FACT SHEET

WORLD HEALTH ORGANIZATION (WHO)

Mandate

In 1945 the United Nations Organization was formed. One of the things Heads of States discussed in 1945 was setting up a global health organization. Subsequently, the World Health Organization's (WHO) Constitution came into force on 7 April 1948, which is celebrated each year as World Health Day.

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 mission, set out in the WHO Constitution, is the attainment by all peoples of the highest possible level of health. Health is defined as “a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity”.

Regionalization is a special feature of WHO’s organizational structure. Geographic areas serve as a framework for six regional organizations.

The goal of the WHO Regional office for Europe (WHO EURO) is to support 53 Member States in developing their own health policies, health systems and public health programmes, preventing and overcoming threats to health, anticipating future challenges and advocating public health.

In order to reinforce the importance of the contribution of health systems to the economic development and wealth of the populations, and to discuss ways to strengthen health systems, the Ministers of Health from 53 European Member States of the WHO met in Tallinn, Estonia in June 2008. The Tallinn Charter “Health Systems for Health and Wealth” was signed to further guide the development of health systems throughout Europe.

WHO in Armenia

The Republic of Armenia became a WHO Member State in 1992. The WHO Country Office (WHO CO) for Armenia was established in 1994.

The WHO Country Office represents the WHO in the country. It supports the Ministry of Health (MoH) in health system strategic needs assessment, planning, implementation and evaluation of the Biennial Collaborative Agreements (BCA), and channels all WHO assistance to the country, as well as the country requests, to the appropriate units in EURO and Headquarters.

The main WHO partner in Armenia is the Ministry
of Health. However, the CO is also engaged in ongoing dialogue and activities with other national key counterparts, such as the Parliamentary Commission on Health, various sector Ministries and leading educational and research institutions of health in Armenia.

Major international partners include the World Bank, USAID, Center for Disease Control Atlanta, International Committee of the Red Cross, Medecins Sans Frontieres, World Vision, OXFAM, Global Fund, GAVI and others.

Priority areas for cooperation for 2008-2013

The following priorities for cooperation for 2008-2013 have been selected in response to public health concerns and ongoing national efforts to improve the performance of the health system:

• Continuous improvement of maternal and child health along with a decrease in mortality rates;
• Establishment of Integrated Surveillance as well as overall public health system to combat infections, prevent and control Non-Communicable Diseases and prevent and reduce the impact of environmental health risk factors;
• Contribution to the development of efficient health system responding to the needs of the Armenian population through provision of health facilities at various levels of the system with qualified human resources and health personnel;
• Development of the system of rational drug use (such as enforcement of essential drugs in cooperation with pharmaceutical companies, introduction of the integrated protocols and schemes, monitoring side effects, provision of valid information), quality assurance and control (including control measures against counterfeit drugs) and improvement of the mechanisms of drug supply;
• Contribution to the establishment of the sustainable and effective health financing system; decrease in the informal payments' share and their formalization, as well as increase of the diversity of financing sources;
• Further development of the primary health care system as the most affordable medical care for the population;
• Strengthening State (MoH) stewardship and regulatory role in health sector for policy development and implementation and increased access to quality services; strengthening of the MoH leadership role in inter-sectoral collaboration, promoting involvement of other government and non-government organizations in the protection of population health and overall health system reinforcement.