries most in need."

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1 "Health for All" Series, No. 1, pages 3, 6 and 32.

2 WHO Official Records, No. 231 (1976), Annex 8, pages 66-95, "Organizational Study on the Planning for and Impact of Extrabudgetary Resources on WHO's Programmes and Policy."

3 WHA33/1980/REC/1, Annex 3, pages 82-97

6. Recognizing the importance of proper allocation of sufficient resources for health in countries and the key role of the WHO Regional Committees in ensuring this, the Thirty-fourth World Health Assembly (May 1981), in resolution WHA34.37, inter alia: (a) urged all Member States "to allocate adequate resources for health, and in particular for primary health care and the supporting levels of the health system;" (b) urged those Member States "that, for the implementation of their strategies for health for all, require external sources of funds in addition to their own resources, to identify those needs and report thereon to their Regional Committees;" (c) invited the WHO Regional Committees "to review regularly the needs of Member States in the region for external resources in support of well-defined strategies for health for all and report thereon to the Executive Board;" and (d) requested the Organization "to support developing countries as required in preparing proposals for external funding for health," and "to take appropriate measures for identifying external resource requirements in support of well-defined strategies for health for all, for matching available resources to such needs, for rationalizing the use of such resources, and for mobilizing additional resources if necessary."

7. Accordingly the "Plan of Action for Implementing the Global Strategy for Health for All by the Year 2000" states that "The Regional Committees will regularly review the needs of Member States in the region for international resource support."<sup>4</sup> The "Plan of Action" also calls on the Organization to further study the health expenditures in countries, the estimated costs of implementing the strategy for Health for All, and the international transfer of resources that would be required.

8. Increasing emphasis is accordingly being placed at all organizational levels on rationalization and mobilization of resources. As stated in the Seventh General Programme of Work Covering a Specific Period (1984-1989), "To generate and mobilize the necessary resources WHO will ensure the international mobilization of people and groups who can support the Strategy, and will foster the coordinated international transfer of resources in support of the strategies of developing countries. However, the resources to be used will naturally be first and foremost those of the country concerned, and the choice of solution to the problem concerned will therefore have to be largely determined by existing and potential national resources. WHO's resources are meant to develop national resources, not to supplant them. WHO will therefore be increasingly involved in focusing international attention and resources on priority health problems and in assisting Member States to obtain and use external collaboration that will help them solve these problems."<sup>5</sup>

9. Furthermore, the Seventh General Programme of Work states that "Bilateral and multilateral funding agencies will be approached with a view to attracting external funds for developing countries to help them implement well-defined national strategies for health for all. Coordination will be ensured between the mechanisms for attracting external funds for health at all organizational levels; support will be given to developing countries to formulate their requirements for external resources in a manner acceptable to funding agencies, and the attention of these agencies will be drawn to the priority needs of developing countries."<sup>6</sup>

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4 WHO document A 35/3 (1982)

5 WHO document A35/4 (1982), pages 23-24, Draft Seventh General Programme of Work (1984-1989)

6 *Ibid.*, page 50

10. The Executive Board, in resolution EB69.R4, requested the Director-General to continue the study of health expenditures in Member States on the basis of information provided by them, to seek improved methods of estimating costs, and to support Member States in applying these methods as part of their health situation and trend analyses and "to pursue his efforts to rationalize the international flow of resource for the Strategy for Health for All by the Year 2000 and to mobilize additional resources if necessary in accordance with resolution WHA34.37, including the flexible and pragmatic development of the work of the Health Resources Group for Primary Health Care."

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