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REPORT OF THE SUB-COMMITTEE ON PROGRAMME AND BUDGET

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1 INTRODUCTION

1.1 At its seventh session, the Regional Committee, in resolution WPR/RC7.R7, decided "that the establishment of a sub-committee on programme and budget, consisting of six members plus the Chairman of the Regional Committee, should become a routine activity of the Regional Committee"; and recommended that "the membership of this sub-committee be rotated among the Representatives of various members, subject to the provision that any Representative desiring to be a member of the sub-committee should be entitled to participate". At its twenty-first session, the membership of the Sub-Committee was increased to half¹ the Members in the Region.

The Sub-Committee on Programme and Budget met on 23 and 27 September 1971, under the chairmanship of Dr Tran-Minh-Tung. The attendance was as follows:

Members in accordance with the principle of rotation:

Australia	Dr H.M. Franklands Dr A. Tarutia
China	Dr C.H. Yen Dr K.P. Chen
France	Mr P. de Bourgues
Japan	Mr K. Watanabe Mr M. Takahashi
New Zealand	Dr C.N. Derek Taylor
Republic of Korea	Mr Sae Hoon Ahn
Republic of Viet-Nam	Dr Tran-Minh-Tung Dr Truong-Minh-Cac Dr Nguyen-Xuan-Trinh Mr Chau-Van-Muoi
United Kingdom	Dr G.H. Choa Dr K.L. Thong

Other members of the Committee also in attendance were:

Khmer Republic	Dr So Satta Dr Pruoch Van
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¹"Half the Members" means that half an odd number would be the next higher full number - e.g., one half of 17 is 9.

Philippines	Dr A.N. Acosta
Portugal	Dr D.H. Silva Ferreira
United States of America	Dr S.P. Ehrlich, Jr. Dr James King Mr F.S. Cruz
Western Samoa	Dr J.C. Thieme

The Representative of the Medical Women's International Association also attended.

Dr S. Flache, Director of Health Services, acted as Secretary. He was assisted by Miss B. Newton, Chief, Administration and Finance, and Mr K. Saita, Budget Officer. The Regional Director and Dr H.T. Mahler, Representative of the Director-General, also attended the meeting.

In the course of its meeting, the Sub-Committee examined the proposed programme and budget estimates (document WPR/RC22/2, Corr.1, Rev.1, Add.1 and 2) in accordance with the guidelines given on page 15. In addition, it had before it four other documents: WPR/RC22/P&B/2, "Review of Budget Performance 1970 - Direct Services to Governments of the Region by Subject Heading, by Country and by Project"; WPR/RC22/P&B/3, which drew attention to the main features of the 1973 proposed programme and budget estimates and the programme changes for 1971 and 1972; WPR/RC22/P&B/4 and Add.1, which gave a revised List of Additional Projects (Supplementary List) annexed to the regional programme and budget estimates for 1972 contained in document WPR/RC21/2; and WPR/RC22/P&B/5, which provided a tentative projection of the regional programme and budget for 1974.

2 GENERAL PRINCIPLES AND PROCEDURES

The Sub-Committee noted that the format of the Programme and Budget Estimates for 1973 had been slightly changed. In addition to a country summary of the programme and budget estimates and a summary by major subject headings of inter-country programme and budget estimates, the regional programme and budget estimates had been divided into seven separate Appropriation Sections. This new presentation was the result of the adoption of resolution WHA24.42 by the Twenty-fourth World Health Assembly in May of this year. The narratives prepared for each inter-country programme activity (WPR/RC22/2, pages 342-418) contained a list of the countries and territories which had expressed interest in receiving assistance from the project. In some cases it had been possible to provide information on the countries and territories which would receive assistance in the immediate future.

2.1 Preparation of the programme and budget estimates

In introducing the proposed programme and budget estimates for the Region, Dr Flache, Secretary, said that the proposed programme comprised a number of traditional activities, for which a sustained effort would be necessary for many years to come, as well as a few relatively newer programmes, the need for which had become apparent more recently.

