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WORLD HEALTH ORGANIZATION

PROPOSED PROGRAMME BUDGET

2002-2003

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This document updates for the Fifty-fourth World Health Assembly the programme budget proposals submitted to the Executive Board at its 107th session in January 200 I

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CONTENTS

I

POLICY AND BUDGET FOR ONE WHO

KEY FEATURES OF THE PROPOSED PROGRAMME BUDGET 2002-2003

1. The Proposed programme budget 2002-2003 builds on lessons learned in preparing previous programme budgets, but marks a significant departure in both its content and the way it has been prepared.

A policy framework with clear priorities

2. The corporate strategy sets out the ways in which WHO intends to address the challenges of the rapidly evolving context of international health. The policy framework - one of the first products of this process - now provides the inspiration and basics for the proposed programme budget. In particular, on the basis of the criteria set out in that framework, 11 priorities were determined by the Executive Board at its 105th session. To facilitate tracking - in terms of both resource shifts toward priority areas, and the achievement of results - these priorities have been clearly reflected in the proposed budget.

A budget structure which better reflects WHO's business

3. Thirty-five areas of work have been identified for the whole Organization and constitute the common building blocks of the Proposed programme budget.[1] Health is a multidimensional subject, and there is no simple or unambiguous way of classifying WHO's response to global health needs without some degree of overlap. Nevertheless, the aim has been to reflect as accurately as possible the current range of activities of WHO's Secretariat and to provide a sufficient degree of continuity with the Programme budget 2000-2001 to enable meaningful comparison and analysis of trends.

A corporate programme, jointly developed

4. The programme budget proposed for each area of work has been drawn up through an Organization-wide process, involving staff from regional offices and headquarters. This collaborative process replaces the previous practice in which separate documents were prepared at regional level and subsequently consolidated with those at global level without explicit discussion of objectives, approaches or resource allocation. The Proposed programme budget 2002-2003 expresses more fully the interdependence of the different levels of WHO within agreed global objectives, strategies and expected results.

Concentrating on results: application of results-based budgeting

5. Results-based budgeting derives from an improved process of planning, programming, budgeting, monitoring and evaluation, by which WHO's Secretariat would be held accountable for the achievement of specific results. Under such a process, budget allocations for each area of work are linked to a set of objectives and expected results. A key concern in preparing the Proposed programme budget has been to ensure that Member States receive a clear overview of what WHO plans to deliver. For each area of work three levels of objective have been defined: the broad development **goal** to which WHO's work will **contribute,** the **WHO objective** - the change to which the Organization as a whole is **committed** - and the **expected results** for which the Secretariat is **directly responsible.** This hierarchy clearly distinguishes the responsibilities of WHO's Secretariat from those of Member States - a problem that has beset previous programme budgets.

[1] At headquarters, the areas of work are quite closely aligned with departments. In regional offices, the areas of work will be grouped in different ways depending on the organizational structure adopted by the region concerned. Individual country programmes will be made up of those areas of work - individually or grouped - which form part of the country cooperation strategy.

Integrating planning, budgeting and evaluation

6. The proposed programme budget provides the basis for detailed operational planning which will take place closer to the time of implementation. A considerable body of evaluative work is produced every year in different parts of WHO. However, it has not been systematically linked to the planning and budgeting process. The proposed programme budget lays the foundation for remedying that situation by including predetermined indicators linked to expected results. Regular monitoring against these indicators will ensure transparency and accountability. Each area of work will also, over time, be subj,..::t to evaluation. Furthermore, financial reporting will be adjusted so that it will be possible to judge outcomes in relation to budgetary provisions.

Country operations: a clearer focus

7. A key corporate goal is to increase the effectiveness of WHO's country programmes. Well-defined priorities will help to assure a better match between country needs, globally agreed strategies, and areas of work in which WHO has a clear advantage compared to other partners. The process of preparing country programmes will now take place closer to the time of implementation, i.e., the process will be initiated after the proposed programme budget has been reviewed and commented on by the Executive Board.

Programme budget preparation: review by regional committees and by the Executive Board

8. The regional committees reviewed the programme budget proposals as a whole during the period September to October 2000. The Organization's overall priorities were confirmed, and different emphases were laid on region-specific concerns. After careful consideration of the views expressed by the regional committees, the Director-General made some adjustments to the various budgetary allocations for 2002-2003, as set out in the present document. Further adjustments were incorporated after review of the programme budget proposals by the Executive Board at its 107th session in January 2001.

GENERAL PROGRAMME OF WORK 2002-2005

9. The General Programme of Work 2002-2005 provides the policy framework for the programme budget 2002-2003.

The changing context of international health

10. The latter part of the twentieth century saw a transformation in human health unmatched in history. Yet, despite the remarkable achievements of recent decades, more than one thousand million people have been excluded from the benefits of economic development and the scientific advances that have increased the length and quality of life of so many others throughout the world. Health is a fundamental human right, still denied to more than one-fifth of humankind.

11. The past decade has been a time of significant change in international health.

12. **Understanding of the causes and consequences of ill-health is changing.** It is increasingly evident that achieving better health depends on many soci.al, economic, political and cultural factors, in addition to health services. Moreover, there is a growing recognition of the role that better health can play in reducing poverty.

13. **Health systems are becoming more complex.** In many countries, the role of the State is changing rapidly, and the private sector and civil society are emerging as important players. In the developing world, a growing number of development organizations, international financial institutions, private foundations and nongovernmental organizations are active in the health sector. Worldwide, people's expectations of health care services are rising.

14. **Safeguarding health is gaining prominence as a component of humanitarian action.** A significant increase in the occurrence and impact of conflict and of natural disasters has highlighted the need to protect health in complex emergencies.

15. **The world is increasingly looking for greater coordination among development organizations.** Reform in the United Nations system aims to make organizations more responsive to the needs of Member States, and to provide a rallying point for achievement of the International Development Goals. To rise to this challenge will require more emphasis on effectiveness through collective action and partnerships. This, in tum, will require more dynamic, and less bureaucratic, approaches to management.

16. Given the magnitude of the global health agenda, it is evident that WHO cannot do everything. Defining WHO's particular role in world health is therefore fundamental. It has required, among other efforts, greater concentration on areas in which WHO can demonstrate a clear advantage in comparison to other actors at international and national levels.

17. If WHO is to respond effectively to a changing international context, several new ways of working are called for that include:

- adopting a broader approach to health within the context of human development, humanitarian action, equity between men and women, and human rights, with a particular focus on the links between health and poverty reduction

- assuming a greater role in establishing wider national and international consensus on health policy, strategies and standards - through managing the generation and application of research, knowledge and expertise

- triggering more effective action to promote and improve health and to decrease inequities in health outcomes, through carefully negotiated partnerships and by making use of the catalytic action of others

- creating an organizational culture that encourages strategic thinking, prompt action, creative networking, innovation and accountability, and strengthens global influence.

18. These overarching lines require WHO to devise new processes and modalities which draw on the respective and complementary strengths of headquarters, and of regional and country offices. They encompass the functions of WHO as set out in Article 2 of the Constitution, and build on the principles and values articulated in the Global Strategy for Health for All.

Strategic directions

19. WHO's goals are to build healthy populations and communities, and to combat ill-health. To realize these goals, four strategic directions will provide a broad framework for focusing WHO's technical work.

Strategic direction 1: reducing excess mortality, morbidity and disability, especially in poor and marginalized populations.

Strategic direction 2: promoting healthy lifestyles and reducing risk factors to human health that arise from environmental, economic, social and behavioural causes.

Strategic direction 3: developing health systems that equitably improve health outcomes, re;,pond to people's legitimate demands, and are financially fair.

Strategic direction 4: framing an enabling policy and creating an institutional environment for the health sector, and promoting an effective health dimension to social, economic, environmental and development policy.

20. The four strategic directions are interrelated. Real progress in improving people's health cannot be achieved through one direction alone. Success in reducing excess mortality will depend on more effective health systems, and a reduction in exposure to risks and threats to health - many of which lie out ide the reach of the health system itself. The effectiveness of work on health systems and risk reduction will in turn depend on the broader policy and institutional environment - globally and nationally - in which countries work to improve the health of their populations.

Core functions

21. In carrying out its activities WHO's Secretariat will focus on the following six core functions:

- articulating consistent, ethical and evidence-based **policy** and **advocacy** positions

- **managing information** by assessing trends and comparing performance; setting the agenda for, and stimulating, research and development

- catalysing change through **technical** and **policy support,** in ways that stimulate cooperation and action and help to build sustainable national and intercountry capacity

- negotiating and sustaining national and global **partnerships**

- setting, validating, monitoring and pursuing the proper implementation of **norms** and **standards**

- stimulating the development and testing of new **technologies, tools** and **guidelines** for disease control, risk reduction, health care management, and service delivery.

22. WHO's functions have often been described as falling into two categories: normative work and technical cooperation. Implicit in this division has been the idea that normative functions are carried out primarily at headquarters, and that technical cooperation describes the work of regional and country offices. Yet the six core functions describe the most important activities carried out at *all* levels of WHO. Technical cooperation does not appear as a single category. Rather, it is better described as a summary term covering many different combinations of the core functions carried out in specific countries. In this sense, technical cooperation (including between developing countries) will include advocacy, development of partnerships, encouragement of local research and development, and policy advice. Depending on the needs of the specific country, technical cooperation may involve staff from headquarters, as well as from regional and country offices.

23. This approach to describing WHO's core functions also recognizes that regional and country offices too play a role in normative work. Some regional offices may take on global leadership in a particular technical area. In addition, both regional and country offices will be involved in drawing up guidelines on best practice, and in testing new technologies or approaches to service delivery.

24. WHO's core functions provide a focus for planning the work of the Secretariat. They have been helpful in thinking about where WHO's advantages lie, and are particularly useful in appraising whether the balance of functions is right in relation to specific areas of work. The core functions also played a part in formulating expected results.

Organization-wide priorities

25. Despite the orientation provided by the strategic directions and core functions, more specific areas of emphasis still need to be defined. Based on an analysis of major challenges in international health, they also reflect strategic choices with regard to areas in which WHO has an advantage compared to others, or where there is a need to build up capacity.

26. Criteria for identifying priorities include:

- potential for significant change in burden of disease with existing cost-effective interventions
- health problems with major impact on socioeconomic development and a disproportionate impact on the lives of the poor
- urgent need for new technologies
- opportunities to reduce health inequalities within and between countries
- WHO's advantages, particularly in relation to provision of public goods; building of consensus around policies, strategies and standards; initiation and management of partnerships
- major demand for WHO support from Member States.

27. WHO's overall, Organization-wide priorities are set out below.

Malaria, tuberculosis and HIV/AIDS:

- three major communicable diseases, which all pose a serious threat to health and economic development and have a disproportionate impact on the lives of poor people

- all three urgently need new and affordable diagnostics, drugs and vaccines, requiring intervention by a global body such as WHO, capable of influencing private sector research and development in an area which would otherwise receive limited attention

- tackling the three diseases requires not only cost-effective technologies, but also sustained efforts and effective mechanisms which bring together and mobilize the resources of diverse players - in the public and private sectors, within and beyond tht health system

Cancer, cardiovascular diseases and diabetes:

- a growing epidemic in poor and transitional economies; a major threat, not least because of escalating costs of treatment, in the industrialized world

- needs cross-national surveillance, and better epidemiology of risk factors

Tobacco:

- a major killer in all societies and a rapidly growing problem in developing countries

- not just a health issue - the economic case for tobacco control is strong

- powerful vested interests have to be overcome if consumption is to be reduced, which argues for leadership from a global organization that unites the strength of its Member States

Maternal health:

- the most marked difference in health outcomes between developed and developing countries shows up in maternal mortality data

- closely linked to development of health systems - it is difficult to cut down maternal mortality without a well-functioning health system

Food safety:

- a growing public concern, with potentially serious economic consequences

- new developments in biotechnology pose increasingly difficult technical and ethical questions; problems may affect several countries when food is traded internationally

- demand is increasing from Member States for impartial technical and scientific advice

- consistent with WHO's broader approach to health: opportunities for working across sectors and in partnership with several other bodies

Mental health:

- five of the 10 leading causes of disability are mental health problems; major depression is the fifth contributor to the global burden of disease, and may be second by 2020

- needs greater technical consensus in a highly contested and politicized field, and better epidemiological information; potential for public-private partnerships (new treatments) and public voluntary partnerships

(provision of service and continuity of care) - all areas in which WHO has advantages compared to other organizations

Safe blood:

- both a potential source of infection and a major component of treatment: crucial in the fight against HIV/AIDS and for dealing with the growing disease burden among women (as a consequence of pregnancy), children, and accidents and trauma victims
- a neglected area in many countries, requiring work not only on technical standard setting, but also on legislation, development of health systems, and creation of public, private and voluntary partnerships
- major opportunity to establish a partnership with the International Federation of Red Cross and Red Crescent Societies and other nongovernmental organizations competent in blood safety

Health systems:

- development of effective and sustainable health systems underpins all the other priorities
- WHO's work on tools and methods for assessing and comparing health systems will provide much needed evidence on the determinants of performance
- demand is substantial from Member States for support and advice on health sector reform
- different approaches to health financing have major implications for equity and efficiency
- workforce management is a neglected area in many health systems and needs a more comprehensive approach
- more effective mechanisms for resource allocation, budgeting and financial management are a key to ensuring successful implementation of priority programmes

Investing in change in WHO:

- a prerequisite for WHO to become a more efficient and productive organization - and one capable of response within an increasingly complex international environment
- development of new skills, systems and processes is central to the effective management of WHO's core functions
- gender considerations are being incorporated in the planning and achievement of expected results in all areas of work.

28. The Organization-wide priorities as set out above are broadly supported by activities conducted under different areas of work, not only by the area that bears the title of the priority. The extent of contribution of other areas of work and its nature have been identified in order to indicate WHO's overall involvement in a given priority. Details are provided under each priority area in Section II of the proposed programme budget.

OVERALL RESOURCE CONTEXT

Expenditure plan for 2002-2003

29. The tables below summarize the overall expenditure plans for the biennium 2002-2003. Further details, by area of work, organizational level, and source of fund, are provided in the Annex.

30. Table 1 summarizes the expenditure plan for the whole Organization, i.e., the total amount that is needed to achieve the expected results of the Proposed programme budget 2002-2003. Expenditure is broken down between the regular budget and other sources of funds. Regular budget figures in both bienniums are based on cost levels and the rates of exchange for 2000-200 I.

31. The budget for 2000-2001, approved under resolution WHA52.20, has been slightly modified to reflect changes in the areas of work inherent in the 2002-2003 proposals. The budget for other sources offunds reflects projected expenditure for the next biennium.[1]

TABLE 1. EXPENDITURE PLAN - ALL SOURCES OF FUNDS

(US$ thousand)

Source of funds	2000-2001	2002-2003	Percentage change
Total regular budget	842 654	842 654	0
Total other sources[2]	1 097 OOO	1 380 OOO	+26
Total all sources	1 939 654	2 222 654	+15

Regular budget

32. The estimates for the regular budget alone are shown in Table 2 below, according to organizational level. At this stage, all regular budget figures are nominal, i.e., they do not include possible adjustments for currency fluctuations and inflation which may be required before submission of the proposed programme budget to the Fifty-fourth World Health Assembly in May 2001.

TABLE 2. REGULAR BUDGET SUMMARY BY ORGANIZATIONAL LEVEL

(US$ thousand)

Organizational level	2000-2001	2002-2003	Percentage increase/decrease
Headquarters	279 055	279 055	0
Regional offices	231 816	227 594	-2
Countries	331 783	336 005	+1
Total	842 654	842 654	0

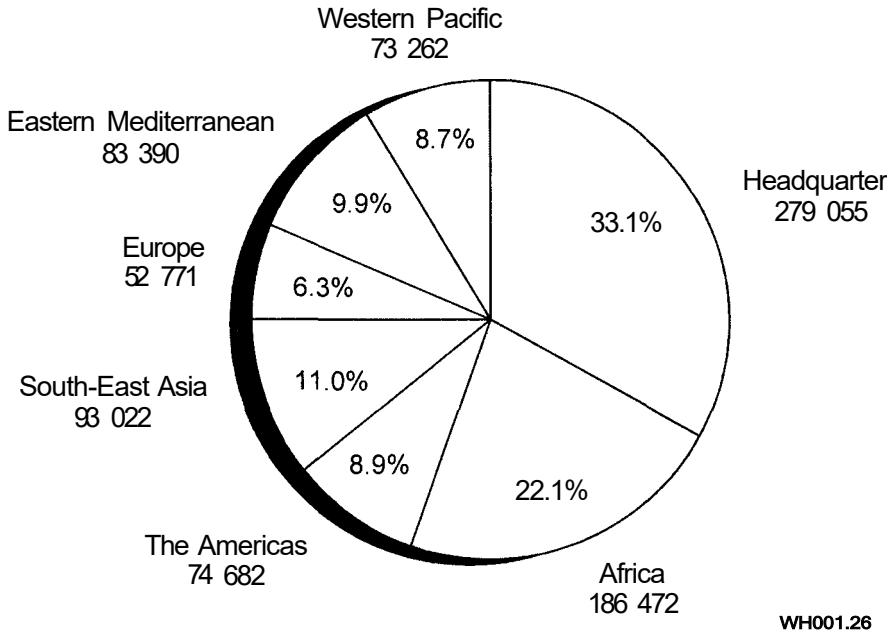
[1] The relationship between income and expenditure will be shown in the financial statements for the biennium. These financial statements will also make it possible to compare actual and budgeted expenditure for all areas of work.

[2] Excludes funds allocated to WHO under the oil-for-food programme for Iraq. See explanatory note on page 73.

33. Distribution of the regular budget by region, obtained by attributing the country and the regional office budgets to the respective region, is illustrated in Figure I below.

FIGURE 1: REGULAR BUDGET SUMMARY BY REGION
2002-2003

(US$ thousand and percentage)



Planned resources by area of work

34. The Proposed programme budget 2002-2003 has been divided into 35 areas of work, for which all expenditure will be accounted in the Financial Report.

35. Resources under the regular budget for country-level activities have, at this stage, not been shown against individual areas of work, but as a separate provision at the end of Table 3 below. Country expenditures under other sources have been included under the corresponding area of work, with the exception of some interagency financing and provisions for funds-in-trust.

TABLE 3. PLANNED RESOURCES BY AREA OF WORK (US$ thousand)

(Priority areas of work shown in bold)

Areas of work	Regular budget		Other sources		Total		Increase/ decrease %
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	
Communicable disease surveillance	14 226	13 743	41 500	57 000	55 726	70 743	26.9
Communicable disease prevention, eradication and control	22 831	19 911	149 000	122 000	171 831	141 911	-17.4
Research and product development for communicable diseases	4 802	4 376	80 500	84 500	85 302	88 876	4.2
Malaria	6 436	8 212	76 000	110 000	82 436	118 212	43.4
Tuberculosis	1 682	4 650	17 000	100 000	18 682	104 650	460.2
Subtotal - Communicable diseases	49 977	50 892	364 000	473 500	413 977	524 392	26.7
Surveillance, prevention and management of noncommunicable diseases	11 974	13 029	3 500	7000	15 474	20 029	29.4
Tobacco	3 496	5 708	12 500	19 500	15 996	25 208	57.6
Health promotion	9 252	6 739	15 500	28 000	24 752	34 739	40.3
Disability/injury prevention and rehabilitation	3 848	3 547	6 000	8 500	9 848	12 047	22.3
Mental health and substance abuse	8 708	11 147	9 500	17 000	18 208	28147	54.6
Subtotal - Noncommunicable diseases and mental health	37 278	40 170	47 000	80 000	84 278	120 170	42.6
Child and adolescent health	7 480	8 127	60 000	64 000	67 480	72 127	6.9
Research and programme development in reproductive health	8 377	6 252	62 000	61 000	70 377	67 252	-4.4
Making pregnancy safer	1 538	5 657	9500	31500	11 038	37157	236.6
Women's health	2 916	3 524	10 000	12 000	12 916	15 524	20.2
HIV/AIDS	6 972	9812	48 500	120 000	55 472	129 812	134.0
Subtotal - Family and community health	27 283	33 372	190 000	288 500	217 283	321 872	48.1
Sustainable development	9 029	8 919	7 000	9 500	16 029	18 419	14.9
Nutrition	8 042	6 975	7 500	7 500	15 542	14 475	-6.9
Health and environment	23 471	22 076	23 500	28 000	46 971	50 076	6.6

TABLE 3. PLANNED RESOURCES BY AREA OF WORK (continued)

Areas of work	Regular budget		Other sources		Total		Increase/ decrease %
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	
Food safety	2 997	5399	3 500	5 000	6 497	10399	60.1
Emergency preparedness and response	2 983	3 999	39 500	43 000	42 483	46 999	10.6
Subtotal - Sustainable development and healthy environments	46 522	47 368	81 000	93 000	127 522	140 368	JO.I
Essential medicines: access, quality and rational use	10 078	11 063	27 000	31 000	37 078	42 063	13.4
Immunization and vaccine development	14 269	13 692	175 500	171 000	189 769	184 692	-2.7
Blood safety and clinical technology	7 780	10 227	14 000	15 500	21 780	25 727	18.1
Subtotal - Health technology and pharmaceuticals	32 127	34 982	216 500	217 500	248 627	252 482	1.6
Evidence for health policy	20 966	22 225	11500	21 000	32 466	43 225	33.1
Health information management and dissemination	33 508	30 370	9 000	16 000	42 508	46 370	9.1
Research policy and promotion	5 266	6 114	5 500	5 000	10 766	11 114	3.2
Organization of health services	35 712	35 423	15 500	22 500	51 212	57923	13.1
Subtotal - Evidence and information for policy	95 452	94 132	41 500	64 500	136 952	158 632	15.8
Governing bodies	24 089	21 439	500	I 000	24 589	22 439	-8.7
Resource mobilization, and external cooperation and partnerships	26 319	23 307	12 500	12 000	38 819	35 307	-9.0
Subtotal - External relations and governing bodies	50 408	44 746	13 000	13 000	63 408	57 746	-8.9
Budget and management reform	7 495	6 932	I 000	I 000	8 495	7 932	-6.6
Human resources development	15 795	15 678	5 000	6 000	20 795	21 678	4.2
Financial management	24 311	23 318	12 000	15 000	36 311	38 318	5.5
Informatics and infrastructure services	101 537	93 531	34 500	40000	136 037	133 531	-1.8
Subtotal - General management	149 138	139 459	52 500	62 000	201 638	201 459	-0.1

TABLE 3. PLANNED RESOURCES BY AREA OF WORK (continued)

Areas of work	Regular budget		Other sources		Total		Increase/ decrease %
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	
Director-General's and Regional Directors' offices (including Audit, Oversight and Legal)	15 197	14 226	6000	3 500	21 197	17 726	-16.4
Director-General's and Regional Directors' Development Programme and initiatives	7 489	7 302	4 000	0	11 489	7 302	-36.4
Subtotal - Director-General, Regional Directors and independent functions	22 686	21 528	10 000	3 500	32 686	25 028	-23.4
TOTAL - Areas of work	510 871	506 649	1 016 000	1 295 000	1 526 871	1 801 649	18.0
Country-level activities [1]	331 783	336 005	81 000	85 000	412 783	421 005	2.0
TOTAL - Country programmes	331 783	336 005	81 000	85 000	412 783	421 005	2.0
GRAND TOTAL	842 654	842 654	1 097 000	1 380 000	1 939 654	2 222 654	14.6

[1] The figures for the regular budget are good estimates of the resources that will be spent at country level. The corresponding figures for other sources are underestimates, as most of the resources that will be spent at this level have been included in the funding estimated for individual areas of work.

