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REGIONAL OFFICE FOR THE  
EASTERN MEDITERRANEAN

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REVISION TO  
PROGRAMME BUDGET  
FOR THE FINANCIAL YEARS  
1978 and 1979

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## I

## I N T R O D U C T I O N

1. The main purpose of this document is to present, for the Regional Committee's review, proposals for additional technical co-operation activities in 1978 and 1979, estimated at \$ 663 000 and \$ 940 000 respectively, which were not included in the original estimates submitted to the Regional Committee last year in Document EM/RC26/3.

It will be recalled that the Twenty-ninth World Health Assembly, in Resolution WHA29.48, requested a major re-orientation of the working of the Organization with a view to ensuring that allocations of the Regular Programme Budget reach the level of at least 60% towards technical co-operation and provision of services by 1980. As a result of the implementation of this Resolution, substantial resources are being shifted, mainly from establishment costs at Headquarters, to technical co-operation programmes, beginning in 1978/1979. Of the overall funds so released, \$ 663 000 and \$ 940 000, respectively, have been allocated to the Eastern Mediterranean Region.

For the time being, these additional funds will be placed in the Regional Director's Development Programme together with the amounts of \$ 50 000 and \$ 60 000, respectively, already earmarked for the Regional Director's Development Programme at the time of the preparation of the original programme budget estimates.

This document shows how it is intended to make the most effective use of these additional allocations. Subject to the Regional Committee's review, these proposals cover activities which have been identified as highly relevant to the needs of the countries of the Region, particularly in view of their developmental nature and their potential for making definite progress towards the solution of specific health problems. As will be seen in the document, public health research, country health programming, primary health care, health manpower development, the Expanded Programme of Immunization and special regional training in tropical diseases figure high on the list of the programmes selected for this purpose. Prevention of blindness, formulation of national drug policies, and pre-investment studies for basic sanitary services have also been earmarked for financing from this increased allocation. Provision has been included for unpredictable health problems which may arise in the course of 1978 and 1979.

2. No revision of detailed country and inter-country programmes included in Document EM/RC26/3 has been prepared, although some minor changes in the programme for 1978 and 1979 have been under review with individual governments. It is fully understood that during the implementation years further changes in the programme will take place, in consultation with the governments concerned - either as a result of cost increases or because of modified requirements and priorities of Member States. It is not expected, however, that these changes will materially alter the main thrust of the regional health programme.

3. Page 13 shows a revised table with the latest estimates for 1978/79 by appropriation section, with a revised tentative projection for 1980 and 1981, which takes into account the additional technical co-operation activities under the Regional Director's Development Programme in 1978 and 1979, as well as the increased regional allocations expected in future years as a result of the measures taken in implementation of Resolution WHA29.48.

II  
SUMMARY OF ACTIVITIES PROPOSED FOR IMPLEMENTATION  
UNDER THE REGIONAL DIRECTOR'S DEVELOPMENT PROGRAMME  
in 1978 and 1979

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	<u>1 9 7 8</u>	<u>1 9 7 9</u>
	\$	\$
1. Promotion and Development of Public Health Research	150 000	200 000
2. National Health Programme Development (Country Health Programming)	60 000	100 000
3. Primary Health Care	80 000	125 000
4. Integrated Health Services and Manpower Development (HSMD)	25 000	50 000
5. Health Learning Materials	25 000	50 000
6. Expanded Programme of Immunization	100 000	175 000
7. Research and Training in Tropical Diseases		
7.1 Training in Malaria and Vector-Borne Diseases	\$ 25 000	\$ 40 000 )
7.2 Regional Research and Training for Rodent Control	\$ 15 000	\$ 25 000 )
7.3 Fellowships	\$ 35 000	\$ 35 000 )
		75 000
8. Prevention of Blindness	25 000	25 000
9. Drug Policies and Management	25 000	25 000
10. Formulation of Pre-investment Projects for Basic Sanitary Services	50 000	50 000
11. Unpredictable Health Problems	<u>100 000</u>	<u>100 000</u>
	<u>\$ 715 000</u>	<u>\$ 1 000 000</u>

