

# **Eighth General Programme of Work**

**covering the period 1990–1995**



**WORLD HEALTH ORGANIZATION**

**GENEVA**

**1987**

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**Eighth General Programme of Work  
covering the period  
1990–1995**

**Resolution WHA40.31 adopted by the World Health Assembly  
in May 1987**

The Fortieth World Health Assembly,

Having reviewed, in accordance with Article 28 (g) of the Constitution, the draft of the Eighth General Programme of Work covering a specific period (1990–1995 inclusive) submitted by the Executive Board;

Realizing that the Eighth General Programme of Work is the penultimate programme in support of the Global Strategy for Health for All by the Year 2000;

Convinced that the Eighth General Programme of Work constitutes a satisfactory response of the Organization to that Strategy;

Believing that the Programme provides an appropriate framework for the formulation of the Organization's medium-term programmes and programme budgets and that its content has been sufficiently specified to permit programme monitoring and evaluation;

Recognizing the important contribution of the regional committees to the development of the Programme;

1. APPROVES the Eighth General Programme of Work;
2. CALLS ON Member States to use it in their cooperative activities with WHO in support of their strategies for health for all;
3. URGES the regional committees to ensure that regional programmes and programme budgets are prepared on the basis of the Eighth General Programme of Work, and to implement the regional programme budget policies to this end;
4. REQUESTS the Director-General to ensure that the Eighth General Programme of Work is translated forthwith into medium-term programmes for implementation through biennial programme budgets, and is properly monitored and evaluated;
5. REQUESTS the Executive Board:
  - (1) to monitor the implementation of the Programme on a continuing basis;
  - (2) to review the progress and to evaluate the effectiveness of the Programme in supporting the goals of the Global Strategy for Health for All by the Year 2000;
  - (3) to ensure in its biennial reviews of programme budget proposals that these properly reflect the Programme;
  - (4) to carry out in-depth reviews of particular programmes as necessary to ensure that the work of the Organization is proceeding in conformity with the Eighth General Programme of Work.



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# Executive Summary

WHO has a Constitution that was adopted in 1946, two years before the Organization started to operate in 1948. By that Constitution, WHO consists of Member States cooperating among themselves and with others for the attainment by all peoples of the highest possible level of health. A target towards this goal is the attainment by all people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life, popularly known as Health for All by the Year 2000. WHO is an international organization, not a supranational one. WHO's international health work aims at fostering the development of self-reliance in health matters by Member States. Consequently, what Member States, as the basic building blocks of WHO, do within their countries in accordance with WHO's policies and strategies is of capital importance.

## Introduction

The Eighth General Programme of Work describes the two main constitutional functions of the World Health Organization, namely, to act as the *directing and coordinating authority* on international health work and to encourage *technical cooperation for health* within Member States. These two functions are mutually supportive, the policies and knowledge deriving from the first function being applied in all technical cooperation endeavours, and the experience gained from the latter being fed back into the process of defining health policies and generating health knowledge.

The Eighth General Programme of Work is the second of three general programmes of work that together will ensure continuing support to the Global Strategy for Health for All by the Year 2000, particularly its national components. It identifies priority areas for WHO action in the health sector as well as in other sectors concerned, and is based upon the results of the evaluation of the Global Strategy for Health for All and the review of the implementation of the Seventh General Programme of Work. It describes the approaches WHO will follow to promote, coordinate and support the collective and individual efforts by the countries of the world to attain the goal of health for all by the year 2000.

The Eighth General Programme of Work stresses the importance of the optimal use of WHO's resources, particularly in countries as well as at other

## Optimal use of resources



organizational levels. This is to be achieved by means of sound resource management and the correct application of the managerial process for WHO programme development to give maximum effect to the Organization's collective policies and to stimulate the development of national resources. The implementation of regional programme budget policies will aim at ensuring the optimal use of WHO's resources in countries and at regional level. Appropriate managerial mechanisms will facilitate the joint government/WHO development of countrywide health systems and programmes that can be maintained by countries after direct support to them by WHO has ceased. To that end, governments will be responsible for the use of WHO's resources in their countries for priority activities consistent both with defined national policies and with the international health policies agreed upon collectively by Member States. The proper use of WHO's limited regular budget resources is to support countries to strengthen *their* planning and managerial capacities to develop and carry out *their* strategies, build up *their* infrastructures and implement *their* technical programmes.

#### General programme framework

To ensure the preferential allocation of resources to priority activities, the Eighth General Programme of Work applies certain criteria—criteria for selecting *programme areas* for WHO involvement and for determining at which *organizational levels* programme activities should take place, as well as *resource* criteria.

