



*Information services
 WHO - activities*

HEALTH INFORMATION PROGRAMMES
 UNDER THE LEADERSHIP OF DDG

INDEXED

GUIDING PRINCIPLES

In view of the inter-related nature of their roles and the need for continuing coordination of many of their activities, the Divisions of HBI, HST, INF and ISP will be grouped together under the leadership of the DDG.

Each Division will retain its identity, programme, budget, structure, staff and working methods, any changes required in these respects remaining under the authority of its Director.

The four Directors will constitute a permanent interdivisional coordinating committee reporting to the DDG, as necessary, through one of them. For this role the Directors recommend to the DDG the designation of Dr A. Manuila. The information coordinating committee will meet as frequently as required but will not consider matters that fall under the direct and exclusive jurisdiction of one Director. All matters of interest to two or more of the Directors will be normally considered collectively.

That HBI, HST, INF and ISP should closely work together in such matters as the development of NHIS or formulating an overall information policy has been generally recognized for some time.

BUT WE STRONGLY BELIEVE THAT THERE IS LITTLE UNDERSTANDING OR APPRECIATION OF HOW MANY IMPORTANT INFORMATION PROBLEMS CAN ONLY BE TACKLED EFFECTIVELY WITH THE COMBINED EXPERIENCE AND RESOURCES OF THE FOUR DIVISIONS.

Some of these activities, but by no means an exhaustive inventory and not necessarily in the order of their importance or urgency, are:

ACTIVITIES REQUIRING COORDINATED LEADERSHIP

<u>Primary (o) and Associate (x) Responsibility</u>				<u>CURRENT ACTIVITIES</u>
HBI	HST	INF	ISP	
x	x	x	x	1. Formulate an <u>overall information strategy</u> with particular emphasis on the information components of a strategy for health for all by the year 2000.
x	x	x	x	2. Define the concept of <u>international exchange of information</u> among Member States, including the making available of relevant and valid information on methods, processes, mechanisms and technology for the implementation of health programmes.
x	x	x	x	3. Cooperate with Member States in establishing National Health Information Systems.
o	x	x	x	4. Develop the Health-Related Information System for Developing Countries (HERIS). This is conceived of as an international data base of public health literature from around the world, with particular emphasis on planning, programming, evaluation and management problems that are not covered in sufficient depth by existing information services such as MEDLARS/MEDLINE. HERIS would devote special attention to the so-called "fugitive literature" such as unpublished reports from governments and institutions that are often the source of needed information on the latest in innovative thinking.

Primary (o) and
Associate (x) Responsibility

CURRENT ACTIVITIES

HBI	HST	INF	ISP	
x	x	x	x	5. Assess with Regional Directors the information needs of Member States.
x	x	x	x	6. Develop with Regional Directors an integrated information programme and regional structure capable of working efficiently and harmoniously within the Health Information Programme.
x	x	x	o	7. Extend the use of word processing at Headquarters and Regional Offices for typing and printing processes. Available modern methods already used in the Secretariat render old methods obsolete. Yet, this is still one of the less well understood tools. What is at stake is, ultimately, a potential economy of millions of dollars per annum for the whole Organization, substantial economies in staff with more pleasant working conditions and spectacularly increased efficiency and speed in work.
o	x		x	8. Develop regional networks of libraries and documentation centres. Given the shortage of current health literature material (journals, books, etc.) and services (interlibrary loans, photocopying facilities, access to indexes, etc.) in many countries and occasional duplicate facilities in others, these networks are being designed to improve access to available material and help users select and analyze the information needed by them.
x	o			9. Reorient statistical publications, especially the WORLD HEALTH STATISTICS QUARTERLY.
	o		x	10. Reexamine the question of the extent to which national health statistical information should be stored in the WHO Data Bank to be provided on request versus publishing it in the three volumes of the World Health Statistics Annual, with particular reference to how this information can be most effectively made available and in what form to health statisticians and other health workers and managers in need of it.
x	o	x	x	11. Develop mechanisms for more effective preparation of future REPORTS ON THE WORLD HEALTH SITUATION. Considerable progress has been made during the past two years but further study and research is needed to strengthen this vital report in the context of Health/2000.
x	x	x	o	12. Develop country profiles. In approximately ten Member States WHO has collaborated with national authorities in compiling the country profile, and devising procedures for its updating, with a view of its use as one of the tools for the management of the national health programme. The experience gained by countries and WHO, both in compiling and using the country profile, would be used to promote similar work in other countries.

Primary (o) and
Associate (x) Responsibility

CURRENT ACTIVITIES

HBI	HST	INF	ISP	
o	x	x	x	13. Reorient the Programme of Publications and Documentation, including further development of regional programmes of publications and documentation and better integration with HQ's programme.
x		o		14. Redesign WORLD HEALTH magazine as a bimonthly in close relation with WORLD HEALTH FORUM.
o	x	x		15. Continue development of WORLD HEALTH FORUM. The trial issue of FORUM has met with universal approval, sometimes with acclaim, but to maintain it on a regular quarterly basis presents many problems and calls for close cooperation with Regional Offices and Headquarters services, particularly INF and HST.
x		x		16. Develop coordinated editorial and distribution policies for WHO periodicals, including WORLD HEALTH magazine, WHO CHRONICLE and WORLD HEALTH FORUM.
x	x	x	o	17. Continue maintenance and enhancement of the Master Directory of persons and institutions related to WHO. The names and addresses of about 110,000 individuals and institutions related to WHO programmes, together with 10 to 25 other information attributes on each such individuals and institutions, form the Master Directory. In addition to keeping the Master Directory continuously up to date, it is necessary to develop the necessary additional support to diversify the uses made of the Directory by the technical and administrative divisions and by the Regional Offices.
x	x	x	o	18. Formulate WHO's policy for answering information requests (regular processing). With requests for information pouring into headquarters, too many units find themselves devoting excessive amounts of time attempting to respond to these requests. There is a need for a clearer policy for such "request processing".
x	x	x	o	19. Continue rationalization of Special Purpose Information Sub-Systems (SPISS). The work which lead to the development of the Master Directory is one of the seven recommendations made in November 1976, and approved by the Director-General, for the rationalization of Special Purpose Information Sub-Systems at headquarters. More than two hundred SPISS remain to be rationalized or otherwise brought under more manageable arrangements.
o	x	x	x	20. Develop more actively the Organization's work in the standardization of terminology. This includes developing health thesauri and classifications, the preparation of WHO Glossary of Terminology for the use of the Organization, the UN system and Member States, and, with CIOMS, of the International Nomenclature of Diseases.

