



REGIONAL COMMITTEE

SEA/RC9/19

Ninth Session

27 September 1956

Provisional Agenda item 21

REPORT OF THE PROGRAMME SUB-COMMITTEE

The Programme Sub-Committee met at 9 a.m. on 26 September 1956, to scrutinize the programme and budget estimates for 1956 as contained in documents SEA/RC9/3 and Corr.1, in accordance with its terms of reference, as shown in Annex 1. The following members of the Sub-Committee were present:

1. Dr. S. Anwar (Chairman) (Indonesia)
2. Dr. N.K. Jungalwalla (India)
3. Dr. R. Almeida (Portugal)
4. Mr. S.J. Whitwell (United Kingdom)

The Sub-Committee was assisted in its deliberations by members of the Secretariat.

1. General Scrutiny of the Programme

At the outset, an enquiry was made by the Sub-Committee as to how a programme is actually established. The whole procedure and the various phases through which a programme passes, from the formulation stage to the implementation stage, were explained by the Regional Director. (Annex 2)

The Sub-Committee then considered the programme as a whole, taking into account the recommendations of the previous sessions of the Regional Committee with regard to the programme balance required in South East Asia. They enquired about the effect, if any, of the new TA procedures on the general balance of the programme. They were satisfied that the new procedures had no ill effect on the general programme balance. Questions were asked regarding the differences with regard to field project planning and direction financed under TA and regular funds respectively. Any differences that existed were administrative and not technical. It was ascertained that, generally speaking, programmes having a direct effect on economic development fall within the scope of the Technical Assistance budget. Certain other programmes could only be financed from the Regular budget. Fellowships were financed largely from TA funds. The staffing pattern in relationship to the requirements of the Extra-Budgetary Funds was examined.

Questions were asked as to why nutrition activities formed such a small part of the programme. It was explained that, of necessity, international assistance to nutrition programmes was mainly in the nature of research and survey.

The Sub-Committee called for a detailed analysis of the short-term consultants to be employed in the Region in 1958 under Technical Assistance and Regular programmes. This information is given in Annex 12.

Some detailed consideration was given to the place of inter-country programmes in relationship to the total programme. It was noted that a substantial budgetary increase in inter-country activities was proposed for 1958 in the Regular budget. This increase was mainly due to three expensive items; the preparation of the annual Public Health Reports; the Mass Campaign Consolidation, and the Regional Teaching Conference on Child Health. It was proposed that this matter might be further considered by the Regional Committee. The Sub-Committee appreciated that in certain regions the need for inter-country activities was greater than in South East Asia. It was contended that inter-country activities in South East Asia should be a rather small percentage of the total budget and that as much money as possible should be devoted to the country activities.

A special analysis was made of the education and training activities in the Region in view of their high priority. The Sub-Committee considered that this aspect was well catered for. A recommendation was made that short-term public health courses for medical officers might be expanded in the future.

The Sub-Committee was of the opinion that the programme and budget for 1958 represented the wishes of previous sessions of the Regional Committee with regard to priorities and was well-balanced.

2. Examination of Selected Projects

A detailed examination and analysis was made of three representative programmes, viz. -

- (a) Maternal and Child Health/Nursing Project, Madhya Pradesh, India (India-78);
- (b) Malaria Control Project, Rapti Valley, Nepal (Nepal-1), and
- (c) Assistance to Medical College, Rangoon, Burma (Burma-28).

These programmes were analysed with a view to examining the objectives, staffing and financing of the projects.

The question of the point at which a project should be terminated was discussed. It was explained that in its original request, the government and WHO agreed upon the period for which the project was needed. On occasion, certain technical considerations dictated as to when the project should be terminated or extended, as the case might be. Any change in the original intention was effected in consultation with the government.

An explanation was given as to how the project service allowance was built up. It was explained that this allowance was a grant to the field staff and was not enjoyed by Headquarters or Regional Office

staff, the intention being to compensate field staff members, as they were employed on relatively short assignments, which meant having to maintain a home at the country of their origin in many instances.

