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FOURTH GENERAL PROGRAMME OF WORK FOR THE  
WESTERN PACIFIC REGION COVERING  
A SPECIFIC PERIOD

1 INTRODUCTION

1.1 Mandate

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

1.2 History of earlier programmes

This function of the Executive Board has been discharged on four occasions, resulting in the first (1952-1956),<sup>1</sup> second (1957-1961),<sup>2</sup> third (1962-1966)<sup>3</sup> and fourth (1967-1972)<sup>4</sup> general programmes of work, whose main objective was 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".

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<sup>1</sup>Off. Rec. Wld Hlth Org. 32, Annex 10.

<sup>2</sup>Off. Rec. Wld Hlth Org. 63, Part III, Annex 4.

<sup>3</sup>Off. Rec. Wld Hlth Org. 102, Annex 2.

<sup>4</sup>Off. Rec. Wld Hlth Org. 143, Annex 3.

The immediate objectives of earlier general programmes were: the strengthening of national health services, professional and technical education, and measures against the communicable diseases, and certain non-communicable ones; 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 fourth programme drew attention to WHO's prospective responsibilities to an increasing number of Members with their various national health needs arising from the rapid growth of their population and from their socio-economic development plans and aspirations, as well as from current and expected advances in the medical and allied fields.

### 1.3 Procedure in preparing the Organization's fifth general programme of work

The earlier programmes were formulated by the Executive Board, approved by the World Health Assembly and adapted to regional needs by the regional committees. The Twenty-second World Health Assembly, in resolution WHA22.53, requested the Director-General to obtain from Member States and Associate Members their observations and recommendations on questions of long-term planning in the field of health and the establishment of a new programme of work for WHO. This review was expected to bring out the relative importance attached by individual health authorities to, and the trends apparent within, major programme activities, and help to identify the fields in which WHO assistance could usefully become part of the execution of the plans and the areas in which inter-country activities could supplement and strengthen country programmes. The trends of major programme activities for individual countries would serve to establish a general framework within which the health services in each region would develop. There would thus be provided an outline of the fields of activities in which the Organization would be called upon to assist its Member States.

/1.4 Programme ...

#### 1.4 Programme of work in the Western Pacific Region

In the Western Pacific Region, the first (1957-1960),<sup>1</sup> second (1962-1965)<sup>2</sup> and third (1967-1971)<sup>3</sup> regional programmes followed the lines of the general programme with regional adaptations. The proposal for a Fourth Programme of Work for the Western Pacific Region, which is found in section 4 of this document, was prepared within the frame desired under resolution WHA22.53. The regional programmes of work will constitute the framework for the preparation of the Fifth General Programme of Work for the Organization.

## 2 CONTEXT OF THE PROPOSED FOURTH REGIONAL PROGRAMME OF WORK

On the basis of the information and reports submitted by Member States, national projects which receive international assistance, and the data obtained from the Annual Epidemiological and Vital Statistics, a general assessment can be made of the major health problems and of their relation to the social and economic development of individual countries in the Region.

The general principles governing the application of the preceding general and regional programmes will continue to guide the implementation of this fourth regional programme of work and will, in fact, consolidate and extend the gains already made.

Importance is given to the introduction in this programme of a method which will enable all inputs from the United Nations Development System to be presented comprehensively at one time in a programme corresponding to the needs and the duration of each country's national development plan.

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<sup>1</sup> Unpublished document WP/RC6/11.

<sup>2</sup> Unpublished document WP/RC11/6 Rev.1

<sup>3</sup> Unpublished document WP/RC16/6.

Within the frame of resolution WHA22.53, this regional programme incorporates changes in the general designation of priorities as indicated by the Regional Committee, in resolution WPR/RC20.R1, which took account of the evolving problems of individual countries and of the Region as a whole. These developments and the trends reflected in them will influence the direction of WHO's assistance to governments in the Western Pacific Region. As the planning process is still in a formative stage in a number of countries, it is not possible at present to define and quantify their programme targets precisely.

To the extent possible, an effort has been made to establish a functional relationship between existing or future country health plans and this programme of work.

