PART II

HEADQUARTERS

1. Communicable diseases

ISSUES AND CHALLENGES

.23 Communicable diseases and related conditions remain an important challenge to public health, responsible for the death of an estimated 17 million people a year and for disabilities ranging from chronic anaemia, malnutrition and wasting to paralysis, mental retardation and elephantiasis. Enormous disparities in mortality, disability and infection persist between and within countries, as do disparities among different age and sex groups, with women and children among those most affected. The burden of communicable diseases has been a key impediment to social and economic progress, imposing considerable suffering on people already living in adverse conditions.

.24 Population growth and factors related to globalization, such as increased travel and trade, have the potential to spread and amplify infectious diseases and to create conditions for their re-emergence. At the same time, rapidly developing resistance of microbes to anti-infective drugs is undermining treatment of bacterial, viral and parasitic diseases, weakening the weapons against them.

.25 Diseases involving an animal reservoir, whether insect-borne or transmitted directly across the species barrier, are particularly susceptible to environmental changes and thereby prone to emerge and re-emerge.

.26 In disease prevention and control, sustained efforts are required against endemic diseases such as malaria, tuberculosis, poliomyelitis, rabies and HIV/AIDS, and against those diseases that periodically emerge as epidemics, including cholera, meningitis and influenza. Intensive efforts are needed for diseases targeted for eradication and elimination, such as leprosy, lymphatic filariasis, dracunculiasis and Chagas disease.

.27 The epidemiology and demography of communicable diseases, once thought to be relatively stable, are instead evolving in tandem with other global trends. Changes in susceptibility to infectious diseases, increased opportunities for infection, and the rapid adaptation of microbial agents are among the factors contributing to this evolution. There is an urgent need for an integrated approach to disease surveillance, prevention and control.

.28 The above challenges underscore the need for all countries to monitor, prevent, and control the spread of communicable diseases and to care effectively for those who are infected. They also highlight the need for global leadership, global and national advocacy, and improved international cooperation in tackling communicable diseases.

MISSION AND GOALS

.29 The Communicable diseases cluster is working to reduce the impact of communicable diseases worldwide by leading the global effort in surveillance, prevention, control and research. In each of these areas, the emphasis is on strengthening national systems and reinforcing and coordinating global systems. A common, coordinated approach of all partners at global level translates into more strategic, sustainable, and outcome-oriented action at country level.

.30 The cluster will focus on:

- providing information to monitor, evaluate and model the impact of prevention and control of endemic communicable and zoonotic disease; tracking epidemic and emerging diseases and anti-infective drug resistance, and locating communicable diseases geographically within countries, regionally and globally. Work is geared to establishing or expanding sound national and global systems for surveillance, monitoring and analysis in order to respond more effectively to endemic

communicable diseases and public health problems nationally, to alert the global community, and to respond to epidemics and the emergence of communicable diseases of international importance;

- ensuring sustainable, cost-effective control of endemic communicable diseases at country level. National health systems improve endemic disease control through better planning and broader, more effective use of available tools and resources. Work is geared to translating international consensus on standards and strategies into guidelines, training materials and curricula for national training programmes and, through their promotion and use, to ensuring a sustainable and integrated approach to endemic disease prevention, case management and control compatible with ongoing health sector reform;
- eliminating endemic communicable diseases as public health problems through intensified efforts to apply cost-effective strategies, during a fixed period of time, to decrease the incidence and prevalence of selected communicable diseases, or, in the case of eradication, to rid the world permanently of their presence. Work is geared to facilitating the establishment of global partnerships between the public and private sectors which will work together with affected countries to decrease the incidence and prevalence of selected communicable diseases so that they can be better managed within the health system;
- contributing through research and development to the prevention and control of communicable diseases, from understanding disease in different social contexts to the development and use of new products including drugs, vaccines, diagnostic tests, pesticides and devices. Work is geared to mobilizing leading research institutions and pharmaceutical manufacturers to contribute to the search for new products that can be used in cost-effective, socially acceptable and sustainable prevention and control, and to build research capacity in disease-endemic countries.

MAIN AREAS OF WORK: OBJECTIVES AND EXPECTED RESULTS

COMMUNICABLE DISEASES SURVEILLANCE AND RESPONSE
(BUDGET HEADING 1.1)

.31 Information from countries is required to guide international action and to better direct scarce resources. Global networks of laboratories and disease surveillance systems monitor specific communicable diseases, epidemics and anti-infective drug resistance, and facilitate rapid information exchange on unusual disease events. Global and regional networks are needed to build international preparedness and collaboration for a coordinated response.

.32 At global level, WHO collaborating centres, collaborating laboratories, and informal links with nongovernmental organizations, individuals and other groups form a network of networks. The laboratories and collaborating centres provide diagnostic support to countries and enhance national and regional self-sufficiency. The International Health Regulations provide a common public health policy framework and an epidemic reporting and response system for all countries. Analysis, geographical mapping and modelling provide a clear picture of the epidemiology of endemic and epidemic diseases, and short- and medium-term projections. WHO contributes to these activities through training, infrastructure development, consensus building, provision of supplies, management of WHO laboratory and surveillance networks, and coordination of global surveillance and response.

.33 At national level, strong and integrated surveillance systems enable countries to understand better the epidemiology of endemic and epidemic diseases, to detect unusual disease patterns, identify emerging diseases when they occur and populations at risk, and to implement, monitor and evaluate effective prevention and control strategies to contain the re-emergence or emergence of communicable or zoonotic diseases. WHO provides technical guidance and training in integrated surveillance based on international consensus policies

and strategies; facilitates activities of governments and nongovernmental organizations to provide long-term training to epidemiologists, laboratory scientists and other public health specialists; and seeks government commitment to these activities while facilitating partnerships.

Objectives

- To strengthen the global network of centres and laboratories, for monitoring communicable diseases and drug resistance, including broadening of electronic access to this network;
- to analyse and disseminate information, including geographically referenced information, on communicable and zoonotic diseases and outbreaks;
- to promote an international and national environment that improves awareness, surveillance and response, mobilization of international action, and funding for communicable and zoonotic diseases, with strengthened national expertise;
- to provide a framework under which bilateral donors, international organizations, nongovernmental organizations and other WHO partners can work to strengthen multidisease (integrated) surveillance in countries.

Results expected by end 2001

- A global network of WHO collaborating centres and laboratories will be fully operational for the monitoring of communicable and zoonotic diseases, and anti-infective drug resistance.
- Access to WHO's network for rapid reporting and verification of disease outbreak information will have been broadened through expanded use of electronic links and outbreak reporting networks.
- The first version of an electronic atlas of communicable and zoonotic diseases and anti-infective drug resistance, using geographically referenced information will be available.
- A first draft of the International Health Regulations will have been proposed for review.
- Support will have been provided to at least 35 countries for formulating and regularly updating national plans for epidemic preparedness linked to subregional initiatives for epidemic preparedness, including support for epidemic investigation and management to ensure disease containment.
- A global strategy for the containment of anti-infective drug resistance will have been elaborated.
- Support will have been provided to countries for establishing integrated national epidemiological and laboratory surveillance, emphasizing preparation of training plans for national epidemiologists and laboratory trainers in collaboration with technical partners, coordination of epidemiological training through TEPHINET[1] and laboratory training with WHO collaborating centres, and strengthening of country capacity for epidemic response.

