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UNICEF's New Policy on Meeting Basic Child Health Needs

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UNITED NATIONS CHILDREN'S FUND
FONDS DES NATIONS UNIES POUR L'ENFANCE

UNITED NATIONS, NEW YORK

EXPRO

31 July 1975

EXPRO-245

TO: Field Offices
FROM: Charles Egger
SUBJECT: UNICEF's New Policy on Meeting Basic Child Health Needs

1. Introduction

The purpose of this circular is to invite your thoughts and suggestions on how to implement the new policy on the provision of primary health care to unserved areas. This subject is likely to be on the agenda of the next round of regional staff meetings and this circular may serve as background for such discussions. We hope that you will also find this circular to be relevant and useful in your discussions with colleagues in other UN organisations, particularly WHO, as well as in your exchanges with government officials on future UNICEF participation in child health projects.

2. The New Policy : Community Based Primary Health Care

(a) Background

This important change in the orientation of UNICEF and WHO policy on meeting basic health needs was prepared in a joint WHO/UNICEF study, which has been circulated to you as document E/ICEF/L.1322. You were advised of the objectives and the plans for undertaking this study in EXPRO-223 of 9 November 1973. This report and recommendations are based in the main on case studies of projects in nine countries. UNICEF participated in the overall planning of the study and we also appointed consultants to participate in most of the case studies. The cases for field study were chosen as examples of new ways to provide primary health care. The findings of these field studies are the basis for the conclusions and recommendations in document E/ICEF/L.1322 pages 39-47.

This report was then considered by the UNICEF/WHO Joint Committee on Health Policy which strongly endorsed its recommendations - see the report of the JCHP, document E/ICEF/L.1325, in particular pages 7-9.

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... The Executive Director of UNICEF strongly supported these recommendations and presented a review of their implications for future UNICEF assistance in a note to the Executive Board, document E/ICEF/L.1323, copy attached.

(b) The New Policy

The essence of the new policy is summarised in a note by the Executive Director, E/ICEF/L.1323, paragraphs 2 and 3:

" 2. The Executive Director welcomes both the assessment and the report of the JCHP. He considers that, together, they constitute a very important advance in the identification of approaches to improving maternal and child health in developing countries.

3. The Executive Director commends and endorses the recommendations of the JCHP on this subject contained in section 6.3 of its report. He wishes to point out that the new approach contained in these recommendations puts first priority on the introduction or stimulation of health measures in unserved communities (rural villages or urban slums and shanty towns), relying on primary health workers trained for short periods and on active community participation, in identifying health needs and devising and carrying out measures to meet them. Primary health workers may serve on a part-time basis; they need not be full-time salaried government employees. It follows that health services organised at the national level and radiating out to communities have as their first responsibility the support of community health measures."

Of course, existing national health services will have an essential role to play in supporting primary health care. The new approach will, however, require a re-orientation of the traditional health services towards this supportive role.

3. Broad Implications of this Policy

It seems to us that there are three important implications arising from this new approach which take us beyond the health sector as traditionally understood.

(a) Participation of Various Programmes and Services (other than health)

Although health measures require the technical supervision and support of the national health services, the report (E/ICEF/L.1322) recognises the fact that other programmes and services can have an important impact on health; and that, therefore, they should be included in national policies and actions for promoting the health of children. These other programmes or services include agriculture, rural development, communications, water resource development, education and others.

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The ways in which such extra-health activities may be brought to bear more effectively on health problems are not dealt with in any detail in the basic report. They will need fuller consideration in plans to implement the new policy. Since WHO is formally required to deal with Ministries of Health, UNICEF will have a special responsibility to work on the participation of extra-health services in national health strategies and programmes.

(b) Rural Development or Area Development

It is also implicit in this new policy that its success can hardly be achieved as an isolated health sector approach. Especially since the active understanding and support of the community is essential, the new approach requires a general animation of rural communities; and this in turn can best be achieved through the means of a broad approach to rural development. In practice the application of the rural development approach in a country may be limited, so that in many countries it may be more realistic to speak of "area development".