### 3 PRINCIPLES AND CRITERIA

The guidelines adopted in the Third General Programme of Work for the Organization continue to have validity in this fourth regional programme. These include: (1) the participation and co-operation of all countries, including trust and non-self-governing territories, in the work of the Organization, (2) making services available upon request and without discrimination to all Members and Associate Members and to special groups upon the request of the United Nations, (3) co-ordinating or integrating the planning and implementation of the Organization's work with related activities of the United Nations, and the Specialized Agencies, the International Atomic Energy Agency and other agencies operating in appropriate international fields, and (4) ensuring that there is sufficient flexibility in the programme of assistance to permit modifications resulting from changes in the health situation and advances in medical science.

Only projects receiving full government support throughout their duration will be accepted by the Organization for assistance in implementation. The limited resources which exist make it necessary to discriminate between the proposed activities and to indicate those

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which should preferably be assisted by the Organization. In specifying the areas for WHO assistance, the following criteria have been used: those activities which are technically and economically sound and are best carried out with international aid, those that appear to warrant the most urgent action, and those which are capable of yielding demonstrable results. Another factor to be taken into consideration is that the activities to be implemented will permit optimum utilization of the funds available not only from the Organization but also from national and other external sources. Consideration should further be given to assisting activities which will give the greatest possible benefits to the population of the countries concerned.

#### 4 PROPOSED FOURTH REGIONAL PROGRAMME OF WORK<sup>1</sup>

##### 4.1 Preventive and health promotion services

##### 4.1.1 Communicable disease control

The development and maintenance of units at national level for epidemiological surveillance will be continued. These units should have links with the peripheral health services. The exchange of information should be promoted with similar units in Member countries and with the WHO reference centres concerned with the diagnosis and classification of specific diseases. Assistance will be given in the organization, operation and development of health laboratories so that they will be able to service epidemiological surveillance and assist the local health services in the laboratory diagnosis of communicable diseases.

Mass campaigns against the common communicable diseases will continue to receive attention. Immunizations will be pursued as a routine measure for the prevention of smallpox, diphtheria, pertussis and tetanus. Apart from environmental measures, immunization programmes

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<sup>1</sup>Based on information submitted by governments.

against cholera and typhoid will be organized in countries where these diseases are endemic.

Antimalaria activities will be maintained and will be co-ordinated more closely with and receive more support from the general health services.

In the control of tuberculosis and leprosy, preventive measures such as BCG vaccination against tuberculosis, diagnosis by bacteriological means and ambulatory treatment will be emphasized; institutional care will be <sup>de-emphasized</sup> discouraged. The medical treatment of filariasis will be extended to other areas should the pilot study now under way prove successful. In some areas schistosomiasis control will entail the identification of the vector; in others, control will be integrated with agricultural and other development schemes concerned with irrigation and drainage operations; more attention will be given to sanitary measures. Immunization measures, where indicated, case-finding and chemotherapy will be used in plague control; at the same time proper refuse and garbage disposal systems and rodent control will be organized. In some countries rabies will require intensive control measures, including immunization of the canine population, <sup>and</sup> ~~treatment~~ of persons who have been bitten, and the production of safe vaccines. Mopping up operations against yaws in isolated rural areas will be undertaken with the aim of achieving eradication.

The rise in the incidence of venereal diseases, particularly in urban areas and other large centres of population, will need organized measures for detection and treatment, as well as campaigns to educate the general population. The improvement of laboratory diagnostic facilities will further help in the control of these diseases.

Research on Japanese encephalitis, which is found in the northern countries of the Region, is now being undertaken in the field by a WHO team. Vaccine trials are also under way. Research on the epidemiology of haemorrhagic fever, which is found in the tropical areas of the

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Region, will continue. In combatting both conditions general control measures, including vector control, will be undertaken.

#### 4.1.2 Environmental health

Increased attention will be given to environmental health measures, such as the provision of adequate and safe community water supplies, sewage disposal and sanitary disposal of excreta, garbage and refuse, food hygiene and vector control.

Pollution affecting the air and water commonly observed in the developed countries is on the increase in the larger communities of developing countries and will require study and extensive investigation as a basis for introducing legislation and effective control measures.

