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WORLD HEALTH ORGANIZATION

PROPOSED PROGRAMME BUDGET 2004-2005

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2004-2005

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CONTENTS

I

POLICY AND BUDGET FOR ONE WHO

DIRECTOR-GENERAL'S HIGHLIGHTS

1. My first budget proposals, covering 2000-2001, began the process of strategic budgeting at WHO. They outlined expected results and measurable indicators for which we could be held accountable. They recentred the activities of WHO from 52 programmes to 35 areas of work. On the basis of evidence, we shifted funding to key technical areas where we could make the biggest difference to health outcomes. The proposals started to integrate the work carried out under both regular budget and extrabudgetary funding.

2. My proposals for the budget 2002-2003 advanced the process. They were set within the policy framework provided by our General Programme of Work for 2002-2005. As a new principle, the budget was prepared so that the three levels of the Organization – global, regional and country – were integrated, with the same overall objectives, expected results and indicators. We focused more clearly on the products Member States could expect us to deliver and on refining the indicators so that they could be better monitored and evaluated.

3. The proposals for the budget 2004-2005 that I present in this document maintain the principles developed over the past four years of results-based budgeting. They remain based on the General Programme of Work 2002-2005. Our technical work thus continues to focus on four strategic areas: (1) reducing excess mortality, morbidity and disability, especially in poor and marginalized populations; (2) promoting healthy lifestyles and reducing risk factors to human health that arise from environmental, economic, social and behavioural causes; (3) developing health systems that equitably improve health outcomes, respond to people's legitimate needs and are financially fair; and (4) framing an enabling policy and creating an institutional environment for the health sector, and promoting an effective health dimension among social, economic, environmental and development partners.

4. The Secretariat will continue to concentrate on six core functions: (1) articulating consistent, ethical and evidence-based policy and advocacy positions; (2) managing information by assessing trends and comparing performance, and setting the agenda for, and stimulating, research and development; (3) catalysing change through technical and policy support, in ways that stimulate cooperation and action and help to build sustainable national and intercountry policy; (4) negotiating and sustaining national and global partnerships; (5) setting, validating, monitoring and pursuing proper implementation of norms and standards; and (6) stimulating the development and testing of new technologies, tools and guidelines for disease control, risk reduction, healthcare management and service delivery.

5. We learn continuously as we work. The proposals for the budget 2004-2005 have new features. We show indicators for WHO's objectives. Many of them are taken from the Millennium Development Goals. We show our strategic approaches to delivering the expected results. The indicators for the expected results are more measurable. For the first time we estimate, in percentage terms, how much of our extrabudgetary resources we expect to spend on global, on regional, and on country activities.

6. After review by the Executive Board, the technical priorities have been somewhat expanded to reflect the wishes of Member States and international developments.[1] I have added health and the environment as a separate priority, essential medicines to health systems, and children's health to making pregnancy safer. Nutrition, although not defined as a priority, also benefits from additional emphasis and resources. I also propose to add US$ 1 million to the Director-General's Development Programme for my successor to allocate to new demands as they arise. The largest proposed shift of regular budget resources is for strengthening WHO's presence in countries.

7. I announced the launching of WHO's Country Focus Initiative at the Fifty-fifth World Health Assembly in May 2002.[2] The purpose of the Initiative is to enable the entire Organization to contribute better to people's

[1] See document EB109/2002/REC/2, Summary record of the ninth meeting, section 5.

[2] See document A55/3.

health and development, within countries, and to enable countries to have a greater influence on global and regional public-health action. There is increased public debate – within regions and countries – about ways to scale up action for health, particularly public health, and to contribute to better health outcomes at community level. There is more demand for evidence on which interventions work in which circumstances, and for practical approaches that are tailored to a country's interests, needs and ability to take effective action. These approaches include ways to enable the State to assure stewardship of health resources, to sustain supportive alliances, and to obtain data on changes in peoples' health and in the performance of its health system. Our global and regional activities, and our work both with longstanding partners like UNICEF and the World Bank, and with new ones, like the Global Alliance for Vaccines and Immunization and the Global Fund to Fight AIDS, Tuberculosis and Malaria, need this stronger country presence. We also aim to enhance interaction between governments and civil society, vital for achieving national priorities and the Millennium Development Goals.

8. I have maintained the policy of shifting regular budget funds to the African and European regions from the other four regions, in accordance with resolution WHA51.31 (1998). For the period 2004-2005, however, I have limited to 1.5% per year the budget reductions in the four regions concerned. I have further alleviated the impact by ensuring that least-developed countries are not affected, and by transferring some financing from global, to country, level in order to support our country presence. Timor-Leste has a new country budget of US$ 1.5 million, financed by a transfer from the global regular budget, and a transfer will be made to WHO's Moscow office, again from the global level.

9. We are working with donors to improve our estimates of extrabudgetary resources. It is difficult, however, for the parties involved to forecast for three years ahead; our figures therefore remain broad estimates of this resource base. None the less, the experience of 2000-2001 and to date, indicates that we might expect an increase in financing of the order of 18%, together with substantial additional resources for the eradication of poliomyelitis, making our overall estimate for the growth of extrabudgetary resources just over 37%. We are encouraging donors to make an increasing share of their contributions to WHO, either unearmarked or earmarked, at the level of areas of work.

10. I contrast the positive picture under other sources of funds with the situation faced by the regular budget. The overall regular budget for our substantive areas of work, some US$ 842 million, has remained the same since 1996-1997; even before then it did not keep pace with worldwide cost increases. Over the years, inflation has eroded the capacity of the Organization to undertake its core work and to meet its responsibilities; we cannot, and should not, expect extrabudgetary resources to cover the shortfall. Proposals for the regular budget therefore include provisions for salary and other cost increases of 2.9%.

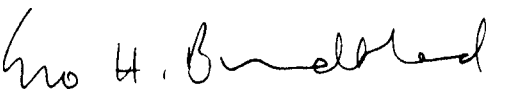
11. In his recent report to the United Nations General Assembly, the Secretary-General, suggesting reform of the budget of the United Nations, took WHO as an example.[1] He said:

> *In some parts of the United Nations system, Member States have shown themselves open to innovative and far-reaching changes in the processes of programme planning and budgeting. The World Health Organization, for example, has revamped its entire budgeting process, resulting in a shorter, streamlined and essentially strategic budget document of 100 pages in length. Its budget combines programmatic direction with resource projections and focuses on results, thus greatly reducing the process of intergovernmental negotiation.*

12. I have also reviewed carefully the suggestions concerning the budget proposals made by the Executive Board at its 111th session in January 2003, and have made a number of amendments to the proposals.

[1] Strengthening of the United Nations: an agenda for further change. Document A/57/387, paragraph 166.

13. I submit these proposals in the belief that they take our strategic budget reforms a stage further. They should enable the Organization to provide more effective support to Member States as they seek to improve the health of their populations.



Gro Harlem Brundtland, MD, MPH
Director-General

OVERALL RESOURCE CONTEXT

Programme budget for 2004-2005

14. The tables below summarize the budget for the biennium 2004-2005.[1] Detailed data, by area of work, organizational level, and source of fund, are provided in Part II and in the two annexes.

15. Table 1 summarizes the budget for the whole Organization, i.e., the total amount that is needed to be expended in order to achieve the expected results of the Proposed programme budget 2004-2005. Amounts are broken down between the regular budget and other sources of funds.[2]

16. The table also indicates for comparative purposes the budget for 2002-2003, approved under resolution WHA54.20.

TABLE 1. PROGRAMME BUDGET – ALL SOURCES OF FUNDS
(US$ thousand)

Source of funds	2002-2003	2004-2005
Regular budget: (a) substantive areas of work (b) miscellaneous[a]	842 654 13 000	867 475 34 000
Total regular budget	855 654	901 475
Total other sources	1 380 500	1 898 000[b]
Total all funds	2 236 154	2 799 475

[a] Includes for 2004-2005 overall provisions for exchange rate hedging, the Real Estate Fund, Information Technology Fund and Security Fund.

[b] Includes an additional amount of US$ 248 million, or almost half the projected increase of US$ 517.5 million, which is allocated to the area of work Immunization and vaccine development, mainly for the eradication of poliomyelitis.

Regular budget

17. The estimates for the regular budget alone are summarized in Table 2 below, broken down by organizational level. Although the proposal does not contain any overall increase in real terms, it incorporates in Part II under each area of work and organization level the estimated cost increases for 2004-2005. Such increases amount to 2.9% on the provisions for the substantive areas of work, of which 0.9% reflects the impact of the salary increases for the professional and higher categories of staff, effective in January 2003.[3] The remaining 2% represents estimated inflation for the biennium 2004-2005. In this connection, it should be noted that the regular budget has remained unchanged for the bienniums 1998-1999, 2000-2001, and 2002-2003, except that an additional US$ 13 million was incorporated in the latter biennium to account for exchange rate hedging and the Real Estate Fund.

18. The proposal includes a provision of US$ 15 million under the regular budget and US$ 5 million under other sources for exchange rate hedging. This represents a necessary increase as compared to 2002-2003, considering the current strength of the Swiss franc and some other currencies. It should nevertheless be noted that if the exchange rate of the United States dollar were to remain at its current level, the degree of protection offered by that provision may not allow for full execution of the programme proposals contained in the regular budget.

[1] Financial Regulation III specifies the period, currency, contents and procedure for approval of the Organization's budget.

[2] The budget includes current estimated amounts under the Voluntary Fund for Health Promotion and all other funds made available to the Organization for programme purposes. The relationship between income and expenditure will be shown in the financial statements for the biennium. These statements will also make it possible to compare actual and budgeted expenditure for all areas of work.

[3] See resolution EB111.R9.

TABLE 2. REGULAR BUDGET SUMMARY BY ORGANIZATIONAL LEVEL
(US$ thousand)

Organizational level	2002-2003	Real increase/ (real decrease)	Cost increase	2004-2005
Country	336 005	4 220	8 873	348 472
Regional	227 594	1 154	7 032	236 406
Global	279 055	(5 374)	8 916	282 597
Miscellaneous	13 000	21 000	0	34 000
Total	855 654	21 000	24 821	901 475

19. In the charts opposite, the breakdown of the regular budget between global and regional levels is provided for 2002-2003 and 2004-2005, respectively. The figures for the regional level are obtained by adding the proposals for the country and regional budget of the respective region. The provisions under Miscellaneous are not included in order to facilitate comparison between the two bienniums.

Financing of the regular budget

20. Table 3 provides an indication of the expected financing of the regular budget proposals for 2004-2005 (the regular budget financing for 2002-2003 is shown for comparative purposes).

TABLE 3. FINANCING OF THE REGULAR BUDGET
(US$)

	2002-2003	2004-2005
Assessed contributions from Members and Associate Members	806 500 983	867 475 000
Relief provided to certain Members' assessments (resolution WHA54.17	36 153 017	-
Subtotal	842 654 000	867 475 000
Miscellaneous income	13 000 000	34 000 000
Total	855 654 000	901 475 000

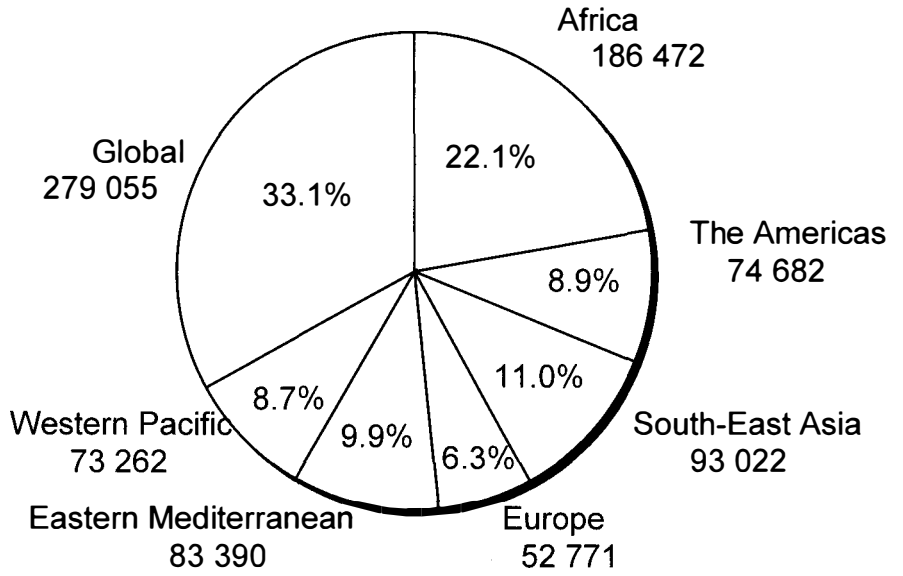
Planned resources by area of work

21. The Proposed programme budget 2004-2005 is divided into 35 substantive areas of work, which are grouped into 10 main appropriation sections. For 2004-2005 the distribution of regular budget funds to areas of work includes funds for country-level programme activities.[1] The regular budget figures for 2002-2003 shown under each area of work have been compiled for comparative purposes, keeping in mind that for the current biennium no break-down was provided at country level by area of work, as the related amount was presented under a separate overall provision.

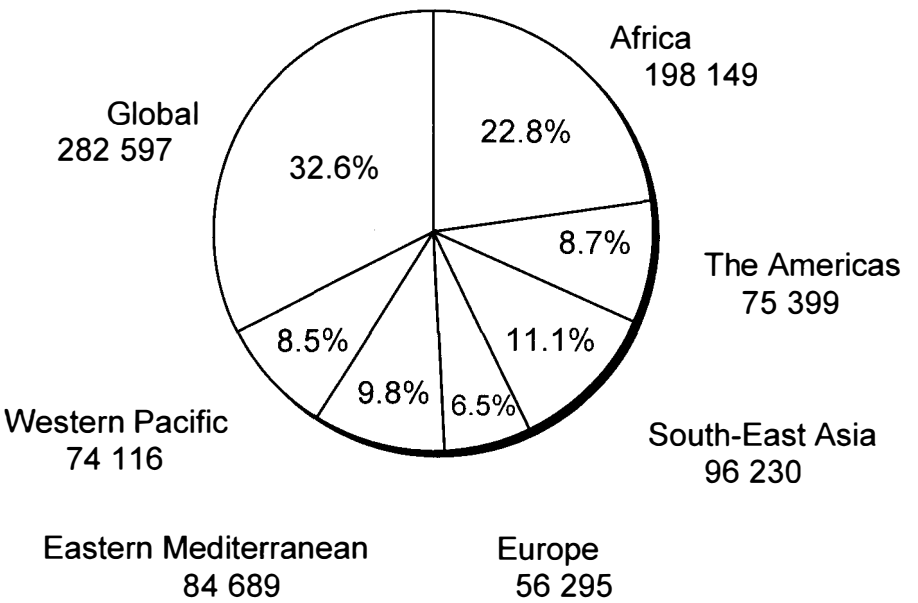
[1] The resulting distribution of funds per appropriation section is proposed on the understanding that the Director-General will retain the existing flexibility to transfer up to 10% of funds from any given appropriation section.

REGULAR BUDGET SUMMARY BY OFFICE, 2004-2005, COMPARED WITH 2002-2003
(US$ thousand and percentage)

2002-2003



2004-2005



22. For information purposes, an estimated percentage of the amount of resources that will be spent at (i) country, (ii) regional, and (iii) global levels during 2004-2005 is shown under each area of work. Annex 1 provides a summary of the 2004-2005 regular budget allocations by area of work and by office. Annex 2 provides comparative data by area of work for 2002-2003 and 2004-2005 of the estimated overall regular budget allocation and the estimates for other sources of funds.

23. The last appropriation section, entitled Miscellaneous, contains four items of an overall administrative nature, namely, exchange rate hedging, provisions for security, real estate and information technology.

Priorities

24. The Organization-wide technical priorities have on the whole remained those outlined in the Programme budget 2002-2003. However, one new priority has been added, entitled Health and environment. Two priorities, namely, Maternal health and Health systems, have been expanded and are now defined as Making pregnancy safer and Children's health for the former, and Health systems, including essential medicines, for the latter. The emphasis laid on investing in change in WHO created a momentum which led to a number of changes in the human resources and administrative areas. Other projects under way are aimed at improving the efficiency and productivity of the Organization. Change management has become an ongoing feature of the Organization, rather than a priority.

25. The resulting Organization-wide priorities are as follows (where applicable, the areas of work which lead the activities are shown in brackets): Malaria; Tuberculosis; cancer, cardiovascular diseases and diabetes (Surveillance, prevention and management of noncommunicable diseases); Tobacco; mental health (Mental health and substance abuse); Making pregnancy safer and children's health (Child and adolescent health and Making pregnancy safer); HIV/AIDS; Health and environment; Food safety; health systems (Essential medicines: access, quality and rational use, Evidence for health policy and Organization of health services); blood safety (Blood safety and clinical technology).

26. In Part II, Strategic orientations 2004-2005 by area of work, information on Organization-wide priorities has been expanded to indicate the nature of support from other areas of work, as was also done in the Programme budget 2002-2003.

WHO's presence in countries

27. The estimated regular budget resources that will be spent on WHO's presence in countries has been increased from US$ 92 million in 2002-2003 to US$ 115 million in 2004-2005. The increase is intended to strengthen WHO's country offices and to enhance their operational capacities in line with the objectives of WHO's new country focus initiative, including their contribution to crucial national health priorities and the collection and collation of relevant health information in conjunction with national authorities.

28. As regards other sources of funds for WHO's presence in countries, a total of some US$ 20 million has been estimated as direct support from extrabudgetary resources. The budget proposals also include a contribution from total extrabudgetary resources of around 1% which, on the basis of current estimates, would yield an amount of some US$ 17 million, giving an overall total of over US$ 37 million.

II

STRATEGIC ORIENTATIONS 2004-2005
BY AREA OF WORK

COMMUNICABLE DISEASE SURVEILLANCE

ISSUES AND CHALLENGES

Global health security (as referred to in resolution WHA54.14) is repeatedly threatened by the emergence of new or newly-recognized pathogens, their possible deliberate or accidental release, and the resurgence of known epidemic threats. Although biological weapons represent the most visible threat to security, emerging or epidemic-prone communicable diseases (such as influenza, meningitis, cholera or Ebola virus haemorrhagic fever) also threaten global health security because they frequently and unexpectedly challenge national health services and disrupt routine control programmes, diverting attention and funds. Most outbreaks and epidemics are caused by known pathogens. The increasing resistance of microorganisms to antimicrobial drugs is undermining available therapy, reducing treatment opportunities and increasing the costs of health care. In addition, new infectious diseases continue to emerge, many of which appear to originate as zoonoses. Outbreaks and epidemics do not recognize national boundaries and, if not contained, can rapidly spread internationally. Unverified and inaccurate information on disease outbreaks often results in excessive reactions by both the media and politicians, leading to panic and inappropriate responses, which in turn may result in significant interruptions of trade, travel and tourism, thereby placing further economic burden on affected countries. Preparedness is critical to improving global health security. National surveillance and response systems should provide ongoing surveillance of important diseases, and also function effectively to provide information for alert and response to outbreaks (whether natural, deliberate or accidental). To be sustainable, such systems should be integrated into national communicable disease surveillance, within the health information system. The revised International Health Regulations will provide a powerful tool for harmonizing public health action among Member States and provide a framework for the notification, identification and response to public health emergencies of international concern.

Despite considerable progress recently, major challenges for the biennium include the need for strengthened global partnership, advocacy and improved international cooperation to deal with epidemic and emerging-disease threats; the need to update and implement national, regional and global surveillance and containment strategies for known epidemic diseases and exploit new tools and knowledge; the reinforcement of mechanisms to detect, verify and respond rapidly and effectively to unexpected outbreaks and epidemics at local, national, regional and international levels; the development, implementation and evaluation of national plans of action for epidemic alert and response integrated into national communicable disease surveillance systems, and, as far as possible, using a multidisease approach; the completion and implementation of the revised International Health Regulations to provide a regulatory framework for global health security.

GOAL

To work towards global health security and foster action to reduce the impact of communicable diseases on health and the social and economic well-being of all people worldwide.

WHO OBJECTIVE(S)

To ensure that Member States and the international community are better equipped to detect, identify and respond rapidly to threats to national, regional and global health security arising from epidemic-prone and emerging infectious diseases of known and unknown etiology, and to integrate these activities with the strengthening of their communicable disease surveillance and response systems, national health information systems, and public health programmes and services.

Indicator

- Timely detection of and response to epidemics and emerging disease threats of national and international concern

STRATEGIC APPROACHES

Containment of known risks, response to the unexpected and improvement of national preparedness, within the framework of the revised International Health Regulations

EXPECTED RESULTS	INDICATORS
• Advocacy undertaken and partnerships formed to ensure provision of political, technical and financial support to global health security	• Number of appearances of global health security initiatives in the international mass media • Number of new partners providing financial, political or technical support to global health security
• Strategies formulated and/or updated and support given for surveillance and containment of known epidemic and emerging disease threats, especially among the poor, including influenza, cholera, meningitis, drug resistance, and those related to deliberate release of biological agents, in close collaboration with WHO collaborating centres	• Number of strategies and supporting materials (e.g. standards) for surveillance and containment of known epidemic and emerging disease threats available in official and other relevant languages • Proportion of low- and middle-income countries that have received technical cooperation for surveillance and containment of known epidemic and emerging disease threats
• Alert and response to public health emergencies coordinated in collaboration with affected States and all Member States, WHO collaborating centres, and partners in the global outbreak alert and response network	• Number of verified events for which responses provided • Number of technical partners cooperating with WHO in international alert and response
• Support provided to strengthen coordinated national communicable disease surveillance systems, including the capability for early detection, investigation and response to epidemic and emerging infectious disease threats, in close collaboration with Member States and WHO collaborating centres	• Number of responses made by WHO to requests from countries for technical cooperation in implementation of national surveillance plans, including drawing up of preparedness plans, epidemic intelligence, communications, laboratory capacity, field epidemiology and public health mapping • Number of supporting materials for surveillance system strengthening (e.g. guidelines and assessment tools) available in official and other relevant languages
• Revision of the International Health Regulations completed and the new components and guidance for implementation provided to all Member States	• Presentation to governing bodies of final draft of revised International Health Regulations by 2004 • Mechanisms for assessing core capacities necessary for compliance with the Regulations designed, field tested and implemented in at least two countries in each Region

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		27 026	57 000	84 026
TOTAL 2004-2005		27 189	55 000	82 189
level at which estimated percentage spent	country	43%	20%	27%
	regional	20%	30%	27%
	global	37%	50%	46%

COMMUNICABLE DISEASE PREVENTION, ERADICATION AND CONTROL

ISSUES AND CHALLENGES

Over 14 million people die each year from infectious and parasitic diseases: one in three deaths in some developing countries. Most deaths occur in nations where one-third of the population lives on incomes of less than US$ 1 a day – altogether 1200 million people. Poor people, women, children and the elderly are the most vulnerable. Infectious diseases continue to be the world's leading killer of young adults and children.

Diseases or infections for intensified control include Buruli ulcer, dengue/dengue haemorrhagic fever, intestinal parasitoses, leishmaniasis, zoonoses, schistosomiasis, trachoma and trypanosomiasis. Dracunculiasis is targeted for eradication, and leprosy, lymphatic filariasis, onchocerciasis and Chagas disease are targeted for elimination at global or regional level. While mortality associated with many of these neglected diseases is not high, lifelong disability and chronic social and economic consequences may be dramatic. These diseases attract little media and donor attention, but they must be tackled. Fortunately, for most of them, effective and cheap interventions are available.

Dealing with these neglected diseases requires strong control measures including vector and animal reservoir control, surveillance systems, social mobilization and capacity building and emphasis on communicable diseases in complex emergencies. The goal should be strengthening health systems, better use of existing tools to prevent and control communicable diseases, and ultimately, their elimination as major public health problems or eradication.

The major challenges for the biennium are as follows: to increase access to drugs and interventions for the different prevention, control and eradication initiatives while reinforcing health systems within the framework of countries' priorities and strategic plans; to deal with communicable diseases in complex emergencies in countries; to develop new tools, including drugs, vaccines and diagnostic tests, and cost-effective strategies for those communicable diseases for which effective tools and strategies are still lacking; to facilitate alliances of partners to work in synergy at global, regional and national levels to deal with neglected diseases; to eliminate globally targeted diseases (leprosy and lymphatic filariasis), and promote regional elimination strategies (for Chagas disease, rabies and others); to build and maintain political commitment at global and national levels for the prevention and control – and ultimately, the eradication of dracunculiasis and the elimination of other targeted communicable diseases.

GOAL

To reduce 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 international and national partners are better equipped, both technically and institutionally, to reduce morbidity, death and disability through the control and, where appropriate, eradication or elimination of selected communicable diseases.

Indicator

- Number of national programmes functional, focusing on targeted diseases, and significantly reducing morbidity, death and disability due to these diseases

STRATEGIC APPROACHES

Formulation of evidence-based strategies; provision of support to countries; involvement of relevant partners for implementation

EXPECTED RESULTS	INDICATORS
• Evidence-based policies and global and regional strategies formulated for the prevention, control and elimination of targeted diseases; countries adequately supported to adopt and implement such policies and strategies at national and community levels	• Global and regional strategic plans drawn up • Number of targeted countries adopting and adapting for local use WHO policies and strategies (including social mobilization) • Number of countries supported to implement interventions for targeted diseases at all levels
• Adequate technical and policy support provided to endemic countries to improve access to and delivery of crucial public health interventions targeting communicable diseases	• Number of endemic countries supported to implement prevention, control and eradication activities • Number of low- to middle-income countries supported to intensify control of neglected diseases
• More alliances and greater mobilization for country-level activities through innovative global, regional and local partnerships	• Magnitude of overall increases in funding and support due to participation of existing and new partners
• Control of communicable diseases in countries facing complex emergency situations	• Number of complex-emergency countries supported to prevent and control communicable diseases
• New drugs, vaccines, diagnostics or cost-effective interventions developed for the prevention and control of those diseases for which they are still lacking	• New or improved drugs for prevention and control, vaccines, and/or diagnostics and guidelines for at least two diseases for which these are still lacking
• Diseases eliminated as major public health problems, according to respective global or regional targets	• Number of countries reaching elimination targets at national, regional or global level
• Interruption of transmission verified for diseases targeted for elimination at global or regional level, and eradication of dracunculiasis certified	• Number of endemic countries in which interruption of transmission of diseases targeted for elimination has been verified • Number of endemic countries in which eradication of dracunculiasis has been certified

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		32 792	122 000	154 792
TOTAL 2004-2005		24 866	103 000	127 866
level at which estimated percentage spent	country	43%	30%	33%
	regional	26%	40%	37%
	global	31%	30%	30%

RESEARCH AND PRODUCT DEVELOPMENT FOR COMMUNICABLE DISEASES

ISSUES AND CHALLENGES

Recent major accomplishments include: taking the first step towards the creation of a transgenic mosquito; producing evidence that the antimalarial drug artemether can protect against schistosome infection and that the veterinary drug moxidectin might be suitable for use as a macrofilaricide in human onchocerciasis and lymphatic filariasis; demonstrating that appropriate packaging of antimalarial agents for home treatment improves compliance and cure rates and that combination therapy in malaria results in significant gains in overall cure rate; registration of artenimol for use in severe malaria; proof of the principle that iron supplementation and preventive antimalarial therapy delivered through regular immunization services reduce infant morbidity and mortality; development of rapid mapping tools for *Loa loa* for use in filariasis control; and transfer of good clinical and laboratory practice procedures to disease-endemic countries.