[1] TEPHINET is a nongovernmental organization created in 1997 with close technical support from WHO and the Centers for Disease Control and Prevention, United States of America.

COMMUNICABLE DISEASES PREVENTION AND CONTROL
(BUDGET HEADING 1.2)

.34 At national level, an integrated approach to communicable and zoonotic disease prevention and control ensures sustainability and compatibility with health sector reform. Strengthened service delivery ensures better case management of endemic diseases such as tuberculosis and malaria, and those caused by intestinal parasites; training and retraining of national health and laboratory workers assures their optimal contribution to prevention and control; social mobilization and advocacy build the requisite political and financial commitment with decision-makers and within communities; and well-designed and implemented operational research permits the most cost-effective use of existing drugs, vaccines and other technologies in national systems for prevention and control.

.35 Work is carried out with countries to improve prevention and control, by providing technical guidance, conducting short-term training courses based on international consensus policies and strategies, and guiding the development and application of operational research protocols; and to ensure commitment to integrated prevention and control activities and to health sector reform.

Objectives

- To strengthen national capacity in comprehensive prevention, control and management of major communicable, zoonotic, and vector-borne diseases;
- to update regularly WHO standard guidelines and strategies for prevention and control of communicable and zoonotic diseases and related public health problems;
- to maintain a global country-based monitoring system allowing assessment of performance of control efforts;
- to carry out operational research aimed at devising cost-effective policy packages for an integrated approach to control of communicable diseases.

Results expected by end 2001

- Support will have been provided to all disease-endemic countries for training of health professionals and related personnel, and operational research programmes on new interventions.
- Standards, guidelines and strategies to support prevention and control of communicable diseases will have been produced.
- Programme indicators will have been produced for the control of major diseases in order to monitor the impact of interventions.
- Evidence, in the form of epidemiological and economic indicators will be available to support control strategies promoted by WHO, and to assist in the development of novel prevention and control strategies.
- Based on the findings of operational research, appropriate social mobilization packages will have been developed and field tested, with particular focus on tuberculosis and malaria.

COMMUNICABLE DISEASES ERADICATION AND ELIMINATION
(BUDGET HEADING 1.3)

.36 The choice of diseases for elimination as public health problems is based on the availability of effective technologies for prevention and control, and increased access to these technologies for fixed periods of time, thanks often to donations. Criteria for the choice of

diseases for eradication include the absence of a nonhuman reservoir and the availability of feasible interventions to prevent or cure the infections.

.37 Formation of partnerships to make drugs, vaccines and other technologies accessible for intensified disease prevention and control provides the impetus necessary to eradicate, eliminate or decrease the prevalence and incidence of selected communicable diseases. Once elimination efforts have decreased prevalence or incidence, these selected communicable diseases can be more easily managed within existing health systems, while continuing savings result from eradication.

.38 WHO facilitates these partnerships and coordinates the ensuing eradication and elimination efforts, ensuring mobilization of necessary funds, technical guidance on policies and strategies, and operational research necessary to solve problems which may arise in implementation.

Objectives

- To identify diseases with potential for eradication and elimination, and to evaluate the feasibility of success;
- to mobilize the partnerships necessary to intensify efforts towards the prevention and control of diseases targeted for eradication and elimination;
- to undertake operational, problem-solving research as necessary to improve eradication and elimination strategies;
- to evaluate and certify eradication and elimination.

Results expected by end 2001

- The partnership for leprosy elimination will have reduced to 10 the number of countries in which leprosy is still a public health problem, lowered the global prevalence rate to less than 500 000 cases, and increased the cumulative number of cases cured to 11 million patients.
- Strategies for better outreach to nomadic populations will have been formulated and implemented in countries.
- Effective strategies for monitoring and evaluation of lymphatic filariasis will have been developed; criteria for the certification of the elimination of lymphatic filariasis will have been defined and guidelines distributed to all disease-endemic countries and regions.
- At least 90% of disease-endemic countries will have been formally certified free of dracunculiasis transmission.

COMMUNICABLE DISEASES RESEARCH AND DEVELOPMENT[1]
(BUDGET HEADING 1.4)

.39 Filling gaps in research at global level provides the knowledge required to enhance the effectiveness of communicable disease prevention and control. Research gaps are in areas which range from social and behavioural aspects of prevention and control to the development of new products: drugs, vaccines, diagnostic tests, pesticides and devices. At country level, strengthened research capability and use of research findings ensure more effective prevention and control; building networks of researchers in communicable disease-endemic countries sustains this benefit. Research encompasses basic studies at the molecular level, discovery and development of new products, and field research applied to the complex environments in which communicable diseases thrive.

[1] Including the Special Programme for Research and Training in Tropical Diseases.

.40 WHO promotes, supports and shapes the direction of research through various mechanisms. At country level it ensures that capability is built up in order to conduct research on specific problems and to respond more effectively to endemic and epidemic diseases. It contributes through in-country training to the conduct of research and use of findings. At global level it contributes, through advanced training courses of strategically selected health professionals, to immunology and vaccinology as they relate to communicable diseases.

Objectives

- To strengthen research capability, use of research findings and networks of researchers in countries where the disease burden is greatest;
- to contribute to the development and promotion of a global research agenda addressing short- and long-term needs of disease-endemic countries;
- to develop new drugs, vaccines, diagnostic tests, pesticides and products and methods to support communicable disease prevention and control efforts in countries.

Results expected by end 2001

- WHO research grants in least developed countries will have increased by at least 20% compared to the previous biennium by improving and streamlining the mechanisms for awarding grants.
- At least 50% of human resources for carrying out training in control of tropical diseases in disease-endemic countries will be drawn from advanced developing countries through stronger links with WHO collaborating centres and other research institutions that conduct training in advanced developing countries.
- At least five research institutions will have attained international competitive status for training in research on tropical diseases through increased research collaboration between institutes in the South and through South-North linkages.
- At least three drugs for the treatment of tropical diseases will have been registered through cooperation with private partners in the pharmaceutical industry, mobilization of expertise and resources, organization of clinical trials, and cooperation with drug regulation authorities.
- At least three vaccine candidates will be in development for malaria and leishmaniasis and additional antigens will have been identified for diseases such as bacterial meningitis, acute respiratory infections, dengue haemorrhagic fever, tuberculosis and other communicable diseases.
- At least two diagnostic tests and at least 10 pesticides for public health use will have been field tested and evaluated.

STOP TUBERCULOSIS INITIATIVE

.41 Tuberculosis kills nearly 2 million adolescents and adults annually, more than any other infectious disease. Of these deaths, 98% are in the developing world. It is also one of the leading causes of death among women of reproductive age. Among the 7 million new cases each year, the peak age of incidence is in young adulthood. The disease is a social and economic problem and is a significant obstacle to development.

