

*directing council*



PAN AMERICAN  
HEALTH  
ORGANIZATION

XII Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION



XII Meeting

Havana, Cuba  
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CD12/14 (Eng.)  
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ORIGINAL: ENGLISH

Topic 25: GENERAL PROGRAM OF WORK OF PAHO/WHO COVERING THE  
PERIOD 1962-1965

The 13th World Health Assembly, after considering Document A13/P+B/2, as modified by amendments made by a Working Party of the Assembly, adopted the following resolution (WHA13.57):

"The Thirteenth World Health Assembly,

Considering Article 28(g) of the Constitution,

Having considered the General Programme of Work for the Specific Period 1962-1965 inclusive, as submitted by the Executive Board at its twenty-fifth session,

Believing that the Programme of Work, as submitted, provides a broad general policy that could guide the development of the annual programmes,

APPROVES the General Programme of Work for the Specific Period 1962-1965 inclusive, as submitted by the Executive Board at its twenty-fifth session and as amended."

The document itself, while world-wide in scope, has substantial applicability in this region and its contents will be taken into account in connection with the preparation of the general program of work for PAHO, for the same period, to be considered by the XIII Meeting of the Directing Council.

The Director respectfully requests an analytical review of this document by the XII Meeting of the Council to assist in the preparation of the documentation for the discussion at the XIII Meeting.

THIRTEENTH WORLD HEALTH ASSEMBLY

A13/P&B/2  
3 March 1960

Provisional agenda item 2.4

ORIGINAL: ENGLISH AND  
FRENCH

THIRD GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD  
1962-1965 INCLUSIVE

1. Introduction

1.1 Article 28 (g) of the Constitution requires the Executive Board "to submit to the Health Assembly for consideration and approval a general programme of work covering a specific period". At its fourth session the Executive Board decided that five years was the maximum period for which such a programme should be considered.

1.2 The first general programme of work, submitted by the Board for the specific period 1952-1955, was approved in general by the Third World Health Assembly.<sup>1</sup> A more detailed programme along the same lines was endorsed by the Fourth World Health Assembly<sup>2</sup> as a broad general policy for the same period, and was subsequently endorsed by the Fifth<sup>3</sup> and Seventh<sup>4</sup> World Health Assemblies for the periods 1953-1956 and 1956-1957.

1.3 The second general programme of work - for the years 1957-1960 - was approved by the Board at its fifteenth session<sup>5</sup> and adopted in its final form by the Eighth World Health Assembly.<sup>6</sup> The Executive Board, at its twenty-third session, recommended that the second general programme of work should be extended until 1961.<sup>7</sup> The Twelfth World Health Assembly approved this resolution.<sup>8</sup>

1.4 The Executive Board is now submitting to the Health Assembly, for consideration and approval, a general programme of work for the period 1962-1965 inclusive.<sup>9</sup> This programme has been so formulated as to maintain continuity

<sup>1</sup> Resolution WHA3.1

<sup>2</sup> Resolution WHA4.2

<sup>3</sup> Resolution WHA5.25

<sup>4</sup> Resolution WHA7.9

<sup>5</sup> Resolution EB15.R24

<sup>6</sup> Resolution WHA8.10

<sup>7</sup> Resolution EB23.R76

<sup>8</sup> Resolution WHA12.27

<sup>9</sup> Resolution EBS5.R51

with the previous two general programmes of the Organization, taking into consideration the policies determined by its governing bodies and the knowledge and experience gained by the World Health Organization as a whole.

## 2. Principles and criteria

2.1 The principles and criteria, where the range of functions constitutionally prescribed for the Organization is so vast and comprehensive, have been established in accordance with the criteria for priorities established by the Economic and Social Council at its eleventh session and with due attention to the statement of priorities drawn up by the Council at its fourteenth session.

2.2 In projects of assistance to governments it should be recalled that such projects are government projects and that the role of WHO is that of assistance only until such time as the government is able to carry on without external aid. This implies that only such projects as are sufficiently well-founded upon government support for the present and upon equally well-founded planning for the future should be selected for assistance in implementation.