Note: Health systems is covered by two areas of work: Evidence for health policy and Organization of health services.

Priorities

36. The priority areas of work, highlighted in Table 3 above, have been allocated resources preferentially under the regular budget for 2002-2003. The overall, planned allocation ofresources to these priorities is shown in Table 4.

TABLE 4. PLANNED RESOURCES FOR PRIORITY AREAS [1]

(US$ thousand)

Priority areas	Regular budget		Other sources		Total	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
Total	108 261	131 489	221 000	461 500	329 261	592 989

[1] In addition, for 2002-2003 substantial resources will continue to be allocated to the priority area "investment in change".

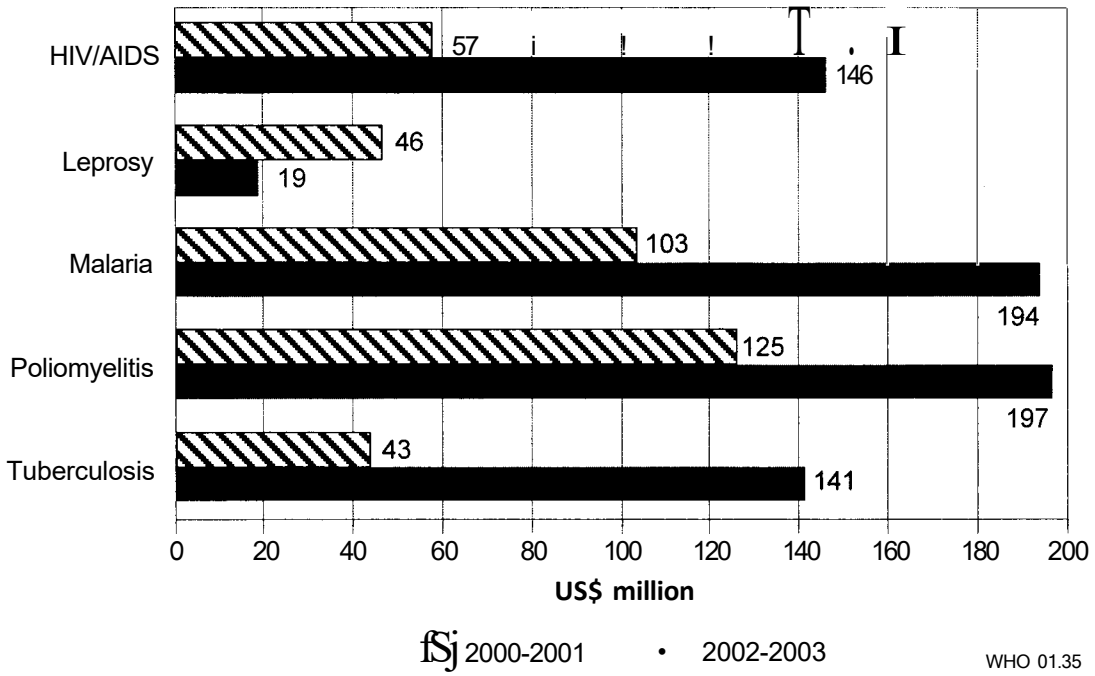
Indicative breakdown by disease

37. The budget structure of 35 areas of work cuts across specific diseases, with a view to ensuring an integrated approach. None the less, it will still be possible in subsequent planning and implementation to identify activities by various categories, one of which will be disease related. Figure 2 below shows a breakdown of indicative estimates from all sources of funds at all levels at this stage of planning for five diseases on which

WHO is undertaking major work. (Indicative estimates for the same diseases were also provided in the programme budget for 2000-2001.)

FIGURE 2: INDICATIVE ESTIMATES OF EXPENDITURE ON FIVE DISEASES[1]

(US$ million)



[1] Includes estimated expenditures in other areas of work (paragraph 28 refers).

II

STRATEGIC ORIENTATIONS 2002-2003
BY AREA OF WORK

COMMUNICABLE DISEASE SURVEILLANCE

ISSUES AND CHALLENGES

Communicable diseases continue to account every year for 24.7% of deaths worldwide - a toll that rises to 45% in developing countries - to which must be added the burden of disabilities related to such diseases. Enormous disparities in infection, disability and mortality persist between and within countries; the poor and the disadvantaged are among those most affected.

The burden of communicable diseases is a key impediment to social and economic progress. Population growth, rapid economic and political changes in some parts of the world, and globalization contribute to the amplification and spread of disease. They also create conditions for the emergence of new diseases and the re-emergence of those once considered to be conquered. Zoonoses, which are transmitted from animals to humans, either by insects or directly, are particularly susceptible to environmental changes and are also emerging or re-emerging. The increasing resistance ofmicroorganisms to drugs is undermining available therapy, removing opportunities for control and prevention, and significantly increasing the cost of health care.

Surveillance, closely linked to effective response, is crucial. Appropriate, consistent and timely surveillance data are essential for the design and targeting of interventions to contain communicable diseases, identification of threats from new or re-emerging diseases, and monitoring of progress towards control targets and of programme performance.

These challenges highlight the need for global leadership, global and national advocacy, and improved international cooperation in tackling communicable diseases. The International Health Regulations are a powerful tool for harmonizing public health action among Member States.

The challenges also underscore the critical need for sustainable national and international surveillance systems in order to generate information that will help to understand better the epidemiology of endemic and epidemic diseases, and to implement and evaluate effective prevention and control strategies. Integrated surveillance activities will help to optimize the use of often limited resources.

Such surveillance and response systems require trained staff, appropriate infrastructure, reliable provision of good-quality supplies, and links to international networks. These needs have for too long been underestimated and underfunded; WHO will therefore bring them clearly to the attention of international and national authorities and concerned partners.

GOAL

To foster action essential for reducing the negative impact of communicable diseases on health, and on the social and economic well-being of all people worldwide.

WHO OBJECTIVE(S)

To assure that Member States and the international community are better equipped to rapidly detect, define and control threats to public health arising from communicable diseases of known and unknown etiology, including emerging and zoonotic diseases, and from resistance to anti-infective drugs; monitor trends, and use this information to respond effectively.

EXPECTED RESULTS	INDICATORS
• Mechanism established within which bilateral donors, nongovernmental organizations, international organizations, the private sector and other WHO partners can work together to strengthen international action and fund-raising in order to upgrade surveillance and response at country level	• Number of targeted countries (I) formulating and (2) implementing national plans for communicable disease surveillance and response • Total volume of financing mobilized for strengthening communicable disease surveillance and response • Number of partners actively contributing to global communicable disease surveillance and response

EXPECTED RESULTS	INDICATORS
• Information on communicable diseases, including emerging diseases, those likely to cause epidemics, zoonoses and outbreaks of unknown etiology, and drug resistance readily accessible for decision-making at national and international levels	• Size of audience for existing tools and products, such as the Outbreak Verification List, Web pages, *Weekly Epidemiological Record,* and reports • Proportion of information provided in official languages of the United Nations system other than English
• Effective international action coordinated and support provided for national action in response to threats from communicable diseases. including those that are emerging or likely to cause epidemics	• Number of additional partners participating in the Global Epidemic Alert and Response network • Number of epidemics responded to and countries supported through international action
• Networks of centres and laboratories established for diagnosis and surveillance of communicable diseases, including emerging diseases and zoonoses, and drug resistance	• Number of additional networks for communicable disease surveillance • Number of additional countries and institutions participating in networks
• Standards, norms, manuals and guidelines available for surveillance, prevention and containment of communicable diseases including zoonoses, and drug resistance; mechanisms, including training, established for country implementation	• Number of new or revised communicable disease topics for which guidelines on surveillance and control have been drawn up • Number of targeted countries integrating WHO guidelines for surveillance and control of communicable diseases into their health care systems
• Mechanisms established to increase the sustained availability of the human resources, reagents, pharmaceuticals and equipment essential for rapid detection, definition and containment of threats to public health from communicable diseases, zoonoses and drug resistance	• Number of laboratories participating in programmes for laboratory strengthening and quality assurance • Number of targeted countries participating in Training in Epidemiology for Public Health Interventions
• International Health Regulations revised in order to cover all international public health urgencies • Non-regulatory worded ("lay") draft completed and distributed to Member States	• Number of subprojects of the International Health Regulations revision completed by partner countries or technical experts in time for inclusion in "lay" draft

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	55 726	70 743	14 226	13 743	41 500	57 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	9 814	1 352	529	691	290	736	814	14 226
2002-2003	8 928	1 795	1 150	737	0	447	686	13 743

COMMUNICABLE DISEASE PREVENTION, ERADICATION AND CONTROL

ISSUES AND CHALLENGES

A total of over 13 million deaths a year are caused by infectious and parasitic diseases - or, one in two deaths in developing countries. Most deaths from infectious diseases occur in nations where approximately one-third of the population - 1.3 thousand million people - live on incomes of less than one dollar a day. Poor people, women, children and the elderly are the most vulnerable to illness and disability, and infectious diseases are now the world's leading killer of children and young adults.

In addition to causing premature death, infectious diseases contribute every year to the rise in the number of people with disabilities. The impact of these diseases, however, are not confined to poor and developing countries alone. As a result of globalization, international travel, improved transport, and an increase in both refugee populations and voluntary migrants, communicable diseases have spread into developed nations where, similarly, they attack the most vulnerable and the poorest people.

Moreover, the development and spread of antimicrobial resistance is undermining efforts to control infectious diseases, as ones that were formerly treatable re-emerge, posing presenting major threats to all people regardless of socioeconomic status, race or sex.

The capacity of developing countries to prevent and control communicable diseases is limited by poor access to available cost-effective interventions, and insufficient financial resources and political commitment. Yet areas where new technology is necessary need to be identified.

One of the major challenges remains the fostering of national development through strengthening of health services, and better use of existing tools in order to prevent and control communicable diseases more effectively, and ultimately to eliminate or eradicate a certain number. Maintaining the necessary momentum and commitment is difficult, particularly where adequate services need to be provided to underserved communities or where civil unrest or war prevails.

Diseases or infections targeted for control, prevention or eradication, partly or wholly, are Buruli ulcer, cestode infections, dracunculiasis, foodborne nematode infections, intestinal protozoa infections, leprosy, lymphatic filariasis, malaria, onchocerciasis, schistosomiasis, soil-transmitted helminth infections, and tuberculosis.

GOAL

To foster action essential for reducing the negative impact of communicable diseases on health, and on the social and economic well-being of all people worldwide.

WHO OBJECTIVE(S)

To create an environment in which Member States and their partners in the international community are better equipped - both technically and institutionally - to reduce death and disability through the control and, where appropriate, eradication or elimination, of selected communicable diseases.

EXPECTED RESULTS	INDICATORS
• Evidence-based prevention, control or eradication strategies developed for use by disease-endemic countries, that focus on establishing the principles of communicable disease control, building up from small-scale initiatives (e.g. for intestinal parasites and schistosomiasis), and working in conflict zones and underserved areas (particularly in relation to dracunculiasis and leprosy), recognizing the different impact of the diseases on males and females	• Number of countries where effective strategies are in use for the control, prevention and eradication of communicable diseases • Proportion of school-age children at risk of morbidity regularly treated for soil-transmitted helminth infections and schistosomes (75% coverage target for 2010)
• New technologies and tools identified, including for prevention and control of vector-borne diseases and Buruli ulcer	• Number of new or improved prevention and control tools (including pesticides) and interventions made available • Proportion of targeted countries adopting WHO definitions and reporting systems for Buruli ulcer
• Consensus created and partnership consolidated around diseases targeted for elimination and eradication; control of schistosomiasis, intestinal parasites and vector-borne diseases scaled up; increased resources raised for country-based control • Monitoring and evaluation of communicable disease control in Member States	• Existence and suitability for countries of plans agreed by partners for supporting control and elimination activities • Proportion of target countries implementing plans to eliminate leprosy and lymphatic filariasis and eradicate dracunculiasis
• Effective surveillance systems developed and implemented in those countries completing eradication of dracunculiasis and elimination of leprosy	• Compliance with agreed standards of frequency and timeliness of transmission of data to WHO • Proportion of endemic countries reporting on time

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	171 831	141 911	22 831	19 911	149 000	122 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	13 456	I 443	5 263	720	168	691	I 090	22 831
2002-2003	12 484	I 141	4 599	727	0	650	310	19911

RESEARCH AND PRODUCT DEVELOPMENT FOR COMMUNICABLE DISEASES

ISSUES AND CHALLENGES

Despite the significant resources and efforts put into prevention and control by WHO and others over the past 50 years, infectious diseases still persist and constitute the biggest part of the burden of disease in developing countries. They continue to impede social and economic development, and to affect disproportionately poor and marginalized populations. Tools, methods and strategies, once considered sufficient for successful prevention and control, are now failing. Some fail because microorganisms have developed resistance to drugs, some because they are used in ecological conditions for which they have not been intended, and others because difficulties in implementation were not adequately taken into account. Only a few have been properly evaluated in field conditions.

Not only has the evolution of the global economy widened the relative gap between the rich and the poor, but in many countries reduction of the role played by the State and increase of that played by the private sector have fundamentally changed the environment in which infectious diseases are prevented and controlled. Capital requirements to develop and market new products, combined with the limited purchasing power of poor people in low-income countries, make it less attractive for industry and major research institutions to invest in what for them is a marginal market. However, experience shows that even the big pharmaceutical companies are prepared, through appropriate mechanisms and partnerships, to work with the public sector in both developing and developed countries to generate new products.

The challenge is to develop new products that are acceptable, affordable, and applicable to the circumstances in which they will be used. One way of doing so is to build broad partnerships for research and product development, involving control programmes, industry, researchers and donors from both developing and developed countries and across disciplines ranging from laboratory to applied social sciences, and to build up research capability in developing countries. A successful example of such partnership is the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases. In addition to a large number of external partners, the Programme closely interacts with related areas of work in WHO, for example health systems, and disease surveillance and control, through such mechanisms as the health systems reference group, the intercluster vaccines research initiative, the Roll Back Malaria project, and the Stop Tuberculosis Initiative. In this way, not only are new tools appropriately designed, but also methods and strategies for their application are developed and evaluated in field situations, then transferred into policy.

GOAL

To foster action essential for reducing the negative impact of communicable diseases on health, and on the social and economic well-being of all people worldwide.

WHO OBJECTIVE(S)

To stimulate partnerships and to create an environment for better use of existing tools for the prevention and control of infectious diseases; to generate new knowledge, tools, intervention methods and implementation strategies to be used by health systems in a gender-sensitive manner, particularly in developing countries; and to build up research capability in developing countries.

EXPECTED RESULTS	INDICATORS
• New basic knowledge about biomedical, social, economic, health system, behavioural and gender determinants, and other factors of importance for effective prevention and control of infectious diseases, generated and accessible at national and international levels	• Number of new, significant and relevant scientific advances (biomedical, social, economic, and public-health sciences) for control of neglected tropical diseases
• New and improved tools devised for prevention and control of infectious diseases, e.g., drugs, vaccines, diagnostics, epidemiological tools, environmental tools	• Number of new candidates (drugs, vaccines and diagnostics) ready to enter into development • Number of new or/and improved tools (drugs, vaccines and diagnostics) receiving regulatory approval for controlling neglected tropical diseases
• New and improved intervention methods for applying existing and new tools at clinical and community levels developed and validated	• Number of new or improved intervention methods validated for the prevention, diagnosis, treatment, and rehabilitation of populations exposed to neglected tropical diseases
• New and improved policies for large-scale implementation of existing and new prevention and control strategies framed and validated; guidance for application in national control settings accessible	• Number of new or improved control policies and strategies for targeted neglected tropical diseases formulated, tested and validated • Number of new and improved tools introduced in the control of neglected tropical diseases
• Partnerships established and adequate support provided for building up capacity for research and product development in countries	• Proportion of experts and centres from disease-endemic countries engaged in research and product development; proportion of research findings produced
• Adequate technical information, research guidelines and instruments, and advice accessible to partners and users in countries	• Number of research and development initiatives for control of neglected tropical diseases using the instruments developed • Number of requests from developing countries for appropriate WHO Web site pages • Number of effective contacts with research and development partners working in control of neglected tropical diseases
• Resources for research, product development, and capacity building efficiently mobilized and managed	• Level of increase in funding overall and in contributions resulting from the participation of new groups of donors

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	85 302	88 876	4 802	4 376	80 500	84 500

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	4 010	**511**	0	281	0	0	0	4 802
2002-2003	3 772	380	124	**J00**	0	0	0	4 376

MALARIA

ISSUES AND CHALLENGES

Malaria currently causes more than 300 million episodes of acute illness and over a million deaths - each year - mostly in Africa. Many of these illness episodes are severe and lead to significant loss of household earnings resulting from lost productivity and high cost of treatment; this may represent up to 25% of income in poor households in some African countries.

It has long been known that malaria in pregnancy poses substantial risk to the mother, her foetus and the neonate.

Efforts to eradicate malaria during the 1960s succeeded in parts of Asia, Europe and the Americas. They did not, however, include sub-Saharan Africa, the area most affected by the disease. To date, success in malaria control has been constrained by lack of funding and human resources, and further limited by fragmentation of effort, control strategies not based on evidence, and insufficient focus on community-level action.

Positive and sustainable outcomes depend on the development of health systems so that they can address a range of health problems and gender-specific issues related to the disease and its impact. Control action must be integrated into the mainstream of community-level health activities being carried out by populations at risk of malaria. Those considerations prompted WHO to launch the Roll Back Malaria project in July 1998, focusing on Africa. By February 2000, the global Roll Back Malaria partnership had been established, a broad network of governments, development agencies, nongovernmental organizations, private sector groups, researchers, and the media. It provides support to a global social movement which mobilizes individuals, households and communities to contribute to malaria control.

Partners at global, regional and country levels mobilize resources and foster concerted action in order to intensify use of existing tools for malaria control in endemic areas; to eliminate remaining small, but persistent, foci in countries where malaria is under control; to build up capacity so that national health sectors and regional institutions can better implement action to roll back malaria; and to develop - and rapidly deploy - innovative, cost-effective products, and gender-sensitive approaches and interventions. WHO and other partners support these aims by working with health and other sectors concerned with human development in ways that involve both public and private sector bodies.

GOAL

To halve the burden of malaria by 2010.

WHO OBJECTIVE(S)

To optimize the impact of the global partnership to roll back malaria, and ensure the effectiveness of WHO and associated bodies in that partnership; to support and sustain regional, country and thematic partnerships to roll back malaria; to scale up effective action within countries; to build up capacity for up-to-date and consistent technical guidance; and to monitor progress by detecting the percentage reduction in the malaria-related death rate, and to evaluate achievements.

EXPECTED RESULTS	INDICATORS
• National authorities able to plan, implement, monitor and evaluate the impact of malaria control with support of the global Roll Back Malaria partnership	• Proportion of targeted countries having a system of monitoring and evaluating action to roll back malaria
• Political commitment sustained and adequate resources mobilized through effective communication of the concept, strategy, approach and progress of Roll Back Malaria	• Magnitude of the increase in overall resources available to Roll Back Malaria • Proportion of countries with an agreed national advocacy strategy for Roll Back Malaria
• Country-level partnerships established among national authorities, development partners and other groups to support malaria control	• Proportion of targeted countries with functional partnerships for Roll Back Malaria • Proportion of targeted countries that have prepared, with support of partners, evidence-based national plans for Roll Back Malaria
• Country capacity for operational research and evidence-based decision-making built up through provision of sound, consistent advice and technical guidance for malaria control	• Number of technical support activities provided to countries and partners at global, regional and country levels • Number of technical guidelines provided to countries and partnerships established for rolling back malaria • Proportion of targeted countries having generated evidence-based strategies for rolling back malaria
• New or modified interventions and products to roll back malaria validated through applied research	• Number of new tools and modified interventions validated through applied research • Percentage increase in the global investment in research and development for rolling back malaria
• Strategies promoted for scaling up action to roll back malaria, including selected interventions, policy, management and delivery systems, financing, and social action	• Proportion of targeted countries with clearly set strategies, including benchmarks, for scaling up home management (rapid diagnosis and prompt treatment) of malaria • Proportion of targeted countries with clearly set strategies, including benchmarks, for scaling up use of impregnated bednets among targeted groups • Proportion of targeted countries with clearly set strategies, including benchmarks, for strengthening prevention among pregnant women and treatment of those with malaria

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	82 436	118 212	6 436	8 212	76 000	110 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	3 849	I 254	514	310	36	110	363	6 436
2002-2003	4 526	I 131	545	396	30	640	944	8 212

As an Organization-wide priority, **Malaria** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Mapping of data and risk factors of malaria, monitoring of drug resistance	○○
Communicable disease prevention, eradication and control	Strategies and guidelines for vector control and management; strategy for capacity development; creation of tools effectively to disseminate information through use of technology	○○○
Health promotion	Social marketing and advocacy of malaria prevention and treatment	○
Research and product development for communicable diseases	Support and encouragement of research to develop new interventions and products	○○○
Child and adolescent health	Linking of malaria prevention and control to integrated management of childhood illness	○○
Research and programme development in reproductive health	Strategies and guidelines for prevention and management of malaria during pregnancy	○○
Making pregnancy safer	Incorporation of malaria prevention into maternal health care	○
Sustainable development	Linking of malaria control with poverty reduction and human development	○
Health and environment	Evaluation of environmental impact of pesticide and insecticide use	○○
Emergency preparedness and response	Integration of malaria control in humanitarian action in complex emergencies	○○
Essential medicines: access, quality and rational use	Equitable access to good-quality antimalarials	○○
Immunization and vaccine development	Support for research to develop malaria vaccine	**O**
Evidence for health policy	Disease burden statistics to provide evidence for defining strategy and the baseline for monitoring and evaluating impact	○
Organization of health services	Integration of Roll Back Malaria into health sector development and reform	○○
Resource mobilization, and external cooperation and partnerships	Innovative approaches or strategies to resource mobilization and partnership building for malaria prevention and control	○○

Resources	US$ million
Malaria	118
Estimated resources in other areas of work	76
Total	194

Legend

○○○ Major contribution
○○ Medium contribution
○ Minor contribution

TUBERCULOSIS

ISSUES AND CHALLENGES

Tuberculosis control made remarkable progress in the 1990s. Nevertheless, the disease remains one of the major infectious killers and a significant obstacle to human development, particularly in poor countries and among marginalized populations, despite the existence of a widely proven and highly cost-effective control strategy. By 1999, 126 countries had implemented the directly observed treatment, short course (DOTS) strategy; 24% of all tuberculosis patients were treated under DOTS, and the average cost of the standard antituberculosis drug regimen had been halved. Although many small- to medium-sized countries are achieving the global control targets,[1] most countries with the highest burden of tuberculosis have either adopted the strategy only recently, or been slow to expand it. Reasons for slow progress are often political or socioeconomic rather than technical.