.42 Global control is stalled by slow progress in many of the 22 countries that account for 80% of the world's burden of tuberculosis. Currently, only 17% of the world's cases are

treated through the directly observed treatment, short course (DOTS) strategy.[1] Although significant technical progress has been achieved, the world must now face the fact that most of the countries with a high burden of tuberculosis will not be able by the year 2000 to reach the targets for control established by the Health Assembly.

.43 Progress in tuberculosis control is constrained by several factors, the foremost of which is lack of political will and commitment at both global and national levels. In many places the tuberculosis epidemic is wrongly viewed as a problem only of the poor, and responsibility for tackling it is often confined to the public health system. Combating the disease requires sustained societal support, by which the social health and economic consequences of the epidemic are clearly enunciated and tackled on a broad, intersectoral basis.

.44 Among infectious diseases, tuberculosis, with its cost-effective cure and control package, is excellently positioned both to contribute to and embrace changes in the health sector. But this package must be put in place fast because resistance is rapidly developing to the drugs used to treat the disease. Resistance can be slowed only by unhampered application of the DOTS strategy, supported by continued research, and development of new drugs and vaccines.

.45 The Stop Tuberculosis Initiative aims to accelerate control by greatly expanding the global coalition of partners working to that end, pushing tuberculosis higher on the international public health agenda, and increasing significantly the investment in control.

Objectives

- To strengthen and expand political commitment to control of tuberculosis at international and national levels;
- to analyse and develop viable solutions to the main constraints to better tuberculosis control.

Results expected by end 2001

- A global charter and action plan will have been prepared to guide the actions of donors and countries in order to speed up a coordinated response to tuberculosis control.
- A global drug facility will have been set up to ensure universal access to high-quality tuberculosis drugs in improved forms, especially fixed-dose combination drugs, in order to minimize the further emergence of drug resistance.
- A global research agenda will have been drawn up that addresses both the short- and long-term needs of high-burden communities.

[1] The DOTS strategy combines appropriate diagnosis of tuberculosis and registration of each patient detected, followed by standardized multidrug treatment, with a secure supply of high quality anti-tuberculosis drugs for all patients in treatment, individual patient outcome evaluation to ensure cure, and cohort evaluation to monitor overall performance of the strategy.

Roll Back Malaria

ISSUES AND CHALLENGES

.46 Malaria accounts for a large part of the disease burden of poor countries, causing over a million deaths a year, mainly among African children, and 300 million to 500 million episodes of acute illness globally. It is a major cause of poverty and inequity in the world, affecting primarily the poor; it exacerbates inequities in health and impedes development. The persistence of malaria poses a major threat to global health in a world experiencing social and environmental change, movements of population, civil unrest, and biological changes in the parasite and mosquito vector.

.47 Capacity for malaria control is inadequate at present because health systems in disease-endemic countries are unable to respond to the challenge, and international efforts are inadequately funded and poorly coordinated.

.48 There is strong and growing political commitment to action against malaria, both in affected countries and in the donor community. The research community is already mobilized and the private sector is showing increasing interest.

MISSION AND GOALS

.49 The Roll Back Malaria project will significantly reduce the burden of disease associated with malaria as a result of better access of poorer peoples to a range of effective anti-malaria interventions. At the same time, it will contribute to strengthening national systems so that they can respond better to both the challenge of combating malaria and the health requirements of poor people. The project will focus on contributing to the effectiveness of actions taken by other groups within and outside WHO, acting as a pathfinder for accelerating extensive improvement of public health in poorer regions of the world.

MAIN AREAS OF WORK: OBJECTIVES AND EXPECTED RESULTS

Objectives

- To encourage more strategic and coherent provision of external support;
- to promote greater international consensus and advocacy on means to roll back malaria;
- to contribute to more coherent support to countries for health sector development and technical aspects of malaria;
- to provide reliable assessments of progress, results of reviews, and reports;
- to contribute to the development of new and more cost-effective tools for malaria control;
- to increase commitment of financial resources for malaria control within national efforts for health sector development.

Results expected by end 2001

- All participating countries will have formulated technical and implementation strategies for rolling back malaria, based on epidemiological, regional and health systems needs.

- Resource support networks will have been established and support provided to country programmes.
- Countries will have reviewed legal and policy aspects and drawn up the necessary legal instruments to promote implementation of malaria control interventions.
- Countries will have developed and tested at the operational level models for facilitating access of populations at risk to care from private and non-formal providers.
- Strategic investment in the design and deployment of new tools for malaria control will have been mobilized by establishing conducive investment schemes, attracting financial donations and resources into research and development for malaria, and promoting public and private collaboration.
- Increased resources will have been mobilized by partners at global and country levels for rolling back malaria.
- A mechanism to review and report on progress will have been established and will be in operation through analysis of the malaria situation and development of an effective and efficient information system, and by documenting responses of the health and other sectors, resource flows and critical constraints.

RESOURCES

COMMUNICABLE DISEASES: PLANNED EXPENDITURE BY SOURCE OF FUNDS

(US$ thousand)

		Total		Regular budget		Other sources	
		1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
1.1	Communicable diseases surveillance and response	38 534	56 958	9 366	9 188	29 168	47 770
1.2	Communicable diseases prevention and control	51 801	80 612	12 004	16 581	39 797	64 031
1.3	Communicable diseases eradication and elimination	49 943	63 114	3 682	3 300	46 261	59 814
1.4	Communicable diseases research and development	66 594	83 139	2 294	2 854	64 300	80 285
	Total	206 872	283 823	27 346	31 923	179 526	251 900

2. Noncommunicable diseases

ISSUES AND CHALLENGES

.50 Noncommunicable diseases present a major global health burden. They cause more than 80% of all deaths in industrialized countries and more than 40% of all deaths in developing countries. It is estimated that, by the year 2020, up to three-quarters of all deaths in the world will result from noncommunicable diseases. Although socioeconomic development has led to greater longevity in many populations, this change paradoxically tends to favour the development of chronic noncommunicable diseases through the acquisition of unhealthy lifestyles and nutritional habits.

.51 Noncommunicable diseases develop slowly over time and consume a large proportion of health service budgets. Many of them are preventable, and reduction of common risk factors will limit both health expenditure and the socioeconomic and health burden of the diseases.

MISSION AND GOALS

.52 The mission of the cluster is to provide global leadership in the control of noncommunicable diseases (surveillance, prevention and management) and to collaborate with Member States in reducing the toll of premature mortality, and morbidity and disability due to those diseases.

.53 The cluster will focus on:

- strengthening disease surveillance and research and providing the evidence base for the development of disease prevention and management strategies;
- framing public health policies for the control of noncommunicable diseases and identifying effective strategies for intervention;
- providing evidence-based guidelines and setting optimal standards of health care for the management and control of the common noncommunicable diseases.

MAIN AREAS OF WORK: OBJECTIVES AND EXPECTED RESULTS

SURVEILLANCE OF NONCOMMUNICABLE DISEASES
(BUDGET HEADING 2.1)

.54 The main function of this area of work is to promote surveillance and epidemiological research necessary for designing disease management and prevention interventions.

