



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

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SIXTH GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD (1978-1983)

GLOBAL MEDIUM-TERM PROGRAMME

FOR PROGRAMME DEVELOPMENT AND SUPPORT

SECTION II

COORDINATION



A main area in the Sixth General Programme of Work is Programme Support and Development. A central programme within this area is External Coordination. It is a supportive, facilitating, promotive and harmonizing programme, concerned with relating the activities of WHO with those of the United Nations system, and those other organizations and institutions active in international health. It also seeks the maximum collaboration and help from these organizations and institutions for the priority programmes of WHO and to achieve the goals of the Member States of WHO in health. It is geared to the approaches and priorities of the Sixth General Programme of Work and the United Nations General Assembly resolution 34/58.

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CHAPTER I

INTRODUCTION

The achievement of the Organization's main goal of Health for All by the Year 2000 will require an unprecedented measure of collaboration from organizations, institutions, national and international, and sectors of government which go far beyond the narrowly defined interests normally associated with Ministries of Health.

The external coordination programme of WHO is therefore embarked upon a programme to achieve the greatest consonance with international and national development programmes, and the promotion of health as an essential ingredient of such programmes. A first fruit and encouragement has been the unanimously passed UNGA resolution 34/58 which firmly recognizes health as an essential ingredient of development. A second aim is to ensure the proper inclusion of health as a contributor to and beneficiary from the New International Development Strategy. Thirdly will be the continued and increased encouragement to all WHO Regional and global programme directors and managers to seek actively the maximum cooperation from other appropriate members of the UN family following the recommendations of Resolutions WHA 32.24 and WHA 33.24. Entry points will also be sought to ensure that health plays its full part in all the developmental activities of the UN system.

Much greater and better-applied resources will be necessary to achieve the health goals of WHO's Member States. In the spirit of self-reliance and political will, much of these must be found from within the countries themselves, but there will be an essential and enlarged need for external assistance whether through WHO, the rest of the UN system, or by aid from bilateral and other sources. To mobilize and rationalize these flows of essential help to priority health needs especially related to Primary Health Care and in least developed countries, a Health Resources Group, a consultative body under the aegis of WHO, has been set up. It will be able to consider outstanding problems of resource provision especially at the country level, as well as for the priority global and regional support programmes of the Organization to achieve the Health for All goal.

Concurrently, there will be applied a policy to improve the Organization's capacity to act as a facilitating mechanism relating the perceived needs of countries for support for health programmes to resources available or potential. This will make the fullest possible use of systematized contacts with donor agencies and organizations, and a better development of the identification and articulation of country needs, involving support from the Organization at the regional and country level.

Natural and man-made disasters continue to occur with distressing frequency and magnitude. WHO will maintain and improve its close collaboration with all the effective agencies and organizations concerned with a view to providing effective, adequate and timely responses to the international health requirements of each situation. It will also develop the state of disaster preparedness of Member States and the international community by promoting research and the practical preparatory measures which can usefully be taken.



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CHAPTER II

COLLABORATION WITH THE UNITED NATIONS SYSTEM
AND OTHER ORGANIZATIONS

This document provides an outline of the medium-term programme for Collaboration with the United Nations System and other organizations. The programme takes as a policy basis the related constitutional functions of WHO, the Sixth General Programme of Work, as well as resolutions adopted by the World Health Assembly and the United Nations General Assembly. The document outlines briefly the programme objectives and approaches to be followed. The nature of the programme does not lend itself easily to the definition of detailed objectives and targets.

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1. Introduction

1.1 Cooperation with the United Nations System and Other Organizations is less amenable to developing a medium-term programme than is the case for those programmes which have an operational component built into them and provide for direct technical cooperation with Member States.

