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WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTÉ

W40. Prog. - HIS INDEXED  
Prog. Interim programme  
HBI/MTP/84.1

August 1984

ORIGINAL - ENGLISH

SEVENTH GENERAL PROGRAMME OF WORK  
COVERING THE PERIOD 1984-1989

WHODOC 3/75



Global Medium-Term Programme

Programme 14

HEALTH INFORMATION SUPPORT

The health information support programme includes WHO's publications and documentation, terminology and library and health literature services. This programme has a key role to play in achieving the Organization's objectives, ensuring the exchange of relevant, up-to-date, synthesized information between the right persons at the right time. During the period 1984-1989 the programme will substantially increase its technical cooperation in the development and implementation of national policies and programmes corresponding to countries' needs for services in the field of health information support. At the same time WHO will reassess and continue the evaluation of its worldwide programme, services and coordinating mechanisms in this area. In the light of this reassessment and evaluation, the ongoing activities will be progressively adjusted, so that they can respond sensitively to changing national needs. In particular, the programme will emphasize its screening and selective roles to ensure that an increasing proportion of the texts published will deal with matters relating to health system infrastructure, including manuals, guides and textbooks, situation analyses, and other material directly relevant and applicable to the delivery of health systems based on primary health care. National policies for health literature services will be promoted as an integral part of the health system infrastructure, with emphasis on networking and the sharing of existing resources.

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## 1. INTRODUCTION AND POLICY BASIS

One of the most important functions of WHO, which falls within its coordinating role, is the international transfer of information on health matters, the Organization serving as a neutral ground for absorbing, distilling, synthesizing and disseminating information that has practical value for countries in solving their health problems... It is the Organization's responsibility to ensure not only that the most valid health information is collated, analysed and adequately disseminated but also that this information is properly absorbed by those who require to use it.<sup>1</sup>

Written in 1977 in the context of developing a strategy for technical cooperation with Member States, these words have taken on even greater force and urgency with the adoption of resolution WHA30.43 and the Declaration of Alma-Ata.

The programme has operated since the founding of the Organization, and the policy basis consists of a large number of resolutions, some dating from the Organization's earliest days, that expand upon the Organization's general constitutional function "to provide information, counsel and assistance in the field of health" and upon other, more specific constitutional functions that imply the transfer of information. The policy on regional publications programmes, stemming from the same original basis, is governed by the relevant resolutions of regional committees. Further information on the policy basis of the programme can be found in the programme profile.

Resolution WHA25.26 called upon the Organization to "assume a leading role in the development, coordination and improvement of biomedical communications, particularly in those fields of major concern to national health services and to international cooperation in the field of health". Para. 80 of the Seventh General Programme of Work, dealing with the general programme framework, under "approaches", stresses the importance of information exchange, including the need to expand WHO's coordinating role with respect to the international exchange of health and health-related information.

## 2. SITUATION ANALYSIS

WHO publications are highly appreciated as an authoritative source of scientific and public health knowledge. Even so, a number of needs at the country level have been recognized. Publications need to be more relevant to the needs of health managers and administrators and other workers concerned with primary health care. At present WHO publications are of greatest value to the scientific and medical world. However, there is a paucity of material in the areas of planning, monitoring and evaluation. Some publications are in too technical a language to be easily assimilated or unsuitable for day-to-day work or for training purposes. WHO publications are needed in languages additional to the Organization's six official languages, which are not understood by a significant proportion of health workers in many countries.

Information needs to be disseminated more rapidly, since delays, including delays in translation, can have an adverse effect on impact and usability. Also, information needs to be disseminated more effectively. There are difficulties in reaching target groups, especially in local services. Documentation often gathers dust on shelves in ministries, while health workers are frustrated because they cannot obtain WHO publications. There is a need to explore the potential of national focal points for distribution, and to examine the question of free distribution as opposed to sales at a minimum price.

Other needs that have been identified relate to evaluation (lack of data on the impact of WHO publications); the need for more standardized terminology; and concern with reaching other sectors (such as agriculture, education, rural development, media, environment) through reading materials tailored to their requirements; better coordination to avoid possible duplication or contradictions between publications originating from

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<sup>1</sup>WHO Official Records, No. 238, 1977, p. 182, para. 2.1.3

various programmes and levels of the Organization; and more effective promotion, especially at the country and regional levels.