The opportunity to make a serious impact on the tuberculosis epidemic is rapidly diminishing because of the HIV/AIDS epidemic and the emergence of multidrug-resistant tuberculosis. This latter form of tuberculosis is now a problem in several parts of the world as a result of poorly managed control programmes. The major challenge is to raise tuberculosis from a technical issue to a political one at national, regional and global levels by forging an effective partnership with all interested parties, including nonhealth and private sectors, while maintaining technical robustness in implementing the DOTS strategy in the context of rapid change in the health sector.

Global-, regional- and country-level partnerships will mobilize resources through a global drug fund and foster coordinated efforts in order to accelerate and intensify action to control tuberculosis by expanding and sustaining DOTS coverage; to contribute to poverty alleviation and human development by thus ensuring that every tuberculosis patient has access to treatment and cure; to protect vulnerable populations, especially children, from tuberculosis and its multidrug-resistant form; and to reduce the social and economic burden of the disease on families and communities.

At the same time, new strategies are needed to tackle specific matters such as the dual epidemics of tuberculosis and HIV/AIDS, multidrug-resistant tuberculosis emergencies, lack of participation of community and private practitioners in national control programmes, and the need to integrate respiratory care at peripheral level. Research efforts should be directed towards developing new tools (diagnostics, drugs, vaccines) to facilitate and sustain expansion of DOTS and progress towards elimination of the disease. Many of these efforts are coordinated or supported by the Special Programme for Research and Training in Tropical Diseases.

GOAL

To provide support needed to enable countries to reach the global control targets by 2005 and to sustain this achievement in order to halve the number of deaths due to, and the burden of, tuberculosis by 2010.

WHO OBJECTIVE(S)

To optimize the impact of the global partnership to Stop Tuberculosis by focusing on increasing technical support to countries' efforts to stop tuberculosis; to lead the global surveillance, monitoring and evaluation of efforts; to coordinate development of specific interventions, strategies and policies; and to promote, and act as a catalyst for, research into new diagnostics, drugs and vaccines.

[1] 70% detection of infectious cases and 85% treatment success.

EXPECTED RESULTS	INDICATORS
• Global- and national-level partnership established, underpinned by a framework of action (the global DOTS expansion plan) comprising shared goals and values, and expanded plans of action to reach national targets	• Proportion of targeted countries with plans for DOTS expansion in order to reach national targets • Proportion of targeted countries with national partnerships established to stop tuberculosis
• Stop tuberculosis fund established and operational to support a global facility for tuberculosis drugs that will expand access to treatment and cure	• Proportion of eligible countries benefiting from the global drug facility
• New frameworks and tools to support increased national capacity for advocacy, social mobilization and programme management validated, made available and promoted	• Number of countries using WHO tools for advocacy. social mobilization and programme management
• Global surveillance and evaluation systems established for monitoring and evaluating: progress towards global targets, specific resource allocations for tuberculosis control, and impact of control efforts	• Timeliness and accuracy of surveillance and evaluation information generated and reported to WHO • Proportion of targeted countries evaluating the impact of tuberculosis control
• New policies and strategies developed to improve implementation of DOTS, and to tackle HIV/tuberculosis, multidrug-resistant tuberculosis, participation of community and private practitioners, and integrated care at peripheral level	• Proportion of targeted countries implementing pilot projects for combating multidrug-resistant tuberculosis, new policies for tackling HIV/tuberculosis, for determining mix of public/private care, and for assuring adult lung health
• New diagnostic tools devised and field-tested, and a public-private partnership launched to accelerate development of new drugs	• Access of countries to new diagnostic tools for tuberculosis • Operation of a public-private partnership for development of new tuberculosis drugs

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	18 682	104 650	1 682	4 650	17 000	100 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	371	617	0	0	27	243	424	1 682
2002-2003	1 131	981	135	150	827	433	993	4 650

As an Organization-wide priority, **Tuberculosis** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Interventions for containment and surveillance of tuberculosis; international regulatory action	0 0
Communicable disease prevention, eradication and control	Specification of new technologies and tools to control and eradicate tuberculosis	O O O
Research and product development for communicable diseases	Technical information, guidelines, mobilization of resources for research and product development	O O O
Mental health and substance abuse	Tools to assess need of vulnerable groups exposed to risk of tuberculosis	O
Child and adolescent health	Identification of physical and social factors that protect adolescents from tuberculosis	0 0
Women's health	Tools for assuring that health care systems address the needs of impoverished and neglected women	0 0
Sustainable development	Promotion of better health as a means of reducing poverty; urban and rural development that furthers elimination of tuberculosis	O
Emergency preparedness and response	Temporary interventions, including tuberculosis programmes in emergencies or disasters	O O O
Essential medicines: access, quality and rational use	Access to affordable and efficient therapeutic drugs	O O O
Immunization and vaccine development	Promotion of tuberculosis vaccine development	O
Country-level activities	Technical support to Member States for expanding DOTS	O O O

Resources	US$ million
Tuberculosis	105
Estimated resources in other areas of work	36
Total	141

Legend

O O O	Major contribution
0 0	Medium contribution
0	Minor contribution

SURVEILLANCE, PREVENTION AND MANAGEMENT OF NONCOMMUNICABLE DISEASES

ISSUES AND CHALLENGES

The rapid rise ofnoncommunicable diseases represents one of the major health challenges to global development. Low- and middle-income countries suffer the greatest impact of such diseases. Their progressive increase may be seen disproportionately in poor and disadvantaged populations and is contributing to widening health gaps between and within countries. Optimal treatment is not universally available or affordable because of escalating costs and limited resources. This situation, together with insufficient emphasis on surveillance and lack of serious long-term commitment to primary prevention, poses a considerable challenge for many countries.

The threat of these diseases and the need to provide urgent and effective public health responses led to formulation of a global strategy for prevention and control of noncommunicable diseases, endorsed by the Fifty-third World Health Assembly (resolution WHA53.17).

Priority will be given to the four most prominent diseases - cardiovascular diseases, cancer, chronic respiratory disease and diabetes - which are linked by common, preventable, lifestyle-related risk factors. They are tobacco use, unhealthy diet and physical inactivity, and the highest priority will be given to tackling them. New approaches and technologies for effective management, for example, medical genetics, are common to these four diseases, and attention will be given to integrating them into health care systems. Oral health will also be promoted.

Existing partnerships need to be strengthened and new ones created, notably with specialized national and international nongovernmental organizations. WHO will coordinate, in collaboration with the international community, global alliances with a view to sharing responsibilities for implementation of the global strategy.

The main challenge for WHO will be to map the emerging epidemics of noncommunicable diseases and to analyse their determinants, with particular reference to gender and to poor populations. WHO's work will also focus on devising tools for improving intersectoral collaboration, community participation, supportive policy decisions, health-care reform, and disease-management strategies.

GOAL

To reduce the burden of premature mortality, morbidity and disability related to noncommunicable diseases.

WHO OBJECTIVE(S)

To create an environment in which Member States and the international community are better equipped, technically and institutionally, to reduce people's exposure to the major determinants and risks associated with noncommunicable diseases; to assess the burden of these diseases and their complications and disabilities; to promote standards for health care for people with these diseases, and to ensure that health systems adapt to changing demands in a cost-effective way.

EXPECTED RESULTS	INDICATORS
• A global alliance established for prevention and management ofnoncommunicable diseases in order to strengthen advocacy, capacity building, and resource mobilization	• Coordinating structure (and programme of work) in operation, involving organizations of the United Nations system, international institutions and nongovernmental organizations working in the area of noncommunicable diseases
• Comprehensive policy framed and strategic framework drawn up for prevention and management of priority noncommunicable diseases; strategies related to human genetics updated	• Proportion of targeted countries with comprehensive national policies for prevention and control of noncommunicable diseases implemented with technical support from WHO • Number of additional community-based demonstration programmes for control ofnoncommunicable diseases established in collaboration with WHO
• Simplified surveillance systems for the major noncommunicable diseases and their risk factors set up in order to measure effectiveness of prevention and management initiatives	• Proportion of targeted countries adopting the WHO simplified surveillance system for the major noncommunicable diseases and their risk factors
• Evidence-based guidelines and standards of health care for the integrated management of major noncommunicable diseases and their complications validated and promoted, with special emphasis on equity between men and women	• Number of priority noncommunicable diseases for which guidelines on cost-effectiveness of secondary and tertiary prevention interventions have been evaluated • Proportion of targeted countries integrating the guidelines for management ofnoncommunicable diseases into their health care systems
• Model, community-based, primary and secondary prevention programmes launched, linked by a global forum	• Number of additional regional networks for noncommunicable diseases linked by a global forum • Number of countries participating in each regional network • Proportion of targeted countries initiating model projects on integrated care and management of noncommunicable diseases
• Capacity of health care systems built up in order to cope with the double burden of disease	• Proportion of countries incorporating chronic care in health care reforms and initiating organizational change • Number of countries with demonstration projects on chronic care

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	15 474	20 029	11 974	13 029	3 500	7 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	7 651	1 810	503	0	677	366	967	11 974
2002-2003	8 012	2 457	340	150	328	480	1 262	13 029

As an Organization-wide priority, **Surveillance, prevention and management of noncommunicable diseases** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Tobacco	Negotiation of the framework convention on tobacco control; support to regional and country offices for legislation and implementation	OOO
Health promotion	Development of community-based primary and secondary prevention interventions	OOO
Mental health and substance abuse	Guidelines on integrating the management of noncommunicable diseases, including mental disorders, into primary health care	0 0
Child and adolescent health	Strategies to prevent risk factors "in the first place"; technical involvement in drawing up guidelines on noncommunicable diseases in children (asthma, type 1 diabetes)	0 0
Research and programme development in reproductive health	Guidelines for screening or early detection of cervical cancer; integration into reproductive health programmes of public health approaches for prevention of congenital and genetic disorders	0 0
Making pregnancy safer	Strategies to prevent and control gestational diabetes and hypertension during pregnancy	0 0
Women's health	Study of gender issues in prevention and control of common noncommunicable diseases	0 0
Sustainable development	Assessment of links between noncommunicable diseases and poverty; control strategies that promote sustainable development	0 0
Nutrition	Assessment of the nutrition transition; nutrition guidelines to control noncommunicable diseases	OOO
Emergency preparedness and response	Strategies for assuring in emergencies basic health services for noncommunicable diseases; development of surveillance systems	0 0
Evidence for health policy	Tools to assess cost-effectiveness of secondary prevention interventions; strategies for health sector reforms in relation to control ofnoncommunicable diseases	OOO

Resources	US$ million
Surveillance, prevention and management of noncommunicable diseases	20
Estimated resources in other areas of work	19
Total	39

	Legend
OOO	Major contribution
0 0	Medium contribution
0	Minor contribution

TOBACCO

ISSUES AND CHALLENGES

Tobacco use is a major preventable cause of premature death and disease. Over one thousand million people smoke worldwide, and four million people die each year from over 25 tobacco-related causes of death (including several cancers and heart and respiratory diseases). It is estimated that by 2030 there will be 10 million tobacco deaths annually, 70% of which will occur in developing countries and about half in productive middle age.

Prevalence of tobacco use has declined in some high-income countries, but continues to increase in low- and middle-income countries, especially among young people and women. In high-income countries, smoking-related health care accounts for about 10% of all annual health care costs. As a result of marketing by the tobacco industry, low levels of literacy, and unrestricted access to tobacco products, the prevalence of tobacco use in most countries is highest among poor and marginalized people.

Historically, tobacco control has been neglected for several reasons, including opposition to tobacco control policies, often orchestrated by the tobacco industry; lack of political will and funds (particularly in countries burdened with more immediate crises); government ownership or subsidization of tobacco production and/or manufacturing; inadequate information about the extent of tobacco use and its impact on health and economies; and weak capacity in legislation, economics, and advocacy. Tobacco control is now gaining ground, as decades of industry deception are exposed, and effective interventions are being shared and implemented regionally and globally.

Countries that have introduced comprehensive, multisectoral approaches to tobacco control and have funded their implementation over decades have seen steady declines in tobacco use. Best national practice, however, is thwarted by transnational violations of national control legislation and approaches. Global and regional actions need to complement and support national action.

The international consensus in the health sector on the need to address tobacco control is expressed in the 17 resolutions adopted by the Health Assembly on the subject since 1970. Under resolution WHA52.18 Member States decided to negotiate a framework convention on tobacco control and possible related protocols, with a target date for adoption of 2003, in order explicitly to address the transnational aspects of tobacco control. Further, United Nations Economic and Social Council resolution 1999/56 endorsed the establishment of a United Nations Ad Hoe Interagency Task Force on Tobacco Control under WHO's leadership, and significantly expanded opportunities for multisectoral collaboration across the United Nations system.

GOAL

To reduce substantially the prevalence of tobacco use, the harm caused by use of tobacco products, and exposure to tobacco smoke.

WHO OBJECTIVE(S)

To assure that governments, international agencies, and other partners are equipped effectively to implement national and transnational approaches to tobacco control.

EXPECTED RESULTS	INDICATORS
• Increase in number of Member States with comprehensive tobacco control policies and national plans of action validated and promoted	• Number of Member States with a national plan of action detailing deliverable tobacco control strategies and programmes • Proportion of targeted Member States with comprehensive tobacco control policies framed and implemented

EXPECTED RESULTS	INDICATORS
• Consensus on multisectoral strategies in support of tobacco control reached among relevant bodies of the United Nations system, nongovernmental organizations, and private sector groups at regional and global levels	• Number of best practices in tobacco control, initially focusing on interventions among young people and on economic aspects, adequately documented for use in countries, and taking account of gender considerations • Number of new projects initiated under the umbrella of the United Nations Ad Hoe Interagency Task Force on Tobacco Control
• Worldwide financial and human resources to control tobacco use substantially increased	• Volume of human and financial resources directly applied to tobacco control by organizations of the United Nations system and by philanthropic organizations
• Improved surveillance in the areas of health, economics, legislation and behaviour in support of tobacco control	• Number of countries having completed global surveys on tobacco use and related behaviour among young people, health professionals and health personnel • Number of countries covered by the joint WHO/Centers for Disease Control and Prevention Web-based tobacco information system
• Accelerated research on strategies for demand reduction and supply control in order to advance knowledge of effective responses	• Volume of financial support provided by key partners for implementing agreed tobacco-control research agenda • Increase in the number of research projects consistent with the global tobacco-control research agenda and taking account of gender considerations
• Enhanced global understanding of the tobacco epidemic and its consequences through stronger media coverage and information systems	• Number of countries in which the anti-tobacco campaign, "Don't be duped", is in operation • Web site providing detailed information on tobacco control resources in official languages of the United Nations system, in operation
• Framework convention on tobacco control and initial protocols prepared for adoption by Member States	• Adoption of the framework convention on tobacco control by Member States and agreement on possible themes for protocols

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	15 996	25 208	3 496	5 708	12 500	19 500

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	2 366	100	0	320	455	255	0	3 496
2002-2003	3 183	701	400	429	328	417	250	5 708

As an Organization-wide priority, **Tobacco** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Tuberculosis	Tobacco as a cause of tuberculosis; approaches to treatment of tobacco use	O
Surveillance, prevention and management of noncommunicable diseases	Reduction of tobacco use as key risk factor for cancers, ischaemic heart disease, respiratory diseases	O O O
Health promotion	Promotion of nonsmoking as the desirable norm; media, legislative, and economic interventions; development of model school curricula on tobacco	O O O
Mental health and substance abuse	Integrated approaches to treatment of all forms of substance dependence; regulation of tobacco products	O
Child and adolescent health	In- and out-of-school programmes; entertainment and media work aimed at increasing the participation of young people	O
Women's health	Work on women and tobacco use linked to five-year review of Fourth World Conference on Women (Beijing, 1995), to the Convention on Elimination of All Forms of Discrimination against Women (CEDAW), and to follow-up of the Commission on the Status of Women	O
Making pregnancy safer	Strategies to prevent or reduce tobacco use during pregnancy	O
Sustainable development	Work on sustainable livelihoods based on tobacco production; links to trade agreements and to poverty	O
Health and environment	Reduction of passive smoking as a component of indoor air pollution	0
Essential medicines: access, quality and rational use	Consideration of nicotine replacement therapy in the essential drug list; regulation of tobacco products	O
Evidence for health policy	Epidemiology and economics of tobacco control; support for tobacco surveillance systems	0 0
Governing bodies	Organization of meetings of the Intergovernmental Negotiating Body on the framework convention on tobacco control	O O O
Resource mobilization, and external cooperation and partnerships	Chairing of the United Nations Ad Hoe Interagency Task Force on Tobacco Control; crucial support for the WHO Office at the United Nations (New York) and at the European Union (Brussels)	0
Director-General's and Regional Directors' offices (including Audit, Oversight and Legal)	Legal support for negotiation of the framework convention on tobacco control and for complex interaction between WHO and the tobacco industry	OO
Director-General's and Regional Directors' Development Programme and initiatives	Strategic and policy advice and support	0

Resources	US$ million
Tobacco	25
Estimated resources in other areas of work	3
Total	28

Legend

O O O	Major contribution
0 0	Medium contribution
0	Minor contribution

HEALTH PROMOTION

ISSUES AND CHALLENGES

Increasing urbanization, and demographic, environmental and other changes stimulated by globalization of markets and communications require different approaches to health actions in order to deal with the broader determinants of health. Promotion in the settings where people of any age live, work, learn and play is clearly the most creative and cost-effective way of improving health and, in turn, quality of life. The increase in noncommunicable diseases, traffic accidents and violence will change the health needs of the world's population, while HIV/AIDS, tuberculosis, malaria, mental illness, tobacco use and substance abuse continue to be major constraints to health and development. Changes in disease trends, coupled with rapid ageing in developing countries, where two-thirds of older persons will be living in the twenty-first century, require new approaches to promoting, maintaining and restoring health. Member States were called upon to support active ageing and to promote health in resolutions WHA52.7 and WHAS 1.12, respectively.

Risks to health often occur as interrelated factors potentiate one another; it is unlikely that improvements in health can be achieved by isolated interventions that target specific behaviours. Research shows that more effective, sustainable interventions combine social policy and individual action. The major challenge lies in achieving intersectoral action to promote health, particularly the health of poor and marginalized people. An effective response will draw upon the excellence of scientific knowledge and contribute, through advocacy, research and action, to advancing understanding among all sectors of the ways in which promotion of healthy living conditions and lifestyles, and social solidarity can reduce vulnerability and protect health. Technical and policy support is needed to enable countries to draw upon local experiences and strengths, encouraging communities to contribute actively to their own healthy future.

GOAL

To reduce risks to people's health through gender- and age-sensitive policies and actions that deal with the broader determinants of health.

WHO OBJECTIVE(S)

To create an environment in which governments and their partners in the international community are better equipped to develop and implement multisectoral public policies for health and integrated gender and age-sensitive approaches that facilitate community empowerment and action for health promotion, self-care and health protection throughout the life cycle.

EXPECTED RESULTS	INDICATORS
• Appropriate guidance drawn up and furthered in order to design and implement multisectoral approaches in support of health promotion throughout the life cycle, with special emphasis on the growing proportion of older men and women	• Structures in operation for coordinating and supporting the multiple partners (intergovernmental organizations, nongovernmental organizations, academic institutions, private sector) that promote WHO recommendations on health for specific population groups • Proportion of targeted countries that have framed or updated multisectoral policies to prevent and control major risk factors of noncommunicable diseases and to tackle causes of health inequalities related to ethnicity, age, sex, income, or any other factor
• Appropriate guidance provided in order to prepare advocacy strategies and plans of action for increasing knowledge and awareness of the major determinants of health, and their different impact on men and women	• Proportion of countries using WHO guidelines to advocate and implement actions that influence the major determinants of health
• Community-based demonstration projects validated, including methods and tools for measuring process and outcome in vulnerable population groups, including older men and women	• Number of community-based demonstration projects planned, implemented and evaluated in targeted countries
• Activities to improve health literacy in targeted population groups identified and promoted	• Number of targeted countries that adopt WHO recommendations for enabling marginalized and poor men, women and children to acquire the knowledge, attitudes, values, life skills and services they need to make sensible choices related to health
• Selected studies conducted on health determinants; mechanisms in place for building up capacity to use findings to design and implement interventions that promote health	• Networks and alliances to strengthen national and international action for health promotion in operation • Mechanisms for technical support and capacity building in planning and evaluating primary prevention and health promotion interventions in operation, including tools to analyse their different impact on men and women

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	24 752	34 739	9 252	6 739	15 500	28 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	3 584	432	557	975	I 012	998	I 694	9 252
2002-2003	3 033	442	492	487	550	700	I 035	6 739

DISABILITY/INJURY PREVENTION AND REHABILITATION

ISSUES AND CHALLENGES

Reducing the burden ofunintentional injuries and violence is one ofthe main challenges for public health in the twenty-first century. In 1998 approximately 5.8 million people died from injuries worldwide. Injuries currently represent 16% ofthe global burden ofdisease and are increasing. They affect all populations although, in general, injury-related mortality rates are considerably higher in lower income than in higher income countries. War is the most overt form ofviolence; other forms - against children, women or the elderly - may remain hidden within the family. Unintentional injury, including traffic accidents, poisonings, bums, drowning and others, tends to be a neglected health problem.

It is estimated that between 7% and 10% ofthe global population have a disability, significantly limiting common daily activities and participation in social life. Rising life expectancy, survival of children born with disabilities, and the spread ofnoncommunicable diseases tend to increase the number ofpeople with chronic diseases and disabilities. Other major causes ofdisability are unintentional injuries and violence. Less than 10% ofthose in need have access to appropriate rehabilitation services, because ofthe extremely scarce resources available for rehabilitation in most developing countries.

Currently, visual impairments are estimated at between 130 million and 180 million, and disabling hearing impairments at more than a hundred miliion. The global numbers are rising for some ofthe reasons mentioned above. As a result, associated costs for medical and social care are increasing and the quality oflife ofpeople with disabilities is deteriorating. Yet most cases ofblindness and disabling hearing impairment are avoidable through effective and affordable interventions.