1.2 The role of the programme is essentially one of promoting and facilitating collaboration between the Organization and the various components of the United Nations system as well as with other intergovernmental and nongovernmental organizations. Consequently, the activities of the programme be they short-, medium- or long-term in nature, are to a large extent dependent on and governed by the policies, programmes and activities of the Organization as a whole on the one hand, and those of the various bodies and organizations of the United Nations system on the other. As such policies, programmes and activities are constantly developing, any attempt at clearly stating specific programme objectives and preparing a time framework within which such objectives could be met would be fraught with difficulties. The present medium-term programme will therefore deal essentially with the broad objectives of the programme and the approaches to be followed in meeting these objectives.

2. Policy basis

2.1 One of the constitutional functions of the World Health Organization is "to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate" (Article 2(b) of the WHO Constitution). Furthermore, principal objective 15.2 in the Sixth General Programme of Work covering a Specific Period (1978-1983) calls for an increase in "United Nations and other international, multilateral and bilateral collaboration in solving priority health problems or other socioeconomic problems with significant health implications".

2.2 Over the years the Health Assembly has repeatedly emphasized the need for and importance of collaboration with other organizations within and outside the United Nations System in support of national socioeconomic development policies and programmes, and with a view to strengthening the role of the health sectors in the development process. In 1980 by resolution WHA33.30 the World Health Assembly appealed "to all agencies and organizations within the United Nations system, and in particular the United Nations Children's Fund and the United Nations Development Programme, as well as to all bilateral agencies and nongovernmental organizations concerned, to give full support to the formulation and implementation of national, regional and global strategies for achieving an acceptable level of health for all, and pledges WHO's full cooperation with these bodies in such joint endeavours;" (operative paragraph 10), and requested the Director-General "to propose measures, in agreement with the United Nations and related organizations, such as the United Nations Children's Fund, the United Nations Development Programme, the Food and Agriculture Organization of the United Nations, the United Nations Educational, Scientific and Cultural Organization, and the World Bank, as well as with other interested international agencies, for joint action to accelerate the development of primary health care in the developing, and especially the least developed, countries;" (operative sub-paragraph 12.(7)).

2.3 This same Health Assembly provided the framework for future collaborative activities in operative sub-paragraph 1.(2) of resolution WHA33.17 by which it decided "to focus the Organization's cooperative activities within the United Nations system on joint efforts to support health as part of development, to devise the New International Development Strategy and to establish the New International Economic Order;". In the same resolution the Health Assembly urged the Regional Committees: "to promote greater interaction in the regions between the activities of WHO and those of all other bodies concerned, including bodies of the United Nations system and nongovernmental organizations, in order to stimulate common efforts for attaining health for all by the year 2000;" (operative sub-paragraph 3.(3)), and requested the Executive Board "to review regularly measures taken by the relevant bodies of the United Nations system in the areas of health and development, and to ensure the coordination of WHO's activities with the activities of those bodies in order to promote an intersectoral approach to health development, thus facilitating the attainment of the goal of health for all by the year 2000;" (operative sub-paragraph 4.(5)).

3. Situation analysis

3.1 The efforts and activities of the United Nations system will, during the 1980s, be directed to supporting the implementation of the New International Development Strategy. This strategy will incorporate a social component of which health development constitutes an important element. The collaboration with organizations within and outside the United Nations system will therefore continue to be geared to the promotion of health development in policies, strategies and programmes adopted within the system and to intersectoral collaboration in support of health development.

3.2 The Organization has been and will continue to be represented at meetings of intergovernmental bodies of the United Nations system which affords opportunities to make known to such fora the policies and programmes adopted and approved by WHO's governing bodies, thus allowing for the views of the Organization to be reflected in central policy decisions within the system.

3.3 At the inter-secretariat level the Administrative Committee on Coordination (ACC) and its subsidiary machinery play an important role in providing central intergovernmental bodies with the technical, informative and administrative support required for policy and programme decisions. WHO as a member of ACC contributes fully to the work of this Committee and its subsidiary machinery with particular emphasis on collaborative efforts at the country level.