(a) Maternal and Child Health/Nursing Project, Madhya Pradesh, India (India-78): With regard to this project, it was explained that in this, as in many other projects, the staff employed was chosen with a view to the particular needs of the local circumstances. In this project the main requirements were to make up the deficiencies in the child care and paediatric aspects, and the present medical officer of the project had been chosen with a view to these requirements. The teaching aspects of the project were gone into. This was not a demonstration project.

The costing sheet for the project was examined in detail, and the cost estimates were found to be satisfactory.

The exact place of the health educator in the project was explored. It was explained that while this post was attached to the project, the influence of the health educator would be on a statewide level. The Sub-Committee pointed out that care should be taken in instituting an administrative pattern with the help of WHO, because such a pattern was liable to be perpetuated. This required to be clearly stated in the plan of operations.

The Sub-Committee questioned the advisability of labelling this type of project as "maternal and child health" when it embraced so many other forms of activity.

(b) Malaria Control Project, Rapti Valley, Nepal (Nepal-1): A description of the project area was asked for. The objective of the project was to gather base-line scientific information in the country as well as to demonstrate the modern approach to malaria control in a specified area of national development. The results of this demonstration would be available to the remainder of the national programme, which was being developed with the help of ICA. The Sub-Committee noted that sub-professional personnel was employed within this project. This was necessary because there was no local personnel of this category in the country. The emoluments and conditions of service of such sub-professional staff were discussed. It was noted that such personnel did not continue for long, as it was hoped that the local counterparts would be trained quickly. The Sub-Committee hoped that this malaria project would be used as a training area for health assistants who were being trained in another WHO-assisted project.

(c) Assistance to the Medical College, Rangoon (Burma-28): The Sub-Committee discussed the local difficulties in securing satisfactory counterparts for this type of project. The importance of counterparts was stressed, although their quality would naturally vary. It was explained that WHO rarely took on a purely service role, although WHO staff had occasionally to act without counterparts during the early part of a project.

No extra budgetary funds were available for supplies and equipment for this project. The practice of earmarking \$100 for many projects, to meet contingencies, including the purchase of a small number of books and periodicals, was gone into. It was explained that in some teaching projects where extra budgetary funds could not be made available, WHO had supplied the necessary equipment to make the training effective. The timing of fellowships in a project was explained.

In the examination of the budget break-down in the costing sheet for this project, questions were asked about the use of averages in building up the cost of recruitment and allowances for project staff. The averages used in the case of vacant posts were explained (Annex 3). The Sub-Committee examined in detail, the costing sheet which they found satisfactory.

3. Examination of the Regional Office

The Sub-Committee examined the Regional Office staffing pattern and its budget. A statement giving the comparative Regional Office costs from 1950 to 1958 is appended as Annex 5.

It was noted that from 1957 to 1958 the increases in cost were mainly due to statutory increases arising out of normal salary increments. The estimated staff increase for 1958 was examined. Explanations were sought as to the work undertaken by the Public Information Unit, as also the financing and use being made of the booklets prepared on the health work being undertaken in Afghanistan and Burma with the help of WHO.

It was noted that three Adviser posts remained to be filled at present.

The duties to be undertaken by the two vacant posts of Regional Advisers in Public Health were explained. One of these advisers was paid out of the allocation of the Technical Assistance budget.

The Sub-Committee noted with satisfaction that a Reports and Documents Unit had been created, and it was hoped that this would facilitate the very important function of the spread of scientific information within the Region.

4. Question for Discussion by the Regional Committee

It was considered necessary to refer one specific question for discussion by the Regional Committee as a whole, viz., inter-country activities vs. country activities, in the light of the increased inter-country provision for 1958. It was suggested that the Regional Committee might wish to examine further the question of country and inter-country programmes, with reference to the results of the discussion held on this subject at its seventh session. The relevant paragraph of the final report of the seventh session (Document SEA/RC7/15, Part I, ¶.4) is reproduced as Annex 6.

The Sub-Committee expressed its appreciation of the help given by the Secretariat both with regard to the material made available and the production of this report.

Terms of Reference of
Programme Sub-Committee

1. General Scrutiny of the Programme

The general scrutiny could be made along the following lines:

- Is the programme balanced?
- Does the programme follow the general programme of work approved by the Regional Committee and the World Health Assembly?
- Are the priorities given to the regional activities acceptable? Should some types of activities be excluded from the proposed programme and new types of projects included?