An essential prerequisite for the attainment of the goal of health for all by the year 2000 is the continued free flow of information on health and biomedical topics within WHO, between the Organization and Member States, and among Member States. A serious problem affecting the transfer of health information today is a combination of its overabundance owing to the vast amount of often uncoordinated work being done the world over in all fields of health; the professional need or desire to publish; the difficulty of keeping abreast of what is issued not only in the standard retrievable literature but also in the innumerable newsletters, fact sheets, documents and other forms of fugitive literature; the difficulty of understanding information in a language that is not one's own; the difficulty of knowing what and how much of all this it is professionally necessary to absorb; and the cost of acquiring information.

In the developed countries, practitioners, laboratory workers, public health administrators, and decision-makers in the health-related sectors are all flooded with a constantly swelling tide of periodicals and books that they have no time to sift through to find what is of real concern or use to them. In developing countries the need of persons in these categories is far more critical but the information sources generally available to them are much fewer, the irrelevance to their needs of much of the information they are offered renders it largely valueless, and the cost of purchasing even the useful information may render it impossible for them to do so.

The information that WHO issues under Programme 14 has to compete with all other sources in the world and, naturally, adds to the total volume that potential readers or users must select from. In addition, it expresses opinions that often run counter to the received notions. To have an impact, therefore, the information purveyed by WHO should be convincingly presented in languages its users understand, not prohibitively expensive and directly relevant to the needs of Member States. Hence the importance of the screening role of Programme 14 in the selection of material for publication in the Organizations books and periodicals.

In the sphere of library and health literature services also, various needs are evident at the country level. In particular, there is a need to concentrate on improving access to information on priority health problems that has been published in the world's health and biomedical literature. Health personnel in medical faculties and research institutes usually have access to literature through their libraries, whereas health administrators often lack any organized access to literature, even to WHO publications. As mentioned above, although WHO sends its publications to ministries of health, their staffs still complain that the publications are not readily available for reference purposes. Health practitioners, especially those in rural areas, are similarly deprived and frequently work in an information vacuum.

A few developing countries are totally lacking in health libraries, but most have enough library materials to meet at least some of the information needs of all health personnel. There is therefore an urgent need to encourage the planning of national health literature services, to develop resource-sharing networks of health library and information centres on a national and regional basis, to promote training of health literature services personnel, to improve the bibliographic control of the health literature produced in the developing and in some developed countries, and to provide library services in support of country health programmes, WHO programmes and meetings. The WHO libraries need to collaborate more closely, however, with WHO's technical programmes in order to reduce duplication of effort and to improve the accessibility of the literature resources of the libraries and of the many small collections scattered throughout the Organization.

The processes of developing national, regional and global strategies to attain the target of health for all by the year 2000 and of putting these strategies into effect and monitoring them will undoubtedly provide a clearer and much more accurate picture of the information needs of the Organization at all levels; this will enable the Organization through its global and regional publications and documents to tailor its own information output more closely to these needs and to continue the process of moulding its health literature services programme as a flexible instrument for gaining access to and obtaining

information from both internal and external sources in response to these needs, particularly at the national and regional levels.

In summary, an inescapable conclusion is that WHO's health information support programme needs to be reoriented to respond more sensitively to the needs outlined above, while at the same time continuing and refining its present activities.

### 3. OBJECTIVE

To ensure the availability to Member States of valid scientific, technical, managerial and other information relating to health, in printed or other forms, whether originating within the Organization or outside it, particularly in relation to attaining the target of health for all by the year 2000.<sup>1</sup>

### 4. TARGETS<sup>2</sup>

Target 1. By 1989, WHO will have substantially increased its technical cooperation in the development and implementation of national policies and programmes corresponding to countries' needs for services in the field of health information support.

Target 2. By 1989, reassessment and continued evaluation of WHO's worldwide health information support services and coordinating mechanisms will have enabled the programme to become more responsive to changing national needs.

Target 3. Until 1989, ongoing WHO health information support activities will be continued and at the same time assessed, any necessary adjustments being effected in the light of the assessments carried out under Targets 1 and 2.

