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REPORT OF THE CONSOLIDATION MEETING FOR THE
MEDIUM-TERM PROGRAMMES FOR OBJECTIVES 12 AND 13.15-13.17
OF THE SEVENTH GENERAL PROGRAMME OF WORK

Manila, 15-19 November 1982



I. INTRODUCTION

A consolidation meeting for the medium-term programmes for objectives 12 and 13.15-13.17 of the Seventh General Programme of Work was convened in Manila from 15 to 19 November 1982 by the WHO headquarters in association with the Regional Office for the Western Pacific. The full list of the participants is given as Annex I. The meeting conducted all its business in full session.

At the start of the meeting, DR H. NAKAJIMA, Regional Director, WHO Regional Office for the Western Pacific, welcomed the participants of the meeting. He indicated that the Seventh General Programme of Work and its related medium-term programmes was the first one based on the national, regional and global strategies for Health for All by the Year 2000; medium-term programmes for DTR and NCD should take into consideration the needs of WHO Member States, and develop health technologies applicable through the health system infrastructure programmes, especially at the primary health care and first referral levels. Dr Nakajima also stressed the importance of the consolidation meetings in terms of strengthening the links and working relationships between all the regions and headquarters, as well as in ensuring coordination at all organizational levels. On the basis of the general policy guidance given by the Executive Board and the World Health Assembly in the Seventh General Programme of Work, an

agreement, as complete as possible, between the regions and headquarters on the medium-term programmes as well as an improvement of interregional and headquarters coordination of related activities in the programme implementation should be reached.

On behalf of the participants, DR LU RUSHAN, Assistant Director-General, expressed his warm appreciation of the hospitality and practical arrangements provided by WPRO and wished all attendees a successful meeting.

The meeting elected DR S.T. HAN, Director, Programme Management, WPRO, as its Chairman. DR C. CHOLLAT-TRAQUET acted as Secretary of the meeting. DR W.A. WAHBA (EURO) was asked to be the coordinator for the final report that was drafted by subjects by the following. Dr L. Dobrossy, EURO (agenda items 1, 2 and 3), Dr M.E. Chuwa, AFRO (item 4), Dr R.R. Chaudhury, EMRO (item 5), Dr R.A. Noordin, WPRO (item 6, DTR programme), Dr L. Houang, headquarters (item 6, NCD programme), Dr R. Gonzalez, AMRO (item 7), Dr H. Zaman, SEARO (item 8) and Dr J. Stjernswärd, headquarters (evaluation of the meeting).

In his introductory remarks, DR S.T. HAN, Chairman, stressed that the review of the medium-term programmes should allow the group to give advice on the relevance and adequacy of the global medium-term programmes concerned; the review should also be frank and critical in a positive way, enhancing objectivity, interdisciplinary cooperation and linkage between programmes. DR S.T. HAN indicated that the expected result of this meeting should be a set of recommendations to the programme managers concerned, to

the other programme managers, whenever the implementation of their programmes influences the implementation of programmes under consideration, as well as to Regional Directors, to the HPC, and the GPC.

The detailed scope and purpose of the meeting were described by Dr S.T. Han, Chairman. The main objective of the meeting was to summarize the regional and headquarters contributions and consolidate the global medium-term programmes, describing activities at all levels of the Organization for the programmes involved: Diagnostic, Therapeutic and Rehabilitative Technology; clinical, laboratory and radiological technology for health systems based on primary health care; essential drugs and vaccines; drug and vaccine quality, safety and efficacy; traditional medicine; and rehabilitation; and (b) Disease Prevention and Control: cancer, cardiovascular diseases; and other noncommunicable disease prevention and control activities.

The specific objectives of the meeting were:

- to ensure a common understanding on the medium-term programmes as well as the regional and headquarters' specificities for each programme comprising objectives 12 and 13.15-13.17 of the Seventh General Programme of Work;
- to provide information necessary to identify activities requiring linkage within programmes 12, 13.15, 13.16 and 13.17 and for the finalization of the medium-term programmes for these objectives;
- to discuss the necessary coordination for the implementation of these medium-term programmes, as well as that to facilitate the linkages;
- to identify those activities which require linkage with other programmes and methods for their implementation and to make specific suggestions concerning activities for other programmes likely to contribute to the implementation of the programmes comprising objectives 12 and 13.15-13.17.

The agenda, as suggested, was accepted by the participants (Annex II).

11. PREPARATION OF THE MEDIUM-TERM PROGRAMMES IN THE REGIONS AND AT HEADQUARTERS

A representative from each region and headquarters described the approaches used in the preparation of the medium-term programme for objectives 12 and 13.15-13.17.¹

In the Regions, the preparation of the MTP activities for the period 1984-1989 was carried out simultaneously with that of the budget proposals for 1984-1985. The exercises were carried out in consultation with the Member States mainly through the WPCs, WHO National Coordinators and their counterparts. Through this consultation, it was possible to gain an insight into the true picture regarding the needs and aspirations of the Member States. Consultations were also carried out with intergovernmental and nongovernmental bodies.

The role of the various "task forces", multidisciplinary groups and advisory groups which have strengthened internal cooperation including joint programming between various programme areas was highlighted.

Special efforts had been made to ensure that the activities covered in the MTPs were in line with global and respective regional strategies for health for all. The monitoring and evaluation of the implementation of these MTPs will be carried out periodically.

¹ Most of the elements raised during this discussion and already outlined in the report of the consolidation meeting in Copenhagen CPH/82.8 Rev.1 have not been repeated.

Most of the Regions had carried out evaluation of the Sixth General Programme of Work before embarking on the preparation of the MTP for the Seventh General Programme of Work. But no standardized mechanism was applied, and it was felt that more detailed evaluation would benefit to the programming exercises.

Following the presentation from the regional offices and headquarters, the problems encountered in the evaluation processes were discussed. It was noted that due to certain constraints faced in one region, this exercise would for the time being be rather limited.