Nevertheless, communicable diseases still constitute most of the burden of disease in developing countries, disproportionately affecting poor, vulnerable and marginalized populations and continuing to impede social and economic development. Rapid urbanization, population displacement and ecological change create new patterns of transmission; furthermore, control tools, methods and strategies once considered sufficient are becoming less effective owing to development of resistance to drugs and insecticides. Finally, successful immunization-based control programmes have shifted the major burden to diseases that are currently not vaccine-preventable.

The evolution of the global economy has widened the gap between the rich and the poor. In many countries, decentralization, the reduced role of the State and the increased part played by the private sector have fundamentally changed the context in which communicable diseases can be controlled. Capital requirements to develop and market new products, combined with the limited purchasing power of the poor make it less attractive for industry to invest in what for them is a marginal market. However, experience shows that the public and private sectors and networks of researchers can, through appropriate mechanisms, work together to design and improve tools and approaches for disease control. One such time-proven mechanism is the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

The major challenges are: to develop new public health solutions, including drugs, vaccines, diagnostics that are acceptable, affordable and applicable to the settings in which they will be used; to involve disease-control programmes, industry, researchers and financial partners from developing and developed countries in priority-setting and development of these products; to orchestrate the required broad range of scientific disciplines, to strengthen research capabilities of the disease endemic countries, and to translate research results into policy and practice; and to mobilize funds for research and research-capacity strengthening sufficient to implement the work plan of this area of work.

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 generate new knowledge and tools (including vaccines, drugs and diagnostics, intervention methods and implementation strategies) for the prevention and control of communicable diseases, whose application is gender sensitive and oriented towards poverty reduction and which can be incorporated into the health systems of disease-endemic countries; and to build local health research capacity for better tackling the complicated health problems in these countries.

Indicators

- Increase in level of knowledge on and number of new solutions to public health problems of the disease-endemic countries produced from research and development
- Increase in level of participation of researchers from disease-endemic countries in international efforts to generate new knowledge and solutions to the public health problems affecting these countries

STRATEGIC APPROACHES

Knowledge management, partnership building, and networking with disease-control and research and development communities for setting priorities and identifying feasible solutions; mobilizing and managing resources for contracting of public and private research and development/training organizations and industry in developing and developed countries

EXPECTED RESULTS	INDICATORS
• New basic knowledge about biomedical, social, economic, health systems, behavioural and gender determinants, and other factors of importance for effective prevention and control of infectious diseases, generated and accessible	• Number of new and significant advances • Number of patents resulting from research and development funded by the Special Programme for Research and Training in Tropical Diseases • Number of outstanding advances in scientific knowledge
• New and improved tools, including drugs, vaccines and diagnostics, devised for prevention and control of infectious diseases	• Number of products progressed to subsequent defined phases of discovery and development, or halted • Number of new and improved tools, such as drugs and vaccines, receiving regulatory approval and/or label extensions or, in the case of diagnostics, being recommended for use in controlling neglected tropical diseases • Number of new and improved epidemiological and environmental tools being recommended for use in controlling neglected tropical diseases
• New and improved intervention methods for applying existing and new tools at clinical and population levels developed and validated	• Number of new and improved intervention methods validated for prevention, diagnosis, treatment or rehabilitation, for populations exposed to or affected by infectious diseases
• New and improved public health policies for full-scale implementation of existing and new strategies for prevention and control framed and validated; guidance for application in national control settings accessible	• Number of new and improved policies and strategies for enhanced access to public health interventions formulated, validated and recommended for use
• Partnerships established and adequate support provided for strengthening capacity for research, product development and application in disease-endemic countries	• Number of people trained • Number of research institutions in low-income disease-endemic countries strengthened • Proportion of partners from disease-endemic countries to the total number of partners • Proportion of total new and significant scientific advances produced by scientists from disease-endemic countries
• Adequate technical information and research guidelines accessible to partners and users	• Number of global research priority-setting reports for neglected infectious diseases published • Mean monthly number of page views to the Special Programme pages on the WHO web site
• Resources for research, product development and capacity building efficiently mobilized and managed	• Resources for research, product development, and capacity-building priorities

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		4 589	84 500	89 089
TOTAL 2004-2005		3 679	100 000	103 679
level at which estimated percentage spent	country	9%	5%	5%
	regional	11%	5%	5%
	global	80%	90%	90%

MALARIA

ISSUES AND CHALLENGES

Malaria causes 300-500 million cases of acute illness with more than a million deaths each year, and contributes to an ever-widening gap in prosperity between endemic countries and the malaria-free world. Some 90% of the burden is in sub-Saharan Africa, where the "malaria growth penalty" may be as high as 1.3% of economic growth per annum, and the disease is a major cause of poor child development. Annually, 24 million pregnancies in Africa are put at risk through malaria, yet few pregnant women have access to effective interventions. Primarily, it affects impoverished, disadvantaged communities: almost 60% of all malarial deaths are concentrated in the poorest 20% of the world's population, the highest association of any disease with poverty. Even though the greatest burden lies in Africa, other parts of the world are facing significant challenges to control the disease and need continued support from WHO. Despite inadequate monitoring systems, few signs indicate a decrease in the burden of disease due to malaria. Resistance to formerly effective treatment is increasing, and the proportion of cases due to *Plasmodium falciparum*, which causes the most deadly form of the disease, is on the rise globally.

Roll Back Malaria, initiated in 1998 as a Cabinet Project to promote a global partnership with the goal of halving the malaria burden by 2010, has evolved into the Roll Back Malaria partnership and the separate Malaria control department, which is responsible for WHO's normative role in international malaria control and supports the partnership in malaria-control planning, implementation, monitoring and evaluation. The partnership, whose secretariat is hosted by WHO so that its members can continue to nurture innovation, increase coverage of effective interventions and sustain awareness, brings together interested parties such as governments of malaria-endemic countries, donors, the private sector and civil society in order that they may pool their relative advantages in a common strategy.

The political will to roll back malaria is strong. The development goals of the United Nations Millennium Summit include combating malaria as one of the global targets for 2015 and 2001-2010 has been declared the "Decade to Roll Back Malaria in Developing Countries, Particularly in Africa".

The Roll Back Malaria partnership has set the stage for massively expanded action against malaria. It has supported many African countries to develop evidence-based strategic plans, an approach that is designed to increase access to high-quality cost-effective interventions, while promoting operational research and the development of new tools. The creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria represents a good opportunity to make these plans operational and scale up proven strategic approaches to roll back malaria.

GOAL

To halve the burden of malaria by 2010 and to reduce it further by 2015. (*Millennium Development Goal: By 2015 "halt and begin to reverse the incidence of malaria ..."*)

WHO OBJECTIVE(S)

To encourage and support the scale up of effective action to roll back malaria and to facilitate operations of the Roll Back Malaria partnership.

Indicators

- Malaria prevalence rate and malaria-related death rate in children under five
- Proportion of children under five in malaria-risk areas using effective malaria prevention (primarily insecticide-treated nets) and proportion having access to appropriate treatment
- Level of financial resources available to support scaling up malaria control and prevention strategies

STRATEGIC APPROACHES

In areas endemic for malaria, substantially increased use of combination of prevention, particularly for young children and pregnant women, primarily with insecticide-treated nets, prompt access to treatment and intermittent preventive treatment in pregnancy, and prediction and appropriate response to epidemics. Global advocacy and national mobilization campaigns to sustain political commitment and identify resources for malaria control through the Roll Back Malaria partnership

EXPECTED RESULTS	INDICATORS
• National authorities able to scale up cost-effective and sustainable malaria-control measures, as part of or closely linked to health systems development	• Proportion of malaria-affected countries: that have functional partnerships for Roll Back Malaria; that have substantially reduced (>25%) malaria burden in the most vulnerable groups since 1998; implementing antimalarial treatment policies based on evidence, both in public and private sectors; in which over 80% of patients receive effective treatment within 24 hours of onset of symptoms; and that have increased use of insecticide-treated nets to reach the target coverage of 60% among vulnerable groups
• Mechanism established that empowers communities, particularly the poorest, to take appropriate action to increase and sustain control of malaria	• Proportion of malaria-affected countries in which most endemic districts and most poorest such districts have people aware of how malaria can be controlled, and responsibilities and accountabilities for supporting control that are defined and communicated, and a system in place for monitoring whether these are fulfilled
• A system for routine monitoring of malaria and control measures established in all countries endemic for malaria	• Proportion of malaria-affected countries that have a system of monitoring and evaluation of rolling back malaria in place, and reporting at least yearly on progress and outcomes
• Both global advocacy on the importance of malaria and efforts to increase resources available for its control supported	• Magnitude of increase in overall resources available to roll back malaria • Proportion of malaria-affected countries with approved proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria
• Technical standards established for malaria control and provision of technical support to countries ensured	• Number of countries that have received a technical support mission or consultancy • Number of countries having adopted recommendations of consultancies • For each technical guideline, the number of members of the main target audience at country level who use it
• High-priority research and development areas supported, including combination treatment, diagnostic tests, treated nets with longer-lasting insecticidal activity, and intermittent preventive treatment, and results incorporated into national plans	• Increase in the global investments in research and development for rolling back malaria • Number of new tools and strategies validated through applied research • Number of countries incorporating results of research and development into national plans
• Capacity developed within countries for policy-making, programme management, and social mobilization	• Proportion of malaria-affected countries with technical capacity to implement plan to roll back malaria • Proportion of malaria-affected countries with effective financial planning and monitoring mechanisms to support implementation of national plan

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		15 767	110 000	125 767
TOTAL 2004-2005		17 936	128 000	145 936
level at which estimated percentage spent	country	41%	35%	36%
	regional	24%	40%	38%
	global	35%	25%	26%

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 of those efforts.

Areas of work	Nature 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; development of long-lasting insecticide-treated nets; strategy for capacity development
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, including genetically modified mosquitos and an effective vaccine
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; identification of alternatives to pesticidal control of vectors
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 antimalarial agents
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
WHO's presence in countries	Inclusion of Roll Back Malaria in WHO country cooperation strategy
Immunization and vaccine development	Development of ways of linking malaria control measures to expanded programmes of immunization

TUBERCULOSIS

ISSUES AND CHALLENGES

Despite recent progress in tuberculosis control, eight million new cases occur every year causing two million deaths worldwide. Directly observed treatment, short-course (DOTS) is a widely proven and highly cost-effective control strategy. Although 148 countries had introduced DOTS by 2000, only 27% of all tuberculosis patients were being so treated, despite the cost of the standard drug regimen having fallen to as little as US$ 10. Many small- to medium-sized countries are achieving global control targets (70% detection of infectious cases and 85% treatment success by 2005), but most populous countries with high burdens of tuberculosis are not, because they either adopted the strategy only recently or have been slow to expand it. A common reason for slow progress is lack of political commitment and/or resources. In addition, weak primary care systems and lack of involvement of all care providers, governmental and nongovernmental, in tuberculosis control activities are considerable obstacles to the penetration of DOTS at all levels. Furthermore, the HIV/AIDS epidemic, economic and social disruption in many poor countries, and the emergence of multidrug-resistant tuberculosis have undermined tuberculosis control. In countries with high prevalence of HIV, the number of tuberculosis cases has tripled or quadrupled in the past 15 years. Drug resistance is now a serious problem in several countries, with prevalence of multidrug-resistant tuberculosis over 3% in some.

The global movement to Stop TB now has over 200 partners, including organizations in countries with a high burden of disease, bilateral and multilateral agencies, nongovernmental organizations, academic institutions and the private sector. The Washington Commitment to Stop TB (2001) endorsed the need for rapid expansion of DOTS to reach the global targets by 2005 and the goals set by the G8 group of countries in Okinawa, Japan (50% reduction of mortality and prevalence by 2010). The Global Plan to Stop TB, launched in 2001, sets out the actions to be undertaken to reach these goals. The Global TB Drug Facility, also launched in 2001, has already provided free drugs to 40 countries.

New strategies are needed to tackle the epidemic of tuberculosis starting with engagement of all governmental services providing care and expanding to involve communities and nongovernmental organizations as well as private practitioners in national control programmes. Respiratory care in peripheral health services needs to be strengthened. The UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases is coordinating research efforts into new tools for the control of tuberculosis.

The contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria are rapidly and substantially increasing the resources available in countries to tackle those diseases. WHO together with partners will continue to collaborate closely with the Fund and countries at national, regional and global levels to ensure effective use of these new resources.

GOAL

Countries to reach the global control targets by 2005 and to sustain this achievement in order to halve the prevalence and death rates associated with tuberculosis by 2015. (*Millennium Development Goal: By 2015 "halt and begin to reverse the incidence of... other major diseases".*)

WHO OBJECTIVE(S)

To strengthen technical and financial support to countries, based on the global DOTS expansion plan; to increase access to high-quality drugs through the Global TB Drug Facility; to facilitate Stop TB partnership operations; to accelerate the development of specific interventions, strategies and policies for DOTS expansion, dual tuberculosis/HIV infection, multidrug-resistant tuberculosis, and increased involvement of communities, local nongovernmental organizations, private practitioners and primary care workers; to lead global surveillance, monitoring and evaluation; and to promote, and act as a catalyst for, research on new diagnostics, drugs and vaccines.

Indicators

- DOTS implementation rates and global DOTS coverage
- Global case detection and cure rates
- Global financial resources available for tuberculosis control activities

STRATEGIC APPROACHES

Expansion of DOTS coverage throughout all countries through the global DOTS expansion plan; global advocacy and national mobilization campaigns to sustain political commitment and identify resources for tuberculosis control through the Global Stop TB Partnership; implementation of innovative approaches, creation of new policies and strategies to deal with joint tuberculosis/HIV infection and multidrug-resistant tuberculosis, and involvement of all care providers in tuberculosis control activities

EXPECTED RESULTS	INDICATORS
• Global DOTS expansion plan maintained and expanded, underpinned by the Global Plan to Stop TB, comprising shared goals and values	• Global case detection and cure rates
• National partnerships in the form of country coordination mechanisms operational, supporting implementation of long-term national plans to expand DOTS	• Proportion of high-burden and other targeted countries, especially those with lowest incomes, reaching global targets
• Global TB Drug Facility maintained, with expanded access to treatment and cure	• Number of additional patients treated with support from the Global TB Drug Facility
• Political commitment sustained and mobilization of adequate resources ensured through nurturing of the Stop TB partnership and effective communication of the concept, strategy and progress of the Global Plan to Stop TB	• Proportion of countries with agreed national strategy for stopping tuberculosis with supporting advocacy • International financial resources available for tuberculosis control activities • Number of additional partners for tuberculosis control
• Global surveillance and evaluation systems maintained and expanded to monitor progress towards global targets, specific resource allocations for tuberculosis control, and impact of control efforts	• Proportion of countries submitting accurate annual surveillance, monitoring and financial reports for inclusion in the annual global report on tuberculosis control
• New policies and strategies to tackle multidrug resistance and to improve tuberculosis control in countries with high HIV prevalence formulated	• Proportion of targeted countries implementing combined interventions between national tuberculosis and AIDS control programmes • Proportion of targeted countries implementing DOTS revised to cope with multidrug-resistant disease • Proportion of all countries surveying drug resistance
• New policies and strategies formulated to increase case detection and cure rates through engagement of all governmental care providers, local nongovernmental organizations, community care workers and private practitioners, as well as through integrated respiratory care at primary level	• Proportion of targeted countries able to expand tuberculosis care in all governmental services and through local nongovernmental organizations operating in the poorest areas • Proportion of targeted countries implementing private-public mix and community care interventions • Proportion of targeted countries (with adequate health systems) implementing integrated respiratory care at primary level

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		10 288	100 000	110 288
TOTAL 2004-2005		12 544	158 000	170 544
Level at which estimated percentage spent	country	45%	25%	26%
	regional	33%	20%	21%
	global	22%	55%	53%

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 of those efforts.

Areas of work	Nature of contribution
Communicable disease surveillance	Interventions for containment and surveillance of tuberculosis; international regulatory action
Communicable disease prevention, eradication and control	Specification of new technologies and tools to control and eradicate tuberculosis
Research and product development for communicable diseases	Technical information, guidelines, mobilization of resources for research and product development
Mental health and substance abuse	Tools to assess need of vulnerable groups exposed to risk of tuberculosis
Child and adolescent health	Identification of physical and social factors that protect adolescents from tuberculosis
Women's health	Tools for assuring that health care systems address the needs of impoverished and neglected women
Sustainable development	Promotion of better health as a means of reducing poverty; urban and rural development that furthers elimination of tuberculosis
Emergency preparedness and response	Temporary interventions, including tuberculosis programmes in emergencies or disasters
Essential medicines: access, quality and rational use	Access to affordable and efficient therapeutic drugs
Immunization and vaccine development	Promotion of tuberculosis vaccine development
WHO's presence in countries	Technical support to Member States for expanding DOTS
HIV/AIDS	Collaborative tuberculosis/HIV programme activities to improve general health care services and access to care for people living with HIV/AIDS
Surveillance, prevention and management of noncommunicable diseases	Preparation of guidelines on syndromic approach to lung disease
Tobacco	Training of health care workers in counselling on tobacco cessation

SURVEILLANCE, PREVENTION AND MANAGEMENT OF NONCOMMUNICABLE DISEASES

ISSUES AND CHALLENGES

In 2000, 59% of deaths in the world and 46% of the global burden of diseases were due to noncommunicable diseases and mental health. Overall, chronic illness accounts for almost 70% of all medical spending, and in some developed countries for 80% of hospital days and over 80% of treatment prescriptions (although adherence to such treatments can be as low as 20%). Home and long-term care have neither been integrated into countries` health and social systems nor closely linked to preventive, acute and chronic health services. Disabling visual and hearing impairment is estimated to affect over 180 million and 250 million persons respectively. Many of these diseases and disabilities are a consequence of failed prevention, diagnosis and incorrect management. These challenges require a comprehensive response combining surveillance, prevention and management.

Surveillance. Countries are implementing a common framework of defined core variables for surveys, surveillance and evaluation, linked to health promotion and disease prevention efforts. WHO's stepwise approach to surveillance, being implemented in four WHO regions, encourages countries to collect information for policy on major risk factors with standardized methods.

Prevention. The global strategy for prevention and control of noncommunicable diseases, endorsed by the Health Assembly (resolution WHA53.17) in 2000, is being implemented through national programmes linked by regional and global networks. This linkage provides a stronger framework within which existing and new initiatives can be implemented in countries and the experience disseminated regionally and globally. A global strategy on diet and physical activity is being elaborated along with a plan for implementation at national, regional and global levels, and supported by the established networks. Successful prevention of noncommunicable diseases is based on a life-course approach, and needs appropriate interventions to start in childhood and adolescence and to continue throughout the life span, resulting in healthy ageing.

Management. This part of the response supports the implementation of both disease-specific and generic programmes and aims at integrating primary and secondary prevention into health services. It supports the application of policies, practical tools and instruments designed for countries to adapt their health systems to deal with chronic conditions and to resolve issues related to long-term care, and the provision of comprehensive vision/hearing care and rehabilitation services. It strengthens health systems' capability to deliver basic drugs and diagnostic technology for treatment and prevention of noncommunicable diseases. It pays particular attention to genetic services and community genetics.

GOAL

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

WHO OBJECTIVE(S)

To ensure that governments are better equipped technically and institutionally to reduce people's exposure to the major risk factors and that health systems are prepared to deal with the rising burden of chronic conditions, and to promote standards of health care for people with noncommunicable diseases.

Indicators

- Number of countries adopting prevention and control policies on noncommunicable diseases
- Number of demonstration sites on prevention and control of noncommunicable diseases
- Number of global and regional networks supporting implementation of programme

STRATEGIC APPROACHES

Comprehensive response in surveillance, prevention and management of main diseases and their shared risk factors

EXPECTED RESULTS	INDICATORS
• WHO surveillance framework, standardized methods and materials for simplified surveillance systems for noncommunicable diseases in order to inform policy and programmes widely adopted in countries and regions	• Percentage of countries within each region that have conducted a training workshop on the WHO stepwise approach to risk factor surveillance • Percentage of countries within each region that have successfully implemented the stepwise approach
• National integrated prevention and control programmes for noncommunicable diseases established, including community-based demonstration projects, health promotion, health services and national policy development, and linked by strengthened regional networks and the global forum for prevention and control of such diseases	• Number of countries participating in each regional network • Number of countries in the networks with specific national demonstration programmes • Proportion of targeted countries initiating model projects
• Multisectoral strategies and plans of action on diet and physical activity adopted	• Proportion of targeted regions and countries with multisectoral strategies and plans on diet and physical activity
• Comprehensive policies and strategies adopted by regions and countries in order to strengthen the capability of health systems to deal with chronic conditions, to enhance adherence to therapies and behaviours and to reinforce long-term care	• Proportion of targeted countries adopting policies on improving care for chronic conditions • Proportion of targeted countries adopting strategies for enhancing adherence to long-term therapies • Number of countries with a health care system better adapted to prevention
• Secondary prevention and clinical preventive and treatment interventions identified; evidence-based guidelines disseminated for management of cancer, diabetes, cardiovascular diseases and chronic respiratory disease; and guiding principles available for integrating genetic services into health care	• Number of countries implementing recommended WHO guidelines on main noncommunicable diseases • Number of countries with an expanded array of clinical preventive services being financed • Proportion of targeted countries integrating genetic services into health care
• Strategies for prevention and control of blindness, deafness and hearing impairments developed, and countries supported in their implementation; burden of visual and hearing impairment, and programme implementation regularly monitored	• Proportion of targeted countries documenting adequately the burden of visual and hearing impairments • Number of countries adopting and implementing WHO strategies on blindness and deafness

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		23 088	7 000	30 088
TOTAL 2004-2005		24 359	23 000	47 359
level at which estimated percentage spent	country	43%	20%	32%
	regional	24%	30%	27%
	global	33%	50%	41%

As an Organization-wide priority, **Surveillance, prevention and management of cancer, cardiovascular diseases and diabetes** 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 of those efforts.

Areas of work	Nature of contribution
Tobacco	Negotiation of the WHO framework convention on tobacco control; support to regional and country offices for legislation and implementation
Health promotion	Development of community-based interventions for primary and secondary prevention
Mental health and substance abuse	Guidelines on integrating the management of noncommunicable diseases, including mental disorders, into primary health care
Child and adolescent health	Strategies to prevent establishment of risk factors; technical involvement in drawing up guidelines on noncommunicable diseases in children (asthma, type 1 diabetes)
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
Making pregnancy safer	Strategies to prevent and control diabetes in pregnancy and hypertension during pregnancy
Women's health	Study of gender issues in prevention and control of common noncommunicable diseases
Sustainable development	Assessment of links between noncommunicable diseases and poverty; elaboration of control strategies to promote sustainable development
Nutrition	Assessment of nutrition patterns; nutrition guidelines to control noncommunicable diseases
Emergency preparedness and response	Formulation of strategies for assuring in emergencies basic health services for noncommunicable diseases; development of surveillance systems

TOBACCO

ISSUES AND CHALLENGES

WHO's first global treaty, the framework convention on tobacco control, is scheduled to be adopted by May 2003, with negotiation of the initial protocols expected to begin in 2003 and to continue throughout 2004-2005. The adoption of the convention will mark the beginning of a new phase in building an effective international legal system to counter the increasing use of tobacco globally. During 2004-2005, WHO will work to build awareness and political support for ratification of the convention by Member States, with entry into force expected during 2004-2005. This phase will require close collaboration with Member States to build national capability.

According to a recent assessment, less than 30% of Member States have a tobacco-control work plan in place. The major task facing the Tobacco Free Initiative in 2004-2005 will be to work with countries to strengthen and support their institutional and human capability to draw up, monitor and evaluate comprehensive tobacco-control policies in a way that reflects national priorities and realities. WHO will provide technical assistance, training and preparation of guidelines in the areas of surveillance, research, legislation, economics, health promotion, smoking cessation and advocacy through public policy, with particular emphasis on women and youth. The United Nations Ad Hoc Interagency Task Force on Tobacco Control, of which WHO holds the Chair, will continue to play an important role in the Organization's multisectoral work at country and global levels.

Following the Report of the Committee of Experts on Tobacco Industry Documents in 2000 that revealed tobacco companies' efforts to discredit and impede WHO in carrying out its mission, the Health Assembly in resolution WHA54.18 called on WHO "to continue to inform Member States of activities of the tobacco industry that have negative impact on tobacco control efforts". In 2004-2005 WHO will work to ensure that the influence of the tobacco industry on public health policy continues to be held up to public scrutiny.

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

Indicators

- Number of countries that ratify the framework convention on tobacco control
- Number of countries with effective tobacco-control plans and policies that take account of the provisions of the convention

STRATEGIC APPROACHES

Work to ensure that as many countries as possible ratify and implement the convention; maintenance of countries' awareness of tobacco-industry activities nationally and internationally; reinforcement of countries' ability to implement and monitor the convention through national capacity building in the areas of surveillance, research, legislation, economics, health education, smoking cessation, advocacy and the strengthening of monitoring and assessment systems

EXPECTED RESULTS	INDICATORS
• Number of Member States with comprehensive tobacco-control policies and national plans of action increased	• Proportion of Member States with a comprehensive national plan of action detailing tobacco-control strategies and programmes that reflect the provisions of the convention, as well as a designated tobacco-control budget at governmental level • Number of convention's elements reflected in national plans of action

EXPECTED RESULTS	INDICATORS
• Number of multisectoral strategies in support of tobacco control increased 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 focusing on educational, legislative, economic and environmental aspects and regulatory mechanisms • Number of new projects initiated under the umbrella of the United Nations Ad Hoc Interagency Task Force on Tobacco Control • Number of institutions, networks and WHO collaborating centres by region and priority area working in and/or financing tobacco control
• Improved surveillance in the areas of health, economics, legislation, environment, and behaviour in support of tobacco control	• Number of countries that complete internationally standardized surveys on tobacco use • Number of countries covered by the National Tobacco Information Online System
• Accelerated integration of strategies for tobacco control into public health programmes	• Number of WHO programmes and areas of work that integrate tobacco control into their programmes • Number of countries that integrate tobacco cessation into health care systems and disease-control programmes
• Greater awareness and understanding globally of the increased use of tobacco and its consequences through stronger media coverage and information systems, and decreased social acceptability of tobacco use	• Number of countries that have local nongovernmental organizations and/or civil-society bodies undertaking media/education campaigns on the harmful effects of tobacco use • Number of countries that have comprehensive and sustained advocacy in the media
• Increased transparency, public knowledge and regulation of tobacco-industry activities	• Number of countries that have published the results of country-specific research on tobacco-industry documents • Number of countries that have initiated public inquiries into tobacco-industry activities
• Entry into force of the WHO framework convention on tobacco control, and adoption of initial protocols	• Number of countries that ratify the convention

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		9 024	19 500	28 524
TOTAL 2004-2005		10 363	27 000	37 363
level at which estimated percentage spent	country	32%	40%	38%
	regional	29%	30%	30%
	global	39%	30%	32%

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 of those efforts.

