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Topic 16: GENERAL PROGRAM OF WORK IN THE REGION OF THE AMERICAS
DURING THE PERIOD 1957-1960

A. Introduction

1. Framework for World Health Programs. At its Fifteenth Session the Executive Board of the World Health Organization approved, for submission to the World Health Assembly in accordance with Article 28 (g) of the Constitution, a "General Program of Work Covering a Specific Period" for the years 1957-1960 inclusive. This document, EB15/29 Rev. 1, a copy of which is attached, restates the principles and criteria expressed in the "First General Program of Work" for the period 1952-1957 which were approved by previous World Health Assemblies and establishes guiding principles for the activities of the Organization for the next period of work, taking advantage of the experience gained.

The Eighth World Health Assembly approved the General Program, with some editorial rearrangement, and adopted Resolution WHA 8.10, the operative part of which reads:

- "1. Considers that this programme of work, as amended, provides a broad general policy for the development of detailed annual programmes in the period 1957-1960;
- "2. Believes it would be desirable for each regional committee to formulate within the framework provided a general programme of work for the region concerned, and
- "3. Requests the Director-General to recommend to regional committees that their annual programmes be so planned as to secure their adequate integration in the approved general programme of the Organization."

In view of paragraph 2 of the above resolution, this subject is presented to the Directing Council of the Pan American Sanitary

Organization, Regional Committee of the World Health Organization for the Americas. Its consideration is of the utmost importance because the General Program, which establishes for the world the objectives to be achieved and the basis for building annual programs, must be adapted to the special conditions in each Region.

2. Long-Range Program in the Americas. It is appropriate to recall that there exists a substantial body of policies, objectives, and long-range programs established by the governing bodies of the Pan American Sanitary Organization. An abstract of the pertinent resolutions is attached. The Directing Council, at its VII Meeting (1953), approved (Resolution DC7/R/III) "the development of a plan of long-range public health programs, based on continuous survey and evaluation of the needs and resources of the Member Countries" to

- "a) strengthen the fundamental services for the promotion and preservation of the health of the people in each country,
- "b) provide means for the training of professional and subprofessional personnel... and develop local and regional resources to this end,
- "c) coordinate and assist in the planning and operation of individual or regional programs for the eradication of communicable diseases... which constitute a potential threat to the Hemisphere and for which there are suitable means of eradication."

This plan of long-range programs is consistent with the principles adopted by the governing bodies of WHO and therefore provides a sound basis for all health programs in the Americas, regardless of source of funds. Thus, for the purpose of this document there is need only to consider what further elaboration of the General Program may be practicable and desirable for the specific period 1957-1960, in order to provide a further guide for the preparation of successive annual programs.

B. General Approach

1. Participation and Cooperation. The principle of full participation and support of all countries expressed in the General Program is fulfilled in the Americas. With the tradition of hemispheric cooperation built up during half a century, the countries of the Americas are giving support to, are familiar with, and are willing to use the collaboration of the Organization. Between PASO and WHO

every country participates in the program.

The governing bodies repeatedly have stressed the inter-country, regional and continental approach to health problems and also the role of the Pan American Sanitary Bureau in stimulating action and enlisting support of governments for the solution of health problems affecting various countries or the entire Continent. Border agreements and working arrangements among groups of neighboring countries have been stimulated by the Organization and have proven to be an important element for the coordination of health activities in the Americas.

2. National Planning for Health. National planning for health is accepted as the keystone of health programs, both national and international. The plan of Long-Range Public Health Programs (DC7/R/III) provides for "continuous survey and evaluation of the needs and resources of the Member Countries..." Unfortunately the goal of national planning is easier to state than to achieve. Most countries have much still to do. More and better information is needed for a proper establishment of priorities to concentrate efforts toward those activities which will produce maximum benefits for the greatest number of people.

Obviously national health plans are fundamental for the strengthening of health services. As the program expands the need for national health planning becomes greater and increasing emphasis must be given to it. Therefore, the Organization has a responsibility for collaborating with the Member Governments to carry on this fundamental task. National and international planning are so thoroughly linked that each strong point or weakness in a national plan is reflected in the international program.

3. Annual Program. The methods employed in preparing the annual program should assure conformity with the long-range program, adjusted to needs and conditions of individual countries. It may be useful to recall that the system of decentralization through Zone Offices provides a means of on-the-spot consultation in each country. In the period from January to mid-April of each year consultation is carried on with national health authorities to review with them their needs and resources in relation to the national health plans, the nature and extent of the cooperation expected from the Organization, as well as the national participation and support for inter-country and continental programs.

In this annual planning procedure, provision also is made for flexibility to adjust previous advance planning to changing situations and practical realities. Thus, while advance plans are being made for the second succeeding year, the previously drawn plans for the

succeeding year are adjusted to currently known problems and potentialities. The interest and participation of governments and national health workers are essential for the improvement of this system in order to guarantee that planning for long-term, intermediate, and even immediate objectives is properly related to the health needs, problems, and plans of each country.

