



SIXTH GENERAL PROGRAMME OF WORK COVERING THE SPECIFIC PERIOD 1978-83

GLOBAL MEDIUM-TERM PROGRAMME FOR
HEALTH SERVICES DEVELOPMENT

This document outlines the global medium-term programme for the health services development component of the comprehensive health services programme. This programme has been elaborated on the basis of the principles and objectives of the Sixth General Programme of Work and the policy guidance given by Health Assembly and Regional Committee resolutions. The document represents a consolidation of regional and HQ programme statements. More details regarding individual components of the HSD programme are available in corresponding regional and HQ MTPs.

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1. INTRODUCTION

Following an initial consultation which was held in the African Regional Office in Brazzaville each Region elaborated a draft Medium-Term Programme (MTP) for Health Services Development (HSD). Subsequently, an HQ component of the programme was developed. The Draft Regional MTPs were discussed with countries before being finalized. The Regional and HQ MTPs were consolidated and integrated into a global MTP, as contained in this document, at a meeting held in New Delhi, 11-19 June 1979. The global MTP shows programme highlights and the general direction. The individual detailed HSD/MTPs - Regional and Headquarters - will be used as a management tool within the programme areas and for inter-programme collaboration and coordination.

Representatives of countries contributed in all phases to the development of the MTP.

2. POLICY BASIS

This medium-term programme is based upon the principles and objectives of the Sixth General Programme of Work covering the specific period 1978-83 and the policy guidance provided by resolutions adopted by the World Health Assembly and Regional Committees. (1)

Other important decisions and directives have come to the fore since the formulation of the Sixth General Programme of Work and have been taken into consideration. These are the Declaration adopted by the International Conference on Primary Health Care sponsored by WHO and UNICEF at Alma-Ata, September 1978; Resolution WHA30/43 which decided that the main social target of governments and WHO in the coming decades should be the attainment of health for all by the year 2000 adopted by the Thirtieth World Health Assembly; and Resolution WHA32.30 "Formulating Strategies for Health for All by the Year 2000", adopted by the Thirty-second World Health Assembly.

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- (i) WHA24.31, (ii) WHA25.57, (iii) WHA26.35, (iv) WHA27.62, (v) WHA28.72, (vi) WHA28.88, (vii) WHA29.49, (viii) WHA29.68, (ix) WHA29.74, (x) WHA29.94, (xi) WHA31.R34, (xii) WHA31.35, (xiii) WHA32.16, (xiv) WHA32.30.

AFRO - AFR/RC26/R2, AFR/RC28/R3, and AFR/RC28/R15
 AMRO - AMR/RC29/R14, AMR/RC30/R30 and AMR/RC30/R33
 EMRO - EM/RC14/R4, EM/RC25A/R15, EM/RC27A/R8, EM/RC27A/R3, and EM/RC28A/R11
 EURO - EUR/RC27/R6, EUR/RC28/R4, and EUR/RC28/R12
 SEARO - SEA/RC18/R6, SEA/RC29/R6, SEA/RC30/R12, and SEA/RC31/R9
 WPRO - WPR/RC26/R5, WPR/RC27/R14, and WPR/R29/R10

3. SITUATION ANALYSIS

Although some progress has been made in the provision of health care in many parts of the world there are still vast areas, particularly in the rural and periurban areas in the developing countries which have no access to health care. It is estimated that up to 80% of the population of most countries fall in this category.

In 1973 the Executive Board of WHO came to the conclusion that in many countries health services were not keeping pace with the changing and growing needs of populations either in quality or quantity and in some cases the situation was getting worse. This situation is due to lack of clear national policies aimed at the provision of health care for all. The deficiency is evidenced by the lack of equity in the distribution of health resources; in most countries, highly sophisticated health services have been concentrated in a few geographical areas, mainly urban, instead of being broadly distributed and of relevance to the priority needs of the majority of people.

Many factors have contributed to this situation. Most developing countries have continued to expand their health services on the pattern inherited, without seriously examining them and introducing needed fundamental changes. Also, in the past, there has been a concentration of attention on the part of countries and WHO upon certain disease problems because of their dramatic importance. With few exceptions, these disease-specific interventions have been of limited value in that they have not been able to address the basic causes of ill-health such as environmental sanitation and malnutrition. Furthermore, since most of them have been delivered through separate, episodic, isolated, fragmented organizations and campaigns, very little has been achieved towards the establishment of permanent health infrastructures which are essential for the continued success of all health programmes including those of individual disease control.

These past developments have led to a disequilibrium in the types and distribution of services provided. The resulting infrastructure and availability of trained personnel is weakest at those levels closest to the community. There is a lack of a proper balance between promotive, diagnostic, preventive, curative, rehabilitative and supportive functions; logistic operations and maintenance of health care facilities are inefficient. There is a lack of appropriate technology and readily available information on such technology; and, in general, managerial practices are inadequate. A major problem both in developed as well as in developing countries is the rapidly escalating cost of health care, which in part is due to misuse of technology.

Another major characteristic of the health systems that have resulted from past developments is the lack of strong inter-sectoral collaboration and effective participation of the community both in their development and functions. These deficiencies have become critical weaknesses in the light of the social goal of health for all.

Finally, in relation to the above-mentioned health development constraints, comparatively little health services research has been carried out in those important areas where practical solutions are lacking and in most cases where solutions have been developed the results of this research has not been utilized.

4. OBJECTIVES

The objective of the major programme Health Services Development is to strengthen the development of health services based on local priorities and possibilities and the need for national self-reliance.

In this respect, the Sixth General Programme of Work includes the following objectives that are relevant to Health Services Development.

- To encourage the strengthening of national capacities for planning and management of comprehensive national health services, including the necessary technical, administrative and legal reforms, as well as logistic support.
- To promote national capacities for the development of the various components of health services and their integration in a balanced manner as appropriate to the needs of each country.
- To promote, within a comprehensive national health system appropriate to the conditions and needs of each country, the provision of primary health care to the whole population, ensuring that now underserved populations and high-risk and vulnerable groups are properly served.
- To promote the health of working populations, to control occupational health risks, and to promote the humanization of work.
- To collaborate with countries with a view to improving the care of the aged, preventing accidents of all types, preventing disability, and ensuring the rehabilitation of the disabled.
- To promote and support the development of standard health technologies.
- To collaborate with countries in the development and adaptation of simple, low-cost and effective technologies in specific areas.
- To promote the development of public health laboratory services.
- To identify research priorities, strengthen national research capabilities and promote international coordination of research, especially with respect to problems related to the development of comprehensive health services.
- To promote the application and proper transfer of existing and new scientific knowledge and research methods to serve as the basis for the development of comprehensive national health services.