Areas of work	Nature of contribution
Tuberculosis	Tobacco use as a cause of tuberculosis; approaches to treatment of tobacco use
Surveillance, prevention and management of noncommunicable diseases	Reduction of tobacco use as a major risk factor for cancers, ischaemic heart disease, respiratory diseases
Health promotion	Promotion of non-smoking as the desirable norm; media, legislative and economic interventions; development of model school curricula on tobacco
Mental health and substance abuse	Integrated approaches to treatment of all forms of substance dependence; regulation of tobacco products
Child and adolescent health	In- and out-of-school programmes; entertainment and media work aimed at increasing the participation of young people
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
Making pregnancy safer	Strategies to prevent or reduce tobacco use during pregnancy
Sustainable development	Work on sustainable livelihoods based on tobacco production; links to trade agreements and to poverty
Health and environment	Reduction of passive smoking as a component of indoor air pollution
Essential medicines: access, quality and rational use	Consideration of nicotine-replacement therapy in the essential medicines list; regulation of tobacco products
Evidence for health policy	Epidemiology and economics of tobacco control; support for tobacco surveillance systems
Governing bodies	Organization of sessions of the Intergovernmental Negotiating Body on the WHO framework convention on tobacco control
Resource mobilization, and external cooperation and partnerships	Chairing of the United Nations Ad Hoc Interagency Task Force on Tobacco Control; support for the WHO Office at the United Nations (New York) and at the European Community (Brussels)
Director-General, Regional Directors and independent functions	Legal support for negotiation of the WHO framework convention on tobacco control and for complex interaction between WHO and the tobacco industry

HEALTH PROMOTION

ISSUES AND CHALLENGES

Increasing urbanization, demographic, environmental and other changes stimulated by globalization of markets and communication, and complex emergencies in many countries all require different approaches to health actions in order to deal with the broader determinants of health. Promotion of health in settings where people of any age live, work, learn and play is a creative and cost-effective way of fostering environments supportive of health and of improving health and quality of life.

The major task will be implementing intersectoral action and integrated comprehensive approaches to promote health, particularly for poor and marginalized groups. Advocacy of prevention and health promotion is also vital, especially among decision-makers, so as to ensure the necessary political commitment and resources.

The world health report 2002 documented the public health impact of several major risks that can be reduced through health promotion, such as poor diet and nutrition, tobacco use, alcohol consumption, physical inactivity, poor hygiene, lack of safety and unsafe sex. Failure to avoid these risks has led to cardiovascular and chronic respiratory diseases, diabetes, injuries and violence, several mental disorders, substance dependence, HIV infection and AIDS and sexually transmitted diseases becoming major constraints to improvement of health.

Risks to health are interrelated and influenced by sociocultural determinants, such as gender, and spiritual beliefs. Effective policies need therefore to be multisectoral, and to draw upon a wide array of potential partners for their successful implementation. Thus the health sector, and globally WHO, plays an important stewardship role in cooperation with concerned partners. The policies need to be based on the best available evidence of effectiveness and sustainability, within a life-course perspective. The continued efforts of countries to decentralize and democratize have opened new opportunities to strengthen local government and health authorities, as well as to improve the health of marginalized groups, and to include health as an important investment for social and economic development.

Effective health promotion still does not receive adequate financial and political support compared to expensive curative health care. For funding, excise taxes on sales of tobacco (and alcohol) are a valuable and largely untapped source of funding for health promotion activities and will be encouraged. All WHO programmes are expected to integrate health promotion into their strategies and plans. Thus, readers of this section should bear in mind the expected results on health promotion formulated under other areas of work.

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 course.

Indicators

- Production and dissemination of evidence of effective health promotion
- Increase in institutional capacity to promote health in Member States
- Formulation of healthy public policies
- Improvement in health of marginalized groups

STRATEGIC APPROACHES

Increasing partnership and community participation, raising awareness about the broad determinants of health, fostering health-supportive environments, and promoting intersectoral action and integrated approaches to public health, through cooperation with Member States and the international community in strengthening the capacity, policies, financial support and evidence for health promotion

EXPECTED RESULTS	INDICATORS
• Evidence through global review of the effectiveness of health promotion collected and disseminated	• Increase in number of projects demonstrating the effectiveness of health promotion • Dissemination of results and lessons learned through the sixth Global Conference on Health Promotion and other channels
• Capability strengthened at national and regional levels for the planning and implementation of multisectoral health promotion policies and programmes across the life course and as populations age	• Number of regions and countries that have integrated health-promotion strategies into regional and national health and development plans, and effectiveness of networks at all levels to implement such strategies • Increase in the number of health-promotion courses established and personnel trained in Member States • Number of countries that have healthy-ageing policies and programmes and mechanisms for monitoring the impact of such policies
• Opportunities and mechanisms defined for reorienting health services towards health promotion and oral health	• Number of countries that have integrated health promotion and oral health into their health system with specific focus on reducing known health risk factors
• Advocacy and health communications strengthened at all levels in relation to health promotion and the major risk factors, as defined in *The world health report 2002*	• Collection and dissemination of accurate and up-to-date information related to major risk factors and healthy lifestyles for strong health promotion and media advocacy
• Approaches to health promotion that reach young people in- and out-of school strengthened	• Design of approaches to health promotion that influence youth as a whole, with links to community-based, national and international programmes • Number of countries that monitor the major health-related behavioural risk factors among students, and have networks and alliances to foster concerted efforts to improve school-health programmes
• Programmes implemented for capacity building for and financing of health promotion at local and community levels, workplace and other settings, with particular focus on improving the health of disadvantaged people	• Healthy public policies, and promotion of the health of marginalized groups • Number of health-promotion foundations or other mechanisms for financing health promotion

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		17 874	28 000[a]	45 874
TOTAL 2004-2005		17 268	32 000[a]	49 268
level at which estimated percentage spent	country	63%	15%	32%
	regional	19%	15%	16%
	global	18%	70%	52%

[a] Of which US$ 14 million has been estimated for the WHO Centre for Health Development, Kobe, Japan.

INJURIES AND DISABILITIES

ISSUES AND CHALLENGES

Violence and injuries account for 9% of the global mortality and 12% of all disability-adjusted life years lost in 2000. Seven of the 15 leading causes of death for people between the ages of 15-44 years are injury-related. Children and young adolescents are particularly susceptible to traffic accidents, drowning, burns and violence. Injury rates vary greatly by sex: for most types of injuries, death rates are higher for males, whereas women are at higher risk for some types of non-fatal injuries such as those resulting from sexual or intimate-partner violence or suicide attempts. The burden imposed by violence and injury is particularly heavy in low-income families, communities and societies. The traditional view of injuries as "accidents", suggesting that they are random unavoidable events, has resulted in their historical neglect. Research has shown that injuries are preventable. Innovative solutions have resulted in cost-effective prevention of injuries at work, at home or in the street. Interventions such as the use of motor-cycle helmets, seat belts, designated drivers, occupational safety devices, flame-resistant clothing and smoke detectors are among many cost-effective actions that have been proven to prevent injuries. Many others show promise in reducing violence-related injuries, including programmes on substance abuse, parental training, prevention of school-based violence, weapons control, and landmine clearance and awareness.

Some 7% to 10% of the world's population have disabilities, the major causes of which include rising life expectancy, survival of children born with disabilities and noncommunicable diseases, besides injuries and violence. Less than 10% of those in need have access to appropriate rehabilitation services, mainly because of the scarcity of resources in developing countries.

Several United Nations and Health Assembly resolutions have dealt with these issues. For instance, resolutions WHA27.59 (on road traffic accidents), WHA45.10 (on disability prevention and rehabilitation), WHA49.25 (on prevention of violence), and WHA51.8 (on anti-personnel mines) called on WHO for support to confront them, as have regional committee documents, the United Nations Millennium Declaration and the Programme of Action adopted at the United Nations Conference on the Illicit Trade in Small Arms and Light Weapons in All Its Aspects (New York, 9-20 July 2001). Recent WHO achievements in this area of work include the *World Report on Violence and Health*, the publication of a multidisciplinary framework for violence prevention and of guidelines for the surveillance of injuries, the development of a five-year strategy to prevent traffic injuries, and technical cooperation with several countries.

Challenges in designing and implementing prevention programmes include the lack of ownership, with uncertainty about who is responsible for developing solutions and the duties of the public health sector remaining ill-defined. Therefore there are often no focal points, no national public health policies on injury prevention and/or training programmes. Another challenge is to overcome the lack of political will due to ignorance about the magnitude of the problem and/or the potential for prevention, both of which mean an insufficiency of resources to find and implement solutions.

The response should include: surveillance systems and research to understand better the magnitude of the burden and the causes and prevention of violence and injuries; national policies; training for public health personnel; the establishment of global and regional networks for advocacy and exchange of information; and better services.

GOAL

To prevent violence and unintentional injuries, promote safety and enhance the quality of life 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 and unintentional injuries and disabilities.

Indicators

- Number of countries that have formulated policies on disabilities or prevention of violence and injuries
- Number of countries implementing programmes to prevent violence and injuries

STRATEGIC APPROACHES

Compilation of information on the magnitude and determinants of injuries, violence and disabilities; support for research and gathering of evidence on effective prevention strategies in developing countries; support to Member States to formulate and implement policies and strengthen services for victims; advocacy for increased attention and a stronger focus on primary prevention; support for network development and capacity building

EXPECTED RESULTS	INDICATORS
• Support provided to high-priority countries for the implementation and evaluation of surveillance systems for the major determinants, causes and outcomes of unintentional injuries and violence	• Proportion of targeted countries that use WHO guidelines to collect data on the determinants, causes and outcomes of unintentional injuries and violence
• Support provided to selected countries on research to identify effective programmes and policies to prevent violence and injuries	• Evaluated interventions in targeted countries
• Guidance available for multisectoral interventions to prevent violence and unintentional injuries	• Proportion of targeted countries that have national plans and implementation mechanisms to prevent unintentional injuries and violence
• Support provided for policy formulation in selected countries for pre-hospital, hospital and integrated long-term care for victims of unintentional injuries and violence	• Proportion of targeted countries that have strengthened their health system response to unintentional injuries and violence
• Support provided to high-priority countries to build capacity for prevention of injuries and violence, research and policy formulation	• Proportion of targeted countries that have trained professionals on the prevention and management of unintentional injuries and violence
• Global, regional and national initiatives taken to strengthen collaboration between health and other sectors involving organizations in the United Nations system, Member States and nongovernmental organizations	• Number of global, regional and national multisectoral initiatives in place to prevent violence and injuries
• Ability of countries to integrate rehabilitation services into primary health care, for early detection and management of disabilities	• Proportion of targeted countries implementing strategy for integrating rehabilitation services into primary health care

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		5 973	8 500	14 473
TOTAL 2004-2005		5 328	13 000	18 328
level at which estimated percentage spent	country	36%	25%	28%
	regional	23%	20%	21%
	global	41%	55%	51%

MENTAL HEALTH AND SUBSTANCE ABUSE

ISSUES AND CHALLENGES

The portion of the global burden of disease attributable to mental and neurological disorders and substance abuse is expected to rise from 12.3% in 2000 to 15% by 2020. The 2000 figure does not include the significant 1.4% of the burden due to suicide attempts 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%. Moreover, there is strong evidence that mental disorders impose a range of consequences on the course and outcome of comorbid chronic conditions, such as cancer, heart disease, diabetes and HIV/AIDS. 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 people living in absolute and relative poverty, and those in difficult conditions as a result of coping with chronic diseases such as HIV/AIDS. Mental health has been raised much higher up the international health agenda owing to WHO's international campaign during 2001, with its unprecedented series of events, including World Health Day, which was celebrated in more than 130 countries, the round tables at the Fifty-fourth World Health Assembly, in which more than 110 ministers of health participated, and *The world health report 2001*, which was devoted to mental health. Governments are now much more aware of major mental health disorders and substance abuse, recognizing their impact on the health and well-being not only of individuals but also of families and communities. Although effective treatments for mental and neurological disorders exist, however, there is a big gap between their availability and widespread implementation; even in developed countries only a few of those suffering from serious mental illness receive treatment. Improving treatment rates for those disorders and substance abuse problems will not only reduce the burden of disease and disability and health care costs but also increase economic and social productivity. The burden of disease attributable to, for example, major depression could be more than halved if all affected individuals were treated. Countries are ill-equipped to deal with the burden: a WHO survey, the Atlas project, showed that 41% of countries do not have a mental health policy, 25% of countries have no legislation on mental health and 28% have no separate budget for mental health. Among countries reporting a specific mental health budget, 36% allocate less than 1% of their health budget to mental health.

As a response to these issues and challenges, the Director-General in 2002 launched the mental health Global Action Programme. The same year, following resolutions adopted by regional committees, the Executive Board adopted a resolution on "Strengthening mental health" (resolution EB109.R8) and the Health Assembly, in its resolution WHA55.10, affirmed its provisions.

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.

Indicators

- Proportion of targeted countries that have implemented reforms in the area of mental health
- Number of countries that have increased their budget for mental health

STRATEGIC APPROACHES

Dissemination of information on the magnitude, burden, determinants and treatment of mental and neurological disorders and substance abuse; provision of support to Member States for formulating and implementing coherent and comprehensive policies and services; provision of support to countries for fighting against stigmatization and discrimination; growth in research capability in developing countries

EXPECTED RESULTS	INDICATORS
• Appropriate strategies developed and support provided to countries in reducing stigmatization and violations of human rights associated with mental and neurological disorders and substance abuse	• Proportion of targeted countries that, in consultation with WHO, have initiated strategies to draw up mental health legislation; to promote human rights; and to reduce stigmatization through social communication programmes
• Information and support given to countries in formulating and implementing policies and plans on mental health and substance use	• Number and proportion of targeted countries for which information or data have been translated and adapted according to country needs • Number and proportion of targeted countries that received technical assistance from WHO in developing and implementing policies and plans
• Global and regional alcohol research and policy initiatives established and implemented	• Proportion of targeted countries that adapt alcohol policy guidelines according to their needs • Proportion of targeted countries that have undertaken research on alcohol-related topics in line with those promoted by WHO
• Instruments, guidelines and training packages available in countries for the management of mental and neurological disorders and substance abuse; adequate support provided to countries for their implementation, with the needs of vulnerable groups (e.g. poor people, injecting drug users and those living with HIV/AIDS) as well as gender-specific needs taken into account	• Proportion of targeted countries that received WHO support to incorporate WHO's tools and materials for assessment and management of clinical situations and needs, and for staff development • Proportion of countries in which WHO either promoted or helped to coordinate support to the mental health needs of the most vulnerable population groups
• More valid and reliable scientific, epidemiological and resource data available for planning and development of cost-effective interventions in the mental health and substance abuse area; measures of the burden attributable to such disorders accessible to countries	• Number (and regional representation) of countries for which data are included in epidemiological databases • Number and proportion of targeted countries receiving WHO's technical assistance in drawing up protocols for cost-effective interventions
• Appropriate support provided for building capability in developing countries for policy development and research on mental and neurological disorders and substance abuse	• Number of fellowship programmes established to provide training to researchers from developing countries in public health aspects of mental health and substance dependence

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		15 718	17 000	32 718
TOTAL 2004-2005		14 898	19 000	33 898
level at which estimated percentage spent	country	32%	35%	34%
	regional	36%	25%	30%
	global	32%	40%	36%

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 of those efforts.

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

CHILD AND ADOLESCENT HEALTH

ISSUES AND CHALLENGES

The process of growth and development is cumulative and intergenerational; gains (or losses) at any stage of life affect health later, or the health of the next generation. The major health and development needs and challenges evolve as a child grows. All age groups need safe and supportive environments in which to develop to their full potential.

Neonates, children and adolescents make up nearly 40% of the world's population and their health problems are well documented. In 2000, 99% of the 10.9 million childhood deaths were in developing countries. Preventable communicable diseases (such as acute respiratory illness, diarrhoea, malaria, measles and most HIV infections transmitted from mother to child) accounted for half those deaths, and malnutrition was a causal factor in 60%. Young people aged 15 to 24 years continue to have the highest rates of sexually transmitted infections (e.g. more than 40% of all new HIV infections in 2000). In addition, up to 70% of premature adult mortality has its roots in the adolescent period.

Improving the health, growth and development of children and adolescents entails a broad range of activities that require maximum support to countries for policy and programme implementation, including research, development of guidelines and design of tools to introduce, monitor and evaluate public health interventions and health sector reforms. To this end, WHO needs to maintain strong partnerships with other organizations of the United Nations system, bilateral agencies, nongovernmental organizations, governments, the private sector and communities. It must guide international and national policies, through, for example, support to the Convention on the Rights of the Child. Furthermore, to meet the Millennium Development Goals it must focus on reaching the poor, providing equitable access to care, maintaining a gender perspective, and promoting sustainable interventions.

The child survival movement of the past two decades promoted a specific set of interventions that benefited primarily older infants and children up to five years of age rather than infants. Consequently, although child mortality has declined significantly, neonatal mortality has not. Many neonatal deaths are preventable through interventions that are effective and affordable even in countries where resources for health care are limited.

WHO supports integrated approaches to ensuring the health and development of children up to the age of 19 years. Integrated management of childhood illness (endorsed by the Health Assembly in resolution WHA48.12) is cost-effective and supports and complements other global activities such as rolling back malaria, expanding immunization coverage and fighting malnutrition. Increased attention is being provided, with partners, to infant and young child feeding, including breastfeeding and complementary feeding. The major health problems of adolescents (sexual and reproductive health including HIV infection, substance abuse including tobacco use, injuries, nutrition and endemic diseases) share common determinants. WHO, UNICEF and UNFPA are cooperating to improve adolescents' access to information, skills, health, education and other services, to assure a safe and supportive environment, and to enable them to participate in decisions that affect their lives. Implementation of these strategies for children and for adolescents takes on the challenges of improving health services, empowering families and communities, and strengthening the link between the health system and the community.

GOAL

To reduce by two-thirds the rate of infant and child mortality by the year 2015 from the 1990 rate. *(In line with corresponding Millennium Development Goal.)*

WHO OBJECTIVE(S)

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

Indicator

- Number of countries receiving technical support from WHO to build capacity to implement interventions and to apply measurement tools

STRATEGIC APPROACHES

Elaboration by WHO of cost-effective mechanisms and guidelines to deal with diseases and conditions that represent the greatest health burden to populations; implementation of such tools in countries with feedback for further research

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 that have initiated implementation of child and adolescent health-related recommendations resulting from WHO support to the reporting process of the Convention on the Rights of the Child
• Improved policies, strategies, norms and standards for protecting adolescents from disease and health risk behaviours and conditions established through research, technical and policy support	• Number of research projects supported by WHO that resulted in formulation of strategic norms and standards applicable to policy and programming in developing countries for protecting adolescents from the major diseases and health risk behaviours and conditions • Proportion of countries with national adolescent health policies and programmes
• Guidelines, approaches and tools in place for more effective and expanded implementation of integrated management of childhood illness, and monitoring of progress validated and promoted	• Proportion of countries implementing integrated management of childhood illness that have expanded geographical coverage and activities
• Support provided for research and for the development of guidelines, approaches and tools for better implementation of interventions to reduce newborn mortality and improve newborn health	• Number of research projects supported by WHO that resulted in the formulation of strategic norms, standards and guidelines for reducing newborn mortality and improving newborn health • Proportion of countries with high neonatal mortality adopting the guidelines
• Consensus reached on definition of global goals in raising healthy children and confident, competent adolescents, and progress towards their attainment	• Agreement on global agenda for action throughout the life course, including issues such as infant feeding, child development, adolescent reproductive and sexual health (including HIV infection) and gender, and a framework for its implementation in countries

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		14 929	64 000	78 929
TOTAL 2004-2005		16 436	64 000	80 436
level at which estimated percentage spent	country	45%	20%	25%
	regional	25%	35%	33%
	global	30%	45%	42%

Activities under **"Making pregnancy safer and children's health"**, an Organization-wide priority, are carried out in two areas of work: **Child and adolescent health** and **Making pregnancy safer.** The nature of support to Child and adolescent health from other areas of work is shown in the following table.

Areas of work	Nature of contribution
Communicable disease surveillance	Surveillance of HIV/AIDS, childhood infectious diseases
Communicable disease prevention, eradication, and control	Control of helminthiases in children
Research and product development for communicable diseases	Research on malaria control and on antimicrobial resistance
Malaria	Integration of malaria and integrated management of childhood illnesses activities, at facility and community levels
Tuberculosis	Tuberculosis control in children
Surveillance, prevention, and management of noncommunicable diseases	Asthma management in children
Tobacco	Prevention of tobacco use among young people
Health promotion	Health promoting schools, healthy lifestyles
Injuries and disabilities	Injury prevention among children; definition of magnitude of specific injuries; prevention and detection of child abuse and neglect
Making pregnancy safer	Interventions to improve newborn health, low birth weight; early initiation of exclusive breastfeeding; mother-to-child transmission of HIV
Women's health	Female genital mutilation; gender mainstreaming
HIV/AIDS	Prevention of mother-to-child transmission of HIV; care of people living with HIV/AIDS; care of AIDS orphans
Sustainable development	Collaboration with civil society; child rights
Nutrition	Promotion of early and exclusive breastfeeding; adequate complementary feeding; micronutrient supplementation; infant and young child feeding strategy; growth reference
Health and environment	Indoor air pollution; water sanitation and supply; child environmental health
Emergency preparedness and response	Adaptation of integrated management of childhood illnesses guidelines for emergency situations; infant feeding in emergencies
Essential medicines: access, quality and rational use	Compatibility of essential drugs lists with integrated management of childhood illnesses requirements; drug supply management; drugs and breastfeeding
Immunization and vaccine development	Linking Expanded programme on immunization and integrated management of childhood illnesses; vitamin A supplementation and immunization; vaccine development
Evidence for health policy	Disease burden statistics to provide evidence for strategy development; HealthMapper
Organization of health services	Pre-service education of health professionals; district management of integrated management of childhood illnesses

RESEARCH AND PROGRAMME DEVELOPMENT IN REPRODUCTIVE HEALTH

ISSUES AND CHALLENGES

All the almost 1000 million couples of reproductive age in the world today are potential users of sexual and reproductive health services. In the past three decades contraceptive use has increased more than sixfold to about 62%, but at least 120 million couples that want to plan the growth of their families are not using any method of contraception and a further 350 million do not have access to the full range of reliable contraceptives available. As a result, about 40% of pregnancies are unplanned and some 46 million deliberately aborted each year. About 19 million of these abortions are unsafe and cause complications that account for about 10% of the nearly 500 000 deaths resulting annually from pregnancy and childbirth. In addition, an estimated 340 million new cases of curable sexually transmitted infections occurred in 1999. Millions of people are infected sexually with viruses, principally HIV (about five million new infections in 2001) and *Human papillomavirus*, the major cause of cervical cancer, which claims 290 000 lives annually (80% in developing countries). Sexual and reproductive ill-health including HIV/AIDS accounted in 2000 for an estimated 9.5% of disability-adjusted life years lost, mostly in the poorer countries.

The International Conference on Population and Development (Cairo, September 1994) defined a Programme of Action for universal reproductive rights and reproductive health within the next two decades. It called for the adoption of a life-cycle approach to sexual and reproductive health, highlighting such cross-cutting issues as gender, adolescent sexuality and men's roles in sexual and reproductive health. Since that meeting, new programmes, some targeted at previously neglected groups such as adolescents and men, have been drawn up by governments and intergovernmental agencies. New partnerships have been formed to promote reproductive health and health rights, and new evidence is emerging on hitherto neglected issues such as the sexual and reproductive health needs of young people, sexual coercion and optimal care after abortion. In many of these areas WHO research and normative guidance have been important. But much remains to be done. The concept of comprehensive reproductive health care is still inadequately understood and applied. Debate continues about the content of reproductive health services, the involvement of men in reproductive health, the provision of information and services to adolescents, issues surrounding unsafe abortion and its prevention, and challenges attendant on health sector reforms.

Good sexual and reproductive health services are urgently needed. Since HIV is predominantly spread through sexual intercourse, services including appropriate information aimed at sexually active people can prevent new infections. They can also play a critical role in the fight against poverty. As the Commission on Macroeconomics and Health states: "Investments in reproductive health, including family planning and access to contraceptives, are crucial accompaniments to investments in disease control."

GOAL

To ensure that by 2015 the widest achievable range of safe and effective reproductive health services is being provided across the health system and integrated into primary health care.

WHO OBJECTIVE(S)

To contribute, through research and support for elaboration of policies and programmes, to a reduction in morbidity and mortality related to sexual and reproductive health and to implementation of accessible, equitable, gender-sensitive and high-quality reproductive health services in countries.