### 5. APPROACHES

The programme will support Member States in developing national policies and strategies for health information support, reassessing the worldwide WHO programme and analysing it from the point of usefulness to strategies for Health for All.

As regards publications, this reassessment will encompass an analysis of the relevance of all publications, including periodicals, and documents of specific programmes, from the point of view mentioned above, and also with the aim of avoiding duplication and contradiction; appropriate global and regional control mechanisms will be established. A proper equilibrium will be ensured between texts issued for scientific specialists on the one hand and for public health decision-makers, middle-level and primary health care workers and those in health-related sectors on the other hand. While WHO's publications will continue to include scientific texts on matters directly related to the attainment of the Organization's objectives, and in particular texts describing appropriate technologies for health, there will be greater emphasis on texts covering the development of health infrastructures and the related managerial process, health systems research and the delivery of primary health care with the support of the rest of the health system. The continued operation of the screening and selection procedures already functioning will result in a steadily increasing proportion of the published texts, both books and periodicals, being devoted to information on health systems based on primary health care and on their development and social control through community involvement and intersectoral action, including descriptions of innovative and successful examples that are to be found in countries. In short, the programme will follow the Organization's priorities, while at the same time purveying valid technical information that is supportive of the activities listed above.

As well as issuing its own publications WHO will continue to make some use of outside publishers, when these can help to increase an understanding of the importance of health in the social and economic sectors, to provide a better dissemination of specialized or popular works, or substantially to reduce the cost of production.

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<sup>1</sup>Seventh General Programme of Work, para. 416.

<sup>2</sup>The Seventh General Programme of Work contained no specific targets for the health information support programme.

Better coordination will be ensured between headquarters and the regions for the adaptation of appropriate material produced by the Organization, and national institutions will be encouraged to produce further adaptations suited to their own country needs. The translation and production of WHO texts adapted as necessary, in various languages, will be promoted, as will the inclusion of WHO information in national journals. Efforts will also be devoted to the following: clarifying at global level the distinction between WHO publications and documents; accelerating the production and distribution of documents and publications; ensuring that in each case the target audience and its size are determined before work is begun that will lead to a publication or a document; and ensuring that each publication is written in a style and presented in a manner appropriate to its target audience.

The established collaboration and coordination in the field of language services will be further encouraged with various bodies at regional and country levels. This includes the development of close cooperation with the proposed Arabic Centre for Health Documentation and Publications in Kuwait, and promotion of present collaboration with the People's Medical Publishing House in Beijing and the Medicina Publishing House in Moscow, as well as collaborative work in Spanish through the PAHO/WHO Publications and Documentation Service in Mexico City. The ultimate purpose of such collaboration will be to fulfil the expressed needs of Member States in this field, to increase their capabilities in the field of language services, and to ensure greater potential and more facilities for the programme of publications and documents. All possible measures will be applied to maintain economical and high-quality language services, including the promotion of self-revision, selective revision and exchange of language staff between all organizational levels; new technology will be introduced where appropriate. The translation of WHO publications into additional languages will also be encouraged, and in some cases subsidized.

The application of computer-supported techniques to all terminology activities, and in particular the further development of the WHO Terminology Information System, will make it possible to expand services and to make identical information available to all offices and programmes, which has not hitherto been possible. It will also make it possible to keep this information up to date and to establish full inter-office collaboration.

The computerization of additional activities relating to the distribution of publications and documents will facilitate inventory and stock control, invoicing, the management of subscriptions, the development and elaboration of statistical programmes, the selection of indicators, and the extraction of information by publication or series or in terms of sales, on a global, regional and country basis for monitoring both sales and free distribution. Efficient distribution methods will be used to ensure the effective distribution and circulation of WHO publications by promoting sales in developed countries and expanding free distribution in developing countries. Selected mailing lists will be used for developing direct mail promotion of important titles or series to defined audiences. Promotion will also be enhanced by the increased production of flyers, pamphlets and lists, and also participation at conventions, congresses, exhibitions and bookfairs. Integration of the various lists of addresses held by technical programmes should permit the identification of a global network of decision-makers and managers with a potential or demonstrated interest in the goal of health for all.