III. LINKAGES WITHIN OBJECTIVES 12 AND 13.15-13.17:
CLINICAL ASPECTS OF PRIMARY HEALTH CARE; APPROACH TO AN INTEGRATED
NONCOMMUNICABLE DISEASES CONTROL PROGRAMME

Two position papers were presented on the "Role of Technology at the First Referral Level Hospital" and on the "WHO Integrated Programme for the Prevention and Control of Noncommunicable Diseases".

III.1 Role of Technology at the First Referral Level Hospital

In this presentation,¹ five examples of clinical situations were described, where treatment at the first level care hospital could reduce morbidity, mortality, disability and social concern. The paper presented, it was suggested, overemphasizes the clinical approach as opposed to the preventive and promotive approach.

The concept of the role of the first referral level hospital as the backbone for primary health care, was developed in the following discussions.² The availability of low cost technology at the first level hospital including the availability of the drugs needed for treatment, would assist in the delivery of more effective primary health care.

That there was great interest in this subject was indicated by the range and scope of the discussions and the comments of several speakers who welcomed the presentation of such a concept. It was suggested that the

¹ Refer to document MLA/82.6.

² The discussions clearly indicated the need for linkages which were important for the functioning of such a first referral hospital; they are described at the end of the report of this section.

first level referral hospital would be a good centre for studying the integration of the technologies encompassed in Objective 12 of the Seventh General Programme of Work. It was felt that the areas of traditional medicine, health education and simple rehabilitative measures should also be included in the components of this hospital. An important factor for the success of this hospital was not only community participation but also family participation.

Several participants however voiced concern about different aspects of the concept of development of first referral hospitals and again as to whether the hospital, even if established, could fulfil the role envisaged for it. These areas of concern are listed below:

- (a) Would it really be possible for the hospital to carry out all the functions in (i) the field of support of primary health care (ii) promotion of community health development (iii) training functions (iv) research functions that it was supposed to do.
- (b) Would this type of hospital really have the logistical and managerial support that was essential for its functioning on a long-term basis - and could it provide the managerial support to primary health care.
- (c) The high cost factor, the lack of medical manpower and the already existing load on the limited available medical officers at the district hospital would make development of such hospital unrealistic in several countries and particularly in those in the AFRO region. It was also indicated that the first referral hospital should not be expected to take care of such a large number of clinical problems as presented in document MLA/82.6.

The point as to whether resources were available for development of such hospitals was raised on several occasions. In this perspective the role that WHO could and should play in development of first referral hospitals, in view of the constraints in funds available and the large amounts that would be needed, should be carefully discussed and reviewed in the light of what the countries are already doing and may be expected to do in the future.

It was appreciated that systematic development of first referral hospitals may not be possible in all countries at the moment but a few of such hospitals could still be established. However, the Philippine experience indicating successful integration of preventive and curative care at the district hospital level, had shown that establishment of such hospitals was possible.

It was stated that such a hospital would offer facilities for carrying out some aspects of health systems research. The research that could be undertaken in that context could consist in collection of simple health statistics, in analysis of disease patterns and in study of the logistics of delivery of drugs.

The linkages¹ that need to be developed for the clinical technology programme were identified during the discussions and have been listed below:

- (1) A very close and continuing linkage with the HMD and PHC programmes.
- (2) The Health Education and Rehabilitation programmes should have links.
- (3) Community Participation (and family participation) should have linkages with this hospital.
- (4) The first referral hospital could include relevant Traditional Medicine elements - the detailed modalities of which could be worked out later.
- (5) Participation of the programme of Essential Drugs and Vaccines is particularly necessary in relation to logistics of regular drug delivery and research on drug utilization.

¹Refer also to the document produced by AFRO: "AFRO Perception on the grouping of objectives and on possible linkages in the medium-term programmes (MTPs)".

(6) Linkages are necessary with MCH programmes.

(7) The Health Laboratory Services should be an important part of the programme particularly relating to development of low cost, appropriate technology, laboratory equipment such as simple and effective colorimeters which could be used at the first level referral hospitals.

(8) Linkages with Communicable Disease and Noncommunicable Disease programmes should also be developed.

III.2 "WHO integrated programme for the prevention and control of noncommunicable diseases"¹

A summary of the preliminary activities that had taken place in 1980-1982 was then presented. It was stated that this programme provides an efficient and economical approach for prevention and control of major noncommunicable diseases. The justification for such an approach was that a number of noncommunicable diseases share common courses or risk factors related to "life styles" and that effective health promotive and disease prevention action involving the community as a whole needs to be implemented through primary health care where an integrated effort with other sectors is necessary. The programme had long term, intermediate and immediate objectives which had been defined in the background paper. It was envisaged that a network of collaborative activities will be undertaken globally, regionally and in the countries.

Several speakers made the point that this programme was more appropriate and useful for the developed countries although it was clearly evident that noncommunicable diseases were becoming very important in the developing countries also, and that this needs to be emphasized.

¹ Refer to document MLA/82.7.

Discussion then centred on the risk factors listed in the position paper. The relevance of the risk factors identified to cancers in developing countries, such as cancer of the cervix, was questioned. All agreed on the need for conducting pilot studies to test the validity of risk factors for which enough scientific evidence does not yet exist, so that activities proposed could be initiated and supported.

It was thus pointed out that the real purpose of the integrated programme for the prevention and control of noncommunicable diseases was to ensure the practical application of a set of preventive and other control activities employing risk factors backed by proper scientific basis.

Another issue was whether the integrated approach of activities related to noncommunicable diseases described in the position paper could function at the primary health care level. It was then stated that some aspects of the integrated approach could be introduced into the training programme of the community health worker, e.g. enquiring about smoking and chewing habits, dealing with diet habits as well as taking blood pressure for hypertension, examining the mouth for leukoplake and carrying out a urine analysis for early detection of diabetes.

There was concern that document MLA/82.7 was a paper of an organizational nature rather than a scientific contribution and that successful ongoing programmes such as Cancer and CVD may have a setback in their progress due to financial constraints which would occur if existing sources of funds had to support also this new programme, to which it was answered that there were adequate funds for all ongoing activities as well as the new activity.