Indicators

- Number of completed studies of causes, determinants, prevention and management of sexual and reproductive morbidity and mortality
- Number of countries provided with technical support to assess the scope and quality of their current reproductive health care services and identify possible approaches to improving services, including integration of HIV prevention and care activities

STRATEGIC APPROACHES

Stimulation of design and testing of new technologies, tools and guidelines; setting, validation, monitoring and pursuance of the proper implementation of norms and standards; catalysis of change through provision of policy and technical support

EXPECTED RESULTS	INDICATORS
• New knowledge available on high-priority issues in sexual and reproductive health throughout the life-cycle, including cross-cutting themes such as the role of men, integration of HIV/AIDS prevention and care in reproductive health services, adolescent sexual and reproductive health, and the impact of health care reforms on reproductive health care	• Number of completed studies of selected priority issues in reproductive health with appropriate dissemination of results • Number of systematic reviews and consultations on best practices, policies and standards of care • Proportion of national institutions and organizations that received support to build research capability that are generating new information relevant to local, regional or national needs
• Cost-effective interventions that promote high-quality reproductive health care that is client-centred and gender-sensitive designed, applied and validated through operational research	• Number of countries completing operational research studies to evaluate new or improved approaches to provision of high-quality reproductive health care (including client perspectives on and satisfaction with the new services being provided) • Proportion of above-mentioned countries that draw up plans for scaling-up interventions
• Appropriate set of evidence-based standards and related policy, technical and managerial guidelines for high-quality reproductive health care defined, validated and disseminated	• Availability of tested materials to support national efforts to improve maternal and newborn health within the framework of safe motherhood and making pregnancy safer initiatives • Number of countries receiving technical support for the adaptation of evidence-based standards for essential care practice in reproductive health
• Adequate policy and technical support provided to selected countries for the implementation of comprehensive plans for strengthening access to, and availability of, high-quality reproductive health care, human resources, and monitoring and evaluation	• Number of countries receiving support to prepare and implement plans to strengthen access to, and availability of, high-quality reproductive health care • Proportion of such countries that adopt policies and programmes to strengthen reproductive health care
• Technical support provided to selected countries to examine their national laws, regulations and policies for conformity with articles of existing legal instruments, conventions, and international consensus documents related to sexual and reproductive health and rights	• Number of countries receiving support to examine their existing national laws, regulations and policies relating to reproductive health and rights • Number of countries receiving support to incorporate rights-based approaches in reproductive health policies, programmes or services

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		11 205	61 000	72 205
TOTAL 2004-2005		9 411	58 000	67 411
level at which estimated percentage spent	country	42%	15%	19%
	regional	20%	5%	7%
	global	38%	80%	74%

MAKING PREGNANCY SAFER

ISSUES AND CHALLENGES

Each year around 200 million women become pregnant; over 20 million women experience ill-health as a result, and for some the suffering is permanent. The lives of eight million women are threatened, and according to latest statistics, close to 509 000 women die each year as a result of causes related to pregnancy and childbirth. Women from the world's least developed countries are at least 150 times more likely to die from pregnancy-related causes than women in the more developed countries. Pregnant women who are refugees or displaced by civil conflict and strife are also particularly vulnerable as they are often homeless and do not have access to good-quality health care. In addition, 3.8 million babies are stillborn and approximately three million newborn babies die within the first week of life, mostly in developing countries and countries in transition. Furthermore, communicable diseases such as malaria, tuberculosis and HIV/AIDS pose threats to the health of mothers. Most of this suffering is preventable, and cost-effective interventions are known, affordable and can be made available even when resources for health care are seriously limited.

Trends in maternal mortality ratios show that only a few countries, mostly those where the ratios are already relatively low, have been able to sustain reduced levels between 1990 and 2000. Some progress has been made, however, in increasing the use of skilled attendants at delivery in most parts of the world, with an average annual increase of 1.7% in 1989-1999, except for sub-Saharan Africa where, despite progress in a few countries, in general their use has stagnated or, in several countries, declined.

In July 1999, the United Nations General Assembly, reviewing five years of implementation of the Programme of Action of the International Conference on Population and Development, urged WHO to fulfil its leadership role within the United Nations system by collaborating with countries to reduce the risks associated with pregnancy. The high priority of this objective was re-emphasized in the United Nations Millennium Declaration in 2000, with its development goal of reducing maternal deaths, and by the WHO Commission on Macroeconomics and Health, which declared "the control of communicable diseases and improved maternal and child health remain the highest public health priorities".

The Making pregnancy safer initiative, WHO's strengthened contribution to the global safe motherhood movement, emphasizes the importance of improving health systems in order to gain long-term, sustainable and affordable improvements in the health and well-being of pregnant women and their infants. Reducing maternal and newborn deaths and illness implies policy changes and interventions in the health care system and other relevant sectors. Interventions need to strengthen the role of the family, including men, and to include the community. These actions will ensure fewer unwanted pregnancies, their appropriate management, and that women have access to and use the care they need when they need it.

The challenges remain how to accelerate the implementation of appropriate interventions to make maternal health and newborn services available and accessible to the needy; to reorient the health care system from outdated routines to good-quality, evidence-based practices; to reduce substantially perinatal mortality; and to engage other sectors in achieving common goals in maternal and newborn health, thereby contributing to the alleviation of poverty.

GOAL

To reduce, by 2015, the maternal mortality ratio by 75% of its 1990 level and contribute to lowering infant mortality through reduction of neonatal deaths.

WHO OBJECTIVE(S)

To provide support to Member States and the international community in elaborating and implementing cost-effective interventions to make pregnancy safer.

Indicator

- Number of countries receiving technical and policy support to review or formulate comprehensive policies and programmes for reduction of maternal and perinatal mortality and morbidity

STRATEGIC APPROACHES

Articulation of consistent, ethical and evidence-based policy and advocacy positions; negotiation and maintenance of national and global collaboration and partnerships; provision of technical and policy support to build sustainable national capabilities

EXPECTED RESULTS	INDICATORS
• Technical and policy support provided to countries for formulating and implementing cost-effective gender-sensitive national plans of action for making pregnancy safer that include information and services for evidence-based, good-quality maternal and newborn care and which respect women's rights	• Proportion of countries receiving technical and policy support that develop adequate plans of action for maternal and newborn health
• Appropriate evidence-based guidelines adapted and introduced in national policies, strategies, programmes and standards for maternal and newborn care, family planning and post-abortion care	• Proportion of countries receiving support that adapt and introduce standards, guidelines and/or tools recommended by WHO
• Adequate support provided to countries for strengthening health systems interventions and management so that information and services for maternal and newborn health are made available, accessible and acceptable to all, especially to those from poor and disadvantaged communities	• Number of countries that have received adequate support to design, implement and evaluate evidence-based health systems interventions to improve maternal and newborn health

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		12 572	31 500	44 072
TOTAL 2004-2005		13 691	26 000	39 691
level at which estimated percentage spent	country	53%	45%	47%
	regional	35%	10%	19%
	global	12%	45%	34%

Activities under **"Making pregnancy safer and children's health"**, an Organization-wide priority, are carried out in two areas of work: **Child and adolescent health** and **Making pregnancy safer.** The nature of support to Making pregnancy safer from other areas of work is shown in the following table.

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

WOMEN'S HEALTH

ISSUES AND CHALLENGES

Numerous resolutions of the General Assembly and other bodies of the United Nations system as well as the Beijing Platform for Action have called for acceleration of efforts to achieve equity and equality between women and men, effective integration of gender into policies and programmes in the United Nations system, and greater attention to broadening the global agenda of women's health throughout the life course. None the less, despite these efforts and other calls for action on women's health in resolutions of the Health Assembly, general levels of health remain unacceptable for many women in many parts of the world. Much remains to be learned and more action is needed to confront the specific health risks and vulnerabilities and meet the health needs of women throughout the life span.

Differences in the roles and responsibilities of men and women and the unequal power between them, discrimination and violation of human rights are all important factors influencing health and the burden of ill-health for women and men. Gender factors can also interact with biological characteristics and other social and economic variables, leading to different and sometimes inequitable patterns of exposure to health risk, differential access to and utilization of health information, care and services, and unequal health outcomes. Accordingly, and in line with its long-standing concern with health equity, WHO adopted in 2002 a policy calling for all its departments and programmes to work towards integration of gender perspectives into their work in order to improve health outcomes for women and men. Since then, WHO has made some progress in introducing gender considerations in research, policies and programmes. Attention has been given to the collection and dissemination of evidence demonstrating the impact of gender on health; the creation of methods and materials for gender analysis and gender-responsive programming, monitoring and evaluation; advocacy; and the provision of support to regional and country programmes in these areas. However, work is needed to translate the growing understanding of the impact of these issues into more effective, gender-responsive health programmes.

Gender influences the lives of both men and women, but it often imposes particularly heavy burdens on women, limiting decision-making, mobility, and access to and control of resources throughout their lives, with consequent effects on health and well-being. Consideration of gender concerns, therefore, is particularly important for women's health. WHO will continue to give special attention to work on diseases of global importance to women, health issues needing special attention such as smoking and gender-based violence, and to effective monitoring of women's health.

GOAL

To improve the health of women of all ages and contribute to achievement of health equity.

WHO OBJECTIVE(S)

To support Member States in the development of policies, strategies and interventions that effectively address high-priority and neglected health issues of women throughout the life span, and in the creation of a body of evidence on the impact of gender on health and of tools, norms and standards to improve gender responsiveness of health interventions and promote gender equity in health.

Indicator

- Increase in financial and human resources devoted to issues of women's health and incorporation of gender considerations throughout the work of WHO

STRATEGIC APPROACHES

Enhancement of knowledge of neglected subjects important to the health and well-being of women and of ways in which gender affects different aspects of women's and men's health; development, testing and dissemination of tools, guidelines, norms and standards with the aim of strengthening policy and health-sector response to selected issues; collaboration and consultation with other technical departments, regional and country offices and other partners to assure consistency in work on gender and health and on the health of women

EXPECTED RESULTS	INDICATORS
• Standards, training modules, information tools and guidelines on specific women's health issues updated or produced and used to support regions and countries in the formulation and implementation of policies and programmes and in monitoring progress	• Number of relevant documents (standards, training modules, information tools and guidelines) produced or updated • Proportion of regions and targeted countries having used or adapted those instruments in developing or implementing policies or programmes • Number of countries systematically monitoring women's health
• Evidence-based reviews and collection of new data on the impact of gender on health and on specific women's health issues carried out by WHO, with information so generated disseminated and applied in advocacy and policy	• Number of projects initiated, providing evidence on the impact of gender on various aspects of health • Number of products developed and activities undertaken to disseminate results to regions and countries and to professional and general audiences
• Tools and guidelines developed and processes in place to facilitate incorporation of gender considerations in the technical work of WHO	• Number of tools for gender analysis and centring gender considerations in technical work produced, tested and being used • Proportion of WHO's high-priority programmes using the tools developed
• New initiatives incorporating gender perspectives in technical programmes undertaken, with results and analyses documented and disseminated	• Numbers of technical programmes, regions and countries launching initiatives incorporating gender perspectives in their work on a regular basis • Number of reports, leaflets and other materials produced at regional, country and global levels documenting those initiatives • Number of workshops and other meetings to exchange findings with different audiences

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		4 847	12 000	16 847
TOTAL 2004-2005		4 249	11 000	15 249
level at which estimated percentage spent	country	24%	20%	21%
	regional	38%	15%	21%
	global	38%	65%	58%

HIV/AIDS

ISSUES AND CHALLENGES

Over 20 years after the first clinical cases were reported, HIV/AIDS is the leading cause of death in sub-Saharan Africa and the fourth worldwide. By 2002, an estimated 60 million people had been infected with HIV, 95% of them in developing countries, and over 20 million people have died. Africa remains hardest hit, with 2.3 million AIDS deaths in 2001 and prevalence rates exceeding 30% in several parts of southern Africa. Eastern Europe, however, and especially the Russian Federation, is experiencing the fastest growing epidemic, accompanied by high rates of sexually transmitted infections and injecting drug use among young people. In Asia and the Pacific, where over seven million people have already been infected, relatively low national HIV prevalence rates mask immature localized epidemics, which have the potential to expand horrifically in the world's most populous countries. Even in high-income countries, rising infection rates suggest that advances in treatment and care have not been matched consistently by progress in prevention. The increasingly apparent overlap between commercial sex work and injecting drug use is fuelling transmission of HIV in some parts of the world. In many developing countries, most new infections occur in young adults, especially young women. About one-third of those currently living with HIV/AIDS are aged 15-24 years; most do not know they are infected. Many millions more know nothing or too little about HIV to protect themselves.

Because HIV continues to affect disproportionately the most vulnerable in society and perpetuates a cycle of poverty that is crippling national and regional development, improved epidemiological and behavioural surveillance, together with approaches that promote human rights, contribute to gender equity, and strengthen community capabilities, remain essential. Interventions directed at vulnerable populations and those with higher-risk behaviour, as well as at the broader population, can lower infection rates in specific groups and reduce the risk of extensive spread of HIV. Examples have been seen, for example among injecting drug users in central Europe and among men with high-risk behaviour in Cambodia. In Uganda, HIV prevalence in pregnant women has fallen eight years in a row, illustrating how sustained political commitment, community mobilization, strategic partnerships with clearly identified roles and adequate resources can bring even a rampant HIV/AIDS epidemic under control.

The world has recently shown new resolve to meet the challenge of expanding the scale and reach of successful approaches, and to develop a vaccine against HIV. The United Nations Millennium Summit in 2000 and the General Assembly special session on HIV/AIDS in 2001 set new targets in national and international accountability in the fight against the epidemic and its drivers. The creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria and decisions by the pharmaceutical industry to lower drug prices offer the first real hopes that health systems can be strengthened to expand greatly proven prevention interventions against HIV and sexually transmitted infections and care for people infected or with AIDS, including voluntary counselling and testing, treatment of opportunistic infections and highly active antiretroviral therapy.

GOAL

To have halted and begun to reverse the spread of HIV/AIDS by 2015. *(In line with corresponding Millennium Development Goal.)*

WHO OBJECTIVE(S)

To support the implementation, integration and intensification of essential health sector interventions against HIV/AIDS in countries and communities.

Indicator

- Increase in the number of targeted countries demonstrating competence and capability across the health sector to tackle HIV/AIDS.

STRATEGIC APPROACHES

Focus on important health sector interventions in prevention, treatment and care; collection and dissemination of evidence to support interventions and stimulation of the conduct and application of research; provision to countries of evidence-based tools and normative guidance

EXPECTED RESULTS	INDICATORS
• Normative guidance developed and provided to countries to enhance essential HIV prevention, treatment, care and support services and interventions	• Number of targeted countries using and/or adapting WHO tools on management of HIV and related conditions including tuberculosis and sexually transmitted infections, and on the procurement, manufacture, regulation and appropriate use of HIV-related drugs and diagnostics
• More comprehensive and reliable national and global mechanisms for HIV surveillance, monitoring and evaluation formulated or in place	• Number of targeted countries that conduct surveillance studies in identified priority populations, including surveillance of behaviour and antiretroviral resistance patterns • Number of evidence-based reviews to support strategies
• Dynamic and relevant global agenda and innovative partnerships stimulated for research, including vaccine and microbicide development and operations research	• Number of research initiatives strengthened through WHO mechanisms
• HIV/AIDS advocacy and strategic planning enhanced through the promotion and development of multisectoral partnerships	• Number of countries incorporating recommendations of the global health sector strategy into national plans • Number of strategic collaborations and partnerships supported by WHO
• Countries supported to build national capabilities and technical expertise for improving health system responses to HIV/AIDS and sexually transmitted infections, including planning, resource allocation, delivery and evaluation of services and interventions	• Number of targeted countries building health-sector competences in HIV/AIDS, including uptake of WHO normative tools and resources • Number of countries accessing Global Fund to Fight AIDS, Tuberculosis and Malaria and/or other donor support with WHO technical assistance

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		16 325	120 000	136 325
TOTAL 2004-2005		18 796	140 000	158 796
level at which estimated percentage spent	country	36%	50%	48%
	regional	36%	30%	31%
	global	28%	20%	21%

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 of those efforts.

Areas of work	Nature of contribution
Communicable disease prevention, eradication and control	Formulation and implementation of the HIV/tuberculosis strategy: review of evidence on disease interactions; surveillance of antiretroviral resistance
Mental health and substance abuse	Partnerships, strategies and research on HIV/AIDS, harm reduction and substance use
Child and adolescent health	Capacity building in reproductive health needs of adolescents; increase in safer sex
Research and programme development in reproductive health	Integration with family planning; guides on HIV management in a maternity setting, including use of microbicides and condoms
Women's health	Centrally positioning gender issues in national HIV strategies and programmes
Essential medicines: access, quality and rational use	Integration of AIDS drugs into WHO essential medicines list; collection of data on sources and antiretroviral drug prices; pre-qualification of antiretroviral drug manufacturers; procurement, manufacture, regulation and appropriate use of HIV-related drugs and diagnostics
Immunization and vaccine development	Innovation in HIV/AIDS vaccine development and preparedness
Making pregnancy safer	HIV testing; prevention of mother-to-child transmission of HIV
Organization of health services	Expansion of health-sector capacity
Blood safety and clinical technology	Blood and injection safety; diagnostics
Director-General, Regional Directors and independent functions	Incorporating a human rights perspective into health sector responses to HIV/AIDS

SUSTAINABLE DEVELOPMENT

ISSUES AND CHALLENGES

Investing in health, particularly that of poor people, is central to the achievement of the Millennium Development Goals. It is becoming evident that good health status – an important goal in its own right – is central to creating and sustaining the capabilities that poor people need to escape from poverty.

Recent international conferences set the context for the work in this biennium. The United Nations Millennium Summit (New York, 2000) provided a framework for what is to be achieved. The Third United Nations Conference on the Least Developed Countries (Brussels, 2001) highlighted the needs of the poorest States. The Fourth WTO Ministerial Conference (Doha, 2001) focused on the measures needed to ensure that people in the developing world can compete on equal terms in the global market. The International Conference on Financing for Development (Monterrey, Mexico, 2002) examined how to mobilize the resources needed to achieve the agreed development goals. The World Summit on Sustainable Development (Johannesburg, South Africa, 2002) looked at the concrete actions needed to enable poor people to improve their lives in ways that will not compromise the ability of future generations to meet their needs. Health was high on the agenda in all these processes. The WHO Commission on Macroeconomics and Health, which reported in 2001, consolidated the evidence for greater investment in health, estimated the cost of achieving the health-related Millennium Development Goals, and set out an agenda for action at global and national levels.

The challenge for WHO is to find practical ways of translating intentions into actions that positively influence people's lives. In countries this will mean building the capacity to take advantage of new funding opportunities through debt relief, poverty-reduction strategies and the Global Fund to Fight AIDS, Tuberculosis and Malaria, while ensuring national ownership and greater coherence between initiatives. Globally, it will mean developing policies and incentives that enable more effective country action: for example, through ensuring the provision of needed global public goods. Within WHO, it means paying greater attention to how health cross-cuts poverty, trade and human rights – and to the fourth strategic direction of the WHO corporate strategy.

GOAL

To maximize the contribution that better health makes to reducing poverty and economic development – and thus to achieving the Millennium Development Goal of halving the proportion of people living in absolute poverty by 2015.

WHO OBJECTIVE(S)

To ensure that health has a central role in reducing poverty internationally and nationally and development policies and practices (including their economic, social, environmental and trade components).

Indicators

- Increase in allocations to health both in absolute terms and as a proportion of financing for development assistance
- Overall increase in national allocations to health in developing countries

STRATEGIC APPROACHES

Provision of support to governments, civil society and development cooperation agencies in obtaining the knowledge, skills and capabilities to prepare, implement and monitor the health components of policies and strategies to reduce poverty and on development, in areas including globalization, cross-sectoral action and human rights, in particular: to act on the recommendations of the Commission on Macroeconomics and Health, particularly to bring together ministries of finance and other sectors to formulate and strengthen national strategies for health in the context of poverty reduction; to focus on development cooperation mechanisms, notably poverty-reduction strategies, sector-wide approaches and the Global Fund to Fight AIDS, Tuberculosis and Malaria; to build expertise and capability to enhance the links between health and the economic, social and environmental factors in sustainable development; to make policies coherent relating to international trade and public health in the context of globalization; to adopt a human rights approach to health development with heightened attention to the needs and rights of vulnerable groups including indigenous people

EXPECTED RESULTS	INDICATORS
• Enhanced capability in WHO at country, regional and global levels, and in Member States, especially the least developed countries, to shape the health content of national poverty-reduction strategies, including poverty-reduction strategy papers	• Independent evaluation and approval of health content of poverty-reduction strategy papers • Application of training and communication tools, mechanisms and programmes in building capability of WHO and national and development agency partners
• Programmes of capacity building implemented in Member States to protect and promote public health in the context of multilateral trade agreements	• Analysis and preparation of strategic and policy responses to the public health impacts of accession to WTO and multilateral trade agreements by selected countries in each WHO region • Creation and updating of WHO web-based databases on evidence and indicators of links between globalization and health
• In collaboration with partner agencies, including organizations in the United Nations system, knowledge and good practice in health gains from intersectoral policy and practice shared with Member States in all WHO regions; areas of collaboration covered: employment, education, macroeconomic policy, environment, transport, nutrition, food security and housing	• Application of health impact assessment tools in selected countries • Number of WHO staff at country, regional and global levels trained in the application of cross-sectoral analysis, planning and decision-making processes in one or more areas of collaboration
• Systematic monitoring and assessment by WHO of process, impact and health outcomes of poverty-reduction strategies, including progress towards Millennium Development Goals, established in all WHO regions • Advantage taken of new funding opportunities for health	• Identifiable WHO influence on development and implementation of health and poverty-reduction strategies of partner institutions • Improved quality of grant applications to Global Fund to Fight AIDS, Tuberculosis and Malaria due to WHO technical support to countries
• WHO health and human-rights strategy developed and capability created in all WHO regions to provide technical support to Member States to integrate human rights in national health and poverty-reduction strategies	• Inclusion of human rights in health and poverty-reduction strategies and plans in selected countries • Take up of WHO technical advice on health in human-rights assessments in selected countries in all WHO regions

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		15 824	9 500	25 324
TOTAL 2004-2005		15 384	11 000	26 384
level at which estimated percentage spent	country	49%	50%	50%
	regional	29%	20%	25%
	global	22%	30%	25%

NUTRITION

ISSUES AND CHALLENGES

Hunger and malnutrition are among the most devastating problems facing the world's needy, and are especially compromising for the health of the poorest nations. Millions are denied access to their fundamental right to adequate food and nutrition, and to freedom from malnutrition in its many forms. Food insecurity threatens 800 million people, many of whom depend on food aid for their survival.

There has been some measurable success in reducing the global burden of malnutrition over the past decade, with a slow but continuous fall in the prevalence of underweight malnutrition, iodine deficiency disorders, and vitamin A deficiency in children. Nevertheless, malnutrition still kills, maims, cripples and blinds on a massive scale worldwide; it is both a major cause and effect – and an important indicator – of poverty and underdevelopment. Some 21 million low-birth-weight babies – 16% of the global total – are born every year, reflecting intrauterine growth retardation; fully 60% of the 10.9 million deaths among under-five children each year in developing countries are associated with underweight malnutrition; 161 million preschool children suffer chronic 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; and immense problems of iron and folate deficiency, and resulting anaemia, affect more than 60% of women of childbearing age and millions of young children in developing countries, further increasing morbidity, mortality and developmental retardation in these already susceptible populations.

At the same time, in both industrialized and rapidly industrializing countries, obesity is emerging as a widespread condition among children, adolescents and adults, especially as a result of unhealthy diets and sedentary lifestyles. More than half the adult population is affected in some countries, increasing death rates from heart disease, hypertension, stroke, diabetes, some cancers and other chronic degenerative diseases. Many countries facing this nutritional transition of changing diets and lifestyles are weighed down by a dual burden of over- and undernutrition in their populations.

WHO's fundamental role in tackling these vast nutritional challenges is to work with, and strengthen the ability of, Member States both to identify and reduce all forms of malnutrition, and to promote healthy nutrition and lifestyles. It calls for focusing WHO's combined programmatic and normative strengths on these challenges through vigorous outreach in regions and countries, and strong collaborative action with the international community.

GOAL

To prevent, to reduce and, ultimately, to eliminate malnutrition in all its forms; to reduce other diet-related illnesses; and to promote well-being through healthy diet, lifestyle and nutrition.

WHO OBJECTIVE(S)

To provide Member States and the international community with authoritative technical guidance and collaborative support for improving their effectiveness in identifying, preventing, monitoring and reducing malnutrition and diet-related health problems, and in promoting healthy diet and nutrition.

Indicators

- Number, nature, and scope of authoritative technical guidance drafted and disseminated for prevention, management and monitoring of malnutrition and promotion of healthy diet and nutrition
- Number of Member States and international organizations that have collaborated with WHO in combating malnutrition and promoting healthy diet and nutrition

STRATEGIC APPROACHES

Promotion of evidence-based action to tackle malnutrition across the life-course including maternal, fetal, childhood and adolescent malnutrition; growth monitoring and nutrition surveillance; infant and young child feeding; action to combat iodine, vitamin A, iron, and other micronutrient deficiencies; healthy nutrition and lifestyles and reduction of obesity and diet-related disease; national nutrition policies and programmes; and adequate and appropriate food and nutrition in emergencies

EXPECTED RESULTS	INDICATORS
• Appropriate strategies formulated, and support provided, for sustainable reduction of malnutrition in its different forms; for improved infant and young child feeding; and for promotion of healthy dietary intakes, particularly in collaboration with FAO and through the Codex Alimentarius Commission	• Number and proportion of targeted countries and regions that have developed strategies and programmes aimed at reducing major forms of malnutrition, and that are promoting appropriate dietary intakes
• Global, regional and country nutrition surveillance strengthened through development and operation of WHO's nutrition databases and associated nutrition surveillance activities	• Number of countries that have nationally representative surveillance data on major forms of malnutrition, and the extent of the national and regional coverage of global nutrition data banks
• Adequate support provided to selected Member States for strengthening and implementing sustainable national nutrition plans, policies and programmes	• Number and proportion (regional and global) of targeted countries receiving technical support that succeed in strengthening their national nutrition plans, policies and programmes
• Nutritional norms, including references, requirements, guidelines, training manuals and criteria for assessing, preventing, managing and reducing the major global forms of malnutrition (under- and over-nutrition) and promoting healthy nutrition, produced and disseminated to countries and the international community	• Number and nature of nutrition standards, guidelines and training manuals produced and disseminated to countries and the international community
• Technical support provided to countries for meeting the needs of nutritionally vulnerable, food-insecure groups, particularly through collaboration with the World Food Programme and the food-assisted emergency and development projects of other international agencies	• Adequacy of WHO's response to requests for technical support – from the World Food Programme, other international organizations and high-priority countries – for nutritional emergency and food-assisted development work

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		9 424	7 500	16 924
TOTAL 2004-2005		9 887	16 000	25 887
level at which estimated percentage spent	country	31%	55%	46%
	regional	36%	20%	26%
	global	33%	25%	28%

HEALTH AND ENVIRONMENT

ISSUES AND CHALLENGES

Environmental conditions are a major direct and indirect determinant of human health. In developing societies, modern forms of exposure to urban, industrial and agrochemical pollution add to the health burden caused by traditional household and community-based risks. The vicious cycle, intrinsically linking poverty, environmental degradation and ill-health, needs to be broken.