5. APPROACHES

5.1. A major approach within this programme is to support the development and strengthening of national organizational mechanisms. It is necessary to create the ability to continually apply sound managerial processes such as inter-sectoral policy-making and programming (CHP), programme budgeting, detailed planning and problem-solving, and information systems development. In addition, firm linkages are needed between service, training and research. Specific methods for such organization development include:

- the establishment of inter-sectoral coordinating mechanisms such as national health development councils;
- the establishment of national centres for health development which can serve to provide technical support for policy and plan formulation, for conducting and managing research, for formulating and coordinating training programmes and for guiding the design and implementation of information systems for budgeting, monitoring and evaluation;

5.2. Support will be provided for the development of a health service infrastructure that provides promotive, preventive, curative and rehabilitative care to which all segments of the population have access.

5.3. Promotion and support of research and development of appropriate methodologies and technologies for:

- health services and programme planning, administration, monitoring and evaluation;
- determining and designing appropriate and effective health services content, configurations and support systems;
- enabling community participation in health development;
- studying the contribution of all sectors to health development and related mechanisms for facilitating this process at all levels.

A common approach to carrying out such research is through the support of nationally conducted studies, the results of which are of value to the individual countries and are also shared through regional and global meetings and through publication.

5.4. Support to the provision of training related to this programme area with particular emphasis on strengthening national health planning and management abilities in the context of national health development centres/network.

5.5. The exchange of national experiences being accumulated by Member States will be promoted and facilitated in order that they may be shared with other countries who are still in the process of formulating their policies and programmes. The Organization will undertake the collection, synthesis and dissemination of information reflecting national experience. The production and dissemination of information will be partially accomplished through the preparation of documents including case studies, manuals, guidelines and training materials. Technical information will be also disseminated through international meetings, group educational activities, networks of national institutions and media forms such as films. Included in information development will be efforts to analyse trends and identify practical indicators of health status and the extent of health service provision with particular emphasis to be placed on reflecting the situation at the community level. Efforts will also be directed towards supporting the development of national information systems within which such indicators may be used.

6. PROGRAMME MANAGEMENT

6.1. National Participation in Strategy Design

Every opportunity will be taken to enable national administrators concerned with health services development to meet together and with WHO staff for the purpose of utilizing their expertise in designing and evaluating global and regional strategies and programmes. In particular, the establishment of regional and global health development advisory councils will enable the desired participation and contact between countries and with WHO. In this way it is hoped that more successful approaches to health development may be identified and shared.

6.2. Adequate and Coordinated External Resource Development

With the potential for increase in resources both from traditional and new sources it becomes imperative that international support be carefully planned and coordinated so as to ensure complementarity. One effective way of identifying external resources requirements for existing and new national programmes is through country health programming or similar national planning processes and the strengthening of the Ministry of Health capability to coordinate external inputs. One mechanism for arranging external support in a coordinated way is through the use of joint donor programming on a national, regional or global basis.

6.3. Technical Cooperation among Developing Countries

One of the most promising approaches to resource development and expertise sharing is technical cooperation among developing countries. More and more consultants will be drawn from neighbouring countries which ensures that the experience being shared comes from a similar environment. Efforts are also continuing for the establishment of cooperative links between national institutions which have common responsibilities and interests. More use will be made of national agencies and institutions in undertaking research and development efforts, the products of which will be shared with other countries. Providing resources to such national institutions for undertaking well-defined development work is proving to be an effective method for increasing the capabilities of national staff and institutions.

6.4. Staff Orientation

Within the activities of the Health Services Development programme considerable efforts are being made to promote the concepts of primary health care and appropriate technology among WHO staff at all levels. The global promotion of PHC and ATH requires that staff be kept informed on these concepts and approaches and how they can contribute within their areas of expertise and responsibility. Participation in staff training courses and medium term programming are two means for achieving increased staff awareness.

6.5. Monitoring and Evaluation

The extent of implementation of programme activities will be monitored continuously. For this, appropriate indicators and reporting systems will be developed (tentative indicators have been provided in the individual Regional and Headquarters contributions). The most immediate measures of accomplishment to be monitored are the resources provided for support of specific activities. These include financial resources, necessary expertise, activity schedules, and the results of these in terms of their immediate product. These products may be as specific as a report document or as intangible as the increased national will to establish a new policy. Ultimately the programme's success must be evaluated in terms of the health development occurring in Member States.

7. RESOURCES

The funds needed to carry out activities of the HSD Programmes have been estimated by Regions and Headquarters. The financial resources available in the regular budget of the Organization are limited and are only sufficient to cover parts of the activities needed to be carried out at national, regional and global levels. As the regular budget allocation is not expected to increase substantially during the period of the Medium Term Programme (1978-1983), efforts to obtain extra-budgetary resources are continuously being undertaken.

8. TARGETS AND ACTIVITIES

The MTPs that have been prepared by each Regional Office and Headquarters Programme Areas have listed the operational targets and detailed activities related to each programme's stated objectives. In preparing the global target and activity descriptions it was not possible nor desirable to retain the detail of the regional and Headquarters submissions. Instead, a consolidated description has been prepared which outlines the major lines of activities being implemented by the organization.

The table attached show targets/activities for each objective within the major programme area of Health Services Development. The activity table is organized to show what activities are felt necessary for achieving the stated targets. The period is broken into the three bienniums, although many of the activities will be going on throughout the period. An attempt has been made to indicate when a region or Headquarters is likely to be involved in the activity. Since many of these activities are related to a variety of programme areas, the other concerned programmes are shown under the "linkages" column.

Since all other programmes not only relate to but support and strengthen the PHC programme, the table of activities begins with PHC.

PRIMARY HEALTH CARE (PHC)

Objective: 2.1 * To increase the capabilities of governments to formulate and implement policies, plans and programmes for socially equitable, essential health care coverage.