3.4 The crucial test of the effectiveness of the United Nations system in support of development is the extent to which interested organizations can collectively provide technical cooperation with Member States within countries themselves. WHO has in the past been a firm advocate of inter-organizational collaboration at the national level in support of countries' own socioeconomic development plans and programmes and the Organization will continue to promote and strengthen such collaboration on an operational basis. This approach has been reinforced by the Global Programme Committee at its May 1980 session when it decided to undertake a review of WHO's cooperative

activities with other organizations within the United Nations system at all levels with particular attention being paid to the country level.

3.5 The system of United Nations' organizations is a conglomerate of specialized agencies, organizations and bodies spreading over the entire field of socioeconomic development activities. Each organization has its own personality in terms of sphere of interest, policy-making, organizational structure and programme development, leading in some cases to problems of demarcation regarding competence and technical leadership in areas of common concern. Although these constraints are not negligible they are not unsurmountable in the field of health development where WHO has a clear mandate to play the lead-role. Rather than soliciting the collaboration of a large number of organizations within the system irrespective of the degree of their potential support to health development, the approach will be one of undertaking collaborative activities with those organizations which can make substantive contributions.

4. Objectives

The overall objective of the Organization in its collaboration with organizations within and outside the United Nations system is to ensure that WHO's policies, strategies and programmes for health development are properly reflected in decisions made and the implementation of activities undertaken by such organizations in support of countries' own socioeconomic development programmes.

In this connexion efforts will continue to be made to ensure, when applicable, that the policies and practices of WHO are in conformity and consistent with those adopted within the United Nations system.

A few more specific objectives are listed below.

4.1 To ensure that the policies and programmes of WHO are considered as and when appropriate by the central bodies of the relevant organizations within and outside the United Nations system in order that health is given adequate attention in decisions taken at the global level regarding policies for socioeconomic development.

Approach: WHO will be represented at meetings of intergovernmental bodies of organizations within the United Nations system including the General Assembly and the Economic Council and relevant commissions and committees, and bring to their notice policy and programme decisions taken by WHO's own governing bodies. The Organization will contribute to reports submitted to such UN bodies on issues of relevance to WHO's policies and programmes and participate in debates related thereto. In this context advantage will be taken of the call in General Assembly resolution 34/58 for (1) the international community to give full support to the formulation and implementation of strategies for achieving health for all by the year 2000 and

(2) the support of relevant bodies of the United Nations system to coordinate with and support WHO efforts to achieve this goal. The Organization will thus ensure that its policies and programmes are given due consideration in governing bodies of relevant intergovernmental and non-governmental organizations and that such organizations become actively involved in collaborative activities for health development on a mutually beneficial basis.

4.2 To collaborate with other organizations, agencies and bodies within the United Nations system at the central inter-secretariat level with a view to ensuring effective interorganizational cooperation and system-wide support to health development as well as coordination of administrative, personnel and budgetary procedures.

Approach: The Organization will participate in and contribute to the work of the Administrative Committee on Coordination (ACC) and that of its subsidiary machinery including the Organizational Committee, the two Consultative Committees on programme and administrative matters, and the various ACC inter-secretariat committees.

In its collaboration with other organizations and bodies within the ACC framework, WHO will give prominence to those issues which are of particular interest to health development and take the lead in ensuring intersecretarial collaboration in programmes and activities which are of direct or indirect relevance to the Organization's priority programmes and supportive of achieving health for all by the year 2000.

The consideration of such interorganizational cooperation at the central level within the fora of the various ACC bodies will not preclude direct contacts and cooperation between WHO and individual organizations within and outside the United Nations system. Indeed, such "bilateral" collaboration has in the past led to mutually supportive programme activities and will be further strengthened in the future. The prior consultations between organizations within the United Nations family on their respective programme budgets and medium-term plans/programmes will continue in order to ensure complementarity among planned programmes and activities in areas of common concern.

The Organization will participate actively in the continuing efforts made within the ACC machinery to arrive at improved coordination of administrative, personnel and budgetary procedures.

4.3 To collaborate with other interested organizations and agencies within and outside the United Nations system at the country level in support of national health development policies, programmes and activities.