Safe and sufficient drinking-water is still not accessible to 1.1 thousand million people, and 2.4 thousand million lack adequate sanitation. Reduced availability and degraded quality of water caused by population growth and exploitation of natural resources lead to 3.4 million deaths every year, mostly among poor people and children. Unchecked urban growth has its price in terms of environmental health: disposal of municipal and hazardous waste, particularly health care waste, remains a problem in many regions. Up to 60% of the global burden of acute respiratory infection is associated with indoor air pollution and other environmental factors. Use of biomass fuel for cooking and heating is estimated to be responsible for 1.9 million deaths every year.

Occupational diseases and injuries, grossly underreported, are responsible for more than one million deaths annually. Working children – an estimated 250 million force mostly in informal employment – is a particular high-risk population group. Increased use of chemicals, their mismanagement and inappropriate disposal practices lead to adverse effects on health, causing more than six million poisonings annually, particularly from pesticides.

Climate change and higher levels of ultraviolet radiation could have a significant impact on current health trends for vector-borne diseases; a change in precipitation patterns may increase frequency and magnitude of episodic forest fires, causing a dramatic increase in respiratory ailments. Accidental releases or deliberate use of biological and chemical agents, or radioactive material require effective prevention, surveillance and response systems to contain or mitigate harmful health outcomes. Essential health services and basic sanitary installations are often disrupted or devastated as a consequence of conflict or environmental disasters.

Political, legislative and institutional barriers to improving environmental conditions are numerous and the human resources with adequate specialization in risk assessment and management are not yet available in many countries. National and local health authorities are thus often unable to collaborate with other socioeconomic sectors where the health-protective measures need to be taken. Agenda 21, adopted at the United Nations Conference on Environment and Development (Rio de Janeiro, 1992), together with the Millennium Development Goals, provide the necessary international policy framework for action.

GOAL

To achieve safe, sustainable and health-enhancing human environments, protected from biological, chemical and physical hazards, and secure from the 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 policies and action plans for environment and health, including legal and regulatory frameworks governing management of the human environment.

Indicators

- Enhanced incorporation of environmental health aspects into international and national policy declarations and development programmes
- Increased use of WHO policy guidance by sectors other than health with responsibility for environmental management and socioeconomic development

STRATEGIC APPROACHES

Contribution to diminishing the burden of excess mortality and disability by reducing risk factors to human health that arise from environmental causes, and by promoting environmental considerations within the health sector and interventions for health protection in other socioeconomic sectors

EXPECTED RESULTS	INDICATORS
• Adequate support provided to the health sector for building capacity in targeted institutions of high-priority countries in order to manage environment and health information and implement action plans	• Proportion of institutions in targeted countries in each region receiving support to exchange national or local information and to implement health and environment action plans
• Appropriate technology and logistic support provided for prevention, preparedness and response to chemical incidents and poisonings, radiation accidents and other technological or environmental emergencies	• Efficient response from WHO offices to requests for technical guidance and cooperation on preparedness and response to natural or manmade environmental emergencies
• Community participation and other initiatives launched for addressing environmental health concerns of vulnerable population groups, particularly children, workers and the urban poor	• Efficient response from WHO offices to the needs of high-priority target groups including communication and education activities
• Science-based health impact assessments undertaken of socioeconomic and technological developments, and of global change in climate, biodiversity, water resources, and disease-vector habitats and other ecosystems	• Availability of comprehensive assessment methodology; extent to which global health and environmental issues are addressed and the related environmental burden of disease quantified
• Occupational and environmental health risks assessed and communicated through national and international partnerships, alliances and networks of centres of excellence	• Increase in number of intergovernmental bodies, nongovernmental organizations, professional associations and scientific institutions collaborating with WHO on health and environment issues
• Evidence-based normative guidelines in key environmental health areas (air and water quality, workplace hazards, radiation protection) drawn up for the purpose of framing policy and setting national and international standards	• Number of national and international legal and regulatory instruments making use of WHO environmental health criteria and guidelines
• Good-practice tools and guidelines produced on cost-effective interventions for reduction of health risk from exposure to harmful environmental agents, workplace hazards, new technological developments, and global change in climate	• Access of national and local health authorities and environmental agencies to WHO guidelines in both electronic and printed format for the planning and implementation of health and environment protection

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		40 792	28 000	68 792
TOTAL 2004-2005		41 433	39 000	80 433
level at which estimated percentage spent	country	45%	30%	37%
	regional	28%	40%	34%
	global	27%	30%	29%

As an Organization-wide priority, **Health and environment** 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 of those efforts.

Areas of work	Nature of contribution
Communicable disease surveillance	Surveillance of waterborne diseases; alert and response to chemical incidents; response to biological and chemical terrorism
Surveillance, prevention and management of noncommunicable diseases	Assessment of carcinogenic risk from chemical or radiological environmental exposure
Health promotion	Environmental health settings, including the Healthy Schools programme
Mental health and substance abuse	Occupational health problems due to stress and substance abuse at the workplace
Child and adolescent health	Integration of environmental risk factors into child health programmes; prevention and control of acute respiratory infections due to indoor air pollution; reduction of health impacts of child labour
Sustainable development	Incorporation of environmental conditions into development initiatives; breaking the cycle of poverty, environmental degradation and ill-health
Food safety	Assessment of food additives and pesticide residues within Codex Alimentarius; microbiological risk-assessment for food and water
Emergency preparedness	Response to and preparedness for technological and nuclear emergencies and disasters; basic sanitary measures in environmental disasters
Blood safety and clinical technology	Handling and disposal of health care wastes
Evidence for health policy	Comprehensive assessment of environmental risk factors incorporated into estimates of global burden of disease; development of methodology for assuring the cost-effectiveness of environmental interventions
Research policy and promotion	Research methods for assessing risk of environmental hazards; capacity building and network among research institutions and WHO collaborating centres

FOOD SAFETY

ISSUES AND CHALLENGES

Foodborne diseases take a major toll on health worldwide. Hundreds of millions of people fall ill and some suffer from serious complications or die as a result of eating unsafe food. Food and waterborne diarrhoeal diseases, for example, are leading causes of illness and kill an estimated 2.1 million people annually, most of whom are children already suffering from malnutrition in developing countries. Up to one-third of the population even in developed countries is affected by microbiological foodborne diseases annually, and foodborne chemical hazards still cause significant public health problems. In many countries the incidence of certain foodborne diseases has increased significantly over the past few decades and some national and international incidents of chemical and microbiological contamination of foods have had a major political impact. However, knowledge of and experience in reducing the burden of foodborne diseases exist and should be extended and applied globally.

All WHO regions now have strategies and food safety activities coordinated with WHO's global strategy for food safety. New tools and instruments for risk analysis have been developed, including specifically assessment of microbiological and biotechnological risk. A major review of the Codex Alimentarius has been initiated. Structures have been set up to provide support to developing countries so that they can participate in standard setting and implementation of standards. A global forum for food safety regulators has been launched, and new training efforts are under way. Until recently, most food safety regulations were based on inefficient end-product testing. Risk analysis provides a new, preventive basis for regulatory measures from farm to table at both national and international levels.

Detailed and accurate knowledge about foodborne diseases and associated contamination in food is a prerequisite for action to lower their incidence. A surveillance system is needed in order to provide reliable data on such diseases and to link them to food contamination, for evidence-based interventions. The risk-based approach being developed by WHO will bring together surveillance and food contamination data.

Foodborne diseases impose a substantial burden on health care systems and markedly reduce economic productivity. Food-safety problems in general could affect potential for food exports. In the case of many developing countries, such exports provide the foreign exchange indispensable for economic development.

International consensus on the assessment of foods derived from biotechnology needs to be established, and a more holistic approach adopted, taking into consideration safety, nutrition, and other factors.

A continuing challenge is to strengthen food safety in the public health functions of countries. The strengthening of technical capability to formulate and implement efficient food laws, and the transfer of knowledge and skills are of paramount importance, especially in developing countries.

GOAL

To reduce the health and social burden of foodborne disease.

WHO OBJECTIVE(S)

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

Indicators

- Number of countries presenting or providing data on foodborne diseases and food hazards in order to launch and evaluate risk-based intervention strategies
- Number of countries initiating risk-reduction strategies

STRATEGIC APPROACHES

Promotion of surveillance of foodborne diseases, better risk assessment, safety of new food-related technologies, public health in Codex Alimentarius, and methodology for risk communication, and international coordination of and capacity building related to food safety in public health

EXPECTED RESULTS	INDICATORS
• Foodborne disease surveillance and food hazard monitoring and response programmes strengthened	• Number of countries reporting results from a system for monitoring hazards (microbiological and chemical); • Number of countries using surveillance data in risk management • Number of countries conducting research and providing data for risk assessment and health economics
• Strengthened international risk assessment and scientific advice, and national capacity to assess risk	• Number of risk assessments finalized by WHO and FAO • Number of countries with documented microbiological risk assessment activities; • Number of countries with documented chemical risk assessment activities
• Tools for assessment and management of the risks and benefits associated with products of new technologies in food developed and disseminated	• Number of tools developed and disseminated by WHO • Number of countries adopting methods and tools for assessment and management of risks
• Health considerations in multisectoral food-safety activities at national and international levels strengthened	• Number of countries participating actively in international standard setting (Codex Alimentarius Commission) • Number of countries establishing or amending food safety policies, legislation and enforcement strategies • Number of countries developing multisectoral/ integrated approaches for food safety
• Capacities in the areas of risk communication and food-safety education strengthened	• Number of countries that have drawn up a strategy for communication of foodborne risks • Number of countries that include food safety in primary and secondary school curricula

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		8 009	5 000	13 009
TOTAL 2004-2005		9 808	11 000	20 808
level at which estimated percentage spent	country	38%	35%	37%
	regional	25%	35%	30%
	global	37%	30%	33%

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 of those efforts.

Areas of work	Nature 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

EMERGENCY PREPAREDNESS AND RESPONSE

ISSUES AND CHALLENGES

For unacceptable numbers of people, surviving emergencies is the only daily objective. During the past 20 years, natural disasters have killed at least three million people, adversely affecting 800 million more, with 96% of the deaths occurring in developing countries. Since 1990, six million people have died as a result of 49 armed conflicts. Each year, one Member State out of five faces a major crisis.

In emergencies, health is on the front line: 65% of epidemics reported to WHO occur in complex emergencies. They result in the worst famines and the highest child and maternal mortality by preventable causes. They also present the highest risk for HIV/AIDS and the greatest obstacles to eradication of poliomyelitis and to control of malaria and tuberculosis. Preparedness makes a difference, for, even in complex emergencies, well known, crucial and cost-effective public health measures can save lives.

Resolutions of the Health Assembly (e.g. WHA48.2 on emergency and humanitarian action) and all the regional committees reflect the demand of Member States for more input from WHO, which also responds to the decisions of the United Nations General Assembly and Economic and Social Council. A global public health network of expertise and activities for preparedness and response is taking shape, linking WHO, Member States and operational or scientific partners. WHO needs to mobilize better its resources to support countries facing extraordinary circumstances, especially as the risks increase, with, for example, more people living in disaster-prone areas, rapid industrialization and poverty. Terrorist action is also a threat. Public health is perceived as an essential component of the political imperatives of security and national preparedness. At the same time, humanitarian action is becoming more complex, with the need to balance relief and rehabilitation against sustainable development.

WHO has to deliver under difficult circumstances, coordinating a growing number of partners and meeting demands for accountability, high quality and provision of accurate and timely information.

Disaster prevention and mitigation of their effects are integral to improving and maintaining health. The vital public health measures that can save lives in emergencies provide a solid framework for action in such situations and form the basis of plans for preparedness and reducing the impact of disasters. In this context, WHO promotes building of institutional capabilities and linkages in Member States and partner agencies.

GOAL

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

WHO OBJECTIVE(S)

To ensure that Member States and the international community are better equipped to prevent disasters and mitigate their health consequences, balancing relief against sustainable health development through appropriate coordination mechanisms and emergency response.

Indicator

- Evidence of national disaster-reduction policies and plans that address preparedness and relief taking into account longer-term development perspectives

STRATEGIC APPROACHES

Bringing activities closer to field level by devolving functions and capacities to subregional and subnational levels; ensuring technical and financial resources, up-to-date information and institutional knowledge

EXPECTED RESULTS	INDICATORS
• Policy and advocacy positions that promote health as the leading concern in emergencies	• Evidence of countries and agencies adopting policies which recognize health as a key element to address in emergency situations
• Reliable, independent and timely public health information produced and promoted for decision-making and resource allocation at national and international levels for emergency preparedness and response	• Number of tools developed and systems, including health information for emergency response preparedness and vulnerability reduction in place in Member States
• Effective support provided to the health sector of Member States to institutionalize local capacity to reduce vulnerability of people and health facilities as well as prepare for and act in emergencies	• Inclusion of disaster mitigation in technical cooperation at country and international levels including in health facilities • Amount of external resources mobilized in support of health priorities identified and/or endorsed by WHO
• Alliances, involving health systems, United Nations agencies, nongovernmental organizations and other entities to reduce vulnerability, provide effective health assistance in ways that are transparent and accountable	• Rate of funding coverage of health components in consolidated appeals • Number of joint projects and memoranda of understanding with partners for disaster reduction at country level
• Greater leadership of WHO in coordination of international health disaster reduction and response efforts	• Patterns and distribution of disaster experts in regional and country offices • Number of external evaluations recognizing the relevance of WHO technical assistance in emergency work
• Availability of authoritative and up-to-date scientific information on best practices and policies for disaster reduction and humanitarian assistance	• Number of guidelines and technical publications disseminated both electronically and in print • Number of experts, WHO clusters or programmes and external partners involved in the selection of priority topics and the preparation of the material

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003[a]		7 978	43 000	50 978
TOTAL 2004-2005[a]		8 332	63 000	71 332
level at which estimated percentage spent	country	49%	75%	72%
	regional	30%	15%	17%
	global	21%	10%	11%

[a] The totals exclude the funds allocated to WHO under the oil-for-food programme for Iraq as defined by the United Nations Security Council.

ESSENTIAL MEDICINES: ACCESS, QUALITY AND RATIONAL USE

ISSUES AND CHALLENGES

In collaboration with WHO and other partners, an increasing number of countries have been strengthening the area of pharmaceuticals, including traditional medicine, by framing, implementing and monitoring of national drug policies, reinforcing drug regulation, and updating national lists of essential medicines.

WHO's most significant recent contribution included establishment of a practical framework to improve access to essential medicines, adopted and applied by those concerned; revision of procedures for updating WHO's Model List of Essential Medicines; monitoring and provision of guidance on the impact of international trade agreements as related to access to medicines; promotion of access to high-quality drugs through the quality assessment project for HIV-related medicines; formulation and implementation of a strategy for traditional medicine, focusing on safety and efficacy; and development of a network of national programme officers for pharmaceuticals, especially in African countries.

Yet inequities in terms of access to essential medicines remain widespread. It is estimated that one-third of the world's population lacks regular access to essential medicines, more than half in the poorest parts of Africa and Asia, often because of inadequate financing and poor health-care delivery. Poor quality and irrational use of medicines is also a cause of concern. Even when medicines are available, they may be substandard or counterfeit if drug regulation is weak.

The use of traditional or complementary and alternative medicine, widespread in developing countries, is becoming increasingly popular in developed countries, and a source of growing expenditure globally. Policy-makers have to tackle the questions of safety, efficacy, preservation, and further development of this type of health care.

WHO's medicines strategy has four objectives: to frame and implement policy, to ensure access, to ensure quality, safety and efficacy, and to promote rational use of medicines. Strongest emphasis will be laid on securing access to essential medicines for high-priority health problems, including malaria, tuberculosis, HIV/AIDS and childhood illnesses. Special attention will also be given to developing sustainable drug-financing mechanisms, addressing the health implications of trade issues, strengthening health care services and drug supply management, integrating traditional medicine in health systems, monitoring the impact of national drug policies, promoting effective drug regulation, and devising pragmatic approaches to quality assurance.

GOAL

To ensure equitable access to affordable essential medicines on a sustainable basis, and the efficacy, safety and rational use of medicines; to help to save lives and improve health by closing the gap between the potential of essential medicines and the reality that for millions of people – particularly the poor and disadvantaged – medicines are unavailable, unaffordable, unsafe or improperly used.

WHO OBJECTIVE(S)

To work with countries to frame, implement and monitor national drug policies; to increase equitable access to essential medicines, particularly for priority health problems; to ensure the quality, safety and efficacy of medicines through effective drug regulation; to improve rational use of medicines by health professionals and consumers.

Indicators

- Percentage of the global population that has access to essential medicines
- Number of countries that have a national drug policy, either new or updated within the past 10 years

STRATEGIC APPROACHES

In collaboration with major partners, gathering and dissemination of knowledge based on experience gained in countries, and strengthening of national capability to put it into practice

EXPECTED RESULTS	INDICATORS
• Adequate support provided to countries to frame, implement, and monitor the impact of national medicine policies, including monitoring of and advice on the impact of relevant trade agreements and globalization on access to medicines	• Percentage of targeted countries that have plans for implementing national medicine policies, either new or updated within the past five years • Number of countries with increased capacity to monitor the implication of relevant trade agreements on access to essential medicines
• Adequate support provided to countries to promote the safety, efficacy and sound use of traditional medicine and complementary and alternative medicine	• Establishment of a global evidence network and monitoring system on safety and efficacy of traditional medicine and complementary and alternative medicine • Percentage of targeted countries with laws and regulations on herbal medicine
• Guidance provided on financing the supply, and increasing the affordability, of essential medicines in both the public and private sectors	• Dissemination of guidelines on public health insurance covering medicines • Number of countries with generic substitution allowed in private pharmacies
• Efficient systems for medicine-supply management promoted for both the public and private sectors, in order to ensure continuous availability of medicines and contribute to better access to medicines	• Percentage of targeted countries with public-sector procurement based on a national list of essential medicines • Percentage of targeted countries with at least 75% of public-sector procurement subject to competitive tender
• Global norms, standards and guidelines for the quality, safety and efficacy of medicines strengthened and promoted	• Number of international nonproprietary (generic) names assigned • Number of psychotropic and narcotic substances reviewed for classification for international control
• Instruments for effective medicine regulation and quality assurance systems promoted, in order to strengthen national medicine regulatory authorities	• Percentage of targeted countries operating a basic medicine regulatory system • Percentage of targeted countries with basic quality assurance procedures in operation
• Awareness raising and guidance on cost-effective and rational use of medicines promoted, with a view to improving medicines use by health professionals and consumers	• Percentage of targeted countries that have a national list of essential medicines updated within the past five years • Percentage of targeted countries that have clinical guidelines updated within the past five years • Percentage of targeted countries that have started implementing a public-education campaign on rational medicine use

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		19 434	31 000	50 434
TOTAL 2004-2005		19 658	34 000	53 658
level at which estimated percentage spent	country	40%	30%	34%
	regional	22%	20%	21%
	global	38%	50%	45%

Activities under **Health systems,** an Organization-wide priority, are carried out in three areas of work: **Essential medicines: access, quality and rational use, Evidence for health policy** and **Organization of health services.** The nature of support to Essential medicines: access, quality and rational use from other areas of work is shown in the following table.

Areas of work	Nature of contribution
Malaria	Increased access to high quality antimalarial agents; quality-control specifications; pre-qualification of antimalarials; provision of support to national clinical studies of herbal antimalarials
Tuberculosis	Promotion of DOTS and DOTS-Plus strategy; increased access to high quality anti-tuberculosis medicines; quality-control specifications; regulatory guidance on use of four-medicine fixed-dose combination, including bioequivalence guidelines; pre-qualification of tuberculosis medicines
Surveillance, prevention and management of noncommunicable diseases	Revision/development of evidence-based clinical guidelines for the essential medicines list
Mental health and substance abuse	Joint representation of WHO to the International Narcotics Control Board on issues related to medicine abuse; development of evidence-based clinical guidelines
Child and adolescent health	Compatibility of essential medicines list with requirement for Integrated management of childhood illness; medicine supply management
Research and programme development in reproductive health	Guidelines for quality assurance of tablets; clinical guidelines for contraceptives and treatment of sexually transmitted infections
HIV/AIDS	Increased access to, pre-qualification of and quality-control specifications of HIV/AIDS-related medicines; technical guidance on clinical validation of use of traditional medicine and complementary medicine in HIV/AIDS care
Health and environment	Work on biodiversity and preservation of medicinal plants related to health issues
Emergency preparedness and response	Promotion of emergency health kit; good medicines-donations practices and disposal of unwanted medicines
Food safety	General principles of standard setting; development of WHO guidelines for assessing safety for herbal medicines with special reference to contaminants and residues
Immunization and vaccine development	Joint assessment of regulatory capacity; collaboration on European Community procedures for neglected diseases; cross-cluster coordination for quality and safety assurance
Blood safety and clinical technology	Cross-cluster coordination for quality assurance and safety; collaboration on injection safety and essential diagnostics
Evidence for health policy	Information on pharmaceuticals expenditure for national health accounts; assessment and provision of pharmaceutical price information; coordination of policy advice on health financing
Research policy and promotion	Assessment of spending on pharmaceutical research and development spending in context of overall health research and development
Organization of health services	Cooperation on issues related to patient safety; development of coverage and access indicators; cost effectiveness of traditional medicine and complementary/alternative medicine
WHO's presence in countries	Development and implementation of strategy to increase country ability to overcome obstacles to health

IMMUNIZATION AND VACCINE DEVELOPMENT

ISSUES AND CHALLENGES

In 2002, the number of poliomyelitis-endemic countries fell to seven, the lowest number ever. In addition to the Region of the Americas and the Western Pacific Region, already certified as poliomyelitis free, the European Region was so certified in June 2002. The Global Alliance for Vaccines and Immunization (GAVI) and the Vaccine Fund have given prominence to immunization. The strategic objectives of WHO and GAVI lay particular emphasis on low-income countries and populations which suffer most from the lack of access to immunization. A total of 135 countries have now introduced hepatitis B vaccine, and 89 have introduced *Haemophilus influenzae* type b (Hib) vaccine in their routine immunization services. Support provided by the Vaccine Fund will enable at least 50 additional countries to introduce these antigens over the next biennium. These two mechanisms have also reinforced WHO's drive for safe immunization injections. Many countries have adopted the joint WHO/UNICEF/UNFPA policy and are routinely using autodisable syringes.

With regard to development, one pneumococcal conjugate vaccine has been licensed, but does not contain serotypes that would make it effective in Africa and Asia. The only licensed rotavirus vaccine was removed from the market because of adverse events.

Despite progress, over 34 million children born every year still do not have access to immunization services. Vaccine-preventable diseases cause over two million deaths, mostly in the poorest countries. Measles alone causes over 750 000 deaths, even though an efficient, low-cost vaccine has been available for decades. Should new vaccines become available, lack of financial resources would impede their introduction into low-income countries. Financial and human resources are therefore required to facilitate and coordinate research and development on vaccines against diseases which primarily affect the poor; to strengthen routine immunization services and surveillance of vaccine-preventable disease; to identify and implement mechanisms for long-term financial sustainability; to certify the world free of poliomyelitis and to tackle the technical challenges of the post-eradication period; and to accelerate efforts to reduce vaccine-preventable mortality and control diseases through supplemental immunization activities.

GOAL

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

WHO OBJECTIVE(S)

To achieve substantial progress in the areas of: innovation – development of new vaccines, biologicals and immunization-related technologies, made available to countries to reduce the burden of diseases of public health importance; immunization systems – greater impact of immunization services, as a component of health delivery systems; accelerated control of disease – control, elimination or eradication of high-priority diseases in ways that strengthen the health infrastructure.

Indicators

- Coverage of children less than one year of age with three doses of hepatitis B vaccine
- Coverage of children less than one year of age with three doses of diphtheria-tetanus-pertussis vaccine
- Number of cases of poliomyelitis reported globally

STRATEGIC APPROACHES

Advocacy and coordination of global research and development; policy framing; technical and strategic support to strengthen national capacity

EXPECTED RESULTS

- Research and development promoted and preclinical evaluation facilitated for new candidate vaccines against tuberculosis, malaria, shigellosis and dengue (in collaboration with the Special Programme for Research and Training in Tropical Diseases) and HIV/AIDS (in collaboration with UNAIDS)

INDICATORS

- Number of vaccine candidates against tuberculosis, malaria, shigellosis, HIV/AIDS and dengue advancing to phase I clinical trials
- Proportion of WHO support for vaccine research and development allocated to investigators from developing countries

• Clinical trials (safety, immunogenicity and efficacy) facilitated for selected new HIV/AIDS, pneumococcal, meningococcal, enterotoxigenic *E. coli*, Japanese encephalitis, rotavirus and *Human papillomavirus* vaccines, and for vaccines against other infectious diseases, where appropriate	• Number of vaccines against pneumococcal and rotaviral disease and Japanese encephalitis entering efficacy trials in developing countries where the diseases are endemic • Percentage of high-priority countries with national plans or strategies to prepare for an HIV/AIDS vaccine
• Appropriate strategies promoted and support provided for accelerated introduction of underutilized vaccines, particularly hepatitis B and Hib vaccines	• Percentage of population under one year of age living in countries where hepatitis B vaccine has been introduced, and where Hib vaccine has been introduced and a substantial burden of disease exists
• Updated (or new) guidance on the standardization and control of biologicals finalized and promoted	• Percentage of priority biological medicines for which necessary regulatory research is under way or which have production and control recommendations consistent with latest scientific developments
• Adequate support provided for implementing policies and building capacity to assure the sustainable supply and the quality of all vaccines delivered by national immunization services	• Percentage of countries where the national immunization system uses only vaccines of assured quality (as per WHO criteria) • Percentage of countries that have a budget line for vaccines and syringes
• Adequate support provided for building capacity in priority countries to implement a comprehensive system to ensure safe immunization injection practices	• Percentage of countries assuring sterile immunization injection practices (as per WHO algorithm)
• Adequate technical and policy support provided to priority countries to strengthen key immunization functions and managerial capacity at all levels	• Percentage of countries monitoring district-level immunization coverage (all routine antigens)
• Effective coordination and support provided for the eradication of poliomyelitis and the certification of all WHO regions as free of poliomyelitis	• Number of WHO regions certified as free of poliomyelitis
• Adequate support provided for building capacity to implement strategies for controlling and eliminating major vaccine-preventable diseases	• Percentage of targeted countries consistently implementing strategies to eliminate maternal and neonatal tetanus • Percentage of endemic countries including yellow-fever vaccine in routine measles immunization
• Adequate support provided to implement strategies to achieve a sustainable reduction in measles mortality and to interrupt transmission in areas where measles-elimination goals have been set	• Percentage of population under one year of age which live in countries where strategies for sustainable measles mortality reduction or for measles elimination are being implemented

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		19 424	171 000	190 424
TOTAL 2004-2005		17 277	419 000	436 277
level at which estimated percentage spent	country	31%	65%	64%
	regional	25%	20%	20%
	global	44%	15%	16%

BLOOD SAFETY AND CLINICAL TECHNOLOGY

ISSUES AND CHALLENGES

With the scaling up of interventions to tackle the major diseases of poverty, particularly malaria, HIV/AIDS and tuberculosis, the need for essential health technology services has never been greater. Yet, trained personnel, resources and government commitment and support are still lacking in many countries to ensure that blood and blood products and health technologies are safe and of appropriate quality, equitably accessible, readily available at reasonable cost, used appropriately, and provided within the context of a sustainable health care system. Over 60% of the world's population has no access to safe blood and blood products. This is the cause of significant mortality and high risk of infection associated with poor-quality blood transfusion services, stemming from inadequate blood-donor recruitment and use of untested blood or incorrect blood type. It is also estimated that over 30% of injections given each year are unsafe. Norms and standards are still lacking that would facilitate the exchange of medical technology and *in vitro* diagnostic procedures between countries and promote high-quality health care.

