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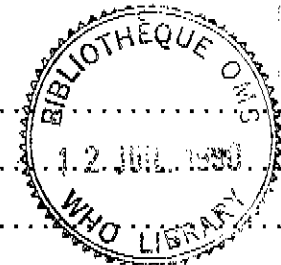
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SUMMARY OF THE WORK OF THE WORLD HEALTH  
ORGANIZATION IN 1989

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### Introduction

1. This outline of the work of the World Health Organization (WHO) in 1989, prepared in response to ECOSOC resolution 1988/77, paragraph 2 (a) (iv) b, is drawn principally from the biennial report of the Director-General to the World Health Assembly and to the United Nations, The work of WHO 1988-1989. As requested in paragraph 2 (b) (ii) of the same resolution, information has been included on the action taken by WHO to give effect to relevant recommendations of the United Nations General Assembly and the Economic and Social Council.

### Governing bodies

2. The WHO Executive Board held its eighty-third session in Geneva on 9-20 January 1989. The Forty-second World Health Assembly, meeting in Geneva from 8 to 19 May 1989, approved a regular effective working budget level of \$ 653 740 000 for the biennium 1990-1991, less in real terms than the comparable approved figure for the previous biennium. Concerned at the negative effects of the world economic situation, exacerbated by austerity measures imposed to resolve the international debt crisis, on the health status and health care services especially of people living in extreme poverty, the World Health Assembly called for measures to increase cooperation with countries in greatest need by country-specific support and to strengthen national capabilities for planning, mobilizing and managing resources in the health sector.

### WHO's general programme development and management

3. The period 1988-1989 was the third and final biennium covered by the Organization's Seventh General Programme of Work. Intensified coordination with organizations of the United Nations system and other agencies providing extrabudgetary support to WHO reflected the shared commitment to improving health as an integral part of the development process. Major partners of WHO in health promotion during the biennium were the United Nations, UNDP, UNICEF, UNFPA and UNEP. Joint projects included action on the control of diarrhoeal diseases, community water supply and sanitation, family planning, the prevention of environmental pollution, the immunization of children, research on tropical diseases and human reproduction, and measures against AIDS. In addition, WHO cooperated with FAO on nutrition, safe use of pesticides, water supply and rural development; UNESCO on health education and AIDS; ILO on occupational health and safety and UNIDO on industrial aspects of producing pharmaceuticals. By its more action-oriented approach to coordinating international health work, WHO sought to strengthen primary health care through more comprehensive national health programming.

4. An increasing awareness of the importance of health relief and emergency preparedness in the provision of humanitarian assistance was reflected in the support to health infrastructure development in Namibia; programmes in Mozambique, Angola, West Africa and Ethiopia; and the establishment of a Pan African Centre for Emergency Preparedness and Response in Addis Ababa. Training programmes, technical cooperation and assistance were provided in the other regions. WHO's response to General Assembly resolution 44/236, proclaiming the International Decade for Natural Disaster Reduction (1990-1999), included the preparation of a programme of action, cooperation with the OAU in promoting the Decade, and designation of the theme for World Health Day in 1991 as disaster preparedness.

### Strategy for health for all

5. The second report on monitoring progress in implementing strategies for health for all, incorporating contributions from 143 Member States, was endorsed by the World Health Assembly in resolution WHA42.2, urging sustained political commitment to the principles of primary health care and the reduction of social inequity.

### Health system development

6. In response to resolution WHA42.2, the global indicators and common framework for the second evaluation of the health-for-all strategy were reviewed and simplified, and discussed at a meeting in Brazzaville in October. The International Conference for the Tenth Revision of the International Classification of Diseases (Geneva, September-October) reviewed the radically new coding system intended to permit greater specificity in applying the classification to recording morbidity and mortality for hospital in-patients and medical practice, and considered proposals to facilitate trend assessments and projection studies and the comparison of health information between countries. Training programmes for epidemiologists were organized in Africa, the Americas and South-East Asia, and a new health management information system was developed in the Philippines. The crucial role of health systems research in assisting sound management and decision-making was recognized by activities and consultations with world leaders, parliamentarians and educators, as well as in the development of a training programme and the organization of courses on the concepts, methods and management of research to solve priority health problems.