4. Evaluation. It is now fully recognized that evaluation is an essential part of all health programs and that it must start in the planning stage, be carried on during implementation, and be continued to permit constant adjustment to changing conditions. Adequate basic information is, in every case, a prerequisite for this purpose. Since the techniques of evaluation are far from adequate and vary with each subject, one of the most important activities of the Organization must continue to be the preparation and application of these techniques.

It is essential to include adequate evaluation techniques as an integral part of eradication campaigns. Proper and continuous application of these techniques is the only way to measure progress of eradication and to confirm its accomplishment. Evaluation techniques are equally important for programs of general public health and education and training of health personnel.

C. Program for 1957 - 1960

1. Analysis of Needs and Resources. In order to plan as far ahead as 1960, it would be necessary to analyze carefully health needs and technical resources. Although existing problems are known in general terms, there is great need for more precise, complete, and reliable statistics and information in practically every country of the Americas. Indeed one of the objectives, and an extensive current activity of the Organization, is to promote the collection and critical analysis of adequate data on health conditions and requirements of the Member Countries. In accordance with the Constitution and resolutions of the governing bodies of PASO, reports on health conditions were presented to the XIII and XIV Pan American Sanitary Conferences, the report to the latter showing considerable improvement. For the XV Conference (1958) Member States are expected to present complete statistical and narrative data which will permit an analysis of the needs and resources for sound international health programs.

In view of the difficulties of analyzing existing problems with the information available, it is obviously much more difficult to judge what health problems will arise in the future. Entirely new problems as well as new solutions will arise out of scientific developments now only in the research stage. In the light of the foregoing comments the program discussion which follows relates largely to a

projection of currently known problems.

2. Strengthening of Fundamental Health Services. Annual reports for past years, as well as program plans for the future, show the emphasis placed on activities directed toward cooperating with Member Countries in strengthening their fundamental health services. While the final objective of all activities of the Organization is to attain this goal, the ones most directly concerned are those related to planning, organizing, staffing, and expanding permanent health services at all levels, including rural areas. Successful development of these services is dependent upon full participation and support of governments, professional groups, and the community as a whole.

One of the approaches by which the Organization cooperates with Member Governments is through the provision of technical consultation and advice of staff members. Permanent staff of Washington and Zone Offices are available for recurring visits to countries for cooperation on both general and specific matters.

Another approach is through activities usually referred to as "projects," a term used for administrative convenience. Most of the projects are centered around the provision of one or a group of technical consultants who are assigned to work with national staff for whatever time is necessary to solve a particular problem. The scope of the project may be large or small, and the period of service of the consultants may be long or short, depending upon the goal to be achieved. The responsibility for execution and continuation of the work rests entirely with the government; so that the speed with which international staff can complete its advisory mission and withdraw is a measure of success.

Projects commonly known as "integrated public health services" are a good example of this activity to be carried out on a large scale and over a long period. Many governments, taking into account the recent developments in public health administration and the rapidly growing social consciousness, have decided upon a program of nationwide reorganization and expansion of their health services at central and local levels, even to remote rural areas, with emphasis on sanitation, communicable diseases, maternal child health, health education, and other basic fields. The international cooperation for such a program needs to be extended over a reasonable long period, usually not less than five years, and will therefore continue to occupy an important place in the work of the Organization during the specific period under consideration.

There are numerous examples of short-term projects which provide collaboration to governments through the assignment of

consultants in specialized fields. International cooperation of this type may include technical advice on the establishment or reorganization of specific services, e.g., food and drug control, public health laboratory, statistical services; on the modernization of health legislation; on the use of techniques, such as iodization of salt and fluoridation of water; on the introduction of newly discovered public health procedures, etc. Each national health service, as it develops and expands, may find an increasing number and variety of special problems for which international cooperation is required. In fact, the eagerness which health services show in seeking to apply new technical knowledge is a measure of their progress.

In the long run, the activities described above can only be judged by the extent to which the Organization has successfully collaborated with governments in demonstrating the value of modern health departments and in stimulating the organization of adequate national health services, staffed with well-trained, adequately remunerated full-time personnel not subject to political removal. Experience has repeatedly shown that the development of a career service for national health personnel is an essential factor in the full utilization of international consultants and in guaranteeing continuation of work undertaken.

3. Education and Training. As education and training constitute a major component of the work of the Organization, it is neither possible nor desirable to draw a sharp dividing line between this subject and the remainder of the program. Every public health activity includes a considerable amount of training --by demonstration, field teaching, and in specially organized courses-- to which most of the international assistance is devoted. To facilitate this discussion, this heading relates broadly to those activities having education and training of health personnel as their major immediate objective. It will be noted that even with this limiting definition approximately one third of the funds for field activities is being devoted to education. This relative emphasis is well justified in view of the obvious importance of training professional and auxiliary health workers in sufficient numbers to carry on expanding health services.