(c) The Package Approach

We hope that the technique proposed for providing primary health care (through a trained village worker supported by his own community) may be extended to other services for children, such as nutrition, drinking water and non-formal education. Where this can be done, the various services will be mutually supporting, as ... pointed out in the attached note by the Executive Director.

4. Steps Towards Implementation

The new policy represents a fundamental change in the traditional approach to delivering health services. It will often be difficult for professional health personnel, who have been trained in that approach and have spent years in its practice, to understand, accept and support the new policy. Thus WHO has initiated measures to engage its staff in re-thinking their policies and practices along the new lines.

In UNICEF we too have grown up in the established traditions, in partnership with WHO, and it will not be easy for UNICEF staff to comprehend the full implications of the new policy. Along with our WHO colleagues, therefore, we will also have to develop appropriate staff orientation exercises.

WHO headquarters have taken the first step of holding a consultation meeting with key officers from their regional offices in order to move toward a general understanding of the new approach, and to sketch out steps to be taken by WHO headquarters and by each of the Regional Offices in beginning its application. This consultation took place in Geneva from 4 to 11 June 1975. The participants from WHO regional offices were

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AFRO : Dr. R.M. Lyonnet
AMRO/PAHO : Dr. A.N. Gerald
EMRO : Dr. G. Rifka
EURO : Dr. Glyn Thomas
SEARO : Dr. U. Koko
WPRO : Dr. A.A. Angara

Our office for Europe represented UNICEF during this consultation.

For UNICEF Regional Offices, therefore, one of the next steps would be to initiate a discussion with the responsible officials in WHO Regional Offices, in order to share both our thinking and our plans for putting the new policy into practice. At this stage we are not informed of the specific plans which are being made by WHO regional offices for staff orientation. You may find it suitable for some UNICEF staff to participate in WHO's staff orientation exercises. Alternatively, you may wish to invite the responsible person from the WHO regional office to participate in UNICEF's own staff orientation, either at the time of regional staff meetings or at some other time.

5. Promoting the New Policy in the Countries

(a) Workshops or Seminars

We have discussed with WHO the idea of organising national or regional workshops or seminars to discuss the new policy, and ways of beginning its application. In principle, WHO favours this technique. There would seem to be obvious advantages to making this a joint WHO/UNICEF undertaking. We suggest that, besides health officials, representation of national planning bodies and the Ministries referred to in point 3. above may be invited to participate. The details will have to be worked out between UNICEF, WHO and the governments at the regional and country level.

(b) Distribution of the Report

We have also arranged with WHO for a large printing of an edited version of the basic study. We expect that this will be available in September. We suggest that you give it wide distribution in the countries, especially among senior policy makers and administrators. If you will let us know how many copies you require, we will send them to you as soon as they are available.

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(c) Knowledge Network

We also hope that one of the first UNICEF "knowledge networks" will focus on child health and will play an active role in facilitating the application of this new policy (see EXPRO-244)

(d) Country Initiatives - Where to Start

Since UNICEF is assisting child health services, in one way or another, in more than 100 countries, we are already in a special position to explore with governments the possibilities of introducing this new orientation. Obviously some countries will be more open to the new approach than others, but nevertheless we should try to disseminate this new concept as widely as possible. In this connection the following paragraph from the Executive Director's Note to the Executive Board (E/ICEF/L.1323, paragraph 4) is relevant:

" 4. The JCHP report in section 6.3 subparagraph 1 proposes that a special effort should be made by WHO and UNICEF to support the implementation of this new approach initially in selected countries where conditions meet certain criteria. The Executive Director supports this proposal. At the same time, however, he believes that it is UNICEF's responsibility, together with WHO, to advocate this new approach, wherever it could be effective, in all countries where UNICEF participates in child health programmes, and to explore with national authorities the possibilities for the reorientation of health systems in this direction."

In pursuit of the above you will doubtless wish to consult with your WHO colleagues and others about the countries which seem ready to introduce the new approach, and where a special effort should be made now.

For such country projects, no doubt there will have to be some adaptation of the forms of UNICEF assistance. This matter is reviewed briefly in background E/ICEF/L.1323, paragraph 16 through 23. Your attention is drawn particularly to paragraph 19, which reads:

" 19. Some support may be needed for other local expenses for an initial period in each area while the community contribution to local costs is being built up."