The traditional view ofinjuries as random events or "accidents" has resulted in historical neglect, which has to be overcome. There are many challenges to preventing violence and injury. The approach to prevention needs to be multisectoral, involving not only public health but also legal and education systems, the transport sector, urban planners, human rights groups, religious leaders, and other stakeholders. Decision-makers need to combine the judicial approach to violence prevention, consisting mainly ofpunishment ofperpetrators, with a public health approach, based on primary and secondary prevention. Data need to be collected about the different types ofviolence and non-intentional injuries, including causes, health consequences and societal impact, in order to describe them accurately. Lastly, WHO needs to work with Member States and other partners in order to develop culturally appropriate interventions, based on information, and creatively to evaluate their effectiveness.

The main challenge when tackling disability is to take a human rights standpoint and to raise awareness in order to modify attitudes towards people with disabilities. Continued dependence on costly institutional solutions should be replaced by collaboration between governments, agencies and communities to create innovative rehabilitation programmes. Support should be provided to people with disabilities - in particular the more vulnerable groups, such as children, women, refugees and poverty-stricken people - so that they can live more independently and participate more fully in society.

In the case ofsensory disability, the magnitude ofunmet needs has to be determined and updated and the socioeconomic implications assessed. A further challenge is to make currently available knowledge and technology more accessible to persons in need, at an affordable cost, by mobilizing additional resources.

GOAL

To prevent violence, unintentional injury and sensory impairments and to enhance the quality oflife for people with disabilities.

WHO OBJECTIVE(S)

To equip governments, and their partners in the international community, so that they can formulate and implement cost-effective, gender-specific strategies to prevent and mitigate the consequences of violence, unintentional injury and disability.

EXPECTED RESULTS	INDICATORS
• Surveillance systems for major determinants, causes and outcomes of unintentional injuries and violence, including traffic accidents, validated and promoted	• Proportion of targeted countries that use WHO guidelines to collect data and training packages for monitoring trends
• Appropriate guidance available for multisectoral interventions to promote safety and prevent violence	• Proportioa orta,geted oooot,ies that h,,e o a t i o o a l : J plans and implementation mechanisms for prevention of violence and nonintentional injury
• Appropriate strategies existing in health systems for strengthening management of injuries and violence and their social and public health consequences	• Proportion of targeted countries which incorporate training on management of violence and injuries into curriculum of medical and nursing schools
• Strategies validated for integrating rehabilitation services into primary health care, including guidelines for early detection and management of disabilities in children	• Proportion of countries implementing strategy for integrating rehabilitation services into primary health care, including the early detection of disabilities in children
• Selected United Nations standard rules on persons with disabilities monitored globally; support provided for determining related advocacy positions or policy	• Proportion of targeted countries that have (a) reported on implementation of selected United Nations standard rules and (b) determined an advocacy position or policy related to the standard rules
• Strategies developed and validated for prevention and control of blindness, deafness and hearing impairment	• Extent of application in countries of relevant WHO strategies
• Burden of visual and hearing impairment and programme implementation regularly monitored globally	• Proportion of targeted countries documenting adequately the burden of visual and hearing impairments

RESOURCES (US$ THOUSAND)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	9 848	12 047	3 848	3 547	6 000	8 500

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	2 817	306	0	321	0	295	109	3 848
2002-2003	2 478	275	0	346	0	357	91	3 547

MENTAL HEALTH AND SUBSTANCE ABUSE

ISSUES AND CHALLENGES

Mental and neurological disorders and substance abuse have negative implications on the health not only of individuals but also of families and communities. Good mental health is a positive resource that allows individuals to realize their abilities, to work productively, to cope with the stresses of life without resorting to the use of alcohol or psychoactive substances, and to make a contribution to the community.

The portion of the global burden of disease attributable to mental and neurological disorders and substance abuse is expected to rise from 11.5% in 1998 to 15% by 2020. The 1998 figure does not include the significant 1.6% of the burden due to attempted and completed suicide. Additionally, when alcohol consumption is analysed as a risk factor contributing to the global burden, it alone is responsible for 3% to 4%. The rise in the burden of mental and neurological disorders and substance abuse will be particularly sharp in developing countries, primarily because of the projected increase in the number of individuals entering the age of risk for the onset of disorders. These problems pose a greater burden on vulnerable groups such as indigenous people, those exposed to disasters, displaced persons, people living in absolute and relative poverty, street children, and those in difficult conditions as a result of coping with chronic diseases such as HIV/AIDS.

Improving treatment rates of mental and neurological disorders and substance abuse problems will not only reduce the burden of disease and disability, and health care costs, but also improve economic and social productivity. At global level it is estimated that the burden of disease attributable, for example, to major depression could be reduced by more than 50% if all affected individuals were treated. However, although many effective interventions exist, there is a big gap between their availability and widespread implementation.

An effective response needs to tackle barriers at all levels of the health sector. Technical support and guidance needs to be provided on effective policies and interventions to promote mental health and combat substance abuse, through generation of new knowledge, dissemination of information, and advocacy and partnerships for global action.

GOAL

To reduce the burden associated with mental and neurological disorders and substance abuse, and to promote good mental health worldwide.

WHO OBJECTIVE(S)

To assure that governments and their partners in the international community place mental health and substance abuse on the health and development agenda in order to formulate and implement cost-effective responses to mental disorders and substance abuse.

EXPECTED RESULTS	INDICATORS
• Increased awareness of policy-makers, professionals and the general public about the importance of tackling mental and neurological disorders and substance abuse	• Proportion of countries in each region which, in consultation with WHO, held significant awareness-raising events • Proportion of targeted countries in which at least one advocacy group was created
• Information base for formulating and implementing mental health and substance use policies and plans established and disseminated; use in countries supported through technical cooperation	• Proportion of targeted countries in each region for which information or data have been adapted according to country needs • Proportion of targeted countries in each region showing evidence of use of the information base for preparation of policies and plans
• Global and regional alcohol research and policy initiatives established and implemented	• Proportion of targeted countries which adapted alcohol policy guidelines according to their needs • Proportion of targeted countries which undertook research on alcohol-related topics in line with those promoted by WHO
• Instruments, guidelines and training packages available for assessing effective interventions for mental, neurological and substance use disorders; their application in countries supported through technical cooperation	• Proportion of targeted countries which have incorporated WHO's tools and materials for assessment and management of clinical situations and needs, and for staff development, into national health services
• More reliable and valid epidemiological and resources data available in order more accurately to measure the burden attributable to mental, neurological and substance use disorders and to develop appropriate policies and programmes, including for prevention of these disorders	• Number (and regional representation) of countries included in epidemiology and resources databases • Proportion of targeted countries showing evidence of use of these databases for developing policies and programmes, including for prevention of mental, neurological and substance use disorders
• Policy and technical support provided on the basis of evidence in order to assess and respond to HIV as related to substance abuse	• Proportion of targeted countries involved in WHO international studies on determinants of substance use and related harm • Proportion of targeted countries better equipped to assess and respond to HIV-related substance abuse

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	18 208	28 147	8 708	11 147	9 500	17 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	4 383	1 089	1 900	31	868	353	84	8 708
2002-2003	5 427	1 351	2 136	383	1 086	472	292	11 147

As an Organization-wide priority, **Mental health** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Tobacco	Partnership to address the management of nicotine dependence	0 0
Disability/injury prevention and rehabilitation	Management of mental health consequences of disability or injury	O O O
Child and adolescent health	Promotion of healthy child and adolescent development, including reduction of risk behaviour	O O O
HIV/AIDS	Partnerships to tackle substance abuse and HIV/AIDS	O O O
Nutrition	Partnership to address mental retardation	0 0
Emergency preparedness and response	Partnerships and mobilization of resources to meet mental health needs in natural or complex disasters	O
Essential medicines: access, quality and rational use	Guidance for control and use of psychotropic and narcotic substances	O O O
Evidence for health policy	Evidence to allow appropriate distribution of health system resources to mental health	O
Organization of health services	Strategies, methods and guidance enabling countries to deliver good-quality mental health services	O

Resources	US$ million
Mental health and substance abuse	28
Estimated resources in other areas of work	10
Total	38

	Legend
O O O	Major contribution
O O	Medium contribution
O	Minor contribution

CHILD AND ADOLESCENT HEALTH

ISSUES AND CHALLENGES

Each year 10.5 million children die; of these, 8.75 million from communicable diseases, and perinatal and nutritional disorders. More than one million adolescents lose their lives, mostly through violence (traffic accidents, suicide and homicide), pregnancy complications, and illnesses that are either preventable or treatable. Health and development issues vary by age groups or by stages within the life cycle, and there are specific problems that overlap the different age groups, including child abuse and neglect, sexual abuse, and violence. They underscore the critical need for a safe and supportive environment for children and adolescents.

Improving health, growth, and development of children and adolescents entails a broad range of activities that require research, design of tools, and support to countries in order to introduce, monitor and evaluate public health interventions and health care reforms. In order to meet this challenge, WHO needs to maintain strong partnerships with other organizations of the United Nations system, bilateral agencies, nongovemmental organizations, and individual governments, and to aim at influencing international and national policies, including through dedicated support to the Convention on the Rights of the Child.

For children under five years of age, the Health Assembly, through resolution WHA48.12 (1995), endorsed integrated management of the sick child as a cost-effective approach to ensuring the survival and healthy development of children. The strategy of integrated management of childhood illness supports and complements such global activities as rolling back malaria, expanding immunization coverage, and fighting malnutrition. Implementation of the strategy faces the challenges of improving health service delivery, empowering communities, and strengthening the much-needed link between the health system and the community.

For older children, school becomes a crucial setting in which to provide specific preventive and curative health care. Children in this age group face health problems that hinder their ability to develop adequately, such as mild or moderate malnutrition (associated in many places with helminth infestation), malaria, chronic otitis media, and visual and auditory disorders. WHO, along with UNESCO, the World Bank and UNICEF, have agreed on a focused approach to school health known as "Focusing Resources for Effective School Health", or FRESH Start. Adoption of sound behaviour is critical to health and development. Life skills promoted through schools at this age are likely to have a significant effect on the ability of adolescents to deal with the difficulties they face.

Many adolescents do die prematurely. Moreover, up to 70% of mortality in adulthood has its roots in the adolescent period. WHO and its partners, UNICEF and UNFPA, cooperate in a common agenda designed to promote a safe and supportive environment by ensuring that adolescents have opportunities to participate in decisions affecting their lives. Attention will be given, in particular, to definition of the link between psychosocial development and health outcomes, and identification of physical and social factors that protect adolescents from disease and risk-taking behaviour.

GOAL

To reduce by two-thirds the rate of infant and child mortality by the year 2015.

WHO OBJECTIVE(S)

To enable countries to pursue evidence-based strategies in order to reduce health risks, promote the health and development of children and adolescents, and create mechanisms to measure the impact of those strategies.

EXPECTED RESULTS	INDICATORS
• Adequate technical and policy support provided to an increased number of countries to give effect to the health-related articles of the Convention on the Rights of the Child	• Proportion of countries which have initiated implementation of child and adolescent health-related recommendations as a result of WHO support to the reporting process of the Convention on the Rights of the Child
• Support provided for research that results in improved policies, strategies, norms and standards for protecting adolescents from disease and risk-taking behaviour	• Number of research projects supported by WHO that resulted in development of strategic norms and standards applicable in developing countries for protecting adolescents from the major diseases and risk behaviours affecting this age group
• Guidelines, approaches and tools for better implementation of integrated management of childhood illness and monitoring of progress validated and promoted in priority countries	• Proportion of countries with infant mortality rates of 40 per 1000 or higher which have incorporated integrated management of childhood illness as one of the strategies in their national child-health policy • Proportion of countries implementing integrated management of childhood illness and using information on progress as the basis for replanning at national level
• Consensus reached on definition of global goals in raising healthy children and confident, competent adolescents, and contribution to their achievement	• Agreement on global agenda for action for healthy children and adolescents, including gender issues, and framework for its implementation in countries

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	67 480	72 127	7 480	8 127	60 000	64 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	3 795	975	705	410	620	349	626	7 480
2002-2003	4 524	1 221	560	414	458	387	563	8 127

RESEARCH AND PROGRAMME DEVELOPMENT IN REPRODUCTIVE HEALTH

ISSUES AND CHALLENGES

During the past decade, awareness of the true burden of reproductive ill-health has been growing. Reproductive ill-health accounted, in 1990, for some 36% of the overall burden of disease and disability among women of reproductive age in developing countries, compared with only 12% for men. Problems related to pregnancy and childbearing represent 14% of healthy years of life lost in women of reproductive age, in addition to 13.8% lost because of sexually transmitted infections, including HIV.

Good reproductive health continues to elude many people because of such factors as scanty knowledge of human sexuality and of the major determinants of sexual and reproductive ill-health throughout the life span; inappropriate or poor-quality information and reproductive health services; inequities in access to health services, including financial barriers; prevalence of high-risk sexual behaviour; the low status of women; and the limited choices many women and girls have in their lives. Also, the concept of comprehensive reproductive health care is still insufficiently understood and applied in many countries. Lastly, reform of the health sector has introduced new challenges for reproductive health in many countries.

The International Conference on Population and Development (Cairo, September 1994) defined a global Programme of Action for reproductive health. Its adoption marked a new era of commitment and willingness on the part of governments, the international community, nongovernmental and other organizations and concerned individuals to achieve universal reproductive health and rights within the next two decades. The need to focus on operationalization was emphasized by the United Nations General Assembly which, in resolution 49/128, requested "the specialized agencies and all related organizations of the United Nations system to review and, where necessary, adjust their programmes and activities in line with the Programme of Action ...". In response to this call, the Health Assembly, by resolution WHA48.10(1995), endorsed WHO's role in a global strategy for reproductive health. Region-specific strategies were subsequently defined and adopted in several of WHO's regions.

More recently, in July 1999, at the conclusion of the General Assembly's review of five years of implementation of the Programme of Action, WHO was urged to fulfil its leadership role within the United Nations system by collaborating with countries, in particular developing ones, to put in place standards for the care and treatment of women and girls that incorporate gender-sensitive approaches and promote gender equality and equity in health care delivery, and to advise on functions that health facilities should perform in order to reduce the risks associated with pregnancy. WHO was also invited to take the lead role in development of common key indicators for reproductive health programmes.

The activities will be coordinated with and contribute to the work described under the area of work Making pregnancy safer.

GOAL

To ensure that by 2015 all primary health care and family planning facilities are able to provide the widest achievable range of safe and effective reproductive health services.

WHO OBJECTIVE(S)

Through research and support, to contribute to a reduction in morbidity and mortality related to sexual and reproductive health, and to implementation of accessible, equitable and high-quality reproductive health services in countries.

EXPECTED RESULTS	INDICATORS
• Selected studies completed, providing evidence on key sociobehavioural, clinical, epidemiological and policy issues in reproductive health, with emphasis on fertility regulation, safe motherhood, and sexually transmitted infections, and on cross-cutting issues such as participation of women and men in reproductive health, and reproductive rights; use of findings promoted through appropriate strategies to disseminate information	• Number of studies on high-priority reproductive health problems of developing countries completed, with results disseminated and plans made for incorporation into policy and technical guidelines, as appropriate
• Cost-effective interventions for improving reproductive health applied and validated through operational research in countries	• Number of operations-research studies evaluating new or improved approaches to provision of reproductive health care completed, and findings disseminated
• Appropriate set of policy, technical and managerial guidelines and evidence-based standards for good-quality reproductive health care validated and disseminated	• Availability of a strategy for the integrated management of pregnancy and childbirth • Number of targeted countries in which the strategy for integrated management of pregnancy and childbirth is introduced and adapted • Availability of guides on essential care practice for family planning and reproductive tract infections • Number of targeted countries having started to apply the guides on essential care practice for family planning and reproductive tract infections
• Adequate support provided to priority countries for elaborating or updating, implementation, monitoring and evaluation of plans for strengthening access to and availability of good-quality reproductive health care	• Number of countries receiving support for preparing and implementing plans to strengthen access to, and availability of, high-quality reproductive health care • Number of countries receiving support that determine policies and programmes to strengthen reproductive health care
• Adequate support provided to priority countries for adaptation and adoption of articles of existing legal instruments, conventions, and international consensus documents related to reproductive health and rights	• Number of countries receiving support for incorporating rights-based approaches in reproductive health policies, programmes, or services • Number of countries receiving support that incorporate rights-based approaches in reproductive health policies, programmes, or services

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	70 377	67 252	8 377	6 252	62 000	61 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	4 031	2 267	407	310	461	177	724	8 377
2002-2003	3 836	1 666	0	100	0	57	593	6 252

MAKING PREGNANCY SAFER

ISSUES AND CHALLENGES

Each year around 210 million women become pregnant. More than 20 million women experience ill-health as a result of pregnancy; for some the suffering is permanent. The lives of eight million women are threatened, and approximately 500 CCOwomen die as a result of causes related to pregnancy and childbirth. Women from the world's poorest households (income of less than US$ I a day) are at least 300 times more likely to suffer in this way than those who are more prosperous. Women refugees and women displaced by civil conflict and strife are also particularly vulnerable when they are pregnant as they are often homeless and do not have access to good-quality health care. In addition, over three million newborns die within the first week of life, and 3.8 million babies are born dead.

The majority of this suffering is preventable, and cost-effective interventions are available and affordable, even when resources for health care are seriously limited. Reform of the health sector and other changes in health systems that have a profound impact on development and use of human resources, and on delivery of services, including those that contribute to making pregnancy safer, especially to disadvantaged women. Good-quality maternal care is essential for preventing maternal and newborn deaths and morbidity. Access to a skilled attendant at delivery contributes greatly to reducing maternal death and suffering, and to assuring survival of the baby.

The United Nations General Assembly, in July 1999, reviewed five years of implementation of the Programme of Action of the International Conference on Population and Development. Organizations of the United Nations system were requested to work with governments to ensure that women had ready access to essential and emergency obstetric care, well-equipped and adequately staffed maternal care services, support for breastfeeding, skilled attendance at delivery, effective referral and transfer to higher levels of care when necessary, safe abortion services (where national legislation so permitted), postpartum care, postabortion care, counselling, and family planning. WHO was urged to fulfil its leadership role within the United Nations system in collaborating with countries, in particular developing ones, to reduce the risks associated with pregnancy.

WHO has developed a strategy for the health sector known as "Making pregnancy safer" in order to reduce maternal and perinatal morbidity and mortality.

GOAL

To reduce maternal mortality to 75% of the 1990 level, by 2015.

WHO OBJECTIVE(S)

To enable Member States and the international community effectively to translate the health-sector strategy, Making pregnancy safer, into plans of action based on cost-effective interventions for, and approaches to, good-quality maternal care.

EXPECTED RESULTS	INDICATORS
• Adequate support provided to countries for preparing and implementing coordinated plans to make pregnancy safer, including monitoring and evaluation	• Number of countries receiving support for preparing and implementing plans to reduce maternal and perinatal mortality and morbidity • Number of countries receiving support that determine comprehensive policies and programmes for reduction of maternal and perinatal mortality and morbidity
• Appropriate evidence-based guidelines drawn up and tools devised for establishing or adapting national policy and standards for maternal and newborn care (including postabortion care), family planning, induced-abortion care (where national legislation permits abortion), and for ensuring that these policies and standards are properly implemented and supported by regulatory measures	• Number of countries receiving support that adapt and adopt WHO recommended evidence-based policies and standards for maternal and newborn care
• Appropriate framework designed for developing and implementing home or family- and community-level messages and interventions that promote maternal and newborn health and fertility regulation	• Number of countries receiving support for developing grassroots interventions to promote maternal and newborn health and fertility regulation • Number of countries receiving support that have started to implement the interventions developed

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	11 038	37 157	I 538	5 657	9 500	31 500

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	650	0	257	320	0	311	0	I 538
2002-2003	I 467	2 098	398	514	400	580	200	5 657

As an Organization-wide priority, **Making pregnancy safer** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Surveillance of communicable diseases related to pregnancy and childbirth	O
Malaria	Strategies and interventions for reducing malaria during pregnancy	0 0
Tobacco	Strategies to prevent or reduce tobacco use during pregnancy	0 0
Health promotion	Promotion of behaviour in the community that fosters appropriate responses to pregnant women and their newborns, including timely access to care	0 0
Disability/injury prevention and rehabilitation	Strategies for prevention of violence during pregnancy	O
Mental health and substance abuse	Strategies to prevent or reduce substance abuse during pregnancy	O
Child and adolescent health	Strategies and technical support for breastfeeding, newborn care, monitoring and evaluation, pregnancy care for adolescents	0 0
Research and programme development in reproductive health	Research on and support for programme development for maternal and perinatal health	○○○
Women's health	Strategies and support to meet health needs of women throughout their life span	0 0
HIV/AIDS	Strategies to promote protection against HIV and to prevent mother-to-child transmission	0 0
Nutrition	Interventions to reduce malnutrition and to improve nutrition in vulnerable pregnant and lactating women, and infants	0 0
Health and environment	Capacity building to reduce pregnant women's exposure to work hazards and environmental health risks	O
Emergency preparedness and response	Support to safe motherhood in emergencies	0 0
Essential medicines: access, quality and rational use	Improved access to good-quality essential drugs for pregnancy and childbirth, including for prevention of mother-to-child transmission of HIV/AIDS, and malaria prophylaxis	○○○
Immunization and vaccines development	Strategies to prevent maternal and neonatal tetanus	O
Blood safety and clinical technology	Improved availability, safety and use of blood transfusion services, injections, diagnostics and clinical services for essential obstetric care	0 0
Organization of health services	Strategies and tools to improve quality and accessiblity of maternal health services	○○○

Resources	US$ million
Making pregnancy safer	37
Estimated resources in other areas of work	70
Total	107

	Legend
○○○	Major contribution
0 0	Medium contribution
O	Minor contribution

WOMEN'S HEALTH

ISSUES AND CHALLENGES

In recent years successive resolutions of the United Nations General Assembly and of other bodies of the United Nations system have called for an acceleration of efforts to achieve equity and equality between men and women, effective integration of gender concerns in all policies and programmes of the United Nations system, and a broadening of the global agenda for women's health. Although progress has been made, the implications in terms of public health of gender differences are not yet well understood. Increasing attention is being paid to reproductive health, but other aspects of women's health have been neglected, in particular the social, economic, and cultural context.

These considerations are especially true of the health needs of women in the developing world, where a disproportionate burden of disease is borne by disadvantaged or marginalized women, those living in environmentally degraded or ecologically vulnerable areas or in zones of conflict and violence, or those compelled to migrate for economic or other reasons. The recent economic prosperity of some countries has obscured the persistent poverty of underprivileged groups, and the feminization of poverty is a major threat both to the health of women and to social and economic development.

