

## International Standards & Guidelines (IS&Gs) and Health Missions

**BACKGROUND:** Best Practices in Global Health Missions (BPGHM) must be founded on compliance with international standards and guidelines (IS&Gs) for a number of reasons, including the following:

Care provided by health missions must meet the legal requirements and medical standards and practice guidelines of the host country. Until relatively recently, few standards and guidelines were available, and those were rarely enforced. However, numerous IS&Gs have now been established and host countries are in various stages of adopting and enforcing these standards.

In nearly all cases, medical and other health related standards for host 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.

**WHO Authority:** The references in SECTION 1 delineate the authority of the WHO and its 194 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.”

The U.S. and other “sending” countries as well as the “host” countries are member states. (See SECTION 1.1.1 below).

**WHO IS&Gs:** 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 SECTION 1.2 below.) Many of these guidelines were developed in collaboration with U.S. based organizations such as the CDC and USAID, and faith-based organizations (FBOs) 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.

**IS&Gs and Quality Care:** Medical missions that wish to continue to provide care in other 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 IS&Gs to countries throughout the world.

It is also important to note the Biblical basis for quality of care. Avedis Donabedian, perhaps the most renowned founder of the study of quality in health care, once worked at the English Mission Hospital in Jerusalem before he became famous in the secular world. A recent article in the New England Journal of Medicine, one of the world’s most respected secular medical journals, includes one of his more famous quotes:

[Donabedian’s Lasting Framework for Health Care Quality](#): “Health care is a sacred mission...a moral enterprise and a scientific enterprise but not fundamentally a commercial one. We are not selling a product. We don’t have a consumer who understands everything and makes rational choices--and I include myself here. Doctors and nurses are stewards of something precious...Ultimately the secret of quality is love. You have to love your patient, you have to love your profession, you have to love your

God. If you have love, you can then work backward to monitor and improve the system.”

Although WHO IS&Gs 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 provided the studies and other work necessary for their development.

For these reasons, compliance with current WHO IS&Gs for evidence-based, high quality, holistic individual and community healthcare nearly always simultaneously results in compliance with Biblical guidelines, as well as the [Accord Network Principles of Excellence in Integral Mission](#) and [Standards of Excellence in Short-Term Mission \(SOE\)](#) requirements.

For further information see [Christian Contributions to International Standards and Guidelines](#)--Also provides WHO, American Journal of Public Health, and other secular documentation that the Biblically-based work of Christian missionaries was the very foundation of the WHO’s approach to primary care and community health and development. (As noted below, one of BPGHM's primary goals is to facilitate the continuation of that work.)

**BPGHM Purpose.** As noted below, "there are over 700 WHO collaborating centres in over 80 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 IS&Gs published by the WHO and posted on its website is now almost overwhelming, and just finding the current applicable guideline can be difficult. Our primary purpose, therefore, is simply *to assist healthcare missions in meeting the requirements for compliance* with existing standards and guidelines.

We will focus on those IS&Gs that are most critical for the safety of patients, especially in very high risk areas such as STM medicine-based primary care. Where there is evidence of difficulty with compliance with Biblical and IS&Gs, we will attempt to assist churches and missions in their efforts to meet those requirements.

**BPGHM Goals** include the following:

1. Promote best practices that are consistent with a Biblical understanding of holistic health, which acknowledges the significant role of spiritual, as well as physical, psychological and social well-being.
2. Assist healthcare missions in meeting their requirements for compliance with Biblical & international evidence-based standards & guidelines.
3. Facilitate the searches of WHO website viewers who wish a missions and/or Biblical perspective on implementing international standards & guidelines.
4. Provide WHO and other documentation of how the Biblically-based work of Christian missionaries became the *very foundation of the WHO’s approach to healthcare*, specifically, primary care and community health and development. (For example see: [Christian Contributions to International Standards & Guidelines](#))
5. Provide a means for publication of papers that enable the continuation of Christian missionary contributions to best practices and international standards & guidelines.

This BPGHM Working Group document will address the following:

**SECTION 1: IS&Gs AND THE WHO**

**SECTION 2: IS&Gs AND WHO COLLABORATING CENTERS**

**SECTION 3: THE WHO AND INTERNATIONAL PROFESSIONAL ORGANIZATIONS**

**SECTION 4: BEST AVAILABLE IS&Gs RELEVANT TO GLOBAL HEALTH MISSIONS**

**SECTION 1: IS&Gs AND THE WHO**

**1.1. [Agencies of the UN: WHO](#)**

**1.1.1 Authority:** “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...”

**WHO's agenda includes:**

“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.”

**1.1.2 [Constitution and basic documents](#)**

**[Basic founding documents](#)** See Appendix 1 of this site for Constitution signatories and members of the World Health Organization

**1.1.3 [Governance](#)**

**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 194 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](#) 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.

## 1.2 WHO Guideline Development

[WHO Practice Guidelines: Recommended Processes--Version10 March 2003](#)  
(*Guidelines for WHO Guidelines*)

"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..."

[WHO handbook for guideline development](#)

"WHO has adopted internationally recognized standards and methods for guideline development to ensure that guidelines are free from bias, meet a public health need and are consistent with the following principles.