Approach: The Organization will pay particular emphasis to collaborative efforts at the country level with a view to ensuring that the interorganizational support given to national programmes and activities related to health

1. INTRODUCTION

Cooperative Programmes for Development (CPD) is responsible for ensuring effective collaboration with multilateral, bilateral and multilateral health programmes, funds and agencies.

The measures being taken within the United Nations system to establish the New International Economic Order render it increasingly important for the United Nations and its specialized agencies to keep the social relevance of their programmes under review. In few sectors is this more applicable than that of health, where a vital factor in attaining WHO's major goal of health for all by the year 2000 is the fullest possible collaboration between various socioeconomic programmes, many of which receive support from components of the United Nations system as well as from the donor community, including official development aid agencies (ODA), non-governmental organizations and voluntary agencies.

The management of CPD activities covers a considerable volume of specific ad hoc actions that arise out of CPD's service character, including liaison and consultation principally with regional offices, UNDP, UNICEF, UNFPA and other principal UN agencies, and routine activities linking WHO with AfDB, AsDB, FAO, IADB, IsDB, IFSTD, IFAD, UNCDF, UNEP, UNFDAC, UNESCO, UNIDO, and the World Bank as well as such programmes as OCP, the Sahel, various river basins (Niger, Senegal, Mekong) etc. Coordination units in certain Regional Offices have been designated as focal points for collaborative activities with international and regional organizations, funding agencies and special cooperative programmes.

2. POLICY BASIS

The programme is governed by the recommendations of the Executive Board's organizational study on the planning and impact of extrabudgetary resources endorsed in resolutions WHA29.32 and WHA32.30 adopting the document "Formulating strategies for health for all by the year 2000" which, inter alia, proposed the establishment of an appropriate consortium of participating countries and donors with a view to increasing the bilateral and multilateral flow of support for health. The programme also takes account of the United Nations General Assembly resolution 34/58 recognizing health as an integral part of development and calling on the relevant bodies of the United Nations system to coordinate with and support WHO's efforts. Further guiding principles for enhancing technical cooperation and social relevance are provided in resolution WHA30.43 on technical cooperation, in resolution WHA30.34 on coordination within the United Nations system, and in other related directives promulgated by the Health Assembly and the Executive Board. Policy is also provided by the United Nations General Assembly, ECOSOC, the ACC structure, the UNDP Governing Council and the UNICEF Executive Board.

3. SITUATION ANALYSIS

On the basis of these policies, CPD continues to serve as the headquarters focal point for WHO's association with funds and organizations and participation in multilateral development programmes within the United Nations system. CPD also assists in promoting, enhancing and coordinating cooperation with all possible sources of support for health work in the developing countries.

CPD has provided substantive inputs for the development of TCDC activities in liaison with the TCDC focal point in AMRO including the Buenos Aires Conference on TCDC and the Thirty-second World Health Assembly's technical discussions on "Technical Cooperation in the field of health among developing countries". Support was also provided for the UN Conference on Science and Technology for Development (Vienna 1979) and the World Conference on Agrarian Reform and Rural Development.

To mobilize and help to rationalize increased resources for health work including WHO priority programmes, the Director-General set up the Health Resources Group (HRG), which was endorsed by the Executive Board. A series of substantive papers were prepared by and with CPD and CPD prepared the first HRG meeting (1-2 May 1980) and will provide similar support for the December 1980 meeting. An Interim Planning Group was also created, meeting in June and September 1980.

Thus, the major preoccupations of CPD are to:

- establish and maintain an information base with respect to bilaterals, multi-bilaterals, multilaterals and NGOs;
- mobilize extrabudgetary resources (multilaterally, multilaterally and from NGOs);
- coordinate policy and operational aspects with UNDP, UNICEF, agencies of the UN system, regional commissions, the World Bank, regional banks and donor countries and groupings;
- provide support service for the HRG;
- coordinate collaboration in the context of special cooperative programmes, such as China, Bulgaria, GDR, Hungary, Vietnam, Yugoslavia;
- maintain liaison and consultation with regional offices in respect of the above responsibilities.