When the new approach becomes generally applied in developing countries, the need for external aid will far exceed the resources which UNICEF will be able to invest. It is therefore important for us to bring other sources of aid into the picture, including the UNDP, the World Bank and bi-lateral aid.

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7. Collaboration with UNDP and the World Bank (IBRD)

At the headquarters level, WHO and UNICEF have already initiated consultations with the UNDP and the IBRD with the objective of enlisting their support for the promotion and application of this new approach.

On 9 May 1975, Mr. I.G. Patel, Assistant Administrator of the UNDP, sent the basic study to all UNDP resident representatives. In his covering memorandum Mr. Patel commended the proposed re-orientation of health programmes, particularly as they bear on general rural development. Mr. Patel's memorandum is reproduced in attachment 2 to this circular.

The study has also been brought to the attention of IBRD.

On 16 October 1975 there will be a meeting of representatives of WHO, UNICEF, UNDP and IBRD to consider possible joint action in the promotion and in the support for the application of the new policy. You will be advised of the outcome of this meeting.

UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



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E/ICEF/L.1323
17 March 1975

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
1975 session

Report of the UNICEF/WHO Joint Committee on Health Policy (JCHP)

Note by the Executive Director

1. The Executive Director wishes to draw the attention of members of the Board to the Report of the twentieth session of the UNICEF/WHO Joint Committee on Health Policy (E/ICEF/L.1325), and in particular to section 6 of this Report which records the recommendations of the JCHP concerning alternative approaches to meeting basic health needs of populations in developing countries. In preparation for the consideration of this subject, a joint UNICEF/WHO assessment of alternative approaches to meeting basic health needs was prepared. This has been circulated as document E/ICEF/L.1322.
2. The Executive Director welcomes both the assessment and the report of the JCHP. He considers that, together, they constitute a very important advance in the identification of approaches to improving maternal and child health in developing countries.
3. The Executive Director commends and endorses the recommendations of the JCHP on this subject contained in section 6.3 of its report. He wishes to point out that the new approach contained in these recommendations puts first priority on the introduction or stimulation of health measures in unserved communities (rural villages or urban slums and shanty towns), relying on primary health workers trained for short periods and on active community participation, in identifying health needs and devising and carrying out measures to meet them. Primary health workers may serve on a part-time basis; they need not be full-time salaried government employees. It follows that health services organized at the national level and radiating out to communities have as their first responsibility the support of community health measures.

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4. The JCHP report in section 6.3 subparagraph 1 proposes that a special effort should be made by WHO and UNICEF to support the implementation of this new approach initially in selected countries where conditions meet certain criteria. The Executive Director supports this proposal. At the same time, however, he believes that it is UNICEF's responsibility, together with WHO, to advocate this new approach, wherever it could be effective, in all countries where UNICEF participates in child health programmes, and to explore with national authorities the possibilities for the reorientation of health systems in this direction.

5. Through the interaction of primary health workers and communities, it should be feasible to implement, on a much wider scale, a whole range of health activities bearing on children, as indicated in the study. Among these activities are: improved birth attendance and the provision of information about family planning (for example, by widespread training of traditional village midwives); immunization against common diseases affecting children; improved and more accessible village drinking water supply; and simple measures to improve child nutrition.

6. The mobilization of thousands of communities with their primary health workers offers the best prospect for breaking through the limitations hitherto imposed by traditional health services. Special projects directed at one or another facet of child health (e.g. nutrition, water, immunization, or responsible parenthood), should give first priority to communities which have adopted programmes for primary health care.

7. The primary health care approach has special relevance to the recommendations of the World Food Conference on child malnutrition. For example, it would be highly desirable to extend support to home and village food production and improved food storage along similar lines - through village-level workers, partially volunteer. There would be evident advantages to initiating such actions in the same communities where primary health care is under way.

8. UNICEF aids a large number of projects aimed at improving village drinking water supplies. Among the common difficulties encountered in water supply schemes are the lack of village appreciation of clean drinking water and chronic indifference to maintenance of equipment. Communities which are active participants in primary health care should be ready to collaborate in improving their water supply; and should receive first attention in water supply schemes.