2. A detailed examination and analyses of a few selected projects (country and inter-country) taken at random, as samples, could be made. (This scrutiny would go into the details of the objectives, the staffing and financing of the project.)

3. An examination of the Regional Office staffing and budget as required.

4. The sub-committee could formulate questions of importance which it might feel desirable to discuss further by the Regional Committee in plenary meeting.

Short-Term Consultants Provided Under
Regular Budget in 1958

<u>Country and Project</u>	<u>No.</u>	<u>Total</u>
AFGHANISTAN		
Refresher Course of Medical Officers	<u>1</u>	1
BURMA		
B.C.G.	<u>1</u>	1
CEYLON		
BCG Assessment Team	2	
V.D. Control	1	
Leprosy	1	
Medical Stores Management	1	
Medical Care	1	
Mental Health	1	
Medical Education	<u>3</u>	10
INDIA		
Bilharzia	1	
Consultants in Medicine & Public Health	3	
Assistance to Specialists Institute	<u>3</u>	7
INDONESIA		
Mental Health	<u>1</u>	1
PORTUGUESE INDIA		
Consultant in Public Health Administration	<u>1</u>	1
THAILAND		
Leprosy	1	
Trachoma	1	
School of Public Health, Bangkok	<u>1</u>	3
INTER-COUNTRY		
Preparation of Annual Public Health Reports	1	
Dental Health	1	
Regional Teaching Conference on Child Health	<u>3</u>	5
TOTAL	...	<u><u>29</u></u>

Short-Term Consultants Provided Under
T.A. Budget in 1958

<u>Country and Project</u>	<u>No.</u>	<u>Total</u>
AFGHANISTAN		
Malaria Control	1	
Assistance to Public Health Institute	<u>1</u>	2
BURMA		
Venereal Diseases Control	<u>1</u>	1
CEYLON		
Public Health Legislation	2	
Health Education Project	<u>1</u>	3
INDIA		
Malaria Institute	2	
BCG Vaccination Mass Campaign	2	
Public Health Programme, Madras	<u>1</u>	5
INDONESIA		
Strengthening of Malaria Section - Ministry of Health	2	
Plague Control	1	
Trachoma Control	1	
Institute of Nutrition, Djakarta	<u>1</u>	5
INTER-COUNTRY		
Inter-regional Conference on Trachoma	<u>1</u>	1
TOTAL ...		<u>17</u>

Programme and Budget Estimates for 1958Table of Averages (1957 and 1958)

I. HEADQUARTERS, REGIONAL AND OTHER OFFICES (including regional advisers, etc.)

<u>Grade</u>	<u>Children's Allowance</u>	<u>Education Grant</u>	<u>Installation Allowance</u>	<u>Travel on initial Recruitment or Repatriation</u>	<u>Home leave</u>	<u>Transportation of Personal Effects</u>
D.2 - P.5	240	60	750	650	1,800	600
P.4 - P.3	180	60	700	600	1,100	500
P.2 - P.1	60	60	400	300	550	250
G.6 - G.1 (or equivalent local grades)	20 ¹⁾	-	300 ²⁾	100 ²⁾	100 ²⁾	100 ²⁾
	<u>Consultants:</u>	<u>Fees:</u>	600			
		<u>Travel:</u>	600			

II. PROJECT STAFF

<u>Grade</u>	<u>Dependents' Allowance (including Children's Allowance and Education Grant)</u>	<u>Installation Allowance</u>	<u>Travel on initial Recruitment or Repatriation</u>	<u>Home Leave</u>
P.4 - P.3	240	600	900 ³⁾	750 ⁴⁾
P.2 - P.1	60	450	800 ³⁾	750 ⁴⁾
	<u>Short-term Consultants:</u>	Senior Consultants - Fees:	700 per month	
		- Travel:	600 per month	
		Junior Consultants - Fees:	400 per month	
		- Travel:	600 per month	

- 1) In the case of posts subject to local recruitment the incumbents are entitled to children's allowances and education grants only if provided for in the local conditions of employment.
- 2) Applicable to vacant posts for which provision for non-resident allowance has been made.
- 3) Includes field equipment allowance
- 4) To be applied as outlined in paragraph 320.2 of Manual Circular MC/37, Rev.3

MC/37-Rev.4

XXX

XXX

XXX

HOME LEAVE

440 For filled posts show the actual entitlements. For vacant posts do the following:

Posts at Headquarters, and regional and other offices (including regional advisers, etc.)