The general health services, particularly in the rural areas, will assume responsibility for general sanitation which will become part of their routine activities. National health administrations will collaborate with other agencies and groups undertaking nation-wide and urban environmental programmes, such as water and sewerage, solid wastes disposal and pollution. International collaboration will be sought in making feasibility studies on problems of the environment as well as in planning and implementing projects of this nature. The training of the manpower required for environmental health programmes will be supported and the collaboration of universities in organizing suitable programmes will be sought.

Studies are needed to find feasible solutions to the physical and medical hazards of industrialization and urbanization. Health administrations will co-operate with national and international agencies in studying ways for providing healthy and economical housing.

#### 4.1.3 Family planning

Family planning programmes have been adopted by some countries with a view to maintaining a proper balance between population and economic growth thus enabling their populations to enjoy higher living

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standards. This approach will also benefit the health of mothers and promote the proper health care of children.

Family planning will be integrated into general public health activities, particularly those related to maternal and child health, which hitherto have been concerned only with protecting and promoting the health of the mother and the child during the more vulnerable stages of his growth. Family planning services will be extended to individuals and families as a regular form of service along with the other components of the basic health services.

Although WHO does not endorse any particular population policy, it can provide assistance in respect of any policy consistent with the Organization's mandate which might be individually determined by governments. The Organization can assist in such matters as planning and administration of family planning facilities in the context of the general health services, training of staff, field studies and the evaluation of existing programmes. It can further assist in the dissemination of the new knowledge related to human reproduction which is continually being produced as a result of research.

#### 4.1.4 Measures for non-communicable diseases

##### 4.1.4.1 Chronic degenerative diseases

Epidemiological and other special studies are being conducted to understand better the causative factors, distribution and possible means of preventing and treating cardiovascular disease and cancer. The international reference centres will assist in the diagnosis and typing of cancer. Attention will need to be given to adult hygiene, particularly for the aging, in medical schools, while health services will begin to initiate multiphasic screening procedures for the early detection of chronic degenerative and other diseases in the community. Educational programmes will be organized to inform the population of new knowledge gained from research and of the services available to them.

/4.1.4.2 Nutrition ...



#### 4.1.4.2 Nutrition

In the developing countries there are widespread problems such as protein-calorie malnutrition, deficiencies of vitamins (especially A and B) and other nutritional disorders (e.g., nutritional anaemias, endemic goitre and growth retardation). These cause a low resistance to infectious diseases in vulnerable groups and a relatively high mortality in young children. Measures to be further developed to overcome them include the strengthening of nutrition education and the organization of feeding programmes through the basic health services; improved teaching of nutrition to health and other personnel; and concerted planning and action on a food and nutrition policy and programmes, in co-operation with educational, agricultural, social welfare and national planning agencies. Related activities will include the epidemiological surveillance of the nutritional status in different ecological zones, the promotion of protein-rich and other highly nutritious local foods, the development of nutritional recuperation services and programmes of food assistance in the context of general socio-economic development.

#### 4.1.4.3 Mental health

Mental ill-health increases in magnitude under conditions of rapid urbanization and industrialization. Studies will be undertaken with international assistance on its epidemiology and on the standardization of nomenclature.

Programmes for improving the care of the mentally ill will aim at the speedy return of the patient to his family and the community; they will also include rehabilitation facilities.

An early start to mental health education of the young will be encouraged within the context of the general health services, in children's clinics and in the home and schools. Social service programmes associated with juvenile delinquency will be assisted and provision will be made for counselling in special clinics and as part

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of the health care services. Programmes will also be organized to train mental health personnel and to educate the public on mental health matters.

#### 4.1.5 Accidents

In a number of countries accidents are on the rise and already a leading cause of death. Inter-agency collaboration at the national level to promote and improve safety will require the participation of the health agency. The facilities of clinical departments of hospitals will need to be improved so they can accommodate serious cases; rehabilitation facilities will be a joint undertaking of the health and social welfare agencies. Home accidents, which involve more often the young and the aged, require an educational programme for the families and the adoption of installations and fixtures likely to minimize accidents. Existing legislation and current programmes will have to be updated to help minimize industrial accidents.