The promotion of professional education is one of the most important avenues of approach to this aim. This involves the improvement and expansion of educational facilities, so that national personnel can be trained in or near their own countries. Travel grants for professors, consultants, visiting professors, as well as limited teaching supplies are vehicles of international cooperation for achieving this objective. Cooperation with schools of public health has a high priority inasmuch as from those schools will come the body of trained leaders and administrators upon which rests the entire success

of the national health programs, ultimate goal of the organization. Medical education is a rising field and, through coordination with other interested agencies, will be greatly expanded as more individual schools prepare long-range plans. Nursing education has been one of the main fields of activity, and the experience gained should be applied in coming years to expand and improve nursing schools and other training media. Other health professions, such as sanitation personnel, are also the subject of special consideration in the present programs and must continue to receive increased attention.

The training of sub-professional personnel constitutes an urgent need in many countries, sanitation, statistics, and nursing being at present fields of major interest. The increasing demand from various Member Governments makes it necessary to give high priority to the expansion of this type of training in the program for future years.

Fellowships for study and observation abroad form a traditional and effective approach through which governments and international agencies have attempted to meet the shortage of trained public health personnel. The names of leading public health officers provide testimony of the results of these efforts. As there is an ever-continuing need for this type of activity, the Organization will pursue its efforts, especially in the direction of providing training in places of similar social and health conditions to the country of origin. It is expected that governments will continue to take all necessary steps for the full utilization of the fellows when they return to their countries. As progress is achieved in this direction, the program for the specific period must provide resources to increase the number of fellowships.

Training and exchange of information through seminars and short courses will continue to receive special attention, as they have proved to be a very effective method which can be applied to a wide variety of subjects and provide a unique opportunity for stimulating health workers toward progress in their countries.

A further educational activity which should be expanded is the dissemination of technical information by means of the Bulletin, books, technical reports, pamphlets, as well as through a substantial volume of information conveyed in answer to individual requests on many types of subjects.

4. Eradication of Communicable Diseases. The principle of eradication as a method of attack on transmissible diseases has since the beginning received especial attention by the governing bodies of the Pan American Sanitary Organization. The Directing Council, at its First Meeting (1947), called for the elimination of urban yellow

fever through the continental eradication of Aedes aegypti and authorized the Bureau to take pertinent action in cooperation with the respective governments. With few exceptions, countries of the Americas are faithfully carrying out this campaign and substantial progress has been accomplished. The Organization will continue to take every possible measure in coming years to complete the work under this mandate.

Recognizing the feasibility of malaria eradication as shown by the successful experience of some countries, the XIII and XIV Pan American Sanitary Conferences approved the principle of the eradication of this disease from the Americas and gave a mandate which constitutes the fundamental basis of the work now being developed. The "specific period 1957-1960" will encompass the peak effort of this continental campaign, since several Member Governments have already laid detailed plans for the next four years and most of the others are in the process of doing so. The Organization will give the necessary technical advice and promote coordination in order to complete malaria eradication in the Continent. Given its total scope and magnitude, this task will necessarily extend beyond the specific period under consideration.

The successful experience by a Member Country in this Region in a mass campaign aimed at eradication of yaws provides the basis for expanding efforts in this field. In this connection the XIV Pan American Sanitary Conference recommended that "inasmuch as experiments in mass treatment with penicillin have proved successful in endemic areas of yaws, this procedure be applied to achieve eradication."

As the philosophy and techniques of eradication gain increasing recognition in the realm of public health, it appears feasible to consider its application to other diseases. Smallpox was the subject of a resolution by the XIII Conference which refers to eradication of the disease. Consistent efforts have been applied by the Organization to stimulate systematic vaccination and revaccination in several countries where the disease still exists. The limited success accomplished so far indicates the need for continuing these activities during coming years.

Communicable disease control should continue to be an important component of the Organization's activities regarding those diseases in whose case current knowledge does not yet make eradication a feasible goal.

In summary, the volume of eradication activities is bound to increase rapidly and be maintained at a high level during the period through 1960. Experience has shown that they constitute a valuable contribution to the fundamental task of strengthening the basic national health services.

D. Conclusions

Formulation of long-range plans for international health work is now a well-defined policy established by the governing bodies of the World Health Organization and of the Pan American Sanitary Organization. The countries and their international health organizations will approach the period 1957-1960 with a certain amount of knowledge of what is needed and some accumulated experience with effective working procedures.

Recent experience in the execution of annual programs of the Organizations has shown that the basic principles of public health administration laid down by the governing bodies provide a satisfactory basis for international health work. What is needed is improvement in methods and intensity of their application.

The countries themselves are basically the ones that determine and make possible the work of their international health organizations, the progress and usefulness of which can only be measured by the rate of development of the national health programs.

