



TWENTY-NINTH WORLD HEALTH ASSEMBLY

INDEXED

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REPORT ON THE WORLD HEALTH SITUATION

Report of the Director-General

At the request of the Twenty-seventh World Health Assembly (resolution WHA27.60), the Executive Board at its fifty-fifth and fifty-seventh sessions examined reports by the Director-General on the preliminary work on the preparation of the Sixth Report on the World Health Situation. After reviewing a number of alternatives suggested by the Director-General, the Board adopted resolution EB57.R46 in which it recommends that future reports on the world health situation should (1) comprise a global analysis and country reviews, as in the past; (2) be published at six-year intervals in cycle with WHO's General Programmes of Work (except that the Sixth Report should cover the five years 1973-77, corresponding to the Fifth General Programme of Work); and (3) should be published, without prior review by the Health Assembly, in the six working languages of the Organization.

This document summarizes the report considered by the Executive Board at its fifty-seventh session, showing the proposals it approved and the recommendations it made.

1. Introduction

1.1 The Twenty-seventh World Health Assembly, after consideration of the Fifth Report on the World Health Situation,¹ adopted resolution WHA27.60² in which it requested:

"2. . . . the Executive Board at its fifty-fifth session to consider the question of rationalizing the collection and summarizing of information on the health situation in the various countries, including the intervals at which the information should be published, provision for its continuous revision in the light of the data obtained and its relation to other statistical information published by WHO;

3. . . . the Director-General to continue, pending the recommendations of the Executive Board, his preliminary work on preparation of a sixth report on the world health situation and to present a progress report to one of the forthcoming World Health Assemblies."

1.2 The Executive Board, at its fifty-fifth and fifty-seventh sessions, reviewed the preliminary work undertaken by the Secretariat on the preparation of the Sixth Report on the World Health Situation. In particular, at the fifty-seventh session, the Board examined alternative suggestions contained in the report of the Director-General (document EB57/29 and Add.1), and the Board's recommendations for the preparation of future reports on the world health situation were incorporated in resolution EB57.R46.³ The Board requested the Director-General to submit to the Twenty-ninth World Health Assembly a report on this subject reflecting the discussions at the fifty-seventh session of the Board.

¹ WHO Official Records, No. 225, 1975.

² WHO Official Records, No. 217, 1974, p. 30.

³ WHO Official Records, No. 231, 1976, p. 33.

1.3 The present report is submitted in response to resolutions WHA27.60 and EB57.R46 for review by the Health Assembly of detailed proposals for the content of future reports on the world health situation, the frequency of publication, the mechanism of their preparation, and a timetable for the sixth report.

1.4 In preparing his report the Director-General has taken into consideration the comments by delegates at the Twenty-seventh World Health Assembly, when the fifth report was discussed, and by members of the Board at its fifty-fifth and fifty-seventh sessions. He has also been guided by the replies and suggestions made by members of the Board and selected members of WHO expert advisory panels in response to a questionnaire on the uses made of the previous report on the world health situation. Opinions expressed in response to a similar questionnaire addressed to regional and headquarters staff have also been taken into account.

2. Purposes and uses of the report on the world health situation

2.1 The Ninth World Health Assembly, "recognizing the responsibility of the World Health Organization to study and report on the world health situation", requested the Director-General to prepare the First Report on the World Health Situation covering the period 1954-1956 (resolution WHA9.27).¹ Since then, further reports have been published, for the periods 1957-1960, 1961-1964, 1965-1968 and 1969-1972, in response to Health Assembly resolutions (WHA11.38, WHA15.43, WHA19.52, WHA23.24).¹

2.2 Two purposes were recognized in the first report - namely (1) to provide a description of the health situation in countries so that a worldwide consideration of the health of the people is possible, and (2) to cast a strong light on various aspects of public health work, not as an isolated discipline but as a living branch of the social and biological sciences.² Since then, the report has become an increasingly comprehensive book of reference at the world level.