The main *criteria for selecting programme areas for WHO involvement* are that the underlying issue is of major importance in terms of public health, in view of its incidence, prevalence, distribution and severity or its related adverse social, cultural and economic implications, and that the programme area is consequently of high social relevance. The criteria for determining *country level* programme activities are that these should aim at solving problems of major public health importance to the country concerned, particularly those of under-privileged and high risk populations. Activities should be developed on the basis of a rational identification by countries of their priority needs through an appropriate managerial process, and should give rise to the establishment and sustained implementation of countrywide health programmes. The main criteria for undertaking *intercountry and regional level* programme activities are that similar needs have been identified by a number of countries in the same region, and that the pursuit of the activity as a cooperative effort by countries in the same region is likely to contribute significantly to attaining the programme objective. The main criteria for *interregional and global level* activities are that similar requirements have been identified by a number of countries in different regions, and that the activity will facilitate or support technical cooperation among countries in different regions.

The main *resource criterion for programme activities* is that the programme activity can be satisfactorily developed and maintained by Member States at a cost they can afford and with the human resources available, or which could become available with appropriate training.

The Eighth General Programme of Work defines 15 *objectives* and a number of *targets* for each objective as well as *approaches* for attaining the targets and objectives. Two general approaches corresponding to the Organization's main functions are especially emphasized: *coordination* and *technical cooperation*. Through its coordinating function WHO identifies high priority health problems and formulates international health policies and programmes to solve them. It serves as a neutral ground for the generation and international transfer of valid information on health matters. The Organization tries to match needs in some countries with resources in others and to mobilize, rationalize and secure the international transfer of resources accordingly, working closely with multilateral and bilateral agencies, and selected nongovernmental organizations.

There are four interlinked types of *technical cooperation*. In technical cooperation *between WHO and its Member States*, countries cooperate with their Organization by making use of it to define and achieve their health policy objectives through programmes that have been determined by their needs and that are aimed at promoting their self-reliance in health matters. WHO supports technical cooperation *among developing countries* (TCDC), that is, among two or more developing countries desiring to work together for health development. WHO also supports technical cooperation *among developed countries* with respect to the wide range of health problems of particular interest to them. Moreover, the Organization catalyses technical cooperation *between developed and developing countries*.

The Eighth General Programme of Work provides a framework for all the Organization's specific programmes. Each of these consists of an aggregate of activities directed towards the attainment of specific objectives. Close interaction between these programmes is essential and the totality of these specific programmes is organized according to a classified list. The classified list of programmes for the period of the Eighth General Programme of Work, which appears as an annex to the Programme, comprises four broad interlinked categories:

- Direction, coordination and management
- Health system infrastructure
- Health science and technology
- Programme support.

*Direction, coordination and management* is concerned with the formulation of the policy of WHO, and the promotion of this policy among Member States and in international political, social and economic forums, as well as the development, coordination and management of the Organization's general programme.

*Health system infrastructure* aims at establishing comprehensive health systems based on primary health care and the related political, administrative and social reforms, including a high degree of community involvement.

*Health science and technology*, as an association of methods, techniques, equipment and supplies, together with the research required to develop them, constitutes the content of a health system.

*Programme support* deals with informational, organizational, financial, administrative and material support.

## **Main thrusts of the Programme**

The principal objective of the Eighth General Programme of Work will be to promote, coordinate and support the efforts of Member States individually and collectively in implementing the Global Strategy for Health for All by the Year 2000. This principal objective will be subdivided into the following 15 objectives:

- (1) To determine and give effect to the policies of WHO and, in particular, to monitor the implementation of strategies for health for all, promote and coordinate their implementation by countries and other sectors, and evaluate their effectiveness.
- (2) To develop and manage effectively the Organization's programme, and to coordinate the Organization's activities with those of other bodies to this end.
- (3) To support countries in the progressive development and strengthening of their health systems based on primary health care.
- (4) To promote and support the appropriate organization and effective operation of comprehensive health systems that provide at least the essential elements of primary health care to entire populations, along with referral and specialized support as necessary, and that involve communities, the health sector and health-related sectors in responsible and coordinated ways.
- (5) To promote, and cooperate with countries in planning for, training and deploying the types and numbers of health personnel that they require and can afford, and that are socially responsible and equipped with the necessary scientific, technical and managerial competence; and to help ensure

that such personnel are utilized optimally to meet the requirements of national strategies to achieve health for all.

(6) To foster public information and education for health in order to motivate people to want to be healthy, to know how to stay healthy, to seek help when needed, and to do what they can individually and collectively to maintain and promote health in a dynamic interaction and partnership with health services.

(7) To promote research supportive of the Strategy and to coordinate the development of relevant scientific activities in this area.

(8) To contribute to health through proper nutrition, oral health, the prevention of accidents, and the avoidance of the use of tobacco.

(9) To support the continuous evolution and adaptation of technologies and approaches aimed at protecting and promoting the health of specific population groups, particularly women of childbearing age, children, young people including adolescents, workers and the elderly.