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
1. By 1981 most countries will have formulated national policies, strategies and plans of action for achieving health for all by the year 2000	1. Support countries through country/inter-country teams consultations, consultant services, etc. in (all regions, HQs) <ul style="list-style-type: none"> (i) mobilizing political will (ii) mobilizing nationals and international staff for formulating and implementing national policies, strategies and plans of action (iii) establishing national health development centres/networks (iv) mobilizing extra-budgetary support 2. Formulation of regional and global strategies for Health for All (all regions and HQs)			CDS, CHP, DPE, EHE, EPI, FHE, HMD, MNH, PDT, COR, UNICEF, UNDP UNICEF, UNDP, FAO UNESCO, WORLD BANK
2. By 1983 several countries would have developed their NHDC/N in support of national health councils	1. Preparation and dissemination of guidelines and technical material including case studies, in the following areas (all regions and HQs) <ul style="list-style-type: none"> (i) national health councils (ii) options for national health development networks/centres (iii) strategies and plans of action for Health for All 2. Support action-orientated programmes applying guidelines and technical material			
3. By 1980 an information/communication support programme will be developed enabling countries to launch their own support programme	1. Development of an information/communication support strategy for PHC 2. Country and inter-country workshops for media personnel (AFR, EMR, EUR, HQS, SEAR, WPR)			BFI, FHE, HBI, HMD, INF NCOs, UNICEF

* See p.7 para 4.

Objective: 2.2 To develop and increase the capabilities of communities to participate in the planning, implementation and evaluation of health programmes, thus ensuring community participation in such programmes.

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
1. By 1983 most countries will have strengthened community participation in PHC	1. Mobilization of support to concept and principles of community participation through inter-country meetings, workshops and technical discussions organized by WHO and other international agencies including NGOs 2. Preparation and dissemination of guidelines and technical material, including case studies, on the following areas: <ul style="list-style-type: none"> (i) community involvement indicators for utilization in planning and evaluation of PHC (HQs and all regions) (ii) community health workers (HQs and all regions) selection of village health workers by and with communities (EMR, SEAR) (iii) community participation in water supply and sanitation (AFR, EMR, (iv) community participation in irrigation schemes with special emphasis on vector control and on control and prevention of diarrhoeal diseases and blindness (EMR) (v) community participation in other essential components of PHC (MCH, Communicable diseases (HQ and the Regions) (vi) organization of PHC at the community level, including patterns of financing at the local level (HQs and Regions); study of establishment of village pharmacies for essential drugs (AFRO) 3. Support action-orientated programme applying guidelines and technical material			FHE, PDT, TRM FHE UNICEF, APHA, NGO's FHE, HMD, EHE CDC, EHE, FHE, TDR All relevant technical units Relevant technical units, UNICEF, ILO, APHA, and other NGOs, FAO

PRIMARY HEALTH CARE (PHC)

Objective: 2.3 To stimulate the collaboration of other sectors in improving community health and fostering intersectoral development.

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
1. By 1983 all countries will have developed or strengthened intersectoral collaboration at various levels for health development.	1. Support to countries for developing and strengthening intersectoral cooperation/coordination for PHC through (all regions and HQs) (i) holding of intersectoral workshops at country and inter-country level (ii) facilitating the collaboration between interested countries and NGOs and other international agencies. (iii) where applicable, joint interagency programming for PHC utilizing existing mechanisms such as NHDC/W. (iv) development of a strategy for socio-economic development for health; strategy formulation for combatting poverty-seminars; inventory and analysis of integrated regional programmes and study on the socio-economic impact of projects on extending coverage (AMR)			COR, EHE, FHE, NCOs, UN Agencies
2. By 1985 most countries will have included PHC as an integral component of their rural development programme.	1. Support to countries for strengthening PHC in Rural Development Programmes, and in monitoring and evaluating them through: (i) Support in collaboration with UN Agencies to national and inter-country centres and institutions for integrated rural development. (ii) Continuing participation in existing rural development programmes supported by ACC (iii) intercountry workshops for programme development monitoring and evaluation.			UN Agencies, FHE, EHE, HMD TDR " " " " " " " " AFR, AMR, EMR, SEAR, HQ UN Agencies, AFR, AMR, EMR, WPR, HQ UN Agencies
3. By 1983 all relevant NGOs in official relationship with WHO will have developed plans of action in support of PHC.	1. Development of joint plans of action with relevant NCOs in PHC (HQs) Implementation of joint plans, through consultations, inter-country workshops, and dissemination through NGO networks and WHO publications. (all regions and HQs)			CWO, FHE, HMD, AMREF, CMC, ICN LRCS, Medicus Mundi, WPPA

Objective: 2.4 To develop organized support* for primary health care, particularly in relation to health facilities, technical knowledge, appropriate technology training, supportive supervision, logistic support for drugs, supplies and equipment, referral mechanisms, and information systems.

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
1. By 1983 a number of countries in each region will have developed their technical/supervisory logistic support (including drugs) and referral procedures needed to support PHC nationwide.	1. Collaboration in development of support system for PHC (i) study in drug utilization at the peripheral level (EMR) (ii) development and strengthening of national information system (SEAR) 2. Collaboration in PHC worker training programme and related support activities: (i) designing and formulating training schedule for training of trainers of community health workers in various PHC components (AFR, EMR, HQ, SEAR, WPR). (ii) establishment of centres for production of educational materials for PHC workers (AFR). (iii) workshop on nursing midwives and personnel in PHC (WPR)			PDT CDS, EHE, EPI, FHE HMD HMD

*Most support activities can be seen in SPM Target 1, Activities 4, 7; Target 2, activities 1 and 2; ATH objective 5.2, Activities 3, 5; MSR objective 6.2, Target 1, activity 1; Objective 6.1 Target 2, Activity 2.