2.3 The five reports published so far have been uniform in their presentation, namely: Part I, a general survey, followed by Part II, containing country reviews. Part I was intended to review the global situation in the health and health-related sectors and to show overall trends as regards health problems, health services and health manpower. Among the main subjects considered have been the global demographic and epidemiological situation; major public health problems common to most countries; social and economic repercussions on health services; and overall developments in the fields of health planning, health establishments, health manpower and training as well as in public health and medical research. In Part II the reviews of each country or territory have provided specific information, largely arranged according to the subject headings in Part I. Some information has been provided on WHO assistance to the country, and government health expenditure has been summarized.

2.4 It is apparent from the answers to the questionnaire mentioned in paragraph 1.4 that the past reports have been used in a number of different ways at different levels. Mainly, they have served as a general reference work for health administrators and other health workers, teachers and students in medical schools, and for WHO staff. Rarely, however, were specific, well-defined uses mentioned in the replies to the questionnaire, though some examples of action taken on the basis of past reports were cited. Table 1 summarizes the known uses of the report.

2.5 While the users who were canvassed expected that the report would continue to provide general background information on the health situation in the countries of the world, there was fairly general agreement that more emphasis should be placed in future reports on the analysis and evaluation of information on the state of health of populations and on environmental health, in conformity with resolution WHA23.59,³ rather than on mere descriptive

¹ WHO Handbook of Resolutions and Decisions, Vol. I, 1973, pp. 20-22.

² WHO Official Records, No. 94, 1959, Preface.

³ WHO Handbook of Resolutions and Decisions, Vol. I, 1973, p. 3.

reporting. There was also some measure of agreement that future reporting should also provide a more detailed assessment of significant health trends in the world as a whole, in regions, and in individual countries, with a view to facilitating health planning, programming, and evaluation. An authoritative statement on the state of health in the world could have a social impact by alerting international opinion to health problems. These views were shared by members of the Board at its fifty-seventh session.

3. Structure of the report on the world health situation

3.1 To meet the need stated in the preceding paragraph, three alternative structures for future reports were presented by the Director-General for the consideration of the Executive Board at its fifty-seventh session. These were that:

- (1) a global review and country reviews should be published by headquarters, as in the past; or
- (2) each regional office should published a report on the regional health situation, comprising a regional review and individual reviews for the countries in the region, and headquarters should publish a separate world health situation report; or
- (3) a comprehensive report containing global, regional and country reviews should be published by headquarters.

3.2 The Executive Board examined the three alternative structures, together with estimated production costs, and recommended that alternative (1) be adopted. The global review should consist of an assessment, rather than a description, of the world health situation, based upon analysis and evaluation of the available information and including trend analysis. It would be prepared by consolidating regional health assessments made by the respective regional organizations. Each regional organization could decide, in the light of regional circumstances, whether officially to publish its assessment as a regional health situation report and, if it did so, whether to include the country reviews.

3.3 It would be appropriate to allow the global analysis the freedom to range over "regions" as wide or as narrow as each topic may dictate, without necessarily having to abide by the WHO structure. Health problems set their own bounds, which the global analyst must respect; these may correspond to WHO regions, or to continental or subcontinental divisions, or to other groupings based on similarities - in ecological conditions, for instance.

4. Content of the report on the world health situation

4.1 It is clear that, if there is to be more analysis and evaluation, these must be based on reliable and relevant information. It is realized that some countries will be able to provide more information than others. However, to increase uniformity and ensure the inclusion of essential information, it will be necessary to develop and adopt a common framework for use in submitting the information and in carrying out and presenting the analysis and evaluation for countries, regions and the world.

4.2 The tentative outline of contents in the Annex shows that an analytical rather than a descriptive bias is proposed for the global part of the volume, and the Board at its fifty-seventh session agreed with the Director-General's suggestion that this part should be termed a "global analysis" rather than a "general survey" as hitherto. The Board also agreed that the individual country reviews should have a similar structure and, as indicated in paragraph 4.8 rather more interpretation of the basic data than in previous reports. For completeness, there might be a concise statistical annex, which should not duplicate the contents of WHO statistical publications but be restricted to tables specifically illuminating or supporting the text. It was also suggested that it would be useful so far as possible, to include projections of health-related indicators - say, up to year 2000 - and that the assumptions on which these projections are made should be clearly specified.

