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FOURTH GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD

1967-1971

The annexed document EB35/WP/9 is a revision of the Fourth General Programme of Work covering a specific period¹ which endeavours to take into account the comments made by members of the Board.

¹ Document EB35/32.

FOURTH GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD

(1967-1971 inclusive)1. Introduction

Article 28(g) of the Constitution of the World Health Organization requires its 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.

2. Earlier programmes of work

2.1 This function of the Executive Board has been discharged on three occasions resulting in the First (1952-1956), Second (1957-1961) and Third (1962-1966) Programmes of Work whose main objectives were in consonance with the principle of the Constitution that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being".

2.2 Certain objectives were common to all three earlier programmes; these included the strengthening of national health services, professional and technical education, measures against the communicable diseases, and certain non-communicable causes of morbidity; the provision of permanent world-wide advisory and technical services of general international interest; medical research, and the co-ordination of health with other economic and social activities. The pursuit of these objectives shall continue as outlined hereunder.

3. The context of the Programme for 1967-1971

3.1 Those general principles which governed the application of the three preceding programmes will continue to guide the implementation of this fourth programme of work for the period 1967-1971, which in fact seeks to consolidate and to extend their gains.

3.2 The preparation of this fourth programme has been guided by WHO's prospective responsibilities to an increasing number of Members with their various national health needs arising from the rapid growth of their population, from their socio-economic development plans and aspirations, as well as from current and expected advances in the medical and allied fields. Particular attention has been paid to the health needs of countries recently acceding to independence.

4. Principles and criteria

4.1 The data in the "Annual Epidemiological and Vital Statistics" and the information in the series of the World Health Situation Reports provided by Member States and Associate Members on their most important health problems in the context of their social and economic conditions, when integrated with the reported experience from the projects receiving technical assistance, constitute an information system which is invaluable for the planning of the Programme since it enables the Organization to discern those common and recurrent health problems which it must seek to solve.

4.2 The criteria for the selection of projects to be assisted by the Organization were outlined in the First Programme of Work (1952-1956) and are still generally valid. Experience gained since then has shown the advantages accruing from the placement of a particular project within its proper context, namely, that of existing health services and, when it exists, that of a national health plan; and from, whenever possible, the establishment of baselines and targets consistent with a certain desirable flexibility of action.

4.3 The introduction of evaluation criteria in the plans of programmes will facilitate both the assessment of their evolution as well as their retrospective analysis. A continuing review of projects and the experience gained in the field, including follow-up studies of past assistance, should provide the basis on which programme formulation and project planning can be better developed. Efforts will also be made to advance the understanding of the interplay of health factors and economic development in countries.

5. Strengthening of health services

5.1 National health planning has as its objective the orderly organized development of all the services which are concerned with the promotion of health and the prevention of disease. It is part of the dynamic and comprehensive attack on the country's general economic and social problems, which is implied in "Planning for Economic and Social Development". It is typically designed to produce a comprehensive plan and health service, but circumstances may limit its scope to the strengthening or extension of certain constituent services. The experience gained by the Organization in this field will in due course enable it to prepare a statement of the broad principles of this type of planning and to describe its several methodologies. WHO will continue to assist countries in any form of health planning, more particularly by the provision of advisers and consultants. Maximum effectiveness is obtained when the investigations and proposals of the economic and health planners are either carried out conjointly or are closely co-ordinated.

5.2 Experience has shown that for the success of mass campaigns it has been frequently necessary to assimilate their machinery, with its limited objectives, into the more comprehensive general health service, which at times had to be developed for the purpose. This integration of the mass campaign organization within the general health services facilitates the extension of those services to the peripheral areas of a country, and avoids the centralization which tends to prevent progress in territories with rural characteristics and a scattered distribution of population. Health services should reach the people in a constellate pattern of organization, in which hospitals are extended to health centres and health units staffed in accordance with the manpower resources available to provide preventive and curative services of diminishing organizational complexity.

6. Measures against the communicable diseases

6.1 The Organization's programme with regard to the communicable diseases will continue to be influenced by the necessity to maintain and develop epidemiological surveillance on a global and regional basis and the need to achieve control, or even eradication of the major diseases at least on a local basis, wherever it may be technically and economically feasible to do so, and utilizing wherever possible the general health services for the purpose.