4.1.6 Radiation hazards from special equipment, particularly X-ray machines, in medical institutions and in private practice, pose dangers to the health of the patient and medical worker alike. Protection through the education and training of both physicians and technicians and regular inspection of the units will need to be organized on a long-term basis. The problems existing in each institution or area will require assessment and for this international assistance can be made available. Training programmes and the formulation of corrective measures against existing hazards will be undertaken with the Organization's assistance.

#### 4.1.7 Occupational health

Governments will need legislation which will permit the establishment or revision of health and safety measures in large- and small-scale industrial plants. National agencies which deal with commerce and industry and are responsible for medical and safety services for workers will need to co-operate more closely in performing the tasks.

/Occupational ...

Occupational health and safety programmes will have to be strengthened following the periodic assessment of problems.

#### 4.2 Strengthening of health services

4.2.1 The basic health services need to be expanded and improved at all levels, particularly in the developing countries. These services are essential for obtaining the highest level of health in the individual and in the community and this is a requirement for national economic and social development.

Measures to be taken will include periodic assessments; co-operation with the special services, such as dental health; and research. The latter will involve studies on the staffing pattern, the formulation of norms and standards in the services, delivery of health care services, the utilization and productivity of health personnel, developing new techniques and undertaking cost-benefit analyses. Loose-leaf manuals of operation will have to be prepared and periodically updated. Opportunities for acquiring new knowledge and learning new techniques will be provided through the dissemination of literature, training, and national and inter-country group educational meetings.

4.2.2 National health planning has gained increasing government interest. Its adoption will be accompanied by measures for the adaptation of methodologies to local conditions, orientation of health personnel on their participation in the planning process, the introduction of legislation to provide the machinery to undertake the planning exercise, and the orientation of political authorities and development planning bodies to the close relationship that exists between health and national development.

The Organization will continue to develop and provide facilities for the training of nationals in regional courses which will combine the theoretical and field practice aspects of planning. Training at country level will be encouraged not only for personnel of the health

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agency but as a subject in post-graduate courses in public health. International assistance will be made available for organizing the planning machinery and for extending consultative services in the entire process. A field manual which will serve as a planning guide and can be adapted to individual country situations will be prepared. Every opportunity will be taken to disseminate technical information on the current development of planning methodologies and on the experiences of different countries. This will be enhanced further through periodic inter-country meetings of health planners, public health administrators and policy makers from higher levels of government.

4.2.3 Manpower resources study is a necessary part of national health planning. The availability of trained health manpower depends to a large measure on the general and special educational facilities obtaining in the country. Manpower resource problems arise because there is inadequate information on the existing supply, lack of facilities for training, and failure to estimate requirements for health. The current supply and demand will be assessed and long-range estimates made of the future demand. International assistance will be provided for this type of activity.

4.2.4 The public administration aspects of health services will generally involve better management and financing of the services. Improvements in personnel policy and the economical use of resources through the application of the results of studies on cost-effectiveness will be required. The rational application of decentralization to localize responsibility and to permit immediate response to community demands will be promoted.

International assistance will be provided to assess and recommend improvements in the organization and management of institutions and services, as well as to train technical and administrative staff in management procedures.

/4.2.5 Organization ...

#### 4.2.5 Organization of medical care

As a large portion of the budget for health services is spent on medical care, particularly on the operation of hospitals, continuing attention will be focused on the measures required to ensure the efficient management and utilization of medical care facilities. Studies will be undertaken to see how the increasing cost of medical care can be met through the introduction or expansion of social security schemes. The joint collaboration of the Organization and ILO in these studies will be promoted. Attention will also be given to the optimum utilization of hospital beds by promoting a more frequent turnover of patients through appropriate two-way referrals with the peripheral health services, the more extensive use of out-patient clinics and by strengthening preventive measures against the common communicable diseases. Adoption of the concept of regionalization of hospitals will need the consideration of individual governments. Apart from advisory services and fellowships, the Organization will support national studies on the cost of medical care and improvements in hospital management.

