

INTERNATIONAL STANDARDS AND PRACTICE GUIDELINES AND HEALTH MISSIONS

BACKGROUND: Care provided by medical missions must meet the legal requirements and medical standards and practice guidelines of the host country. Until relatively recently, very few standards and guidelines were available, and those were rarely enforced. Over the past several years, numerous international standards and guidelines have been established for the care of patients in developing countries. Host countries are in various stages of adopting and enforcing these standards.

In nearly all cases, medical standards for host developing countries are based on World Health Organization (WHO) standards and guidelines. Even when not yet officially adopted by host country governments, they are now being used by Ministry of Health officials to evaluate the quality of care provided in their country.

The WHO constitution, and additional documents published and distributed through <http://who.int/en/> delineate the authority of the WHO and its 193 member countries.

“WHO’s mandate comes from the constitution adopted by member states and the primary audience it serves is composed of governments, more specifically, the ministries or agencies concerned with health.” Both the U.S. and the host countries are member states. (See 1.1.1-1.1.3 below).

The WHO requires that practice guidelines be “systematically developed evidence-based statements which assist providers, recipients and other stakeholders to make informed decisions about appropriate health interventions” (See http://whqlibdoc.who.int/hq/2003/EIP_GPE_EQC_2003_1.pdf) Many of these guidelines were developed in collaboration with U.S. based organizations such as the CDC and USAID, and faith-based organizations such as the World Council of Churches.

Nearly all of these documents are available free for downloading. In addition, guidelines contained in “Key WHO Publications” are now simultaneously made available in Arabic, Chinese, English, French, Russian and Spanish

GOALS: As noted below, “there are over 900 WHO collaborating centres (in addition to the CDC, USAID, World Council of Churches, etc) in 99 Member States working with WHO on areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies.” The number of international health care standards and guidelines published by the WHO and posted on its website is now almost overwhelming, and just finding the current applicable guideline can be difficult. Our goal, therefore, is simply to assist medical missions in meeting the requirements for compliance with these existing standards and guidelines, not to create new ones.

Medical missions that wish to continue to provide care in developing countries will need to meet rapidly changing and expanding WHO and host country requirements for quality care. There are a number of reasons for this

change. Most important has been the world-wide availability of the internet, with instantaneous transmission of the latest WHO International Standards and Guidelines to developing countries throughout the world.

Although these are often considered “secular” standards, it should be noted that faith-based organizations as well as many of our most respected Christian mentors were often the initiators and/or were responsible for their development.

For this reason, compliance with current WHO standards and guidelines for evidence-based, high quality, patient centered, holistic and community care nearly always simultaneously results in compliance with Biblical guidelines as well as “U.S. Standards of Excellence in Short-Term Mission” requirements.

We will focus on those standards and guidelines that are most critical for Short-Term Healthcare Missions continued practice in host countries, especially high risk and controversial areas such as short-term drug-based primary care. Where there is evidence of difficulty with compliance with International Standards and Guidelines, we will attempt to assist missions in their efforts to meet those requirements.

Our goal is to glorify God through Excellence in Health Missions. Standards and guidelines based on Christian principles and the participatory approach to empowering communities to meet their healthcare goals will be especially emphasized.

This is a complex and humbling task and we very much appreciate the prayers, assistance and recommendations of all our health missions colleagues.

SECTION 1

INTERNATIONAL STANDARDS AND PRACTICE GUIDELINES AUTHORITY & SOURCES

1.1. INTERNATIONAL STANDARDS AND GUIDELINES--THE WORLD HEALTH ORGANIZATION (WHO)

1.1.1. Authority: <http://www.who.int/about/en/> “WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends...”

1.1.1.2 Governance: <http://www.who.int/governance/en/index.html>

The World Health Assembly is the supreme decision-making body for WHO. It generally meets in Geneva in May each year, and is attended by delegations from all 193 Member States. Its main function is to determine the policies of the Organization. The Health Assembly appoints the Director-General, supervises the financial policies of the Organization, and reviews and approves the Proposed programme budget. It similarly considers reports of the Executive Board, which it instructs in regard to matters upon which further action, study, investigation or report may be required.