6.2 The experience already gained should provide the basis for the eradication of smallpox, and for WHO to help countries to accelerate their efforts in this direction, establishing timed objectives wherever possible.

The attention being paid at present in the malaria eradication programme to the difficulties raised by "problem areas" where a combination of factors operates to perpetuate transmission of the disease should accelerate the already considerable progress of this world-wide programme. While malaria is the disease most detrimental to economic development, others, of which African trypanosomiasis is an outstanding example, are still relatively uncontrolled in certain territories. Bilharziasis, too, is a serious problem and in some localities is an embarrassing sequel to faulty irrigation and use of water resources.

6.3 The tuberculosis programme will continue to seek the application of the findings of epidemiological, immunological and chemotherapeutic research to standardized mass treatment under adverse socio-economic conditions. Ways will also be sought for continuing to make leprosy control programmes more suitable for developing countries. Meanwhile, the low-cost mass penicillin campaigns against the rural endemic treponematoses will be continued and integrated wherever possible into the work of developing rural health services. The control of venereal syphilis gonorrhoea will require more determined case and contact finding as well as national and international epidemiological surveillance. Work in the veterinary public health field will concentrate on zoonoses control, food hygiene and comparative medicine.

6.4 The Organization will devote increasing attention to, inter alia, the recurrence of diseases in certain areas, notable examples being cholera, cerebro-spinal meningitis - especially in Africa - and plague.

The programme on virus diseases will continue to collect, analyse and distribute information on viruses, collaborate with virus centres, establish virus laboratory facilities and train virologists. It will seek to elucidate the ecology of viruses, their reservoirs and modes of transmission, and their relation to human illness, especially cancer. Virus vaccines declared safe, acceptable and effective will be utilized for disease control. Special attention will be given to measles especially in tropical countries and to trachoma.

7. Measures against the non-communicable diseases

The non-communicable diseases of major importance include those which are frequently prominent as causes of death, morbidity and of incapacitation and constitute a need for epidemiological and sociological investigation in the study of all the factors concerning their causation. As public health problems they loom more largely in developed regions of the world, but are beginning to make themselves felt also in the developing countries.

7.1 The complexity and urgency of the problem of the cancers need not be reiterated to justify the intensification of the Organization's efforts in this field. The collection and dissemination of information, the standardization of nomenclature and the establishment of reference centres will be pursued. Support will be given to studies in the domain of comparative oncology, cancer epidemiology and geographical pathology, and the investigation of carcinogenic agents.

7.2 The problem of devising methods to improve the care of the mentally ill and to formulate effective ways of preventing such illness wherever possible, is acquiring increasing urgency. The goal is to create possibilities for dealing effectively with those factors that threaten mental well-being. Its attainment must rely on epidemiological research, standardization of nomenclature and procedure for the development of an internationally acceptable classification of mental disorders and on the intensification of adequate training of the non-psychiatrist physician as well as the specialist and auxiliary staff in this field. The Programme will continue to foster team work and to endeavour to provide better facilities for early diagnosis and treatment by psychiatrists in schemes of comprehensive, flexible community care of the mentally ill. This objective gains in importance now that it has become possible to control the acute phases of many psychiatric illnesses and to treat them extra-murally.

7.3 The cardiovascular diseases are taking an ever-growing toll of life and remain responsible for much chronic invalidism. The Organization will therefore continue to co-ordinate activities in this field, undertaking comparative population studies of an epidemiological-pathological nature. Wherever possible, social, clinical and biochemical studies of living people will be combined with autopsy findings in the same population groups in the investigation of the influence of nutritional, physical, mental, occupational and other environmental factors on the circulation from the physiological and pathological points of view.

7.4 The nutritional diseases and deficiencies in the developing countries continue to require epidemiological investigation. Applied nutrition programmes and the organization of nutrition services are needed to provide for the education of the community, particularly of mothers, and for the proper care of the malnourished child who is often the victim of aggravating gastro-intestinal and other infections. Special attention should be given to the importance of the adequate training of specialized and auxiliary staff in different parts of the world and to the need to co-ordinate, at international and national levels, the nutritional activities in the health, agriculture and education sectors to ensure adequate integration of the programmes.