(10) To reduce problems related to mental and neurological disorders, alcohol and drug abuse and to facilitate the incorporation of mental health knowledge and understanding in general health care and social development.

(11) To improve health and the quality of life of people through the promotion of environmental health at all levels, and with the active participation of the community, including the provision of safe drinking-water and basic sanitation, the safety of food, the recognition and control of excessive levels of contamination, and the protection of the environment in the development process.

(12) To promote and support the development, use and adaptation of diagnostic, therapeutic and rehabilitative technologies, and the proper use of medicinal drugs and medical devices appropriate for specific national systems and institutions.

(13) To prevent and control major communicable and noncommunicable diseases.

(14) To ensure the continuing availability to Member States of valid scientific, technical, managerial and other information relating to health, in printed and other forms, whether originating within or outside the Organization.

(15) To provide effective, efficient and flexible administrative support and services at all organizational levels.

To attain the above objectives WHO will promote and undertake action in the health sector, and will foster action in other sectors concerned. The

Programme will emphasize the establishment of health systems based on primary health care for the delivery in an integrated manner of programmes that make use of appropriate technology and that have a high degree of community involvement.

The Organization will disseminate valid information on such health systems, as well as on appropriate health technology, and will cooperate with Member States in using that information. It will promote research both for the development of such health systems and for the generation of technology that is scientifically sound, socially acceptable and economically feasible.

### **Determination of priorities**

Priority activities within the Programme will be arrived at in countries through continuing dialogues between governments and their WHO. These dialogues will focus on the careful analysis of the country's needs in support of its national health strategy, in the light of its epidemiological, environmental and socioeconomic conditions and the state of development of its health system. Dialogues will take place in conformity with the regional programme budget policy, applying the accepted managerial arrangements for optimal use of WHO's resources. Priorities have to be determined with respect not only to programmes, but also to the various approaches under each programme, always keeping in mind the need to ensure that all programmes do in fact support the progressive development of comprehensive health systems based on primary health care.

At the regional and global levels an important role in setting these priorities is played by the regional committees, the Executive Board and the Health Assembly. At all levels priorities have to be set within the realistic financial confines prevailing at the time of implementation of the Programme.

Closely linked to the question of priorities is the establishment of targets. Targets for WHO can be meaningful only if they are based on national targets but, at this stage, few countries have defined these clearly enough in connection with their strategies for health for all to make it possible for WHO to define global targets on that basis. The targets for each programme in the Eighth General Programme of Work should therefore be considered as aspirational targets which the Organization considers that its Member States could feasibly attain by the date indicated. In the final analysis, such targets will become realistic only when they result from the synthesis of national targets defined by countries as part of their health strategies.

The Eighth General Programme of Work will be implemented as a cooperative effort of governments, WHO and people in all walks of life, including individuals, families, communities, all categories of health personnel, nongovernmental organizations and other associations of people concerned. In implementing the Eighth General Programme of Work an ongoing managerial process involving countries as well as all levels of WHO will be applied.

### **Programme implementation, monitoring and evaluation**

At regional and global levels, the Eighth General Programme of Work will be translated into medium-term programmes and programme budgets.

The Programme will be continuously *monitored* to ensure that activities selected for implementation are proceeding according to plan, and to keep track of progress in achieving objectives so that any necessary corrective action can be undertaken. A second aspect of monitoring will be the continuous follow-up by the regional committees and their subcommittees, the Executive Board and its Programme Committee, and the Health Assembly of the managerial process itself, particularly regarding the implementation of regional programme budget policies.

There will be a continuing process of *evaluation* of the extent to which the Organization's activities reflect the principles and approaches of the Eighth General Programme of Work, how the biennial programme budgets give effect to this Programme, the efficiency with which activities are carried out, and their impact. The utilization of WHO's resources in support of national programmes and their impact will be analysed through various mechanisms including financial audits in policy and programme terms.

The success of any programme of work depends on the extent to which it is used by Member States. The targets in the Eighth General Programme of Work are ambitious. Yet the means for attaining them are highly practical, although extremely varied. Member States will therefore have to select carefully those approaches in the Eighth General Programme of Work that are of most use to them in building up their health infrastructure based on primary health care. WHO will help its Member States to integrate these activities into well-coordinated health systems.

### **Conclusion**

# 1. Introduction

## WHO's Constitution

1. WHO's Constitution was adopted in 1946, two years before the Organization started to operate in 1948. By that Constitution, WHO consists of Member States cooperating among themselves and with others for the attainment by all peoples of the highest possible level of health. (According to an intermediate target set by the World Health Assembly in 1977, the level of health to be attained by the turn of the century is that which will permit all people to lead a socially and economically productive life. This goal is popularly known as Health for All by the Year 2000.) What enables WHO to fulfil its constitutional functions is the cooperative nature of relationships between Member States, since that embodies the Organization's *international* status as opposed to any supranational one.