The Executive Board is composed of 34 members technically qualified in the field of health. Members are elected for three-year terms. The main Board meeting, at which the agenda for the forthcoming Health Assembly is agreed upon and resolutions for forwarding to the Health Assembly are adopted, is held in January, with a second shorter meeting in May, immediately after the Health Assembly, for more administrative matters. The main functions of the Board are to give effect to the decisions and policies of the Health Assembly, to advise it and generally to facilitate its work.

The Secretariat of WHO is staffed by some 8000 health and other experts and support staff on fixed-term appointments, working at headquarters, in the six regional offices, and in countries. The Organization is headed by the Director-General, who is appointed by the Health Assembly on the nomination of the Executive Board.

Resolutions of the World Health Assembly and the Executive Board are contained on the following WHO website link: www.who.int/gb/ This site also contains other important Documents related to the World Health Assemblies (WHA) and Executive Board (EB) sessions in all six official languages of the WHO.

1.1.1.3. Constitution of the WHO.

http://www.who.int/governance/eb/who_constitution_en.pdf

1.1.2. General Guidelines: <http://www.who.int/about/agenda/en/index.html>

Two of the six current WHO agenda items specifically address the development of international standards and guidelines:

“4. Harnessing research, information and evidence: Evidence provides the foundation for setting priorities, defining strategies, and measuring results. WHO generates authoritative health information, in consultation with leading experts, to set norms and standards, articulate evidence-based policy options and monitor the evolving global health situation.”

5. Enhancing partnerships: WHO carries out its work with the support and collaboration of many partners, including UN agencies and other international organizations, donors, civil society and the private sector. WHO uses the strategic power of evidence to encourage partners implementing programmes within countries to align their activities with best technical guidelines and practices, as well as with the priorities established by countries.”

1.1.3. WHO Practice Guidelines: Recommended Processes--Version10 March 2003 http://whqlibdoc.who.int/hq/2003/EIP_GPE_EQC_2003_1.pdf :

“Definition: Guidelines are systematically developed evidence-based statements which assist providers, recipients and other stakeholders to make informed decisions about appropriate health interventions...”

WHO’s mandate comes from the constitution adopted by member states and the primary audience it serves is composed of governments, more specifically, the ministries or agencies concerned with health...WHO takes a global perspective in addressing the needs of 193 member states...

For WHO guidelines, the traditional approach of reviewing and reporting evidence on efficacy and safety is certainly crucial, but not sufficient...

WHO needs to assess the implications for population health of any recommendation as well. This requires explicit recognition that resources to provide health interventions are limited. This involves considering the cost-effectiveness of alternative interventions, the opportunity costs of investing in one intervention versus another, the affordability of the interventions, and the feasibility of applying a set of recommendations in different settings.”

1.1.4. See Sections 2&3 for specific International Standards and Practice Guidelines.

1.2. INTERNATIONAL STANDARDS AND GUIDELINES--THE WHO AND INTERNATIONAL PROFESSIONAL ORGANIZATIONS.

As noted in 1.1.2., the WHO carries out its work with the support and collaboration of many partners. The following international organizations represent the professions and services most often provided by short-term healthcare missions. These organizations often work in partnership with the WHO as well as their corresponding nationally-based (including U.S.) organizations to establish international standards and guidelines which may be found on their respective websites. The international professional organizations most relevant to services provided by healthcare missions include the following:

1.2.1 The World Health Professions Alliance (WHPA) brings together the International Council of Nurses, the International Pharmaceutical Federation, the World Dental Federation and the World Medical Association and speaks on behalf of more than 25 million health care professionals worldwide. The WHPA aims to facilitate collaboration between key health professionals and major international stakeholders such as governments, policy makers and the World Health Organization to advocate and work for the highest possible standards of health care for all people. www.whpa.org