Despite calls for action on women's health by the Health Assembly in a number of resolutions, much remains to be learned about the subject, and even more to be done in countries. More attention should be given to monitoring and evaluating the extent to which progress is being made on the recent agreements related to health, poverty and human rights that have a positive impact on women's health. Obstacles to the development and implementation of new, more effective, policies and programmes, need to be identified and overcome.

The Beijing Platform for Action established strategic objectives for women's health: to increase women's access throughout the life cycle to appropriate, affordable and good-quality health care, information and services; to strengthen preventive programmes that promote women's health; to promote research and disseminate information on women's health; and to increase resources for, and monitor follow-up of, action to improve women's health.

WHO will focus on various neglected issues, for example, the health implications of practices - both traditional and contemporary - harmful to the health of girls and women, abuse of psychotropics, and violence against women; and on new trends, such as promotion of women's health through functional literacy and viable economic activity, and development of mechanisms to improve monitoring of women's health.

Within this area of work, resources have specifically been allocated to support the incorporation of gender issues in the mainstream of WHO's activities.

GOAL

To bring gender concerns into the mainstream of activities throughout WHO and to promote increased attention on women's health throughout the life span by various means, including better provision of accessible, nondiscriminatory, quality health care services relevant to the priority needs of women.

WHO OBJECTIVE(S)

To support and facilitate the development of policies, strategies and interventions that effectively address high-priority and neglected health needs of women throughout the life cycle, and improve women's access to good-quality health care information and services.

EXPECTED RESULTS	INDICATORS
• Results of reviews and research, and information on selected women's health matters, including attention to evolving gender issues, accessible to different stakeholders	• Number of reviews, research and information pieces on women's health completed and disseminated to regions and countries through various means, including workshops, technical and user-friendly publications, and Web-based communication
• Standards, training modules and guidelines on women's health updated, or developed in selected fields and used to support regions and countries in development or implementation of policies and programmes intended to improve availability and use of woman-friendly, gender-sensitive information, care, service and treatment, with particular attention to high-priority and neglected issues	• Number of relevant documents (standards, training modules, guidelines) produced • Number of regions and countries that have used or adapted those standards, training modules, or guidelines in developing or implementing policies or programmes
• Mechanisms to monitor progress in women's health and a core set of indicators giving due attention to gender considerations developed and validated	• Number of regions and countries collaborating with WHO in the process of developing and using a core set of indicators on health of women
• Adequate technical support provided to all regions and selected countries so that they can use the reporting process established for CEDAW[1] to strengthen monitoring of women's health and action to overcome problems as they are identified	• Number of countries reporting to CEDAW which include women's health in their reports (on the basis of WHO-prepared guidelines) • Number of countries tackling the problems identified
• Selected tools, guidelines, and capacity to incorporate gender considerations in work on a regular basis developed and applied throughout WHO	• Number of tools and guidelines produced • Increase in financial and human resources to provide technical support for incorporation of gender considerations in activities • Number of programmes throughout WHO using the tools developed and incorporating gender considerations in their work on a regular basis

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	12 916	15 524	2 916	3 524	10 000	12 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	I 684	566	0	320	99	247	0	2 916
2002-2003	I 716	862	0	323	328	295	0	3 524

[1] Obligation of all States ratifying the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

HIV/AIDS

ISSUES AND CHALLENGES

HIV/AIDS is the fastest growing threat to development today and a potential risk for national and regional security - as recognized by the United Nations Security Council in January 2000. What sets the disease apart from other epidemics is the speed of its spread and the extent of its devastation. It is estimated that some 34 million people worldwide are currently living with HIV/AIDS. Of the total 95% live in developing countries; they become ill with treatable infections such as tuberculosis, pneumonia and salmonella septicaemia, and die sooner than patients in industrialized countries. As the epidemic grows, so does the case load of HIV-related illnesses, with devastating socioeconomic consequences.

In sub-Saharan Africa, where HIV/AIDS is the leading cause of death, over 24 million people are infected. More women are now infected than men; very young women (15 to 19 years old) are particularly vulnerable, with infection rates up to four to five times higher than in boys of the same age in some countries.

Asia, where more than six million people are infected, has the potential for an epidemic of staggering dimensions; far larger, because of the size of the population in this region, than that occurring in Africa. In Europe the steepest increases in prevalence in 1999 were recorded in two of the Newly Independent States. In the Americas very high infection rates continue to occur in many of the Caribbean countries and among various population groups in Latin American countries. In the Eastern Mediterranean Region a few countries are also showing evidence of rising levels of HIV prevalence.

The greatest challenge in responding to HIV/AIDS at present is ensuring that proven, gender-sensitive strategies for prevention and care are widely implemented to a level where there will be significant impact on the epidemic. A solid body of evidence on effective interventions and approaches to HIV/AIDS has been accumulated since the epidemic started, and many successful, though small, projects already exist. However, most of these initiatives are lone standing, single interventions of limited scale, thereby reducing their impact. WHO will facilitate and coordinate the expansion of these successful initiatives through technical and managerial support. Based on the experiences from initiatives and from countries that have demonstrated success in reducing the impact of the epidemic, WHO is drawing up a global health sector strategy and evidence-based essential prevention and care packages to provide support to countries.

WHO has defined areas in which the health sector has an advantage compared to other bodies, which provides the basis for prioritizing activities to be scaled up. Scaling up requires substantial strengthening of managerial capability and resources of health systems. WHO will work to enhance the implementation capacity of the health sector through advocacy for partnerships between the health sector, other public sectors, the private sector, donors, nongovemmental organizations, and other partners in health.

Increasing numbers of people living with HIV/AIDS in industrialized countries are benefiting from recent developments in antiretroviral treatment; the vast numbers in the developing world who cannot afford the cost of the drugs are excluded. WHO will promote antiretroviral treatment regimens, based on evidence, with an emphasis on resource-poor settings, and will provide support to countries in their efforts to gain access to affordable antiretroviral drugs.

GOAL

To reduce sharply human suffering due to HIV/AIDS and its impact on the development of human, social and economic capital globally.

WHO OBJECTIVE(S)

To provide support to countries to develop effective health-sector responses to HIV/AIDS, with emphasis on strengthening the stewardship role, planning and managerial capacity, and financial base of the public health sector; and on the sector's capacity to deliver evidence-based, gender-sensitive prevention and care interventions, including approaches to antiretroviral treatments in resource-scarce settings.

EXPECTED RESULTS	INDICATORS
• Global health sector strategy finalized and national strategies developed and implemented, with WHO support	• Number of countries adopting and adapting for local implementation of the global strategy
• Adequate support provided to countries to implement essential prevention-and-care packages that are evidence based and gender sensitive	• Number of targeted countries adopting, and adapting for local use, WHO-developed essential prevention-and-care packages • Number of targeted countries implementing cost-effective and appropriate strategies for identified, priority health-sector interventions, such as voluntary counselling and testing, prevention of mother-to-child transmission, and reduction of unsafe sex in adolescents • Number of targeted countries that have integrated prevention and care interventions for HIV/AIDS and sexually transmitted infections into existing health services • Number of targeted countries using WHO tools and guidance in the treatment of HIV-related conditions and in the administration of antiretroviral drugs
• Gender-sensitive surveillance tools and a database on WHO's activities contributing to the global HIV/AIDS response developed and disseminated widely	• Number of targeted countries that have conducted at least one surveillance study in identified priority population subgroups • Number of regions and targeted countries on which comprehensive information is available on the database of WHO's activities contributing to the global HIV/AIDS response
• Research tools and mechanisms in place for development and testing of new HIV vaccines and microbicides, and translating relevant research findings into interventions	• Number of vaccine-related activities under way, for example, preparation of national plans, vaccine trials, and national studies to assess the effectiveness of prophylaxis for bacterial pathogens

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	55 472	129 812	6 972	9 812	48 500	120 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	2 763	2 773	0	310	444	311	371	6 972
2002-2003	4 010	3 017	0	441	I 132	567	645	9 812

As an Organization-wide priority, **HIV/AIDS** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Surveillance of, estimates and trends in, and dissemination of information on HIV/AIDS and sexually transmitted infections	○○○
Communicable disease prevention, eradication and control	Piloting community tuberculosis care, and preventive tuberculosis therapy among people living with HIV/AIDS	○○
Health promotion	Healthy Cities initiative and HIV prevention in the context of the global school initiative	○○
Mental health and substance abuse	Partnership and research to tackle substance abuse and HIV/AIDS	○○○
Research and product development for communicable diseases	Development of new products for HIV prevention and care	○
Child and adolescent health	Capacity building in reproductive health needs of adolescents; reduction of unsafe sex	○○
Research and programme development in reproductive health	Integration with family planning; guides on HIV management in a maternity setting	○○○
Sustainable development	Preventive action in areas of socioeconomic development; project on home-based and long-term care for people living with AIDS	**O**
Emergency preparedness and response	Meeting emergency reproductive and blood safety needs; AIDS education in emergencies	**O**
Essential medicines: access, quality and rational use	Integration of AIDS drugs in the essential drugs list; study of their impact	○○○
Immunization and vaccine development	Innovation in HIV/AIDS vaccines	○○○
Blood safety and clinical technology	Advocacy and global collaboration for blood safety	○○○
Organization of health services	Strengthening care along the continuum from home to hospital for people living with HIV/AIDS	○○○

Resources	US$ million
HIV/AIDS	130
Estimated resources in other areas of work	16
Total	146

	Legend
○○○	Major contribution
○○	Medium contribution
○	Minor contribution

SUSTAINABLE DEVELOPMENT

ISSUES AND CHALLENGES

Sustainable development aims at addressing the social, economic and environmental dimensions of development in an integrated and balanced way, ensuring social equity. Reducing inequity between men and women and poverty is central to achieving sustainable development, and the protection and promotion of health is central to reducing poverty and advancing human development. Thus health should be an integral part of national poverty-reduction strategies. In addition to advocating health as an end in itself, WHO plays a key role in promoting recognition of good health status as one of the most important assets of the poor.

Links between health and development are complex. Illness keeps poor people poor and poor people are more likely to fall ill; good health is vital to educational attainment and to productivity. Growing socioeconomic inequities, including those in health status and access to health care, between and within countries, are both causes and consequences of unsustainable human development. The feminization of poverty and the poor health status of many vulnerable groups such as indigenous peoples need special attention.

WHO's approach to health in poverty reduction has four chief components: acting on the determinants of health by influencing development policy, reducing risks through a broader approach to public health, focusing on the health problems that disproportionately affect the poor, and ensuring that health systems serve the poor more effectively.

The poverty-reduction strategies being formulated in most developing countries are geared to allocating resources to the poor and to reducing inequities; the health sector needs to play a stronger and broader role in these strategies. In this context, urban and rural development policies and practices involving sectors such as energy, agriculture, housing, education or transport also need to take account of impact on health of poor men and women.

Globalization, characterized by increased global flows of capital, goods and services, people, ideas and knowledge across borders, creates both opportunities and risks for people's health. The health sector, with support from WHO, needs to respond to both the direct effects of globalization and trade on the health sector, and to its indirect effects through other sectors such as employment, education, and environment.

Human rights provide for new and creative ways to deal with today's complex health challenges. They bring to health enhanced government accountability and heightened attention to vulnerable groups.

To tackle all these challenges, WHO will build new and closer partnerships, within and outside the health sector.

GOAL

To integrate public health concerns in policies and practices for economic, social and environmental development, with a view to improving health outcomes and thereby reducing poverty.

WHO OBJECTIVE(S)

To equip governments and civil society with the knowledge and skills to tackle new and emerging challenges to health in development in the key areas of poverty reduction, globalization, cross-sectoral action, and human rights, with a special focus on indigenous peoples and equity between men and women.

EXPECTED RESULTS	INDICATORS
• International and national development agendas significantly influenced, and public health concerns given a more prominent place in the broad development context	• Increase in number of WHO policy recommendations and positions linked to the broad development agenda • Increase in number of declarations, policy recommendations, and reports emanating from major international processes highlighting the role of health in development
• Global knowledge banks on health in development and on health and human rights improved, expanded and made available to policy- and decision-makers	• International research agenda and strategy established • Increase in relevant results from scientific activities • Web site established and information for policy- and decision-makers made more accessible
• WHO partnerships expanded with development agencies, financial institutions, academia, and civil society	• Increase in partners actively involved in cosponsored and joint initiatives and actions • Number of new and expanded multidisciplinary networks in operation
• Capacity for institutional and human resources development strengthened	• Increase in capacity-building activities such as dissemination of materials for guidance, information and training

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	16 029	18 419	9 029	8 919	7 000	9 500

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	5 053	895	1 139	742	544	656	0	9 029
2002-2003	5 175	1 132	793	853	458	508	0	8 919

NUTRITION

ISSUES AND CHALLENGES

Hunger and malnutrition remain among the most devastating problems facing most of the world's poor and needy, and they continue to dominate the health of the poorest nations. Millions are denied access to their right to adequate food and nutrition, and freedom from malnutrition. Nearly 30% of humanity is currently suffering from one or more of the multiple forms of malnutrition. Food insecurity threatens 800 million people, many of whom depend on food aid for their survival.

Malnutrition kills, maims, cripples and blinds on a massive scale worldwide; it is both a major cause and effect - indeed, a key indicator - of poverty and underdevelopment. Some 30 million low birth-weight babies - 23.8% of the global total - are born every year, reflecting intrauterine growth retardation; almost 49% of the 10 million deaths among under-five children each year in the developing world are associated with underweight malnutrition; iodine deficiency is the greatest single preventable cause of brain damage and mental retardation worldwide; vitamin A deficiency remains the single greatest preventable cause of childhood blindness, and significantly increases morbidity and mortality; immense problems of iron and folate deficiency, and resulting anaemia, affect more than 60% of women of childbearing age in developing countries, and millions of young children.

WHO's most urgent priority in tackling these vast nutritional challenges is to focus its combined normative and collaborative strength, particularly through its technical outreach in regions and countries, in order to collaborate with, and strengthen the ability of, Member States to reduce malnutrition. By guiding and optimizing international, regional, national and even community action, malnutrition, in all its tragic forms, should be effectively prevented, controlled, reduced and, ultimately, eliminated.

At the same time, in both industrialized and rapidly industrializing countries, a massive epidemic of obesity is emerging among children, adolescents and adults. In some countries more than half the adult population is affected, resulting in increased death rates from heart disease, hypertension, stroke, diabetes, some cancers, and other chronic degenerative diseases. WHO will therefore devote increasing attention to nutrition and diet-related aspects of these and other diseases.

Translating the above priorities into a practical strategy means that WHO will, among a number of key actions, tackle the underlying causes in the health sector that contribute to maternal malnutrition and intrauterine growth retardation; improve growth monitoring, surveillance and infant-feeding practices; monitor iodine deficiency and support universal iodization of salt; monitor and combat vitamin A and iron deficiency; and develop global, regional and national strategies for reducing obesity and other diet-related diseases.

GOAL

To prevent, reduce and ultimately eliminate malnutrition in all its forms and to reduce other diet-related illnesses.

WHO OBJECTIVE(S)

To provide Member States and the international community with authoritative technical guidance and collaboration, thereby improving their effectiveness to identify, prevent, monitor and reduce malnutrition and diet-related problems.

EXPECTED RESULTS	INDICATORS
• Nutrition policies, strategies and advocacy platforms developed and promoted	• Number and proportion (regional and global) of targeted countries that have prepared national nutrition policies, strategies and advocacy statements
• Global nutrition databases - on protein-energy malnutrition, iodine deficiency disorders, vitamin A deficiency, anaemia, obesity, breastfeeding, and national nutrition plans - expanded and accessible for global and national nutrition surveillance	• Quantitative and qualitative evidence on coverage and function of the global nutrition databases for global and national surveillance
• Adequate support provided to Member States for strengthening and implementing sustainable national nutrition policies and plans	• Number and proportion (regional and global) of countries receiving technical and/or financial support that have developed and strengthened their national nutrition policies, programmes, and plans
• Nutrition standards, guidelines, training manuals, methodologies, and criteria developed and disseminated for assessing, preventing and managing the major global forms of malnutrition	• Number and nature of nutrition standards, guidelines, methodologies, and training manuals produced
• Support provided to countries for tackling the special needs of nutritionally vulnerable, food-insecure groups, particularly through technical collaboration with the World Food Programme and its food-assisted development projects, and action to improve the nutritional status of vulnerable groups, including infants and young children, and disaster-affected populations	• Quantitative and qualitative evidence of technical support provided, especially through the World Food Programme, to strengthen frontline action for food insecure, vulnerable, or disaster-affected populations

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	15 542	14 475	8 042	6 975	7 500	7 500

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	3 839	780	1 241	843	518	344	477	8 042
2002-2003	3 532	682	I 186	426	458	261	430	6 975

HEALTH AND ENVIRONMENT

ISSUES AND CHALLENGES

Agenda 21, adopted by governments at the United Nations Conference on Environment and Development (Rio de Janeiro, Brazil, 1992) provides the policy framework for responding to crucial health threats in various aspects of the human environment. The prime scientific challenge is to assess and quantify environmental health risks on the basis of evidence, combined with building up capacity for identifying and managing the environmental determinants of ill-health where they occur, particularly in the developing countries. Sustainable economic development is only possible if the integrity of the ecosystem is maintained; this should be a major consideration in formulating policy.

Environmental changes at global and local levels increasingly affect health, particularly of poor and vulnerable populations, including women and children. Safe and sufficient drinking-water is still not accessible to 1.1 thousand million people, and 2.4 thousand million lack adequate sanitation. Population growth and exploitation of natural resources degrade the quality of water and reduce its availability, leading to 3.4 million deaths each year from water-related diseases, mostly among poor children.

Identification of newly emerging, as well as traditional, environmental risk factors and quantification of the global burden of disease associated with them is a major task for which methods and tools are needed. Emissions from vehicles and road accidents increase as a consequence of urbanization, and more than one thousand million urban dwellers suffer from air pollution. The health implications of various alternatives for generating energy still require assessment, while demand is growing with development. Use of biomass fuel for cooking and heating continues to be responsible for most of the 1.9 million deaths each year due to indoor air pollution, particularly among women and children in rural and periurban settlements.

Climate change and increased levels of ultraviolet radiation could have a significant impact on current trends in several diseases; change in precipitation patterns aggravates the developing freshwater crisis; it also increases the frequency and magnitude of forest fires that cause severe respiratory diseases. Increased use of chemicals, their mismanagement and inappropriate disposal practices lead to adverse effects on health, demonstrated by more than six million accidental pesticide poisonings, from which 250 000 people die annually.

GOAL

To achieve safe, sustainable and health-enhancing human environments, protected from biological, chemical and physical hazards, and secure from the adverse effects of global and local environmental threats.

WHO OBJECTIVE(S)

To facilitate incorporation of effective health dimensions into regional and global policies affecting health and environment, and into national development policies and action plans for environment and health, including legal and regulatory frameworks governing management of the human environment.

EXPECTED RESULTS	INDICATORS
• Comprehensive policy guidance and advocacy platforms based on evidence drawn up to promote good practice in managing priorities in environmental health and emerging environmental threats	• Increased use of WHO policy guidance by sectors other than health with responsibility for environmental management
• Information systems established and maintained for risk assessment and communication, and for advice on decision-making in environmental health, based on evidence from research and monitoring of status and trends in areas of global or national significance	• Extent to which the information provided covers existing and newly emerging environmental health risk factors • Evidence of use of the information by the public and private sectors in Member States

EXPECTED RESULTS	INDICATORS
• Adequate support provided to Member States for creating and strengthening capability in national and local institutions to implement effectively national plans for environment and health action	• Number of national plans for environment and health action drawn up • Proportion of targeted countries in each region monitoring or reporting on implementation of plans for environment and health action
• Capacity of responsible local and national institutions enhanced in prevention of and response to chemical incidents and poisonings, radiation accidents, and other technological emergencies or environmental disasters	• Access of countries to technical guidance and cooperation in situations of natural and manmade emergencies
• Scientific evidence available on the emergence of health impacts of different socioeconomic sectors (energy, agriculture, transport) and of long-term global change in climate, biodiversity, water resources and disease-vector habitats	• Extent to which global health and environment issues are addressed • Number of environmental health impact assessments completed
• International alliances and networks of scientific and training institutions established for assessment of environmental health risks, formulation of guidance on environmental policies with a health dimension, and for children's environmental health	• Number of intergovernmental bodies and associations cooperating on health and environment matters • Evidence of health and development aspects being incorporated effectively into environmental management policies and programmes
• Health impact of occupational and environmental risks comprehensively assessed and translated into evidence-based guidelines as the scientific starting point for harmonized environmental health standards, classifications, terms and regulations	• Proportion of environmental risks addressed that have a significant health dimension • Number of national and international legal and regulatory instruments making use of WHO environmental health criteria and guidelines
• Tools and instruments for good practice in environmental management devised on the basis of innovative approaches to reduction of health risk from exposure to harmful environmental agents, adverse environmental changes, workplace hazards, and new technological developments	• Access of national environmental managers to documents and publications in both electronic and physical form that provide guidance on reduction of health risk • Increased use of WHO health protection advice in local, national and regional environmental management

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	46 971	50 076	23 471	22 076	23 500	28 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	9 464	3 180	2 113	1 336	3 389	1 577	2 412	23 471
2002-2003	10 766	2 254	1 634	989	2 720	1 521	2 192	22 076

FOOD SAFETY

ISSUES AND CHALLENGES

A serious burden of foodborne disease exists in both developing and developed countries. Millions of children die annually from diarrhoeal diseases, caused mainly by pathogenic microorganisms contaminating food or water, and hundreds of millions suffer from frequent episodes of diarrhoea and its associated malnutrition. Chemical hazards are also a significant source of foodborne disease, and though in many cases it is difficult to link the effects with a particular food, contamination with, for example, mycotoxins and heavy metals is a serious threat to the food chain. Consumers have a particular concern in this area since the control of chemical risks relies primarily on the measures put in place by the authorities. Even without good evaluations of the burden of foodborne disease related to chemical hazards, it is estimated that up to 30% of the population in industrialized countries may be affected by foodborne illness each year, and the problem is likely to be even more widespread in developing countries.

Global food trade is increasing, and with it the potential to disseminate foodborne illness. A number of extremely serious outbreaks of foodborne diseases have occurred in recent years, and many have had international implications. However, there are benefits as well as risks to be derived from the growing trade in food. It plays a role in ensuring safe and nutritious diets and provides food-exporting countries with foreign exchange indispensable for economic development. WHO, FAO and WTO work together to balance these risks and benefits for the world's population.