Many of the traditional projects incorporated new aspects. The new projects, on the other hand, had emerged from a recognition of new needs resulting either from socio-economic changes in the countries concerned or as a result of new technology. The programme reflected the intention to consolidate the activities already started and to develop further those aspects for which preliminary steps had been, or would be, taken this and next year. The present concern was not only to extend and demonstrate the services which could be provided but also to improve their quality and efficiency, thereby achieving economy in operation.

There was increasing interest in national health planning projects and health manpower planning, either as part of national planning efforts or as separate projects. The majority of the requesting countries would require advisory services and training.

In the field of communicable disease control, malaria and tuberculosis still required considerable attention. Continued emphasis was placed on the need to establish a strong central disease surveillance and reporting system. The staff of the general health services would receive orientation/training to familiarize them with the increasing communicable disease duties they would take over. More attention would be given to vector control and the strengthening of health laboratory services which had hitherto been weak in most of the developing countries.

In the field of environmental health, activities were expected to expand as a result of the present world-wide awareness and public interest in concerted action, and the increasing attention being given to problems of pollution. The traditional assistance to water supplies and waste disposal systems would continue because most developing countries did not have the resources to carry out the necessary large-scale programmes in this field. Progress would depend on the health authorities' ability to explain to national decision-makers the need for higher allocations to large water and sewerage projects as part of comprehensive national development projects.

Under the heading Family Health, the rapid expansion of family planning as part of the maternal and child health and overall general health service would continue to grow thanks to the availability of UNFPA funds. Measures would be taken, however, to ensure that family

planning programmes would strengthen long-term efforts to develop maternal and child health services as such and, through them, the basic health services. The special role that the MCH component played in attending to the health needs of mothers and children in the community, in reducing mortality and morbidity from infectious diseases, and in promoting better nutrition and mental health for children was being emphasized. Family planning was being included as a tool for this purpose.

Apart from assistance to medical and nursing schools and the granting of fellowships, other education and training activities included the general assessment of training facilities in health to meet future health manpower requests as part of national manpower resources efforts; provision for the training of teachers in medical and paramedical schools to help improve the quality of education and training among health professionals; establishment or further strengthening of paramedical training in a number of developing countries both for basic and in-service training; continuation of regional courses in special fields; and collaboration between schools and general health services in the curriculum review of health sciences in order to reconcile training with duties in the field.

For the first time regional seminars in air pollution; radiation health, radiation protection in particular; and health manpower planning would be organized. A course would be given in Australia for teachers of immunology in medical schools. It was hoped that the Regional Teacher Training Centre for Health Personnel would be in full operation by 1973 and a regional centre for training drug inspectors would also be established.

In building up the programme proposals contained in document WPR/RC22/2, consideration had been given to the constitutional objectives of WHO and the Fourth Regional Programme of Work for a Specific Period (1973-1977). Additional guidelines used in establishing the annual programme included the series of resolutions emanating from the Regional Committee. The priorities established fell within the goals of the United Nations Second Development Decade and reflected government concern in these areas.

3 REVIEW OF THE PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1973 (Document WPR/RC22/2, Corr.1, Rev.1, Add.1 and 2)

3.1 Specific comments

The Sub-Committee noted that the total increase in the proposed regular budget for 1973 as compared with 1972 was \$658 800, or 9.7% more than the provision for 1972. Of this increase, \$579 900 was for field activities and \$78 900 for the Regional Office; 92.1% of the increase in the field activities estimates was for projects of

direct assistance to governments. The remaining 7.9% covered the normal statutory and other cost increases of regional advisers and WHO representatives.

Apart from the estimated cost of supplies and equipment provided by UNICEF, the level of operations expected to be financed from all funds administered by WHO was estimated at \$8.6 million, an increase of \$458 115, or 5.6% as compared with 1972.