The discussions on this position paper clearly highlighted important linkages and coordination that need to be developed by the integrated programme of Control of Noncommunicable Diseases. These are:

- (1) There should be close collaboration with the IARC, Lyon.
- (2) Close linkage was essential with MCH and Health Education programmes.
- (3) Linkages need to be formed with Nutrition and Occupational Health.
- (4) Close and continuing linkages are essential with the DTR programme.
- (5) Linkages with Health Information Systems and Public Information programmes.
- (6) Linkage with the future programme on hepatitis necessary particularly with regard to liver carcinoma.
- (7) Linkage with the Sexually-Transmitted Diseases programme is important.
- (8) Linkage with the Mental Health programme particularly in relation to psychosocial intervention and health promoting behaviour.
- (9) Linkage with Health Statistics programme.
- (10) Linkage with nongovernmental organizations and other sectors could also be developed.

IV. REVIEW OF THE MEDIUM-TERM PROGRAMMES

The purpose of this review was the consolidation of medium-term programmes for objectives 12 and 13.15-13.17 of the Seventh General Programme of Work. For each medium-term programme, first general comments were made on the MTP and then suggestions, additions and deletions on the activities were presented target by target.

Each medium-term programme was briefly introduced by the Programme Manager to highlight trends and salient features. It was agreed that the main trends and thrust of each medium-term programme will be shown on the covering page of the respective final global documents.

Complimentary comments on the quality of the medium-term programmes, their relevance to the Seventh General Programme of Work and to the strategies for health for all are not included here. A special chapter (VI) has been devoted to general comments and recommendations.

Only matters of substance are reflected in this section, which summarizes succinctly recommendations which were made for improvement of the relevant medium-term programmes.

As in the consolidation meeting at Copenhagen, the members of the group were requested by the Chairman to pass on all editorial comments directly to the Programme Manager concerned.

IV.1 Diagnostic, therapeutic and rehabilitative technology

It was felt that the situation analysis could be further expanded with more data to back some of the statements, and should elaborate more on the clinical aspects of health care. Mention should also be made of the use of "unnecessary" drugs in prescription practice. Another area which needs to be mentioned is the search for appropriate "soft technology" in health care where, at community level, there may be lack of equipment. On traditional medicine, mention is to be made of the utilization of traditional medical practice and practitioners in modern health care. Also, while the situational analysis covers the technological aspects of DTR, the managerial aspects of the application of DTR through PHC, as well as the role of ancillary personnel and of the private sector and its relationship to the first referral level hospital, should also be included.

Before starting the review of each target, a number of general comments were made on the tables of activities. Participants requested that an effort be made to quantify all targets so as to facilitate monitoring and evaluation.

The linkages in the MTP presently shown have mainly been intersectoral or in-house linkages. Linkages should also be shown at different managerial levels as well as with other IGOs and NGOs.

Regional participation should be more often specified by region. If an activity is initiated by a region, this region should be mentioned first, before headquarters. All activities should be in sequential order and numbered if possible for ease of reference.

It was agreed to change the term "quality control" to "quality assurance" as the latter covers both "external quality assessment" and "internal quality control".

There was discussion on the use of the term "bioinstrumentation" instead of "bioequipment". It was agreed to retain the term "bioequipment".

After commenting on the draft medium-term programme for objective 12 in general, the group went on to discuss in detail the tables presenting the activities and linkages target by target.

IV.1.1 Diagnostic, therapeutic and rehabilitative technology for immediate application at the primary health care and first referral levels

A new feature of the global MTP on DTR was the presentation of an integrated programme covering the five programme objectives of the Seventh General Programme of Work (12.1 to 12.5). During the preparation of the medium-term programmes for the components of DTR, it appeared that the five component programmes had some particular activities at the country level either to test the technology or for a systematic application of principles. This was done in different countries for each programme. It was then suggested that these activities could be grouped together and applied systematically in one or two countries per region. These countries would be selected by the regional offices and coincide with the ones already selected by H 2000 group or by the JCHP.

There was considerable discussion on the concept of integration. The integrated approach was taken to involve: activities for a more rational approach to health care services to the community, use of common facilities/resources, joint funding, services that encourage collaborative activities, joint activities at different levels, community-based activities with appropriate support from the higher referral levels, and activities which are a recognized part of PHC.

However, it was found that the activities of the programme as described on pages 13 to 15 of document MLA/82.6 did not reflect the ideas advanced during the discussions and would not be sufficient to reach the target. It was suggested that the Programme Managers should reconsider these activities and develop a new list to be discussed with the regions and endorsed by them. This list should give the sequence for the development of a common ground for all DTR components at the PHC and first referral levels during the next 2-3 years and the ways to go for practical testing in countries afterwards. This second part of the programme will depend even more heavily on the regions.

In the meantime, it was suggested that specific activities at the country level and individual programmes of DTR should continue as originally planned and that in particular the activities described on pages 14 and 15 of the document under consideration should be retained in specific MTPs, to be phased out progressively when the joint programme gains momentum.

IV.1.2 Clinical technology for health systems based on primary health care

There were too many targets and they needed improvement; in particular Target 2 should be quantified and combined with Target 4.

As much of the programme will rely on the activities of NGOs, they should be mentioned not only in the column of linkage but also in the activities where they were expected to participate very actively with WHO.

Activity 1 in Target 4 is to be reworded to make it more relevant to PHC following discussion on the meaning of the term "essential surgery".

The exposé on biomedical equipment (Target 5) was found generally acceptable and the following matters were raised:

- For activity 7, in view of the importance of repair and maintenance of biomedical equipment, the need to add an activity on training, particularly the training of trainers and managers.
- The special problem in developing countries of getting experts to repair biomedical equipment on time, in comparison with developed countries, where expertise is more easily available, to be considered.
- The need for regional collaborating centres or regional training centres for Targets 5 and 6 was mentioned.

The location of activities will be determined as soon as the Programme Manager has reviewed and reorganized the activities and consulted the regions.

IV.1.3 Laboratory technology for health systems based on primary health care

For the first target on integrated peripheral laboratory support to PHC and first referral hospital (target 6), the following comments were made:

- Activity 1, development for EMRO also involves EURO, and the activity will cover the whole of the MTP period.
- A number of linkages were suggested: PHC, MPNHD, NCD, VPH and EHE.

