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IMPLICATIONS FOR THE PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH
ORGANIZATION OF THE WORLD POPULATION PLAN OF ACTION

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STATE OF TEXAS, DEPARTMENT OF REVENUE
Austin, Texas, January 1, 1938

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Introduction

The World Population Plan of Action (WPPA) was by consensus of 135 governments accepted as a policy instrument within the broader context of the internationally adopted strategies for national and international progress, its aim being to help coordinate population trends and economic and social development. It is therefore considered as an important component of the system of international strategies and an initiative of the international community aimed at the promotion of socio-economic development and the enhancement of the quality of life of all peoples.

We believe there is a need to spell out our own interpretation of the WPPA and of PAHO/WHO's approach to its implementation, recognizing that final decisions with regard to the latter activities will have to be made by the World Health Assembly and the Directing Council of PAHO. Nevertheless, from our point of view, the objectives of the WPPA and the resolutions of the World Population Conference, which contain health elements, are closely related to PAHO/WHO's objectives and priorities.

The concern and conviction that health is an integral aspect of economic and social development, contributing in a variety of ways to such development as well as benefiting from it, which is seen in the WPPA, is also reflected in PAHO/WHO's work programs, especially as these relate to the Ten-Year Health Plan for the Americas as approved in the III Special Meeting of Ministers in Santiago (1972).

The resolutions and recommendations adopted by the World Population Conference are far-reaching, being at the same time both supportive to the WPPA and also indicating that the Plan of Action will take its place, together with other relevant United Nations instruments of the Second Development Decade, as part of the World Strategy aimed at an integrated and holistic approach to more rapid development, particularly in the Third World. A particular area of social change which received much attention and emphasis at the World Population Conference was that of rural development and agrarian reform. In these respects, PAHO/WHO will pay particular attention to those resolutions of the World Population Conference arising from the First and Third Committees, which considered Population Change and Economic and Social Development and Population and the Family respectively, and which were concerned with rural development, rural populations and the rural family (see Annex I - Organizational Study on Methods of Promoting the Development of Basic Health Services). Also to that part of the WPPA which refers to the revitalization of the countryside as a priority goal of the less-developed countries. It should be remembered that the structure and functioning of traditional health services will be deeply influenced by such a shift of priorities to the rural areas. Nevertheless, the Organization is facing this formidable challenge by trying to generate simple yet effective health technologies that can be delivered by peripheral health workers in sufficient

number who, under the moral pressure of community participation, will reach and serve those hundreds of millions of people who today still have no access to health care.

The World Population Plan of Action reminds us of the urgent need to undertake corrective action to avoid the appalling wastage of human life, particularly in relation to the very high infant mortality rates, and that life expectancy is still low in many areas. For example, infant mortality rates in some of the less-developed areas are reported to be as high as 200 per thousand births. In fact, such rates are indeed likely to be much higher and in some countries 50% of all children die before the age of five.

An increasing quantity of information and data is coming to the attention of the Pan American Health Organization that points to malnutrition, often with concomitant infection and frequently in association with unregulated fertility, as a principal contribution to maternal-child health problems. In effect, this veritable triad is the leading cause of death, defect and disability in mothers and children.

Examination of the data from the PAHO study "Patterns of Mortality in Childhood" discloses the tremendous effect of malnutrition, directly or as an underlying or associated cause, on morbidity and mortality of infants and children. This, coupled with intercurrent infection and immaturity, accounted for 57% of deaths under the age of five years.

To this terrible toll to children, one may add the mortality of mothers from hemorrhage, infection, toxemia and illicit abortion -- which contributed to 10-53% of all maternal deaths in a sample of Latin American cities -- and which still is the most "popular" form of fertility control.

Both the WPPA and the resolutions contain numerous direct references to health and the need for action, particularly to reduce maternal and infant morbidity and mortality; to develop primary health care services to cover the rural areas; to improve environmental health; to control or eradicate infectious diseases and malnutrition; to develop adequate professional and auxiliary health manpower, and to undertake research in these areas. The most pertinent paragraphs of particular relevance to PAHO/WHO which cover such areas in the WPPA are: Para. 5, Para. 12, Para. 14(f), Para. 14(g), Para. 15(c), Para. 15(h), Paras. 20-26, Paras. 27-43, Para. 69, Paras. 71-80 (particularly Paras. 78(c), 78(i), 78(j), 78(h), and Para. 83.

The Fifth Programme of Work of WHO (1973-1977) and PAHO's Ten-Year Plan foster a holistic approach to the organization of national health systems and provide guidance in the development of national country health planning and programming with the objectives of strengthening health services including family planning, development of health manpower, disease prevention and control, control and promotion of environmental health and research in all such health-related areas. They also accept that the research programs of the World Health Organization, already extensive, should be continued and expanded, including the work in progress on reproductive health, including growth and development, as part of its family health care program. (For details of WHO's

research program please see Annex II.) Thus the resolutions of the World Population Conference in 1974 and the WPPA, together with those adopted later in the year at the World Food Conference, so far as health and nutrition and related research are concerned, already form an integral part of the work of PAHO/WHO (for details see Annexes I, II and III).