2.3 The Executive Board when reviewing and recommending the second general programme of work called the attention of the Health Assembly to "the disparity between the resources which have so far been available to the Organization and the increasingly expressed needs of governments for assistance in strengthening their health services".<sup>1</sup> The limitation of resources which still exists makes it necessary to discriminate between proposed activities, indicating those which should preferably be undertaken by the Organization. A choice may be made of: those activities which are technically and economically sound and that are best carried out with international aid; those that appear to warrant the most urgent action; and those which are as far as possible capable of yielding demonstrable results. Their capacity to benefit the largest number of countries and people should be taken into consideration, but also a selection should be made of activities, the implementation of which will provide the optimum utilization of funds available.

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<sup>1</sup> Resolution EB15.R78

2.4 In planning country programmes account should be taken of resources available within the country as well as of all relevant assistance already provided by WHO or to be given by other national or international organizations.

2.5 The programme of work is drawn up in the light of the following general principles:

2.5.1 All countries, including trust and non-self-governing territories, should participate and co-operate in the work of the Organization.

2.5.2 Services must continue to be available to all Members and Associate Members, without discrimination.<sup>1</sup> They should also be available to special groups under the provisions of Article 2 (e) of the Constitution.

2.5.3 Assistance to governments to strengthen their health services should be given only on their specific request.

2.5.4 Services should foster national self-reliance and initiative in health activities which should not normally be implemented directly by the Organization.

2.5.5 The work of the Organization should be so planned and implemented as to attain the utmost degree of integration and co-ordination with the related activities conducted by the United Nations, the specialized agencies, the International Atomic Energy Agency, and other agencies operating in appropriate international fields.

2.6 In the rapid evolution of medicine new problems constantly arise and new techniques, methods and practices are developed. Questions which today do not appear to call for action on the international plane may suggest or even demand such action before the end of the specific period. Consequently, the general programme of work must be flexible and open to periodic review.

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<sup>1</sup> In exceptional circumstances the Assembly may, in the case of Members, apply Article 7 of the Constitution.

### 3. Programme for 1962-1965

#### 3.1 General remarks

For historical and traditional reasons the first and second programmes of work for specific periods have emphasized the distinction between services of general international interest and the strengthening of national health services. Experience has shown that this distinction has become more and more artificial. For instance, assistance is required to strengthen national services for international quarantine, the control of addiction-producing drugs, and on the examination of pharmaceutical preparations. On the other hand advisory services for action against diseases such as malaria, smallpox, and many others, now comprehend a research component and a synchronized or co-ordinated action, both of world-wide character.

It must be realized also that the success of international health activities such as the collection and compilation of epidemiological intelligence and statistical information, and the application of international standards and regulations, etc., depends directly on the efficiency of local health administrations. Such international services will become fully utilizable only when the local health services are sufficiently developed to contribute effectively to international requirements.

Obsolescent also is the distinction between the decentralized activities carried out at regional or country level and those conducted at Headquarters; for instance, in virus diseases - influenza being a striking example - the work is decentralized, as the primary isolation and identification of the virus is carried out at the country level by more than one hundred national laboratories; but, because of the complexity of the problems involved, the precise identification - essential for epidemiological purposes - must be made by international reference laboratories. Further, work at the national level requires standardized reagents which can only be produced locally by comparison with reagents produced by the international reference laboratories. The designation of such laboratories and the co-ordination of their work is a major function of Headquarters. The activities on vector resistance to insecticides are conducted along similar lines.

### 3.2 Subjects of general international interest

3.2.1 Among the subjects of potential world-wide interest are international epidemiology and quarantine, the compilation and analysis of statistical material from all countries, the establishment of international standards, and the publishing and keeping up to date of texts such as the International Pharmacopoeia, and the International Classification of Diseases, Injuries and Causes of Death. These activities provide essential services to governments, to educational and research institutions and to industry, trade and communications. In most of these functions WHO is either the only source of such services or is generally recognized as specially fitted to discharge the world-wide responsibilities involved.

3.2.2 The Organization is gradually accumulating an enormous store of information on health conditions and actual or potential facilities for health work in all parts of the world. More and more the Organization is being called on to serve as a clearing house and to disseminate this information among health workers.