- The activity in training (activity 4) will need to be more specifically described so that it does not appear to overlap with other training activities (as in Target 7).

Regarding Target 8 on information system on appropriate technology, the following comments were made:

- Activities to be better phased and described.
- AMRO to be included as participating in activities 3, 4 and 5.
- Linkages to be specified.

For Target 9 on promotion of self-reliance in laboratory technology, the following comments were made:

- Need to emphasize the assessment of reagent needs and promotion of standardization and production of some commonly-used reagents.
- Need to include an activity related to laboratory animals.
- Greater emphasis is suggested on the establishment of collaborating centres for training in rapid diagnostic techniques.

IV.1.4 Radiological technology for health systems based on primary health care

The programme on radiological technology was commended by the participants as being well-organized, and various examples were given by the regions of successful approaches. There was a long discussion on the production of basic radiological service machines. Views were expressed about this component of the programme, the proposed development of which may be too fast as the activity is for the moment poorly funded and no special extrabudgetary resources are foreseen. An explanation was given on the production of basic radiological service machines and how certain structural parts of the machine could be locally manufactured in some developing countries, while more sophisticated parts would be made elsewhere, the machine being assembled locally. Preliminary negotiations for such an approach had already started.

Target 11 on quality and efficiency of radiological technology, is to be quantified and assessment of methodologies for radiological technology is to be included.

Target 12 needs to be quantified.

IV.1.5 Essential drugs and vaccine

It appeared that almost every month was bringing new developments for this programme; hence the difficulties encountered in formulating the MTP. However, the decisions of the World Health Assembly on this programme (developed in document A35/7) should serve as a basis. Certain elements had already been included in the document under consideration although the spirit of the Assembly decisions was not reflected adequately in the MTP.

One of the fundamental approaches to this programme was the orientation of bilateral aid towards the drug action programmes in the countries according to WHO policies; another was the role of technical cooperation among developing countries (TCDC).

It was pointed out that there was considerable inevitable overlap in the activities described under 12.2 "Essential Drugs and Vaccines" and under 12.3 "Drug and Vaccine Quality, Safety and Efficacy". Regarding implementation of the activities at the country level, it would be preferable to view the two programmes as a total entity, as otherwise there may be unnecessary problems in understanding and interpreting this division of activities. Programme activities, for example, in training and quality assurance extended to both areas, as did many others.

The following comments were also made:

- It was noted that the activities listed under Target 13 were not linked to the four corresponding targets set earlier. This should be corrected.
- There is a general need to emphasize development of clinical pharmacology; drug utilization studies, particularly at the health centres and first level referral hospitals.
- Other areas to be emphasized: manpower training in managerial skills in the procurement, storage and distribution network; and strengthening the development of production of essential drugs wherever feasible.
- The difficulty of monitoring of adverse drug reaction in activity 6 at primary and first referral levels was mentioned.
- AFRO wishes to emphasize activities pertaining to the distribution of drugs and formulation of national drug policies.
- EMRO would like to see included: more development of clinical pharmacology; the setting-up of a network for drug quality-control laboratories where essential drugs can be analysed and a series of workshops on drug regulation.
- Certain programmes in EURO can provide a good input to the programmes in other regions such as drug utilization, drug information and the publication of books (Drugs for the Elderly, Drugs for Children).

In view of these comments, it was decided that the targets and activities for essential drugs and vaccines would have to be reworded to adhere more closely to the decisions of the WHA as described in document A35/7. Consequently, the Programme Manager would review the list of activities within the next month or two and circulate it again to the regions for them to include timing and location. Finalization of this programme could be undertaken in another meeting involving regional advisers on the subject planned to be held in 1983.

IV.1.6 Drug and vaccine quality, safety and efficacy

The fact that in the regions this programme was much related to the action programme on essential drugs was reemphasized. In addition, the following comments were made:

- Need to keep the term "biologicals" in the MTP.
- SEARO would like an emphasis in the global MTP on support to national formularies, promotion of preparation of national reference materials, establishment of regional networks of quality assurance laboratories and training of clinical pharmacologists.

IV.1.7 Traditional medicine

The group realized the possible political implications in some Member States of WHO activities to promote traditional medicine. It is expected that there will be a clearer definition of WHO activities when the WHO Expert Committee on the Role of traditional medicine in PHC meets during 1986-1987.

The need for a scientific approach in traditional medicine was emphasized, in particular the need for epidemiological studies aimed at giving scientific evidence of the effectiveness of certain practices or certain traditional drugs. The experiences of the People's Republic of China were cited and the various regions described WHO's efforts in traditional medicine:

- SEARO encourages the use of traditional medicine practitioners in the context of PHC.
- AFRO would like to know more on legal aspects of traditional medicine and on training.
- EMRO would like clinical evaluation of traditional medicine to be incorporated in the global MTP.
- WPRO would like the following regional activities to be incorporated in the global MTP: integration of traditional medicine in the health care system; incorporating traditional medicine in modern health care practice; and training of workers at various levels.

Further comments on Target 15 were:

- Need for the target to be quantified.
- Need to maximize the elements of traditional medicine which are useful and efficient and to discourage those that are harmful.
- Support being given to national research on the development of traditional medicine linked to PHC to be emphasized.
- Not all traditional medicine drugs are cheap. Emphasis can be on the use of local medicinal plants having therapeutic value and which can be easily identified by the community.
- Need for an organization at country level to control the utilization of traditional medicine drugs.

In view of the above comments, it was decided to postpone finalization of the MTP for traditional medicine by about six months. The final draft based on the Seventh General Programme of Work is to be circulated to the regions before it is finalized.

IV.1.8 Rehabilitation

Rehabilitation technology covers several aspects: health, schooling, vocational and social. The programme involves many sectors and the traditional services for rehabilitation cover only 1-2% of the disabled. The new approach of a community-based programme integrated into the health delivery system and based on PHC is expected to meet the needs of 70% of the disabled.

The need to develop more linkages and collaboration with NGOs which deal with specific health problems, such as the International League against Rheumatism, was mentioned.