To fulfill the principles and objectives determined by the governing bodies, certain specific action will be required during the period 1957-1960:

(a) Completion of the inventory of national health conditions and resources for presentation at the XV Pan American Sanitary Conference. This analysis can best be made by the health authorities themselves with any necessary cooperation of international staff.

(b) Preparation of national health plans. As sound health planning is a fundamental requirement for the success of international cooperation, the Organizations must give highest priority for collaboration with governments in this task.

(c) Establishment of a professional health career with full-time employment and adequate salary; and training of professional and sub-professional personnel for health services.

(d) Intensification of continental, regional and national programs for eradication of communicable diseases.

(e) Wider application of the principle of border and area health agreements to meet common problems which can best be solved by cooperation between neighboring countries.

(f) Concentration of national and international efforts to eliminate major health hazards, of which those related to environmental conditions are outstanding examples. The solution of those fundamental problems is indispensable for the "attainment by all peoples of the highest possible level of health."

Attachments:

1. Annex 6 to WHO Official Records No.60, pp. 67-73 (EB15/29 Rev.1)
2. Abstracts of PASO resolutions on program policies

Annex 6

[EB15/29 Rev. 1 — 25 Nov. 1954]

PROPOSED SECOND GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD¹
for the years 1957-1960 inclusive

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 resolved that the period for which such a long-term programme should be considered should be limited to a maximum of five years.² At its fifth session the Board approved a general programme of work³ and submitted it to the Assembly. The Third World Health Assembly, in resolution WHA3.1, gave general approval to this programme and requested the Executive Board "further to examine the programme in the light of the discussion in the Committee on Programme and the recommendations of the regional committees, and to present to the Fourth World Health Assembly a more detailed document along the same general lines as are set out in Official Records No. 25". At its seventh session the Board approved and submitted to the Assembly the more detailed document requested.⁴ The Fourth World Health Assembly, in resolution WHA4.2, approved this general programme of work, as proposed by the Executive Board, for the specific period 1952-1955 inclusive.

The Fifth World Health Assembly reviewed the general programme and in resolution WHA5.25 endorsed it as a broad general policy for the period 1953-1956. It was further endorsed for the period 1956-1957 by the Seventh World Health Assembly, in resolution WHA7.9.

1. Introduction

1.1 General Framework

The Constitution of the World Health Organization, the general programme of work covering a specific period, and the annual programme and budget define and guide the work of WHO. These three make up an integrated whole; each has its purpose and its part in securing the consistent and orderly progress of the Organization.

(a) The Constitution declares the principles and broadly defines the functions that determine the *ultimate objectives* of the Organization. The strength and virtue of the document lie in its formal declaration of ends that are ideal and distant; they are such that no one should or can prescribe a specific period for their attainment.

(b) The general programme is formulated within those wide bounds of the Constitution and introduces the element of time. It covers a specific period of years and lays down a number of *inter-*

mediate objectives. These intermediate objectives indicate more definitely the directions of progress towards the ideal. Each general programme maps a new level of achievement and each is at the same time the product of the knowledge, the experience and the progress of the preceding general programme. The successive general programmes build up a continuous sequence.

(c) The annual programme and budget are constructed within the framework of the current general programme and set out the *immediate objectives*. These objectives, global, regional or national, are derived from the objectives of the general programme which, in turn, are derived from those of the Constitution. While the annual programme, by its very nature, is stated in concrete terms, it must at the same time be the most flexible, so that it may be adjusted to scientific, social and economic changes. The successive annual programmes also build up a continuous sequence.

1.2 *The First General Programme of Work, 1952-1955 (extended to include 1956 and 1957)*

The first general programme approved by the World Health Assembly covered the years 1952-

¹ See resolution EB15.R24

² *Off. Rec. Wld Hlth Org.* 22, 1

³ *Off. Rec. Wld Hlth Org.* 25, Annex 5

⁴ *Off. Rec. Wld Hlth Org.* 32, Annex 10

1955 and was later extended through 1956 and 1957. During the period in which this programme was drawn up the young organization was already at work, and the programme was necessarily influenced by the trial-and-error processes of the early days. This programme included a series of general principles or policies for the work and structure of the Organization; it set out certain criteria that should guide the selection of work to be done, and it listed activities under the following broad heads:

- (a) Strengthening of national health administrations;
- (b) Professional and technical education of medical and auxiliary personnel;
- (c) Permanent world-wide services;
- (d) Work in co-operation with other organizations;
- (e) Other activities.

Those principles, criteria and heads have been the wide framework within which the annual programmes have been formulated, and adjusted to new developments and changing problems. Encouraging progress has been made on each of the lines so laid down, and many of the details of that general programme have been absorbed as normal and routine operations of the Organization. Future work, therefore, must continue along the lines of the principles and policies that were emphasized in the first general programme if the indispensable continuity of progress towards the declared goals is to be preserved.