The principal approach adopted by the health literature services will consist of close cooperation with Member States in formulating policies and drawing up plans for the development of national health literature services. Emphasis will be on the establishment of documentation centres within ministries of health and of national and regional networks for the sharing of health literature resources, the continuous training of personnel in priority aspects of the programme, the development of structures and strategies to facilitate the control of national health literature, the synchronized upgrading of bibliographic access and document delivery capacities, and the consistent application of appropriate information technologies. The maintenance of relevant library services for WHO staff members in headquarters, in regional offices and in the field will be effected in close collaboration with WHO programmes.

## 6. ACTIVITIES

The following tables indicate the activities to be carried out during 1984-1989, classified according to the targets defined in section 4.

Target 1. By 1989, WHO will have substantially increased its technical cooperation in the development and implementation of national policies and programmes corresponding to countries' needs for services in the field of health information support.

Activities	1984-1985	1986-1987	1988-1989	Linkages <sup>1</sup>
1.1 Provide support in the assessment of national needs in the field of health information support and in the development of national health information policies, strategies and programmes that contribute to health systems based on PHC.		all regions		IEH, HST
1.2 Support selected national initiatives in the field of health information support in relation to PHC-HFA/2000, for example,				
(a) facilitating improvement in the distribution of national health documentation;		all regions,		IEH, HST, all technical programmes
(b) stimulating countries to issue their own publications;		all regions		IEH, all technical programmes
(c) encouraging national publications in vernacular languages, including the issue of WHO publications and documents, adapted where necessary.		all regions, HQ		IEH, all technical programmes
1.3 Identify and try to assist in meeting the main needs of Member States for information from WHO for the implementation of their national HFA strategies,				
(a) providing information of national interest for national publication;		all regions		IEH, HST, PHC
(b) keeping countries informed about where to find relevant and up-to-date information;		all regions		IEH, HST all technical programmes
(c) ensuring that Member States are aware of WHO and non-WHO health publications that are of interest to them;		all regions		IEH, HST all technical programmes
(d) promoting the inclusion of WHO information in national journals in a planned manner;		all regions		IEH
(e) encouraging national institutions to produce adaptations of WHO material suitable to their own country needs;		all regions		PHC, HMD
(f) carrying out feasibility studies directed towards meeting national needs for new publications or documents destined for PHC workers.		all regions		PHC, HMD
1.4 Encourage Member States to analyse the role of library and documentation services and develop national policies and programmes in this area.		all regions, HQ		
(a) Prepare guides and other materials to assist in the planning and implementation of national health library and literature services.		HQ, EMRO, SEARO		
(b) Promote the establishment of national networks of health library and literature services.		all regions		
(c) Promote the introduction to health libraries of computer support for housekeeping operations, wherever appropriate.		HQ, AMRO, EMRO, SEARO, WPRO		ISS
(d) Collaborate in the training of health library manpower (including trainers), and of documentalists in ministries of health.		HQ, all regions		HMD
(e) Collaborate in the sensitization of information users, particularly front-line health workers and health managers, to documentation facilities		HQ, all regions		HMD

<sup>1</sup>Linkages resulting in activities undertaken jointly by two or more programmes are identified by "+"; those activities budgeted jointly by two or more programmes are underlined.

Activities	1984-1985	1986-1987	1988-1989	Linkages
(f) Encourage the development of outreach library services to ensure the active dissemination of relevant information.		all regions		HST
(g) Promote the collection, selection, bibliographic control and dissemination of fugitive health literature produced in developing countries.		AMRO, EMRO, EURO, SEARO, WPRO		
(h) Evaluate studies on the cataloguing rules and the indexing vocabulary to be used in all regions, to ensure compatible services.		HQ, SEARO		UNESCO
(i) As an interim measure, supply some bibliographical and document delivery services to health personnel in developing countries who do not have access to such services locally.		HQ, all regions		Governments of Australia, France, Italy, Kuwait, Sweden and USA.

Target 2. By 1989, reassessment and continued evaluation of WHO's worldwide health information support services and coordinating mechanisms will have enabled the programme to become more responsive to changing national needs.