The programme relies heavily on extrabudgetary resources and the funding role of certain agencies was cited, such as UNDP, UNICEF, SIDA. Due to the intersectoral nature of the programme, ministries, other than ministries of health, were involved in rehabilitation programmes. In this connexion, collaboration with various international UN agencies facilitates direct relationships with the other ministries playing an intermediate role in this area. This is also the case with various inter-ministerial bodies.

* * *

Discussion on Chapters 7, 8 and 9 centred around the need for more precise indicators for each of the six specific areas of the programme in order to eventually obtain at a later stage a better evaluation. The measurement of these indicators should not bring additional burdens to the countries.

As far as resources were concerned, it was felt that more should be said about the extrabudgetary resources as almost all programmes in the DTR area were relying heavily on such resources. Special mention should be made also of the work of collaborating centres and of the nongovernmental organizations and how efficiently they were used.

Apart from the linkages mentioned, others were identified in the programme on Health Care of the Elderly, Health Economics and NCD.

IV.2 Noncommunicable disease prevention and control

IV.2.1 Cancer

The global MTP was introduced with a brief presentation of each individual regional MTP, emphasizing the particularity of the regional pattern and its needs.

The presence of a representative from IARC was greatly appreciated. The participation of the Agency in the present medium-term programming would ensure the complementarity of the activities of the Organization and of the Agency as well as avoid any overlapping. It was suggested that the global medium-term programme for cancer includes references and summary information on activities of the Agency with cross references to the relevant planning document prepared by the Agency itself. Some information on the activities of the Agency should be specifically mentioned in the section on Approaches and the appropriate text has been given to the programme manager.

Similarly, a paragraph should be introduced in the "box" to reflect the role of IARC in the WHO programme.

The total medium-term programme for Cancer would gain by being edited, and in particular it was suggested that the wording of the activities will have to be reviewed, as currently this was more in the style of targets or approaches than description of activities and was thus confusing. When activities were too generally expressed, the programme manager should indicate how they were to be implemented.

Concern was expressed over the size of the MTP in comparison with its limited resources and in view of the fact that resources of countries were also very limited; in the long run, it was the countries implementing the programme which should support and/or finance it and not WHO. In this perspective, regions and headquarters were requested to be realistic in preparing the list of activities in relation to the budget. It was stated that this was in fact the case.

Regarding the table of activities, it was indicated that targets related to specific programme areas should precede the selected group of activities as was done for the other medium-term programmes.

Other general comments:

- In the box narrative, the word "reorientation" should be deleted.
- Increasing numbers of cases of cancer in the developing countries are not reflected in the situation analysis, where the objectives of each region should be more clearly specified.
- AFRO requested emphasis on epidemiological research as well as health education (tropical ulcer and skin cancer; cancer of penis and circumcision); AMRO stressed similar need and proposed mention of circumcision at the institutional level.
- Use of pain killers as an element of comprehensive approach at the community level was proposed.
- Primary prevention of liver cancer was not yet considered as a priority for SEARO.
- The difficult aspects of manpower development for secondary level prevention of cervical cancer was not properly stressed in the MTP. Possibility of using paramedical personnel to this end should also be introduced.
- It was considered very important to set up pilot studies on oral and cervical cancers to identify the type of services required at different levels and estimate the cost involved.
- Information of the public through mass media with regard to life styles, including smoking and tobacco-chewing, need greater emphasis.
- Mass education for primary education on cancer should be implemented through general health education as well as mental health. With regard to treatment, surgery remains the major means in developing countries, radiotherapy and drug therapy being very costly.

The following comments were made on the activities of each specific programme area:

- 6.1 - All regions should be involved in activities 6.1.1 (a) and (b) and the timing for (e) should be starting from 1986.
- PHC should be included as a linkage.

- In the European region there are highly specialized cancer institutes and their role in connexion with community cancer control should be indicated. Their collaboration in the development of appropriate technology and model health care programme is essential and thus should be included in the linkage (Organization of European Cancer Institutes (OECI)).
- AMRO to be included in activities 6.1.1 (a) and (b) as well as 6.1.2 (a) and (b).
- 6.2 - In relation to the activity under 6.2, the anti-smoking programme should be reflected as a programme involving more than one unit activity.
 - National cancer societies and health education programmes should be included in the linkage. Mentioned should also be made of links with industry.
 - It was suggested that the remarks related to funds being the object of informal discussion should be deleted.
 - IARC be included in 6.2.1 (a) and (b) as linkage.
 - Lifestyle need to be more stressed and community-based activity should be used for cancer prevention.
 - Aflatoxin should be included, and FAO as well as UNEP should be included in linkages.
- 6.3 - IARC included in 6.3.1 (a).
 - Mammography need to be included under 6.3.1 (c) (EURO programme).
 - AMRO to be included in 6.3.1 (e) and (f).
 - AFRO and SEARO included in 6.3.1 (f).
 - DTR be associated with 6.3.1 (a), (b), (c) and (d).
 - 6.3.1 should be properly worded, specifically (d).
- 6.4 6.4.1 DTR associated in linkages.
- 6.5 - Discrepancy of activities with the approaches and careful wording must be used for "after care".
- 6.6 - 6.6 should be further elaborated and made more specific and activities with UICC should be included.
 - Training implemented in close collaboration with IARC and other NGOs should be stated in activities and not linkages and this approach should be introduced in Chapter 4.
 - 6.6.2 (b) is carried out by IARC for the first three components and should figure in approaches.

- Food possibly connected with cancer should be included.
- 6.7 - 6.7.4 to be added (document to be given by IARC).
 - DTR and OECI associated with 6.7.2.
- 6.8 - To be deleted.

In Chapter 8, specific indicators need to be spelled out so that achievement can be measured.

IV.2.2 Cardiovascular diseases

The programme was introduced and it was explained that the MTP was elaborated under the guidance of the CVD programme steering committee meeting (March 1982) and that the objectives and approaches are in conformity with Seventh General Programme of Work.

Activities on smoking have not been specifically included pending a decision on where to locate them, as they appear in the Seventh General Programme of Work in the programmes of Cancer, CVD and Other Noncommunicable Diseases.