4. OBJECTIVES

The principal objective of the programme is to foster increased international collaboration and the amount of external assistance available for health activities, for the health components of development programmes, and for development programmes with identifiable effects on health, particularly in developing countries.

Specific objectives are to:

- 4.1 Build up an effective information base with respect to bilaterals, multilaterals and NGOs;
- 4.2 mobilize extrabudgetary resources (from bilateral sources, the UN system and other sources);
- 4.3 coordinate policy and operational aspects with UNDP, UNICEF and with the agencies of the UN system, the World Bank, regional banks and the donor community;
- 4.4 provide a support service for WHO with the UN system and the donor community in policy and operational matters;
- 4.5 coordinate and monitor in consultation with regional focal points special cooperative programmes for China, Bulgaria, GDR, Hungary, Vietnam, Yugoslavia.

5. APPROACHES

A substantial series of continuous and specific approaches are performed in respect of:

- UN - preparation of papers and briefings for an attendance at CCSQ (OPS);

OBJECTIVES & TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
1. Establish effective information base for cooperation with bilateral, multi-lateral and NGO funding sources	Exchanges of information with selected donor countries. Routine interagency meetings with UNDP and specific programming meetings. Information base matrix developed.	Further routine meetings with donors and UN system agencies to collect information. Donor profiles developed. Storage procedures instituted. Start on analysis of donor data. Review of information base by HRC.	Continued updating of donor data and cross-analysis; routine storage; dissemination to donor community; Referring of data from UNDP, UNICEF and banks. Continued review by HRC.	Donors UNDP UNICEF WCC/CMC NGO OECD/DAC TCDC/INRES
2. Mobilization of extrabudgetary resources	Coordination with UNDP for increased funding, especially for WHO special programmes (TDR, CDD, EPI). Periodic review meetings with donors (FRG, DANIDA, Netherlands, USAID). Contacts with new donor sources (e.g. IsDB) and with OECD	Organization of donor meetings at global, regional (e.g. New Delhi, PHC meeting) and country level (e.g. Sudan). Continuous contacts with UNDP, UNICEF etc. and donors. HRC meetings to review policy and approach. IPG meetings.	Pursue organization of HRC work, joint reviews with donors, and policy guidelines for extrabudgetary resources.	-All donor services and multi-lateral agencies -OECD/DAC
3. Coordination on policy and operational matters with UN system, the World Bank, regional banks and donor countries	Establish links with the IATF and participate in the policy work of CCSQ(OPS) and the UNDP IACM, UNICEF intersec. meeting and JCHP. Prepare for UNDP Gov. Council and interpret policies of other agencies for WHO. Meetings with World Bank and reg. banks. TCDC guidelines (AMRO and HQs).	Increased attention to UN system emphasis on health as an integrated factor in development. Coordinate policies for new special programmes (CDD, Ess, Drugs). Support for TCDC policies. Additional dialogue with IATF on country programming (also with CCSQ(OPS)). Commentary on Policy Review of Operational Activities. Continue policy and OPS meetings with donors. For example the joint BELA/UNDP-AMRO task force for the preparation of UNDP regional programming 1982-86; the UNICEF/AMRO Regional and Subregional Caribbean Meetings, where PHC and the strategies for HPA/2000 were discussed, respectively; and the ongoing dialogue with ECLA for the preparation of the new strategy for development, to which AMRO will be contributing the Health Component in the Americas, are other examples of regional and country external coordination. The operational aspects and some regional policy issues have become more and more a matter for WHO regional offices and the country level. This trend reflects the decentralization policy of WHO.	Enhance donor/WHO reviews of operational programming. Expand contacts with UN system for wider coverage for health using new approaches (incl. TCDC). Continue involvement with CCSQ(OPS) and UN policy review. Continue policy/organizational support for new special programmes.	UNDP UNICEF World Bank Reg. banks Other parts of UN system (FAO, UNEP, IFST etc.)
4. Support service for WHO, with the UN system and donor community	Using the product of 1 above, assist HQ programmes, divisions and units and regional offices on appropriate approaches to UN system/donor policies and procedures.			
5. Coordination & monitoring of special cooperative programmes (Bulgaria, China, Hungary, Vietnam, Yugoslavia)	Develop memoranda of understanding to govern such special programmes. Stimulate meetings and reviews between WHO & govts, servicing joint coordinating committees (JCC); promote and advise on activities and carry out joint monitoring contacts with SRVN and donors.	Review progress under existing memoranda of understanding. Organize JCC meetings and ensure follow-up of JCC decisions within WHO, with the govts, and, as necessary, UNDP and other funding sources. Lay the basis for collaboration with Yugoslavia and TCDC. Participation in China JCC.	Continue monitoring of special cooperative programmes and review of China programme particularly. Contacts with new countries under this target.	Countries involved & selected donors, UNIDO (for SRVN), and UNDP (for China and SRVN). AMRO (for Yugoslavia) collaborating centre.