Echelon	Users	Uses
Country	National health administrators National policy planners Teachers and students Researchers Any readers	Background or reference material for planning, programming and evaluating national health services, by comparison with other countries at similar or more advanced stages of development: <ol style="list-style-type: none"> 1. To orient broadly the direction of national health planning, and national planning in general; 2. To help to identify health problems peculiar to the country and to determine priorities; 3. To study in what respect and to what extent the national policy is in line with, or distinct from, tendencies in other countries, thereby helping to assess the soundness of the national policy; 4. To identify, as warning signals, those health problems of other countries which the country may be faced with in future, and to benefit from the experience gained by these countries, including innovative approaches. Teaching and reference material for physicians, nurses, other health personnel and students. For research purposes, as reference material to help in identifying health problems, in their own country and in others. For general reference purposes, as an encyclopaedia or directory of health services.
Bilateral and multilateral	Donor countries	Reference material for a preliminary review of the country health situation in the development of bilateral or multilateral assistance.
Regions	Regional committees Regional offices	Background information: <ol style="list-style-type: none"> 1. For the development of regional health programmes and determination of priorities; 2. For assistance in country health programming and for the development of specific country projects; 3. For briefing consultants or others visiting a particular country.
World	World Health Assembly Executive Board WHO headquarters United Nations and other international agencies	A. Background information <ol style="list-style-type: none"> 1. For the development of a global health programme and determination of global priorities; 2. For the development of a specific programme covering particular countries; 3. For briefing of those visiting a particular country. B. For WHO's contribution to the United Nations Report on the World Social Situation.

4.3 Some comments on the structure of the global analysis as proposed in the Annex may be in order. "Problems" and "action" are treated separately, since in many cases health action exerts beneficial effects on a number of problems and it is not always practicable to relate a problem solely to one particular remedial action. Section 4, on health action, accommodates a subsection on action taken outside the health sector proper but having a definite bearing upon health. A critical evaluation should be presented of successes and failures of major health programmes. Research is proposed as a separate section since it may relate to any or all of the preceding sections. In the concluding sections the different strands are knit together and future prospects envisaged.

4.4 It is recognized that one of the important uses of the report on the world health situation should be to facilitate the assessment of changes in the health status of populations and the advance of health services over time. It is necessary, however, to be selective in choosing the areas for evaluation; the information dealt with should therefore concentrate on those fields that are of major concern to countries and, consequently, to the Organization. The analysis of information should also be selective so as to highlight both promising new approaches (for example, in health care delivery) and established measures of continuing validity.

4.5 For each of the second, third and fourth reports on the world health situation, a supplement was issued in the form of a Health Assembly document, to update the country reviews and to deal with specific topics such as the education and training of health service personnel environmental health, and the organization of health services. It is not proposed to issue such supplements in the future, but topics of current concern may be dealt with in some detail within the future reports, as the need arises. Moreover, important urgent topics can be treated in separate WHO publications.

4.6 The main source of information to be used in the report should naturally be the countries themselves. All the data to be included in the report that refer specifically to a country should be cleared by the government concerned or taken from the most up-to-date government publications. In view of the heterogeneity of the definitions used by different countries, and of the coverage and accuracy of data, it is proposed that countries should provide some guide for the Secretariat by commenting as appropriate on specific characteristics of the information furnished (the terminology used, the coverage of the population with respect to particular data, etc.).

4.7 For the purpose of preparing an authoritative analysis or evaluation, and particularly for any attempted projections, whether on a worldwide or more restricted scale, it is often necessary to estimate certain values or to use facts derived from other than government sources in order to fill the gaps in information that are inevitable in a report that is founded on data from many, greatly differing countries and areas. It is therefore suggested that, for the global analysis, use should be made of the considerable amount of information on health and matters related to health that the Organization has amassed or to which it has access, so that qualitative statements may have a quantitative base. However, individual countries for which unofficial data are used would not be explicitly identified.