Objectives

- To prepare and update standardized guidelines for surveillance and monitoring of noncommunicable diseases, and to provide technical support for strengthening national surveillance systems for noncommunicable diseases;
- to strengthen the development of surveillance networks at regional and global levels;
- to promote research on the economic consequences of noncommunicable diseases, the burden they place on society, and the cost to health services.

Results expected by end 2001

- Standardized, validated methodologies and appropriate indicators for monitoring the major noncommunicable diseases will have been developed.
- Support will have been provided for strengthening surveillance systems in selected countries.
- Global and regional networks will have been set up for surveillance of noncommunicable diseases.
- Regional training programmes will have been conducted in methodologies for surveillance of noncommunicable diseases.

PREVENTION OF NONCOMMUNICABLE DISEASES
(BUDGET HEADING 2.2)

.55 This area of work aims to provide an integrated and comprehensive package of community-based measures for health promotion and disease prevention, with special emphasis on developing countries.

Objectives

- To draw up managerial and technical guidelines for the development of comprehensive national programmes for the control of noncommunicable diseases;
- to strengthen analysis and comparison of the major risk factors of noncommunicable diseases, and to design appropriate evidence-based and cost-effective strategies to reduce their impact;
- to strengthen and coordinate global efforts for the development and testing of strategies for and approaches to the prevention of the major noncommunicable diseases.

Results expected by end 2001

- Guidelines will have been issued for the development of national prevention and control programmes and for integrating those programmes into national health systems.
- A global forum of regional networks of WHO-supported community-based projects will have been convened on the integrated primary prevention of noncommunicable diseases.
- A global research initiative will have been launched on prevention of cardiovascular diseases in developing countries.
- Guidelines will have been issued on the prevention of congenital and genetic disorders and for the development of community-based genetic services.

MANAGEMENT OF NONCOMMUNICABLE DISEASES
(BUDGET HEADING 2.3)

.56 This area of work aims to provide an integrated approach to the management of noncommunicable diseases.

Objectives

- To draw up simple diagnostic criteria and case-management guidelines based on evidence and expert consensus, in collaboration with the competent international institutions, WHO collaborating centres, and nongovernmental organizations;

- to improve the effectiveness of interventions through improved clinical and management skills,
- to further determine standards of care and design cost-effective treatment packages for the major noncommunicable diseases, with emphasis on primary care.

Results expected by end 2001

- Standards of health care, evidence-based diagnostic criteria, and case-management guidelines will have been determined for common noncommunicable diseases.
- Training material will have been prepared for health professionals on the case management of common noncommunicable diseases.
- Consensus guidelines will have been drawn up on ethical issues related to the prevention and management of genetic disorders.

Tobacco Free Initiative

ISSUES AND CHALLENGES

.57 The worldwide tobacco epidemic is responsible for approximately 3.5 million deaths globally each year. If current smoking patterns continue, tobacco use will account for 10 million deaths each year by 2030, of which 7 million will be in developing countries. Current trends suggest that tobacco use will result in the deaths of about 250 million children and young people alive today. Over 1.2 billion people over 15 years of age smoke; the rate of increase is most rapid among women and in developing countries. Lack of international leadership in this area, combined with inadequate resources and strategic alliances, has hampered progress in reducing tobacco consumption.

MISSION AND GOALS

.58 The Tobacco Free Initiative provides global leadership and mobilizes national and international action to prevent and to cut down tobacco use. It will focus on:

- global support for evidence-based tobacco control policies and actions
- new and strengthened partnerships for action
- heightened awareness of the need to deal with tobacco at all levels of society
- faster implementation of national, regional and global policies and strategies.

MAIN AREAS OF WORK: OBJECTIVES AND EXPECTED RESULTS

EXTERNAL LIAISON AND ADVOCACY

Objectives

- To build partnerships with clearly defined and complementary roles that strengthen multidisciplinary action for tobacco control;
- through media advocacy, to ensure that tobacco becomes a global concern.

Results expected by end 2001

- Partnerships will have been established to enhance multidisciplinary approaches to tobacco control among organizations of the United Nations system, nongovernmental organizations, the private sector, academic and research groups, foundations and donors.
- Materials for World No-Tobacco Day will have been effectively disseminated each year through a wide range of partners.
- WHO's "voice" and information on tobacco control policies will be more frequently and clearly carried by major media.

INTERNATIONAL FRAMEWORK CONVENTION FOR TOBACCO CONTROL

Objective

- To mobilize support for development of an international framework convention for tobacco control.[1]

Results expected by end 2001

- A Health Assembly resolution on the international framework convention will have been adopted by Member States.
- The working group on the framework convention will have submitted its report to the Fifty-third World Health Assembly.
- An intergovernmental negotiating body will have been established by Member States under Article 19 of the WHO Constitution, and will be in the process of negotiating the framework convention and possible related protocols.

STRENGTHENED TOBACCO CONTROL CAPABILITY

Objective

- To define the optimal tobacco control content of health policies and strategies and to strengthen tobacco control capability at global, regional and national levels.

Results expected by end 2001

- A network of WHO collaborating centres will be providing training and technical support to countries in all regions.
- Functioning "country activating groups", dealing with the question of young people and tobacco use, will have been established in 10 countries.
- Rapid response teams will have been set up to meet requests for legal, epidemiological and economic support from countries.

INFORMATION MANAGEMENT

Objective

- To document and disseminate evidence for tobacco control.

[1] See resolutions WHA49.17 and EB103.R11.

Results expected by end 2001

- A global research agenda on action for tobacco control will have been drawn up and funded in collaboration with the Global Forum on Health Research.
- Epidemiological data, research findings, bibliographic and other material related to tobacco use will have been compiled and will be available and continuously updated on the WHO tobacco web site.

RESOURCES

NONCOMMUNICABLE DISEASES: PLANNED EXPENDITURE BY SOURCE OF FUNDS
(US$ thousand)

		Total		Regular budget		Other sources	
		1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
2.1	Surveillance of noncommunicable diseases	1 945	3 154	1 007	2 238	938	916
2.2	Prevention of noncommunicable diseases	3 197	8 805	1 933	5 721	1 264	3 084
2.3	Management of noncommunicable diseases	2 065	2 346	2 065	2 346		
	Total	7 207	14 305	5 005	10 305	2 202	4 000

3.
Health systems and community health

ISSUES AND CHALLENGES

.59 In many countries, much of the population has no access to simple cost-effective interventions for the prevention and management of acute respiratory infections, diarrhoea, measles, malaria and malnutrition. These currently account for around 70% of all childhood deaths.

.60 Health systems in many countries do not meet the needs of adolescents and young people. Millions of women suffer unnecessary and preventable deaths, injuries and disabilities. Poor women are particularly disadvantaged. Reproductive ill-health accounts for 22% of the total disease burden among women aged 15-44, with the majority suffering from pregnancy-related deaths, unsafe abortions, sexually transmitted diseases and cervical cancer. The practice of female genital mutilation is still common in certain countries.