8. Environmental health

8.1 The unquestioned fundamental character of environmental sanitation dictates its high priority in the Organization's Programme of Work. Rapid urbanization and industrialization, the adoption of national health planning, the general development of peripheral health services, and the widespread micro-contamination of the environment are among the circumstances of the present-day world which require a reshaping and elaboration of a number of sanitary concepts and practices hitherto accepted as sufficient. For the most part, however, changes of emphasis rather than radical amendments of earlier programmes are implied.

8.2 During the period covered by the Fourth Programme of Work, assistance will be given to governments to strengthen their sanitation services or prepare national plans in that field. In common with housing and urban and rural development, large-scale water supply systems and sewage disposal works have to be planned at high level, regional or national, because of the technical, organizational and material resources required and also because environmental services are a necessary element of national socio-economic development. The environmental and other health problems arising from urbanization will continue to receive attention.

8.3 It will be the responsibility of WHO to ensure that relevant education and training programmes are designed to forge stronger links between personal and environmental services at central and local levels. Special attention will be paid to the training of professional and auxiliary sanitary personnel as members of local health teams, and to the training of other health personnel in the elements of sanitation.

8.4 The Organization will continue to collect and collate information and to encourage necessary studies and research, as well as provide advisory services to requesting governments on such subjects as community water supply, sewage disposal, the disposal of garbage and refuse, and atmospheric pollution.

8.5 The research programme in this field will continue to include studies of problems related to the control of environmental biological hazards; to the control of the toxic, carcinogenic and mutagenic effects of micro-contaminants of the environment, such as pesticides, insecticides, herbicides, food additives, radioactive residues and the like; as well as the control of physical hazards such as noise and vibration.

9. Education and training

9.1 Whatever the form of assistance rendered by the Organization to individual countries to strengthen their educational programme, either through the award of fellowships for the expatriate training of their staff, or through advice and support in the establishment of schools or other training facilities, the objective is to enable assisted countries to have as rapidly as possible their own cadres of well-prepared staff in all fields of health, which is the only real and lasting solution to their health problems.

9.2 The education and training of health staff holds for all Member States a universality of interest in that it is basic to their total health endeavours. The Programme will continue to cover the undergraduate, post-graduate and specialist fields of medical education, as well as the education and training of nurses, sanitary engineers, midwives, health visitors, health educators, public health inspectors, and all types of auxiliaries and will reserve for the preparation and improvement of the teacher a very special place, especially in the award of fellowships.

9.3 National health planning and education and training are subjects closely linked together, for the implementation of any national health plan is conditioned by the manpower which the existing system of education can provide. In fact, the form and content of medical education are governed not only by the state of medical knowledge, but also by such factors as the prevailing educational levels and the state of political, economic, social and cultural development. Many countries are currently

strengthening their educational organization at its various levels and WHO will continue to stimulate and assist governments to establish as early as feasible new institutions or to improve existing ones at which the training of the various categories of professional and auxiliary health personnel can be carried out.

9.4 The need for many more medical schools is evident in many parts of the world and the need is matched by a widespread desire of countries to open new schools as quickly as resources permit. In many instances, at any rate temporarily, it will be difficult to meet national aspirations in the field of professional education, but WHO could assist in the planning and co-ordination of the establishment of educational institutions on an inter-country basis. These could form the focal point for staff training and eventually for the preparation of teachers - a prerequisite for the expansion of training facilities in general.

9.5 The programme for post-graduate education in the field of public health should continue to seek to adapt the teaching to future public health needs and to provide opportunity for post-graduate training of administrators of health services. More schools of public health are required to train health personnel in the scientific disciplines and in the principles of administration which are necessary for directing and co-ordinating health services at the national and local levels. The Organization will continue to rely on courses, seminars and other educational meetings to promote knowledge regarding the latest developments in the various health and allied fields.

9.6 The demand for health services in many parts of the world exceeds the availability of staff and auxiliaries are therefore utilized to staff medical and public health services. This situation is not restricted to the developing countries but it is of greater significance there. In those countries where medical staff is very scarce and where there is little or no provision of their own for medical education, it will be necessary to devise training programmes for auxiliaries and their supervisors so that initially a skeleton service is established, staffed by aides adequately supervised. This can subsequently be steadily extended as professional and paramedical personnel become available.