Knowledge of the nature and size of the foodborne diseases is lacking globally. Surveillance and monitoring data on the diseases and underlying food contamination are sporadic, and international agreement on definitions and use of such data is urgently needed. Although assessment of risk from chemical hazards has contributed to food safety for many years, similar risk assessment of major microorganisms in food is still pending. It is challenging to ensure "farm to fork" and interdisciplinary collaboration in food-safety management within an increasingly complicated food production chain. The effect of modern agricultural and industrial methods to increase and streamline food production needs to be evaluated against the potential for known and new risks to human health. Further, the prevention of problems related to storage conditions needs attention, as does the potential for communicating relevant information to consumers through labelling.

Assessment of the possible public health impact of biotechnology, both adverse and beneficial, is a growing public health issue, in both developed and developing countries. Methods to evaluate health effects of genetically modified foods need to be developed and international consensus on the assessment of foods derived from biotechnology needs to be established.

A continuing challenge is to strengthen food safety in the public health functions of countries. The strengthening of technical capability in food safety, the potential to formulate and implement efficient food laws, and the transfer of management knowledge and skills are of paramount importance, especially in developing countries. In strengthening the food-safety capacity and systems, new principles of a preventative, risk-based approach urgently need to be adapted to the local situation, instead of maintaining old control systems which have been inefficient in preventing food disease over the past decades.

GOAL

To reduce the burden of foodborne disease.

WHO OBJECTIVE(S)

To create an environment which enables the health sector, in cooperation with other sectors and partners, effectively and promptly to assess, communicate and manage foodborne risk.

EXPECTED RESULTS	INDICATORS
• International consensus established on the rules for assessing risk and handling foods, including those derived from biotechnology	• Proportion of targeted countries adopting rules for assessing risk and safety of foods in accordance with those of WHO • Proportion of new Codex texts consistent with established WHO policies and procedures for assessing risk and safety of foods

EXPECTED RESULTS	INDICATORS
• International agreement reached on foodborne hazard and disease surveillance in order to enable Member States to produce relevant information for risk assessment at national level and for international standard-setting	• Number of internationally agreed surveillance mechanisms established for foodbome hazards and specific diseases • Number of countries that routinely collect additional information needed for assessing microbiological risk in cases offoodborne illness
• Network improved for communicating food-safety information and sharing risk-assessment methodology and data, including emergency information	• Number of new risk assessments conducted in accordance with risk-assessment methodology as provided by WHO • Number of countries that have institutions participating in the Global Environment Monitoring System/Food Contamination Monitoring and Assessment Programme (GEMS/Food)
• Participation in the health-related committees of the Codex Alimentarius Commission expanded, and the requirements of Codex Alimentarius standards incorporated into national legislation	• Number of Member States that have incorporated selected Codex Alimentarius standards into national legislation
• Collaborative network of research institutions launched in order to provide data and methodology relevant to assessment of microbiological risk	• Number of targeted institutions involved in a WHO network for providing data and methodology relevant to assessment of microbiological risk
• Member States and the Codex Alimentarius system equipped with internationally reviewed risk-assessments for major microbiological pathogens in food with a view to defining management options aimed at reducing foodborne disease	• Number of completed microbiological risk assessments provided to Codex Alimentarius Commission and Member States
• Recommendations drawn up on evaluation and use of technology with the potential to prevent foodborne disease	• Number of WHO and joint WHO/FAO recommendations available on evaluation and use of technologies to prevent foodbome-diseases • Number of food additives, pesticide and veterinary drug residues and contaminants evaluated by WHO expert advisory bodies

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	6497	10 399	2 997	5 399	3 500	5 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	2 866	0	0	0	0	0	131	2 997
2002-2003	3 506	150	418	106	500	372	347	5 399

As an Organization-wide priority, **Food safety** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Surveillance systems for foodborne diseases; response systems for outbreaks of foodborne disease	○○○
Making pregnancy safer	Tools to avoid specific foodborne risk for pregnant women	○
Sustainable development	Assessment of sustainability of food production methods; tools to assess economic impact of health-related trade restrictions	○
Nutrition	Nutritional assessments related to food safety; tools to relate consumption data to exposure; nutritional assessment of foods produced through biotechnology	○○
Health and environment	Assessment of environmental risks to foodstuffs and water; tools to characterize food- and water-borne hazards; support for: Joint FAO/WHO Expert Committee on Food Additives and Joint FAO/WHO Meeting on Pesticide Residues; assessment of chemical risks	○○○
Health promotion	Tools to incorporate food safety in educational systems	○
Evidence for health policy	Tools to evaluate effect of food-safety management initiatives	○
Research policy and promotion	Tools for research guidance in assessment of biotechnology	○

Resources	US$ million
Food safety	10
Estimated resources in other areas of work	2
Total	12

	Legend
○○○	Major contribution
○○	Medium contribution
○	Minor contribution

EMERGENCY PREPAREDNESS AND RESPONSE

ISSUES AND CHALLENGES

Natural disasters have reportedly claimed three million lives worldwide during the past 20 years and adversely affected the lives of at least 800 million more people. Of the deaths caused by natural disasters, 96% currently occur in poorer countries. These nations often lack state-of-the-art technical and scientific expertise that might reduce the likelihood of further devastation. Increasing population in vulnerable areas, development and transportation of toxic and hazardous materials, and rapid industrialization in developing countries all point to the probability of future disasters with the potential for millions of casualties.

In the 1990s, disasters have become more complex for various reasons, from conflict to rapid industrialization. Chronic conflict prevails in approximately 130 locations throughout the world. Population displacement, water and food insecurity, and human rights violations, especially extreme violence against women compound the severe public health consequences of armed conflict, including the collapse of basic health services, giving rise to the term "complex humanitarian emergencies". In the different locations, patterns of mortality and morbidity vary; health workers, however, are always on the front line of humanitarian relief.

Disasters offset years of development and are foremost causes of poverty and renewed vulnerability. They jeopardize most, if not all, of WHO's global priorities. Eradicating poliomyelitis, rolling back malaria, making pregnancy safer, eliminating tuberculosis, preventing HIV and sexually transmitted infections, improving mental health, and reforming the health sector all need special strategies in order to be effective in a context of crisis.

Much of the destruction caused by natural disasters can be avoided. For almost every natural disaster in the 1990s, an "ounce of prevention" or preparedness would have made a real difference. The same applies to complex emergencies, where public health practice based on evidence is instrumental in reducing mortality and morbidity. WHO is committed to supporting Member States in their efforts to prevent, prepare for, and respond to disasters, by virtue of resolution WHA48.2 (1995); to contributing to interagency coordination on emergencies, and to following up commitments taken in the framework of the International Decade for Natural Disaster Reduction, and its successor arrangement, the International Strategy for Disaster Reduction. WHO faces the challenge of creating and supporting a global partnership of governments, international organizations, academic institutions, private sector bodies, and entities of civil society aimed at safeguarding health despite disaster.

Disaster prevention and mitigation are an integral part of health development; similarly, relief measures contribute to sustainable health development after a disaster. For disaster reduction and effective response WHO promotes building up of institutional capacity and appropriate linkages - between the public and private sectors, including nongovernmental organizations, and between the scientific community and policy-makers. WHO aims at improving the capacity of communities to understand the hazards that may befall them, and their vulnerability, and to prepare for sudden emergencies so that if they occur, impact on health is minimal.

GOAL

To reduce suffering, and immediate and long-term avoidable mortality, morbidity and disability related to emergencies.

WHO OBJECTIVE(S)

To assure that Member States are better equipped to prevent and prepare for disasters and mitigate their health consequences, and create synergy between emergency measures and sustainable health development through appropriate coordination mechanisms and emergency response.

EXPECTED RESULTS	INDICATORS
• Policy and advocacy positions to establish health as the object and yardstick of humanitarian action effectively promoted in appropriate forums and among relevant audiences	• Evidence of countries adopting new policies in line with WHO's positions • Number of policy documents issued by international committees and conferences on health and humanitarian action in which WHO participated

EXPECTED RESULTS	INDICATORS
• Good-quality public health information tools and management systems developed and promoted, along both technical and operational lines, as basis for WHO leadership in improving preparedness and response and reducing vulnerability	• Proportion of targeted country profiles including information for preparedness and vulnerability reduction • Evidence of WHO country budget allocated on the basis of vulnerability profile
• Adequate political, and technical support provided to institutionalized focal points in Member States and partners in order to prepare for and act appropriately in emergencies	• Appropriateness of the presence and performance of focal points in WHO offices • Existence of memoranda of understanding for implementation of joint projects with partners at country level
• International partnerships strengthened and resources mobilized in order to tackle health priorities for populations at risk of, or affected by, natural disasters and complex emergencies	• Proportion of consolidated appeal processes including WHO component • Level of external resources mobilization in support of priorities identified by WHO
• Capacity of WHO to contribute effectively to disaster reduction strengthened through optimized management systems for staff and programmes	• Patterns and distribution of recognized WHO disaster experts according to country vulnerability • Proportion of regional and country offices meeting the minimum requirement for operations
• Best public health practice in emergencies identified or updated, and promoted through appropriate publications and training programmes	• Availability of guidelines and publications both electronically on the appropriate WHO Web site and physically • Relevance of WHO support for changes in best practices

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL [1]	42 483	46 999	2 983	3 999	39 500	43 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	I 089	806	0	320	535	233	0	2 983
2002-2003	I 509	I 225	0	353	550	265	97	3 999

[1] The totals exclude the funds allocated to WHO under the oil-for-food programme for Iraq as defined by United Nations Security Council resolution 986 (1995). These are subject to a number of factors outside the control of WHO. Provided there is no significant change in the current arrangements or oil prices, funds for 2000-2001 are estimated at approximately US$ 550 million. (Implementation depends on complex international, national and local requirements which are difficult to influence. Therefore, expenditure in the current biennium could range from US$ 200 million to US$ 300 million.) The allocation for 2002-2003 is currently estimated at US$ 550 million.

ESSENTIAL MEDICINES: ACCESS, QUALITY AND RATIONAL USE

ISSUES AND CHALLENGES

Essential drugs save lives, reduce suffering and promote participation in health services. Yet an estimated one-third of the world's population still lacks regular access to this fundamental source of health care. In the poorest parts of Africa and Asia, this figure rises to over 50%. Insufficient access to existing and newly developed drugs against high-priority diseases such as malaria, HIV/AIDS and tuberculosis, and childhood illnesses poses an additional challenge. Health and pharmaceutical services are seldom the main thrust of national development. In most developing countries pharmaceuticals are used mostly in the private health sector. Traditional medicines are widely used but insufficiently integrated in health services. Poor drug quality, unethical promotion and irrational use of drugs continue to be widespread. New challenges include the impact of global trade agreements on access to essential drugs in developing countries, and the need for strengthening the pharmaceutical sector within health sector reform.

In view of the many competing demands on health care systems, solutions for access to, and quality and rational use of, pharmaceuticals are needed which are equitable, sustainable, and integrated rather than vertical. National drug policies provide a framework for collective action, within which WHO works with countries to build up capacity in the pharmaceutical sector. Current priorities for capacity building include cost-effective drug selection, sustainable drug financing mechanisms, information about prices and price competition in order to improve affordability, innovative strategies for public-private sector supply, effective regulation systems, pragmatic approaches to quality assurance, integration of traditional medicine in health systems, and stronger monitoring of the impact of drug policies.

GOAL

To ensure equitable access to affordable essential drugs on a sustainable basis, and the efficacy, safety and rational use of medicines.

WHO 0BJECTIVE(S)

To create an environment enabling countries to increase significantly access to essential medicines by establishing, implementing and monitoring national drug policies and sustainable essential drugs programmes that ensure equity of access to essential drugs; drug quality, efficacy and safety; and rational use of drugs by health professionals and consumers; and focus on priority health problems and poor populations. To ensure appropriate integration of traditional medicine in health services.

EXPECTED RESULTS	INDICATORS
• Adequate framework and models for implementing, and for monitoring the impact of, national drug policies promoted	• Number of countries that have prepared, or updated in the past five years, a plan for implementing national drug policies
• Validated strategies and approaches based on evidence promoted for assuring affordability of drugs and financing from public and other sources	• Number of countries in which annual public expenditure on drugs is less than US$ 2 per capita • Number of countries which allow private pharmacies to substitute proprietary drugs with their generic equivalent
• Efficient systems for drug-supply management and traditional medicine validated and promoted in the public and private sectors	• Number of countries that have public sector procurement based on a list of essential drugs
• Appropriate technical guidance and information, based on global standards, for safe use of pharmaceuticals and traditional medicines, disseminated and promoted	• Number of countries participating in the WHO Certification Scheme on the Quality of Pharmaceuticals Moving in International Commerce
• Instruments for cooperating with countries to create effective drug regulatory and quality assurance systems validated and promoted	• Number of countries that have set up a basic drug regulatory system • Number of countries that have basic quality-assurance procedures • Number of countries with laws and regulations covering herbal medicines
• Global guidance and information on control and use of psychotropics and narcotics accessible at national and international levels	• Number of substances reviewed and recommended for classification for international control
• Framework promoted for implementing a national strategy to encourage, among professionals and consumers, rational and cost-effective use of therapeutically sound medicines, including traditional medicine	• Number of countries that have a basic system for regulating pharmaceutical promotion • Number of countries that have updated treatment guidelines in the past five years

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	37 078	42 063	10 078	11 063	27 000	31 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	6 458	1 170	270	441	549	391	799	10 078
2002-2003	7 048	1 609	257	431	458	517	743	11 063

IMMUNIZATION AND VACCINE DEVELOPMENT

ISSUES AND CHALLENGES

Immunization programmes save an estimated three million lives each year. The initiative to eradicate poliomyelitis is reaching the final phase of certification. It has shown that children who had never seen a health worker can be reached during national immunization days to be given two drops of oral polio vaccine. None the less, almost 30 million children of the total 130 million born every year still do not have access to routine immunization services. More than two million children continue to die from diseases that can be prevented by currently available vaccines; approximately 900 000 of these deaths are caused by measles alone. Most of these children live in the poorest countries. In many developing countries, moreover, the quality of immunization services (safety of immunization injections, vaccine quality) needs to be substantially improved.

A number of more recently developed life-saving vaccines that are available to children in the industrialized world are not used in the poorer countries, primarily because of their cost; this disparity is growing. Several million more lives could be saved if there were effective vaccines against AIDS, tuberculosis, malaria, respiratory infections, and diarrhoeal and other diseases. However, funding for research and development in new vaccines remains insufficient. The situation is most critical for diseases which are a public health priority in developing countries, but not in the industrialized world.

GOAL

To protect all people at risk against vaccine-preventable diseases.

WHO OBJECTIVE(S)

To achieve substantial progress towards ensuring availability of new vaccines and biologicals, and immunization-related strategies and technology that will reduce the burden of diseases of public health importance; to strengthen the impact of immunization services as a component of health delivery systems; and to control, eliminate and eradicate priority diseases.

EXPECTED RESULTS	INDICATORS
• Research at the preclinical phase finalized for priority new vaccines or innovative delivery systems	• Number of targeted candidate vaccines and vaccine delivery systems of public health importance that advance to Phase I clinical trials
• Appropriate measures recommended for incorporation of pneumococcal and meningococcal conjugate vaccines and others into immunization programmes on the basis of clinical efficacy and effectiveness trials in developing countries	• Number of targeted vaccines entering efficacy trials (Phase III) in a developing country where the disease is endemic
• Appropriate strategies promoted and support provided for accelerated introduction of underutilized vaccines, particularly hepatitis B and Hib vaccines	• Proportion of countries that have introduced hepatitis B vaccine • Proportion of countries that have introduced Hib vaccine
• Clinical trials of HIV candidate vaccines facilitated, including at least one Phase III efficacy trial; strategic plans for vaccine utilization developed	• Number of developing countries that have prepared national plans or strategies for AIDS vaccines • Number of trials of HIV candidate vaccines conducted in developing countries

EXPECTED RESULTS	INDICATORS
• Updated or new guidance on the standardization and control ofbiologicals drawn up and promoted	• Proportion of biologicals that have production and control recommendations consistent with latest scientific developments • Number of international biological reference materials used
• Adequate support provided for framing policy and building up capacity to assure the quality of all vaccines delivered by national immunization services	• Proportion of countries using vaccines of assured quality (as defined by WHO recommendations) • Proportion of countries using vaccines monitored by vaccine vial monitors, where relevant
• Adequate support provided for building up capacity in priority countries to implement a comprehensive system that ensures safe injection practices	• Proportion of targeted countries implementing satisfactory safe-injection practices as defined by WHO standardized survey • Percentage of targeted countries monitoring the safe collection and destruction of syringes used for vaccination
• Adequate technical and policy support provided to priority countries in order to strengthen key immunization functions and managerial capability in public health at national and district levels	• Percentage of districts in priority countries with at least 80% coverage of triple dose diptheria-tetanus-pertussis vaccine
• Effective coordination and support provided for eradication of poliomyelitis and certification of all WHO regions as free of poliomyelitis	• Number of WHO regions certified as free of poliomyelitis
• Adequate support provided for building up capacity in priority countries to implement strategies for controlling and eliminating major vaccine-preventable diseases	• Percentage of countries implementing the high-risk approach to accelerating elimination of maternal and neonatal tetanus • Percentage of countries implementing strategies for accelerated measles control • Percentage of countries where vitamin A deficiency is a public health problem that have integrated vitamin A supplementation with immunization services

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	189 769	184 692	14 269	13 692	175 500	171 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	9 488	420	1 622	451	508	555	1 225	14 269
2002-2003	9 241	415	1 378	435	723	449	1 051	13 692

BLOOD SAFETY AND CLINICAL TECHNOLOGY

ISSUES AND CHALLENGES

Millions of lives are saved each year through blood transfusions. In many developing countries however, people still die because of lack of blood and blood products and many millions more are at risk of being infected by transfusions of untested blood. In many countries, the lack of adequate blood-donor recruitment services, combined with the prevalence of certain diseases, leads to high rates of contamination of donated blood.

Globally, measures still need to be taken to ensure that blood and blood products and injections are safe, equitably accessible, readily available at reasonable cost, used appropriately, and provided within the context of a sustainable health care system. Those most affected by the shortcomings are women, children, trauma victims and, especially, poor people.

In most developing countries diagnostic imaging, clinical laboratory services and clinical technology suffer from a lack of finance and skilled human resources, inappropriate equipment and poor quality management. Medical equipment and devices are not functioning or used correctly, which adversely affects the quality of care. Moreover, quantities of consumables and reagents are insufficient, and infection control and waste-management systems are lacking.

GOAL

To ensure equitable access to safe blood, good-quality care, and affordable technology, particularly in developing countries.

WHO OBJECTIVE(S)

To assure that Member States are equipped to improve access of the population to safe blood, blood products and health-care technologies, and to promote good-quality health care services that are supported by safe and cost-effective technologies.

EXPECTED RESULTS	INDICATORS
• Global collaboration set up, leading to consensus on effective strategies to improve access to safe blood transfusions and injections	• Technically sound consensus statements on global blood safety through global collaboration for blood safety • Proportion of targeted countries implementing effective policies and plans for safe and appropriate use of injections
• Advice and models provided for establishing systems that improve access and use in the areas of transfusion therapy, diagnostic imaging, clinical laboratory services, and medical devices	• Proportion of targeted countries with documented uninterrupted access to safe blood transfusion therapy in all main hospitals • Proportion of targeted countries with good laboratory and radiological practices, equipment management and disposal of health care waste
• Validated norms, standards and biological reference preparations produced and access assured to external quality-assessment schemes	• Number of international biological reference preparations, guidelines and recommendations produced and available as established by the Expert Committee on Biological Standards • Number and performance of institutions participating in WHO external quality-assessment schemes
• Validated material and models available for improving knowledge and skills in blood transfusion medicine and clinical technology, leading to a reduction of associated risk in targeted populations	• Increase in the use of WHO training materials, guidelines and recommendations for reducing risk associated with blood transfusion • Proportion of targeted countries having received adequate guidance and support for evaluation and control of blood products and related biologicals

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	21 780	25 727	7 780	10 227	14 000	15 500

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	5 094	900	361	320	650	409	46	7 780
2002-2003	5 682	1 874	405	468	871	655	272	10 227

As an Organization-wide priority, **Blood safety** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Operational networks of centres and laboratories able to administer diagnostics tests for hepatitis B and C, HIV and Chagas disease	O
Malaria	Provision of technical guidance on safe blood transfusions for gross anaemia	0 0
Surveillance, prevention and management of noncommunicable diseases	Treatment strategies for haemophilia, thalassaemia and other inherited metabolic diseases	0 0
Disability/injury prevention and rehabilitation	Strategies for district health services that include guidance on minimizing the use of blood by reducing bleeding and avoiding unnecessary procedures that use blood	0 0
Child and adolescent health	Guidelines on appropriate use of blood in **childhood** and adolescent diseases and surgical procedures	0 0
Making pregnancy safer	Implementation of screening for anaemia	0 0
HIV/AIDS	Technical support to countries to increase coverage in provision of safe blood, including use of cost-effective, simple and rapid tests to screen donated blood	OOO
Nutrition	Dissemination of methods for screening for anaemia	O
Health and environment	Waste management of blood and blood products	O
Emergency preparedness and response	Screening for anaemia and procedures for safe blood transfusions in emergencies, through institutionalized focal points	O
Essential medicines: access, quality and rational use	Implementation of safe practices for therapeutic injections in priority countries	O
Immunization and vaccine development	Implementation of safe injection practices in priority countries	O
Organization of health services	Essential technology package disseminated to improve quality of blood services	0 0

Resources	US$ million
Blood safety and clinical technology	26
Estimated resources in other areas of work	30
Total	56

	Legend
OOO	Major contribution
0 0	Medium contribution
0	Minor contribution

EVIDENCE FOR HEALTH POLICY

ISSUES AND CHALLENGES

The health needs of populations are in transition, and health systems and scientific knowledge are changing rapidly. In order to meet these challenges effectively, efficiently and equitably, decision-makers need the tools, capacity and information to assess health needs, choose intervention strategies and partners, design policy options appropriate to their own circumstances, and monitor performance, thus enhancing the performance of health systems.

Assessing health needs requires health information systems that can use appropriate tools to measure levels of, and inequalities and trends in, fatal and nonfatal health outcomes, and to analyse the present and future contributions to these patterns of different diseases, injuries and risk factors. Designing appropriate information systems where there are severe resource constraints needs particular attention.

One of the most difficult challenges for enhancing performance of health systems is the design of the overall system. How should the key strategic functions - financing, provision, stewardship, and resource development - be organized so as to be consistent with varying political and social structures? In order to launch health system reform, accurate means to measure and describe current performance (including both public and private provision of health care) have to be devised, and the best evidence has to be available on the relationship between performance and the organization of the health system, and on ways to manage the complex process of change.

To enhance health and reduce inequalities, health systems need to select key interventions. Decision-makers need the best available evidence on the cost, effectiveness and efficiency of interventions. Information must be available in a timely and usable fashion, and the capacity to use this information in an informed policy debate is crucial. Ethical and gender dimensions of the choice of intervention and design of the system must feed into this debate, as should information on areas where improvements in quality of care can increase the overall performance of the system.