4.8 As was mentioned in paragraph 4.2, it is suggested that the country reviews be prepared according to a basic structure similar to that of the global analysis - i.e., background, problems, action, research, and prospects for the future - although it is realized that not every rubric shown in the tentative outline in the Annex would necessarily apply equally to each country. To allow for more interpretation and analysis within the country reviews and to permit countries to include as much information as necessary, while keeping the volume to a reasonable size, it will be necessary to tabulate more of the data than hitherto, e.g., the data on government health expenditure. Appropriate references to complementary national or international publications could usefully direct the reader to further information. The Board agreed with the suggestion that the rubric "Assistance from WHO" be omitted in future, since the information duplicates that contained in the Director-General's reports on the work of WHO.

4.9 The health situation of a country has to be viewed in the context of its overall economic and social development and of the numerous variations that exist within most countries. It is therefore proposed that an analysis of, for instance, socioeconomic factors bearing on health and urban/rural differentials be included in future reports.

5. Frequency of publication

5.1 At its fifty-seventh session the Executive Board considered the frequency of the publication of future reports on the world health situation in relation to the preparation of WHO's contribution to:

- (1) United Nations plans for a Development Decade (1970-79, 1980-89, etc.);
- (2) mid-term and whole-term reviews of United Nations Development Plans (1975-79, 1980-84, etc.);
- (3) 1982 and 1986 United Nations Reports on the World Social Situation;

and in relation to the preparation of the

- (4) WHO General Programme of Work Covering a Specific Period (1984-89, etc.).

5.2 In the past each report on the world health situation covered a four-year period (except for the first report, which covered three years). The answers to the questionnaire sent to users of the report showed some difference of opinion as to the most convenient frequency of publication. The periodicity most frequently suggested was five years, on the grounds that many countries have five-year national plans, that it is a convenient round number, and that it would fit the cycles of the United Nations Development Decade. However, by no means all national five-year plans cover the same quinquennia.

5.3 Another frequent suggestion was to continue the practice of issuing the report every four years. This, however, would confer little advantage in the preparation of WHO reports or WHO contributions to the reports of other agencies, except the United Nations Reports on the World Social Situation.

5.4 Another possibility was suggested by the Director-General in his report to the fifty-fifth session of the Executive Board (document EB55/6) - namely, that the collection and presentation of information on the world health situation should be so timed as to make it usable for the preparation of WHO's General Programme of Work, which is the Organization's main planning activity. If future general programmes of work are to cover six-year periods (as in the Sixth General Programme of Work, which covers 1978-83), then a six-year frequency for the report on the world health situation is implied. A change to this frequency was also independently suggested by some respondents to the questionnaire.

5.5 After reviewing these alternative frequencies of publication, the Board recommended that future reports on the world health situation should be published every six years, in accordance with the major programme cycle of the Organization, namely the General Programme of Work, with the exception of the sixth report which should cover the five years 1973-1977, corresponding to the Fifth General Programme of Work.

5.6 Many of the users canvassed by questionnaire stated that the information contained in the reports had become out of date by the time it was published, and some suggested that the country reviews be updated at annual or other intervals. This, however, would require additional staff and financial resources and would impose additional burdens on countries to provide the required information. The efforts and cost involved were thought by the Board to outweigh heavily the possible benefit to be obtained.

5.7 The previous reports were prepared with direct reference to specified periods, e.g. 1969-72 for the fifth report. On the other hand, trend analyses usually call for study over a much longer period. Moreover, some two years will be needed for the preparation of the report, during which more up-to-date information may become available, particularly that relating to country reviews. The Board agreed with the suggestion that these aspects could be taken into account by relating the title of the report to the year of publication rather than to the main time-span covered. For instance, with a five-year frequency the sixth report would be published in 1979: it might be entitled "Report on the World Health Situation, 1979", although it would be based largely upon a body of data for 1973-77. This change would enable the information contained in the report to be updated, and would allow for analyses of trends over longer periods. It is in line with the procedure followed for the United Nations reports on the world social situation.