## III

PROGRAMME STATEMENTS FOR ACTIVITIES UNDER  
THE REGIONAL DIRECTOR'S DEVELOPMENT PROGRAMME

## 1. PROMOTION AND DEVELOPMENT OF PUBLIC HEALTH RESEARCH

Objectives

- (a) To develop a series of pilot studies in evaluative health services research.
- (b) To develop research capacities in evaluative health services research in the ministries of health and in other institutions.
- (c) To develop mechanisms for the exchange of information on evaluative and operational health services research.

Approaches

- (a) To undertake a number of collaborative studies regarding utilization of health services and the quality of services delivered, and to test appropriate technology for the delivery of health services to the underserved population of the countries. Since effective coverage is the ultimate goal of ministries of health, evaluative health services research should be directed to the study of available ways and means of achieving this goal. Socio-cultural, economic, organizational as well as technical factors affecting the utilization of health services in various countries of the Region should be the focus of such studies.
- (b) To undertake a survey of the available resources through visits of consultants and to identify individuals who are technically prepared and interested in these studies. Also to assist the governments in improving their capabilities through the award of short-term fellowships, provision of literature and assignment of short-term consultants for well-specified purposes.
- (c) To develop a manual for evaluative health services research, which would be important both in promoting and in standardizing methods for conducting this type of research.
- (d) To organize a regional panel to assist the WHO Regional Office in identifying the problems, in arranging for the exchange of information and in organizing meetings at national and inter-country levels for the exchange of views on specific problems. The identification of the data base required for evaluative health services research will be among the main tasks of this regional panel.

<u>Resources</u>	<u>1 9 7 8</u> US \$	<u>1 9 7 9</u> US \$
(a) Development of pilot studies		
Consultants (6 m/m)	25 000	25 000
Programme support	15 000	10 000
(b) Development of research capacities in the ministries of health		
Fellowships	50 000	50 000
Books & literature	25 000	25 000
Consultants (3 m/m)	10 000	15 000
(c) Development of a mechanism for the exchange of information and identification of potential institutional and manpower resources	25 000	75 000
	<u>150 000</u>	<u>200 000</u>
	=====	=====

2. NATIONAL HEALTH PROGRAMME DEVELOPMENT  
(COUNTRY HEALTH PROGRAMMING)

Objectives

- (a) To collaborate with the countries in the development of their capability and self-sufficiency in health planning.
- (b) To promote and develop the country health programming approach both in WHO and in countries of the Region.

Approaches

- (a) Participation in national health planning/programming efforts of countries on a collaborative basis.
- (b) Exchange of experience between national health planners, decision-makers and WHO staff.
- (c) Development of planning techniques suitable and acceptable to the countries.
- (d) Training of WHO staff in country health programming and project/programme formulation.

Activities

- (a) Collaboration with the Governments of Iraq, Saudi Arabia and Somalia in 1977-1978, and with other countries which express their willingness to collaborate in 1979.

(b) Inter-country consultation on health planning, country health programming and project/programme formulation for national health planners and decision-makers and for WHO personnel, at the beginning of 1978 and 1979.

(c) Analysis of country health programming and project/programme formulation activities for the improvement of the planning methodology.

(d) Conducting training workshops on country health programming and project/programme formulation for WHO personnel, one in 1978 and one in 1979.

(e) Regular briefing of all new WHO staff in the Region on country health programming and project/programme formulation.

<u>Resources</u>	<u>1 9 7 8</u> US \$		<u>1 9 7 9</u> US \$	
Consultants	40 000	(10 m/m)	70 000	(15 m/m)
Participants	15 000		15 000	
Local costs	<u>5 000</u>		<u>15 000</u>	
	60 000		100 000	
	=====		=====	

### 3. PRIMARY HEALTH CARE

#### Objectives

(a) Promotion of health technologies in primary health care appropriate to countries' needs and resources and acceptable to the consumer.