Bringing evidence to bear on the formulation and implementation of policies to enhance health system performance depends on the development of common tools, norms and standards. The overall challenge is to ensure that policy-makers have access to the best evidence and tools, and that they have the capacity to use them to enhance the performance of their health systems.

GOAL

To foster a health system that maximizes its potential to promote health, reduce excess mortality, morbidity and disability, and respond to people's legitimate demands in a way that is equitable and financially fair.

WHO OBJECTIVE{S)

To improve performance of health systems by the generation and dissemination of evidence, and to provide support for international and national dialogue on health policy.

EXPECTED RESULTS	INDICATORS
• Consistent, ethical, evidence-based policy recommendations available on health care financing, sector-wide and intersectoral approaches to health development, and efficient mixes of interventions	• Use in countries and regions of WHO policy recommendations on health care financing, sector-wide and intersectoral approaches to health development and mixes of interventions
• Operational mechanisms and validated tools available for updating information regularly and facilitating routine analysis of health system performance; strategies and policies formulated to improve performance of health systems	• Availability of pretested tools for routinely assessing health system performance • Methods of measuring and improving performance identified in selected countries, in collaboration with regional offices
• Validated framework, based on agreed methods and indicators, drawn up for improving capacity to obtain, analyse and use key information, including on population health, valuation of health states, risk factors, cost-effectiveness analysis, and analysis of the economic cost of illness	• Availability of indicators and methods of obtaining key public health information on the basis of WHO's framework • Framework adapted to health policy-making in selected countries on the basis of organization-wide collaboration
• Networks and partnerships in operation for epidemiological estimates and methods, economic analysis, policy analysis, measurement of health system performance (both for goals and functions), gender analysis, and ethics	• Representation of regions and national institutions in working networks for methods of obtaining estimates on key health policy parameters
• Norms, standards, terminology and methods determined and validated on key issues, including population health and its measurement, analysis of economic efficiency, economic cost, ethical implications of resource allocation and national health accounts in developing countries	• Availability of selected norms, standards, terminology and methods to meet priority needs of countries and regions for producing evidence on which to base health policy, and their use in selected countries
• Practical tools for policy-makers designed and validated in key areas, including analysis of the burden of disease and projections, preparation of recommendations on evidence-based best practice, assessment of alternative ways of improving health system performance, and management of change in health systems	• Availability of selected practical tools for policy-makers to use in national policy planning within WHO's framework • Incorporation of these tools in health policy-making in selected countries on the basis of Organization-wide collaboration

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	32 466	43 225	20 966	22 225	11 500	21 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	12 821	852	1 547	1 313	3 492	444	497	20 966
2002-2003	13 172	1 505	1 315	1 189	3 532	959	553	22 225

Activities under **Health systems,** an Organization-wide priority, are carried out by two areas of work: **Evidence for health policy** and **Organization of health services.** The nature and magnitude of support to Evidence for health policy from other areas of work is shown in the following table.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Work on estimating the burden of disease	0 0
Communicable disease prevention, eradication and control	Information on effectiveness and costs of interventions and disease epidemiology	0 0
Research and product development for communicable diseases	Information on costs and effectiveness of interventions; role of gender in relation to disease and its control	0 0
Malaria	Work on estimating the burden of disease; information on effectiveness of interventions, cost of alternative treatments and prevention methods, current financing	0 0
Tuberculosis	Work on estimating the burden of disease; information on effectiveness of interventions, cost of DOTS at regional and selected country levels, current financing	0 0
Surveillance, prevention and management of noncommunicable diseases	Collaboration on comparative assessment of risk factors; information on effectiveness and coverage	0 0
Tobacco	Work on estimating and projecting the burden of disease; information on effectiveness and coverage of interventions, cost of health education campaigns, current financing	OOO
Health promotion	Information on those areas of health promotion where risk pooling could be an option for financing	O
Disability/injury prevention and rehabilitation	Work on estimating the burden of injuries; information on current protection against and prevention of injury in health insurance schemes	0 0
Mental health and substance abuse	Work on estimating the burden of disease; information on effectiveness and cost of interventions; epidemiological data	0 0

Areas of work	Nature of contribution	Extent of contribution
Child and adolescent health	Work on estimating the burden of disease; information on cost, effectiveness and coverage of interventions	0 0
Research and programme development in reproductive health	Work on estimating the burden of disease; information on effectiveness of interventions, budgets for new interventions, cost of reproductive health services, current financing	0 0
Making pregnancy safer	Information on expected cost of introduction of interventions	O
Women's health	Collaboration on gender analysis	O
HIV/AIDS	Work on estimating the burden of disease; information on effectiveness of interventions	O
Sustainable development	Information on poverty levels and problems of access to health services of the poorest population groups	O
Nutrition	Work on estimating the burden of disease; information on effectiveness of interventions, nutrition as a determinant of health	0 0
Health and environment	Information on effectiveness and coverage of interventions, water and sanitation conditions, prevention and alternative treatment of selected environmental hazards, current financing	0 0
Essential medicines: access, quality and rational use	Information on unit costs of drugs, coverage of essential drugs, cost of essential drugs packages, current financing methods	0 0
Immunization and vaccine development	Work on estimating the burden of disease; information on cost of vaccines, current financing methods	0 0
Research policy and promotion	Interaction on ethics	O
Organization of health services	Input on quality assessment, development of human resources and service delivery; collaborative work on provider payment methods and purchasing	O O O
Resource mobilization, and external cooperation and partnerships	Information on donors and nongovemmental organizations active in providing technical support for health financing	O

Resources	US$ million
Evidence for health policy	43
Estimated resources in other areas of work	7
Total	50

	Legend
O O O	Major contribution
0 0	Medium contribution
0	Minor contribution

HEALTH INFORMATION MANAGEMENT AND DISSEMINATION

ISSUES AND CHALLENGES

Reliable information is the cornerstone of effective health policies and a powerful tool for health and development in general. It is the basis for raising awareness of health matters, formulating strategies, and building up the expertise necessary to improve health. Yet many people, including health professionals, either have no access to relevant information or are overwhelmed by too much and cannot make optimal use of it. Thus, easing access to information that is relevant to people's needs is a continuing priority of WHO.

Reliable information is one of the most important products of WHO; Member States and partners count on its authoritative advice. WHO draws on its unique network of information sources and health experts to gather and analyse available evidence on global health issues, and communicates the results through a range of information products. Advances in technology provide unprecedented opportunities for WHO to respond to the health needs of different audiences, in a form and with content that are relevant locally. WHO's long experience in providing health information has shown that the information it delivers needs to respond to specifically identified needs if it is to have an impact, and that use of different languages, formats and means of dissemination is required in order to reach target audiences.

None the less, there remains room for improvement. Information products do not always reach target audiences, nor do they always respond to needs in terms of content or form. Even within WHO information is often fragmented, with cases of both duplication and gaps. Improved communication and coordination between the various levels of WHO will help to improve efficiency and effectiveness. Processes and systems for planning, producing and disseminating information need streamlining and regular evaluation and refinement. New technology needs to be exploited in order to reach people with relevant information and to reduce the information gap. This can be achieved only by working with partners, taking advantage of their experience in applying new technology, and reaching all parts of the world, including the least developed areas.

GOAL

To enable sound decisions to be made in both health policy and practice.

WHO OBJECTIVE(S)

To facilitate access of governments, WHO's partners in health and development, and staff to reliable, up-to-date health information that is based on evidence and provides guidance for establishing health policy and practice both nationally and internationally.

EXPECTED RESULTS	INDICATORS
• Organization-wide health information strategy and policy in operation to guide staff in their work	• Impact of the Organization-wide strategy and policy on health information on the practice of staff
• Identification of target audiences and their needs improved, and relevant information in a range of languages and form delivered more effectively in various media	• Increased use by target audiences of WHO's Web site • Frequency and volume of requests for use of WHO copyright material
• Processes and mechanisms improved for the planning, development and dissemination of health information products, including introduction of a document management system and periodic evaluation and refinement	• Access throughout the Organization to well organized information on WHO's health information materials, particularly in electronic form
• Selected priority information products, including *The world health report,* the *Bulletin of the World Health Organization,* and regional journals appropriately promoted, marketed and disseminated in relevant languages	• Availability of selected information products in relevant languages in high-priority countries
• Management and sharing of information improved throughout the Organization, including that designed for dissemination outside WHO; better access of staff in all geographic locations to the information they need to carry out their work effectively	• Satisfaction of staff in different geographic locations with the information support needed for their work
• "One WHO" Web site in operation, providing, with easy navigation, reliable and up-to-date information to meet the needs of both developing and developed country users, and making best use of available technology	• Increased percentage of WHO information on "one WHO" Web site, generated from a standard set of templates that meet the policy criteria for health information • Increased frequency of updates to content of the WHO Web site, without broken links

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	42 508	46 370	33 508	30 370	9 000	16 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	16 476	4 216	2 437	1 302	5 426	1 646	2 005	33 508
2002-2003	15 059	3 677	2 227	868	4 804	1 348	2 387	30 370

RESEARCH POLICY AND PROMOTION

ISSUES AND CHALLENGES

Research is the systematic process for generating new knowledge; the knowledge produced by global research efforts underpinned the health revolution of the twentieth century. Based on unprecedented advances in biology, the social sciences, and information technology, new concepts will lead to innovative interventions that have a direct impact on diagnostic, preventive, therapeutic, ethical and social aspects of human health and disease. Advances in knowledge, however, have not benefited developing countries to the full extent possible. It has been estimated, for example, that only 10% of financing for global health research is allocated to health problems that affect 90% of the world's population. Clear disparities in economic strength, political will, scientific resources and capabilities, and the ability to access global information networks have, in fact, widened the knowledge, and hence the health, gap between rich and poor countries.

WHO plays a key and unique role in correcting imbalance in the distribution of knowledge so that the fruits of research benefit everyone, including the poor, in a sustainable and equitable manner. As knowledge is a major vehicle for improving health, of poor people in particular, WHO will focus on stimulating research in the developing world, thereby underpinning other areas of work, such as reducing risk factors and the burden of disease, improving health systems, and promoting health as a component of development. Building up and strengthening research capacity is one of the more effective, efficient and sustainable strategies for developing countries to benefit from advances in knowledge, in particular through promotion of regional research networks. WHO will advance research and knowledge as global public goods through equitable and sustainable national and global partnerships and collaborations. It will also keep abreast of relevant scientific advances through close contact with the scientific community. Mechanisms will be needed through which to incorporate advice from leading scientists into research policy and resource allocation.

GOAL

To narrow the existing gap and reduce inequalities between developed and developing countries in generation of, access to, and utilization of, scientific knowledge for improving health, particularly of poor people.

WHO OBJECTIVE(S)

To stimulate research for, with, and by developing countries by identifying emerging trends in scientific knowledge with the potential to improve health; inciting the world research community to tackle priority health problems; and launching initiatives to strengthen research capability in developing countries so that research may be recognized as the foundation of health policy.

EXPECTED RESULTS	INDICATORS
• WHO research policy updated to include emerging trends, contemporary scientific advances relevant to health, gaps in knowledge, and ethical aspects of research in order to assure rational decision-making on research priorities	• Degree of reflection in WHO's research-policy positions of current trends and advances in knowledge and of good ethical standards • Level of prominence and presence of WHO research policy in the global health-research agenda
• Mechanisms in operation for setting up networks and partnerships to improve international cooperation for health research, including practical and sustainable collaborative mechanisms between the global and regional ACHR	• Number of regional ACHR with explicit operational and procedural links to the global ACHR
• Framework in operation for providing policy and technical support in order to strengthen health research capability in developing countries	• Number of regional offices, country offices and WHO collaborating centres with real-time web access to the major global databases of scientific and policy information relevant to health research and other databases related to WHO research activities, expert advisory panels and WHO collaborating centres
• Support and advice provided within WHO on research-related activities	• Evidence of the importance given to health research issues in WHO documentation and press releases
• WHO collaborating centres increasingly capable of involvement in high-priority research	• Increased involvement of WHO collaborating centres in high-priority areas of research within national or regional intercentre networks • Financial support provided to WHO collaborating centres for research-related activities in priority areas

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	10 766	11 114	5 266	6 114	5 500	5 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	2 111	656	414	797	290	85	913	5 266
2002-2003	2 570	716	414	1 069	346	453	546	6 114

ORGANIZATION OF HEALTH SERVICES

ISSUES AND CHALLENGES

More than 20 years after its widespread adoption, implementation of the strategy of health for all through primary health care still remains a daily struggle. In many countries, national capacity and resources - human, financial and material - are still insufficient to ensure availability of and access to essential health services of high quality for individuals and populations, especially those most vulnerable. Many countries are now engaged in processes of change. Some are reforming the public sector as a whole. Others are reforming the health sector, by decentralizing public services, fostering private sector participation, and modifying ways to finance and provide health services. The object of these changes is primarily to reduce inequities in access to health services, promote universal coverage, and improve the efficiency of the health system.

Organization and delivery of health service remain a challenge for many countries. Problems to be tackled include inability of governments to assure quality of providers and of service delivery; fragmented health care delivery, leading to insufficient coverage, inequitable access, and inefficiencies in resource allocation and service management; and imbalances in the composition and distribution of human resources for health. To tackle these and other emerging challenges, countries need to build up their management capacity and devise management tools in order to strengthen the performance of their health systems. As noted in *The world health report 2000,* stewardship of the health system requires vision, intelligence and influence, primarily on the part of the ministry of health, which must oversee and guide the working and development of the nation's health actions on the government's behalf.

Moreover, mechanisms should be set up to align education and training more closely to the needs of practice. Better understanding is needed of the growing dimensions of the private sector so that approaches can be defined that will enable governments better to harmonize private sector actions with public sector objectives.

The evidence on which to base improvements in cost-effectiveness, quality and equity of health systems with limited resources is still scanty. Member States need to build up their capability to collect, collate, analyse, disseminate and use information in order to frame effective policies and provide appropriate health services. Systems that provide the data and information for sound decision-making have to be developed. Mechanisms for involving civil society in decisions on the organization and provision of health services are also needed. Advances in health technology and communications offer opportunities to improve service delivery and to use resources more cost effectively; Member States need to have the capacity and tools to make suitable choices and effectively to use these technologies.

GOAL

To achieve a health system that maximizes its potential to promote health, reduce excess mortality, morbidity and disability, and respond to people's legitimate demands in a way that is equitable and financially fair.

WHO OBJECTIVE(S)

To work with ministries of health in order to strengthen the capacity of countries to deliver high-quality health services affordably, efficiently and equitably to all their populations, especially those most vulnerable, by developing and enhancing systems for planning and delivery of health services, and for gathering evidence and designing tools that support informed and participatory framing and implementation of policy.

EXPECTED RESULTS	INDICATORS
• Evidence and best practices validated and promoted in order to define policy options for countries on provision of health services, development of human resources, and fulfilment of stewardship	• Use of WHO policy options
• Alternative models of health service delivery at all levels of the health system analysed and promoted	• Access of countries to alternative delivery models
• Frameworks validated for use by countries to gather and analyse health system changes and reform and their impact on service delivery, and to strengthen their capacity for policy framing and implementation	• Number of case studies under way in targeted countries, after testing of assessment frameworks
• Database of best practices and operational networks compiled and updated in order to support implementation of health system functions in countries and to strengthen partnerships	• Completeness in updating database of best practices • Proportion of targeted countries in each region involved in networks using database
• Strategies, methods, guidelines and tools devised to enable countries to improve the delivery and quality of health services to individuals and populations; benchmarks defined in collaboration with Member States and partners	• Proportion of targeted countries having introduced WHO strategies, methods, guidelines and tools for improving the delivery and the quality of services
• Methods, guidelines and tools devised for planning, educating, managing and improving the performance of the health workforce, harmonizing participation of private sector in achievement of national goals, and assessing and implementing models of health service provision	• Use in targeted countries of WHO methods, guidelines and tools developed for improving the performance of health workforce and the provision of service
• Technical and policy advice based on evidence and best practices provided to countries in order to improve provision of health services and investment in, and use of, human, material, and capital resources	• Efficient operation of WHO system for responding to requests from countries • Mechanisms for evaluating use of technical and policy advice in place

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	51 212	57 923	35 712	35 423	15 500	22 500

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	9 125	6 578	3 603	2 519	4 366	5 391	4130	35 712
2002-2003	9 491	7 512	4 300	2 573	2 893	4 771	3 883	35 423

Activities under **Health systems,** an Organization-wide priority, are carried out by two areas of work: **Evidence for health policy** and **Organization of health services.** The nature and magnitude of support to Organization of health services from other areas of work is shown in the following table.

Areas of work	Nature of contribution	Extent of contribution
Malaria	Support for health system functions related to prevention, treatment and control	OO
Tuberculosis	Support for health system functions related to prevention, treatment and control	OO
Surveillance, prevention and management of noncommunicable diseases	Support for health system functions related to prevention, treatment and control	OO
Tobacco	Support for surveillance systems	O
Mental health and substance abuse	Support for health system functions related to prevention and treatment	O
Making pregnancy safer	Support for health system functions related to service delivery	OO
HIV/AIDS	Support for health system functions related to prevention and treatment	OO
Essential medicines: access, quality and rational use	Support for health system functions related to provision and use of essential medicines	OO
Blood safety and clinical technology	Support for health system functions related to management of services	OO
Evidence for health policy	Provision of evidence for framing policy	OOO

Resources	US$ million
Organization of health services	58
Estimated resources in other areas of work	22
Total	80

Legend	
OOO	Major contribution
OO	Medium contribution
O	Minor contribution

GOVERNING BODIES

ISSUES AND CHALLENGES

As the formulation of appropriate public health policy becomes more complex and challenging it is essential to provide to WHO's governing bodies in the most efficient and effective way both the input and the setting required for informed decision-making at global and regional levels. In order to sharpen the focus of debate the duration of the governing body sessions has been shortened and the volume of documentation reduced, which increases the need for careful and deliberate selection of the most pertinent input. Moreover, a considerable volume of material has to be translated and available in all official languages of the Organization.

New technologies facilitate the dissemination of documentation, making it possible, for example, rapidly to issue documentation for governing body sessions on the Internet; yet distribution of printed material is still needed in order to assure availability of documentation everywhere.

GOAL

To assure establishment of sound, sector-wide policy on international public health and development that responds to the needs of Member States.

WHO OBJECTIVE(S)

To provide support to the regional and global governing bodies in the form of the efficient preparation and conduct of their sessions, including dissemination of easily accessible, readable and high-quality documentation for policy-making.

EXPECTED RESULTS	INDICATORS
• Adoption of resolutions that are focused on policy and strategic issues and that provide clear orientations to Member States and WHO's Secretariat on their implementation and monitoring	• Number of resolutions passed that are policy focused and implementable at global and local levels
• Communication between Member States/Board members and WHO's Secretariat improved	• Increase in the number of communication channels open to Member States and governing bodies, at global, regional and country levels, concerning the work of WHO's Secretariat
• Documents and information products of the Organization available in the different languages of the Organization	• Proportion of essential documents and information products that are translated into the languages of the Organization • Timeliness of availability of governing body documents to Member States

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	24 589	22 439	24 089	21 439	500	1 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	20 532	1 527	337	300	648	230	515	24 089
2002-2003	18 136	1 374	286	300	648	230	465	21 439

RESOURCE MOBILIZATION, AND EXTERNAL COOPERATION AND PARTNERSHIPS

ISSUES AND CHALLENGES

In promoting integration of a health dimension in social, economic, and environmental development, the Organization relies on persuasive advocacy and communications founded on its strengths, notably technical expertise in the health sector, sound evidence and established presence in countries. At the same time, it seeks to achieve greater impact by working in concert with a range of organizations offering knowledge and experience in other fields.

To that end, operational linkages with intergovernmental and nongovernmental partners working in compatible sectors have been initiated, developed and sustained at institutional level. To realize the potential of such partnerships, coordination and exchange of information need to be further improved, reoriented and revitalized in the light of changing priorities. WHO's liaison offices are focal points for relations with multilateral institutions.

A major thrust of WHO's work is to further health development through its collaboration in and with countries. This contribution will be enhanced by improving the capacity of the staff working at country level.

Relations with the media and the provision of information to the general public are important for raising awareness of health issues and creating a positive image of WHO. Ensuring that WHO speaks with one voice will reinforce the impact of a common message, based on evidence, and enhance WHO's image.

Traditional donors to WHO's activities have been largely governments, organizations of the United Nations system, and other intergovernmental bodies. In a rapidly changing environment for development resources, technical and institutional as well as financial, this base now needs to be expanded, in order to meet the requirements of WHO activities and to build up stronger partnerships.

GOAL

To ensure that health is clearly incorporated in overall development policies, and in resource allocation.

WHO OBJECTIVE(S)

To build up WHO's collaboration with organizations of the United Nations system, intergovernmental bodies and nongovernmental organizations; to improve internal coordination between the three levels of the Organization as "One WHO"; to provide high standards of information to various media, and better access to it; to mobilize resources from a broader donor base; to negotiate and sustain partnerships for world health, and to secure the Organization's resource base.

EXPECTED RESULTS	INDICATORS
• A collaborative network in operation with organizations of the United Nations system, intergovernmental bodies and nongovernmental organizations, supported by regular reviews, together with an active liaison network with multilateral institutions	• WHO goals and priority health concerns reflected in final declarations and plans of actions of global, regional and national conferences, and in development agendas
• More effective mechanisms in place for coordination and exchange of information between different levels of the Organization; functioning of WHO country offices improved through training and guidelines for WHO Representatives; database compiled on the operations and staffing of country offices; and a telecommunication network installed for exchange of information	• Improved capability of all levels of the Organization to deal with issues as "One WHO", reflecting a common vision on health development
• A comprehensive approach, including training, defined for provision of information on world health targeted to appropriate audiences; image of WHO enhanced and support increased for its priority objectives; coordinated network of information offices across the Organization set up, enabling prompt, accurate and proactive dealings with the media and the public, relevant to regions and countries	• Improved capacity of WHO to convey information about its mission and work. Improved public knowledge of WHO, in particular its priority areas of work
• Dynamic, coordinated and decentralized fundraising under way with current and potential donor countries, public and private sector partners, including regional development banks, nongovernmental organizations, and foundations	• Improved responsiveness of funding partners to WHO's priorities and initiatives • Ability to achieve target increase in extrabudgetary resources

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	38 819	35 307	26 319	23 307	12 500	12 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	14 788	3 314	1 986	545	2 003	938	2 745	26 319
2002-2003	15 167	2 605	1 150	741	968	745	1 931	23 307

BUDGET AND MANAGEMENT REFORM

ISSUES AND CHALLENGES

The need for reform of the WHO Secretariat was expressed by both the Health Assembly and the Executive Board during the 1990s. The governing bodies called for an accelerated reform process in order, among other changes, to develop a strategic approach to planning and budgeting (resolutions WHA46.35, WHA47.8, WHA48.25) and to establish a system for monitoring of progress, programme evaluation and reporting of results.