It is expected that an increased number of these activities will be carried out at the regional level in the period covered by the third programme of work.

3.2.3 The WHO approach to radiation and health should continue on a wide basis, encompassing both the use of radiation and isotopes in health care, including research, as well as the health problems associated with the increasing widespread use of radiation and radioactive material and the development of atomic energy for peaceful purposes. This field is developing rapidly and requires careful attention at the international and national levels. The Organization should stimulate and co-ordinate appropriate international activities, especially in relation to the larger health problems involved, and continue assistance to countries in evolving balanced programmes in radiation health; associated with the latter there is need for continued help in the specialized training of various types of personnel necessary for this type of work. An important aspect of the WHO programme will continue to be assistance in the development of basic data on the effects of radiation and the behaviour of radionuclides, necessary for sound international recommendations for health protection.

### 3.3 Strengthening of national health services

Under the heading of strengthening of national health services there could be listed a great variety of subjects covering almost all medical and health practices, in any or all stages of planning, implementation, or evaluation. Projects of this kind may be narrowly localized, or may cover one or more countries in one or more regions, and include countries in different stages of development.

Governments may request assistance from WHO to create, reorganize or improve curative or rehabilitation services, or services for prevention of disease or promotion of health. In any event, the Organization should render its assistance in such a way as to ensure that the country is taking appropriate steps towards the ultimate goal of establishing and maintaining balanced and integrated national health services.

In this connexion it should be understood that balanced and integrated health services cannot be considered in a vacuum; they are closely related to a number of social and economic services and depend on local and international factors beyond the control of the Organization. Nevertheless, when giving assistance to governments, WHO should aim at helping the country to obtain by simultaneous or synchronized efforts:

- (a) integration of national health services;
- (b) national co-ordination with other economic and social activities;
- (c) well-balanced development of WHO programmes in the country;
- (d) co-ordination with other international agencies working in the health, economic and social fields;
- (e) promotion of health covering the control of every potential harmful factor (including radiation) of human ecology, with particular reference to WHO's interest in and endorsement of the promotion of adequate and safe community water supplies.

It is acknowledged that to achieve integration and co-ordination is one of the most difficult tasks in public administration. It must be recalled also that on instructions from the Health Assembly WHO has sponsored campaigns against specific diseases and has promoted specialized services. It is probable that within the next five years governments will seek the assistance of WHO in converting these campaigns and services into more integrated programmes and the Organization should be ready to provide this assistance.

### 3.4 Measures against disease

#### 3.4.1 Communicable disease

WHO should continue to promote the eradication of communicable disease on a world-wide or regional basis when technically and economically sound programmes are feasible. It is vital not to relax the drive towards malaria eradication for at this critical stage any remission of work might lead to irretrievable loss. More and more evidence of mosquito resistance is an established threat to the success of the programme. It is necessary to find in good time answers to the problems which it is known will arise as a result of the application of insecticides.

It is also expected that governments will require assistance in the eradication of smallpox which has now become a responsibility of WHO.

WHO must be prepared not only to help in the successful operation of these world-wide activities, but at the same time to assist in establishing the appropriate national and international machinery to consolidate and maintain the results obtained, as well as to profit fully from the social and economic changes which will occur as a consequence of the campaigns.

#### 3.4.2 Non-communicable disease

From the world-wide interest which is being aroused in the attempt to control certain non-communicable diseases, especially degenerative disease of the heart and circulation, and malignant tumours, it may be expected that requests will be received for assistance in their fields, and WHO should be technically prepared for their inclusion in programmes.



### 3.5 Education and training of professional and auxiliary personnel

Activities related to the education and training of professional and auxiliary personnel will remain for a long time one of the most important functions of the Organization; in many countries the shortage of adequately-trained staff still impedes the development of health programmes. Since the professional and technical education of personnel is of fundamental importance to the strengthening of national health services, these two objectives must be closely connected in the policy of the Organization.