Activities	1984-1985	1986-1987	1988-1989	Linkages
2.1 Reassess the Organization's worldwide programme of health information support, including analysis of all WHO's periodicals, health literature and documentation (a) in terms of their usefulness to strategies for HFA, and (b) with a view to avoiding duplication and contradiction.		HQ, all regions		IEH*, HST*, HLE* all programmes
2.2 Establishment of external expert advisory panel on health and biomedical information to provide advice on the overall information policy as regards the screening, production and dissemination of health and health-related information.		all regions, HQ		IEH*, HST and all technical programmes
2.3 Establish regional and global control mechanisms to ensure the relevance of WHO publications and documents to HFA issues in member states. These mechanisms may include		HQ, all regions		IEH, HST, HLE
(a) consultation through RPC, GPC, HPC, or other appropriate Secretariat mechanisms to reinforce existing procedures for initiating, preparing and approving material for publication in order to ensure that it contributes effectively to the promotion of WHO's objectives, paying special attention to coordinating the content of different publications (headquarters and regional) and to the best means of communicating messages of key importance relating to the goals of Member States and of the Organization.		HQ, all regions		IEH, HST
(b) the establishment of internal policy guidance groups to provide advice and supervision for periodicals issued at all levels.		HQ, all regions		IEH*, HST*
(c) the establishment of a planning and evaluation team for the health literature services programme.		HQ, all regions		all programmes*
2.4 Review the policies and means of distribution of WHO publications and documents, establishing (a) mechanisms to ensure that they reach those for whom they are intended, and (b) meaningful evaluation methods for the predominantly unpaid circulation in most countries.		HQ, all regions		IEH and all technical programmes
2.5 Ensure a better coordination between HQ and the regions for the adaptation at the required level of appropriate material produced by WHO.		HQ, all regions		IEH and all technical programmes

Target 3. Until 1989, ongoing WHO health information support activities will be continued and at the same time assessed, any necessary adjustments being effected in the light of the assessments carried out under Targets 1 and 2.

Activities	1984-1985	1986-1987	1988-1989	Linkages
3.1 Throughout 1984-1989, issue publications and documents on health and biomedical subjects that are relevant to HFA strategies, in the official languages of WHO, ensuring a proper equilibrium between what is issued for scientific specialists on the one hand and for public health decision-makers, middle-level and PHC workers and health-related sectors on the other hand.				
<u>(a) Keeping public health administrators, other health professionals, and professionals in other related sectors aware of developments in public health and international health</u>				
Preparation and issue of publications:				
World Health Forum (24 issues: Vol. 5-10)		HQ, all regions		all programmes
Health for All Series		HQ, all regions		DCO*
Evaluation of the Strategy for Health for All by the Year 2000 - Seventh Report on the World Health Situation		HQ, all regions		DCO, HST
Public Health Papers (12 issues)		HQ, all regions		various programmes according to subject matter
Nonserial publications (60 issues, in addition to those mentioned under (d), below)		HQ, all regions		various programmes according to subject matter
WHO Offset Publications (24 issues, in addition to those mentioned under (d), below)		HQ, all regions		various programmes according to subject matter
Health Development in Africa (7 issues)		AFRO		various programmes according to subject matter
PAHO Scientific Publications (90 issues, in addition to those mentioned under (d), below)		AMRO		various programmes according to subject matter
Educacion Médica y Salud (24 issues)		AMRO		HMD
WHO Regional Publications, South-East Asia series (6 issues)		SEARO		various programmes according to subject matter
SEARO Regional Health Papers (12 issues)		SEARO		various programmes according to subject matter
WHO Regional Publications, European series (12 issues)		EURO		various programmes according to subject matter
Public Health in Europe (18 issues)		EURO		various programmes according to subject matter