3.2 Comments on the level of the proposed budget

The Representative of Japan referred to the introductory statement presented to the Sub-Committee last year during which mention had been made of the general order of magnitude for the budget, which represented a guide established by the World Health Assembly concerning the level of the budget for the subsequent year. He asked for confirmation that this practice had been discontinued.

The Sub-Committee noted that the Twenty-fourth World Health Assembly had deleted from its agenda as a separate item the consideration of the general order of magnitude of the budget for the second ensuing year and had decided to examine this matter at the time that it discussed the effective working budget level for the budget year (resolution WHA24.3). It had decided also that the terms of reference of Committee A should be, inter alia, to examine and recommend the amount of the effective working budget and examine the projection of the budget estimates for the second ensuing year (resolution WHA24.4).

The Representative of the United States of America noted that there was an increase of 9.7% in the budget for the Region compared with that in 1972. The overall increase projected for the Organization was about 7.9%. He recognized that the figure of 9.7% in 1973 represented a decrease in comparison to the 1972 increase over 1971 and the 1971 increase over 1970 of 11.9% and 12.2%, respectively.

3.3 Regional Office (pages 8-15)

Dr Flache, Secretary, stated that with a view to being able to respond effectively and efficiently to the challenge of the United Nations Second Development Decade, efforts were being made to streamline regional office procedures with a minimum of additional expenditure. Under consideration was the reorganization of the Bureau of Health Services with the introduction of a planning unit, the refinement of the terms of reference of the Programme Committee, and the introduction of a programme information retrieval system (PIRS).

The project systems analysis methodology, to which Dr Mahler, Representative of the Director-General, had referred during an earlier plenary meeting and which it was hoped would be introduced more extensively in 1973, should also be instrumental in promoting

a more rational formulation of projects and programme implementation. If the experiment was successful in Malaysia and the Philippines and could be introduced in other countries of the Region, a useful tool would be available to find the real priorities, to promote long-term planning in harmony with the budget estimates and to concentrate joint efforts on the extension of basic health services, training of para-medical and auxiliary personnel, and the reorganization of medical teaching which should be multi-professional and based on a practical multi-disciplinary approach.

The Representative of the United States of America drew attention to the proposal to establish two new posts in the Administrative Services Unit and requested an explanation as to the need for these additional posts.

Miss Newton, Chief, Administration and Finance, said that, prior to proposing to the Regional Director that he recommend the addition of two new posts to the Director-General, she had made a study of workload from information that was readily accessible. This had shown that there had been a considerable increase from 1966 to 1970 in the amount of work that had to be done without a commensurate increase in staff. Some examples were given of the increased number of incoming (91.39%) and outgoing (127.03%) cables and of additional files (112.04%). Further evidence of the need for the posts lay in the fact that some staff members had had to sacrifice their annual leave and there had been an unusual amount of overtime as well as of sick leave. The second Administrative Services Officer was needed so that more time could be devoted to planning, scheduling and supervising the diverse activities in administrative services.

The Representative of Australia asked whether the introduction of new equipment had affected the number of staff needed in this area.

Miss Newton, Chief, Administration and Finance, said that there had been no decrease in the number of staff required but there was a difference in the type of staff needed; some re-training had been undertaken in the more modern methods of reproduction of documents.

3.4 Country projects (pages 24-339 and Document WPR/RC22/2 Rev.1)

The Representative of the United States of America mentioned some of the changes in the country programmes proposed for 1973 compared to 1972. There were about 180 country projects in 1973 compared to 190 in 1972, 63 being new in that they were not scheduled for financing in 1972. The cost of the country programmes amounted to \$4.2 million, an increase of 5.6% in contrast to the overall increase for the Region. The greatest increases were for three countries: Papua New Guinea, Japan and the Cook Islands. The increase in Japan's total was related to the reversion of the Ryukyu Islands to Japan.

The Representative of Australia said that, while it was understood that the amounts to be made available to individual countries depended to a great extent on the requests made to the Organization, some countries appeared to receive large amounts while others which had equally important problems seemed to receive much less. He asked whether the actual population of the country concerned was taken into account when allocating funds.