## Directing and coordinating function

2. WHO's first constitutional function is to act as the *directing and coordinating authority on international health work*. This function permits WHO's Member States to identify collectively priority health problems throughout the world, to define collectively health policies and targets to cope with them, and to devise collectively strategies, principles and programmes to give effect to these policies and attain the targets. It also permits them to act in various groupings to the above ends, as well as individually by applying in their own country or in their bilateral relationships the health policies and principles they have adopted collectively.

3. WHO transmits policy decisions on international health matters to other intergovernmental and nongovernmental organizations working in the field of health with a view to involving them in a manner that contributes to internationally defined health policy. This has been facilitated by the adoption by the United Nations General Assembly of resolution 36/43, which endorsed what is known as the Global Strategy for Health for All and urged other international organizations concerned to collaborate with WHO in carrying it out. WHO also sponsors joint action for health and socio-economic development with other sectors at international level, both inside and outside the United Nations system.

— *Sociopolitical role*

4. In fulfilment of its directing and coordinating function, WHO has to assume sociopolitical and technical roles. The sociopolitical role is characterized by efforts to promote international agreement on health policies, including the humanitarian dimension of social justice in health matters, particularly through a more equitable distribution of health resources among and within countries. Such a distribution is not attained by depriving one country of resources in order to transfer them to another, but rather by generating more health resources for the underserved and encouraging voluntary support to developing countries from more affluent ones. WHO does not intervene in the political affairs of its Member States, but it does promote the adoption by governments of policies that Member States have defined collectively in WHO without infringing national sovereignty. The Organization therefore advocates such health policies in all appropriate forums and uses its powers of persuasion to obtain the recognition by top-level policy-makers that health can make a legitimate contribution to development and is not merely a beneficiary of it, that health is worthy of investment, and that appropriate health policies and socioeconomic policies are closely interlinked and mutually supportive. This has been facilitated by the adoption by the United Nations General Assembly of resolution 34/58, which recognizes that health is an integral part of development.

5. It can be seen that the Organization's sociopolitical role implies promoting action for health and not merely indicating how such action might be carried out. Moreover, in fulfilling this role, WHO is instrumental in helping to reduce international tension, to overcome racial and social discrimination, and to promote peace.

— *Mobilizing resources for health*

6. WHO promotes the rationalization and mobilization of resources for health. The resources to be used first and foremost will be those of the country concerned, and the choice of solution to the problem concerned will therefore have to be largely determined by existing and potential national resources. WHO's resources are intended to supplement and develop national resources, not to supplant them. However, WHO supports developing countries in identifying their needs for external resources, using its own collective resources for this purpose; it aims at securing the bilateral transfer of resources by more affluent countries and international developmental and financial organizations in a manner that is commensurate with international health policy defined by all Member States in WHO. The Organization thus exploits its international coordinating function to enlist "enlightened"



bilateral and multilateral support for the health endeavours of developing countries.

— *Ensuring valid information*

7. An important aspect of WHO's coordinating function is the generation and international transfer of valid information on health matters, the Organization bringing together the world's experts and serving as a neutral ground for absorbing, distilling, synthesizing and widely disseminating information that has practical value for countries in solving their health problems. In this way, WHO provides the world with an objective assessment of what is really valuable for health development and identifies those health problems for which there is as yet no suitable answer. The Organization also tries to ensure the proper use of this information by its Member States.

— *Technical role*

8. WHO's technical role is in no way inferior to its sociopolitical role. Indeed, without the fulfilment of its technical role the Organization would not have the moral and scientific prestige that enables it to fulfil its sociopolitical role. WHO defines international policy for health technology, aiming to ensure that the technology is socially relevant to Member States in that it responds to their priority health needs in conformity with their socioeconomic policy. This involves identifying or generating health technology that is appropriate in the sense of being scientifically sound, adaptable to local needs, socially acceptable and economically feasible. It also involves indicating how such technology can be adapted to different needs and absorbed and delivered by the health care delivery system.

9. In fulfilment of its technical role, WHO promotes health research and development with a view to laying the scientific and technical bases for health policies and programmes, including norms and standards. This is achieved by identifying the world's most important health research goals and promoting the collaborative efforts of health research workers throughout the world to attain them. WHO ensures for international use the definition of norms and standards by the world's experts in such fields as nutrition; the safety, purity and potency of biological and pharmaceutical products; diagnostic procedures; and international nomenclature and classification of diseases.

**Technical cooperation function**

10. While WHO's directing and coordinating function as defined in the Constitution is unconditional, its technical cooperation function is conditional on the request or acceptance of governments. The concept of techni-