The progress that has been made so far and the knowledge and experience that have been gained help WHO to appreciate the future. New problems become apparent, new paths are seen leading towards the desired ends, and new and promising opportunities arise. The problems, the paths and the opportunities provide the content of the second general programme of work.

2. Principles and Criteria

The range of functions prescribed for the Organization by its Constitution is so vast and comprehensive that a necessary practical approach is to lay down guiding principles and criteria to define and limit the objectives that should be attained in a specified period. The aim of the principles is to indicate the lines of action that will be most profitable in the light of current developments; and the principles are to be complemented by criteria that will help to determine periodically the activities to which special attention should be given.

It will be seen that these principles and criteria are in close accordance with the criteria for priorities established by the Economic and Social Council at its eleventh session.¹ Due attention has also been given, in establishing this general programme of work, to the statement on priority programmes drawn up by the Council at its fourteenth session.²

The limitation of financial resources makes it necessary for a selection process to be developed such as will ensure not only the identification of those activities which appear to warrant the most urgent action, but also the choice of those activities the implementation of which will provide the optimum utilization of the funds available.

2.1 Participation and Co-operation

(a) All countries, including trust and non-self-governing territories, should participate and co-operate in the work of the Organization, for no country in the world, whatever its degree of development, is without its important health problems. These problems have a striking similarity in all countries. The differences lie rather in the relative degrees of priority of problems in countries at various stages of development and in the means and resources that are available for their solution.

(b) Services must continue to be available to all Member States and Associate Members without discrimination, unless the Assembly should decide otherwise, under Article 7 of the Constitution, and should also be available to special groups under the provisions of Article 2 (e) of the Constitution.

(c) Co-operation with all countries connotes the countries' full reciprocal co-operation in giving their continued support to WHO.

2.2 International Functions

(a) Many of the functions of the Organization are not and should not be limited geographically by national or even regional boundaries. They represent activities in which all Members have a potential interest. Their capacity to benefit the largest numbers of Members and of population should be a leading criterion in selecting undertakings of this kind.

(b) The functions which should be selected for action should be those only that are technically and economically sound and that are best carried out by international action.

¹ In resolution 324 B (XI), reproduced in part in *Off. Rec. Wld Hlth Org.* 32, Annex 6

² Resolution 451 (XIV), Annex

(c) One of the most important international functions of this class is the stimulation of research. WHO's responsibilities of leadership should here be directed to making the best use of the almost unlimited world facilities for research and of the sources from which increasing financial support for research is becoming available.

WHO should stimulate, promote and co-ordinate research, but it should not itself enter into competition with other centres of research in the natural, biological and social sciences ; nor, on the other hand, should it compete with other sources in providing funds for the support of such research. It should co-ordinate and stimulate productive research and give such assistance as it can in the exchange of information. It should also facilitate the exchange of knowledge and experience in health science generally.

2.3 Assistance to Governments

(a) Assistance to governments in developing their health services will be given only in response to a specific request. It must not result in the operation of services by WHO for or instead of the government.

(b) The assistance given should be such as to foster the greatest possible self-reliance and initiative in national and community health services and should therefore include the development of the necessary personnel. It should take the form of what appears to be the logical next step of improvement, taking into account the social, constitutional and administrative structure of the country and government ; it must therefore be so planned that it is consonant with and can be integrated with other technical, social and economic developments of the country.

(c) In the planning and execution of programmes there should be co-ordination at all levels with all other international work that may affect the health services of the countries.

(d) The co-ordination of the country programmes should take place at the country level. Whatever outside assistance it may receive, the government of the country should retain unimpaired the chief and final responsibility for co-ordinating health programmes within the country. Recognizing its importance, WHO will encourage such co-ordination.

(e) In planning country programmes, account should be taken of the resources available within the country as well as of those that can be supplied from

international sources. No work should be undertaken in a country unless there is a reasonably firm assurance that the country is ready and willing to give that work moral and material support and is able to carry it on when once it has been started with help from WHO. Questions relevant to such an assurance are whether qualified personnel are available from international sources, and whether there are in the country persons who are capable of being trained to assume satisfactorily the technical responsibilities after WHO's assistance comes to an end.

It will be necessary to consider not only the resources of the country but those of WHO itself. It may often be better to defer assistance to the health service of a country until there is a reasonable assurance that the Organization will have the funds to carry its share of the work to completion. This consideration applies especially to the planning and timing of a development that will take some years to complete, as for instance in planning schemes of education and training.

(f) In many instances, a group of countries, either belonging to the same region or to more than one region, will be best served by a programme covering the whole group of countries. This kind of inter-country programme should be planned in accordance with the general principles referred to above and in consultation with the governments concerned. WHO also has responsibility for stimulating regional meetings and intergovernmental agreements between neighbouring countries or among countries with common problems.