### Organization of health systems based on primary health care

7. In the light of the global economic situation, strengthening the Organization's capabilities for economic analysis and for dealing with the complex interrelation of economics and health development has taken on urgency. To increase capabilities of countries most in need for health system organization, management and financing, intensified technical and financial support has been provided. The principles of primary health care remain the basis of WHO's policy and approach, and a framework was produced for the promotion of district health systems based on primary health care. Increased intersectoral cooperation took the form of seminars in health economics and a joint study of the effects of development policies on health status carried out with the World Bank, and collaboration with IAEA and UNIDO in training in health care equipment maintenance.

### Health manpower

8. The role of nursing and midwifery personnel was discussed by the Executive Board and the World Health Assembly and a workshop in August recommended adapting nursing to a leadership role in primary health care. The integrated development of health systems and human resources was the subject of recommendations by a study group in November. An expert committee report and a training manual were published on the management of human resources for health, and the WHO health learning materials programme included 22 Member States in all regions by the end of the year.

### Public information and education for health

9. Increased attention was paid to health promotion and public information for health, including the role of health education in AIDS control. "Let's talk health" was the theme of World Health Day, 7 April. The illustrated magazine World Health and the quarterly journal World Health Forum maintained the dialogue with readers about health. School health education and training programmes were stressed in all regions and an action-oriented curriculum for primary schools was developed in the Eastern Mediterranean Region.

### Research promotion and development

10. The global Advisory Committee on Health Research, with its subcommittees and working groups, continued to develop research strategies in line with the policy guidance of WHO's governing bodies, maintaining liaison and cooperation with organs such as the United Nations Centre for Science and Technology for Development.

General health protection and promotion

11. Important policy decisions on women, health and development were taken by the World Health Assembly in resolutions WHA42.42 and WHA42.2 and steps were taken towards implementation. Progress was made in the areas identified for action in the health sector in the Nairobi Forward-looking Strategies, in collaboration with countries and other organizations of the United Nations system. For example, WHO took part in a symposium on women and nutrition during the fifteenth session of the ACC Subcommittee on Nutrition (February-March); prepared a paper on women and AIDS for the Commission on the Status of Women (March-April); and held a workshop in Mauritius with UNFPA support on Leadership and Participation of Women in Maternal and Child Health and Family Planning (December).

12. The formal end of the global component of the Joint WHO/UNICEF Nutrition Support Programme, which had involved collaboration with 16 Member States in four regions in protecting and improving the nutritional status of young children and women of child-bearing age, came in 1989. Texts prepared jointly with UNICEF appeared on breast-feeding and the management of young children with acute diarrhoea. An initiative of the ACC Sub-Committee on Nutrition (February) led to the decision that an International Conference on Nutrition jointly sponsored by WHO and FAO would take place in December 1992. The Director-General has decided to review WHO's entire nutrition strategy and has established a multi-programme nutrition task force to act as focal point for conference preparations. A WHO Expert Committee on Educational Imperatives for Oral Health Personnel (Change or Decay) met in November. The First World Conference on Accident and Injury Prevention (Stockholm, September), cosponsored by WHO, adopted a manifesto on principles for a global policy for safety in communities. A meeting in Brazzaville of representatives of ministries of health of five African countries was held in April as a contribution to the Second African Road Safety Congress organized by the Economic Commission for Africa.

Protection and promotion of the health of specific population groups

13. In the context of follow-up to the International Conference on Safe Motherhood (Nairobi 1987), advocacy of safe motherhood continued, with the financial support and collaboration of e.g. UNDP, UNFPA, the World Bank and UNICEF, by workshops and training in midwifery and essential obstetric care and the publication of a monograph on Preventing maternal deaths. The 1989 Technical Discussions held during the World Health Assembly were devoted to the health of youth, in keeping with General Assembly resolution 43/94 on the question of youth, and a joint WHO/UNFPA/UNICEF statement was published on the reproductive health of adolescents. Participation in WHO's Special Programme of Research, Development and Research Training in Human Reproduction, co-sponsored by UNDP, UNFPA and the World Bank, involved 80 countries, where some 300 research projects were in progress at 240 centres, including 120 in developing countries. The report of the tenth meeting of the Joint ILO/WHO Committee on Occupational Health appeared. A plan of action for manpower development in occupational hygiene was discussed at a meeting of representatives of occupational health institutions and universities (Geneva, October). Six modules, including guidelines and audiovisual training material, have been planned in collaborating with ILO and UNEP.