(b) Development of proper recording and reporting systems for primary health care activities to suit the local circumstances in each country.

(c) Study of the role of traditional medicine in the provision of health care, with particular reference to the peripheral level.

(d) Development of effective methodology for training primary health workers in the appropriate utilization of drugs, controlled by drug-utilization studies.

#### Approaches

(a) To survey the technologies being applied in primary health care services and to set up an inventory of regional institutions concerned with research and development of appropriate technology for health, as a basis for extending technical and financial support to such institutions.

(b) To review systems for recording and reporting in current use in the delivery of primary health care, with a view to improving such systems by securing simplicity, effectiveness and economy.

(c) To conduct studies in traditional medicine in the Region, in order to examine in what way traditional medicine might possibly contribute to primary health care services.

(d) To arrange and sponsor studies for the design of educational methods involved in training primary health workers in the appropriate utilization of drugs. The Department of Medical Education (Regional Teacher Training Centre) and the Department of Pharmacology, Pahlavi University, Shiraz, Iran, could be of help in such an activity.

<u>Resources</u>	<u>1 9 7 8</u> US \$	<u>1 9 7 9</u> US \$
Consultants (15 m/m)	60 000	70 000
Research grants	20 000	20 000
Participants in workshops	-	35 000
	<u>80 000</u>	<u>125 000</u>
	=====	=====

#### 4. INTEGRATED HEALTH SERVICES AND MANPOWER DEVELOPMENT (HSMD)

##### Objective

To promote and collaborate with interested Member countries in the development of suitable permanent health services and manpower development mechanisms adapted to the requirements of individual countries.

##### Target

Following the Ministerial Consultation in 1977, to have conducted, by 1980, activities that will enable at least three identified countries in the Region to develop a permanent mechanism for health services and manpower development.

##### Activities

1978 - To co-operate with three of the following countries - Egypt, Iran, Iraq, Jordan, Kuwait, Sudan - in carrying out situation analyses with respect to health services and manpower development with a view to identifying problems and proposing action.

1979 - To collaborate with the three countries in the planning and implementation of country strategies for co-ordination of health services and education.

<u>Resources</u>	<u>1 9 7 8</u> US \$	<u>1 9 7 9</u> US \$
Consultants	20 000 (5 m/m)	40 000 (9 m/m)
Supplies and equipment	5 000	10 000
	<u>25 000</u>	<u>50 000</u>
	=====	=====



## 5. HEALTH LEARNING MATERIALS

Objective

To promote the preparation of suitable health learning materials for middle-level and auxiliary personnel according to the priorities identified in the surveys on needs and resources conducted.

Target

In collaboration with two countries (Jordan, Sudan) to have health learning materials developed, adapted or improved for at least three categories of auxiliary personnel in each country.

Activities

1978 - 79 - Selection of potential authors and establishment of panels for the preparation of learning materials for auxiliary training programmes for the auxiliaries identified as being in the first three priority categories in each of the two collaborating countries.

- Conduct of workshops on the production of learning materials for panels and nationals.

- Establishment of an agreement with the panels by which they will prepare materials and WHO will supply them with available learning materials suitable for adaptation.

	<u>1 9 7 8</u> US \$	<u>1 9 7 9</u> US \$
<u>Resources</u>		
Consultants	25 000 (6 m/m) =====	50 000 (11 m/m) =====

## 6. EXPANDED PROGRAMME OF IMMUNIZATION

Objectives

To assist the countries in the Region undertaking the Expanded Programme of Immunization (EPI) in the:

(a) collection of baseline epidemiological information on the distribution, prevalence, incidence, seasonal variations and herd immunity in relation to diseases amenable to control through immunization;

(b) development of notification, recording and retrieval systems for the communicable diseases included in the EPI or likely to be included in future;

(c) evaluation of the effectiveness of the EPI in epidemiological terms;

(d) training of EPI staff in the epidemiological, operational and managerial aspects of the programme.