(g) No commitment for action should be entered into until all necessary preliminary studies and other preparation have been completed in the country and account has been taken of all relevant assistance already provided by the Organization and by other national or international organizations, and of work done by national administrations or institutions.

3. Programme of Work

The principles and criteria described in the preceding section are broad enough to allow for the differences of many kinds that are found in different regions and countries. Those differences mean that even the most consistent application of the principles and criteria will, in different parts of the world, lead

to a variety of programme activities. Rigid rules, too narrow to allow of adaptation to particular geographical, political, cultural, economic and social factors, would hamper the work of the Organization. Fundamental principles and criteria, on the other hand, that are sufficiently general to avoid such a rigidity will guide, within the framework of the general programme, the development of a harmonious variety of activity in different parts of the world. It is for use in this way that the main heads of work under the general programme are sketched below—the order in which they are stated is not meant to be an order of priority.

3.1 *Strengthening of National Health Services*

This section of the work includes a great variety of subjects and covers practically all branches of medical and health practice—preventive and curative, general and specialist, rural and urban. A project under this head may be fairly narrowly localized or may cover one or more countries in one or more regions and include countries in very different stages of development. The particular methods best suited to local conditions must be carefully selected, which implies in the first place a careful and critical study of those conditions. WHO cannot properly discharge its responsibility for giving the best possible advice to countries that ask it for help unless it first accurately assesses the nature of the problem, which is conditioned by the situation in which it has arisen.

Some outstanding problems, affecting many parts of the world, with which WHO will have to deal in the second specific period, can be forecast with some certainty. One example is the development of rural health services, which must provide better personal health services for many populations now beyond reach of expert medical care. As it is realized that health and disease are the product of physical, biological and social conditions, more attention is given to problems of the environment. The demand for better adapted and more effective operation of health services will bring to WHO requests for advice, not only on organization and on administrative methods, but on the practical and simple integration of recognized health measures into the social and economic structure.

The surest way to obtain a well-balanced health service—and here balance is essential to strength—is by steady and orderly growth. WHO should

encourage, where they are lacking, the construction of plans for such developments, and, when so requested, should help to draft them and to put them into operation. The general trend towards integrated health programmes to replace specialized campaigns should be encouraged by WHO in every way in its dealings with governments.

3.2 *Professional and Technical Education of National Health Personnel*

This will remain one of the more important functions of the Organization; the shortage of adequately trained staff in many countries still impedes the development of the health programmes. The problem of medical and auxiliary staff is both quantitative and qualitative. With the necessary differences in approach, the common purpose is to reduce the shortage in numbers by increasing the output from medical schools and to provide the highest possible technical efficiency by improving the type and raising the quality of medical education. Undergraduate curricula must be adapted to the needs of particular countries; after graduation, various training opportunities should be made available to practising physicians, whether in preventive or in curative work; and, finally, the standards of academic teaching staff should be maintained by international scientific contacts. WHO must be able to help in all these developments.

The physician by himself cannot cope fully with the health needs of his community. Communities also require nurses, dentists, public-health engineers, veterinarians, laboratory technicians, occupational and physical therapists—the list is incomplete and is still expanding as social and technological complexity increases. WHO should assist countries to analyse the local requirements so that the training of each group may be adapted to the needs and circumstances.

In many countries it is not yet practicable or possible to provide full professional services for the whole population. It is therefore necessary to train “sub-professional” or auxiliary workers, and WHO should be ready to help in training them.

3.3 *Services of General International Interest*

The Organization has a number of continuing functions that provide essential services to governments, to educational and research institutions, and

to industry, trade and communications. In most of these functions WHO either is the only source of such services or is generally recognized as specially fitted to discharge the world-wide responsibilities involved. The functions are generally carried out at the Headquarters of the Organization, because they are of world-wide interest and because their nature, at the present stage at least, requires that they should be dealt with centrally. Among these subjects are international epidemiology, the compilation and analysis of statistical material from all countries, the establishment of international standards, and publishing and keeping up to date texts such as the International Pharmacopoeia and the International Statistical Classification of Diseases, Injuries and Causes of Death.

Some of these functions may in time call for a degree of decentralization in some of the regions as stronger national services develop in epidemiology, statistics and medical documentation and for establishing standards for therapeutic substances, water and food. This possible trend should be borne in mind. In every case, however, the maintenance of central direction from Headquarters is essential to efficiency.

In the normal course of its work, the Organization is accumulating what is probably already a unique store of information and experience on health conditions and public-health work in all parts of the world. This information and experience should at need be drawn on by health workers everywhere, and the Organization, in the second specific period, will disseminate as widely as possible knowledge from this store that may guide progress towards world health.

In a number of these general international services the developments to be expected in the second specific period are likely to consist largely of steady adaptation and improvement of the present lines of work and in helping countries to raise their standards of organization and efficiency. Routine service and constant search for improvement, in varying proportions, are found throughout this section of the work. Quarantine procedure, statistical studies and publications, epidemiological studies in their widest sense, standardization and publication are examples of this class.