6. Mechanism for the preparation of the report

6.1 Resolution WHA27.60 noted "the considerable amount of time and effort required within Member States and Associate Members and within the WHO Secretariat to collect and study the information and prepare the reports" and it therefore considered it necessary to "rationalize the collection and presentation of information on the health situation in the world as a whole and in individual countries".¹

6.2 In the long run the best way to achieve the collection of good basic material - on which a good report depends - is to ensure that this material is of continuing value to the national administration from which it emanates for problem definition, decision-making and management in the health field. It will thus be in a country's interest to have on hand for its own purposes the up-to-date information that the report should be based upon. To achieve this, great emphasis will have to be placed on building up a national health information system oriented towards the needs of the country. The collection of information required for the report on the world health situation will then not be considered a function apart from the day-to-day national activities or as a mere chore to be performed for some external purpose. WHO will increasingly provide assistance to Member States in this respect by collaborating in the development of national health information systems and by promoting the development of standards and guidelines and of training as required.

6.3 Hitherto information for the report has been collected largely by the use of questionnaires, but for various reasons the response to these has not always been satisfactory. For example, only about 60% of the Member States provided material for the Fifth Report on the World Health Situation. It is highly desirable that there should be better coverage of countries in future reports. Appropriately drafted guidelines or recommendations for the preparation of national health situation reports might help to stimulate a more general response.

6.4 Nevertheless, it is thought that the use of a special questionnaire in addition to guidelines will be unavoidable for the preparation of the next report. That questionnaire should be so designed as to include only the essential information intended to be used in the report and to elicit sufficiently clear replies. Every effort will be made to avoid overlapping and duplication in requests for information to Member States.

6.5 To facilitate the task of governments, the questionnaires would, so far as possible, be pre-answered by WHO, government authorities being requested to confirm, correct, or complete as necessary. The pre-answering would be based mainly upon the information already available to the regional offices - as national health statistics, from answers from governments to requests for information in support of studies in specific programme fields, from country health programming and country statements prepared for inclusion in the WHO programme budget, and through the WHO information system at present under development. Information from national or United Nations publications would also be used. The questionnaires would

¹ WHO Official Records, No. 217, 1974, p. 30.

thus be routed through the regional offices, which would fill in the information available (and also ensure that other similar questionnaires are not addressed to countries at about the same time), and thence through the WHO representatives, where appointed, for any further additions and for transmittal, together with the guidelines, to the government.

6.6 Although the Organization would rely upon the WHO representatives to assist governments to verify or complete the questionnaire and follow the guidelines, the responsibility for the accuracy of the information must rest with the governments. An increased involvement of the WHO representatives and regional offices should contribute to an improved coverage of WHO's membership and lend greater value to the next report.

6.7 The completed questionnaires would be returned to headquarters through the regional offices, which would ensure that any necessary revision was done and would make use of them to prepare country reviews and the regional assessments or regional health situation reports.

6.8 A number of countries have been developing new types of annual reports which often contain an analysis of health trends and developments in health programmes rather than a mere description of mortality, morbidity and health services. It is suggested that such annual country reports, and particularly those submitted to regional committees in the future by countries, should contain the core information in the general framework referred to in paragraph 4.1 above so that they may readily be used for the preparation of regional and global reports on the health situation.

6.9 For the implementation of the above proposals, which received the support of the Board at its fifty-seventh session, it seems necessary to distinguish between the developmental phase and the operational phase. As the first step in the developmental phase a small working group has been created in the Secretariat at headquarters, and in each regional office a focal point for this purpose is also being designated with whom the headquarters working group will collaborate. The skills represented in the working group include epidemiology, general public health, evaluation methodology and statistical expertise on information collection and trend analysis.

