Address by the Representative of the World Health Organisation

B. GRAB

Mr. Chairman, Ladies and Gentlemen,

It is a great honour and also a great pleasure for me to address, on behalf of the World Health Organization, this distinguished assembly of worldwide experts in medical computing.

In his last Annual Report to the World Health Assembly, the Director-General emphasised the need for a reassessment of WHO's role and activities. This has been made possible by new improvements in communications science resulting from the applications of computer technology. There was a need to develop programming and evaluation techniques to establish a much closer relationship between the two processes of priority-setting by governments, collectively at the World Health Assembly and individually at the country level. Increased emphasis on WHO's coordination role at the country level can contribute substantially towards bringing the two priority-setting processes together.

One of the mechanisms being developed to assist countries in identifying national priorities is country health programming, by which the health problems of a country are assessed systematically in their proper context, taking into account the resources that are, or could be available, with the aim of pinpointing areas susceptible to change. Country health programming is only the first stage. It is intended to be followed by project formulation, which describes the measures to be adopted and the detailed use of resources for their implementation in the priority areas. Management techniques and evaluation procedures are then applied in the implementation of these decisions. This is the stage of project management.

The main programme areas identified by WHO include the strengthening of health services, the development of health manpower, the prevention and control of communicable and chronic diseases, the promotion of environmental health, and health information and literature. The increasing role of the computer in all these areas has long been recognized by WHO. The demand for efficiency and for optimal allocation of the resources, the requirements of sound management, as well as the complexity of the systems involved, all require the extended development of computer technology in the field of biology, medicine and public health.

Computer applications in medicine and public health are already firmly established in economically advanced countries. As a technological instrument of great potential they can also help the less developed countries in their efforts to promote improved health activities. The organization of public health systems and the delivery of health services in different countries must therefore be considered: There may be wide variation within and among such systems, and this has major implications for the transplantation of computer systems developed elsewhere.

The need for computers thus depends on the stage of development of the health care systems in different areas, regions and countries; different levels of development being associated with different computer requirements and applications.

The need for improved coordination of WHO's activities in this field is being felt increasingly, and it is considered that the Organization should put itself in a

position to give both policy guidance and technical advice to countries that request it. The continued interest of WHO in the development of computer techniques is reflected by the successive conferences, symposia, seminars and other meetings arranged by the Organization.

For example, a conference on the Application of Automatic Data Processing Systems in Health Administration was convened by the European Regional Office in 1964 in Copenhagen. In 1966, the same Office organized a symposium in Stockholm on the Use of Electronic Computers in Health Statistics and Medical Research, in 1968 a seminar in London and Chichester on the Public Health Uses of Electronic Computers, and in 1971 a symposium on the Development of Hospital Computing Systems which was held in Toulouse. In 1970 an informal working group was convened in Bratislava by the European Regional Office to discuss their activities in the field of medical computing. Finally, in 1972 the same Office organized a European Conference on Medical Computing in Luxembourg.

On the recommendation of the Fifth Meeting of its Regional Advisory Committee on Health Statistics, the WHO Regional Office for the Americas created, in 1968, a Regional Advisory Committee on Computers in Health. This Committee held its first meeting in Buenos Aires in 1970 and its second meeting in Washington in 1972.

The first Consultation on Medical Computing in Public Health organized by WHO Headquarters was held in 1971. It was followed by a second Consultation in 1972 and a third one is planned for the end of this year.

A rapid glance at the programme of the present Conference shows that practically the whole range of computer applications will be reviewed, going all the way from problems of automation in medical linguistics to policies for introducing computers into health services.

I am sure that the result of these discussions will substantially help in deciding on the directions to be taken in the future, and in recommending the advantageous uses of the new computer technology for the improvement of health delivery systems throughout the world.

The International Federation for Information Processing which is sponsoring this World Conference on Medical Informatics is already in official relations with the World Health Organization. Good professional contacts have been established in the past. And it is hoped that further fruitful collaboration will develop in the future for the mutual benefit of both organizations. May I conclude by saying that the World Health Organization expresses its warmest wishes for the full success of MEDINFO 74.