The problem is both quantitative and qualitative; with the necessary differences in approach from one country to another, the common purpose is: (a) to reduce the shortage of trained staff by increasing the opportunities for teacher training and encouraging the entrance of suitable persons into the medical teaching profession; and (b) to provide the highest possible technical efficiency among undergraduates and trainees by improving the type and raising the quality of education.

In developing countries more attention to the study of local circumstances of health and disease is called for. This includes the development of departments of preventive and social medicine and of paediatrics in medical schools and post-graduate courses. Governments are also becoming more interested in problems of mental health and in the need for increasing their personnel in this field; assistance in improving the knowledge of the undergraduate and the general physician will be useful.

Much emphasis has been laid until now upon education and training of health personnel as a whole, but, in the light of ten years' experience, more specific needs are apparent. It is realized, for instance, that particular attention should be given to the education of persons who are to assume, within the health services of their countries, high technical or administrative responsibilities, or who are to become senior teachers. This is a notable example of the close link between the two objectives referred to above.

Specific efforts towards the education of auxiliary personnel of all categories appear as a more and more pressing need, not only in countries where the availability of such personnel represents a remedy for the lack of fully-qualified staff, but also in well-developed countries where auxiliaries are considered no less indispensable.

The most urgent need is the instruction of those who are selected to teach auxiliaries in their own countries; the next step would be to promote the creation of local schools for auxiliaries on a broad basis prior to specialized training.

It will be the responsibility of WHO to continue during this specific period to develop its fellowships programmes, consultant services, assistance to educational institutions and exchange of scientific information, in order to help countries to realize what their needs are and to promote such measures as are required by national and local conditions.

### 3.6 Medical research

For the period 1962-1965 the Organization will develop its programme of more extensive and intensive international co-operation in stimulating, co-ordinating, promoting and, where appropriate, supporting medical research.

3.6.1 The following types of research are most suitable for international co-operation:

- (i) problems for which only world-wide experience is adequate, such as demographic and genetic studies of populations, measurement of incidence and prevalence of disease, characterization of environmental factors which influence health;
- (ii) communicable diseases which are either world-wide or which occur in large geographical areas;
- (iii) unexplained variations in the incidence and prevalence of disease and the comparison of health and illness in contrasting environments;

(iv) investigation of certain rare conditions about which adequate information can only be collected by pooling wide experience and which may have practical applications in fields far beyond their immediate purpose;

(v) provision of research services to participants of broad programmes particularly well suited to an international framework.

3.6.2 In its research activities, WHO will act through existing organizations and institutions by supplementing, and not by supplanting or duplicating, national research activities. WHO also will assist the advance of research in countries where this is in the early stages of development.

WHO will carry out these objectives by:

- (i) the training of research workers;
- (ii) assisting in the planning of research programmes and institutions;
- (iii) improving communication between scientific workers;
- (iv) developing methods of research particularly applicable to world health problems;
- (v) subsidizing medical research in the form of personnel, equipment or grants.

### 3.7 Co-ordination of health with other social and economic activities

Co-ordination of health work means the concentration of all efforts from whatever source, so that they can be fully effective for achieving the stated objectives. Effective co-ordination, national or international, depends less on formal agreements than on mutual understanding, goodwill and respect.

3.7.1 Co-ordination is not a simple task. WHO, for the better realization of the objectives to which it is dedicated, has established working relations that fall into four main groups: (a) with the United Nations, the specialized agencies and the International Atomic Energy Agency; (b) with other inter-governmental or governmental agencies engaged in international health work; (c) with non-governmental organizations interested in health problems; (d) with a large

number of other organizations and institutions, official and private, and individuals in many parts of the world. Some of these are concerned principally with health; for others, health is incidental to some other primary objective. The number (more than 1500) and the different types of agencies in these four groups indicate the size and complexity of the problem of co-ordination, but the development of such a system of relationship since the establishment of WHO testifies to the growing general recognition of its co-ordinating responsibilities and of the results that such co-operation can secure. In this specific period WHO will continue to expand the basis of this system and to increase its effectiveness. This will necessarily involve consultations, reciprocal representation at formal and other meetings, contacts at secretarial level and, when called for, joint planning and organization of common undertakings.