10. Subjects of general international health interest

10.1 The Organization will continue to discharge functions concerned with subjects of world-wide interest, such as international epidemiology and quarantine, collation, analysis and presentation of statistical material provided by governments, establishment of biological standards, preparation and maintenance of the International Pharmacopoeia, and of the International Classification of Diseases, Injuries and Causes of Death.

10.2 During the period of the Fourth Programme of Work opportunities will be found at the regional levels to extend the collection of epidemiological and statistical information and to improve its quality. The provision of a comprehensive continuous intelligence service however will necessitate a central repository for this type of information.

10.3 The disquieting problem of adverse drug reactions induced the Fifteenth World Health Assembly in 1962 to put forward the programme for the promotion and co-ordination of rational and reliable procedures for evaluating the safety and efficacy of drugs. In consonance with these intentions WHO will seek to formulate internationally acceptable principles and requirements for drug evaluation, to promote the exchange of information on drug safety and efficacy and to seek ways of rapid dissemination of information on serious adverse drug reactions.

11. Research

11.1 The intensified medical research programme of the Organization which, conceived in 1958, is rapidly becoming an important factor in international medical research, should maintain its promotive and co-ordinative nature and its emphasis on those aspects of medical research which are of international interest and therefore best befitting its scope. The Third Programme gave an outline of the types of research most suitable for international co-operation. These objectives will continue to guide the Organization during its Fourth Programme, which will therefore concentrate on problems of a world-wide character or requiring comparisons of health and illness in contrasting environments. It will seek to standardize nomenclature, techniques and procedures, aim at the pooling of knowledge, and co-ordinate the investigations carried out in different countries.

11.2 The Programme will in particular promote better exchange of information between scientists engaged in research. The training and exchange of research workers and assistance to these upon their request and the establishment of research facilities as part of the education and training programme of developing countries requesting such assistance will remain an important objective.

11.3 Recent advances in science and the rapid development, for example, in the application of mathematics and engineering to biomedical and health research, will undoubtedly accelerate the rate of progress in the resolution of major world health problems in the coming years. The Organization will therefore have to be prepared to adapt itself accordingly in order to discharge with credit new and increased responsibilities in many fields such as epidemiology, communications science, adverse reactions caused by drugs and environmental contaminants, cancer, human reproduction and population trends.

12. Programme co-ordination

12.1 The Third General Programme of Work identified four areas of programme co-ordination, namely: (i) United Nations, the specialized agencies, the International Atomic Energy Agency and other organizations of the United Nations system; (ii) the intergovernmental and governmental agencies working in the health field; (iii) the non-governmental organizations interested in health problems; and (iv) other organizations and institutions, official and private, involved in health work.

12.2 The essential purpose of all the efforts of the Organization in this field is twofold. There is a need to co-ordinate activities in the health field with other economic and social development activities, thus bringing into focus the importance of the health element in balanced national socio-economic development. Meanwhile, the Organization must also exercise its constitutional function as the co-ordinating authority on international health work and therefore collaborate closely with all those agencies, intergovernmental, governmental and non-governmental, which work in the health field. The existing mechanisms for such co-operation must remain flexible and effective and be extended to meet increasing needs, for it is

necessary that national planners and economists become aware of the importance of health as a factor in national development and the untoward consequences of neglecting it. The need for co-operation also arises from the rapid progress of medical science, which calls for closer ties with all technical bodies, particularly non-governmental organizations, in order to ensure that the impact of their work is fully reflected in international health programmes.

12.3 It is at the national level that co-ordination of health activities is most effective. In the ultimate analysis it is for national health authorities to integrate all sources of aid - international, bilateral and private - for the fulfilment of stated health objectives, and for harmonizing the national and international work in the agricultural, educational, industrial and social sectors. In this respect the Organization will rely increasingly on the part played by WHO representatives. In all this field of endeavour the Organization will continue to foster and rely upon the mutual understanding, good will and respect of all those whose work has a direct or indirect bearing on the health of nations.

13. Conclusion

The completion of the Fourth General Programme of Work will find the Organization at the end of the first quarter-century of its history. With this fact in view the Programme seeks to increase the impetus which so far has characterized the growth of the Organization's range of interests and responsibilities. It therefore indicates ways in which the Organization can continue to be of benefit to its Member States.