The Sub-Committee noted that there were no specific figures or indicators with which to equate the assistance given to countries based on population or gross national product. As an analogy, as early as 1954 the Executive Board, which had studied the question of the allocation of funds to the various regions, had stated that it would be impracticable to establish firm criteria governing such allocations (resolution EB13.R23). The Regional Office took into account not only the programme of work for a specific period but also the ability of the country to absorb the assistance. If it was felt that a country was unable to absorb the assistance which it requested, then priorities were discussed with the government and the request was reduced to what might be developed in an orderly fashion. If on the other hand, it was the opinion of the government and the Regional Office that a project should be continued or extended, provision was made accordingly.

The Regional Director cited an ECOSOC resolution adopted many years ago which requested other agencies to give priority assistance to Trust Territories. This was one reason the Regional Office had given favourable consideration to requests received on behalf of Papua New Guinea. There was also a World Health Assembly resolution recommending assistance to newly independent countries (resolution WHA20.50).

The Representative of Australia drew attention to the fact that in 1972 the figures for malaria were higher in the revised estimates than in the 1970 budget; by 1973 they were even more. As the total amount planned had not been used in 1970, he would like to know the reason for the increase during the next three years.

Dr Ray, Regional Adviser on Malaria, stated that the increase in 1973 was primarily due to the addition of an epidemiologist to the malaria programme in the Philippines. Due to the gradual phasing out of the assistance provided by the United States Agency for International Development personnel, WHO had to fill some of the gaps. Another component was the increase of fellowships for countries for which there had been no projections. This amount was reflected under the Malaria Eradication Training Centre.

The Representative of China noted that some subjects appearing in 1971 and 1972 had disappeared in 1973 and 1974. He wondered whether there were no activities in these particular fields or whether they had been reassigned to other subject headings such as "General Activities".

Dr Flache, Secretary, said this reflected readjustment between fields and lack of government requests in the fields concerned.

The Regional Director stated that he wished to bring to the attention of the Sub-Committee a matter of considerable concern to the Regional Office. This was the difficulty in obtaining endorsement by economic planning bodies in connexion with requests to the United Nations Development Programme (UNDP) for funds to cover continuing health programmes. He cited in particular the malaria eradication programme in East Malaysia (Sarawak) (Malaysia 2003). WHO assistance to the project had been financed since its inception under the Expanded Programme of Technical Assistance which had been merged into the UNDP. The Economic Planning Unit of the Prime Minister's Office had decided in July 1969 that it would not request further funds from the Resident Representative of the UNDP to continue the post of entomologist. As WHO and the Ministry of Health both considered it technically important for this post to be continued until the end of 1971, strong representations had been made to the Government and the Resident Representative/UNDP on the importance of maintaining it. This view had been further supported by a report of a member of the Joint Inspection Unit in August 1969. The Economic Planning Unit had finally agreed to request technical assistance funds to continue the post for the last six months in 1971. WHO had, therefore, been forced to finance the post under the regular programme for the first six months. This was not compatible with resolution WHA7.41, adopted in May 1954, which "REQUESTS the Director-General to do everything possible to develop the programmes financed from the regular budget of WHO and from Technical Assistance funds in such a way as to separate them as completely as possible in order that adjustments in one programme will not necessitate consequential adjustments in the other programme".

The following statements were made in connexion with individual country programmes.

The Representative of the United Kingdom said that a six-month fellowship under dental health (Hong Kong 5541) was intended for a dental health officer and not a dental nurse tutor.

The Representative of the Khmer Republic drew attention to the changes which his Government wished to have made to the programme and budget estimates for 1971, 1972 and 1973 (Document WPR/RC22/2 Rev.1).

The Representative of Laos referred to the assistance being provided to the Royal School of Medicine and stated that a request had recently been made for an additional twelve consultant months, six to be financed in 1971 and the remaining six in 1972, in connexion with the assignment of a consultant in the School of Medicine.