Objective: 2.5 To foster a realistic approach to traditional medicine in order to improve health care - Traditional Medicine (TRM)

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
8. By 1983, in some countries of each region, positive components of traditional medicine will be strengthened as part of plans of action developed for PHC	1. Inter-country studies and meetings on traditional systems of medicine (all regions) 2. Preparation and dissemination of information on traditional systems of medicine: (i) support to the development of pharmacopoeia (AFR, WPR) (ii) publication of a manual on traditional and indigenous system of health care (HQs) (iii) establishment of information centres 3. Support to reorientation of traditional practitioners: (i) training of traditional healers and birth attendants (HQs and Regions) (ii) standardization of kit, and utilization by TBAs (SEAR) (iii) study tours, training courses and seminars for traditional healers and herbalists (AFR, AMR, SEAR, and WPR) 4. Establishment of a network of collaborating centres for training and research (AFR, WPR)			HMD, TDR, MCH

HEALTH SERVICES PLANNING AND MANAGEMENT (SPM)

Objectives : 1.1 To strengthen national capabilities for planning, management and financing of comprehensive national health services that are relevant to countries' socio-economic conditions;
To increase national capabilities and self-reliance in the design and development of the various components of health services, both physical - such as health care facilities - and functional - such as ambulatory care, emergency care, or referral systems;
To promote the reorientation of all echelons of national health service so as to give greater support to primary health care that will effectively and efficiently serve the entire population.

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
1. By 1983, most countries in all the regions will have improved their capabilities for planning and management of health services.	1. Support countries in planning and management of the health services* (all regions, HQs) 2. Collaboration with countries in solving specific problems in health service administration through country/inter-country teams (AFR, AMR, SEAR, WPR) 3. Support training programme in hospital administration (AMR, AFR, EMR, SEAR, WPR) 4. Collaboration with countries in the study and analysis of experiences on the following (HQ/Regions) (i) Organizational patterns of different national health services systems in support of PHC (ii) Planning, organization and functioning of health facilities (iii) Health Legislation (iv) Coverage, effectiveness and efficiency of health services (v) Epidemiological approach to the delivery of health services (vi) Emergency health services (vii) Economics and financing of health services 7. Development of procedures for health centre support to primary health care (SEARO)	5. Elaboration of guidelines for use by countries in the light of studies made (HQ and regions)	6. Dissemination of material through publications, workshops, seminars incorporation in training courses and direct assistance to countries (HQ and regions)	CDS, CHP, EHF, FHF, HMD, HST, SDT, TDR IHF, IFA, IVA, LIASA UNICEF, OECD
2. By 1983, most countries in all the Regions will have developed/strengthened their health service infrastructure for improved coverage. **	1. Promotion and support of national activities for development of infrastructure of health services through mobilization of resources (all Regions and HQ). 2. Collaboration in evaluation of existing health care services, including hospitals (AMR, EMR, SEAR, WPR, HQs)			CHP, FHF, HMD UNDP, UNICEF IBRD Regional Development Banks IHF, IVA

* In SEAR and WPR these activities are covered under the NTP for CHP
 ** See also Target 3 of ATH

WORKERS' HEALTH

Objective 3.1. To develop occupational health programmes and institutions, particularly for under-serviced working populations and to promote coordination with national health services

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
1. Development and strengthening of workers' health services at national & workplace levels	<ol style="list-style-type: none"> 1. Collaborate to define basic OCH policies, strategies and legislation in 5 Andean countries (AMR) 2. Encourage the establishment of and participation in preparing national OCH programmes in at least 7 countries (AFR) 3. Analyze existing legislation and organize working groups in at least 5 countries (EMR) 4. National inventories of OCH legislation and services, up-date legislation (EMR, SEAR) 5. Establish and strengthen OCH services in 20 countries (EMR, SEAR) 6. Evaluate OCH and industrial hygiene services (EMR) 			PHC HLE
2. Collaboration with countries in developing OCH institutions	<ol style="list-style-type: none"> 1. Designate 2 new centres 		<ol style="list-style-type: none"> 2. Meeting of collaborating health centres 	
3. Exploration and control of OCH hazards in agriculture	<ol style="list-style-type: none"> 1. Workshop on OCH care in agriculture 2. Development of training courses (EMR) 	<ol style="list-style-type: none"> 3. Meeting on guidelines and development of guidelines (HQ, EMR) 4. Interregional training courses and regional seminar 5. Development of interregional centre for research and training 6. Collection of data, preparation and meeting of working groups and training course (EMR) 	<ol style="list-style-type: none"> 7. Research studies on pesticides and biological hazards 8. Expert Committee 	PHC UBC VPH
4. Evaluation of type and magnitude of health problems of workers employed in small-scale industries, services available and development of guidelines	<ol style="list-style-type: none"> 1. Field investigation and country projects 2. Symposium on ergonomics in small industries 	<ol style="list-style-type: none"> 3. Field investigation and country projects 4. National and regional symposium and guidelines on OCH care for small industries 	<ol style="list-style-type: none"> 5. Field investigation and country projects 6. Collection of data, preparation and meeting of working groups and development of guidelines (EMR) 7. Guidelines on hygiene, ergonomics, health and safety and meeting to finalize guide. 8. Publication 	PHC HLE
5. Study of health problems and control of psycho-social factors affecting health of migrant workers	<ol style="list-style-type: none"> 1. Development of guidelines on psycho-social factors 2. Collect data, preparation meeting and development of guidelines (EMR) 	<ol style="list-style-type: none"> 3. Study on the health of migrant workers (AFR) 4. Epidemiological studies on health problems of migrant workers in some countries of origin and employment 5. Study of legislation on health care for migrant workers in country of origin and employment 	<ol style="list-style-type: none"> 6. Meeting and publication of report 	HLE MCH SHS MED ILO MNH
6. Study of types of magnitude of health problems of seafarers and development of health care services	<ol style="list-style-type: none"> 1. Revise and update International Medical Guide for Ships 	<ol style="list-style-type: none"> 2. Studies on specific problems of seafarers and develop guidelines 3. Assignment of STC to study magnitude of seafarers problems in countries 4. ILO/WHO Joint Committee 5. Establish Collaborating Centre in a developing country 	<ol style="list-style-type: none"> 6. Develop standardized method and format for collection of statistics 7. Publication of the Guide 8. Meeting on health care delivery to seafarers 	BVI ILO

Objective 3.2 To identify occupational health problems and assess needs in occupational health in different countries