4. The Main Methods

The main lines of approach and methods which will bring the Organization closer to its ultimate goals are described below. They will be given greater emphasis

in the development of the general programme, as it is applied in successive annual programmes.

4.1 *National Long-term Health Planning*

National long-term health planning, which is the core of the general programme, is essential in the strengthening of the services that contribute to national health. This presupposes an orderly process that takes proper account of the needs of the country, and of its existing and potential resources. Health does not exist in isolation, it is a quality of a community. The development of health is part of the organized integrated development of that community and must keep pace with its social and economic evolution.

The methods of health planning as part of the general health, social, agricultural and industrial development of the country, with special reference to agricultural development, need to be worked out and tested. Though it is on the nation itself that the primary responsibility for national planning must rest, WHO's accepted responsibility is to help by making available to all countries its accumulated experience of such work.

4.2 *Co-ordination and Stimulation of any Appropriate Activities having a Direct Bearing on Health*

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 and respect, founded on achievement.

In an increasingly complex world, co-ordination cannot be 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 and the specialized agencies; (b) with other intergovernmental agencies engaged in international health work; (c) with non-governmental agencies interested in health problems; (d) with a large number of organizations and institutions, official or 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 and the different types of agencies in these four groups indicate the size and complexity

of the problem of co-ordination. The development of such a system of relationships since the establishment of WHO indicates the growing general recognition of its co-ordinating responsibilities and of the results that such co-operation can secure. In the second specific period, WHO will continue to expand the basis of this system and to increase its effectiveness. To facilitate and secure better co-ordination of planning and action, this will mean more negotiation and consultation, by cross-representation of agencies at formal meetings or by contacts at secretariat level. It must not be overlooked, however, that co-ordination of international health work is dependent on co-ordination in the countries themselves of all national plans and action that bear directly or indirectly on health work.

As part of its co-ordinating role, WHO should exercise leadership in stimulating appropriate, effectively co-ordinated health activities by other agencies and between governments.

In its working relations with the four groups mentioned above, WHO will :

- (a) seek co-ordination of health elements in plans and programmes—world-wide, regional, inter-country and national ;
- (b) co-operate at all levels with services that, wholly or partly, contribute to health ; and
- (c) give consultative services to these organizations at all levels on the health and medical aspects of their work.

Apart from its co-ordinating role in regard to these four groups, WHO has also a responsibility to stimulate and co-ordinate mutual aid between countries in specific cases where a particular kind of help is desired by one country and can be supplied by one or more others.

4.3 *Evaluation of Health Work*

The problem of evaluation is common to all health work, international, national or local. Its essence is to make clear at all times what the work is designed to do and how far it is succeeding. If these values are not made clear, the incentives for supporting and expanding health work may be inadequate to bring into action all the existing or potential resources that might be devoted to that work. Evaluation and national planning complement each other : knowledge of the results of earlier plans is necessary for

planning the next step ; evaluation must accompany the development and strengthening of health services in all countries. With proper attention to evaluation, the Organization's store of experience will provide information that can prevent the repetition of experiments in public health that have had little or no success under comparable conditions elsewhere. Continuous critical analysis of all activities is recognized to be an essential guide to the necessary adjustments and changes in the technical, administrative and associated functions of the Organization. As part of its general programme, therefore, WHO will give careful attention to evaluation and its consistent use to improve methods, as a service to all countries.

4.4 *Research*

The stimulation of research is a specific field of work that challenges the vision and the imagination of the technical leaders of WHO.

The world-wide scope of the Organization gives it a double advantage : it is in the best position to further the distribution throughout the world of the *products* of research ; it is also in a strong position to serve as a clearing-house for the *problems* of research. The prestige of WHO is of value as a means of stimulating research ; the weight of the Organization behind any specific research project will be welcomed by any research centre and will help it to find financial support. The function of stimulating research, therefore, imposes on WHO a responsibility for the specific description of problems and for the presentation of those problems to the centre best qualified to deal with them.

The WHO staff engaged in technical work must know the distribution and the capabilities of the centres of research in their own subjects. Further, they have the responsibility for focusing attention and interest on what in the development of technical knowledge appear to be the problems that those centres could attack with the most productive results. It is also the function of the Organization to build up and maintain a close liaison with the potential sources from which the research centres could be supplied with funds. In such ways WHO can discharge its responsibility for a sound, consistent and expanding promotion of research.

The foregoing paragraphs do not preclude research conducted by WHO to find better methods of

operation or to ensure wider distribution of the products of research. Nor do they preclude assistance from WHO, in exceptional cases, in carrying out projects of research.

4.5 *Possibilities of New Knowledge and its Application to Health*

It is the responsibility of WHO, as one of its fundamental functions, "to collate and extend knowledge on the theory and practice of health work with a view to its international application."¹ In this way, in the first specific period, new scientific developments have deeply influenced the work of the Organization. For instance, the discoveries in the fields of antibiotics and insecticides have made possible certain types of activities and have resulted in some achievements which without them would not have been even thought of and which have benefited all countries.