.61 HIV/AIDS is a growing pandemic, with over 30 million cases worldwide, and over 20 million in sub-Saharan Africa. One of several constraints to controlling the spread of HIV/AIDS is the dysfunctional nature of health systems in many countries, including absence of voluntary counselling and testing, inadequate provision of condoms and an insufficient budget for health care.

.62 Weak health systems result from the discrepancies between policies, organizational structures, management systems and services. Service delivery in such cases is usually uncoordinated and of questionable quality. Communities, families and individuals have little influence over the way the services they use are planned or managed, and are not actively involved in the formulation of policies, nor in the planning and delivery of health services and care.

MISSION AND GOALS

.63 The cluster on Health systems and community health will contribute to improved health status by increasing equitable access to sustainable, quality health care, strengthening health systems, effectively integrating health interventions, and fostering individual, family and community development.

.64 The cluster will focus on:

- strengthening capacity for the development of national health policies and strategies to ensure universal access to comprehensive, integrated, quality health care that responds to the population's needs;
- strengthening the capacity of health care providers and managers at all levels of the health system to design, implement and manage effective support systems for the provision of integrated health care;
- devising effective approaches to providing support to communities, families and homes in the promotion, prevention and care of common community health problems;
- generating and using evidence for the development of integrated cost-effective health care strategies and interventions for child and adolescent health, women's health, reproductive health, HIV/AIDS and sexually transmitted infections;
- developing and testing models for the delivery of integrated and coordinated health services in carefully selected national contexts.

MAIN AREAS OF WORK: OBJECTIVES AND EXPECTED RESULTS

HEALTH SYSTEMS
(BUDGET HEADING 3.1)

.65 This area of work aims to provide support to countries for their efforts to provide essential public health functions and to deliver effective health services and care for their entire population, using the primary health care approach. The support will be provided in close collaboration with other parts of WHO, bilateral agencies and multilateral organizations, donors, international and regional development banks, and nongovernmental organizations.

Objectives

- To develop national health policies, strategies and plans for universal access to comprehensive quality primary health care;
- to help translate national health policies, strategies and plans into district health plans, in which human, financial and physical health resources are allocated equitably to address community needs and health problems of priority at district level;
- to establish health information systems that facilitate planning, management, monitoring and evaluation of the work of health care services at district, intermediate and national levels;
- to devise effective approaches to mobilizing community participation for health.

Results expected by end 2001

- Support will have been provided to countries for reforming their health sectors and for developing policies, strategies and plans to achieve equitable, sustainable and quality health services, with a focus on integrated health care. Special emphasis will have been laid on human resources, finances, hospital institutional care and physical infrastructure.
- A review, based on operational research, will have been conducted in selected countries to improve strategies, tools and methods for building up health information systems that permit countries to assess and monitor the performance of their health systems.
- Methods, guidelines and tools will have been developed for strategic workforce planning, especially issues of education and training, reimbursement and incentives, motivation and performance, as well as effective management of health personnel.
- Different approaches to strengthening partnerships among communities, civil society and the health sector - both private and public - for health development, will have been identified and documented on the basis of operational research in selected countries.

CHILD AND ADOLESCENT HEALTH AND DEVELOPMENT
(BUDGET HEADING 3.2)

.66 The main function of this area of work is to devise evidence-based interventions for the prevention and management of disease and the promotion of healthy growth and development for the 0 to 19 year age group.

Objectives

- To provide support to countries for introducing technical policies, strategies and plans for child and adolescent health in order to reduce risk, morbidity and mortality, and to improve growth and physical and psychosocial development;
- to undertake research to develop evidence-based integrated interventions for child and adolescent health services;
- to strengthen capability in countries to work with communities to devise, test and implement health promotion, prevention and care interventions for children and adolescents in homes and the community;
- to advocate policies and strategies to protect the rights of children and adolescents in relation to health and health care.

Results expected by end 2001

- Key epidemiological, clinical, behavioural and operational issues related to the major disease and risk factors, and to the healthy growth and psychosocial development of children and adolescents, will have been analysed on the basis of a number of multicentre studies.
- Support will have been provided to countries to develop policies, strategies and plans at national and district levels for integrated, cost-effective health interventions aimed at reducing risk, morbidity and mortality, and improving growth and psychosocial development of children and adolescents. This will include collaboration with at least 60 countries to improve and expand their implementation of the strategy for integrated management of childhood illness and with at least 25 countries in adolescent health activities.
- Support will have been provided to at least 20 countries in giving effect to the health-related articles of the Convention on the Rights of the Child.

REPRODUCTIVE HEALTH AND RESEARCH
(BUDGET HEADING 3.3)

.67 The main function of this area of work is to contribute to knowledge and to devise and promote evidence-based interventions for improving reproductive health, including increased access to quality health services.

Objectives

- To conduct research to generate evidence for the development of effective reproductive health interventions;
- to give support to countries for incorporating reproductive health policies and strategies in national plans, and to promote implementation of integrated, cost-effective reproductive health interventions;
- to strengthen capability in countries to work with communities to devise, test and implement health promotion, prevention and care interventions in homes and the community to improve reproductive health.

Results expected by end 2001

- At least 30 research studies (several of them multicentre) will have been completed on key sociobehavioural, clinical, epidemiological and policy issues in reproductive health, with emphasis on fertility regulation, safe motherhood and sexually transmitted diseases.
- Policy, technical and managerial guidelines will have been drawn up and evidence-based standards determined for quality reproductive health care, including services for maternal health, family planning and sexually transmitted diseases.
- Operational research will have been conducted to evaluate application of cost-effective reproductive health interventions aimed at improvements in reproductive health in at least 10 countries.
- Home- and community-based strategies for the management of common reproductive health problems will have been prepared, and plans drawn up for their implementation.

WOMEN'S HEALTH
(BUDGET HEADING 3.4)

.68 The main function of this area of work is to contribute to knowledge and build a sound evidence base for the preparation and promotion of policies, plans and strategies that address priority and neglected health needs of women across the life cycle and improve women's access to quality health.

Objectives

- To frame a coherent and comprehensive policy on women's health;
- to generate and disseminate evidence on women's health issues, including neglected areas;
- to translate the evidence from research into a basis for action and advocate the incorporation of women's health concerns into national and international policies and programmes.

Results expected by end 2001

- A policy document outlining the women's health agenda and WHO's contribution to it will have been prepared within the Organization.
- Documents will have been produced showing progress in implementing international women's health agreements, and neglected areas and emerging issues in women's health will have been identified.
- Advocacy material on women's health priorities (including neglected areas) will have been prepared and promoted.

INITIATIVE ON HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

.69 This cross-cutting initiative aims to provide support for strengthening country health systems in ways that enable them to respond appropriately and effectively - using evidence-based approaches - to combat the spread of HIV/AIDS and sexually transmitted infections. WHO, as a cosponsor of UNAIDS, contributes to the multisectoral response by strengthening the health sector. The Initiative has been established in order to sharpen WHO's work in this area.