Approaches

(a) To establish teams composed of short-term consultant epidemiologists and laboratory technicians, to be entrusted with the collection of serological specimens for laboratory examination, before and during the EPI.

(b) To secure the contractual services of reference laboratories for the examination of serological specimens.

(c) To study the information acquired, deduce the epidemiological inferences and evaluate the results of the EPI.

(d) To assist the countries of the Region in planning and implementing the EPI, making use of the information acquired.

(Note: Countries which require such services could be Afghanistan, Democratic Yemen, Pakistan, Somalia, Syria and Yemen).

<u>Resources</u>	<u>1 9 7 8</u> US \$	<u>1 9 7 9</u> US \$
Consultants	80 000 (4 x 5 m/m)	135 000 (6 x 5 m/m)
Supplies and equipment	10 000	25 000
Other costs	10 000	15 000
	<u>100 000</u>	<u>175 000</u>

7. RESEARCH AND TRAINING IN TROPICAL DISEASES

7.1 Training in Malaria and Vector-Borne Diseases

Objective

To collaborate with countries in the establishment of training facilities in malaria and other vector-borne diseases capable of assuring the conduct of short-term courses for junior and senior national staff on a regional basis.

Approaches

Co-operation with the existing centres in the Region in:

(a) establishing educational objectives

(b) planning programmes and courses

- (c) participating in training.
- (d) evaluating courses

<u>Resources</u>	<u>1 9 7 8</u> US \$	<u>1 9 7 9</u> US \$
Grants	25 000 =====	40 000 =====

The amounts of the grants to be distributed amongst the various centres would be determined on the basis of governments' plans and requirements for developing the training facilities described.

## 7.2 Regional Research and Training for Rodent Control

### Objectives

- (a) To create adequate national expertise in rodent control by developing the most effective and economical kinds of training programmes.
- (b) To enhance the capacity of national personnel and improve their knowledge of existing rodents and their ability to control them.
- (c) To carry out research under local conditions with a view to obtaining results on which to base better preventive and control measures.

### Approaches

WHO will collaborate:

- (a) in the preparation of a long-term plan for the development of a regional training and research centre for rodent control;
- (b) in the preparation of curricula and teaching materials;
- (c) in providing teaching equipment and the equipment needed for demonstration and research.

<u>Resources</u>	<u>1 9 7 8</u> US \$	<u>1 9 7 9</u> US \$
Consultants	8 000 (2 m/m)	20 000 (4 m/m)
Supplies and equipment	7 000	5 000
	<u>15 000</u> =====	<u>25 000</u> =====

### 7.3 Fellowships

#### Objectives

(a) To permit personnel of various categories to acquire necessary and up-to-date knowledge of the modern methods employed for prevention and control of tropical diseases.

(b) To assist research programmes related to tropical diseases, more specifically in special fields which might offer a better perspective of, or new tools for, improving the control of tropical parasitic diseases.

#### Approaches

Collaboration in offering fellowships according to identified needs and in facilitating the training of research workers.

<u>Provision</u>	<u>1 9 7 8</u> US \$	<u>1 9 7 9</u> US \$
Fellowships	<u>35 000</u>	<u>35 000</u>

## 8. PREVENTION OF BLINDNESS

#### Problem

The status of blindness on the basis of existing surveys and studies indicates the following rates of blindness, in order of severity:

	<u>Rate per 100 000</u>	<u>Estimated number of blind</u>
(1) Yemen	4 000	275 000
(2) Democratic Yemen	3 550	62 000
(3) Saudi Arabia	3 000	286 000
(4) Pakistan	1 000	760 000
(5) Iraq	1 000	118 000

For other countries, either no data are available or lower prevalence has been revealed. Recent surveys have shown that at least half the cases of blindness are preventable. Trachoma is one of the main causes of blindness.