14. In keeping with General Assembly resolution 43/93 on implementation of the International Plan of Action on Aging, meetings of a collaborative group on aging involving organizations of the United Nations system and nongovernmental organizations identified community-based rehabilitation of the elderly, with family involvement, as a priority for collaborative action. The report of the WHO Expert Committee on Health of the Elderly was published, and research developed to serve in working out strategies for disease prevention, in the improvement of medical and social services, and in planning related policies.

#### Protection and promotion of mental health

15. As part of a programme undertaken with UNHCR to produce training manuals on mental health in refugee camps, visits were made to camps of displaced populations under the jurisdiction of the United Nations Border Relief Operations (February-May) to assess mental health and psychosocial problems and to recommend preventive and remedial measures. In a far-reaching resolution on prevention and control of drug abuse, the World Health Assembly stressed ways of reducing the demand for alcohol and other drugs. In collaboration with the International Narcotics Control Board and the United Nations Division of Narcotic Drugs, WHO prepared guidelines on drug-abuse reporting systems with attention to data on health. With financial support from UNFDAC, WHO developed training materials and treatment services for responding to drug and alcohol abuse. A report on the supervised use of oral methadone in the management of opiate dependence was presented to the United Nations Commission on Narcotic Drugs (February). In response to resolution WHA42.20, WHO has been collaborating in the preparation of the United Nations system plan of action on drug abuse control requested by the UN General Assembly. Three instruments to permit standardized assessment of mental disorders were prepared; the first to be finalized, for use in epidemiological surveys, was released in October. In a major international study carried out in connection with the Tenth Revision of the International Classification of Diseases, more than 120 centres in some 40 countries participated in the formulation and testing of criteria for the diagnosis and classification of mental illness.

#### Promotion of environmental health

16. The Director-General proposed to the Forty-second World Health Assembly the convening of a high-level technical expert commission on health and the environment, to focus on the impact on environmental factors on health. The commission's findings are to form the basis of the WHO contribution to the United Nations on Environment and Development, to be convened in Brazil in June 1992 in response to General Assembly resolution 44/228. The First European Conference on Environment (Frankfurt, December) adopted the European Charter on Environment and Health. WHO has prepared an assessment of the International Drinking-Water Supply and Sanitation Decade for presentation to the UN General Assembly, and by resolution WHA42.25, the Director-General was requested to explore the desirability of extending the framework of the Decade until the year 2000.

17. WHO collaborated with UNEP, the World Bank and FAO in formulating guidelines for the safe use of wastewater in agriculture and aquaculture and published guidelines on the health principles of housing and urbanization and its implications for child health, the latter produced in collaboration with UNEP. Seminars, workshops and meetings on health and housing and on urbanization and health were held in Lisbon, Alexandria, Damascus, Micronesia, Tokyo and Karachi. The WHO/ILO/UNEP International Programme on Chemical Safety continued to collect and provide data on the risks of toxic chemicals to health and the environment; eleven texts in the Environmental Health Criteria series and 24 Health and Safety Guides were published in 1989. The reports of two meetings of the Joint FAO/WHO Expert Committee on Food Additives were published, and acceptable daily intakes of pesticides were established at the annual Joint FAO/WHO Meeting on Pesticide Residues. Guiding principles were published on evaluating programmes to ensure food safety. A training guide and a report on safe food handling appeared, together with guidelines for predicting dietary intake of pesticide residues.

#### Diagnostic, therapeutic and rehabilitative technology

18. Efforts continued, in cooperation with UNIDO, to promote the manufacture of the WHO Basic Radiological System X-Ray unit. WHO collaborated with IAEA on a training course on nuclear medicine for developing countries (Berlin, September-October). New guidelines were approved in October by the Expert Committee on Standardization for the licensing and manufacture of biologicals. The first text came out in WHO's Model Prescribing Information Series, on drugs used in anaesthesia, to serve as source material for adaptation by national authorities. By the end of the year more than 100 countries had adopted or adapted WHO's Model List of Essential Drugs. In the African Region a joint

UNICEF/WHO cost recovery scheme known as the Bamako Initiative was begun to help make essential drugs more widely available at affordable prices for maternal and child health care. A Scientific Group (Geneva, October-November) adopted a standard acupuncture nomenclature for international use.