440.1 For continuing posts show the full amount of the appropriate average in 1958.

440.2 If the post is expected to be filled

- in 1956, include for 1957 one-third of the appropriate average and for 1958 the full amount of the average;
- in the first half of 1957, include for 1958 the full amount of the average;
- in the second half of 1957, include for 1958 one-third of the appropriate average; and
- in 1958, include no amount for home leave.

No provision should be included for any post if it is to be discontinued during the first half of the year.

Statements Showing Percentages of Regional Office and Field Activities
of Total Expenditure for South East Asia Region

Statement I - Regular and T.A. Funds

	1950	1951	1952	1953	1954	1955	1956	1957	1958
	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
	139,660	160,715	142,241	155,498	162,232	164,883	*183,380	*180,163	*189,125
	-	18,455	26,904	50,372	51,170	49,205	*61,002	*69,008	*75,664
	139,660	179,170	169,145	205,870	213,402	214,088	244,382	249,171	264,789
	22.50	17.19	10.09	10.97	14.57	11.76	8.04	9.69	9.52
	480,789	484,277	546,736	665,530	603,749	833,759	*1,019,675	*1,077,506	*1,169,413
	-	378,590	959,384	1,004,774	647,227	772,813	*1,772,878	*1,244,119	*1,346,712
	480,789	862,867	1,506,120	1,670,304	1,250,976	1,606,572	2,792,553	2,521,625	2,516,125
	77.50	82.81	89.91	89.03	85.43	88.24	91.96	90.31	90.48
	620,449	1,042,037	1,675,265	1,876,174	1,464,378	1,820,660	3,036,935	2,570,796	2,780,914
	100.-	100.-	100.-	100.-	100.-	100.-	100.-	100.-	100.-

Statement II - Regular, T.A. and Other Extra-Budgetary Funds

	139,660	160,715	142,241	155,498	162,232	164,883	*183,380	*180,163	*189,125
	-	18,455	26,904	50,372	51,170	49,205	*61,002	*69,008	*75,664
	139,660	179,170	169,145	205,870	213,402	214,088	244,382	249,171	264,789
	11.66	6.81	3.83	5.54	6.34	5.04	4.94	3.90	4.03
	480,789	484,277	546,736	665,530	603,749	833,759	*1,019,675	*1,077,506	*1,169,413
	-	378,590	959,384	1,004,774	647,227	772,813	*1,772,878	*1,244,119	*1,346,712
ary	576,319	*1,585,236	*2,739,396	*1,839,857	*1,898,060	*2,426,095	*1,902,866	*3,808,000	*3,781,000
	1,057,108	2,448,103	4,245,516	3,510,161	3,149,036	4,032,667	4,695,419	6,129,625	6,297,125
	88.34	93.19	96.17	94.46	93.66	94.96	95.06	96.10	95.97
	1,196,768	2,627,273	4,414,661	3,716,031	3,362,438	4,246,755	4,939,801	6,378,796	6,561,914
	100.-	100.-	100.-	100.-	100.-	100.-	100.-	100.-	100.-

*Budgeted figures

Excerpt from the Report of the Seventh Session
of the WHO Regional Committee for South East
Asia.¹

PART I

"C. OTHER TECHNICAL MATTERS OF REGIONAL IMPORTANCE

x x x x x

"4. Country and Inter-Country Programmes

"The Committee discussed a note submitted by the Government of Ceylon (SEA/RC7/12), which stressed that WHO assistance should be given to country level activities. Several delegations pointed out that inter-country activities were an essential part of the WHO and should be encouraged. It was agreed that there was no competition between the two types of activities, but that each type of work complemented the other. The matter was left to the discretion of the Regional Director, who would be guided by the various opinions expressed in the Regional Committee".

1 Document SEA/RC7/15