Primary (o) and
Associate (x) Responsibility

NEW ACTIVITIES

HBI	HST	INF	ISP	
x	x	x	x	1. Work actively to identify governments and institutions particularly interested in collaborating with WHO in the field of information and in contributing financially or otherwise to specific parts of the overall information programme. IDRC, the Rockefeller Foundation and the National Library of Medicine have already shown their interest.
x	x	x	x	2. Work jointly towards establishment of <u>Information Centres at Ministries of Health</u> as now requested by Egypt and Senegal. Such requests are likely to mushroom with development of national strategies for Health/2000.
x	x	o	x	3. Further develop innovative and aggressive public information actions designed to mobilize political will for Health/2000, including the raising of extrabudgetary funds. Actions could include further Earthscan-type seminars on Health/2000, extension of the present series of four films on national PHC experiences, fellowships for the training of journalists in health reporting, etc.
x		o		4. Devise ways and means of supporting national efforts to use the mass media in support of health education.
	o		x	5. Coordinate Headquarters activities in statistics, including computer-supported statistical applications.
o	x	o	x	6. Improve communication with staff at Headquarters and in Regional Offices, a major task urgently required because of an <u>unnecessarily deteriorating situation</u> , more because of <u>lack of understanding</u> than of inbuilt resistance to Health/2000 developments.
x	x	x	x	7. Establish a global network of individuals in key positions, with a potential or demonstrated interest in WHO and Health/2000, for systematic distribution of selected information in the form of WHO publications, documents or public information material. A major task badly done by WHO so far; we normally deal with <u>institutions not individuals</u> and <u>most</u> of the information we generate is lost in anonymity.
x	x	x	x	6. Establish a roster of experts, an urgent task because of the need for outside expertise in solving numerous information problems.
x	x	x	x	7. Strengthen national capacities in specific fields, among other things by the development of a strong network of collaborating centres, as proposed by HPC for health statistics or as proposed by the DG for health legislation. The use of collaborating centres within the overall field of information is well worth further study.

TIMETABLE

An important milestone is March 1980 when the preliminary programme budget estimates for the 1982-83 biennium must be ready.

By then, there should be a clear indication as to which activities deserve priority support in the context of Health/2000, which are of lower priority yet essential to maintain for other reasons, and which might be discontinued.

The four divisions will thus in fact have practised programme budgeting as requested by the Director-General and the HPC. This process would also respond to the desire for horizontal, inter-divisional programming instead of vertical, compartmented programming, all done in the context of Health/2000.

DEADLINES

15 December 1979 - Submit to the DDG and subsequently to HPC a joint formulation of information support for the Health/2000 strategy, including NHIS concepts as requested by the HPC.

March 1980 - Complete preparation of preliminary programme budget estimates for the 1982-83 biennium ready for HPC.

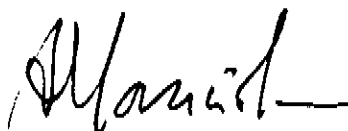
July 1980 - Submit definitive programme budget estimates and global programme statements to the DDG and HPC.

CONCLUSIONS

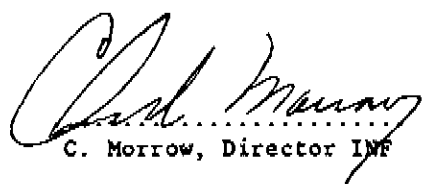
1. We believe that to fulfill the list of new and current activities listed above is a tremendous challenge. It will require the pooling of our information resources, strong leadership, and full staff participation.
2. We believe that with a collective staff at HQ of 263 and a combined HQ biennial budget for 1980/81 of US \$41 429 000 the challenge can be met.
3. We believe, however, that an essential prerequisite is the full cooperation of the Regional Directors and their staffs and resources. Discussions and agreement with Regional Directors at the appropriate level are therefore essential.
4. We believe that the activities listed above clearly demonstrate that the four divisions are already in the process of a complete reorientation to meet the challenge of Health/2000.
5. We strongly believe that this challenge can only be met by enlisting the full participation of our present staff.
6. We believe redeployment of staff and resources can be accomplished without creating dissatisfaction and suffering. To do this means not merely cutting activities, staff and resources devoted to non-priority tasks but offering the staff more interesting and challenging work in priority fields. In other words we do not propose just to cut the superfluous and irrelevant; we propose to create, in future years, new opportunities for our existing staff through better programme formulation and budgeting.
7. We know that in our own present services there is a store of staff competence and enthusiasm that is not fully made use of. We are determined to enable each staff member to participate in this work to the fullest of his or her ability.



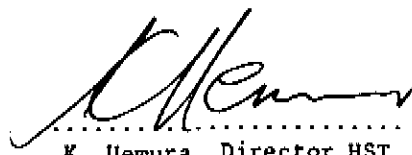
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K. Uemura, Director HST