GLOSSARY OF ABBREVIATIONS

AFDB	African Development Bank (Abidjan)
AsDB	Asian Development Bank (Manila)
CADA	Concerted Action for Development in Africa
CCSQ (OPS)	Consultative Committee on Substantive Questions (Operations)
CILSS	Comité permanent interétats de lutte contre la secheresse dans le Sahel (Ouagadougou, Haute-Volta)
CMC	Christian Medical Commission (Geneva) - see WCC
CMEA	Council for Mutual Economic Assistance (Moscow)
EEC/EDF	European Economic Community/European Development Fund (Brussels)
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization of the United Nations (Rome)
HRG	Health 2000 Resources Group (WHO/HQ)
IaDB	Inter-American Development Bank (Washington)
IATF	Inter-Agency Task Force (New York)
IDWSD	International Drinking Water and Sanitation Decade
IFAD	International Fund for Agricultural Development (Rome)
IFST	Interim Fund for Science and Technology (New York)
IPG	Interim Planning Group of Health 2000 Resources Group
IsDB	Islamic Development Bank (Jeddah, Saudi Arabia)
JCC	Joint Coordinating Committee (e.g. WHO/CHINA JCC)
JCHP	Joint Committee on Health Policy (UNICEF/WHO)
LDCs	Least Developed Countries (31)
LUN	WHO Liaison Office with the United Nations (New York)
NLMs	National Liberation Movements
NGOs	Non-governmental Organizations
OCP	Onchocerciasis Control Programme
OECD/DAC	Organization for Economic Co-operation and Development/ Development Aid Committee (Paris)
ODA	Official Development Aid Agencies
OMA	Office of the Medical Adviser to UNICEF, New York
OPEC	Organization for Petroleum Exporting Countries (Vienna)
TCDC/INRES	Technical Cooperation among Developing Countries/Information Referral System (UNDP)
TCDC	Technical Cooperation among Developing Countries

GLOBAL MEDIUM-TERM PROGRAMME FOR WHO EMERGENCY RELIEF OPERATIONS

1. INTRODUCTION

The involvement of the World Health Organization in emergencies dates from the inception of the Organization. In the early years this aimed at furnishing aid in emergencies and consisted mainly of immediate action to combat epidemics and provide relief to victims of a calamity. Over the years this ad hoc immediate response has been strengthened by planned action.

Emergencies and disasters are by definition unexpected events and therefore do not always respond to the usual patterns of planning. Nevertheless preparedness for emergencies and their damaging effects is possible and, while retaining flexibility of action in face of unforeseen emergencies, WHO has established a medium-term programme to promote preparedness and minimize the effect of disasters on health. Thus WHO's thrust in disasters has gradually become two-pronged: on the one hand, emergency relief and assistance in case of epidemics and other calamities; on the other hand promoting technical cooperation among Member States for prevention, planning and preparedness for disasters. The importance of these activities has been recognized in the organizational link of the programme to the Director-General's Office.