- Main thrust of the programme does not appear in the box.
- Tables of activities need to be retyped to appear neater.
- Detailed objectives need to be removed from the tables; only targets should remain.

In view of the quality of the programme, few comments were made; they are as follows:

- 6.1 - 6.1.a EURO wants to be included.
 - IHE need be included in linkages.
- 6.2 - "MONICA" will be included by name in the activities.
 - DTR should be associated with 6.2.b.

- 6.3 - AMRO requests that the multinational project entitled "Dietary and Pharmacological intervention for the prevention of CVD" (PRECAVAS) should be spelled out in 6.3.g.
- item d in 6.5 should be moved to 6.3 and vice-versa (6.3.d - 6.5)
 - 6.3.b should be deleted.
- 6.4 The position of activities on anti-smoking in each regions will depend on the local priorities.
- 6.5 No comment.

Chapter 7 should be reviewed as it now gives the impression of being written mainly from the headquarters point of view. More on regional management and resources should be included.

A few examples of the indicators mentioned in Chapter 8 should be given and the chapter should show better how evaluation will be carried out.

Linkages showing three levels of participation: information exchange, joint programming and joint implementation should stand.

IV.2.3 Other noncommunicable disease prevention and control activities

This rather heterogenous programme deals with diabetes, respiratory, rheumatic, hereditary, liver, renal and allergic diseases. It also encompasses the approach to the integrated programme for noncommunicable diseases, whose activities for the moment will mainly focus on smoking and health, hypertension and diabetes, with possibilities for future expansion. Funds for this programme are limited and extrabudgetary resources as well as collaboration with NGOs are much needed. Coordination with other programmes within the Organization is also important. EURO is in the process of initiating country programmes of prevention and control

of noncommunicable diseases with five subprogrammes on cardiovascular diseases, cancer, mental disorders, diabetes and accident prevention, and SEARO is embarking on some pilot area studies.

Participants felt that the epidemiological basis, particularly in operational terms, for the elaboration of the integrated programme for Noncommunicable Diseases was at the moment not sufficient, and should be completed to give better scientific backing to action programmes at the country level.

It should be made clear within the medium-term programme that it was the intention of the integrated programme for noncommunicable diseases itself to be fully integrated with the general health system, thus avoiding the impression that it was creating a vertical approach.

Other comments were:

- The box should be reviewed, as for the moment it includes only mention of the integrated programme for Noncommunicable Diseases and should mention all types of activities comprising the Other Noncommunicable Diseases programme. The words "Action programme" should be suppressed, as there is reluctance at the moment to the utilization of this term in relation to the integrated Noncommunicable Diseases programme.
- Situation analysis need more quantification (epidemiological data). Known factors should be used as soon as possible for assessing their impact on morbidity. Attention was called to the importance of deafness (100 million children in the world are at present suffering from deafness).
- No mention of smoking despite its being included in the integrated programme in the Seventh General Programme of Work.
- The numbers of collaborative studies undertaken should be indicated.
- Approaches should be more elaborated: for the moment they are a copy of the Seventh General Programme of Work.

Regions were again requested to provide guidance on what activities related to other noncommunicable diseases they wanted to see incorporated in the global MTP to reflect their priorities. This information was given to the Programme Manager.

There was extensive discussion on the new integrated approach for noncommunicable diseases prevention and control.

There was no basic disagreement about the concept and the principles of the integrated approach. However, due to a number of factors, this process should be implemented progressively step by step. In the Seventh General Programme of Work, guidance is given for a progressive approach depending upon the local situation and the existing capabilities of the health system at the different levels. However, if a particular country is willing to go into full-scale integration, it is up to that country to decide what type of programme it wishes to implement and on what scale. Experience gained during the period of the Seventh General Programme of Work should serve as a basis for proposing concrete and practical proposals for the subsequent General Programme of Work.

More specific comments on the table of activities were made as follows:

- 6.1 - Elucidating behavioural and cultural pattern in different societies was one of the approaches of the Seventh General Programme of Work not properly covered in the medium-term programme.
- Targets need to be quantified, the activities should be ranked in logical sequence and time frame.
 - There is a need for a better integration of the programme in the health system and there should be no separate information system.
 - AMRO wishes to be included in the activities 6.1.3.
 - More clarification was requested for items 6.1.5 and 6.1.6.
 - It was requested that research methods on "life style" be included.
 - Intrasectoral linkage should be spelt out more clearly.
 - The word "assistance" should be changed to "cooperation".

- 6.2 - Targets are to be more pragmatic and collaborative studies should be proposed for some countries rather than most countries.
- Linkages with nongovernmental organizations should be studied further and their individual names spelled out.
- 6.3 - The wording of the activities should be improved.
- The number of activities need to be reviewed in conjunction with the budget.

In Chapters 7, 8, and 9, it was requested that indicators be more specific, and IEH be included in the linkages. Furthermore, symbols in linkage should be related to programmes and not to units. The collaborating centres should figure in the management and not in the approaches.

V. COORDINATION BETWEEN COUNTRIES, REGIONAL OFFICES AND HEADQUARTERS
FOR THE IMPLEMENTATION OF OBJECTIVES 12 AND 13.15-13.17

It was recognized that good communication was the key element to assuring a proper coordination conducive to an adequate implementation of the MTP.

There was a consensus that communications between headquarters and the Regional Offices were in general satisfactory, although on occasions were slow due to deficiencies in the postal services as well as internal delays. An economical way to overcome that is the rational use of the telex services.

Most of the participants agreed that there is a relative lack of exchange of information among the regions and means should be found to promote a more active flow of communication between them.

Perhaps the most critical point regarding communications and coordination is the relative isolation of the country staff in relation to the regional and global aspects of the MTP process. This situation should be promptly corrected, and to that effect the establishment of regular means of information such as newsletters and bulletins prepared by the technical divisions was recommended. The global MTP could be eventually circulated to staff at the country level to give them a global picture of the Organization's activities in various fields. However, the indiscriminate transfer of documents to the regions and countries is not an adequate way of assuring information communication. The importance of exercising critical judgment in the selection of material sent to the field was stressed. In the case of lengthy documents, it was suggested they might be summarized in a cover page or executive summary to encourage a prompt reaction and comments.