9. Similarly, in the planning for immunization of children, where large numbers of communities are practicing primary health care, there will be a means of reaching a much larger proportion of the population not only for initial immunization but also for the maintenance of protection.

10. In this connexion, the Executive Director endorses the views of the JCHP concerning the need to strengthen UNICEF support generally to the immunization of children (section 7.2).

11. The implications of the primary health care approach for training of health personnel are reflected in the JCHP report (recommendation 6, page 8). The recommended reorientation of training derives from the new role of doctors,

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nurses and midwives in encouraging and supporting primary health care. In this connexion, the Executive Director welcomes the emphasis on the community health function of nurses and midwives which is stressed in the report of the JCHP (para. 7.1).

12. The report of the JCHP draws attention to the need to find new and more appropriate means for communications and transport related to primary health care. This question is of particular concern to UNICEF, and the Executive Director agrees that better solutions must be sought in the light of the specific conditions and needs of primary health.

13. The Executive Director also endorses the recommendation of the JCHP (recommendation 5) that greater attention should be paid to the role which sectors other than health can play in supporting primary health care.

14. The Executive Director is convinced that the above recommendations are especially useful because they lay the basis for a practical pattern of health care services. They involve community participation, and can be operated at recurring costs at a level that makes it possible for them to be widely extended to rural areas and slums and shanty towns in developing countries. Ideally, the health care services for children should be one of a group of the most basic services for children, comprising, in addition to health and family planning, water, nutrition and basic education. In these other fields also, a good deal of work has been done to produce organizational patterns that could be similarly extended throughout the developing countries. With the exception of water supply, the solutions are not yet so clear. The work that has been done on health services can be an encouragement to proceed with the elaboration of patterns in the other fields.

15. Many of these services are mutually supporting. Reference has already been made above to some of the linkages among the health services. The primary health care network proposed is the best channel for dealing with malnourished young children. With regard to water supply, the dependence is mutual in that the provision of water supply may create community interest in health care services and vice-versa. In accordance with UNICEF's advocacy of systematic attention to children's needs, our goal is that all these basic services should be extended throughout the developing countries. However, many countries will be at different stages in their progress towards this goal. This will obviously affect the components for which they need assistance.

Financial implications for UNICEF

16. While the JCHP recommendations constitute an important reorientation of health services policy, this does not imply a change of corresponding magnitude in the types of assistance that would be furnished by UNICEF. UNICEF has experience in supporting the training of indigenous midwives (with stipends, kits, bicycles) in aiding rural midwifery centres and rural pharmacies, in supporting training courses and child immunization.

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17. Where countries decide to adopt the reorientation recommended, this will expand their need for assistance with training expenses for primary health workers and the reorientation of supervisory personnel. This would be particularly assisted through stipends and through the production costs of simple manuals in local languages.
18. There would be an expansion in the requirements for vaccines and for refrigerators and other elements of the cold chain. There will also be an expansion in the need for medicines and dressings.
19. Some support may be needed for other local expenses for an initial period in each area while the community contribution to local costs is being built up.
20. In the last several years, UNICEF has spent annually some \$20 million on basic child health services. A few elements of this can be cut back, e.g., motor vehicles and some more sophisticated equipment. This cutback would be much less than the need for expansion outlined above.
21. Some of the special assistance funds for countries particularly affected by the current situation, for which appeals are being made by the Executive Director, could appropriately be used for extending basic child health services into the affected areas. Apart from their intrinsic benefit, such extended services would permit the seriously malnourished children to be found and would afford a channel for selective supplementary feeding.
22. The pace at which these changes come about will depend on the Governments. Where Governments wish to extend several of these basic services into affected areas, the reorientation of UNICEF assistance will appear under several categories, not just under basic child health.
23. The size of the need is such that bilateral aid will be required in addition to all that UNICEF can hope to mobilize.