Activities	1984-1985	1986-1987	1988-1989	Linkages
EURO nonserial publications (9 issues)		EURO		various programmes according to subject matter
EMRO Technical Publications (8 issues)		EMRO		various programmes according to subject matter
EMRO Arabic publications programme		EMRO		various programmes according to subject matter
WHO Regional Publications, Western Pacific series		WPRO		various programmes according to subject matter
<u>(b) Fulfilling WHO's constitutional obligation to inform Member States, organizations within the United Nations system, nongovernmental organizations, and the public health professions about the activities of WHO</u>				
Preparation and issue of publications and documents:				
WHO Chronicle (36 issues: Vol. 38-43)		HQ, all regions		all programmes
Biennial Reports of the Director-General (3 issues, see also (e), below)	HQ, all regions	HQ, all regions	HQ, all regions	DGO*, IEH, all programmes
Reports of the regional directors		all regions		all programmes
<u>(c) Publicizing in timely fashion the findings of international groups of experts convened by WHO to provide the latest scientific and technical advice on health and biomedical subjects</u>				
Preparation and issue of publications and documents:				
Technical Report Series (90 issues)		HQ, all regions		various programmes according to subject matter
Environmental Health Criteria Series (60 issues)		HQ		PEH*
AFRO Technical Papers (20 issues)		AFRO		various programmes according to subject matter
AFRO Biomedical Papers		AFRO		various programmes according to subject matter
SEARO Technical Publications (12 issues)		SEARO		various programmes according to subject matter
EURO Reports and Studies (60 issues)		EURO		various programmes according to subject matter
EURO Technical Bulletin (12 issues)		EURO		various programmes according to subject matter
WPRO nonserial publications		WPRO		various programmes according to subject matter

Activities	1984-1985	1986-1987	1988-1989	Linkages
<p><u>(d) Keeping scientists in the biomedical field aware of advances in the scientific domain related to public health</u></p>				
<p>Preparation and issue of publications and documents:</p>				
<p>Bulletin of the World Health Organization (36 issues: Vol. 62-67)</p>		HQ, all regions		various programmes according to subject matter
<p>Monographs and nonserial publications (30 issues, in addition to those mentioned under (a), above)</p>		HQ, all regions		various programmes according to subject matter
<p>WHO Offset Publications (12 issues, in addition to those mentioned under (a), above)</p>		HQ, all regions		various programmes according to subject matter
<p>Boletín de la Oficina Sanitaria Panamericana (72 issues)</p>		AMRO		various programmes according to subject matter
<p>Bulletin of the Pan American Health Organization (24 issues)</p>		AMRO		various programmes according to subject matter
<p>PAHO Scientific Publications (90 issues, in addition to those mentioned under (a), above)</p>		AMRO		various programmes according to subject matter
<p>WHO technical documents, including regional documents</p>		HQ, all regions		various programmes according to subject matter
<p><u>(e) Providing the necessary documentation and records for WHO's governing bodies</u></p>				
<p>Editing of the documentation for the Health Assembly, Executive Board and regional committees and preparation and issue of publications and documents:</p>				
<p>Handbook of Resolutions and Decisions of the World Health Assembly and the Executive Board, Vol. II (3 editions: 6th-8th)</p>		HQ		DCO
<p>Basic Documents (6 editions: 33rd-38th)</p>		HQ		DCO, LEG
<p>Proposed Programme Budgets and reports on them (3 of each)</p>		HQ		DCO, BFI*
<p>Records of the Health Assembly and Executive Board (verbatim and summary records, resolutions and decisions)</p>		HQ		DCO, all programmes
<p>PAHO/AMRO Official Documents (36 issues)</p>		AMRO		all programmes
<p>Documents and records of other regional committees</p>		AFRO, SEARO, EURO, EMRO, WPRO		all programmes