.70 A secretariat of the Initiative has been set up in the Health systems and community health cluster in order to facilitate and monitor WHO's institutional response. Its budget is

integrated in the cluster ŝ budget. The expected results indicated below reflect those of the secretariat ŝ activities.

Objectives

- To strengthen national health policies, to foster partnerships, and to strengthen commitment at all levels of the health system in order to reduce transmission and mitigate the impact of HIV/AIDS, sexually transmitted infections and associated diseases;
- to increase the capacity of health systems to cope with the impact of HIV/AIDS/sexually transmitted infections and associated diseases, and to provide comprehensive, integrated, sustainable and high-quality prevention and care services;
- to develop, evaluate and implement effective interventions for reducing transmission of HIV, sexually transmitted infections and HIV-related illnesses;
- to develop, evaluate and implement interventions that ensure the provision of quality care for people living with HIV.

Results expected by end 2001

- Policies, standards and guidelines on health sector responses to prevention of HIV/AIDS and sexually transmitted infections and specific care needs will have been produced and support provided for their implementation in selected countries.
- Technical collaboration for the promotion and implementation of comprehensive, integrated, cost-effective, evidence-based prevention and care interventions will have been extended to selected countries.
- Guidance materials will have been produced and updated on technical and ethical aspects of studies to develop and implement new epidemiological, diagnostic and therapeutic tools and vaccines.

RESOURCES

HEALTH SYSTEMS AND COMMUNITY HEALTH: PLANNED EXPENDITURE BY SOURCE OF FUNDS

(US$ thousand)

		Total		Regular budget		Other sources	
		1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
3.1	Health systems	23 882	32 702	12 808	12 434	11 074	20 268
3.2	Child and adolescent health and development	31 776	36 255	3 205	3 480	28 571	32 775
3.3	Reproductive health and research	60 049	64 561	4 944	4 164	55 105	60 397
3.4	Women ŝ health	4 409	11 504	317	1 544	4 092	9 960
	Total	120 116	145 022	21 274	21 622	98 842	123 400

4. Sustainable development and healthy environments

ISSUES AND CHALLENGES

.71 More than a billion people, especially in developing countries, live in extreme poverty, exposed to severe threats to health, lacking the basic requirements for survival and excluded from effective participation in society. Sustained economic growth in much of the world has failed to reduce seriously the tolls of poverty. Health systems face the challenge of extending the powerful interventions at their disposal to those in poverty.

.72 Hunger and malnutrition remain among the most devastating problems facing the world's poor and needy, and continue to dominate the health of the world's poorest nations. Nearly 30% of the world's population - essentially people in the developing world - are currently suffering from one or more of the multiple forms of malnutrition. This is a continuing violation of the recognized fundamental human right to adequate safe food and nutrition, and freedom from hunger and malnutrition, particularly in a world that has both the resources and the knowledge to end this catastrophe.

.73 Environmental changes at global and local levels increasingly affect health, particularly of poor and vulnerable populations. Safe and sufficient food and water supplies, environmental sanitation, and healthy living environments in which people are protected from risks associated with chemicals, pollution, and environmental degradation, are basic essentials. Capacity for identifying and managing the environmental and developmental determinants of ill-health is weak in most developing countries.

.74 The repercussions of natural and man-made disasters and civil unrest undermine health gains that have taken generations to achieve, especially in poor countries. Health systems are often overwhelmed in countries experiencing prolonged or repeated emergencies. Such countries require special support in building systems capable of preparing for and coping with disasters, with the long-term goal of integrating emergency action in sustainable health development.

.75 Since the World Summit for Social Development (Copenhagen, 1995) there has been a growing awareness that health enhances the capabilities of the poor, builds social and human capital, and raises the productivity of poor individuals and communities. This in turn leads to better health. Having been perceived in the past as an unproductive consumer of public budgets, health is increasingly seen as a central element of productivity itself. This perception poses a fundamental challenge to the health sector, accustomed to looking at the impact of development on health rather than the reverse. Ministries of health need new public health skills and capacities to enable them to work with other sectors and partners in the broad arena of development.

MISSION AND GOALS

.76 The mission of the cluster on Sustainable development and healthy environments is to ensure that health aspects of socioeconomic development and poverty reduction are properly addressed in formulating and implementing public policies, strategies and programmes at global, regional, national and local levels.

.77 Drawing on the knowledge and experience of its respective departments the cluster will focus on:

- integrating health aspects into poverty reduction programmes in order to improve the health of the poor. Work will be geared to analysing health impacts of macroeconomic policies and development strategies, and monitoring access to safe

and sufficient food and water, sanitation, and healthy living and working environments;

- assessing the impact of globalization of the economy and global change on health, nutrition and the environment, and developing policies and mechanisms to alleviate any detrimental effects;
- identifying risks to human health from exposure to chemical, physical and biological hazards in food, water and the environment. Work will be geared to developing, validating and harmonizing the methodologies for risk assessment and management and formulating guidelines and policies for the management of any health risks that stem from development processes;
- strengthening human resources and institutional capabilities in the areas of environment and sustainable development, including pollution and waste control, chemical and radiation safety, prevention and reduction of malnutrition, and access to safe food and water;
- developing and strengthening partnerships in order to ensure that development policies, strategies and action take health into account at all levels by involving different sectors, institutions and groups in their formulation and implementation;
- strengthening national capacity in preparedness and response to natural and man-made disasters and emergencies, and re-establishing health services in the wake of disasters.

.78 This focus implies adopting a more integrated approach that incorporates technical work on public health in the broad framework of development and poverty reduction. Interdepartmental and concerted action throughout WHO will be a key strategy to ensuring success. Each department in the cluster will set policy guidance within a broader perspective, seek to work within comprehensive development strategies in countries, and open its agenda of work to intersectoral action.

MAIN AREAS OF WORK: OBJECTIVES AND EXPECTED RESULTS

HEALTH IN SUSTAINABLE DEVELOPMENT
(BUDGET HEADING 4.1)

.79 The strategic objective of this area of work is to enable WHO to influence development policy, in countries and at international level, through a comprehensive understanding of the linkages between health and sustainable human development, including poverty reduction.

.80 The principal function is to spearhead the strengthening of WHO ś knowledge, advocacy, partnership building and technical cooperation in the multisectoral context of policy-making for development. Priority is accorded to the world ś neediest countries and population groups.

.81 Together with the other departments work is carried out in a wide variety of sectors and with a wide range of partners, including government departments such as finance, planning, trade and education; parliaments; local government; civil society organizations; and the private sector. At local, national and international levels partners include organizations of the United Nations system, development banks, bilateral development cooperation agencies, and nongovernmental organizations.

Objectives

- To promote the integration of health objectives and interventions into development policy and poverty-reduction programmes;

- to promote a strong antipoverty and equity focus in health policies;
- to promote a deeper understanding of the health effects of globalization and promote appropriate public health responses.