1. Identification of global, regional and national occupational health problems especially in developing countries.	<ol style="list-style-type: none"> 1. Update questionnaire and information involving Collaborating centres and consultants in process 2. Assign STC at countries' request, grant fellowships for training nationals on reporting 3. Cross-sectional surveys carried out in 5 countries in each region 4. Requests to Governments to update national inventories and establishment of information systems (EMR) 	Same process	Same process	ISP HST ILO
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WORKERS' HEALTH

Objective 3.3 To develop workers' and employers' awareness and participation in preventive health, safety measures and ergonomics in workplace

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
The encouragement of the participation of workers and employers in OCH programmes	1. Meeting on Health Education of Migrant Workers and availability of report 3. National Seminars on Health Education of workers with worker participation in 6 countries (SEAR) 5. Collaboration with 4 countries in encouraging the participation of workers and employers in OCH programmes (WPR)	2. Distribution of report	4. Development and publication of report (SEAR)	HED

Objective 3.4 To increase the number of adequately trained personnel in occupational health fields at different levels

1. Promotion of existing training programmes	1. Regional Diploma course in industrial hygiene - Egypt (EMR) 4. Courses in 5 countries and preparation of projects for universities and institutions and Regional course in different disciplines of OCH (SEAR) 5. Course in Central African Empire PHC for agricultural workers 7. Annual course in 3 countries in Europe	2. National OCH course for physicians - Pakistan Regional 6-week course on occupational medicine Iran (EMR) 6. Retraining course for staff at ports (AFR) 8. Regional training courses for OCH nurses (WPRO) courses in OCH (hygiene and medicine) global	3. Regional 2-month training course in OCH for auxiliaries - Sudan(EMR)	HMD
2. Development of guidelines	1. Guidelines for training on epidemiology	2. Analysis of training programmes at regional and national levels 3. Prep. draft guidelines	4. Trials in regions and adaptation of training programmes to specific regional conditions	-

Objective 3.5 To develop appropriate techniques for the evaluation and control of work hazards and criteria for early detection of health impairment of workers to promote occupational health monitoring and epidemiology

1. Development and strengthening of occupational hygiene	1. Curriculum for medium level training & guidelines for evaluation of gases & vapours particulates 2. CTS agreements (tests of analytical methods)	3. Guidelines on illumination & preparation of 2 docs. on occupational hygiene for specific occupations 4. CTS agreements	5. Evaluation of gases, vapours - review & meeting & guidelines on control measures 6. CTS agreements	ILO EHE HMD
2. Development of appropriate techniques & criteria for early detection of health impairment in occupational exposure to health hazards (selected metals & solvents)	1. Final draft of criteria document on early detection with review of comments of Collaborating Centres 2. Draft on haematological changes & finalize doc. on respiratory diseases	3. Design of Manual-working group on manual & submission for trial period 4. Final document of haematological changes	5. Finalization of Manual & interregional seminar on Early Detection of Health Impairment	TRI

Objective 3.6 To enlarge knowledge on health effects of occupational hazards on vulnerable groups of workers, combined exposure to various hazards, psycho-social factors at work and ergonomics

1. Development of the knowledge on the health effects of combined exposures to various hazards	1. Consultants to review and update document on combination of chemical & physical agents 2. Expert Committee and guidelines of control.	3. Meeting to evaluate research methodologies & models to predict outcome of combine exposure		EHE
2. Development of guidelines & methodology in ergonomics	1. Consultants to prepare working documents in work physiology, work psychology and ergonomics 2. Three meetings to consider working documents.	3. Production of guidelines series 4. Research		

Objective 3.7 To evaluate toxic effects of chemicals used in different occupations and develop international recommendations on maximum permissible levels in occupational exposure

1. Production of documents containing health-based recommendations for permissible levels of chemical agents	1. Recommendation on 4 heavy metals	2. Recommendation on 5 solvents and 5 pesticides	3. Recommendations on dusts and respiratory irritants	ILO EHE
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CARE OF THE AGED, DISABILITY PREVENTION AND REHABILITATION,
AND PREVENTION OF ROAD TRAFFIC ACCIDENTS (ADR)

Objective 4.1 - To promote the provision of adequate services for the health care of the elderly in the community

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
1. By 1982, some countries in each region will have initiated studies on the specific morbidity, disability and mortality of the elderly.	1. Collaboration with countries to study the health problems of the elderly and develop a detailed study protocol and questionnaire for developed countries (EUR)		2. Develop glossary of terms (EUR, HQS)	DPR, MNH NCD, FHE CDF NGOs
2. By 1983 at least ten countries will have reviewed existing systems and approaches to health care systems for elderly, and initiated innovative approaches to such systems.	3. Cooperation with organizations, institutions and persons involved in the development of integrated services with particular emphasis on non-institutional care (all regions)	1. Study existing service systems (AMR, EUR, WPR)	2. Development of methods for service evaluation 4. Review and suggestion of guidelines and legislation	NGOs UNICEF ILO UNESCO
3. By 1982, some countries in each region will have established support and training programmes concerning the elderly and for the care professions	1. Development of manuals for training of pertinent health personnel (all regions) 2. Initiation and support in national courses (EUR)	3. Studies of existing methods for consumer involvement in Member States (AMR, EUR, WPR)	4. Development of guidelines for consumer involvement	HMH

ADR (ROAD TRAFFIC ACCIDENTS)

Objective 4.2 To promote efforts to prevent and reduce the consequences of road traffic accidents

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
<p>By 1983,</p> <p>1. To develop appropriate and reliable information on measurable indicators relating to road traffic accidents, such as mortality, morbidity and disability, and promote the use of these indicators in some countries in each region</p>	<p>1. The development and achievement of an international agreement on definitions to be used for major indicators related to RTA, and establish data collection procedures, which will provide the basis for policy-making and programme development in all regions.</p>			<p>NCD UNECEF OECD</p>
<p>2. By 1983, to develop structured road traffic accident prevention programmes in collaboration with public health authorities and other concerned agencies in some countries in each region</p>	<p>1. Cooperation with countries in order to formulate and implement national programmes with the aim of reducing the occurrence of road traffic accidents and their consequences in all regions.</p> <p>2. Promotion of awareness of the health implications of road traffic accidents in all regions.</p> <p>3. Collection of information and initiation of research and studies on the role of human factors in the causation of road traffic accidents in all regions.</p> <p>4. Collaboration with countries in the establishment of appropriate guidelines regarding legislation in the field of road traffic safety in all regions.</p> <p>5. Promotion of education in road traffic safety with special regard to the role of the family and the community in all regions.</p>			<p>NCD MMH HMD NGO'S OECD CHP</p>
<p>3. By 1983 to promote collaboration and coordination between international environmental and health authorities, organizations and agencies, dealing with the prevention of road traffic accidents in some countries in each region</p>	<p>1. Development of procedures for the regular exchange of information with other international organizations concerned with the prevention of road traffic accidents and support of joint activities in all regions.</p>			<p>COR</p>
<p>4. By 1983 to develop guidelines for health care provision for traffic accident victims</p>	<p>1. Provision of technical guidance to national authorities, jointly with other WHO programmes, in the development of adequate and appropriate medical care of RTA victims in all regions.</p>			<p>SPM, ATH</p>