Activities	1984-1985	1986-1987	1988-1989	Linkages
<p>(f) <u>Providing support to Programmes 3.1, 3.4 and 6 in the preparation and issue of their publications</u></p>				
<p>Providing support in the translation, printing and/or distribution of publications:</p>				
<p>World Health Statistics Annual</p>		HQ		HST
<p>World Health Statistics Quarterly</p>		HQ		HST
<p>Weekly Epidemiological Record</p>		HQ		HST
<p>International Digest of Health Legislation</p>		HQ		RLE
<p>World Health</p>		HQ		IEH
<p>3.2 Perfect the data base of the <u>WHO Terminology Information System</u> so that it meets the maximum possible proportion of the Organizations' needs in this area.</p>				
<p>(a) Maintaining, improving, and updating the WHO all</p>	HQ, all regions			ISS*, LEG,
<p>Terminology Information System (WHOTERM); providing it on magnetic disks to regional offices; and screening available internationally standardized material for entry into it</p>				other programmes, other inter-governmental agencies, and NGOs
<p>(b) Providing assistance with questions that cannot yet be answered by WHOTERM, and subsequently adding the answers to such questions to the system for future use</p>		HQ		all programmes, other inter-governmental agencies, and NGOs
<p>3.3 Continue to ensure the provision of high-quality and relevant <u>library services</u> to support WHO programmes and Member States' health programmes.</p>				
<p>(a) Determine the information needs of WHO staff members</p>	HQ, all regions			
<p>(b) Introduce appropriate computer support for bibliographical activities within WHO.</p>	HQ, AMRO, EMRO, SEARO			ISS*
<p>(c) Prepare textual, statistical and geographical reviews in the main areas of HFA based on analyses of the literature.</p>		EURO		
<p>(d) Constitute a machine-readable bibliographic data base to permit full bibliographic searching of WHO publications and technical documents and the improved production of WHODOC and dissemination of WHO-generated information.</p>		HQ, EURO		ISS*
<p>(e) Promote the development of regional indexes to articles in periodicals published in the regions,</p>				
<p>(i) producing regional indexes in three regions;</p>	AFRO, AMRO, SEARO (with countries)			
<p>(ii) conducting feasibility studies for regional indexes in two regions;</p>		EMRO, WPRO		
<p>(iii) conducting a feasibility study for the regional computer production of these indexes, with a view to establishing related systems and interregional cooperative services.</p>	HQ, all regions			ISS*

Activities	1984-1985	1986-1987	1988-1989	Linkages
(F) Consolidate and expand the regional health literature services networks.		all regions		ISS*
(g) Compile and update regional union lists of health and biomedical periodicals in health libraries, and initiate regional and inter-regional cooperation for the supply of photocopies and the referral of information requests.		HQ, all regions		

## 7. PROGRAMME MANAGEMENT AND RESOURCES

Because of the different types of activities undertaken by Programme 14, a variety of managerial approaches are used, but in future there is likely to be much more emphasis on coordination with countries. Within WHO, although technical documents are almost exclusively the responsibility of the individual units as regards content, format and style, the programme has an important role to play in screening manuscripts for publications and advising decision-makers on their quality and relevance to the goals of the Organization, as well as selecting material for the periodicals it publishes. This is done both in advance through the use of a detailed data sheet prepared by units for each proposed publication and subsequently through the review and editing of texts.

In this way the publications are brought into line with the goals and objectives of the Organization, both at headquarters and in the regions, especially Europe and the Americas with their large publications programmes. Coordination of output is facilitated by annual publications coordination meetings with the regions and more frequent policy review meetings on headquarters periodicals, which will be augmented by outside advice when the expert panel on health and biomedical information is constituted.

On the financial side the regular budget is supplemented by extrabudgetary funds (currently accounting for about 8% of the total) that increasingly are being allocated at the outset of an extrabudgetary activity when it is evident that it is likely to result in a publication; in the past the practice was frequently to seek sources of funding at the last minute. In addition, contractual arrangements with governments provide for the issue of selected WHO publications in Arabic, Chinese and Russian at far lower cost in translation, production and distribution than if the entire process were done at headquarters. In each case there is close coordination with the regional office concerned. Collaborating centres may in the future be another source of extrabudgetary funding or may constitute a further publishing resource.

Despite the disappointing results to date from efforts to encourage local translation and printing of WHO publications in vernacular languages, this is clearly an essential adjunct to the existing programme if WHO publications are to reach the vast audience not literate in any of WHO's six official languages, and this aspect of the programme will be promoted.

The terminology component of the programme aims to provide the maximum amount of useful information for retrieval from the screens of word-processing terminals within the existing constraints of equipment, funds, and manpower. This process is complicated by the need for close coordination not only with programmes and offices mentioned above, but also with outposted services of regional offices (e.g., the PAHO/WHO Publications and Documentation Service, Mexico City). Much of the terminology developed by nongovernmental organizations is copyrighted and is entered in the WHO Terminology Information System in accordance with special agreements that make certain stipulations as to the way in which this material may be used. A close watch will be kept on all developments in text processing and allied technology, in order to make use of any that may help to ensure maximum efficiency, simplicity of use, and economy.