#### Objectives

To collaborate with the countries of the Region in their programmes for the prevention of blindness, and particularly in:

(a) identifying the main causes of disease leading to blindness and studying possible ways of control;

(b) participating in the establishment of a regional centre for the prevention of blindness through provision of technical advice.

#### Approaches

In relation to the activities and programme at regional and country level, to provide the necessary assistance and eventually expertise for assistance in the development of communicable eye-disease programmes for the prevention of blindness in the Region.

<u>Resources</u>	<u>1 9 7 8</u>	<u>1 9 7 9</u>
	US \$	US \$
	<u>25 000</u>	<u>25 000</u>

### 9. DRUG POLICIES AND MANAGEMENT

#### Objectives

To collaborate with countries in planning, programming and organizing the procurement of drugs and their distribution by government organizations.

#### Approaches

To organize two-inter-country seminars in countries of the Region (in 1978 and 1979) for specialists who operate on behalf of government institutions in the procurement of pharmaceutical preparations.

<u>Resources</u>	<u>1 9 7 8</u>	<u>1 9 7 9</u>
	US \$	US \$
Consultants (2 m/m)	8 000	9 000
Participants in seminars	<u>17 000</u>	<u>16 000</u>
	<u>25 000</u>	<u>25 000</u>
	=====	=====

### 10. FORMULATION OF PRE-INVESTMENT PROJECTS FOR BASIC SANITARY SERVICES

#### Justification

It is expected that the United Nations Development Programme financial situation will be significantly improved from 1978 onwards, so that additional pre-investment projects for basic sanitary services can be carried out, utilizing UNDP resources. In order for projects to be ready for implementation when increased funding becomes available, WHO should take the initiative in identifying and formulating selected projects in 1978 and 1979, under this programme.

Objectives

To assist the governments in formulating selected pre-investment projects for basic sanitary services.

Approaches

(a) Visits to selected countries by the Regional Environmental Health Advisers and consultants to identify potential water supply and sewerage pre-investment projects and to investigate, at country level, possibilities of financial support to these projects from international and/or bilateral sources.

(b) Consultation with Headquarters regarding possibilities of financing. Headquarters may be requested to explore financing possibilities from specific sources.

(c) Should future financing for any project(s) be reasonably assured, arrangements to send a team of consultants and Regional/Headquarters' engineers to the field for project formulation.

Expected outputs

Two projects (one for water supply and one for sewerage) to be formulated each year, with draft project documents appropriately prepared in accordance with the requirements of the United Nations Development Programme or other potential financing agencies.

<u>Resources</u>	<u>1 9 7 8</u> US \$	<u>1 9 7 9</u> US \$
Consultants	48 000 (12 m/m)	49 000 (11 m/m)
Miscellaneous	2 000	1 000
	<u>50 000</u>	<u>50 000</u>
	=====	=====

## IV

REVISED PROGRAMME BUDGET ESTIMATES 1978 - 1979 BY APPROPRIATIONSECTION WITH A TENTATIVE PROJECTION FOR 1980 - 1981REGULAR BUDGET

APPROPRIATION SECTION	PURPOSE OF EXPENDITURES	<u>ESTIMATED OBLIGATIONS</u>		<u>TENTATIVE PROJECTIONS</u>	
		1 9 7 8 \$	1 9 7 9 \$	1 9 8 0 \$	1 9 8 1 \$
1	Policy organs	25 000	25 000	27 000	29 000
2	General management, co-ordination and development	661 600	734 900	808 000	889 000
3	Development of comprehensive health services	2 637 300	3 011 000	3 312 000	3 644 000
4	Health manpower development	4 265 000	4 742 000	5 217 000	5 738 000
5	Disease prevention and control	4 627 000	5 140 900	5 655 000	6 220 000
6	Promotion of environmental health	606 700	690 900	760 000	836 000
7	Health information and literature	531 400	599 900	660 000	726 000
9	Support to regional programmes	2 036 000	2 050 400	2 255 000	2 481 000
T O T A L		15 390 000	16 995 000	18 694 000	20 563 000