19. WHO's Rehabilitation programme continued collaboration with other United Nations agencies, particularly ILO, UNESCO and UNHCR, to promote the goals of the United Nations Decade for Disabled Persons (1983-1992) for example by working on the interagency guidelines for assistance to disabled Afghans. A thoroughly field-tested practical manual was published in modular form for community-based rehabilitation. In line with its responsibilities under the Conventions on Narcotic Drugs and Psychotropic Substances, WHO published two reports with recommendations on the 1988 and 1989 meetings of the WHO Expert Committee on Drug Dependence, for discussion in the United Nations Commission on Narcotic Drugs.

#### Disease prevention and control

20. Following its call in 1988 for eradication of poliomyelitis by the year 2000, the World Health Assembly endorsed two additional goals for the Expanded Programme on Immunization to achieve by 1995: the elimination of neonatal tetanus and the reduction of measles incidence by 90%. At its thirteenth meeting, the WHO Expert Committee on Vector Biology and Control (September) reviewed new compounds and pesticide application equipment for use in communities and households, and provided guidelines for quality control of pesticides. The report completed in 1989 on the world malaria situation in 1986-1987 showed that malaria continued to represent a major threat to world health. In response, the WHO Scientific Group on Chemotherapy of Malaria met in June to evaluate therapeutic and diagnostic recommendations, and the WHO Expert Committee on Malaria in November provided practical guidance for malaria-endemic countries on diagnosis and treatment, epidemiological indicators, criteria for selecting areas for vector control, and the management of malaria epidemics.

21. To the existing guidelines for the control of the parasitic diseases schistosomiasis and African trypanosomiasis were added new guidelines drawn up by expert committees on leishmaniasis and Chagas disease. Training health personnel, mainly in national courses and some jointly with FAO and OAU, continued as an integral part of the activities of the programmes on the control of these diseases as well as lymphatic filariasis and onchocerciasis. In response to resolution WHA42.29, mandating the elimination of dracunculiasis (guinea-worm disease), a global control programme was initiated in cooperation with UNDP and UNICEF among others. Activities of the Special Programme for Research and Training in Tropical Diseases expanded during the biennium as a result of an increase in voluntary contributions, with fresh emphasis on social and economic research projects and the new programme component designated epidemiology and field research.

22. By the end of its tenth year of operation, WHO's Diarrhoeal Diseases Control Programme was collaborating with 100 countries in the implementation of national programmes and related research, had provided 2500 participants from at least 140 countries with programme managers' courses and in collaboration with UNICEF had initiated production of oral rehydration salts in 61 countries. To reduce child mortality from acute respiratory infections, especially pneumonia, emphasis remained on developing case management guidelines for national programmes. A training course for programme managers was field tested in November and a training module with videofilm was prepared for first-level health workers.

23. WHO's tuberculosis control programme started to coordinate research on AIDS-related tuberculosis, to develop strategies to cope with tuberculosis occurring as a repercussion of the AIDS epidemic, and to develop a plan to eradicate tuberculosis in the industrialized world and a limited number of developing countries. A training module for middle-level leprosy control managers was finalized at a consultative meeting in September, and commitment to multidrug therapy was affirmed by all Member States participating in the WHO Conference on leprosy control in Africa (Brazzaville, November).