Library services are provided both in headquarters and in regional offices. The operational aspects of the health literature services component are concentrated in the regional offices and are achieved in close collaboration with Member States. Headquarters is mainly concerned with the overall programme design, inter-regional programme coordination, the development of standards and policies, and the interim provision of services. The decentralized nature of the programme will be stressed during the period of the Seventh General Programme of Work, as Member States develop their own health literature systems. This will require flexible management responses at national, regional and global levels in the light of existing and future financial and manpower resources.

The chief programme resource is library manpower. Ensuring its availability, quality and career prospects will be the principal contribution that Member States will have to make to the programme. WHO's cooperation in the organization of training activities and the promotion of librarians as members of the health team will continue to be of prime importance. Funds for health literature services should be automatically included in all

financing of research, manpower development and health services provision. Such funds are being increasingly provided in regional budgets, but continuous contacts with governments and private donor agencies are still required in order to raise extrabudgetary funds. Outside agencies will continue to contribute in kind, mainly in the form of document delivery and bibliographic searches.

The library and health literature services component is planned to the limit of its slim resources. More could be done to give WHO programmes and Member States better access to relevant documentation, if the resources were improved, especially at regional level. Computer support and inter-programme cooperation for the bibliographic control of documentation throughout the Organization would improve the flow of information.

#### 8. MONITORING, EVALUATION AND INDICATORS

The success of the programme in transferring information and ideas to those who need them, and in such a way that they are able to make effective use of them, is inextricably linked with the success of the other WHO programmes for which health information support is provided. If those programmes succeed, then part of their success can be imputed to health information support, but the latter's contribution cannot be quantified. Even so, it is essential to monitor and evaluate the health information support programme.

As regards publications, the process of monitoring begins with the preparation by technical units of detailed data sheets on proposed publications. These data sheets provide a preliminary idea of the utility and probable relevance of individual manuscripts. The process continues through review and consultation when the texts are submitted for publication, when suggestions for change are made; in rare instances, agreement is reached that the text is not suitable for publication by WHO for policy or substantive reasons. Headquarters and the regional offices keep each other informed about their work through correspondence and periodic meetings, so as to avoid duplication of effort and the issue of conflicting information. An important feature of this monitoring process is that the practised eye of a disinterested editor examines each individual text, with consequent benefits in coherence, readability and consistency of policy expression.

The use of sales figures as an indicator for evaluating publications is limited by the fact that sales are concentrated almost exclusively in the developed world, whereas most circulation of WHO publications to the developing world, where the main thrust of WHO policy and activities is directed, is unpaid or heavily subsidized. It is thus necessary to approach the problem of evaluation indirectly. One indicator is the number of spontaneous requests for translation rights. These have been running at about 50 per year, including some of the more widely used languages such as Chinese, Hindi and Portuguese and other less widely used ones such as Papiamentu (Suriname), Tamil and Khmer. Another is the recently computerized list of addresses worldwide, which has made it possible to ascertain who receives what far more precisely than hitherto, thereby indicating gaps in coverage by region, country and, in some instances, functional specialty. It is expected that this tool will become especially useful in future years as the regional offices and field personnel learn to take full advantage of it.

The quantitative measurement of library and bibliographic services will also be promoted. There is no universal agreement on the indicators and methodologies to be used for measuring qualitative impact. Even measuring the success rate of meeting information users' needs is difficult because it depends on subjective judgement and an awareness of needs. Statistics will be an essential component of national and regional network developments and this subject will be included in library management training courses. The use of questionnaires by WHO for library surveys will be strictly limited as they impose a heavy burden on the staff, notably in the developing countries.

The elaboration of output indicators for various aspects of the programme will be indispensable. Useful evaluation input on many aspects of the programme can be expected from the proposed expert advisory panel on health and biomedical information, since the panel will consist of experts from countries and it is at the country level that the impact of publications and documents can best be assessed. An important task will be to define the technical cooperation impact of the programme as a whole.

9. LINKAGES

By virtue of their support functions both the publications and documents, terminology and health literature services components of the programme have linkages with virtually all the other programmes. Linkages are indicated in the tables of activities, which show in particular the close relationship between programmes 14 and 6 (Information and Education for Health) and indicate the areas in which such linkages will be implemented.

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