The holding of periodical meetings of Regional Advisers, in which the MTP would be reviewed, was considered a useful mechanism, but the frequency of such meetings should be limited on account of the costs of human and material resources involved, for example, these meetings could be held twice during the General Programme of Work cycle; once for the assessment and monitoring of the MTP and for the preparation of the future General Programme of Work, and once for the preparation of MTPs themselves.

Another effective way of promoting the implementation of the MTP is by conducting coordination meetings at the regional level separate from the budget exercises, if possible with the participation of persons from another region. The importance of the periodical review of the regional and headquarters MTP within the context of the global MTP, as will be done by the HPC at headquarters in 1983, was also recognized.

VI. GENERAL COMMENTS¹

A number of general issues were raised during the course of the meeting. Several call for further study and guidance.

1. The Seventh General Programme of Work contains all the necessary guiding elements for the development of MTPs.
2. MTPs should be preceded by a box on the cover page which will contain the main elements of the programme, thrusts and trends.
3. All participants emphasized the importance of maintenance and repair of equipment, especially in the DTR programme. A lot of equipment was being discarded for lack of capacity for repairing it at the country level. Questions were raised where these activities should appear in the MTP. It was pointed out that in the Seventh General Programme of Work, they appeared under paras. 301-302, implying that it was the technicians themselves working with biomedical, laboratory or radiological equipment, who would perform simple repairs on their own equipment. The more sophisticated training of specialized individuals would create a new category of mechanics without fulfilling the present decentralized needs.

¹ The elements raised during this discussion already outlined in the Report of the Consolidation Meeting in Copenhagen CPH/82.8 Rev.1 have not been repeated here.

4. During the discussion on the integration of DTR components and primary health care at the country level some regions sounded words of warning on the plan to integrate programmes in the Organization at the headquarters or regional level, thus establishing an artificial structure for systems not corresponding to any specific country. On the other hand, it was suggested that technology programmes could keep a certain autonomy while lending themselves to linkages and coordination and that only at the country level the integration could take place, each country selecting what they would prefer to integrate.

5. During the various discussions on integration of the DTR programmes, most regional offices insisted that it was even more important to integrate MCH, EPI and CDD, and wanted to know what steps could be taken to this end.

6. In many instances it was pointed out that although health specialists, technicians or generalists were properly trained in their disciplines, they often lack the most basic managerial training and that in all these programmes it will be necessary to insist that management be included as an integral part in the training, especially for groups at the middle-management level.

7. Bilateral agencies, especially if they participate in the funding of the programme, should be mentioned by name in the linkage activities.

8. The role of Chapter 8 (refer to document MPW/82.1) in each of the MTPs was emphasized for all the MTPs. Not enough use was made of the MTPs during the Sixth General Programme of Work for monitoring and evaluation and it was

intended that for the Seventh General Programme of Work, the MTPs would be used for this purpose. Compliance evaluation could be done by following every activity described in the tables of MTPs. Efficacy, efficiency and impact evaluation would be done through the indicators mentioned in Chapter 8.

9. As during the Copenhagen meeting (refer to para. 7, p. 4, of document CPH/82.8 Rev.1) questions were raised on whether MTPs should be realistic in respect of expected resources, moderately overprogrammed in view of funds obtained, or programmed according to an increase in budget or extrabudgetary resources. A modest overprogramming (around 20% of the expected budget) was suggested to give the possibility when decisions on budget are made to benefit innovative MTPs. Obviously the funds attributed to these programmes would have to be taken from other programmes, as the Organization was to operate with a zero growth budget.

10. Some regions complained that headquarters staff were often contacting countries and visiting these countries without passing through the normal channels of the regional offices and even without informing the Regional Office and the persons in charge of the programme.

11. The participants in the meeting found it extremely difficult to deal with the abbreviation Noncommunicable Diseases (NCD), the title of the Division of Noncommunicable Diseases (NCD) and the acronym for the programme of other noncommunicable diseases (NCD). It was requested that people dealing with the programme classification structure could find a way to remedy this.

VII. FINALIZATION OF THE GLOBAL MTPs FOR OBJECTIVES 12 AND 13.15-13.17

Programme managers at headquarters will incorporate the amendments, deletions and other changes proposed for their draft MTPs. This exercise will be completed before 15 January 1983. Activities on Smoking will also be prepared by the NCD division in headquarters within this period.

The revised versions of all these MTPs will be forwarded to all the participants of this MTP Consolidation Meeting (Group 4) and to all concerned Regional Advisers by 15 January 1983. Complementary comments from the regions should reach headquarters by 15 February 1983. The final versions of these MTPs will then be prepared by headquarters programme managers within one week of receiving the feedback from the regions.

It was underlined that comments if not exceeding one page could be made by telex to save time and money.

However, exceptions to the above time schedule will apply to the programme areas on Essential Drugs and Traditional Medicine. The Medium-Term Programme for Essential Drugs will be rewritten in headquarters in consultation with the Regional Offices and finalized before the end of 1983. The same approach applies to the Medium-Term Programme for Traditional Medicine which should be finalized within a period of six months.

VIII. EVALUATION OF THE MEETING

It was felt generally that the scope and purpose of the meeting was largely well covered. This applied also to the detailed objective presented by the Chairman at the beginning of the meeting (refer to page 3 of the Report). However, the last objective had not been fully completed in the sense that further discussions will be needed with programmes outside objectives 12 and 13.15-13.17 to finalize the proper linkages with these programmes. Finally, the second part of the final objective: "to make specific suggestions concerning activities for other programmes likely to contribute" had not been touched.

The understanding of the programmes and their related problems were greatly improved. The necessary information for the consolidation had been properly exchanged and there was generally a better understanding of the coordination needed for the implementation of the MTPs. All participants were greatly interested in discussing what other regions and headquarters were doing and this would go far in improving the quality of the MTP.

Although it was not the purpose of the meeting, the group stressed that the educative process involved in such a meeting was one of its best aspects.