#### 4.3 Education and training

Programmes in this field of activity should be consistent with the national health plan. The provision of education and training facilities will be developed to meet the long-term health manpower requirements up to twenty years under the plan.

In many instances the curricula of the medical and paramedical professions will have to be revised and adapted to individual country situations. They will also have to be periodically updated. It will be necessary to develop and expand the general educational facilities in many countries in order to increase the availability of the health manpower potential. This action will need the co-operation of ministries of education. Teaching facilities, including equipment and other

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materials, will be modernized. Assistance in procuring the items required can be provided by the Organization on a reimbursable basis.

The output of health workers from education and training institutions in each country will need policy guidance from higher levels and will have to be in consonance with the national health plan, including the projected demand for health workers. In this aspect, the prevention of the brain drain will require attention.

It is essential in educating skilled manpower to have well-qualified teachers who have been trained in the "centres of excellence" to be found in selected medical schools, schools of public health, hospitals and the specialized departments of such institutions.

Centres for the training of health services staff will be established and existing ones improved so that new staff can receive appropriate orientation to their duties, training can be related to staff duties, and opportunities provided to acquire new knowledge.

International assistance will be made available in the planning of education and training programmes, in teaching, and for fellowships including those for the training of teachers.

## 5 SUBJECTS OF GENERAL INTERNATIONAL INTEREST

WHO Headquarters will continue to discharge the functions concerned with health subjects of world-wide interest. The Regional Office will assist in discharging these functions within its area of responsibility. The World Health Assembly in resolution WHA23.59, included in these functions:

- the co-ordination of research on the most urgent and important problems of biology, medicine and public health being carried out by national and international scientific institutions;
- the preparation of international agreements, conventions

/and regulations ...

- and regulations on the most important health problems, including questions of environmental health, the importance and implications of which go beyond individual countries or groups of countries and have a direct bearing on the protection and promotion of health in national and international programmes;
- the formulation of recommendations on the establishment of standards, norms, uniform technical specifications and nomenclatures for chemical, physical, immunological and other substances, compounds and preparations used in international and national health programmes;
  - identification of the most rational and effective ways of helping Member States to develop their own health systems and to train national health personnel within the organizational and financial framework of the Organization and its Constitution, and participation in the co-ordination of such assistance from all sources;
  - studying the methodology of the planning, organization and socio-economic analysis of the different health systems and services of the different countries and the preparation of realistic recommendations on the best ways in which they might develop, taking into account the importance of the development and use of cost-effectiveness and cost-benefit analyses in the field of health;
  - and analysing and evaluating information on the state of the world population and environmental health with a view to identifying general trends in the world health situation and to evolving a strategy in regard to the most promising ways of developing health services and medical science.

## 6 PROGRAMME CO-ORDINATION

There are four areas of programme co-ordination, namely: (1) the United Nations, Specialized Agencies, the International Atomic Energy Agency and other organizations of the United Nations system; (2) the intergovernmental and governmental agencies working in the health field; (3) non-governmental organizations interested in health problems; and (4) other organizations and institutions, official and private, involved in health work.

The essential purpose of all the efforts of the Organization in this field is two-fold: (i) 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 economic-social development and (ii) to exercise its constitutional function as the co-ordinating authority on international health work and thereby collaborating closely with intergovernmental, governmental and non-governmental agencies which work in the health field. The mechanism for such co-operation must remain flexible and should take into account the rapid progress of medical science.

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 fulfillment of stated health objectives, and for harmonizing national and international work in the agricultural, educational, industrial and social sectors. In this respect, the Organization will continue to rely on the part played by the WHO Representatives. In this field of endeavour, the Organization will continue to foster and rely upon the mutual understanding, goodwill and respect of all those whose work has a direct or indirect bearing on the health of nations.

## 7 CONCLUSIONS

This fourth regional programme of work takes account of the goals

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of the United Nations Second Development Decade and, in particular, the role of WHO in helping meet these goals in the field of health. The programme seeks to increase the impetus which so far has characterized the growth of the Organization's range of interests and responsibilities and to indicate ways in which the Organization can continue to be of benefit to its Member States.