1.2.2 The International Council of Nurses (ICN) is a federation of national nurses' associations in 129 countries, representing the 13 million nurses working worldwide. Founded in 1899, ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce. www.icn.ch

1.2.3 The International Pharmaceutical Federation (FIP) is the global federation of 114 national organizations of pharmacists and pharmaceutical scientists. Pharmacists are health professionals dedicated to improving the access to and value of appropriate medicine use. www.fip.org

1.2.4 The FDI World Dental Federation (FDI) is the authoritative, worldwide voice of dentistry with more than 150 member associations in 134 countries around the world, representing more than 900,000 dentists internationally. Its main roles are to bring together the world of dentistry; to represent the dental profession of the world and to stimulate and facilitate the exchange of information across all borders with the aim of optimal oral health for all people. www.fdiworldental.org

1.2.5 The World Medical Association (WMA) is the global federation of national medical associations, representing millions of physicians worldwide. Its membership is made up of national medical associations from around the world, directly and indirectly representing the views of more than seven million physicians. The WMA was founded in 1946 and endeavours to achieve the highest possible standards of medical science, education, ethics and health care for all people. In order to achieve this ideal, the WMA is active in the fields of policy development and the setting of professional standards. www.wma.net

1.2.6 International Association of Medical Regulatory Authorities (IAMRA) www.iamra.com WHO collaborating partner. This site provides very important contact information for obtaining licensing/legal permission to practice medicine in host countries. There are no international standards or guidelines in this area. However, it should be noted that harsh penalties exist in many states for practicing medicine without proper permission issued by the appropriate governmental authorities.

An "International Directory of Medical Regulatory Authorities" has been created to assist medical regulatory authorities in the exchange of important physician information. The directory provides core information for all known medical regulatory authorities, such as addresses and communication sites/portals, as well a brief description of the legal authority by which the organization received its regulatory powers and the regulatory services provided by the organization. Click on International Directory and select the country/state in which you would like to view the Directory Information.

1.3 INTERNATIONAL STANDARDS AND GUIDELINES--THE WHO AND COLLABORATING PARTNERS.

As noted in 1.1.2, the WHO also frequently collaborates with organizations such as UNICEF, UNESCO, USAID, The Centers for Disease Control and Prevention (CDC) and other partners; and evidence-based and best practice guidelines for patients of developing countries may be found on their respective websites. WHO collaborative studies and evidence-based guidelines for developing countries are also published in professional medical journals such as The Lancet.

The Official Web Site Locator for the United Nations System of Organizations is www.unsystem.org

The organizations most relevant to care provided by healthcare missions include the following:

1.3.1 United Nations Children's Fund (UNICEF) www.unicef.org UNICEF is a member of the United Nations family of organizations, mandated by the United Nations General Assembly to work to protect children's rights, help meet their basic needs and expand their opportunities to reach their full potential. UNICEF works in 191 countries through country programmes and national committees focusing on five major areas: 1. Survival and development; 2. Basic education and gender equality; 3. HIV and AIDS; 4. Protection from violence, exploitation and abuse; 5. Policy advocacy and partnerships for children's rights. Information

available: The web site provides access to reports and databases which are organized by themes. Those primarily related to health include children's rights; debt, poverty and development; HIV/AIDS; immunization; childhood development; nutrition; water, environment and sanitation. Audience: Inter/national decision makers, policy makers, health professionals and general public. Note: The Publications link, in particular, provides guidelines in numerous health related areas.