ADR/DPR (DISABILITY PREVENTION)

Objective 4.3 - To promote efforts to reduce the incidence and consequences of disability by the provision of at least essential disability prevention and rehabilitation services for all the disabled.

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
1. By 1983 to organise regular collection and provision of information regarding disability problems and service provision and needs, as basis for planning of services.	1. Collaboration with country to study disability problems and collection, publication and dissemination of information (AFR, EUR, SEAR, WPR, AMR) 2. Consultations with Governments, UN Agencies and NGOs, participation in meetings, workshops, etc (all regions).			FHE, MNH
2. By 1983, 40 countries will have started development of new, simplified community-based approaches to delivery of the essential disability prevention and rehabilitation services, including referral levels.	1. Development of policy, plan and programmes for disabled 2. Development and evaluation of training packages (manual) for the disabled (HQ) Testing manual in 10-12 countries (all regions, except EUR) Publication and dissemination of manuals (all regions, except EUR) 3. Training of professional staff, and development of appropriate supplies and equipment (AFR, AMR, EMR, SEAR, WPR) 4. Support to research activities on cost effectiveness, appropriate tools and functioning of rehabilitation services (all regions)			ISPO, WPF FHE HMD, MNH, PBI, PHC ICC, ILO UNESCO HMD
3. By 1983, at least some countries in each region will have collected information regarding their present legislation related to the disabled and guidelines will be formulated for national legislation.	1. Produce a publication on the harmonization of policies and legislation aimed at the collection of information and drafting of publications on the disabled.			FHF, MNH ILO, IFC UN, UNESCO NGOs

APPROPRIATE TECHNOLOGY FOR HEALTH (ATH)

Objective 5.1 To promote the concept of appropriate technology, both within and outside WHO

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
1. By 1983 adoption of the ATH concept as a support to PHC by most of the countries	1. Mobilization of support to the concept. (i) Coordination Committees and Technical Advisory Groups (all regions and HQ) (ii) Joint undertakings between all WHO programmes (all regions and HQ) (iii) SDT activities (all regions and HQ) (iv) Displays and travelling exhibitions (all regions and HQ) (v) Workshops at inter-regional, regional and national levels for a better understanding and utilization of ATH (AMRO, SEARO) (vi) Stimulating the organization of multidisciplinary national groups on ATH (AFR, AMR, EMR, SEAR, WPR) (vii) Collaboration with other agencies concerned with ATH such as UNICEF, UNIDO to develop joint policies (all regions and HQ)			ECS, INF UNICEF Technical Units as required

Objective 5.2 To collaborate with and support Member States in the identification of needs, and in the development, adaptation, testing, and utilization of appropriate technologies.

1. By 1980 initiate in some countries of each Region situation analysis and in-depth studies relating to the selection, testing and training of ATH related to priority areas in order to provide a better coverage and quality of services	1. Setting up of study areas and using them as training grounds for inter- and intra-regional study groups (EMRO, SEARO (Thailand), WPRO) 2. Maintain with inputs from countries lists (global and regional) of recognized ATH needs, identify priority for action and set up country activities to study the application of identified appropriate technology (AFR, AMR, EMR) 3. Preparation and dissemination of guidelines, technical material and mechanisms for monitoring and managing ATH, resulting from consultations, task forces, seminars on specific aspects of ATH, such as: (i) on local production of oral rehydration salts (all regions) (ii) on small scale production of essential drugs (all regions) (iii) on resistance to change (all regions) (v) for the elementary treatment of common diseases at PHC level (vi) for simple and comprehensive labeling of essential drugs (iv) on cost effectiveness of alternative technologies and evaluation based on experience gained from study areas beginning (all regions)			Technical Programmes as required
	4. Establishment of criteria for the assessment of health and health-related technology IR meeting to review criteria and make recommendations for preparation of guidelines to be used for technology evaluation.			
	5. Preparation and revision of essential equipment lists for different levels of PHC workers and institutions (including first care referral systems) with input from all regions.			
2. By 1983, a number of countries in each region where it does not yet exist will have an efficient service for supply, maintenance and repair of equipment*	1. Technical support to countries for the formulation of a national policy for an efficient service for supply, maintenance and repair of equipment, including the collection, assessment and use of data on reliability of medical equipment (all regions). 2. Technical support to countries for the setting up of national and regional workshops for maintenance and repair, including preparation of guidelines for the identification of essential equipment, its correct ordering and purchase and related training activities (all regions).			All technical units as required

* See also Target 2, Activity 1 of SPM

APPROPRIATE TECHNOLOGY FOR HEALTH (ATH)

Objective 5.3 To promote a collaboration programme of research and the collection, analysis and dissemination of information.

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
1. Initiation by 1980 and continuous development of an efficient mechanism for a global system of ATH information and for ATH research and development.	1. Identification of national institutions involved in ATH information and research as part of NHDC/N and strengthening of their capabilities. (HQ and all Regions)			ICS, IMF, ISP, All technical programmes
	2. Development and support of ATH information service (ATHIS): (i) Consultation on the development of a mechanism for functioning ATHIS	(ii) Feasibility study and initiation of ATHIS (iii) Review the acquired experience and reorient the service if necessary.	(iv) Extension of the system	
	3. Dissemination of information (Newsletters, Directory, Regional publications, occasional publication of specific subjects, etc.			