In the second specific period, the Organization will in the same way keep pace with the current scientific developments which no doubt will profoundly affect its programme. The outstanding example is nuclear fission, and WHO must explore its potentialities in health work. Radioactive isotopes are coming into use in many countries and a wide new field seems to be opening. New discoveries that have been reported affect laboratory procedures, diagnosis and treatment, and many of the older methods of research are being revised and refined. The total effect on the methods and possibilities of health

work cannot be predicted, but enough is already known to justify WHO in including among its objectives a careful and eager exploration of the possibilities of these new developments, and the adaptation of its programme to take advantage of them.

Such activities will be undertaken in collaboration with the United Nations and the agencies interested.

5. Conclusions

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 the first general programme have been and are being adapted to take account of accumulated experience, and there must be a similar adaptation to experience in the working of the second general programme. Such adjustments to new knowledge and new problems are 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, with the intelligent and zealous application of the principles outlined in this second general programme, will together make possible the achievement, during the period of time encompassed, of a reasonable part of the objectives of the WHO Constitution.

ABSTRACTS OF PASO RESOLUTIONS ON PROGRAM POLICY*

Aims and Working Directives

1947 January

PASC12 (R/III-Preamble) declares, in defining the bases for the PASO Reorganization Plan, that the primary aim of PASB should be to fight disease, lengthen life, and promote the physical and mental betterment of the people of the Americas, through the coordinated efforts of all countries of the Continent.

PASC12 (R/III-Preamble) deems that, to carry out the PASO Reorganization Plan, PASB must adopt a new and broader program including all medico-sanitary aspects of preventive medicine, medical care, and social welfare.

PASC12 (R/II-Annex 9) states, in defining the bases for WHO/PASO Agreement, that PASC is free to promote and adopt sanitary standards and conventions in the Western Hemisphere, being required to take into account the standards, conventions, and plans of WHO.

PASC12 (R/II-Annex 10) provides, in defining the bases for the WHO/PASO Agreement, that PASB may undertake any health program of a regional character in addition to those of a WHO world character; that these programs are to be governed by the Pan American Sanitary Code and PASO resolutions, provided such programs are not incompatible with the WHO Constitution.

(*) Symbols refer to Pan American Sanitary Conference (PASC), Directing Council (DC), Executive Committee (EC), followed by number of meeting and resolution number.

Aims and Working Directives (continued)

1949 October

DC3 (R/V) recommends that the Regional Director, in submitting the 1951 Proposed Regional Budget, take into account the advisability of utilizing the existing services that PASB can render to both Organizations, by coordinating the programs to be carried out in the Region with those of the WHO.

1950 April

EC10 (R/XII) refers to PASC13 the study of the working directives of PASB in coordination with those of the WHO on the basis of R/I-3 of EC87.

October

PASC13 (R/VI) with regard to the working directives of PASO, reaffirms the conviction that health problems should be considered on the basis of need as well as on a country-request basis; urges Member States to give full support to international, regional, and continental health programs within their territories, even though they may not appear to be of immediate primary importance to them.

Long-Range Planning

1951 September

DC5 (R/VI) instructs the Director to evaluate the public health needs of the countries and indicate priority for each; to present a long-range program for PASO, based on his findings; deems that eradication programs require the highest priority; recommends that future budgets be prepared against these references.

DC5 (R/XXVIII) resolves that the Director, in preparing the long-range programs of the Regional Office for the Americas (ROA), take into account both the programs of PASO and those of other organizations cooperating with ROA.

Long-Range Planning (Continued)

1952 April

EC16 (R/V) notes the Director's report on long-range plans; approves the development of a long-range program and recommends that DC approve certain guiding principles for continuous planning, and that budgets be prepared in harmony with this program.

September

DC6 (R/XVIII) postpones decision on the plan of long-range public health programs, so as to allow time for a fuller exchange of opinions with Member Governments; requests the Director to continue these studies.

1953 October

DC7 (R/III) approves the development of a plan of long-range public health programs based on continuous survey and evaluation of the needs and resources of the countries, designed to:

- (1) strengthen fundamental health services;
- (2) provide means for training professional and sub-professional personnel for the health services;
- (3) coordinate and assist in planning eradication programs;

instructs the Director to prepare these programs in harmony with future budgets on the basis of R/I of EC20.

Revision of Programs and Commitments

1950 October

PASC13 (R/I) relieves PASB of such responsibilities imposed by previous Conferences and meetings as were not supported by appropriate programs and funds; resolves to consider, in the future, as PASB responsibilities only such programs and recommendations as are supported by a budget as recommended by R/I-2 of EC8, R/XI of EC10, and R/VIII of DC4.