Early in 2000, a corporate strategy was drawn up for guiding organizational development and institutional change. Efforts were made to focus more on achievements and programme delivery through standardized, Organization-wide plans of action; to improve consistency in administrative practices and routines across the Organization; and to define and monitor an efficiency savings plan of some US$ 50 million in all nontechnical areas.

Reforms in 2002-2003 will include a stronger approach to result-based management, continued efforts to achieve efficiency savings and improve cost-effectiveness on the basis of reviews and studies, and further improvement of mechanisms for monitoring, evaluating and reporting results.

GOAL

To apply best practice in all aspects of general management at all organizational levels, in support of WHO's leadership role in international health.

WHO OBJECTIVE(S)

To develop Organization-wide and effective mechanisms for results-based management and cost-effective administration, anchored in WHO's corporate strategy.

EXPECTED RESULTS	INDICATORS
• A fully integrated and results-based planning, budgeting, monitoring and evaluation system in operation across the Organization	• Consistency between global strategic planning (programme budget) and subsequent operational planning at all levels (work plans) • Consistency of monitoring, reporting and evaluation procedures at all levels
• Consistent administrative rules and practices in operation in support of efforts to achieve greater accountability and better performance in the Organization	• Effective operation of new administrative systems in place at all organizational levels
• Cost-effectiveness in administrative functions improved on the basis of new policies and of recommendations of selected management reviews	• Improved service and/or efficiency generated from the implementation of reform measures
• Mechanisms and systems in operation for monitoring and reporting on efficiency savings at all Organizational levels	• Timeliness and completeness of reporting on efficiency measures, across all WHO offices

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	8 495	7 932	7 495	6 932	I 000	I 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	3 980	800	0	782	I 539	394	0	7 495
2002-2003	3 703	557	0	776	I 206	690	0	6 932

HUMAN RESOURCES DEVELOPMENT

ISSUES AND CHALLENGES

WHO is a knowledge-based organization; its staff is its key asset. In support of the corporate strategy, WHO needs the right mix of staff to develop its technical, intellectual and ethical leadership. It also needs a forward-looking approach to the policies and processes for, and organization of, human resources, as well as a commitment to excellence and to maintaining its position as an employer of choice.

Balancing often conflicting priorities - centralization/devolution; empowerment/control; consistency/exceptions; flexibility in applying rules/legal challenge; cost reduction/maintenance of service levels; speedy action/sufficient consultation - presents great challenges. Other difficult objectives also have to be met: attracting high-calibre staff, achieving balance between male and female staff, assuring appropriate geographical representation, providing competitive conditions of service, and ensuring staff security worldwide.

The greatest challenge, however, is to secure commitment to the way forward of different groups of personnel - senior and other levels of management, staff representatives, and the staff at large - in a multicultural and multilocation environment.

GOAL

To apply best practice in all aspects of general management at all organizational levels, in support of WHO's leadership role in international health.

WHO OBJECTIVE(S)

On the basis of the corporate strategies to maximize staff motivation and productivity through efficient, effective and fair policies, processes, and advice for human resources.

EXPECTED RESULTS	INDICATORS
• Project for reform of human resources completed; further requirements identified through an evaluation of reform efforts	• Timely completion of all agreed reform measures • Definition of future reform requirements
• Information for human resources management improved in support of decision-making on human resources at all levels	• New human resources information system and procedures in place, providing more information and better access to human resources officers and line managers
• Organization-wide strategy for leadership and staff development implemented, monitored, and systematically evaluated	• Measurable improvement in levels of job performance and satisfaction of personnel participating in staff development • Better staff development opportunities contributing to recruitment and retention of highly qualified staff
• A rotation and mobility system established covering internationally recruited staff	• Systematic rotation of internationally recruited staff throughout the Organization
• Human resources services of a high quality provided to meet current and future requirements of the Organization's programmes (e.g. recruitment and contract administration consistent with efficient and effective programme delivery, agreed strategies for meeting targets for gender equity and geographical representation at global and regional levels)	• Drafting and application of guidelines for human resources planning • Reduction in number of appeals lodged consequent to application of human resources procedures • Better balance between male and female staff and in geographical representation • Degree of satisfaction of users of human resources services

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	20 795	21 678	15 795	15 678	5 000	6 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	8 067	2 713	912	731	1 867	829	676	15 795
2002-2003	7 695	2 442	802	708	2 253	1 051	727	15 678

FINANCIAL MANAGEMENT

ISSUES AND CHALLENGES

A major challenge is to refashion financial management so that it responds adequately to both changing programme requirements and the concerns of Member States. In resolution WHA52.20 the Health Assembly requested a comprehensive review of the financial framework of WHO as set out in the Financial Regulations and Financial Rules.

The use of financial information to support the health activities of the Organization is key to ensuring effective management by the technical area. Financial information is one of the measures by which success in achieving objectives can be judged by Member States and others that provide financial resources or benefit from the output of the Organization.

GOAL

To apply best practice in all aspects of general management at all organizational levels, in support of WHO's leadership role in international health.

WHO OBJECTIVE(S)

To follow best practice in financial management with integrity and transparency, providing effective and efficient financial administrative support across the Organization for all sources of funds, with relevant financial reporting at all levels, both internally and externally.

EXPECTED RESULTS	INDICATORS
• New, integrated financial management and reporting systems established on the basis of modern business rules and practices that allow staff in all locations and at all levels to have access to the financial information necessary to enable them to meet their objectives	• User acceptance sign off on new systems • Consistent information across all sources of funds and areas of work
• Financial reporting carried out in accordance with new Financial Regulations and Financial Rules, making it possible to judge the outcome in relation to the budget or plans of actions and expected results for all sources of funds	• Alignment in Audited Financial Report of expenditure and budget appropriations • Acceptance by the governing bodies of the biennial financial report and audited financial statements and the interim financial report and statements
• Financial resources of the Organization effectively managed within acceptable risk parameters in order to maximize their potential	• Level of earnings on liquidity as compared to benchmark
• Effective and responsive financial administration provided in support of the Organization's new human resources policies	• Timeliness and correctness of payments to staff according to their respective compensation package

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	36 311	38 318	24 311	23 318	12 000	15 000

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	14 582	3 756	1 371	926	1 422	986	1 268	24 311
2002-2003	12 852	3600	1 761	849	1 506	1 341	1 409	23 318

INFORMATICS AND INFRASTRUCTURE SERVICES

ISSUES AND CHALLENGES

WHO's ability to deliver its health programmes throughout the world depends on the services it provides in infrastructure and information technology. Staff around the world, in headquarters, and in regional and country offices, have to be provided with office accommodation, procurement services, logistics, information technology and communications services. In emergencies, these services must be provided promptly and if necessary, improvised as best possible under the circumstances.

The rapid evolution of technology, coupled with the uneven rate of adoption and variation in local costs, makes the provision of common services and communication of voice, data, text and image a challenge. None the Jess, WHO needs to develop and implement a unified strategy on information technology that enables exchange of information throughout the Organization.

Goods and services have to be procured and delivered worldwide. A significant portion of this work is related to emergency and humanitarian aid, when commercial alternatives are unavailable or unaffordable. Procurement services, therefore, have to be not only efficient and cost-effective, but also unusually flexible in order to cope with unpredictable demands.

The establishment and maintenance of a functioning infrastructure for information technology, communications and office accommodation requires capital investment. Financial constraints have created a pattern of irregular and incomplete refurbishment, which in the long run costs the Organization more than it should. The challenge is to find the means to finance such investment in a sustainable manner. Further, as demands for higher levels of service grow, the level ofresources will have to be adapted accordingly.

GOAL

To apply best practice in all aspects of general management at all organizational levels, in support of WHO's leadership role in international health.

WHO OBJECTIVE(S)

To design and implement appropriate agreements, tools and procedures to improve communications, sharing of information, and logistics operations throughout the Organization in pursuance of the concept of "One WHO".

EXPECTED RESULTS	INDICATORS
• Approved plan of action for information technology under implementation	• Compatibility of informatics structures, systems and platforms in operation across the Organization
• Communication system in place linking WHO offices with a view to improving collaboration and coordination through shared information	• Secure access by WHO offices to all WHO databases
• Health supplies of the highest quality at the best price procured for technical programmes and Member States, using mechanisms such as umbrella agreements and electronic commerce to promote a more autonomous method of purchasing	• Volume of direct procurement carried out electronically by all WHO offices against centrally negotiated contracts, resulting in lower per-unit costs • Level of increase of reimbursable procurement
• Continuing support provided for programme delivery and WHO's governing bodies in a rational and sustainable manner; appropriate level of logistics services maintained for the smooth operation of established offices	• Degree of satisfaction with daily operations of all offices resulting from reliable and effective infrastructure support services

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	136 037	133 531	IOI 537	93 531	34 500	40 OOO

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	56 942	14 437	4 575	3 278	8 968	7 354	5 983	IOI 537
2002-2003	55 258	12 378	3 111	3 041	8 751	5 372	5 620	93 531

DIRECTOR-GENERAL'S AND REGIONAL DIRECTORS' OFFICES (INCLUDING AUDIT, OVERSIGHT AND LEGAL)

ISSUES AND CHALLENGES

The past decade has been one of significant change in international health to which WHO, as a global health agency, needs constantly to adapt. The task of senior management in the regions and at headquarters is to ensure that WHO is well positioned and well equipped to take advantage of new opportunities.

A key challenge in the coming biennium will be to develop further a corporate approach to managing WHO which focuses on priorities while fostering creativity and decentralization, and draws on the complementary strengths of headquarters, and regional and country offices. An appropriate balance will need to be struck between provision of global public goods and of country support. The latter has to be focused on producing clear results, while responding to the expressed needs of Member States.

Further, WHO has to provide the political and technical leadership required to manage effectively an increasingly complex set ofrelationships with the growing number of organizations involved in international health. Innovative ways of working need to be encouraged, particularly with new partners in international health, that are in conformity with WHO's constitutional mandate and preserve the Organization's independence.

A final challenge is to help create, by example, an organizational culture that encourages strategic thinking, prompt action, creative networking, and innovation, and strengthens global and regional influence.

GOAL

To advance global health and contribute to international development goals through effective leadership.

WHO OBJECTIVE(S)

To direct and inspire all offices of WHO so as to maximize their contribution to achieving significant gains in the health of the populations of Member States, in line with the principles and functions set out in the Constitution.

EXPECTED RESULTS	INDICATORS
• Resolutions and decisions of WHO's governing bodies fully complied with	• Endorsement by governing bodies of regular reports on implementation of resolutions and decisions
• Greater coherence and synergy established between the work of the different levels of the Organization in order to achieve "one WHO"	• Introduction of Organization-wide reforms promoting "one WHO", e.g. the area of work concept introduced in the present proposed programme budget, and the global policies on human resources and information technology
• Optimal administrative, financial and technical practices in use	• Production of timely, accurate and useful reports on internal audit and oversight that also identify problems and suggest solutions for identified risks and weaknesses • Action taken on recommendations of the External Audit
• Legal status and interests of the Organization protected through timely and accurate legal advice and services	• Responsiveness to requests from anywhere within the Organization for legal advice and services

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	21 197	17 726	15 197	14 226	6 000	3 500

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	7 768	1 333	573	1 101	1 434	1 604	1 384	15 197
2002-2003	7 678	1 084	783	956	1 094	1 546	1 085	14 226

DIRECTOR-GENERAL'S AND REGIONAL DIRECTORS' DEVELOPMENT PROGRAMME AND INITIATIVES

ISSUES AND CHALLENGES

The development funds of the Director-General and the Regional Directors serve as contingency financing in response to unforeseen needs and provide seed money for new initiatives.

In accordance with established practice, a detailed account will be provided on the use of the Director-General's and the Regional Directors' Development Programme in the Financial Report for 2002-2003.

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	ll 489	7 302	7 489	7 302	4 OOO	0

Of which the regular budget proposals by office are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	3 288	698	40	428	900	I 050	I 085	7 489
2002-2003	3 288	630	34	428	900	I 022	I OOO	7 302

ANNEX

DETAILED ALLOCATION

(US$

Areas of work	Regular							
	Headquarters		Africa		The Americas		South-East Asia	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
Communicable disease surveillance	9 814	8 928	1 352	1 795	529	1 150	691	737
Communicable disease prevention, eradication and control	13 456	12 484	1 443	1 141	5 263	4 599	720	727
Research and product development for communicable diseases	4 010	3 772	511	380	0	124	281	100
Malaria	3 849	4 526	1 254	1 131	514	545	310	396
Tuberculosis	371	1 131	617	981	0	135	0	150
Subtotal - Communicable diseases	31500	30 841	5177	5 428	6 306	6 553	2 002	2 110
Surveillance, prevention and management of noncommunicable diseases	7 651	8 012	I 810	2 457	503	340	0	150
Tobacco	2 366	3 183	100	701	0	400	320	429
Health promotion	3 584	3 033	432	442	557	492	975	487
Disability/injury prevention and rehabilitation	2 817	2 478	306	275	0	0	321	346
Mental health and substance abuse	4 383	5 427	1 089	1 351	1 900	2 136	31	383
Subtotal - Noncommunicable diseases and mental health	20 801	22 133	3 737	5 226	2 960	3 368	1 647	1 795
Child and adolescent health	3 795	4 524	975	1 221	705	560	410	414
Research and programme development in reproductive health	4 031	3 836	2 267	1 666	407	0	310	100
Making pregnancy safer	650	1 467	0	2 098	257	398	320	514
Women's health	1 684	1 716	566	862	0	0	320	323
HIV/AIDS	2 763	4 010	2 773	3 017	0	0	310	441
Subtotal - Family and community health	12 923	15 553	6 581	8 864	1369	958	1670	1 792
Sustainable development	5 053	5 175	895	1 132	1 139	793	742	853
Nutrition	3 839	3 532	780	682	1 241	1 186	843	426
Health and environment	9464	10 7u6	3 180	2 254	2 113	1 634	1 336	989
Food safety	2 866	3 506	0	150	0	418	0	106
Emergency preparedness and response	1 089	1 509	806	1 225	0	0	320	353
Subtotal - Sustainable development and healthy environments	22 311	24488	5 661	5 443	4 493	4 031	3 241	2 727

[I] In some cases regular budget resources are not allocated to selected areas of work in certain regions, generally because posts are classified under other, related areas.

BY AREA OF WORK

thousand)

budget[1]								Other sources		Total		Increase/ decrease %
Europe		Eastern Mediterranean		Western Pacific		Total						
2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	
290	0	736	447	814	686	14 226	13 743	41 500	57 000	55 726	70 743	26.9
168	0	691	650	1 090	310	22 831	19 911	149 000	122 000	171 831	141 911	-17.4
0	0	0	0	0	0	4 802	4 376	80 500	84 500	85 302	88 876	4.2
36	30	110	640	363	944	6 436	8 212	76 000	110 000	82 436	118 212	43.4
27	827	243	433	424	993	I 682	4 650	17 000	100 000	18 682	104 650	460.2
521	857	1 780	2 170	2 691	2 933	49 977	50 892	364 000	473 500	413 977	524 392	26.7
677	328	366	480	967	I 262	11 974	13 029	3 500	7 000	15 474	20 029	29.4
455	328	255	417	0	250	3 496	5 708	12 500	19 500	15 996	25 208	57.6
1 012	550	998	700	I 694	1 035	9 252	6 739	15 500	28 000	24 752	34 739	40.3
0	0	295	357	109	91	3 848	3 547	6 000	8 500	9 848	12 047	22.3
868	I 086	353	472	84	292	8 708	11 147	9 500	17 000	18 208	28 147	54.6
3 012	2 292	2 267	2 426	2 854	2 930	37 278	40 170	47000	80000	84278	120 170	42.6
620	458	349	387	626	563	7 480	8 127	60 000	64 000	67 480	72 127	6.9
461	0	177	57	724	593	8 377	6 252	62 000	61 000	70 377	67 252	-4.4
0	400	311	580	0	200	I 538	5 657	9 500	31 500	11 038	37 157	236.6
99	328	247	295	0	0	2 916	3 524	10 000	12 000	12 916	15 524	20.2
444	1 132	311	567	371	645	6 972	9 812	48 500	120 000	55 472	129 812	134.0
1624	2 318	1 395	1 886	1 721	2 001	27 283	33 372	190 000	288 500	217 283	321 872	48.1
544	458	656	508	0	0	9 029	8 919	7 000	9 500	16 029	18 419	14.9
518	458	344	261	477	430	8 042	6 975	7 500	7 500	15 542	14 475	-6.9
3 389	2 720	I 577	1 521	2 412	2 192	23 471	22 076	23 500	28 000	46 971	50 076	6.6
0	500	0	372	131	347	2 997	5 399	3 500	5 000	6 497	10 399	60.1
535	550	233	265	0	97	2 983	3 999	39 500	43 000	42 483	46 999	10.6
4 986	4686	2 810	2 927	3 020	3 066	46 522	47 368	81 000	93 000	127 522	140 368	10.1

DETAILED ALLOCATION BY

(US$

Areas of work	Regular							
	Headquarters		Africa		The Americas		South-East Asia	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
Essential medicines: access, quality and rational use	6 458	7 048	I 170	I 609	270	257	441	431
Immunization and vaccine development	9 488	9 241	420	415	I 622	I 378	451	435
Blood safety and clinical technology	5 094	5 682	900	1 874	361	405	320	468
Subtotal - Health technology and pharmaceuticals	21 040	21 971	2 490	3 898	2 253	2 040	1 212	1 334
Evidence for health policy	12 821	13 172	852	I 505	I 547	I 315	I 313	I 189
Health information management and dissemination	16 476	15 059	4 216	3 677	2 437	2 227	I 302	868
Research policy and promotion	2 111	2 570	656	716	414	414	797	I 069
Organization of health services	9 125	9 491	6 578	7 512	3 603	4 300	2 519	2 573
Subtotal - Evidence and information for policy	40 533	40 292	12 302	13 410	8 001	8 256	5 931	5 699
Governing bodies	20 532	18 136	I 527	1 374	337	286	300	300
Resource mobilization, and external cooperation and partnerships	14 788	15 167	3 314	2 605	1 986	1 150	545	741
Subtotal - External relations and governing bodies	35 320	33 303	4 841	3 979	2 323	1 436	845	1 041
Budget and management reform	3 980	3 703	800	557	0	0	782	776
Human resources development	8 067	7 695	2 713	2 442	912	802	731	708
Financial management	14 582	12 852	3 756	3 600	1 371	I 761	926	849
Informatics and infrastructure services	56 942	55 258	14 437	12 378	4 575	3 111	3 278	3 041
Subtotal - General management	83 571	79 508	21 706	18 977	6 858	5 674	5 717	5 374
Director-General's and Regional Directors' offices (including Audit, Oversight and Legal)	7 768	7 678	I 333	I 084	573	783	I IOI	956
Director-General's and Regional Directors' Development Programme and initiatives	3 288	3 288	698	630	40	34	428	428
Subtotal - Director-General, Regional Directors and independent functions	11 056	10 966	2 031	1 714	613	817	1 529	1384
TOTAL - Areas of work	279 055	279 055	64 526	66939	35176	33133	23 794	23 256
Country-level activities	0	0	112 296	119 533	42 549	41 549	71 801	69 766[1]
TOTAL - Country programmes	0	0	112 296	119 533	42 549	41 549	71801	69766
GRAND TOTAL	279 055	279 055	176 822	186 472	77 725	74 682	95 595	93 022

[1] It is expected that, similarly to the three previous bienniums, resources will be shifted from country to intercountry allocations before implementation of the programme budget. Such shifts are based on proposals from the Regional Director after high-level consultations with the individual Member States.

AREA OF WORK (continued)

thousand)

budget												
Europe		Eastern Mediterranean		Western Pacific		Total		Other sources		Total		Increase/ decrease %
2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	
549	458	391	517	799	743	10 078	11 063	27 000	31 000	37 078	42 063	13.4
508	723	555	449	1 225	1 051	14 269	13 692	175 500	171 000	189 769	184 692	-2.7
650	871	409	655	46	272	7 780	10 227	14 000	15 500	21 780	25 727	18.1
1 707	2 052	1 355	1 621	2 070	2 066	32 127	34 982	216 500	217 500	248 627	252 482	1.6
3 492	3 532	444	959	497	553	20 966	22 225	11 500	21 000	32 466	43 225	33.1
5 426	4 804	1 646	1 348	2 005	. 2 387	33 508	30 370	9 000	16000	42 508	46 370	9.1
290	346	85	453	913	546	5 266	6 114	5 500	5 000	10 766	11 114	3.2
4 366	2 893	5 391	4 771	4 130	3 883	35 712	35 423	15 500	22 500	51 212	57 923	13.1
13 574	11 575	7 566	7 531	7 545	7 369	95 452	94132	41500	64 500	136 952	158 632	15.8
648	648	230	230	515	465	24 089	21 439	500	1 000	24 589	22 439	-8.7
2 003	968	938	745	2 745	1 931	26 319	23 307	12 500	12 000	38 819	35 307	-9.0
2 651	1 616	1 168	975	3 260	2 396	50 408	44 746	13000	13 000	63 408	57 746	-8.9
I 539	1 206	394	690	0	0	7 495	6 932	I 000	1 000	8 495	7 932	-6.6
1 867	2 253	829	1 051	676	727	15 795	15 678	5 000	6 000	20 795	21 678	4.2
1 422	1 506	986	I 341	1 268	1 409	24 311	23 318	12 000	15 000	36 311	38 318	5.5
8 968	8 751	7 354	5 372	5 983	5 620	101 537	93 531	34 500	40 000	136 037	133 531	-1.8
13 796	13 716	9 563	8454	7 927	7 756	149 138	139 459	52 500	62 000	201 638	201 459	-0.1
1 434	1 094	1 604	1 546	1 384	1 085	15 197	14 226	6 000	3 500	21 197	17 726	-16.4
900	900	1 050	1 022	1 085	1 000	7 489	7 302	4 000	0	11 489	7 302	-36.4
2 334	1 994	2 654	2 568	2 469	2 085	22 686	21 528	10000	3 500	32 686	25 028	-23.4
44 205	41106	30 558	30 558	33 557	32 602	510 871	506 649	1 016 000	1 295 000	1 526 871	1 801 649	18.0
7 494	11 665	55 311	52 832	42 332	40 660	331 783	336 005	81 000	85 000	412 783	421 005	2.0
7 494	11665	55 311	52 832	42 332	40660	331 783	336 005	81 000	85000	412 783	421 005	2.0
51699	52 771	85 869	83390	75889	73 262	842 654	842 654	1 097 000	1 380 000	1939654	2 222 654	14.6