Promotion of the new policy

24. Any new policy is bound to encounter resistance, and a corresponding effort is required to spread it. The Executive Director is convinced that UNICEF, which has played its part in the shaping of this policy, should also direct its energies towards its dissemination, understanding and implementation.
25. Agreement has been reached with WHO on the joint UNICEF/WHO publication of the report on alternative approaches to meeting basic health needs, in an edited and somewhat abbreviated form, for widespread dissemination in international and national circles among planners and policy makers, especially those concerned with child health. A special effort will be made to get the report read by professional health personnel.

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26. Among the first efforts will be the orientation of the staff of UNICEF and WHO. For this purpose, WHO plans to hold regional staff seminars in which selected UNICEF staff may participate. Regional seminars for UNICEF staff will also be held. In addition, UNICEF should be ready to give financial and other aid to regional and national orientation seminars for key planners and health leaders of developing countries on the importance of primary health care.

WHO policy

27. Among the background documents transmitted to the WHO Executive Board, meeting in January 1975, was the study on alternative approaches to meeting basic health needs of populations in developing countries. The Executive Director is pleased to note that the WHO Board adopted a policy with respect to rural health along the lines set forth in the study, and that WHO recognizes that better health is an essential component of national development. This should ensure the full co-ordination of the efforts of WHO and UNICEF in advocating the new policy.

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UNITED NATIONS DEVELOPMENT PROGRAMME

UNDP

UNDP/PROG/FIELD/53

UNDP/PROG/HQTRS/70

9 May 1975

TO: Field Offices and Headquarters Staff

FROM: I.G. Patel, Deputy Administrator
(Programme)

SUBJECT: WHO/UNICEF Joint Study on Alternative Approaches to Meeting
Basic Health Needs of Populations in Developing Countries

Attached, you will find copy of the report on the WHO/UNICEF Joint Study on Alternative Approaches to Meeting Basic Health Needs of Populations in Developing Countries, which I am recommending to your attention. The study was conducted in view of the inability of the conventional, western-inspired health services to cover equitably the population in developing countries and of their failure, in many cases, to gain the confidence of the people. The report was considered and adopted by the UNICEF/WHO Joint Committee on Health Policy at its 20th Session, Geneva, 4-6 February 1975. It will now be submitted to the 1975 session of the UNICEF Executive Board with a recommendation that the Board adopt as official UNICEF policy the principles and approaches described in the report.

The document displays considerable pragmatism and freshness of ideas. Through a critical review of the shortcomings of conventional systems and the examination of a few successful or promising experiences, it identifies and discusses those aspects which appear to be factors of success. Possibly the most important among them is the consideration of primary health care as one of the measures to be undertaken by the community as part of its own global development. For this reason, community involvement is considered as essential in planning, supporting, staffing and managing its own health service.

In this perspective, primary care would truly belong to the people, while the conventional health system would provide the main technical policies, advisory supervision, referral, training and administrative support.

The technical features which today enable such type of development are the possibility of employing health workers with short but thorough training in priority-oriented tasks of a preventive, educational and curative nature, the existence of effective vaccines and of safe, wide-spectrum medicines which can be entrusted to such workers, and finally the conversion of the conventional system into a supportive one.

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I feel that this departure from the traditional, centralized and very formal system of health services is most promising as it offers better chances to develop essential health care which people will accept and which is close to their felt and actual needs. By putting primary care in the hands of selected members of the community, it opens the door to an intersectoral approach to health within development.

Another interesting aspect in this report is that it does not attempt to provide a schematic "recipe", but rather an indication of "factors" of success which can be usefully applied in various ways either as a whole, separately or progressively to suit local conditions. In this light, therefore, the cases described and annexed to the report are not to be taken as the suggested solutions, but simply as examples embodying one or several of the factors mentioned above.

It is my understanding that WHO is planning to organize on a decentralized basis a series of short round-table workshops for WHO and UNICEF staff during the second half of 1975 and early 1976. These meetings aim at informing and familiarizing their own staff with the new approach. At our request, they have agreed to the participation of UNDP staff and you may therefore wish to consider the attendance of one of your collaborators when the time comes. We are now in contact with WHO/UNICEF for more detailed information including dates and locations, and we will keep you informed of further developments.

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