Results expected by end 2001

- Intersectoral policy frameworks, strategies and methods for integrating health objectives within sustainable development, including poverty reduction, will have been drawn up and advocated.
- Technical support will have been provided to selected countries to strengthen their capacities to analyse and develop strategies and methodologies that integrate health objectives and interventions into human development policies.
- Mechanisms, instruments and methodologies will have been developed to assess the health effects of globalization; support will have been provided to countries to monitor and formulate appropriate responses to the health consequences of an increasingly global economy.

NUTRITION FOR HEALTH AND DEVELOPMENT
(BUDGET HEADING 4.2)

.82 Hunger and malnutrition are hallmarks of poverty, deprivation and underdevelopment; half of the 10 million under-five deaths each year are associated with malnutrition. The main function of WHO in this area of work is to provide support to Member States in assessing, preventing and reducing malnutrition in all its major forms and to prepare norms, standards and guidelines to back up this work. Technical and financial support is provided to Member States, particularly through WHO's regional nutrition programmes, for the development and implementation of national nutrition policies and programmes and for the management of nutrition in emergencies. Technical input is made to the policies and programmes of the World Food Programme. In collaboration with national health authorities, development projects are designed that are supported by food aid and intended for the physiologically vulnerable and those without secure supplies of food. Coordination of the global network of WHO collaborating centres for nutrition underpins this work.

Objectives

- To strengthen and support the capabilities and effectiveness of Member States to assess, prevent and manage all the major forms of malnutrition and diet-related problems;
- to develop and maintain global nutrition databases for monitoring, evaluating and reporting on the world's major forms of malnutrition, the effectiveness of nutrition programmes, and progress towards targets at national, regional and global levels.

Results expected by end 2001

- Guidelines, training manuals, methodologies and tools for assessing, preventing and managing protein-energy malnutrition, including nutrition in emergencies and micronutrient malnutrition, and for addressing nutrition in ageing, will have been prepared and disseminated.
- Support will have been provided for establishing national strategies, programmes and monitoring systems for micronutrient malnutrition, particularly iodine deficiency disorders, vitamin A deficiency, iron deficiency and anaemia, and also for obesity.

- Support will have been provided to countries for formulating and implementing effective and sustainable national nutrition policies and programmes.
- Support will have been provided to countries for strengthening and improving infant and young-child feeding practices, including promotion of breastfeeding and appropriate complementary feeding practices.

PROTECTION OF THE HUMAN ENVIRONMENT
(BUDGET HEADING 4.3)

.83 The main functions of this area of work are to tackle risks to health stemming from unsustainable exploitation, degradation or pollution of the environment; and to strengthen the capacity of WHO as a whole to respond efficiently to a broad range of environmental health issues. Environmental health-risk assessment and research form the basis for all activities and produce the evidence base for national standard-setting, a process that is supported through technical cooperation with national health and environment authorities.

.84 The International Programme on Chemical Safety, a collaborative programme between ILO, UNEP and WHO, administered by WHO, provides authoritative assessments of the risks from exposure to certain chemicals given high priority, promotes the harmonization of methodologies for chemical risk assessment and management, and offers guidance for preparedness and response to chemical emergencies and the prevention and treatment of poisoning. The Programme promotes technical cooperation with Member States, in particular developing countries, to strengthen their capability in the area of chemical safety.

.85 National food safety programmes are supported by building up infrastructure, promoting awareness, and producing and transferring information. Regulatory guidance is provided through the joint FAO/WHO Codex Alimentarius Commission on food standards, codes of practice and guidelines for production, processing and manufacturing of foods. Health education in food safety for food handlers and consumers is one of the pillars of the strategy for combating foodborne diseases. Epidemiological surveillance of foodborne diseases and monitoring of chemical contaminants is undertaken as a basis for determining food-safety policies and interventions.

.86 Improved safety at the workplace and the reduction of occupationally induced diseases is achieved by strengthening international and national policies and strategies for health at work. Occupational health standards are determined and supported on the basis of scientific risk assessment and in collaboration with national occupational health services.

.87 WHO collaborates with Member States in the provision and management of safe and adequate community water supply and sanitation to the poor and underserved. Global monitoring of water and sanitation services provides the basis for planning and financial support to countries in need. WHO's strategy on sanitation for high-risk communities identifies and addresses population groups at special risk through the development of technical and hygiene education interventions. Best practices are documented and disseminated.

.88 Research is conducted on the health effects of environmental issues of global significance such as climate change and ionizing and non-ionizing radiation. International guidance on health impact assessment and on mitigating harmful effects is prepared and disseminated on this basis. Global networks of WHO collaborating centres and national authorities are set up to undertake the scientific work and to promote application of practical health protection guidelines.

Objectives

- To provide support to Member States for the protection of human health from environmental, chemical, biological, radiological and occupational risks;

- to foster international awareness and promote action on environmental health issues of national and global importance.

Results expected by end 2001

- Comprehensive science-based risk assessments of chemicals and pollutants of high priority will have been undertaken and disseminated to concerned Member States; risk assessment methodologies will have been further developed.
- Guidelines and criteria will have been issued on drinking-water quality, air quality, sanitation and wastes, radiation, hazardous chemicals, food additives, pesticide residues, etc., for direct use in national standard-setting and health regulations.
- National authorities will have applied WHO policy guidance to strengthen food safety for the control of infections and noncommunicable foodborne illnesses.
- National programmes will have been established or strengthened for the reduction of physical hazards from ionizing and non-ionizing radiation, for health and safety at the workplace, and for control of chemical poisonings.

EMERGENCY AND HUMANITARIAN ACTION
(BUDGET HEADING 4.4)

.89 The main function of this area of work is to build up country capacity and self-reliance in disaster preparedness, including alert mechanisms, and in mitigation of the health consequences of disasters. A key concern is to link emergency action with measures for sustainable health development.

Objectives

- To increase the capability of countries to plan for and mitigate the impact of natural disasters;
- to guide United Nations organizations and other bodies active in countries experiencing disasters and repeated emergencies by providing comprehensive, regular health assessments;
- to work with countries in re-establishing health services and emergency preparedness systems in the wake of disasters, and to link those efforts with measures for achieving sustainable development;
- to provide support to countries in drafting health sector plans to respond to nuclear, biological, technological and chemical incidents.

Results expected by end 2001

- Hazard and vulnerability profiles will have been established in 30 countries through the worldwide Health Intelligence Network for Advanced Contingency Planning.
- Systems for early assessment at the onset of emergencies will have been designed and evaluated.
- Systems for early warning, assessment and response to health consequences of major disasters will have been designed and evaluated. For this purpose, field-tested guidelines and standards will have been drawn up for use by national and international bodies.

- An emergency health training programme in disaster management will have been conducted in Africa and devolved to national institutions. Similar initiatives will have been started in two other regions and integrated in national disaster mitigation and preparedness programmes. They will also have built up the competence of WHO staff.