2. POLICY BASIS

The authority of WHO to take action in emergencies is derived from the WHO Constitution. Article 2(d) states that one of the functions of the Organization shall be to furnish necessary aid in emergencies. Article 28(i) authorizes the Executive Board to take measures to deal with events requiring immediate action, and to undertake studies and research on emergency problems. Article 58 establishes a special fund to meet emergency and unforeseen contingencies. Resolution WHA28.45 of the World Health Assembly requests the Director-General to continue to further develop the Organization's capacity in this field and to play an active role in the efforts undertaken by the United Nations system and the League of Red Cross Societies.

3. SITUATION ANALYSIS

In 1976 an important prospective study* singled out disasters as one of the major issues which public health would have to face in the 1980s. It reads: "... the world has entered an era in which disasters, on an increasingly large scale, and marked by the continued and heightened state of tension and violence, will be an inevitable fact of national and international life. It seems clear that (a) disasters are likely to occur with greater frequency and impact, particularly in the developing world, (b) new types of disasters are likely to occur, and (c) conflict situations are likely to increase." All these put a heavy burden on the health services of a country.

Concerning natural catastrophes it is to be noted that the "disaster belt" of earthquakes, cyclones and drought covers a great part of the non-industrialized world. Some 90 developing countries are known to be at risk. Such catastrophes are not rare occurrences and often hit with cyclical and devastating regularity. At present only a handful of countries has the necessary expertise, adequate planning, and the considerable resources needed to face such contingencies.

*"Grand Rapport", 1976, International Committee of the Red Cross.

National preparedness and planned response to emergencies are essential to mitigate the effects of disasters and to facilitate rehabilitation.

4. GUIDING PRINCIPLES

Health is an integral part of development. A disaster, whether natural or man-made, usually wipes out in one tragic stroke a country's laboriously constructed health facilities and expensive development efforts.

The Sixth General Programme of Work clearly calls on WHO to plan for and ensure an adequate and appropriate response to emergency situations. To put this into action, WHO will collaborate in establishing focal points in countries at risk to solve the health problems arising from emergencies. In promoting preparedness WHO will also collaborate in developing mechanisms to prevent foreseeable events that might lead to catastrophic conditions.

WHO's action in preventing and mitigating the effects of disasters meet the precepts of providing Health for All by the Year 2000. Primary health care is the key to this priority, and it is also the key to all relief and rehabilitation following a disaster. Purpose-less piece-meal relief must be replaced by a thorough study of a stricken country's needs on which can be constructed primary health care for all. At least five of the essential areas of primary health care are integral parts of disaster relief and prevention; education concerning prevailing health and disaster problems and the methods of preventing and controlling them; promotion of food supply and nutrition; immunization; adequate supply of water and basic sanitation; prevention and control of disease; appropriate treatment of injuries.

Furthermore, preparedness against a country's known disaster risks constitutes a prime programme of social relevance which can be developed by national participation and self-reliance, using appropriate technology at low cost and of direct significance to the health and development status of the population. In planned disaster management preventive measures are integrated with curative, rehabilitative and environmental measures. Technical cooperation among developing countries at risk enhances such preparedness and renders the response more effective.

5. PROGRAMME OBJECTIVES

The afore-mentioned guiding principles and WHO's basic health doctrine dictate the major objectives of the medium-term programme. Among these objectives the main ones are:

- i) to bring emergency technical assistance to disaster stricken countries (which in the majority are developing countries) and to contribute to the self-support of countries at risk through preparedness for disaster;
- ii) to formulate action plans for various types of disasters which jeopardize a country's health and general development, and to identify ways and means of post-disaster rehabilitation based on primary health care;
- iii) to promote research in the field of disasters (epidemiology, prevention, mitigation, disease and injury patterns, relief effectiveness, etc.) and to train key personnel in overall disaster management in order to better meet the needs of Member States in emergency situations;