--Recommendations are based on a comprehensive and objective assessment of the available evidence.

--The process used to develop the recommendations is clear. That is, the reader will be able to see how a recommendation has been developed, by whom, and on what basis."

## 1.3 WHO IS&Gs

--See SECTION 4 and the [WHO website](#) for IS&Gs applicable *globally*.

--See the following for guidelines applicable *in certain regions* of the world (Includes the six **Regional WHO Offices** and their practice guidelines):

Regional Office for [Africa](#)

Regional Office for [Europe](#)

Regional Office for [South-East Asia](#)

Regional Office for [the Americas/Pan American Health Organization \(PAHO\)](#)

Regional Office for [the Eastern Mediterranean](#)

Regional Office for [the Western Pacific](#)

## SECTION 2: IS&Gs AND WHO COLLABORATING CENTERS

[WHO Collaborating Centers](#) "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 700 WHO collaborating centres in over 80 Member States working with WHO on areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies."

These include UNICEF, UNESCO, USAID, The Centers for Disease Control and Prevention (CDC), The World Council of Churches, and other partners.

See also: [Collaborations and partnerships](#)

See also: [United Nations System of Organizations](#)

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

**2.1 [United Nations Children's Fund \(UNICEF\)](#)** 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.

**2.2 [The United Nations Educational, Scientific and Cultural Organization \(UNESCO\)](#)** UNESCO promotes international co-operation among its 194 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

**2.3 [The United States Agency for International Development \(USAID\)](#)** 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.

**2.4 [The Centers for Disease Control and Prevention \(CDC\) 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." See Especially:

---[Outbreaks](#) (Travel Health Notices)

For country-specific information about Safety and Security, visit the US Department of State [Travel Alerts and Warnings](#) page.

For country-specific information about weather conditions, visit the National Oceanic and Atmospheric Administration (NOAA) [International Weather Selector](#) webpage.

---[Diseases & Conditions](#) Note: CDC has several disease topic indexes. This one is specific for Global Health. (See also [CDC Traveler's Health Disease Directory](#))

---[Travel](#) Provides information critical to the health and safety of those working in other countries. See also: [Travel & health-Team safety](#)

**2.5 [U.S. Food and Drug Administration \(FDA\) 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.

**2.6 [Office of Global Affairs \(OGA\)](#)** Like the CDC and FDA, this organization operates under the U.S. Department of Health and Human Services (HHS). "The HHS Office of Global Affairs is the diplomatic voice of the Department of Health and Human Services—we foster critical global relationships, coordinate international engagement across HHS and the U.S. government, and provide leadership and expertise in global health diplomacy and policy to contribute to a safer, healthier world"

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.

**2.7 [World Council of Churches \(WCC\)](#)** The WCC includes numerous documents demonstrating FBO work in assisting the WHO in the establishment, as well as promotion of IS&Gs. For examples see:

[Contact](#) Publication of the WCC and former Christian Medical Commission (CMC).

[Dignity, Freedom and Grace: Christian Perspectives on HIV, AIDS, and Human Rights](#)

### **SECTION 3: THE WHO & INTERNATIONAL PROFESSIONAL ORGANIZATIONS**

The following organizations sometimes work in partnership with the WHO. However, the guidelines on their websites do not have the international authority of the WHO and its 194 member states. So unless specifically identified as a WHO collaborating centre

for the relevant topic, they are not utilized as IS&Gs on the BPGHM website. However their information and guidelines may be of significant value, especially in those areas not addressed by the WHO and its collaborating centers.

**3.1 [International Association of Medical Regulatory Authorities \(IAMRA\)](#)** This site provides very important contact information for obtaining *licensing/legal permission to practice in host countries*. There are no globally accepted IS&Gs in this area, and requirements may even vary state to state within countries. 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” 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 the above link and select the country/state in which you would like to view the Directory Information.

**3.2 [The World Health Professions Alliance \(WHPA\)](#)** brings together **The International Council of Nurses, The International Pharmaceutical Federation, The World Confederation for Physical Therapy, 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.

**3.2.1 [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.

**3.2.2 [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.

**3.2.3 [The World Confederation for Physical Therapy \(WCPT\)](#)** Founded in 1951, the World Confederation for Physical Therapy (WCPT) is the sole international voice for physical therapy, representing more than 350,000 physical therapists worldwide through its 112 member organisations. The confederation operates as a non-profit organisation and is registered as a charity in the UK

**3.2.4 [The 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.

**3.2.5 [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.

## **SECTION 4: BEST AVAILABLE IS&Gs RELEVANT TO GLOBAL HEALTH MISSIONS**

The number of healthcare IS&Gs published by the WHO and posted on its website number in the hundreds, and finding the current applicable guidelines can be difficult. The BPGHM website was therefore designed to facilitate the following:

--For IS&G topics most relevant to healthcare missions, please see the [BPGHM Health Topics](#) page.

--IS&Gs most relevant to health missions are published in the upper section of each individual topics page.

--Faith-based and secular organization mission specific best practices documents (demonstrate compliance with IS&Gs) are published in the lower section of each individual topics page.

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