PAHO's policy on population recognizes the triad of malnutrition, infection and unregulated fertility, and therefore, the Organization, keeping in mind the Decennial Health Plan formulated at the III Special Meeting of Ministers in Santiago, Chile, in 1972, is assisting the Member States to:

1. Formulate national policies and legislation concerning food and nutrition;
2. Reduce risks of illness and death to which mothers and children are currently exposed, and extend the coverage of maternal and child health services, and
3. Formulate, within the national policy, plans and means which contemplate integral protection of the family by providing adequate information and services concerning problems related to fertility and sterility.

With respect to the last item, the policy of the Organization recognizes that the ultimate aim of family planning and population programs, like health programs, is to improve the quality of life. Thus, the plan of action within our policy is to assist Governments in:

1. Assuring that the knowledge and information is provided and the services available to enable each family to decide and achieve the size it needs and wants;
2. Assuring that the maximum health benefits accrue from these actions through integration and institutionalization of the programs within the health system, and
3. Recognizing the demographic consequences which may result from these actions and the impact they may have on health needs and national social and economic development.

Present approaches and future development in the delivery of health care emphasizing reproductive health, nutrition and growth and development

In the strengthening of health services, emphasis is given to the prevention of unnecessary wastage of human resources accruing from processes of human reproduction, growth and development, and which detract from national development. PAHO/WHO is accordingly concentrating on health planning and the effective management and evaluation of health systems, together with the development of comprehensive community health services and other social services with special reference to the rural areas. Particular attention is being paid to those population groups which are potentially underprivileged by reason of their health or economic circumstances or geographical location.

To this end, the Organization provides direction and guidance for program development through an interdisciplinary approach calling for ever closer coordination of activities within the Organization as a whole and at country level. Within this system, program teams have been formed which have specifically defined areas of work in the design and implementation of such functions as program budgeting, medium-term programming, country health programming, financing of health systems, project formulation and management, information systems development and evaluation and the improvement of delivery of health services at the peripheral level (see Annex I).

PAHO/WHO has long held the view that the development of strong national health services is one of the most important factors in raising the level of health in a country as high as possible. However, such services in developing countries have tended to be copies of those in more developed countries. As a result this approach has often failed because they have not been based on the needs and resources of the countries themselves. Nevertheless some countries have developed a number of successful approaches and WHO/UNICEF have undertaken a study on "Alternative approaches to meeting basic health needs of populations in developing countries" in order to identify such country programs and to assess what useful elements might be adapted for use elsewhere.

In view of the scarcity of services and personnel and the lack of resources in many parts of the world, PAHO/WHO's underlying strategy to promote family health including family planning, which is one of the priorities selected by the World Health Assembly for the Fifth General Programme of Work, is to provide primary health care services to the population (see Annex I).

The integration of family planning care within health services has received considerable acceptance, irrespective of population policies at the country level. This increasing awareness of the health impact of family planning has in turn led to increasing demands from countries for our assistance as outlined in Annex III, which shows assistance planned to 1977. Generally it has also led to the establishment of an overall action-oriented program of research in human reproduction and family planning, as described in Annex II. The health aspects of family planning are, however, complex and therefore call for a multidisciplinary approach and an acceptance of family planning as an integral part of preventive health care, which in turn is accepted as a contributory factor of socio-economic development as expressed in the WPPA.

Conclusion

Financial constraints in relation to the magnitude of health problems preclude attempts to provide all countries with the assistance they require. The budgetary and organizational potential of the Organization is limited in this context and it will need increasingly to stimulate the use of resources additional to its own in order to meet the demands for more speedy and comprehensive development of health services, as part of socio-economic reforms, particularly in the rural areas. While coordination at country level is the responsibility of governments, we can play a significant role in assisting them to coordinate aid received from external sources and in directing

international attention to priority problems in health. In due course, as governments strengthen their own health services, the need for long-term advisory and demonstration services by PAHO/WHO should diminish and be increasingly replaced by cooperative assistance.

We would conclude by re-emphasizing that we believe the recommendations for action in the WPPA and the resolutions arising from the World Population Conference are fundamental to our programs. But large sectors of socio-economic development associated with progressive rural improvements and enhancement of the quality of life of rural peoples are of vital interest to a number of United Nations bodies and specialized agencies. Hence it will be necessary for us to strengthen on-going joint activities and to initiate coordinated collaborative programs at the earliest moment, consistent with the desires of governments as expressed at Bucharest and presently at the General Assembly.