3.7.2 As part of its co-ordinating role, WHO should endeavour to stimulate appropriate, effectively co-ordinated health activities by other agencies; in its working relations with the four groups mentioned in 3.7.1 above, WHO will, therefore:

- (i) seek co-ordination of health elements in plans and programmes - world-wide, regional, inter-country and national;
- (ii) co-operate at all levels with undertakings that contribute to health, by making available the benefit of WHO's technical resources and experience.

3.7.3 Notwithstanding that co-ordination of international health work is dependent on co-ordination of national plans for social and economic development, of which health is an integral part, there has been and there will be more and more room for WHO to play its role in collaboration with the Economic and Social Council and the other agencies concerned, so as to ensure from the health point of view a proper balance within the socio-economic development as a whole. It should not be forgotten that, in the WHO Constitution, social well-being is placed on the same level as physical and mental well-being.

3.7.4 Among the programmes of concerted action in the economic and social fields WHO should continue to promote further expansion of the health role in overall programmes of community development. Similarly, the Organization will maintain its interest in other broad programmes of concerted action, such as water resources and utilization, industrialization and productivity, urbanization and housing, nutrition.

3.7.5 The breadth of the field of radiation in relation to health and the wide interest which it is raising will require close working contact with other organizations giving attention to these questions, including the United Nations Scientific Committee on the Effects of Atomic Radiation, the specialized agencies, the International Atomic Energy Agency, and the International Commissions on Radiological Protection and on Radiological Units and Measurements.

#### 4. Conclusion

The objectives described in this programme and the fields of work mentioned are all related to the ultimate purposes of the Constitution. They are not intended to limit with any strictness the activities of WHO. The criteria and lines of work of previous general programmes have been adapted to take account of accumulated experience. Such adjustment to new knowledge and new problems is of vital importance to the strength of WHO and to its influence in the improvement of world health.

Continued progress will depend on adequate and stable financial support for the Organization and on the continuance of the moral support that has hitherto been generously given. Such support, together with the intelligent and zealous application of the principles outlined in this third general programme will make possible the achievement, during the period of time encompassed, of a reasonable part of the objectives of the WHO Constitution.

THIRTEENTH WORLD HEALTH ASSEMBLY

A13/P&B/39  
16 May 1960

Agenda item 2.4

ORIGINAL: ENGLISH  
AND FRENCH

REPORT OF THE WORKING PARTY ON THE THIRD GENERAL PROGRAMME  
OF WORK COVERING A SPECIFIC PERIOD  
(1962-1965)

The Working Party composed of the following delegations: Czechoslovakia, Italy, Norway, Sweden, United States of America, the Union of Soviet Socialist Republics as well as the representative of the Executive Board, met on 16 May 1960, under the chairmanship of Dr A.G.W. Engel (Sweden).

The Working Party held two meetings and recommended to the Committee on Programme and Budget that document A13/P&B/2 be amended as follows:

Paragraph 3.2.3: Sixth line from bottom:

After "radiation health", insert "including protection of mankind from ionizing radiation hazards from all existing sources".

Paragraph 3.3

(1) Sub-paragraph (e), delete the word "promotion" and replace by "protection";

(2) Insert after sub-paragraph (e) a new paragraph:

"(f) Promotion of health by positive measures aimed at the improvement of all factors of the physical, biological and social environment which affect the life of the individual and of the community."

Paragraph 3.4.1

Insert at end of second paragraph:

"WHO will give particular attention to the problem of tuberculosis with special emphasis on the possibilities of the control of the disease in developing countries and on the feasibility of preliminary steps towards programmes of eradication of tuberculosis in highly developed countries."

Paragraph 3.6.2

First sentence should read:

"In its research programmes WHO will keep the appropriate governmental authorities informed of its activities, and utilize existing organizations and institutions by supplementing ....."

The Working Party also considered and approved a suggestion put forward at the request of the delegation of Switzerland and presented by the delegation of Italy:

Paragraph 3.7.4

- (1) Fifth line: delete "and utilization",
- (2) Fifth line: after "productivity" insert "utilization of all sources of energy",