Objective 5.4 Radiological technology - improvement of radio-diagnostic coverage of the population in under-served areas of the world by developing the concept of basic radiological system (BRS)

1. Improvement of radio-diagnostic coverage of	1. Consultation with X-Ray manufacturers on BRS machines, Geneva, March 1979 4. Consultation with Reg. Advisers (RAD all regions) 7. Technical consultation on BRS project, Copenhagen, May 1979. 8. Preparation for field trials of 5 BRS machines.	2. Field trials of BRS machines in EMRO, AMRO, AFRO, WPRO, SEARO 5. Preparation of training packages for BRS operators and general practitioners	3. Field trials of BRS machines and training packages in: AFRO, AMRO, EMRO, SEARO and WPRO 6. Starting the mass production of training packages for BRS operators	ATH, HMD, SPM, SUP
2. To offer solutions for a better planning and utilization of all radiological facilities at country level by elaboration of guidelines for comprehensive planning of radiological services at country level.	1. Presentation of the problem during the Regional Committee, EMRO 1978 and WPRO 1979	2. Meeting with representatives of national health authorities and radiologists in AFRO, AMRO, EMRO 4. Evaluation of the situation of radiological services in developing countries at the XV Int. Congress of Radiology.	3. Consultation for clarification of guidelines for comprehensive planning of radiological services at country level. 5. Activities aimed at cooperation with regions and national health authorities in applying the above-mentioned guidelines.	SPM, ISP
3. Development of appropriate methodology for quality control and study of the efficacy/efficiency in radio-diagnosis, nuclear medicine, radiotherapy and radiation protection.	1. Scientific group meeting on efficacy/efficiency studies in radiodiagnosis and nuclear medicine, organized in collaboration with the Govt. of F.R. Germany, Dec. 1979. 6. Workshop on Quality Control in Nuclear Medicine, SEARO, December, 1979.	2. Workshop on Quality Control in Nuclear Medicine and Radiodiagnosis - AMRO, EMRO, AFRO, SEARO 4. Consultation on Possibilities and Limits for Radiodiagnostic and Medical Investigations. 7. Efficacy/efficiency studies in the field of Radiodiagnosis, Nuclear Medicine and Radiotherapy in 8-12 countries in AFRO, AMRO, EMRO, EURO and WPRO.	3. Efficacy/efficiency studies in the field of Radio-diagnosis, Nuclear Medicine and Radiotherapy, expanded to a total of 30-40 countries in all regions 5. Consultation on the methods for improving the efficacy/efficiency of radio-diagnostic investigations. 8. Evaluation with all Reg. Offices of the population coverage with radiotherapy services	ISP, HSR HCS, ISP HSR HCS, ISP HSR

APPROPRIATE TECHNOLOGY FOR HEALTH (ATH)

Objective 5.4 Radiological technology (Continued)

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
4. Further development of radiation protection activities at country, regional and global levels.	<p>1. Course on Radiation Protection in WPRO, co-sponsored by DANIDA (Oct. 1978, Nov. 1979)</p> <p>4. Collection of data for 1981 UNSCEAR Report.</p> <p>5. Publication of Volume 5 of the WHO/IAEA/ILD Manual of Radiation Protection in Hospitals and General Practice.</p>	<p>2. Consultation on methods for epidemiological studies of health effects of low level radiation exposure.</p>	<p>3. Evaluation with all Regional Offices of the Radiation protection services at the national level and ways to improve this activity.</p>	Technical programmes as required

Objective 5.5 To promote the establishment of health laboratories, including blood banks, especially at the intermediate and peripheral levels for the support of primary health care.

1. By 1983, most countries would have formulated national policies and begun the development of health laboratories in support of primary health care.	<p>1. Collaboration with countries in the formulation of national policies and for the expansion of the laboratory services to the primary health care level (all Regions.)</p> <p>2. Promote the organization of operational research projects on the expansion of laboratories to health centres and primary level hospitals; one or two countries from the following regions:</p>		<p>Technical programmes as required</p>
	<p>EMRO</p> <p>EMRO</p>	<p>WPRO SEARO</p> <p>AFRO AMRO</p> <p>3. Encourage technical cooperation between countries, particularly in areas of training of laboratory staff (EMRO, SEARO and WPRO) and production and evaluation of reagents (HQ, SEARO and WPRO).</p> <p>4. Promote the expansion of blood transfusion services to regional and district hospitals based on voluntary non-remunerated donations (HQ and all Regions).</p> <p>5. Prepare documentation on the organization and technical aspects of blood services (HQ).</p>	

Objective 5.6 To promote the development and use of simple, low-cost and reliable laboratory methods and materials.

1. By 1983, simple and appropriate laboratory technology will be used by most developing countries.	<p>1. Prepare manuals and guidelines to be used in intermediate and peripheral laboratories and based on appropriate technology (HQ in cooperation with Regions).</p> <p>2. Field trials of these draft manuals in all Regions</p>		<p>Technical programmes as required</p>
	<p>4. Promote the production and assembly of simple essential laboratory equipment in developing countries;</p> <p>5. Organization of a task force to formulate a programme of activities (HQ).</p> <p>8. Cooperate with countries in the expansion of maintenance and repair facilities for laboratory equipment, including the organization of training programmes (HQ and all Regions).</p> <p>9. Encourage and support research for the development of new and simple equipment and laboratory methodology and expand the network of WHO Collaborating Centres (all Regions).</p>	<p>3. Final publication of the manuals (HQ).</p> <p>6. Expansion of the activities to regional level (all Regions)</p> <p>7. Production and/or assembly of equipment at national level in selected countries in SEARO, WPRO and EMRO.</p>	

APPROPRIATE TECHNOLOGY FOR HEALTH (ATH)

Objective 5.7 To improve the quality and efficiency of laboratory services and the standardization of techniques

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
<p>1. By 1983, the majority of countries to have introduced modern management methods, standardization and quality control in the field of health laboratory technology</p>	<p>1. Promote the development of international reference preparations, methods and specifications with respect to diagnostic materials (HQ, AMRO and EURO)</p> <p>2. Promote and support the establishment of national quality control programmes to improve the quality of laboratory work:</p> <p>1. Cooperate with countries in the participation in international quality control programmes (HQ and all Regions)</p> <p>5. Disseminate technical information on appropriate laboratory methodology to field staff (HQ and Regions)</p> <p>6. Promote training activities on management, standardization and quality control: (HQ, EMRO, EURO, SEARO, WPRO)</p>	<p>4. Organization and expansion of national programmes: EURO, AMRO, WPRO, SEARO</p>	<p>EMRO, AFRO</p>	<p>Technical programmes as required</p>