Dr Flache, Secretary, confirmed that this request had been added to the List of Additional Projects (Document WPR/RC22/P&B/4 Add.1).

The Representative of Viet-Nam expressed his satisfaction at the manner in which the programme of activities for 1973 had been presented. He requested that one alteration should be made to the assistance under Viet-Nam. This related to the fellowship in radiation health. Although the importance of this subject was realized, other programmes had still higher priority. In addition, some bilateral aid was available for fellowships in this field. He requested that this fellowship should be cancelled and replaced by a twelve-month fellowship for the training of laboratory personnel in connexion with the health laboratory services project (Viet-Nam 4201).

Dr Flache, Secretary, stated that this change will be made.

3.5 Inter-country projects (pages 340-418)

The Representative of the United States of America noted that the total of \$1 030 562, as compared with the amount allocated for 1972 of \$754 655, implied an increase of 36%, whereas the increase for country programmes was 5.6%. That meant a shift towards placing greater emphasis on regional activities rather than on programmes implemented by individual countries within the Region. Considering WHO's modest resources, this shift was praiseworthy because far more could be achieved through activities on a regional or global basis than through any country acting alone. All countries in the Region would thus benefit from this new emphasis. Everything must be done to stimulate interest and attract funds for those activities which only WHO could carry out effectively.

The Sub-Committee was informed that the inter-country programme served to generate interest in a specific activity, following which it was hoped that governments would request assistance in connexion with national programmes. It was also a more economical means of defining preliminary requirements, technical policies and trends and served, of course, to promote inter-country collaboration in the Region.

The Representative of the United States of America referred to the summary on pages 340-341, in particular to the item under Education and Training which was a good example of a fairly large increase in education and training activities over the previous years.

The Representative of Japan pointed out that, in the text relating to the Malaria Eradication Training Centre, Manila (WPRO 2001), there was a proposal to extend the project for another five

years. Most of the longer term projects had such an indication. In the case of country programmes, however, agreement as to their duration had to be reached between WHO and the country concerned. In the present case, if the Sub-Committee endorsed these proposals, he asked whether the Committee was expected to endorse these durations and what the legal aspects were.

The Sub-Committee was informed that the obligation of the Committee was, in general, for the year for which a project was requested, in this case 1973. However, based on the expressions of interest received from governments, a projection had been made of the time during which a project might be expected to last, as this was in line with the principle of long-term planning. Programmes had sometimes to be modified even if already approved. If, for example, government interest in a particular inter-country activity had declined and all requests for assistance under the project concerned had been met, the project would be terminated.

The Representative of Japan then referred to the malaria epidemiological advisory services (WPRO 2003), which was planned to begin in 1971 and to last for six years. Six consultant months were provided in both 1972 and 1973. The same project was also covered in the section relating to the Voluntary Fund for Health Promotion and he wondered why this was not shown in the 1973 column under Other Sources of Funds.

The Sub-Committee noted that the entries in the regular budget represented concrete proposals for 1973. The entries in the section entitled "Voluntary Fund for Health Promotion" represented assistance which might be provided should additional funds become available, in this case under the Malaria Eradication Special Account. There were many technical difficulties connected with malaria vectors. Some work had been carried out in the Khmer Republic. Intensive studies were being carried out on A. farauti in the British Solomon Islands Protectorate and Papua New Guinea. A serious outbreak of malaria might occur as a result of changes in the behaviour of the vector. The original amount allocated for these studies had been \$10 800 but, if extra funds became available, activities could be carried out in several areas simultaneously.

The Representative of Japan referred to the regional communicable diseases team (WPRO 1001), which appeared in the 1971 programme and budget but did not appear in 1972 and 1973. On the other hand, an epidemiological and surveillance services project (WPRO 2902) appeared in 1973. He asked whether this meant that the first project had been terminated and a new one started.