Although there were different opinions on certain matters, such as the proposed integrated noncommunicable disease control programme and the clinical technology programme, the discussion was always open and constructive.

In spite of the fact that anti-smoking activities are specified in the Seventh General Programme of Work, no global MTP was presented on the subject at the meeting and participants, while regretting the fact, recommended to Programme Managers involved that this should be corrected as soon as possible.

Finally, in addition to the impression of success given by the meeting, it was felt that personal contacts established at the meeting were found valuable for programme development and implementation.

CONSOLIDATION MEETING FOR THE
MEDIUM-TERM PROGRAMMES FOR
OBJECTIVES 12 AND 13.15-13.17 OF
THE SEVENTH GENERAL PROGRAMME OF WORK

Manila, 15-19 November 1982

LIST OF PARTICIPANTS

Dr C.O. Akerele, Programme Manager, Traditional Medicine, HQ
 Dr R.R. Chaudhury, Regional Adviser, Pharmaceutical, Diagnostic and
 Therapeutic Substances, EMRO
 Mr W. Chelemu, Prophylactic, Diagnostic and Therapeutic Substances, AFRO
 Dr C. Chollat-Traquet, Responsible Officer, Managerial Process for WHO's
 Programme Development (Secretary)
 Dr M.E. Chuwa, Noncommunicable Diseases, AFRO
 Dr L. Dobrossy, Regional Adviser, Cancer, EURO
 Dr S.R.A. Dodu, Cardiovascular Diseases, HQ
 Dr I. Glasunov, Director, Division of Noncommunicable Diseases, HQ
 Dr R. Gonzalez, Chief, Noncommunicable Diseases, Division of Disease
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 Dr V.I. Grabauskas, Division of Noncommunicable Diseases, HQ
 Dr S.T. Han, Director, Programme Management, WPRO (Chairman)
 Dr J. Hashmi, Regional Adviser, Noncommunicable Diseases, EMRO
 Dr L. Houang, Health Laboratory Technology, HQ
 Dr Kambu Kabangu, STC, AFRO (Dean of Faculty of Pharmacy, University of
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 Dr J.H. Krol, Chief, Rehabilitation, HQ
 Dr E. Leparski, Director, Disease Prevention and Control, EURO
 Dr A. Linsell, Representative for the International Agency for Research
 on Cancer (IARC)
 Dr Liu Guo-bin, Director, Drug Policy, Environmental Health and Health
 Technology, WPRO
 Dr Lu Rushan, Assistant Director-General, HQ
 Dr A. Modjtabai, Regional Adviser, Cancer and Radiation Health, EMRO
 Dr R.A. Noordin, Director, Health Protection and Promotion, WPRO
 Dr B. Sankaran, Director, Division of Diagnostic, Therapeutic and
 Rehabilitative Technology, HQ
 Dr K. Stanley, Cancer, HQ (for part of the meeting)
 Dr J. Stjernswärd, Chief, Cancer, HQ
 Dr W.A. Wahba, Director, Development of Comprehensive Health Services, EURO
 (Rapporteur/Coordinator)
 Dr H. Zaman, Noncommunicable Diseases, SEARO

* * *

Secretariat

Ms E. Arizabal, Secretary, Organization of Medical Care, WPRO
Ms A. Chua, Assistant, Meetings and Courses/HMD, WPRO
Ms J. Posadas, Temporary Secretary, Office of Director, Drug Policy,
Environmental Health and Health Technology, WPRO
Ms A. Redondo, Assistant, Office of Director, Drug Policy,
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* * *

The following staff from WPRO also participated in certain sessions:

Mr H.S. Dhillon, Chief, Human Resource Development, WPRO
Dr S. Endo, Programme Coordinator, Kuala Lumpur
Dr E. Coon, Programme Coordinator, Beijing
Dr Y.S. Kim, Programme Coordinator, Manila
Dr R.D. Mercado, Director, Health Services Development and Planning, WPRO
Dr R. Okamoto, Programme Coordinator, Seoul
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CONSOLIDATION MEETING FOR THE
MEDIUM-TERM PROGRAMMES FOR
OBJECTIVES 12 AND 13.15-13.17 OF
THE SEVENTH GENERAL PROGRAMME OF WORK

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AGENDA

1. OPENING OF THE MEETING
2. ELECTION OF OFFICERS
3. ADOPTION OF THE PROVISIONAL AGENDA AND METHOD OF WORK OF THE MEETING
4. METHODS AND APPROACHES USED IN THE REGIONS AND AT HEADQUARTERS FOR THE ELABORATION OF THE MEDIUM-TERM PROGRAMMES FOR OBJECTIVES 12 AND 13.15-13.17 OF THE SEVENTH GENERAL PROGRAMME OF WORK
5. DISCUSSION ON THE LINKAGES WITHIN OBJECTIVES 12 AND OBJECTIVES 13.15-13.17;
CLINICAL ASPECTS OF PRIMARY HEALTH CARE;
APPROACH TO AN INTEGRATED NONCOMMUNICABLE DISEASES CONTROL PROGRAMME.
6. DISCUSSION OF THE MEDIUM-TERM PROGRAMMES FOR OBJECTIVES 12 AND 13.15-13.17: REVIEW AND EXCHANGE OF INFORMATION FOR THE FINALIZATION OF EACH OF THE GLOBAL MEDIUM-TERM PROGRAMMES
7. COORDINATION BETWEEN COUNTRIES, REGIONAL OFFICES AND HEADQUARTERS FOR THE IMPLEMENTATION OF PROGRAMMES 12 AND 13.15-13.17
8. MECHANISMS FOR THE FINALIZATION OF EACH OF THE GLOBAL MEDIUM-TERM PROGRAMMES^{1,2}
9. DISCUSSION OF THE DRAFT REPORT
10. CLOSURE OF THE MEETING

¹ Except for Clinical Technology, for which plans may be made for further development of the medium-term programmes.

² The medium-term programmes for Objectives 12 and 13.15-13.17 will not be finalized in Manila but shortly afterwards, to give time to representatives of each region and headquarters to consult regional advisers and their colleagues.