6.10 For implementation, it is suggested that this working group continue to function as a team, consulting other experts in the Secretariat and engaging external consultants for further expertise as required. In the regional offices, too, suitable national experts would be engaged to ensure a proper representation of the required expertise for the interpretation of country health situations.

7. Manner and languages of publication and timetable for preparation of report

7.1 The manner in which the sixth report should be published, and the languages in which it should appear were considered by the Executive Board in relation to alternative timetables for its preparation and to a detailed document on the estimated costs of issuing the report as a Health Assembly document and of publishing it in book form.

7.2 The five reports that have appeared so far were submitted as drafts in document form to the Health Assembly for approval. After the draft had been approved, the country reviews were submitted to the respective countries for correction, and the entire report was later published in the Official Records, at first in English and French and later in Russian and Spanish as well. The Board noted, however, that the Health Assembly was not constitutionally obliged to review the draft report and that the cost of, first, issuing the sixth report as a Health Assembly document in the six working languages to be used in the future and then publishing it as a book in those languages was estimated at US\$ 870 200 (1975 prices). Its issue in both document and book form would also retard the final publication date. Some members of the Board also pointed out that the previous drafts had seldom given rise to discussion in the Health Assembly, beyond some correction of information in the country reviews.

7.3 After careful consideration of the costs involved and of possible timetables for the preparation of future reports, the Board recommended that the sixth report be published in Arabic, Chinese, English, French, Russian and Spanish, without prior review by the Health Assembly. The estimated cost of such publication was some US\$ 416 200, or less than half the sum that would be required if the report were also issued as a Health Assembly document. Moreover, the book would appear, in English and French at least, about half a year earlier than hitherto - i.e., in the autumn of the year in which it was finalized rather than in the following spring or summer. The former procedure of post-Assembly correction of the country reviews would be superseded by the regional offices sending each review as soon as it was prepared to the country concerned for final correction before the text was included in the manuscript for publication.

7.4 The timetable for the preparation of the sixth report that the Executive Board approved in the light of the foregoing is shown in Table 2.

TABLE 2. TIMETABLE FOR PREPARATION OF THE SIXTH REPORT
ON THE WORLD HEALTH SITUATION (1973-1977)

Steps	Target date
1. Questionnaires and guidelines for country reviews finalized	31 March 1977
2. Questionnaires and guidelines translated, printed and distributed for pre-answering by regional offices and WHO representatives	31 May 1977
3. Questionnaires completed as far as possible and sent to governments	30 September 1977
4. Questionnaires returned by governments to regional offices	28 February 1978
5. Country reviews prepared by regional offices	31 May 1978
6. Headquarters technical contributions prepared	30 September 1978
7. Headquarters global analysis finalized	15 January 1979
8. Report published	Autumn 1979

TENTATIVE OUTLINE OF CONTENTS OF GLOBAL ANALYSIS OF HEALTH SITUATION

1. Introduction
2. Background

Short resumé on demographic, socioeconomic, political, environmental and nutritional developments influencing the health sector (mostly to be taken from documents published within the United Nations system)
3. Health problems
 - 3.1 Morbidity, disability and mortality:
Review of the current situation and significant trends concerning major diseases
 - 3.2 Health problems of special population groups:
(Mothers and children, aged, rural population, working population, etc.)
4. The action
 - 4.1 Health action:
Review of the most significant developments in:
Health policy; programme; legislation; organization of health services;
resources (including health manpower, facilities and financing); health care
delivery; specialized health programmes; environmental health programmes and
services; pharmaceutical industry; health education
 - 4.2 Action taken by other sectors that influence the health situation:
General national development programmes, urban and rural development,
agricultural development, social welfare, environmental protection, etc.
5. Biomedical, including health services, research
6. Prospects for the future
7. Summary and conclusions

Note: This outline as well as additional details for the country reviews will be further developed, together with appropriate guidelines, by a Secretariat working group at headquarters in collaboration with regional offices.