Around 95% of medical technology in developing countries is imported, and most does not meet the needs of the national health care system. Diagnostic imaging and radiation therapy, laboratory services and clinical technology in these countries also suffer from a lack of finance and skilled human resources and from poor management. This is increasingly relevant for diagnostic support for treatment and care of HIV/AIDS and opportunistic infections. Quality of care is affected by inoperative or incorrectly used medical devices, insufficient quantities of consumables and reagents, and lack of infection control and waste-management systems.

World Health Day 2000 increased public awareness of the importance of government commitment to national programmes for blood safety. WHO's distance-learning programme and quality management project have ensured the training of good-quality managers in all regions, increased the number of safe blood donors, improved the quality of donated blood, and reduced risk through appropriate clinical use of blood.

WHO develops guidelines and reference materials that define international technical specifications for safety and efficacy of blood and blood products. WHO hosts the secretariat of the Safe Injection Global Network in order to promote safe and appropriate use of injections. WHO's HIV diagnostic-support project has led to increased pre-qualification and bulk purchasing of kits for the diagnosis, treatment and care of HIV/AIDS patients. Its blood cold-chain project has been set up to help ensure safety of blood products. Sound practices in diagnostic imaging and laboratory services have been promoted through strengthening of laboratory networks and training of professionals.

GOAL

To ensure that blood and blood products, injection practices, laboratory services, diagnostic and therapeutic support, medical devices and clinical technology are safe, accessible, used appropriately and effectively, and are affordable, particularly in developing countries.

WHO OBJECTIVE(S)

To ensure that Member States are adequately equipped to frame, implement and monitor national policies, improve access to safe blood, blood products and health care technologies, and that these are safe, of an assured quality and used appropriately.

Indicators

- Number of countries implementing effective policies, programmes and plans for provision of safe blood, blood products, injections and medical devices and procedures, and their appropriate clinical use

STRATEGIC APPROACHES

With major partners advocacy of policies for blood safety and clinical technology; facilitation of access to and promotion of safety and quality of products and services; building of capacity in order to meet agreed strategic targets for blood safety and clinical technology

EXPECTED RESULTS	INDICATORS
• Support provided to countries to frame, implement and monitor the impact of national policies for blood and blood product safety, injection and medical devices safety, and laboratory and diagnostic services • Global collaborations and partnerships strengthened to improve access to safe blood and clinical technologies	• Percentage of targeted countries with effective policies and the necessary legislative framework to ensure safe and appropriate use of blood, blood products, injections and medical devices, and laboratory and diagnostic services • Number of effective global collaborations and partnerships to improve safety of blood and blood products, injections, and medical devices and procedures
• Guidance provided on procurement management and increasing the affordability of essential equipment, diagnostic technologies, and injections and medical devices • Support and improved access to new technology appropriate for resource-limited settings • Guidance provided on blood-donor recruitment and stock management	• Dissemination of procurement-management guidelines • Percentage of savings made through bulk procurement • Number of new technologies supported • Percentage of targeted countries with documented blood-donor recruitment and stock-management systems
• International norms, standards, procedures and biological reference preparations produced and promoted for blood products and related biological substances and *in vitro* diagnostic procedures • Support for capacity building of national regulatory authorities	• Proportion of targeted countries with competent authorities for the control of blood products and related biological substances, *in vitro* diagnostic procedures, medical devices and procedures • Number of WHO international biological reference preparations produced and promoted
• Adequate technical and policy support provided for validation of new tools and strategies for blood safety, diagnostic support, injection and medical devices safety	• Number of new tools and strategies validated • Number of countries and partners using technical information and guidelines
• Quality-management systems strengthened; and external quality-assessment schemes promoted for laboratory and blood-transfusion services	• Proportion of targeted countries having implemented quality-management systems for laboratory and blood transfusion services • Performance and number of laboratories and blood-transfusion services participating in external quality-assessment schemes
• Technical support provided for building capacity to improve the appropriate, safe and cost-effective use of transfusion therapy, injections, diagnostic imaging and radiation therapy, laboratory and diagnostic services, and medical devices and procedures	• Number of countries using WHO training materials, guidelines and recommendations for building capacity in diagnostic imaging and radiotherapeutical practices, equipment maintenance and waste management, blood transfusion and laboratory and diagnostic services • Proportion of targeted countries with documented safe and appropriate use of blood and blood products • Proportion of targeted countries practising safe and appropriate use of injections

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		15 118	15 500	30 618
TOTAL 2004-2005		14 667	8 000	22 667
Level at which estimated percentage spent	country	34%	20%	29%
	regional	29%	10%	23%
	Global	37%	70%	48%

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 of those efforts.

Areas of work	Nature of contribution
Communicable disease surveillance	Operational networks of centres and laboratories able to administer diagnostics tests for hepatitis B and C, HIV infection and Chagas disease
Malaria	Provision of technical guidance on safe blood transfusions for gross anaemia
Surveillance, prevention and management of noncommunicable diseases	Treatment strategies for haemophilia, thalassaemia and other inherited metabolic diseases
Injuries and disabilities	Strategies for district health services that include guidance on minimizing the use of blood by reducing bleeding and avoiding unnecessary procedures that require blood
Child and adolescent health	Guidelines on appropriate use of blood in childhood and adolescent diseases and surgical procedures
Making pregnancy safer	Implementation of screening for anaemia
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, and provision of associated international reference materials
Nutrition	Dissemination of methods for screening for anaemia
Health and environment	Waste management of blood and blood products
Emergency preparedness and response	Screening for anaemia and procedures for safe blood transfusions in emergencies, through institutionalized focal points
Essential medicines: access, quality and rational use	Implementation of safe practices for therapeutic injections in priority countries
Immunization and vaccine development	Implementation of safe injection practices in priority countries, and use of chest X-radiography in efficiency studies on vaccination against bacterial pneumonia in children
Organization of health services	Essential technology package disseminated to improve quality of blood services

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, decision-makers need the tools, capacity and information to assess health needs, choose intervention strategies, design policy options appropriate to their own circumstances, monitor performance and manage change. In addition, there is growing international support to scale up activities of health systems in order to improve the health of the poor within the framework of the Millennium Development Goals and poverty-reduction strategies at country level. If health systems are successfully to deliver better services to the poor, they will have to adjust approaches to financing, stewardship and resource generation as well as to delivery. Some of the greatest difficulties in enhancing performance of a health system are concerned with its overall design. Better evidence is needed on the relationship between the performance and organization of different health systems, in particular the effect on the health of poor population groups, and on ways to manage the complex process of change.

As part of this process, decision-makers need reliable, timely and usable information on the cost, effectiveness and efficiency of interventions targeting the health of the poor. In addition, the policy debate needs information on ethical and gender dimensions of choice of intervention, design of the system, quality of care, and ways to encourage desirable and discourage undesirable interventions. Applying international evidence in the formulation and implementation of national policies to enhance health systems' performance depends on more than the development of common tools, norms and standards; the challenge is to ensure that policy-makers have access to the best evidence and tools, and the capability to use them to enhance the performance of their health systems. It is important to work with countries to identify the most useful evidence in their settings and to build the capacity to use the available evidence according to their needs.

GOAL

To foster the evolution of health systems to maximize their 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 the performance of health systems by the generation and dissemination of evidence, to build capacity to use this evidence, and to provide support for national and international dialogue on ways to improve health systems' performance.

Indicators

- Availability of practical tools to help policy-makers and health professionals to analyse health situations and systems and formulate national policies for improving the performance of health systems
- Strengthened ability of countries to adapt and use these tools in their own settings
- Existence of functioning networks with regional and national institutions and active partnerships with international agencies supporting the analysis and development of more effective stewardship, financing, and resource generation and provision in countries

STRATEGIC APPROACHES

Development and enhancement of the knowledge base for health systems; effective capacity building in health systems' assessment and development; establishment and maintenance of focused active health systems' networks

EXPECTED RESULTS	INDICATORS
• Validated framework and practical policy tools used to support expansion of capacity of national health systems to obtain, analyse and use critical information, including that on health, responsiveness, fairness of financial contributions, risk factors and the costs and effectiveness of important interventions	• Availability and regular updating of databases and other practical tools to help policy-makers and health professionals to analyse health situations, major health outcomes, systems and possibilities for intervention • Strengthened ability to adapt the framework and tools to their own settings in selected countries

EXPECTED RESULTS	INDICATORS
• National and international networks and partnerships in operation for epidemiological estimates and methods, monitoring of major health system outcomes, economic analysis, measurement of health system efficiency and international classifications	• Existence of functioning networks with regional and national institutions for devising methods of obtaining estimates on crucial health-policy parameters and ways to use them at national and subnational levels • Elaboration and use of mechanisms to promote access to and exchange of comparable data on health systems by countries and WHO
• Norms, standards, terminology and methods for use by national decision-makers determined and validated on main issues, including population health, responsiveness and fairness of financial contributions and their measurement, international classifications, economic efficiency, economic cost, ethical implications of resource allocation and cost-effectiveness analysis for choosing efficient mixes of interventions	• Availability of selected norms, standards, terminology and methods to meet high-priority needs of countries and regions for producing evidence on which to base health policy • Strengthened ability of targeted countries to obtain and use this information in a way that complements existing routine statistical information systems
• An evidence base available to guide policy recommendations on critical areas including health care financing, stewardship, resource generation and service provision	• Finalization of WHO policy on health system financing • Availability of collected evidence on approaches to stewardship, resource generation and service provision • Strengthened ability in selected countries to analyse and apply such evidence in national policy development
• Operational mechanisms and validated tools available for updating information regularly and facilitating routine analysis of national and subnational health systems' performance; strategies to improve performance of health information systems in different settings formulated and operational, supporting and complementing routine statistical systems	• Availability and use of practical tools for health systems' performance assessment at national and subnational levels, with special attention to resource-poor settings • Formulation of agreed strategies for strengthening health information systems in order to obtain more timely and relevant information for national policy-makers • Continued development of the World Health Survey instrument with involvement of countries and international experts • Availability of data from the World Health Survey as public goods to national and international communities
• Practical planning tools for policy-makers that support the implementation of alternative policies and strategies for improving health systems' performance designed and validated	• Availability of selected practical tools for policy-makers to use in national policy and planning, within WHO framework • Incorporation of these tools into policy process in selected countries
• Evidence base available to guide the development and implementation of pro-poor health policies and health-related interventions in line with poverty reduction strategies and the Millennium Development Goals	For all countries in the poverty-reduction strategy process: • availability of scientific evidence on what constitutes pro-poor health policies and interventions • ability to analyse national policies from an evidence-based pro-poor health perspective in targeted countries

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		29 509	21 000	50 509
TOTAL 2004-2005		31 258	53 000	84 258
level at which estimated percentage spent	country	23%	40%	34%
	regional	32%	20%	24%
	global	45%	40%	42%

Activities under **Health systems,** an Organization-wide priority, are carried out in three areas of work: **Essential medicines: access, quality and rational use, Evidence for health policy** and **Organization of health services.** The nature of support to Evidence for health policy from other areas of work is shown in the following table.

Areas of work	Nature of contribution
Communicable disease surveillance	Collaboration on estimates of incidence and prevalence, and strengthening of information systems
Communicable disease prevention, eradication and control	Inputs on burden of disease, effectiveness of interventions and costs
Research and product development for communicable diseases	Collection of evidence on impact of health systems on prevention
Malaria	Information on effectiveness of interventions; estimates of burden of disease and cost of interventions; collaboration on health financing issues
Tuberculosis	Estimation of burden of disease; work on costs and effects of interventions and on health information systems; collaboration on health financing topics
Surveillance, prevention and management of noncommunicable diseases	Information on adherence to best practice guidelines; collaboration on health financing issues
Tobacco	Estimates of costs and effects of interventions; estimates of tobacco-related deaths; collaboration on responsiveness to tobacco-control efforts
Health promotion	Information on effectiveness of interventions and costs; collaboration on responsiveness to health promotion
Injuries and disabilities	Estimates and projections of burden of injuries
Mental health and substance abuse	Estimation of burden of disease; information on costs and effectiveness of interventions; collaboration on health financing issues

Areas of work	Nature of contribution
Child and adolescent health	Information on costs of integrated management of childhood illnesses; estimates and projections of burden of disease and mortality
Research and programme development in reproductive health	Information on cost and effectiveness of interventions; collaboration on health financing matters
Making pregnancy safer	Estimation of burden of disease; information on costs and effectiveness of interventions
Women's health	Collaboration on gender analysis and responsiveness to efforts to improve women's health
HIV/AIDS	Work on projections and assessment of burden of disease; information on cost-effectiveness of interventions; work on health information systems; collaboration on health financing matters
Sustainable development	Work on human rights approach as related to health systems assessment; collaboration on responsiveness and human rights and on health financing matters
Nutrition	Assessment of burden of disease
Health and environment	Assessment and projections of burden of disease; information on costs and effectiveness of interventions
Emergency preparedness and response	Information on best health practices
Essential medicines: access, quality and rational use	Work on best practice guidelines and costs of interventions; collaboration on expenditures on drugs through national health accounts and household data on fairness in financial contribution
Immunization and vaccine development	Assessment of burden of disease; work on cost-effectiveness of interventions; collaboration on health financing aspects including the Global Alliance for Vaccines and Immunization
Blood safety and clinical technology	Work on costs and effectiveness of interventions
Organization of health services	Assessment of health systems' performance; collaboration on health financing matters
Health information management and dissemination	Provision of support to communication and capacity building in countries
Research policy and promotion	Provision of support for research framework on health systems' performance
Resource mobilization, and external cooperation and partnerships	Information on donors and nongovernmental organizations active in providing technical support in areas of interest in health systems

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, facilitating 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 the Organization's 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-information 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 must meet 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 meet 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 within 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 provide people with relevant information and to reduce the information gap. This can be done 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 create a framework of health knowledge in which the right health information is available at the right time to support informed decision-making at all levels.

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.

Indicators

- A measurable increase in use of WHO information in all media
- Application of best practices for storage, management and accessibility of health information

STRATEGIC APPROACHES

Provision of support to existing activities such as the Health InterNetwork Access to Research Initiative, with focus on access to information sources at country level; enhancement of WHO's web site, including uploading of country information pages, with monthly provision of information on CD-ROM being explored as a solution to telecommunication difficulties; preparation of a health knowledge framework through informational, technological and institutional change within WHO, including identification of main health-information assets and their delivery at country level; creation of an enabling environment that supports communities of practice and associated networks with information resources

EXPECTED RESULTS	INDICATORS
• Organization-wide health-information management strategies and policy in operation and periodically evaluated and updated	• Number of information products compliant with organizational strategies and policies • Frequency of evaluation and updating of strategies and policy
• Planning, production and dissemination of health information products in appropriate media (including print, web, multimedia and CD-ROM) and in appropriate languages (including all WHO official languages for selected high-priority globally-relevant products) improved through streamlined production/ dissemination processes, policies and services	• Availability of trend data on sales and distribution of health information products • Availability of statistics on access to WHO web sites • Proportion of global information products available in more than one language on the WHO web site • Increased dissemination through content licensing
• Selected high-priority health information published, including *The world health report*, the *Bulletin of the World Health Organization*, WHO web site content and regional information products	• Proportion of global WHO web content that follows guidelines for usability, accessibility and branding
• An evaluation framework for WHO's health-information products introduced, including: policies on best practice such as standards for scientific and editorial quality; regular assessments of target-audiences' needs; and assessment of the products with feedback on lessons learned to the authoring units and executive management	• Number of evaluated health-information products • Number of case studies and reports on lessons learned • Number of plans for health-information products changed to fit the evaluation framework
• WHO's health knowledge framework established, including: the identification and organization of essential knowledge assets (such as documents and structured data sets) and ensuring better access by all WHO staff to the information they need; information and communication technology support to communities of practice within WHO; promotion and facilitation of best practice in management of WHO health data (e.g. data storage, decision-support tool sets); and strengthening ability of countries to access, use, and contribute to the framework	• Number of health knowledge assets identified and statistics on usage • Satisfaction of staff in different geographical locations with the information support needed for their work • Number of supported communities of practice • Proportion of WHO health data sets that follow best-practice criteria in information management • Number of Member States actively participating in WHO's health knowledge framework

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		31 829	16 000	47 829
TOTAL 2004-2005		29 791	20 000	49 791
level at which estimated percentage spent	country	4%	15%	8%
	regional	50%	15%	36%
	global	46%	70%	56%

RESEARCH POLICY AND PROMOTION

ISSUES AND CHALLENGES

Research is the systematic process for generating knowledge, and global research efforts produced knowledge that underpinned the health revolution of the twentieth century. Based on unprecedented advances in biology (as exemplified by the recent sequencing of the human genome), the social sciences and information technology, new concepts will lead to innovations in diagnosis, prevention and therapy and have direct impacts on 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 (the 10/90 gap). Clear disparities in economic strength, political will, scientific resources and capabilities, and the ability to access global information networks have, in fact, widened the gap in knowledge, and hence health, between rich and poor countries. *The world health report* for 2004 will examine how research has led to improvements in health, especially in the developing countries.

WHO plays an important and unique role in correcting imbalances in the distribution of knowledge so that the fruits of research benefit everybody, 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 capability 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 promote research and knowledge as global public goods through national and global partnerships and collaborations that are equitable and sustainable. It will foster a favourable health research environment to support equitable health research efficiency and advocate redirection of resources to narrow the 10/90 gap in health research funding. It will also promote the systems approach to health research in the belief that that drives health system improvement. WHO will keep abreast of relevant scientific advances through close contact with the scientific community. Mechanisms will be needed 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 high-priority health problems; and launching initiatives to strengthen research capability in developing countries so that health policy will be founded on solid evidence from research.

Indicators

- Strong health research systems in countries
- Increased global emphasis on research into health problems of developing countries

STRATEGIC APPROACHES

Close interaction and consultation with the scientific community; working with countries to develop methods for assessing performance of health research systems; analysis of major global issues in health research; capacity building and advocacy initiatives in important areas

EXPECTED RESULTS	INDICATORS
• WHO research policy updated to reflect emerging trends, contemporary scientific advances relevant to health, gaps in knowledge and ethical aspects of research in order to strengthen ability for rational decision-making on research priorities	• Degree to which current trends, advances in knowledge and good ethical standards are reflected in WHO's research-policy positions • Presence and prominence 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 links between the global and regional Advisory Committee on Health Research	• Number of regional Advisory Committees on Health Research with explicit operational and procedural links to the global Advisory Committee on Health Research • Number of partnerships and networks set up to improve international cooperation between WHO and other organizations involved in health research
• Framework in operation for providing policy and technical support in order to strengthen health research and capability for such research in developing countries, including methods and strategies to assess performance of health research systems	• 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 • Analytical work and methods relating to performance assessment of health research systems • Number of initiatives to strengthen health research capacity in selected areas
• Support and advice provided within WHO on research-related activities	• Evidence of the importance given to health research issues in WHO reports, documentation and press releases
• Mechanisms in place for increasing capability of WHO collaborating centres to engage in research in high-priority areas	• Greater activity of WHO collaborating centres in high-priority areas of research as parts of national or regional networks of centres • Level of technical support and support for resource mobilization provided to WHO collaborating centres for research-related activities in high-priority areas
• Support and advice provided to Member States, and within WHO, on matters pertaining to ethics and health	• Number of Member States and WHO programmes receiving advice on matters pertaining to ethics and health

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		9 380	5 000	14 380
TOTAL 2004-2005		9 566	10 000	19 566
level at which estimated percentage spent	country	26%	45%	36%
	regional	28%	15%	21%
	global	46%	40%	43%

ORGANIZATION OF HEALTH SERVICES

ISSUES AND CHALLENGES

In many countries, national 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 the poorest and 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 in line with the Millennium Development Goals and poverty-reduction strategies. There is little evidence of the effectiveness of these reforms. Countries are asking for policy guidance on several of these areas, including human resources for health, financing and decentralization and tools to aid assessment and planning.

The organization of services and delivery of effective interventions remain difficult for many countries. Problems include: the inability of governments to assure quality of providers and of service delivery; fragmented services, leading to inequitable coverage, inefficiencies in resource allocation and management; and imbalances in human resources. To tackle these challenges, countries need to build their management capability and devise management tools that ensure both efficiency and special safeguards for the health of the poor. Mechanisms need to be set up to align education and training with the needs of practice. Member States need to improve their ability to produce and use information, in other words, to strengthen systems as well as skills. Advances in both health technology and communications offer opportunities to accelerate improvements in service delivery, provided that Member States have the capability to use these technologies and tools to make suitable choices.

GOAL

To maximize the potential of a health system 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 Member States to improve their capacity to deliver high-quality health services affordably, efficiently and equitably to all their populations, especially the poorest and most vulnerable, by developing and enhancing systems for planning and delivery of health services and to gather evidence and design tools that support informed and participatory framing and implementation of policy.

Indicators

- Availability of practical tools to help policy-makers and health professionals to analyse the impact of health systems on access and health outcomes of the poor, and to improve the quality and performance of health services
- Strengthened ability of countries to adapt and use these tools in their own settings
- Functioning networks with regional and national institutions and active partnerships with international agencies supporting the analysis and development of more effective stewardship, financing, and generation and provision of resources in countries

STRATEGIC APPROACHES

Development and enhancement of knowledge bases on health systems; effective capacity building for assessment and development of health systems; establishment and support of focused and active networks of health systems

EXPECTED RESULTS	INDICATORS
• Frameworks validated for use by countries to gather and analyse changes in health system organization and their effects on access to services and health outcomes of the poor	• Availability of practical tools (such as national health accounts) to help policy-makers to analyse health system changes and their effects on access and health outcomes of the poor

EXPECTED RESULTS	INDICATORS
• Strategies formulated to strengthen national capacity for framing and implementing policies to improve health of the poor, focusing on high-priority health conditions and better stewardship (including legislation and regulation and accreditation)	• Strengthened national capability to formulate and implement policies to improve health of the poor in selected countries in all WHO regions
• Knowledge bases, networks and partnerships maintained and extended in order to build capacity in countries to support improved health system stewardship, financing, and generation and provision of resources in countries, and the strengthening of management processes at national and subnational levels	• Functioning networks of regional and national institutions and active partnerships with other international agencies, supporting the development of more effective stewardship, financing, and generation and provision of resources in countries • Publicly accessible information bases on organization of health systems' functions
• Evidence and best practices validated and countries supported to define and implement their policy options on health service provision and the development and use of human resources (including motivation and migration issues)	• Availability and implementation of policy options to improve health service coverage and the recruitment and use of human resources, based on validated evidence and best practices, in selected countries in all WHO regions
• Strategies, methods, guidelines and tools devised in order to enable countries to assess coverage and provider performance and to improve the delivery and quality of health services to individuals and populations	• Availability of strategies, methods and tools and ability to apply them in selected countries for assessing coverage and provider performance, and improving the delivery and quality of health services • Evidence of application of tools at subnational level in selected countries in all WHO regions
• Methods, guidelines and tools devised for planning, educating, managing and improving the performance of the health workforce, harmonizing participation of the private sector in achievement of national goals	• Methods and tools for improving the distribution, quality and performance of health workforce available and used in targeted countries in all WHO regions
• 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	• Improvement in mechanisms, methods and capacity, in support of countries' requests for advice on policy and system improvement, compared with baseline established in 2002-2003
• Strategies, guidelines, tools and partnerships developed to strengthen WHO and countries' capabilities to articulate and implement equitable health policies in support of national poverty-reduction strategies and the Millennium Development Goals	• Strengthened institutional capacity in WHO and poverty-reduction strategy countries for the formulation of pro-poor health policies and interventions in the context of national poverty-reduction programmes
• Strategies, methods, guidelines and tools devised, in order to enable countries to establish and strengthen evidence-based policies and systems necessary for improving patients' safety as a fundamental component of quality of health care	• Availability of strategies, methods, guidelines and tools, capacity to apply them and evidence of their use in 40 countries, for establishing and strengthening evidence-based policies and systems necessary for improving patients' safety • Availability of a policy framework and mechanisms that promote a culture of safety and support systemic changes towards improved patient safety

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		113 133	22 500	135 633
TOTAL 2004-2005		111 310	55 000	166 310
level at which estimated percentage spent	country	66%	45%	59%
	regional	25%	15%	22%
	global	9%	40%	19%

Activities under **Health systems**, an Organization-wide priority, are carried out in three areas of work: **Essential medicines: access, quality and rational use, Evidence for health policy** and **Organization of health services.** The nature of support to Organization of health services from other areas of work is shown in the following table

Areas of work	Nature of contribution
Communicable disease surveillance	Support to health systems to deal with communicable diseases
Communicable disease prevention, eradication and control	Support to health systems in the improvement of access to health services
Research and product development for communicable diseases	Support to policy development to scale up interventions to improve health
Malaria	Support to health systems' development to scale up interventions to improve health
Tuberculosis	Support to health policy development to scale up interventions to improve health
Surveillance, prevention and management of noncommunicable diseases	Support to health systems' development to deal with chronic conditions
Tobacco	Support for surveillance systems and stewardship strategies
Health promotion	Support to reorienting health services towards health promotion
Injuries and disabilities	Support to strengthen health systems to cope with violence to patients and health workers; collaboration on policy research
Mental health and substance abuse	Support to health systems' development for prevention and treatment
Child and adolescent health	Support to health systems' policies and service delivery strategies
Research and programme development in reproductive health	Support to strengthening stewardship in relation to reproductive health
Making pregnancy safer	Support to health systems' development to scale up health outcomes

Areas of work	Nature of contribution
Women's health	Support to the integration of gender in the analysis and implementation in health systems
HIV/AIDS	Support to health development to scale up health outcomes
Sustainable development	Support to the analysis and implementation of development instruments e.g. Poverty Reduction Strategy Papers and sector-wide approaches at country level
Nutrition	Support to health systems' development for implementing nutrition strategies
Health and environment	Support for health systems in assessing the impact of the environment on service delivery
Food safety	Support for health systems in managing associated tasks
Emergency preparedness and response	Support to the development of health systems' policies
Essential medicines: access, quality and rational use	Support for health systems functions related to the provision of essential medicines
Immunization and vaccine development	Support for strengthening capacity for service delivery in countries
Blood safety and clinical technology	Support to health systems' functions in relation to access and quality
Evidence for health policy	Provision of evidence for framing policy and developing policy options; collaboration on policy research
Health information management and dissemination	Support to health systems' communication and capacity building in countries
Research policy and promotion	Support to health systems' functions through strengthening research capacity; collaboration on policy research
Governing bodies	Support to the formulation of resolutions that are focused on health systems' strategies
Resource mobilization, and external cooperation and partnerships	Information on donors and nongovernmental organizations active in providing technical support in health systems areas of interest

GOVERNING BODIES

ISSUES AND CHALLENGES

The formal contribution of Member States of WHO to its work takes place within a series of governing bodies at global and regional levels. Several additional mechanisms have been introduced, including extensive briefings of health ministers by WHO Representatives and of permanent missions in Geneva, retreats for members of the Executive Board and ministerial round tables at the Health Assembly.