1.3.2 The United Nations Educational, Scientific and Cultural Organization (UNESCO) www.unesco.org UNESCO promotes international co-operation among its 193 Member States ... in the fields of education, science, culture and communication. Numerous health education guidelines are available through programs such as:

FRESH (Focusing Resources on School Health): Four core components:

1. School health policies 2. Water, sanitation and the environment 3. Skills-based health education 4. School-based health services. Three supporting strategies: 1. Partnerships between education and health 2. Community partnerships 3. Pupil awareness and participation

1.3.3 The United States Agency for International Development (USAID) www.usaid.gov WHO collaborates with USAID in a number of areas. Since 1961, USAID has been the principal U.S. agency to extend assistance to countries recovering from disaster, trying to escape poverty, and engaging in democratic reforms. USAID is an independent federal government agency that receives overall foreign policy guidance from the Secretary of State. Our Work supports long-term and equitable economic growth and advances U.S. foreign policy objectives by supporting: economic growth, agriculture and trade; global health; and, democracy, conflict prevention and humanitarian assistance.

With headquarters in Washington, D.C., USAID's strength is its field offices around the world. We work in close partnership with private voluntary organizations, indigenous organizations, universities, American businesses, international agencies, other governments, and other U.S. government agencies. USAID has working relationships with more than 3,500 American companies and over 300 U.S.-based private voluntary organizations. International health related programs include: Environmental Health, Family Planning, Health Systems, HIV/AIDS, Infectious Diseases, Maternal and Child health, and Nutrition.

1.3.4 The Centers for Disease Control and Prevention (CDC) www.cdc.gov

1.3.4.1 Coordinating Office for Global Health One of the CDC's 6 strategic imperatives is "Globalization: Extend CDC's knowledge and tools to promote health protection around the world. Health Protection Goals, Criteria and Objectives:

71. Prevent and control infectious diseases and their consequences globally.
72. Prevent infant and child morbidity and mortality globally.
73. Prevent non-communicable diseases and their consequences globally.
74. Prevent injuries and their consequences globally.
75. Promote safe, healthy, and accessible physical environments globally.

76. Prepare for, prevent, detect, respond to, and contain health threats globally.

77. Support achievement of international and national goals for the acceleration of control, and the eradication and elimination of diseases.

78. Develop sustainable public health capacity among partner organizations and governments globally.

79. Prevent maternal morbidity and mortality globally.

80. Improve response to natural and manmade disasters, including complex humanitarian emergencies globally”

1.3.4.2 Diseases & Conditions (A-Z Index) Content similar to WHO-Health Topics. May occasionally contain info not available on WHO site.

1.3.4.3 Travelers Health Content similar to WHO International Travel and Health. May occasionally contain info not available on WHO site.

1.3.4.4 Links to U.S. State Department Travel Site <http://travel.state.gov/> Passport Services and Travel Warnings and Consular Information Sheets for specific countries.

1.3.5 U.S. Food and Drug Administration. www.fda.gov Office of International Programs. Advances the mission of the FDA and public health worldwide in partnership with other FDA components, other U.S. agencies, foreign governments and international organizations.

1.3.6 Office of Global Health Affairs (OGHA) <http://www.globalhealth.gov/office/index.html> Like the CDC and FDA, this organization operates under the U.S. Department of Health and Human Services (HHS). We represent the HHS to other governments, other Federal Departments and agencies, international organizations, and the private sector on international and refugee health issues... We develop U.S. policy and strategy positions related to health issues...We provide leadership and coordination for bilateral programs with selected countries. Links to info and guidelines on Countries and Regions, Global Health Topics, International Travel, International Health Regulations, Refugee Health, Reports and Publications, Exchange Visitor Program. Related Links to WHO Reports, UNESCO and other WHO partners.

1.3.7 Joint Commission and Joint Commission International (JCI) Collaborating Center on Patient Safety Solutions <http://www.who.int/patientsafety/solutions/patientsafety/en/> During 2005, the Joint Commission and JCI were officially designated as a WHO Collaborating Center for Patient Safety Solutions...The Collaborating Centre has commenced building an international network to identify, evaluate, adapt and disseminate patient safety solutions worldwide...The nine inaugural patient safety solutions available for use by WHO Member States in May 2007 are: 1. Look-Alike, Sound-Alike Medication Names. 2. Patient Identification. 3. Communication During Patient Hand-Overs. 4. Performance of Correct Procedure at Correct Body Site. 5. Control of Concentrated Electrolyte Solutions. 6. Assuring Medication Accuracy at Transitions in Care. 7. Avoiding Catheter and Tubing Mis-Connections. 8. Single Use of Injection Devices. 9. Improved Hand Hygiene to Prevent Health Care-Associated Infections.