24. Priority diseases for WHO's veterinary public health programme were rabies, echinococcosis and major foodborne diseases associated with animals and animal products such as salmonellosis, often associated with eggs, egg products and poultry. An expert consultation on the subject took place in March; in May the World Health Assembly recommended that governments intensify and coordinate efforts to control the contamination and prevent infection (resolution WHA42.40).
25. National policies to prevent sexually transmitted diseases were formulated at a workshop in Cairo (October) for countries of the Eastern Mediterranean Region; and a review of current knowledge and of future priority needs for biomedical, behavioural, clinical, epidemiological and operational research took place at a meeting in Oxford. A new laboratory bench manual on sexually transmitted diseases produced after extensive field testing has been widely distributed and used in national training courses.
26. WHO's Global Programme on AIDS continued to assert its directing and coordinating role, recognized by the UN General Assembly most recently in resolution 44/233, by further developing the global strategy for the prevention and control of AIDS. WHO estimated that by the end of the year there were 600 000 cases of AIDS, 5 million persons had been infected with human immunodeficiency virus (HIV), 120 countries had short-term and 95 had medium-term AIDS programmes. The World Health Assembly resolved to make World AIDS Day, 1 December, the annual focus for world-wide efforts against AIDS. The UNDP/WHO alliance to combat AIDS provided further impetus to cooperation in countries. Training activities during the year numbered 127, most in the form of training for trainers. WHO and UNESCO collaborated on the inclusion of HIV and AIDS prevention in school curricula in Africa and on education projects elsewhere. Regional meetings were held in Alexandria, Vienna, Bangkok and Moscow in February and March.
27. The development of vaccines and the control and surveillance of viral bacterial diseases continued. A meeting was convened in November to review what was known about legionellosis and to formulate recommendations on research. Twenty WHO collaborating centres took part in the WHO project on a global surveillance system for rickettsial diseases and a diagnostic kit was prepared. WHO's programme for the prevention of blindness met its target of establishing national blindness prevention programmes in at least 60 developing countries. In March a WHO Study Group on Diet, Nutrition and Prevention of Chronic Diseases formulated a disease prevention strategy based on national nutritional goals to reduce cancers and other chronic diseases. When it met in July, a WHO Expert Committee recommended expansion of the cancer pain relief programme to include palliative care as part of a comprehensive approach to the management of cancer patients. It also established guidelines for the control of common cancer symptoms and for training health care professionals. The International Agency for Research on Cancer in Lyon continued its programme of research on the origin of malignant neoplasms, using epidemiology and laboratory methods, and published studies in its Scientific Publications and Monograph series. IARC also awarded training fellowships and organized courses.
28. The objective of WHO's cardiovascular diseases programme remained prevention. The WHO MONICA project, or multinational monitoring of trends and determinants in cardiovascular diseases, held its third international congress (Nice, September). In its first resolution on diabetes (WHA42.36), the World Health Assembly called for strengthened activities for the prevention and control of the disease. The WHO Scientific Group on Rheumatic Diseases met to stimulate the development of a rheumatology programme (Geneva, June). World No-Tobacco Day, 31 May, took the theme "Women and tobacco - the female smoker: at added risk". In resolution WHA42.19 the World Assembly approved a tripartite plan of action for the WHO global tobacco or health programme, focusing on promotion of national tobacco control programmes, advocacy and public information, and clearing-house activities. The first year of practical implementation was evaluated in November at a meeting of the Technical Advisory Group on Tobacco or Health.

Health information support

29. The latest information technology was introduced in WHO libraries and information centres and bibliographic data bases were developed and standardized. At Brazzaville in June librarians and documentalists from 25 countries took part in the Second Congress of the African Medical Library Association. During the year 78 books were published, including 14 volumes in the WHO Technical Report Series, 3 texts in the WHO AIDS Series, and 26 nonserial publications. The Manual of epidemiology for district health management and the 700-page modular Training in the community for people with disabilities came out late in the year to immediate good reviews and enthusiastic reactions. The dissemination achieved by free distribution and increasing sales of WHO publications was extended by low-cost local reprints and translations published by agreement outside the Organization.

Support services

30. On 30 November the total number of headquarters and regional office staff, excluding PAHO, was 4453. Progress was made in appointing women to professional and higher graded posts and in the participation of women in WHO governing bodies and technical expert groups. The construction of an extension at WHO headquarters to accommodate the staff of rapidly expanding programmes funded by extrabudgetary sources began late in the year. During the biennium 1988-1989, \$ 586 452 704 were obligated under the regular budget and \$ 555 603 355 under funds from other sources. As at 31 December 1989, arrears of contribution in respect of 1988 and 1989 amounted to \$ 87 114 659.

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