As the framing of appropriate public health policy becomes more complex and critical, WHO's governing bodies must be provided in the most efficient and effective way with both the input and the setting required for informed decision-making at global and regional levels. Careful and deliberate selection of the most pertinent issues, and greater participation and transparency, are essential in order to sharpen the focus of debate during shorter governing body sessions with less documentation. In drawing up agendas and prioritizing topics for consideration, dialogue between regional- and global-level governing bodies must be maintained in order to bring about consensus on technical and policy matters.

As the number of governing bodies has grown, so has the burden of demanding, skilled and highly pressured work that needs to be performed by the language, documentation, document production, and meeting services. Moreover, in view of the importance of plurality of languages for giving all Member States access to accurate and concise scientific and technical information and for improving health policies in the world, a considerable volume of material has to be edited, translated and made 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 framing of sound 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 efficient preparation and conduct of their sessions, including timely dissemination of easily accessible, readable and high-quality documentation, and of post-session records and resolutions for policy-making.

Indicator

- Greater consensus in Health Assembly deliberations

STRATEGIC APPROACHES

Expansion and improvement of communication and coordination channels between Member States, regional and global governing bodies, and WHO's Secretariat; more effective use of technology and better control throughout preparation process in order to speed up provision of concise and accurate documentation

EXPECTED RESULTS	INDICATORS
• Resolutions adopted that focus on policy and strategy and provide clear directions to Member States and WHO's Secretariat on their implementation	• Proportion of resolutions adopted that focus on policy and can be implemented at global, regional and national levels
• Communication between Member States, Executive Board members and WHO's Secretariat improved	• Frequency of effective use of communication channels between Member States and governing bodies at global, regional and country levels, concerning the work of WHO
• Governing body meetings held in all the official languages of WHO at global level and in agreed official languages for the regional committees	• Proportion of governing body meetings held in appropriate official languages
• Communication and coordination in establishing the work programmes of regional and global governing bodies improved	• Degree of congruence of agendas and resolutions of the regional and global governing bodies

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		21 439	1 000	22 439
TOTAL 2004-2005		22 670	3 000	25 670
level at which estimated percentage spent	country	0%	0%	0%
	regional	15%	10%	14%
	global	85%	90%	86%

RESOURCE MOBILIZATION, AND EXTERNAL COOPERATION AND PARTNERSHIPS

ISSUES AND CHALLENGES

In promoting integration of a health dimension into social, economic and environmental development, WHO seeks to achieve greater impact by collaborating with a range of institutions offering knowledge and experience in other fields.

To that end, it has established and maintained operational linkages with intergovernmental, governmental and nongovernmental partners working in compatible sectors. For example, an exchange of letters between WHO and the European Commission has been signed and cooperation with the institutions of the European Union strengthened. WHO has also led several major initiatives to coordinate health-related activities in the United Nations system, and has striven to assure the prominence of health on the agenda of the international community. In order to realize the potential of partnerships, coordination and exchange of information with partners need to be revitalized and reoriented in the light of changing priorities, and new avenues need to be explored, such as regional political bodies and parliamentary groups.

Implementation of the corporate approach to voluntary contributions resulted in better alignment of government support to WHO's programme budget. Several governments moved to multiyear commitments, thereby assuring predictability and coherence. The Meeting of Interested Parties was successfully organized as a formal consultative exercise, covering the work of WHO as a whole. WHO will continue to rely on its Members, organizations of the United Nations system and other intergovernmental bodies for its core and extrabudgetary support. In the rapidly changing environment for development cooperation, this donor base will be expanded in order to meet the requirements of WHO activities.

The benefits of greater collaboration with the private sector in order to improve public health outcomes is increasingly being recognized. Targeted approaches to foundations, including in the context of global alliances, resulted in a significant increase in support, notably from the Bill & Melinda Gates Foundation and the United Nations Foundation.

WHO's future work on public-private interactions for health will emphasize cooperation with companies to improve access to health-related commodities; promotion of research and development; redressing of company practices that have a negative impact on public health; and provide support to Member States on interaction with the private sector. Guidelines have been drawn up and facilitated major in-kind contributions.

The growing recognition that civil society organizations are important in shaping and implementing both global and national health policies, as exemplified by WHO's Civil Society Initiative, needs to be reflected more in WHO's work. The challenge for WHO is to contribute to advocacy at country level and to broaden the participation of civil society in its work.

GOAL

To ensure that health goals are incorporated in overall development policies, and that resources for health are increased.

WHO OBJECTIVE(S)

To negotiate, sustain and expand partnerships for health globally; to strengthen WHO's collaboration with intergovernmental and governmental bodies, civil society organizations, the private sector and foundations; and to secure the Organization's resource base.

Indicator

- Number of functioning partnerships established with bodies of the United Nations system, the private sector and civil society

STRATEGIC APPROACHES

Respect of the programme and priorities adopted by the Health Assembly through harmonization of extrabudgetary resources with the regular budget; introduction of measures to manage conflict of interest with the private sector; facilitation of exchange of information between major target groups in health information marketplace; greater promotion of the health agenda in political and socioeconomic spheres

EXPECTED RESULTS	INDICATORS
• Sustained and expanded partnerships for health globally; strengthened collaboration with intergovernmental and governmental bodies, civil society organizations, the private sector and foundations; and secured resource base for WHO	• Number of consultation and briefing sessions with WHO's sister agencies, other organizations and interested parties in the health sector • Number of policy areas where there is congruence with other stakeholders
• Effective mechanism for coordination of input to and feedback from important international forums, including major United Nations conferences and summits	• Final declarations and plans of actions of global, regional and national conferences, and development agendas that reflect WHO's health goals and priorities
• Dynamic and coordinated fundraising under way with current and potential donors, focused on the integrated resource base of the programme budget and unspecified funding by area of work	• Level of extrabudgetary resources • Extent of increase in unspecified funding support to WHO
• New partners mobilized for WHO, notably through global alliances and improved interaction with the private sector • Guidelines on interaction with commercial enterprises drawn up and applied • Staff awareness raised of issues related to collaboration with private sector, including conflict of interest	• Number of private-sector partners working with WHO to achieve public health outcomes • Number of orientation and training sessions on management of conflict of interest
• Policies and strategies for WHO interaction with civil society organizations revised • Effective mechanisms, including knowledge base, in place for mutually beneficial collaboration, enhanced communication and policy dialogue between WHO and civil society organizations	• Policy papers, tools, and guidelines on interaction with civil society organizations in use • Number of training sessions and seminars on interaction with civil society organizations

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		25 550	12 000	37 550
TOTAL 2004-2005		23 138	11 000	34 138
level at which estimated percentage spent	country	13%	15%	14%
	regional	29%	40%	33%
	global	58%	45%	53%

PROGRAMME PLANNING, MONITORING AND EVALUATION

ISSUES AND CHALLENGES

A cornerstone of the Director-General's reform agenda has been the work towards a framework of results-based management. This has included improved processes for strategic planning, programme budgeting, operational planning, monitoring and reporting, and programme evaluation. The integration of these processes into the system represents a significant cultural change for the Secretariat, one which will take several bienniums to assimilate.

After adoption by the Health Assembly of the General Programme of Work 2002-2005 (resolution WHA54.1), steps were taken towards setting up a fully integrated and results-based planning, budgeting, monitoring and evaluation system across the Organization. A sharper focus on strategic planning, expressed through the programme budget for the biennium 2002-2003, has promoted a corporate "one WHO" approach. Further, a uniform system of operational planning, monitoring and reporting over the biennium was implemented, whereby all parts of the Organization report at fixed intervals on progress towards the expected results set out in the programme budget. Further improvements and refinements to management processes were introduced in 2002-2003, particularly in the area of evaluation, in terms of both assessing implementation of the programme budget and carrying out a schedule of planned programme evaluations, at country and regional offices and headquarters.

For 2004-2005, the main challenge will be to incorporate the integrated system into the day-to-day operation of programmes at all levels, using shared processes and the corporate Activity Management System. Its use as an essential management tool will ultimately lead to better programme planning, implementation and accountability. In order to facilitate this process the Organization's administrative practices and procedures will need to be systematically aligned so that they support a results-based management framework.

Linked to this is the need for a change in organizational culture, so that information and results emanating from the system are actually used in the day-to-day work of programme managers and decision-makers at all levels. This will require, among other initiatives, a comprehensive training and coaching programme of staff throughout the Organization, extending well into the 2004-2005 biennium.

GOAL

To apply best practice in all aspects of programme planning, monitoring and evaluation, in support of WHO's leadership role in international health.

WHO OBJECTIVE(S)

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

Indicators

- An increase in the proportion of expected results that are fully met
- Reduction in the number of ad hoc programme evaluations requested by stakeholders, as an expression of confidence in the Organization's evaluation framework

STRATEGIC APPROACHES

Drafting of a General Programme of Work for the period 2006-2009. Preparation of Organization-wide guidelines for strategic budgeting, operational planning, monitoring and reporting, and programme evaluation; establishment of a regular system for the training and coaching of staff in the results-based management principles; strengthening of the Organization's programme management information system

EXPECTED RESULTS	INDICATORS
• Uniform and consistent processes for planning, budgeting, monitoring, reporting and evaluating programmes integrated into the daily operation of programmes at all levels of the Organization: headquarters and regional and country offices	• Areas of work at headquarters, and regional and country offices having developed work plans and prepared monitoring reports at regular intervals and following established guidelines
• A culture of results-based management practices introduced at all levels of the Organization	• Number of staff at all organizational levels trained in results-based management principles
• An effective programme management information system in operation, in support of efforts to achieve greater accountability and better performance in the Organization	• Day-to-day use by programme managers at all organizational levels of a remodelled and user-friendly management information system
• Evaluation system in operation, covering both implementation of successive programme budgets and specific areas of work or themes at all levels of the Organization	• Degree of governing body satisfaction with the depth and breadth of coverage and reporting on evaluations and assessment of results at all organizational levels • Extent of application to future programme budgets and general programmes of work of lessons learned from evaluations

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		7 338	1 000	8 338
TOTAL 2004-2005		7 092	2 000	9 092
level at which estimated percentage spent	country	6%	20%	9%
	regional	56%	45%	54%
	global	38%	35%	37%

HUMAN RESOURCES DEVELOPMENT

ISSUES AND CHALLENGES

WHO recognizes that the right mix of staff is critical to carry forward the objectives of the corporate strategy and achieve organizational success. Key challenges are to provide the tools that will enable programme managers to identify their staffing requirements, plan accordingly, and recruit highly qualified staff; to support the continuous improvement of job performance at all levels of the Organization through well-targeted staff development; to provide effective, relevant and fair policies, processes and advice on human resources; to support and encourage a working environment where excellence and innovation are valued and recognized; and to ensure the security and safety of WHO staff worldwide.

Equally critical is the need to sustain and enhance the operational human resources capacity required to support the people working globally for WHO on a range of contractual arrangements. Needs are particularly acute at the regional and country levels, in order to underpin both WHO's country-focus initiative and its shift towards a more proactive role at the front lines of emergency, developmental and humanitarian activities.

In order to meet the above challenges several reforms are under way that involve all stakeholders in their development and delivery.

In order to refine and strengthen WHO's core management processes, an integrated approach within the framework of key competences will be adopted for achieving excellence in recruitment, performance management, staff development and management and leadership improvement processes.

In order to maintain WHO's position as an attractive employer, forward-looking policies and staff development programmes, rotation and mobility opportunities, and organizational tools and processes for human resources will need continued development and renewal. Competitive employment conditions should also be promoted within the United Nations common system to ensure excellence in core and support functions, and recruitment and retention of highly qualified staff. Promotion of gender parity and equitable geographical representation will require a sharper focus on diversity management. Active participation in the United Nations security management system will ensure policy input appropriate to WHO's mission.

Future success will be largely dependent on the continued development of integrated information technology systems. Attention is being given to the design and development of such systems and to securing technology enablers to provide the levels of service required by the Organization.

GOAL

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

WHO OBJECTIVE(S)

In support of the corporate strategy, to provide effective and efficient human resources services in a timely manner.

Indicator

- Operational excellence in the timely delivery of high quality human resources services at headquarters and regional and country offices

STRATEGIC APPROACHES

Delivery of human resources services to meet current and future organizational goals through continuous improvement of people-management capabilities, processes and systems

EXPECTED RESULTS	INDICATORS
• Key elements of the human resources strategic framework implemented globally and operating efficiently and effectively, including human resources planning, and streamlined recruitment and classification processes and any further requirements identified through monitoring	• Timely provision of high-quality human resources services • Effective workforce planning, in particular, increased recruitment of women and nationals from unrepresented and underrepresented countries • User satisfaction with human resources services
• Core functions of a human resources information system designed and relevant processes re-engineered	• Design validated at all levels of the Organization
• Organization-wide strategy for leadership and staff development implemented, monitored and systematically evaluated • Key competences framework implemented globally and integrated into major human resources functions (recruitment, performance and staff development)	• Improvement in job performance in support of organizational goals • Effectiveness of key competences framework and related applications, including performance management and development, and rotation and mobility

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		15 678	6 000	21 678
TOTAL 2004-2005		17 062	20 000	37 062
level at which estimated percentage spent	country	0%	15%	8%
	regional	48%	25%	35%
	global	52%	60%	57%

BUDGET AND FINANCIAL MANAGEMENT

ISSUES AND CHALLENGES

A major challenge is to continue to improve budget and financial management, including development of appropriate new information technology systems that respond efficiently to both changing programme requirements and the concerns of Member States. The financial framework of WHO as set out in the Financial Regulations and Financial Rules has been revised.

Budget and financial management are based on the revised regulations and rules and are continuing functions that must be efficient and allow for sound internal control in all locations of the Organization. Both flexibility and consistency are required in order to reflect the differing circumstances and needs in different locations, and to ensure that the correct balance is struck between service and necessary control. The growth of extrabudgetary resources and increasing complexity of donor agreements places increasing demands upon the capacity of the Organization. Staff involved in financial management must have the necessary skills, expertise and capability to handle the increased volume of financial resources, associated reporting and other requirements this creates.

Appropriate use of financial information to support the health activities of the Organization is crucial to ensuring effective management by the technical areas in an accurate and timely manner. 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 budget and financial management at all organizational levels within a sound internal control framework, in support of WHO's leadership role in international health.

WHO OBJECTIVE(S)

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

Indicators

- Acceptance by governing bodies of the biennial financial report, audited financial statements (including an unqualified audit opinion) and the interim financial report and statements
- Budget implementation and monitoring that enables Member States and other donors to judge financial performance

STRATEGIC APPROACHES

Assurance of a seamless budgetary and financial process and efficient, effective operations, with a sound accountability framework for all sources of funds and at all levels of the Organization; provision of a balanced response to the different, but equally important, requirements of Member States and donors as providers of funds, and of the Organization, at all levels

EXPECTED RESULTS	INDICATORS
• Budget monitoring, accounting and financial reporting in operation on the basis of modern business rules and practices within a sound internal control framework in accordance with WHO Financial Regulations and Financial Rules, policies and procedures, making it possible to judge the Organization's output, in relation to budget, level of implementation, and expected results for all sources of funds	• Timeliness of provision of information • Accuracy of information • Acceptance by donors of timely and accurate financial reports • Level of implementation of audit recommendations
• Financial resources of the Organization effectively managed within acceptable liquidity and risk parameters in order to maximize their potential	• Level of earnings on liquidity as compared to accepted benchmarks • Efficiency of banking operations
• Effective and responsive financial administration of supplier contracts, claims, staff salaries, entitlements, benefits and retiree benefits	• Timeliness and correctness of payments to staff and retirees according to their respective compensation/ benefits package, suppliers and contractors in accordance with their respective contracts, and claims in accordance with entitlements rules
• New, integrated financial management and reporting systems developed 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	• Testing and sign-off on new systems • Consistent services and information across all sources of funds and areas of work

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		23 318	15 000	38 318
TOTAL 2004-2005		23 229	26 000	49 229
level at which estimated percentage spent	country	0%	5%	3%
	regional	45%	30%	37%
	global	55%	65%	60%

INFRASTRUCTURE AND INFORMATICS SERVICES

ISSUES AND CHALLENGES

The ability of WHO to deliver its health programmes throughout the world depends on the support and services it provides in infrastructure and information technology. The Organization's various geographical locations affect the quality and choice of available infrastructure and technology services, and challenge the ability to provide equitable and affordable service to all WHO staff.

Infrastructure services cover a range of logistical support functions, including production, printing and distribution of publications and technical, administrative and conference documents; provision of information on travel and travel policy, and determination of cost liabilities linked to individual travel; servicing of conferences and meetings; and all matters related to office services, general building management and maintenance including provision of utilities necessary to the functioning of all WHO sites. In addition to the procurement of drugs and medical supplies, other goods and services have to be purchased 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 Organization becomes more dependent on information technology infrastructure and application systems in the conduct of its work. Its diverse and decentralized environment means that staff working in information and communications technology must overcome physical and organizational boundaries in order to share knowledge and experience, systems and infrastucture. In that context the issues of security (protection) and assurance (reliability, stability) of networks and other infrastructures becomes critical. It is especially important to ensure that "legacy systems" are adequately supported.

WHO staff are often required to work in areas which pose high personal-security risk, and thus minimum telecommunications standards need to be implemented and continually reviewed to assist such staff in their work.

GOAL

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

WHO OBJECTIVE(S)

To ensure access to timely and effective infrastructure, procurement and logistical support in order to facilitate implementation of technical programmes at all organizational levels.

To provide a well-managed information and communication technology environment responsive to the needs of all users.

Indicators

- Appropriateness, cost-effectiveness and reliability of infrastructure and logistic support services at all organizational levels
- Increase in proportion of computerized systems commonly used in WHO offices based on approved global strategic and operational plans

STRATEGIC APPROACHES

Provision of effective infrastructure and logistic support, including accommodation, office supplies and concessions; building management; conference coordination and planning; documents production; archives, mail and security; customs, identity cards and removals; procurement; and information on travel and travel policy.

Establishment of a regular Organization-wide governance mechanism to guide and monitor strategic information and communication technology plans, with phased development and delivery of systems; complementing resources and skills at regional offices and headquarters by selective outsourcing

EXPECTED RESULTS	INDICATORS
• Appropriate and cost-effective infrastructure, procurement and logistic support maintained for the smooth operation and security of established offices • Continuing support provided for programme delivery in a rational and sustainable manner	• Degree of satisfaction with daily operations of all offices resulting from reliable and effective infrastructure support services • Minimum time for delivery of goods from request to arrival in country of destination
• Continuing support provided to global governing bodies and technical meetings in the form of efficient preparation and logistical support, including the availability of WHO documents in a timely manner	• Member States' satisfaction regarding the efficient and effective servicing of meetings
• 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 by all WHO offices based on centrally negotiated contracts, resulting in lower per-unit costs (economies of scale) • Increased level of reimbursable procurement • Frequency of use of mechanisms available at country level
• Global strategic and operational plans for information and communications technology designed and implemented	• Adoption of strategic information and communication technology plans for telecommunications and corporate systems in WHO, with functioning operational plans at headquarters and regional levels • Approved emergency telecommunications plans and infrastructure in place across WHO
• Communication network and administrative and technical systems in place linking WHO offices, with a view to improving collaboration and coordination through shared information	• Secure access by WHO offices to common databases • Electronic exchange of financial, administrative and health information between WHO offices

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		93 531	40 000	133 531
TOTAL 2004-2005		97 440	63 000	160 440
level at which estimated percentage spent	country	0%	20%	8%
	regional	41%	30%	37%
	global	59%	50%	55%

DIRECTOR-GENERAL, REGIONAL DIRECTORS AND INDEPENDENT FUNCTIONS

ISSUES AND CHALLENGES

A critical challenge for senior management in the biennium is to ensure the effective and creative implementation of the corporate strategy, drawing on the complementary strengths of headquarters, and regional and country offices.

Such implementation will require sound stewardship of the technical agenda and upgrading of management processes in ways that are consistent with the corporate strategy, improvement of programme consistency and effectiveness, and raising awareness of the corporate approach.

In doing so, an appropriate balance needs to be struck between the provision of global public goods and support to country-level action. Work will continue on improving the strategic basis of WHO's country work and its integration into the corporate strategy.

Further, WHO has to provide the political and technical stewardship required to manage effectively an increasingly complex set of relationships 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. The challenge is to trigger more effective action to improve health and decrease inequities in health outcomes, by encouraging partnerships and other forms of interaction, and by catalysing action on the part of others.

Close contact will need to be maintained with Member States on carrying out the global and national health and development agendas.

Another challenge is to help create, by example, an organizational culture that encourages strategic thinking, prompt action, creative networking, and innovation. 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.

GOAL

To advance global health and contribute to the Millennium Development Goals.

WHO OBJECTIVE(S)

To direct, inspire and lead all offices of WHO so as to maximize their contribution to achieving significant gains in the health status of Member States, aligned to the strategic directions of the corporate strategy, within the overall framework of WHO's Constitution.

Indicator

- Extent of delivery of all areas of work set out in the Programme budget, as reflected in the end-of-biennium performance evaluation

STRATEGIC APPROACHES

Interaction with government ministers and senior officials, supported by close collaboration of the seven offices through the mechanisms of the Global Cabinet (comprising the Director-General and Regional Directors) and the Global Programme Management Group (comprising Directors of Programme Management in the regional offices and senior staff at headquarters)

EXPECTED RESULTS	INDICATORS
• Resolutions and decisions of WHO's governing bodies implemented	• Level of endorsement by governing bodies of regular reports on implementation of resolutions and decisions
• Greater coherence and synergy established between the work of the different parts of the Organization to implement the Programme budget	• Degree of collaboration in defining expected results and work plans and use of cross-organizational systems in their implementation
• Programme delivery carefully stewarded; and impact of the Organization's work evaluated	• Extent of action undertaken on the basis of strategic reviews and programmatic, thematic and country evaluations
• Organization optimally administered at all levels	• Frequency of implementation of recommendations from internal and external audit
• Legal status and interests of the Organization better protected through timely and accurate legal advice and services	• Responsiveness to requests for legal advice and services, and frequency of implementation of this advice within the Organization's programmes

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		21 528	3 500	25 028
TOTAL 2004-2005		22 528	4 000	26 528
level at which estimated percentage spent	country	0%	0%	0%
	regional	44%	0%	37%
	global	56%	100%	63%

WHO'S PRESENCE IN COUNTRIES

ISSUES AND CHALLENGES

The changing environment for public-health action and Member States' increasing expectations of WHO are encouraging the Organization to review the way it works in and with countries. Through the country focus initiative, launched in 2002, all levels of the Organization are reviewing the ways in which they respond to the *needs* and *priorities* of Member States. These needs include support for achievement of national health and development goals, and for national participation in relevant regional and international public-health actions to which WHO makes a unique contribution. The reviews suggest that while WHO's long-standing role in public health remains essential, new global initiatives and movements and specific issues facing groups of countries call for additional skills and fresh ways of working on the part of the Organization.

Analysis of country-cooperation strategies shows that the challenges for WHO at country level are:

- to provide a flexible response to needs of, and requests from, Member States in ways that optimize the health of all people, especially the poor, marginalized groups, and those facing particular health risks
- to influence policies, actions and investments affecting public health that emanate from national authorities, other in-country entities, and external sources, including development partners
- to build up local relationships and networks of experts and policy-makers to advance public health action, as agreed with Member States, through standard setting and technical cooperation, with a focus on the building of national capacities
- to strengthen leadership for public-health research, policy-making, and development of health systems
- where government capabilities are seriously compromised or have collapsed, to assume additional humanitarian responsibilities, including coordination of interventions undertaken by relevant national and international bodies, with a view to ensuring that public-health measures are in place and establishing conditions necessary for sustainable health development.

In order to meet these challenges, WHO will build on existing alliances, within the United Nations system in particular, thus enhancing its capability to catalyse effective action within countries, to improve health, to reduce poverty and to promote development.

GOAL

To provide support to countries for reaching their national development goals, and thereby contribute to achieving international targets such as those set out in the Millennium Development Goals.

WHO OBJECTIVE(S)

To deliver WHO core functions at country level, in line with the corporate strategy, and with a particular focus on the Organization's directing and coordinating role for international health as expressed in the Constitution.