Note re Joint Commission International (JCI) and Additional International Standards:

http://www.jointcommission.org/AboutUs/Fact_Sheets/jci_facts.htm JCI has recently (August, 2005) published additional international standards for ambulatory care. JCI is not listed as an official WHO Collaborating Center for these standards (which are not available online and hard copies must be purchased from JCI).

However some government agencies have adopted the “Joint Commission International Accreditation Standards for Ambulatory Care” and medical missions organizations may, therefore, find them necessary for achieving compliance in their particular host country.

“JCI is a client-focused, results oriented, premier source of knowledge for health care organizations, government agencies, and third party payers throughout the world. It provides educational services, consulting services and publications to assist in improving the quality, safety, and efficiency of health care services. JCI offers international and country specific accreditation programs and other assessment tools to provide objective evaluations of the quality and safety of health care organizations.”

“Joint Commission International Accreditation Standards for Ambulatory Care 2005” JCI has developed a set of international accreditation standards for those offering care in ambulatory settings. This first edition presents both patient-centered and organizational management core and not-core standards, along with the applicable intent statements and measurable elements for each standard. Patient-focused standards address five key functional areas: Access to Care and Continuity of Care; Patient and Family Rights; Assessment of Patients; and Patient and Family Education. An additional six areas center on standards relating to management of the organization: Quality Improvement and Patient Safety; Prevention and Control of Infections; Governance, Leadership, and Direction; Facility Management and Safety; Staff Qualifications and Education; and Management of Information. Based on accreditation standards developed by an international task force, JCI Accreditation Standards for Ambulatory Care has been created to meet the needs of organizations pursuing either performance improvement or accreditation.”

It should also be noted that many countries have already developed and implemented their own health care accreditation standards and procedures, independent from JCI.

1.3.8 Additional Collaborating Centers:

<http://www.who.int/collaboratingcentres/en/index.html> These are institutions such as research institutes, parts of universities or academies, which are designated by the Director-General to carry out activities in support of the Organization's programmes. Currently there are over 900 WHO collaborating centres in 99 Member States working with WHO on areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies.

SECTION 2

INTERNATIONAL STANDARDS AND PRACTICE GUIDELINES WHO OVERVIEW

Selections from the main WHO website resource pages will be briefly summarized in this section, focusing on those most relevant to healthcare missions best practices. Please see <http://who.int/en/> for the complete listing.

2.1 WHO-Countries <http://www.who.int/countries/en/> Members of WHO are grouped according to regional distribution (193 Member States). Contains a wealth of country-specific information necessary for health care missions priority planning and operations.

2.2 WHO-Health Topics <http://www.who.int/topics/en/> Another very valuable site with numerous resources applicable to health care missions. Contains links to numerous WHO projects, initiatives, activities, information products, and contacts, organized by health and development topics. Examples of relevant guidelines include:

- Numerous specific infectious diseases from Anthrax to Zoonoses.
- Numerous specific nutritional deficiencies from Vitamin A to Zinc.
- Numerous general conditions such as Diarrhoea and Substance Abuse.
- Numerous chronic diseases such as Asthma and Cardiovascular Diseases.
- Numerous fields of medicine such as Epidemiology and Traditional Medicine.

Many of these subjects are addressed more comprehensively in the “Programs and Projects” section of the website.(See 2.5 WHO-Programs and Projects below.) Links especially relevant to medical missions best practices will be summarized in SECTION 3.