HEALTH SERVICES RESEARCH (HSR)

Objective 6.1. To strengthen national capabilities for health services research

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
1. By 1983, orientation and training of related national and WHO staff would have taken place in all regions.	1. Promotion of and support to country and inter-country orientation workshops of political leaders and service managers (all regions). 2. Development of and support to the implementation of training programmes in HSR methodology and management for research workers (all regions and HQ). (i) development of training programmes. (ii) implementation or support to country/inter-country short-term training activities. (iii) provision of fellowships for medium and long-term training in HSR 3. Study of utilization of HSR results in developing countries as an input to HSR orientation and training activities (all regions and HQ).			Technical programmes as required. HMD, SDT, HRP, TDR. ROR.
2. By 1983, several countries in each region will have developed and strengthened their research component and promoted coordination through NHDC/N.	1. Development of guidelines for the management of the research component of NHDC/N programmes 2. Collection, analysis and dissemination of information on national and international health services research and related activities (all regions and HQ).			Technical programmes as required.
3. By 1983, extra-budgetary funds for HSR would have been mobilized.	1. Estimation of financial needs and preparation of a submission to funding agencies (all regions and HQ)- 2. Bilateral and multilateral discussions with funding agencies on the need for and use of funds for HSR (all regions and HQ). 3. Development of a mechanism for the allocation of extra-budgetary funds to regions and countries and for its evaluation (all regions and HQ).			COR

HEALTH SERVICES RESEARCH (HSR)

Objective 6.2. Promote and collaborate in the identification of socially relevant priorities in health services development and the implementation of action research aimed at their solution in countries.*

TARGETS	ACTIVITIES			LINKAGES
	1978-79	1980-81	1982-83	
1. By 1983, in most countries national health services research priorities and health strategy would have been identified.	1. Analysis and interpretation of health services and health-related trends for the definition, projection and anticipation of priorities in health action (all regions and HQ). (i) trend analysis (ii) study of health care in urban and peri-urban populations. 2. Study of the utilization of laboratory tests in medical practice. * A large number of substantive studies in different areas of concern are being implemented or proposed at country, inter-country and inter-regional levels and are reported under the various technical programmes.			FHR, HSR, MNH, HMD

Objective 6.3. Propose a coherent and balanced set of inter-related HSR activities that are consistent with national health action priorities and supportive to the research needs of countries.

1. By 1983, global, regional and country mechanisms for the management of the WHO/HSR programme will have been established.	1. Establishment of advisory-coordinating mechanisms such as: (i) Global and Regional ACMR Sub-committees on HSR (all regions and HQ); (ii) establishment of and support to Scientific Working Group for development of HSR in priority areas (all regions and HQ). 2. Development of information support for the management of the WHO/HSR programme (all regions and HQ).			FHR, FHR, HMD, HRP, TDR.
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ABBREVIATIONS

ACC	Administrative Committee on Coordination
ACMR	Advisory Committee on Medical Research
AFR	African Region
AMR	American Region
AMRF	African Medical and Research Foundation
ATH	Appropriate Technology
BFI	Budget and Finance
BVI	Bacterial and Venereal Infections
CDS	Communicable Diseases
CEPAL	Commission économique pour l'Afrique
CHP	Country Health Programming
CMC	Christian Medical Association
COR	Co-ordination
CPD	Co-operative Programmes for Development
CWO	Co-ordination with Other Organizations
DPE	Development of Health Programme Evaluation
DPM	Drug Policies and Management
DPR	Disability Prevention and Rehabilitation
ECLA	Economic Commission for Latin America
ECS	Educational Communication Systems
EHE	Environmental Health
EMR	Eastern Mediterranean Region
EPI	Expanded Programme on Immunization
EUR	European Region
FHE	Family Health
HBI	Health and Biomedical Information Programme
HCS	Environmental Health Criteria and Standards
HDC's	Health Development Centres
HED	Health Education
HMD	Health Manpower Development
HQS	Headquarters
HRP	Special Programme of Research Development and Research Training in Human Reproduction
HSR	Health Services Research
HST	Health Statistics
ISPO	International Society for Prosthetics and Orthotics
ICC	International Computing Centre
ICD	International Classification of Diseases
ICN	International Council of Nurses
IEA	International Epidemiological Association
IHF	International Hospital Federation
IIASA	International Institute for Applied Systems Analysis
ILO	International Labour Office
INF	Public Information
ISP	Information Systems Programme
IUA	International Union of Architects
LEG	Legal Division
LRCS	League of Red Cross Societies
MCH	Maternal and Child Health
MNH	Mental Health
MPD	Malaria and Other Parasitic Diseases
NGO's	Non-Governmental Organizations
NHDC/N	National Health Development Centres/Network
NUT	Nutrition
OCAM	Organisation commune Africaine et Mauricienne
OCH	Office of Occupational Health
OECD	Organization for Economic Cooperation and Development

ORP Oral rehydration powder
PBL Programme for the Prevention of Blindness
PDT Prophylactic, Diagnostic and Therapeutic Substances
PHC Primary Health Care and Rural Development
RACMR Regional Advisory Committee on Medical Research
RAD Radiation Medicine
ROA Regional Offices
SDT Staff Development and Training
SEAR South-East Asia Region
SPM Health Services Planning and Management
SUP Supply Services
TBA Traditional Birth Attendant
TCDC Technical Cooperation between Developing Countries
TDR Special Programme for Research and Training in Tropical Diseases
TRM Programme on Traditional Medicine
UN United Nations
UNDP United Nations Development Programme
UNESCO United Nations Educational, Scientific and Cultural Organization
UN ECE United Nations - Economic Commission for Europe
UNICEF United Nations Children's Fund
UNSCEAR United Nations Scientific Committee on the Effects of Atomic Radiation
VBC Vector Biology and Control
WHO World Health Organization
WFPA World Federation of Public Health Associations
WPR Western Pacific Region
WRF World Rehabilitation Fund
WSS Water Supply and Sanitation