Indicators

- Percentage of WHO resources – staff and funding – allocated to WHO core functions within countries
- Efficiency and effectiveness with which WHO staff and funding are used, in relation to health outcomes in countries (measured through different types of monitoring and evaluation in the Organization)

STRATEGIC APPROACHES

Focusing all WHO's efforts on countries' priorities and needs through country cooperation strategies – the key instrument – agreed by national authorities and WHO; providing leadership for the Organization's work within countries through the WHO Representatives and country teams; harnessing the competences and assets of the whole Organization in order to enable country teams successfully to undertake their increasing responsibilities; improving the effectiveness of international cooperation for health within countries

EXPECTED RESULTS	INDICATORS
• WHO's strategies and the allocation of technical and financial resources, including staffing at country level, in line with country-cooperation strategies	• Existence of analytic documents to inform the development of the next WHO corporate strategy, general programme of work and proposed programme budget • WHO-wide work plans (2004-2005) and proposed programme budget (2006-2007) reflecting technical support and financial resources required to put the country-cooperation strategies into practice • WHO work-force planning exercise at country level, based on the WHO strategic agenda, as expressed in the country-cooperation strategy, and its implications for the Organization
• Effective performance of WHO country teams particularly in relation to national capacity building	• Evaluations of WHO performance at country level used for strengthening country teams
• Effective administrative, communication and managerial systems for WHO's work in countries	• Formally documented delegation of authority and framework of accountability for all countries where WHO has a presence • Analysis of managerial reviews of country offices, particularly those with large operational components • Number of country offices able to maintain regular communications with regional offices and headquarters through the WHO Global Private Network and the Internet
• Reliable, up-to-date information on health issues available within countries for WHO staff and others involved in contributing to achievement of national health and development goals	• Existence of effective documentation centres in WHO country offices, based on well-defined WHO standards and including virtual access to information
• Health aspects of national development, poverty reduction and emergency relief and response strategies supported by clear operational policies on WHO's participation in coordination of development cooperation, such as the Common Country Assessment and United Nations Development Assistance Framework	• Existence of WHO guidance on different types of coordination processes and mechanisms for development cooperation at country level • Existence of an interregional and in-country cadre of trained staff supporting active national capacity building for coordination mechanisms and processes related to national and international health

RESOURCES (US$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		92 401	0	92 401
TOTAL 2004-2005		114 932	37 000	151 932
level at which estimated percentage spent	country	97%	80%	93%
	regional	2%	15%	5%
	global	1%	5%	2%

MISCELLANEOUS

EXCHANGE RATE HEDGING

PURPOSE

In adopting the appropriation resolution for 2002-2003, the Fifty-fourth World Health Assembly also approved a new exchange rate hedging mechanism in lieu of the former exchange rate facility.[1] This new mechanism complies with the provisions of Financial Regulation 4.4 which states that ... *The purpose of the facility shall be to make it possible to maintain the level of the budget so that the activities that are represented by the budget approved by the Health Assembly may be carried out irrespective of the effect of any fluctuation of currencies against the United States dollar at the official United Nations exchange rate.* ... It is proposed that a similar procedure be followed for 2004-2005 in respect of both the regular budget and that part of other sources represented by the Special Account for Servicing Costs.

ISSUES AND CHALLENGES

The main issue is to protect the budget expressed in United States dollars from adverse effects of exchange rate variations between the United States dollar and other major currencies of expenditures of the Organization. The challenge is to provide protection within the budget approved for this purpose, given that, depending on the United States dollar exchange rate towards the end of 2003, full protection may not be possible.

EXPECTED RESULTS

- The regular budget and that part of other sources represented by the Special Account for Servicing Costs so protected from the impact of foreign currency fluctuation that the approved budgeted levels may be implemented either in full or to the maximum extent possible, irrespective of the effects of fluctuations against the United States dollar

INDICATORS

- Adequacy of the budget provision to allow for exchange rate hedging such that the implementation of the related programme proposals will not be reduced as a result of adverse fluctuation in exchange rates

RESOURCES (US$ thousand)

	Regular budget	Other sources	All funds
TOTAL 2002-2003	10 000	0	10 000
TOTAL 2004-2005	15 000	5 000	20 000

[1] Resolution WHA54.20, section A.

REAL ESTATE FUND

PURPOSE

The Real Estate Fund was established by the Twenty-third World Health Assembly[1] in order to make funding available to meet the costs of acquisition of land and buildings, major repairs of and alterations to the Organization's office buildings and the maintenance, repair and alteration to selected staff housing. In accordance with the revised Financial Regulations and in order to increase transparency regarding the cost of the Organization's real estate operations, the regular budget now covers funding of the Real Estate Fund which previously had come directly from Miscellaneous Income (formerly Casual Income).

ISSUES AND CHALLENGES

A major challenge is to maintain the quality and cost efficiency of the Organizations's office and staff accommodation in terms of maintenance costs and staff working conditions while ensuring that the security provided is appropriate to local conditions.

Much of the building stock is old and some no longer meets acceptable standards of security and cost effectiveness, largely as a result of underinvestment over time. It is therefore intended to prepare over the next two years capital master plans for all main locations. These plans will reflect not only the need for current, routine maintenance but also major work that will be required to maintain the overall viability and security of the Organization's building. This planning will allow for a proper assessment of long-term needs.

Preliminary plans have been drawn up that allow a basic level of maintenance of existing buildings. In addition, the construction of a new building in Geneva that will be shared with UNAIDS, extension and renovation of existing buildings and the construction of a new building for the Regional Office for the Western Pacific are in their operational phase. Proposals are also being finalized regarding acquisition of additional accommodation and renovation of existing buildings at the Regional Office for Africa in the Brazzaville compound.

EXPECTED RESULTS

- Office accommodation, and staff housing where applicable, provided that is cost effective and has an acceptable level of security

INDICATORS

- Completion of construction and maintenance work in accordance with the relevant plans and schedules

RESOURCES (US$ thousand)

	Regular budget	Other sources	All funds
TOTAL 2002-2003	3 000	0	3 000
TOTAL 2004-2005	6 000	0	6 000

[1] Resolution WHA23.14.

INFORMATION TECHNOLOGY FUND

PURPOSE

The Information Technology Fund was established by the Director-General in 2001, in line with Financial Regulation 9.3, to cover the Organization's requirements for a global management system. In accordance with Financial Regulation 3.2, an amount reflecting the expected contributions from the regular budget is proposed for inclusion in the Information Technology Fund and is reflected in the proposed programme budget for 2004-2005.

ISSUES AND CHALLENGES

WHO's administrative and financial procedures and processes, and the associated computer-based systems, were initially created to support a resource-based approach to budgeting and management in an era when each Region and headquarters prepared their separate proposed programme budgets and the funds came largely from the regular budget. The computer applications used by WHO were developed internally and, to a great extent, independently of each other, to serve specific functions within a given office. The finance system, around which many applications have been created, is now 27 years old. Different human resource systems are currently in operation. Consequently the existing systems are fragmented, largely incompatible with each other, expensive to maintain and more importantly are not able to deliver in a timely manner the information needed for the effective and efficient management and administration of WHO's programmes. WHO's country offices are particularly poorly served by the current systems, which do not provide them with access to timely and relevant information, thus hampering their efficient functioning.

The adoption of a global results-based budget requires that the entire planning cycle of results-based management be supported by an integrated system that sustains core programmes with appropriate, streamlined business processes and control mechanisms, and delivers information that facilitates improving the performance of the Organization in discharging its mandate.

The challenge is to have by 2007 a fully operational global management system that meets the Organization's requirements and can be scaled in proportion to the size of each WHO office; provides each office with the information needed to perform its role, whether it is a country office that needs to draw on information from regional offices and headquarters to accomplish its work in support of that country, or headquarters that needs global data to report to the governing bodies; and is deployed with minimum disruption of programme operations and affordably maintained over time.

EXPECTED RESULTS	INDICATORS
• Alternative solutions assessed against system requirements that have been formulated in response to user needs and on the basis of streamlined business processes	• Contract awarded on basis of match with requirements • Number of customized features put in place based on identified needs
• A detailed plan to implement the chosen solution(s) established and followed with clearly delineated roles, responsibilities and schedules	• Passing successive project milestones

RESOURCES (US$ thousand)

	Regular budget	Other sources	All funds
TOTAL 2002-2003	0	0	0
TOTAL 2004-2005	10 000	25 000	35 000

SECURITY FUND

PURPOSE

In line with Financial Regulation 9.3 the Security Fund was set up by the Director-General for financing in 2002-2003 WHO's share of the costs of the United Nations system's security arrangements at field locations. In pursuance of the concept of a gross budget, as foreseen in Financial Regulation 3.2, this item has been included in the proposed programme budget for 2004-2005.

ISSUES AND CHALLENGES

To ensure the security and safety of WHO staff worldwide, WHO actively participates in and supports the United Nations security management system under the United Nations Security Coordinator in the discharge of his responsibilities, including contributing to the development of policies and procedures and overseeing their implementation and compliance. WHO finances the Organization's share of the costs of the United Nations system's security arrangements at field locations. The major challenges are to coordinate WHO's day-to-day response to safety and security needs worldwide, to provide all the relevant parties with advice, guidance and technical asssistance, and to ensure that existing resources are adequate to respond to the changing security situation in today's world.

EXPECTED RESULTS	INDICATORS
• Reliable systems within WHO in place for monitoring security issues in all locations where personnel operate	• Timeliness of response to security incidents
• Increased numbers of WHO staff trained in United Nations security management system and personal security	• Degree of compliance with security procedures at country level
• Effective support provided to ensure that WHO meets the minimum operating security standards, set by the United Nations Security Coordinator, in all of its country offices	• Degree of compliance with minimum operating security standards

RESOURCES (US$ thousand)

	Regular budget	Other sources	All funds
TOTAL 2002-2003	0	0	0
TOTAL 2004-2005	3 000	6 000	9 000

ANNEXES

DETAILED ALLOCATION BY AREA OF WORK AND OFFICE (REGULAR

Area of work	Regular							
	Africa		The Americas		South-East Asia		Europe	
	Country	Regional	Country	Regional	Country	Regional	Country	Regional
Communicable disease surveillance	5 506	1 852	352	1 150	2 137	819	286	359
Communicable disease prevention, eradication and control	3 293	1 177	4 344	4 031	1 350	342	0	52
Research and product development for communicable diseases	215	392	0	0	110	26	0	0
Malaria	2 088	1 167	44	513	2 089	726	104	52
Tuberculosis	1 591	1 012	0	456	1 625	394	351	854
Subtotal: Communicable diseases	**12 693**	**5 600**	**4 740**	**6 150**	**7 311**	**2 307**	**741**	**1 317**
Surveillance, prevention and management of noncommunicable diseases	2 552	2 534	1 465	545	3 234	394	535	872
Tobacco	262	723	0	412	1 984	446	258	493
Health promotion	4 990	714	1 709	493	1 587	345	291	484
Injuries and disabilities	208	284	0	0	1 003	366	42	52
Mental health and substance abuse	1 458	1 393	108	1 584	1 375	404	641	833
Subtotal: Noncommunicable diseases and mental health	**9 470**	**5 648**	**3 282**	**3 034**	**9 183**	**1 955**	**1 767**	**2 734**
Child and adolescent health	3 131	1 259	39	593	2 187	819	219	545
Research and programme development in reproductive health	1 495	1 718	1 648	0	654	51	104	0
Making pregnancy safer	3 148	2 164	0	316	2 545	537	272	575
Women's health	560	889	37	0	370	342	21	52
HIV/AIDS	3 046	3 112	108	518	2 035	727	207	1 163
Subtotal: Family and community health	**11 380**	**9 142**	**1 832**	**1 427**	**7 791**	**2 476**	**823**	**2 335**
Sustainable development	2 065	1 684	1 025	794	1 196	778	143	635
Nutrition	1 930	962	73	1 154	584	342	75	493
Health and environment	4 491	2 325	4 787	1 795	4 191	1 052	292	2 789
Food safety	1 336	413	465	477	970	306	79	462
Emergency preparedness and response	2 151	1 264	0	0	1 095	342	83	505
Subtotal: Sustainable development and healthy environments	**11 973**	**6 648**	**6 350**	**4 220**	**8 036**	**2 820**	**672**	**4 884**
Essential medicines: access, quality and rational use	2 245	1 659	402	265	2 840	445	247	493
Immunization and vaccine development	1 597	428	332	1 380	1 362	457	165	596
Blood safety and clinical technology	1 286	1 932	49	636	1 261	481	68	340
Subtotal: Health technology and pharmaceuticals	**5 128**	**4 019**	**783**	**2 281**	**5 463**	**1 383**	**480**	**1 429**

BUDGET) AND TOTAL ESTIMATE FOR OTHER SOURCES, 2004-2005 (US$ THOUSAND)

Budget								Other sources	**Grand total**
Eastern Mediterranean		Western Pacific		Subtotal		Global	Total		
Country	Regional	Country	Regional	Country	Regional				
1 895	461	1 369	895	11 545	5 536	10 108	27 189	55 000	82 189
808	670	971	205	10 766	6 477	7 623	24 866	103 000	127 866
0	0	0	0	325	418	2 936	3 679	100 000	103 679
1 650	660	1 375	1 206	7 350	4 324	6 262	17 936	128 000	145 936
1 235	447	834	1 027	5 636	4 190	2 718	12 544	158 000	170 544
5 588	**2 238**	**4 549**	**3 333**	**35 622**	**20 945**	**29 647**	**86 214**	**544 000**	**630 214**
1 251	495	1 445	966	10 482	5 806	8 071	24 359	23 000	47 359
296	430	480	545	3 280	3 049	4 034	10 363	27 000	37 363
1 432	722	872	446	10 881	3 204	3 183	17 268	32 000	49 268
304	368	335	134	1 892	1 204	2 232	5 328	13 000	18 328
558	486	685	578	4 825	5 278	4 795	14 898	19 000	33 898
3 841	**2 501**	**3 817**	**2 669**	**31 360**	**18 541**	**22 315**	**72 216**	**114 000**	**186 216**
1 219	399	612	561	7 407	4 176	4 853	16 436	64 000	80 436
0	59	55	54	3 956	1 882	3 573	9 411	58 000	67 411
812	598	401	666	7 178	4 856	1 657	13 691	26 000	39 691
36	304	0	41	1 024	1 628	1 597	4 249	11 000	15 249
811	584	521	686	6 728	6 790	5 278	18 796	140 000	158 796
2 878	**1 944**	**1 589**	**2 008**	**26 293**	**19 332**	**16 958**	**62 583**	**299 000**	**361 583**
3 117	524	0	0	7 546	4 415	3 423	15 384	11 000	26 384
178	269	233	293	3 073	3 513	3 301	9 887	16 000	25 887
2 802	1 568	1 827	2 215	18 390	11 744	11 299	41 433	39 000	80 433
407	383	521	378	3 778	2 419	3 611	9 808	11 000	20 808
721	273	28	111	4 078	2 495	1 759	8 332	63 000	71 332
7 225	**3 017**	**2 609**	**2 997**	**36 865**	**24 586**	**23 393**	**84 844**	**140 000**	**224 844**
1 242	533	1 044	864	8 020	4 259	7 379	19 658	34 000	53 658
1 194	463	707	975	5 357	4 299	7 621	17 277	419 000	436 277
1 552	675	770	242	4 986	4 306	5 375	14 667	8 000	22 667
3 988	**1 671**	**2 521**	**2 081**	**18 363**	**12 864**	**20 375**	**51 602**	**461 000**	**512 602**

DETAILED ALLOCATION BY AREA OF WORK AND OFFICE (REGULAR

Area of work	Regular							
	Africa		The Americas		South-East Asia		Europe	
	Country	Regional	Country	Regional	Country	Regional	Country	Regional
Evidence for health policy	717	1 552	2 899	1 419	1 655	1 222	574	3 897
Health information management and dissemination	305	3 793	0	2 229	97	913	73	4 946
Research policy and promotion	211	738	0	414	823	497	0	299
Organization of health services	21 287	7 748	12 369	4 607	13 191	2 939	1 563	3 016
Subtotal: Evidence and information for policy	**22 520**	**13 831**	**15 268**	**8 669**	**15 766**	**5 571**	**2 210**	**12 158**
Governing bodies	0	1 417	0	289	0	308	0	676
Resource mobilization, and external cooperation and partnerships	409	2 074	0	1 184	814	371	580	545
Subtotal: External relations and governing bodies	**409**	**3 491**	**0**	**1 473**	**814**	**679**	**580**	**1 221**
Programme planning, monitoring and evaluation	0	832	0	0	391	849	0	1 369
Human resources development	0	2 519	0	659	0	737	0	2 340
Budget and financial management	0	3 713	0	1 666	0	872	0	1 575
Infrastructure and informatics services	0	13 283	0	2 785	0	2 978	0	8 968
Subtotal: General management	**0**	**20 347**	**0**	**5 110**	**391**	**5 436**	**0**	**14 252**
Director-General, Regional Directors and independent functions	0	1 768	0	795	0	1 434	0	1 232
Subtotal: Director-General, Regional Directors and independent functions	**0**	**1 768**	**0**	**795**	**0**	**1 434**	**0**	**1 232**
WHO's presence in countries	52 953	1 129	9 985	0	17 414	0	6 650	810
Subtotal: WHO's presence in countries	**52 953**	**1 129**	**9 985**	**0**	**17 414**	**0**	**6 650**	**810**
TOTAL: Substantive areas of work	**126 526**	**71 623**	**42 240**	**33 159**	**72 169**	**24 061**	**13 923**	**42 372**
Exchange rate hedging	0	0	0	0	0	0	0	0
Real Estate Fund	0	0	0	0	0	0	0	0
Information Technology Fund	0	0	0	0	0	0	0	0
Security Fund	0	0	0	0	0	0	0	0
Subtotal: Miscellaneous	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Grand total	**126 526**	**71 623**	**42 240**	**33 159**	**72 169**	**24 061**	**13 923**	**42 372**
Regional totals	198 149		75 399		96 230		56 295	

BUDGET) AND TOTAL ESTIMATE FOR OTHER SOURCES, 2004-2005 (US$ THOUSAND) (continued)

Budget								Other sources	**Grand total**
Eastern Mediterranean		Western Pacific		Subtotal		Global	Total		
Country	Regional	Country	Regional	Country	Regional				
995	988	467	905	7 307	9 983	13 968	31 258	53 000	84 258
684	1 390	10	1 690	1 169	14 961	13 661	29 791	20 000	49 791
1 401	467	60	263	2 495	2 678	4 393	9 566	10 000	19 566
12 979	5 909	12 336	3 712	73 725	27 931	9 654	111 310	55 000	166 310
16 059	**8 754**	**12 873**	**6 570**	**84 696**	**55 553**	**41 676**	**181 925**	**138 000**	**319 925**
0	238	0	479	0	3 407	19 263	22 670	3 000	25 670
201	768	1 040	1 835	3 044	6 777	13 317	23 138	11 000	34 138
201	**1 006**	**1 040**	**2 314**	**3 044**	**10 184**	**32 580**	**45 808**	**14 000**	**59 808**
0	712	0	273	391	4 035	2 666	7 092	2 000	9 092
0	1 083	0	806	0	8 144	8 918	17 062	20 000	37 062
0	1 383	0	1 190	0	10 399	12 830	23 229	26 000	49 229
0	5 535	0	6 329	0	39 878	57 562	97 440	63 000	160 440
0	**8 713**	**0**	**8 598**	**391**	**62 456**	**81 976**	**144 823**	**111 000**	**255 823**
0	2 647	0	1 976	0	9 852	12 676	22 528	4 000	26 528
0	**2 647**	**0**	**1 976**	**0**	**9 852**	**12 676**	**22 528**	**4 000**	**26 528**
12 418	0	12 418	154	111 838	2 093	1 001	114 932	37 000	151 932
12 418	**0**	**12 418**	**154**	**111 838**	**2 093**	**1 001**	**114 932**	**37 000**	**151 932**
52 198	**32 491**	**41 416**	**32 700**	**348 472**	**236 406**	**282 597**	**867 475**	**1 862 000**	**2 729 475**
0	0	0	0	0	0	15 000	15 000	5 000	20 000
0	0	0	0	0	0	6 000	6 000	0	6 000
0	0	0	0	0	0	10 000	10 000	25 000	35 000
0	0	0	0	0	0	3 000	3 000	6 000	9 000
0	**0**	**0**	**0**	**0**	**0**	**34 000**	**34 000**	**36 000**	**70 000**
52 198	**32 491**	**41 416**	**32 700**	**348 472**	**236 406**	**316 597**	**901 475**	**1 898 000**	**2 799 475**
84 689		74 116							

ALLOCATION FOR THE REGULAR BUDGET AND ESTIMATE FOR OTHER

Area of work	Regular budget				
	2002-2003	%	2004-2005	%	% increase/ (decrease)
Communicable disease surveillance	27 026	3.2	27 189	3.1	1
Communicable disease prevention, eradication and control	32 792	3.9	24 866	2.9	(24)
Research and product development for communicable diseases	4 589	0.5	3 679	0.4	(20)
Malaria	15 767	1.9	17 936	2.1	14
Tuberculosis	10 288	1.2	12 544	1.4	22
Surveillance, prevention and management of noncommunicable diseases	23 088	2.7	24 359	2.8	6
Tobacco	9 024	1.1	10 363	1.2	15
Health promotion	17 874	2.1	17 268	2.0	(3)
Injuries and disabilities	5 973	0.7	5 328	0.6	(11)
Mental health and substance abuse	15 718	1.9	14 898	1.7	(5)
Child and adolescent health	14 929	1.8	16 436	1.9	10
Research and programme development in reproductive health	11 205	1.3	9 411	1.1	(16)
Making pregnancy safer	12 572	1.5	13 691	1.6	9
Women's health	4 847	0.6	4 249	0.5	(12)
HIV/AIDS	16 325	1.9	18 796	2.2	15
Sustainable development	15 824	1.9	15 384	1.8	(3)
Nutrition	9 424	1.1	9 887	1.1	5
Health and environment	40 792	4.8	41 433	4.8	2
Food safety	8 009	1.0	9 808	1.1	22
Emergency preparedness and response	7 978	0.9	8 332	1.0	4
Essential medicines: access, quality and rational use	19 434	2.3	19 658	2.3	1
Immunization and vaccine development	19 424	2.3	17 277	2.0	(11)
Blood safety and clinical technology	15 118	1.8	14 667	1.7	(3)
Evidence for health policy	29 509	3.5	31 258	3.6	6
Health information management and dissemination	31 829	3.8	29 791	3.4	(6)
Research policy and promotion	9 380	1.1	9 566	1.1	2
Organization of health services	113 133	13.4	111 310	12.8	(2)
Governing bodies	21 439	2.5	22 670	2.6	6
Resource mobilization, and external cooperation and partnerships	25 550	3.0	23 138	2.7	(9)
Programme planning, monitoring and evaluation	7 338	0.9	7 092	0.8	(3)
Human resources development	15 678	1.9	17 062	2.0	9
Budget and financial management	23 318	2.8	23 229	2.7	0
Infrastructure and informatics services	93 531	11.1	97 440	11.2	4
Director-General, Regional Directors and independent functions	21 528	2.6	22 528	2.6	5
WHO's presence in countries	92 401	11.0	114 932	13.2	24
SUBTOTAL	**842 654**	**100**	**867 475**	**100**	**3**
Exchange rate hedging	10 000		15 000		50
Real Estate Fund	3 000		6 000		100
Information Technology Fund	0		10 000		N/A
Security Fund	0		3 000		N/A
TOTAL	**855 654**		**901 475**		**5**

N/A = Not applicable

SOURCES BY AREA OF WORK FOR 2002-2003 AND 2004-2005 (US$ THOUSAND)

Other sources					Total budget				
2002-2003	%	2004-2005	%	% increase/ (decrease)	2002-2003	%	2004-2005	%	% increase/ (decrease)
57 000	4.1	55 000	3.0	(4)	84 026	3.8	82 189	3.0	(2)
122 000	8.8	103 000	5.5	(16)	154 792	7.0	127 866	4.7	(17)
84 500	6.1	100 000	5.4	18	89 089	4.0	103 679	3.8	16
110 000	8.0	128 000	6.9	16	125 767	5.7	145 936	5.3	16
100 000	7.2	158 000	8.5	58	110 288	5.0	170 544	6.2	55
7 000	0.5	23 000	1.2	229	30 088	1.4	47 359	1.7	57
19 500	1.4	27 000	1.5	38	28 524	1.3	37 363	1.4	31
28 000	2.0	32 000	1.7	14	45 874	2.1	49 268	1.8	7
8 500	0.6	13 000	0.7	53	14 473	0.7	18 328	0.7	27
17 000	1.2	19 000	1.0	12	32 718	1.5	33 898	1.2	4
64 000	4.6	64 000	3.4	0	78 929	3.6	80 436	2.9	2
61 000	4.4	58 000	3.1	(5)	72 205	3.2	67 411	2.5	(7)
31 500	2.3	26 000	1.4	(17)	44 072	2.0	39 691	1.5	(10)
12 000	0.9	11 000	0.6	(8)	16 847	0.8	15 249	0.6	(9)
120 000	8.7	140 000	7.5	17	136 325	6.1	158 796	5.8	16
9 500	0.7	11 000	0.6	16	25 324	1.1	26 384	1.0	4
7 500	0.5	16 000	0.9	113	16 924	0.8	25 887	0.9	53
28 000	2.0	39 000	2.1	39	68 792	3.1	80 433	2.9	17
5 000	0.4	11 000	0.6	120	13 009	0.6	20 808	0.8	60
43 000	3.1	63 000	3.4	47	50 978	2.3	71 332	2.6	40
31 000	2.2	34 000	1.8	10	50 434	2.3	53 658	2.0	6
171 000	12.4	419 000	22.5	145	190 424	8.6	436 277	16.0	129
15 500	1.1	8 000	0.4	(48)	30 618	1.4	22 667	0.8	(26)
21 000	1.5	53 000	2.8	152	50 509	2.3	84 258	3.1	67
16 000	1.2	20 000	1.1	25	47 829	2.2	49 791	1.8	4
5 000	0.4	10 000	0.5	100	14 380	0.6	19 566	0.7	36
22 500	1.6	55 000	3.0	144	135 633	6.1	166 310	6.1	23
1 000	0.1	3 000	0.2	200	22 439	1.0	25 670	0.9	14
12 000	0.9	11 000	0.6	(8)	37 550	1.7	34 138	1.3	(9)
1 000	0.1	2 000	0.1	100	8 338	0.4	9 092	0.3	9
6 000	0.4	20 000	1.1	233	21 678	1.0	37 062	1.4	71
15 000	1.1	26 000	1.4	73	38 318	1.7	49 229	1.8	28
40 000	2.9	63 000	3.4	58	133 531	6.0	160 440	5.9	20
3 500	0.3	4 000	0.2	14	25 028	1.1	26 528	1.0	6
0	0	37 000	2.0	N/A	92 401	4.2	151 932	5.6	64
1 380 500	**100**	**1 862 000**	**100**	**35**	**2 223 154**	**100**	**2 729 475**	**100**	**23**
0		5 000		N/A	10 000		20 000		100
0		0		N/A	3 000		6 000		100
0		25 000		N/A	0		35 000		N/A
0		6 000		N/A	0		9 000		N/A
1 380 500[1]		**1 898 000**		**37**	**2 236 154**		**2 799 475**		**25**

[1] The total for Other sources in 2002-2003 includes US$ 85 million (or 6.3%) that were shown for country-level activities not attributed to specific areas of work in document PB/2002-2003.