2.3 WHO-Publications <http://www.who.int/publications/en/>

2.3.1 Key WHO Publications: The World Health Report./ International Health Regulations./ International Travel and Health./ The International Classification of Diseases./ International Pharmacopoeia.

2.3.2 WHO Journals: Bulletin of the World Health Organization./ Eastern Mediterranean Health Journal. /Pan American Journal of Public Health. /Weekly Epidemiological Record./ WHO Drug Information.

2.3.3 WHO Regional Publications: African Region./ Region of the Americas–PAHO./ South-East Asia Region./ European Region./ Eastern Mediterranean Region./ Western Pacific Region.

2.4 WHO-Data and Statistics <http://www.who.int/research/en/> Enables STMM to provide and evaluate quality of services in accordance with host country’s actual needs. Includes Databases such as: WHOSIS, the WHO Statistical Information System, is an interactive database bringing together core health statistics for the 193 WHO Member States. It comprises more than 70 indicators, which can be accessed by way of a quick search, by major categories, or through user-defined tables. The data can be further filtered, tabulated, charted and downloaded.

2.5 WHO-Programs and Projects <http://www.who.int/entity/en/> Provides links to numerous outstanding WHO programmes, partnerships and other

projects listed in alphabetical order. Links especially relevant to care provided by medical missions will be summarized in SECTION 3. Links to comprehensive WHO databases of information relevant to healthcare missions best practices include the following:

2.5.1 Global Health Library <http://www.who.int/ghl/en/> Excellent resource providing “Access to reliable health information for those who need it. Access to health information is an integral part of all health systems because it can improve people's health. The GHIL will offer a virtual platform that assembles multiple resources and points to content in all available formats that will be targeted according to the needs of specific user groups... (ministries of health, policy makers, health workers, information providers, patients and their families, general public) can focus on the knowledge that best meets their health information needs...”

2.5.2 Global Strategy on Diet, Physical Activity and Health <http://www.who.int/dietphysicalactivity/en/> Unhealthy diets and physical inactivity are two of the main risk factors for raised blood pressure, raised blood glucose, abnormal blood lipids, overweight/obesity, and for the major chronic diseases such as cardiovascular diseases, cancer, and diabetes...

2.5.3 Global Observatory for eHealth <http://www.who.int/goe/en/> eHealth is the use of information and communication technologies (ICT) for health. It is recognised as one of the most rapidly growing areas in health today... Recognizing that the field of eHealth is rapidly transforming the delivery of health services and systems around the world, WHO is playing a central role in shaping and monitoring its future, especially in low- and middle-income countries.

2.5.3.1 Medical informatics http://www.who.int/topics/medical_informatics/en/ MeSH scope note: The field of information science concerned with the analysis and dissemination of medical data through the application of computers to various aspects of health care and medicine.

2.5.4 Health and development <http://www.who.int/hdp/en/> This website provides an update on WHO activities in the area of health and development, including recent publications, reports of country work and information on training courses and capacity-building activities.

2.5.5 International Travel and Health <http://www.who.int/ith/en/> This report provides information on the main health risks for travellers...All people planning travel should become informed about the potential hazards of the countries they are travelling to and learn how to minimize any risk to their health. Site also lists Country Specific Information, Vaccine Specific Information, Disease Specific Prevalence Maps and latest updates on risks.

2.5.6 Knowledge management and health <http://www.who.int/kms/en/> Knowledge management is a set of principles, tools and practices that enable people to create knowledge, and to share, translate and apply what they know to create value and improve effectiveness....Many of the solutions to health problems of the poor exist, but are not applied. This is called the "know-do" gap - the gap between what is known and what is done in practice.

The Global WHO Knowledge Management team aims to bridge the know-do gap in global health by fostering an environment that encourages the creation, sharing, and effective application of knowledge to improve health.

2.5.7 Knowledge Management for Public Health | KM4PH

<http://www.who.int/km4ph/en/> KM4PH is a global knowledge sharing network for public health led by the World Health Organization in close collaboration with the World Federation of Public Health Associations (WFPHA) and other key international, regional and national public health partners, including the International Association of National Public Health Institutes (IANPHI).