Dr Flache, Secretary, said that the original project had been started in 1967 as a bacterial disease study oriented towards cholera, but as there had not been enough requests the terms of reference of the team had been broadened to include the bacterial diseases. The workload had not justified the employment of long-term advisers and the project had therefore been discontinued. The new project was designed to meet requests

from governments for assistance in establishing a disease intelligence network and in carrying out epidemiological surveys. It was considered that this assistance could be provided better on a consultant basis.

3.6 Consideration of the List of Additional Projects annexed to the Regional Programme and Budget Estimates for 1973 contained in Documents WPR/RC22/2 (pages 459-487) and WPR/RC22/2 Add.1)

The Sub-Committee noted that requests totalling about \$1.2 million had to be placed in the List of Additional Projects, as they could not be accommodated in the budget estimates for 1973, although they were technically valid.

The Sub-Committee noted further that these projects could be implemented provided savings were available for their implementation and subject to priorities at that time.

The Representative of China presented an additional request on behalf of the National University of Taiwan, which had asked for a visiting professorship on air pollution for a period of six months.

The Representative of the Philippines said that his Government wished to have the following projects included in the 1973 List of Additional Projects: three twelve-month fellowships in public health nursing, two twelve-month fellowships in hospital administration, one eighteen-month fellowship in occupational therapy, one eighteen-month fellowship in physical therapy, and one three-month observation tour on administration and supervision of institutions of allied medical professions.

Dr Flache, Secretary, stated that the above requests would be included in the List of Additional Projects for 1973.

3.7 Revisions requested by Governments to the List of Additional Projects (Supplementary List) annexed to the Regional Programme and Budget Estimates for 1972 contained in Document WPR/RC21/2 (Document WPR/RC22/P&B/4 and Add.1)

The Sub-Committee took note of the additions requested by governments to the above list.

The Representative of Portugal said that his Government wished to have the twelve-month fellowship for a sanitarian inspector for Macao deleted, as it was no longer required.

4 OTHER MATTERS DISCUSSED

4.1 Review of Budget Performance 1970 (Document WPR/RC22/P&B/2)

The Sub-Committee noted that this was the first time this type of document had been presented. It dealt with the budget performance in 1970. Annexes 1 and 2 provided details of the

programme during that year. This information would be included regularly in the documentation of future Regional Committees. The Executive Board, at its January 1972 session, was expected to review the same subject for the entire Organization.

The Representative of Australia noted from Annex 1 of the document that the percentage of obligations for malaria were considerably less than the original estimates. He asked what had happened to the amount of the original financial commitment which was not spent.

Miss Newton, Chief, Administration and Finance, referred to the last sentence of paragraph 2 of the document: "The estimates in the column marked 'Revised' are those concurred in by the Regional Committee at its twentieth session." That meant that the Sub-Committee should deal with the figures from Official Records 179 in that column in Annex 1, rather than with the original estimates. The Sub-Committee and the Regional Committee, in going over the 1973 proposed programme and budget, had also an opportunity of dealing with changes in 1971 and 1972. Funds not obligated during the financial year did not remain available for expenditure. Any balance of the appropriation unobligated as of 31 December was transferred to the Assembly Suspense Account which was used by the Health Assembly at such time as such balances were actually available in cash. The differences in all the major headings were variations between the programme which had been planned, as reflected in the revised estimates, and what had been carried out. These resulted from changes in government plans, from unexpected delays in recruitment and from other causes which were not within the control of the Regional Director.

4.2 Consideration of tentative projection for 1974 (Document WPR/RC22/P&B/5)

The Sub-Committee noted that this document had been prepared in response to resolution WHA22.53, adopted by the Twenty-second World Health Assembly in 1969, on long-term planning in the field of health, biennial programming and improvement of the evaluation process. As a result of discussion with governments in the Region, an indication had been obtained of their priorities for the 1974 programme of WHO assistance as foreseen at the time of preparation of the programme and budget estimates for 1973.

The Representative of the United States of America asked how this tentative allocation was made and whether it was determined in consultation with the Director-General and the Regional Directors.