2.5.8 Legislation, Health <http://www.who.int/topics/legislation/en/>

2.5.8.1 WHO - International Digest Of Health Legislation

<http://www.who.int/idhl-rils/frame.cfm?language=english> The International Digest of Health Legislation contains a selection of national and international health legislation. Texts of legislation are summarized in English or mentioned by their title. Where possible, links are provided to other websites that contain full texts of the legislation in question.

2.5.9 Library & Information Networks for Knowledge

<http://www.who.int/library/en/>

2.5.9.1 Databases <http://www.who.int/library/databases/en/>

WHOLIS is the World Health Organization library database available on the web. WHOLIS indexes all WHO publications from 1948 onwards and articles from WHO-produced journals and technical documents from 1985 to the present. An on-site card catalogue provides access to the pre-1986 technical documents. It contains bibliographic information with subject headings and, for some records, abstracts. For some records, full text links are available. An online tutorial for guidance in using WHOLIS is available.

2.5.10 Management for health services delivery

<http://www.who.int/management/en/> Effective leadership and management are essential to scaling up the quantity and quality of health services and to improving population health.

Good leadership and management are about:

- providing direction to, and gaining commitment from, partners and staff;
- facilitating change; and
- achieving better health services through efficient, creative and responsible deployment of people and other resources.

2.5.11 Millennium Development Goals

http://www.who.int/topics/millennium_development_goals/en/ The United Nations Millennium Development Goals are eight goals that all 191 UN member states have agreed to try to achieve by the year 2015. The United Nations Millennium Declaration, signed in September 2000 commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The MDGs are derived from this Declaration, and all have specific targets and indicators.

The Eight Millennium Development Goals are:

- to eradicate extreme poverty and hunger;
- to achieve universal primary education;

- to promote gender equality and empower women;
- to reduce child mortality;
- to improve maternal health;
- to combat HIV/AIDS, malaria, and other diseases;
- to ensure environmental sustainability; and
- to develop a global partnership for development.

2.5.12 Patient Safety <http://www.who.int/patientsafety/en/> The World Alliance for Patient Safety raises awareness and political commitment to improve the safety of care and facilitates the development of patient safety policy and practice in all WHO Member States.

2.5.13 Includes the six Regional WHO Offices and their practice guidelines:

Regional Office for Africa www.afro.who.int

Regional Office for Europe www.euro.who.int

Regional Office for South-East Asia www.searo.who.int

Regional Office for the Americas/Pan American Health Organiz (PAHO)
www.paho.org

Regional Office for the Eastern Mediterranean www.emro.who.int

Regional Office for the Western Pacific www.wpro.who.int

2.5.14 The Civil Society Initiative (Nongovernmental organizations) <http://www.who.int/civilsociety/en/> Working to connect WHO with nongovernmental and civil society organizations The Civil Society Initiative (CSI) fosters relations between WHO and nongovernmental and civil society organizations and is responsible for the administration of formal relations as set out in the Principles governing relations between WHO and nongovernmental organizations (NGOs).

2.5.14.1 Nongovernmental organizations (NGOs)
http://www.who.int/topics/nongovernmental_organizations/en/

SECTION 3

INTERNATIONAL STANDARDS AND PRACTICE GUIDELINES ESPECIALLY RELEVANT TO HEALTH MISSIONS BEST PRACTICES

The number of international health care standards and practice guidelines published by the WHO and posted on its website number in the hundreds, and finding the current applicable guidelines can be difficult.

Links especially relevant to health missions will therefore be published in the middle column of the “Best Practices Documents” page of the “Best Practices in Global Health Missions” website:

<http://csthmbestpractices.org/ConsensusDocuments.html>

Primary Author: Arnold Gorske MD.

Last Updated: June 30, 2010. Recommendations for improvement are much appreciated and may be referred to agorske@hepfdc.info