Dr Mahler, Representative of the Director-General, stated that in trying to be rational in an irrational world one unfortunately had to be very pragmatic. The Director-General, through his continuous dialogues with the Regional Directors on what reflected the countries' assumed needs, saw the continuous changes going on in the regions in terms of what had been referred to by the Regional Director as newly developing countries, countries which were at such a low level of development that they needed a special input in order to get their

developmental processes started. Thus, there were considerable changes in allocations to regions over the years. There were political constraints or pressures whereby the Director-General tried, within the totality of considerations, to make reasonable adjustments in the regional allocation and in his forecasting process. As an example, Africa had had for many years a much greater increase than the other regions as it was felt that the countries in that region would need greater resources than well-established ones where WHO had been in operation for many years. Once the whole concept of country programming became more than a theoretical notion, it would be much easier to know what allocation should be made to each region. In the absence of long-term national planning or long-term country assistance programming, one had to work intuitively while taking as many quantitative elements as possible into consideration in the process. He was personally optimistic that they were on the road towards being able to answer such a question in another two to three years in a much more satisfactory way.

The Representative from the United States of America would realize that once it was possible to implement the general programme of work in such a way that it reflected a two-way traffic with country needs, it would be possible to determine rationally where there was need to make an increased input. It would also be possible to arrive at overall programme objectives at national, regional and global levels. That day had not yet come but even today there were a number of global activities, such as smallpox eradication, where WHO was committed globally to arrive at specified objectives within a given time. In this way, the Director-General would look for weaker spots in the different regions and would wish, within the constraints of regional mobility, to allocate resources to a region having such need. As each general programme moved forward, this allocation process would become more and more rational.

5 DRAFT RESOLUTIONS

The Sub-Committee recommended to the Regional Committee that it adopt the following draft resolutions:

- (a) Budget performance 1970 - Direct services to governments (document WPR/RC22/P&B/WP/1)
- (b) Modifications made to the 1971 and 1972 programme and budget estimates (document WPR/RC22/P&B/WP/2)
- (c) Proposed programme and budget estimates for 1973 (document WPR/RC22/P&B/WP/3)
- (d) Tentative projection for 1974 (document WPR/RC22/P&B/WP/4)

SUGGESTED GUIDELINES FOR THE
SUB-COMMITTEE ON PROGRAMME AND BUDGET

1. Introduction by the Director of Health Services of the Proposed Programme and Budget Estimates for the Financial Year 1 January - 31 December 1973 (Document WPR/RC22/2, Corr.1, Rev.1, Add.1, Add.2)
2. Any general observations
3. Review of Budget Performance 1970 - Direct Services to Governments of the Region by subject heading, by country and by project (Document WPR/RC22/P&B/2)
4. Proposed Programme and Budget Estimates for 1973 - Review of the main features of the 1973 proposed programme and budget estimates and the programme changes for 1971 and 1972 (Document WPR/RC22/P&B/3)
5. Review of the Proposed Programme and Budget Estimates for 1973 (Document WPR/RC22/2, Corr.1, Rev.1, Add.1, Add.2)
 - 5.1 Summaries (pp. 2-5 and 6-7)
 - 5.2 Regional Office (pp. 8-15)
 - 5.3 Regional Advisers and WHO Representatives (pp. 16-23)
 - 5.4 Field activities, including inter-country projects (pp. 24-418)
 - 5.5 Special Accounts (pp. 419-458)
 - 5.6 Consideration of the 1973 List of Additional Projects (pp. 459-487 and WPR/RC22/2 Add.1)
 - 5.7 Revisions requested by Governments to the List of Additional Projects (Supplementary List) annexed to the regional programme and budget estimates for 1972 contained in document WPR/RC21/2 (Document WPR/RC22/P&B/4 and Add.1)
 - 5.8 Consideration of tentative projection for 1974 (Document WPR/RC22/P&B/5)
6. Consideration of a draft resolution for submission to the main Committee