RESOURCES

SUSTAINABLE DEVELOPMENT AND HEALTHY ENVIRONMENTS: PLANNED EXPENDITURE BY SOURCE OF FUNDS

(US$ thousand)

		Total		Regular budget		Other sources	
		1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
4.1	Health in sustainable development	15 912	14 849	4 169	5 360	11 743	9 489
4.2	Nutrition for health and development	7 051	6 381	3 182	3 799	3 869	2 582
4.3	Protection of the human environment	32 849	44 416	13 068	11 576	19 781	32 840
4.4	Emergency and humanitarian action	51 087	53 893	1 663	1 404	49 424	52 489
	Total	106 899	119 539	22 082	22 139	84 817	97 400

5.
Social change and mental health

ISSUES AND CHALLENGES

.90 Global trends in urbanization, the changing social fabric, the ageing of the population, and increasing levels of violence pose complex challenges to all countries. Evidence increasingly shows that health is determined largely by lifestyles and socioeconomic conditions. In coming decades an increasing number of premature deaths among adults will be caused by behaviours initiated during childhood and youth.

.91 Worldwide, both the numbers of people with disability - a reflection of ageing populations - and those suffering from injury, resulting from accidents or from violence, are rising. Medical and social costs, together with lost productivity in the economically active population, are high. Hence the pressing need in countries both to introduce effective prevention interventions and to set up accessible and cost-effective rehabilitation services.

.92 Neuro-psychiatric disorders are among the world's most prevalent health problems, affecting 16% to 25% of the population worldwide. They constitute 10.5% of the global burden of disease, mainly because of the disability associated with them. This burden is larger than all malignancies combined, more extensive than HIV infection or other communicable diseases, and will increase as a larger proportion of the population reaches ages that carry higher risks of specific mental disorders, such as dementia.

.93 The use of psychoactive substances, including alcohol, tobacco and illicit drugs, accounts for about 7% of the global burden of disease and injury. The proportion is higher in developed countries, but the adverse consequences in poorer countries are exacerbated by poverty, discrimination, and the fact that there are competing health priorities. The economic, health and social harms associated with abuse of psychoactive substances are increasingly being tackled through health promotion, changes in behaviour, and public policy.

MISSION AND GOALS

.94 The cluster on Social change and mental health was established to identify the health impacts of demographic and social trends and to develop a framework in which to address related problems at global and national levels. It will form the vehicle for interventions to tackle a range of underlying, interrelated health determinants and to mobilize efforts to change identified risky behaviours. The expected result is a wide spectrum of interventions applicable to activities across WHO.

.95 The cluster will focus on:

- promoting health throughout the lifespan, with an emphasis on healthy ageing; and reaching out to the media and others conveying public health messages, especially those for young people and high-risk groups;
- expanding partnerships for health promotion and social change, taking advantage of WHO's leadership role to bring a public health perspective to other sectors whose activities might have an adverse effect on health. Special emphasis will be laid on identifying and seeking to alleviate the negative health impacts of social changes such as urbanization, migration and evolving family structures;

- addressing, within a health and social context, the prevention of disabling sensory impairments, as well as violence and injuries, while enhancing the quality of life and equal opportunities for all persons with disabilities;
- providing a catalytic and coordinating function for development of research and policy aimed at reducing the burden of mental and neurological disorders and their associated disabilities. Significant social change is needed to assure the provision of health and social services to people with these disorders, to destigmatize these conditions, and to ensure that human rights and equal opportunities are respected;
- promoting and coordinating global research on trends and intervention strategies in order to reduce the abuse of psychoactive substances and related health and social problems.

MAIN AREAS OF WORK: OBJECTIVES AND EXPECTED RESULTS

HEALTH PROMOTION
(BUDGET HEADING 5.1)

.96 This area of work is geared to designing, coordinating and promoting policies and programmes that encourage healthy lifestyles. The main functions are:

(1) to prepare a comprehensive framework for actions related to factors influencing health, ranging from social, economic and environmental determinants to individual behavioural patterns and including interdependencies;

(2) to establish a synopsis of possible interventions on determinants and individual modes of behaviour with positive health effects, ranking them by their potential impact on major disease groups;

(3) to raise awareness of Member States, civil society and the private sector of their potential to promote good health and combat ill-health within their respective spheres of influence, by offering them specific intervention options to be implemented in a variety of settings;

(4) in particular, to formulate strategies that respond adequately to the challenges of an ageing world population and the need for long-term care.

.97 Health promotion efforts will be advanced by working with nongovernmental organizations and the private sector, as well as with health professionals and policy-makers; and by collaborating with other clusters to strengthen national capability to monitor and regulate risks to health and to enact legislation to promote and protect health.

Objectives

- To develop tools and methods to assess the "added value" of a health promotion approach to health interventions directed at prevention and care, including those incorporated in the global school health initiative, healthy cities and communities, and health-promoting workplaces, in collaboration with other organizations in the private and public sectors;
- to provide support for the development of a network of health promotion practice through the establishment of an alliance for global health promotion that will engage networks already in place and foster new partnerships with public and private sectors, at all levels of society;
- to incorporate health promotion concepts and practices in the mainstream of WHO activity, highlighting examples of the application of health promotion to all areas of work at headquarters, and in the regional and country offices;

- to act as a clearing house for information on changes in behaviour, lifestyle and public policy that affect health, including the collection, analysis and dissemination of information on the socioeconomic determinants of health.

Results expected by end 2001

- A system will have been established for identifying, collecting and disseminating case studies and best practices that address behavioural change and socioeconomic determinants of health.
- Guidelines will have been prepared and disseminated on the most successful and cost-effective strategies and interventions in health promotion, and on evaluation of strategies for participatory "settings" in health promotion.
- Cross-cutting health promotion initiatives on such priority issues as ageing, tobacco, violence, and active living will have been launched through the health-promotion network of large-population countries.
- Advocacy for and greater investment in health promotion will have been secured through the global alliance for health promotion.
- The concept of health-promoting schools will have been adopted in at least one large-population country in five regions, and assessment will have been completed on the impact of health-promoting schools.
- New healthy city initiatives will have been launched; strong healthy city networks will be operating in all WHO regions, with regional office coordinating teams using the network of cities to support programme delivery of various priority health issues.
- Capacity for framing policy on active ageing will have been built up through research and training, initially in at least three regions.

DISABILITY/INJURY PREVENTION AND REHABILITATION
(BUDGET HEADING 5.2)

.98 This area of work aims, within a health and social context, to prevent disabling sensory (vision and hearing) impairments, as well as violence and injuries, while enhancing the quality of life, and ensuring rehabilitation and equal opportunities for all persons with disabilities.

Objectives

- To enhance the quality of living and equality of opportunities for all people with disabilities by supporting Member States in framing policies, developing appropriate services, and strengthening community participation;
- to devise and promote effective strategies for prevention of blindness and deafness as social and public health problems, including coordination of control programmes with other interested parties;
- to support the formulation of scientific and evidence-based public health policies and strategies aiming at preventing violence and injury and mitigating their consequences.

Results expected by end 2001

- As part of a global initiative for elimination of avoidable blindness, community-based strategies and programmes will have been developed for global cataract surgical services, for elimination of blinding trachoma in 10 priority countries, and for combating onchocerciasis in all disease-endemic countries through ivermectin distribution.

- Strategies for prevention of hearing impairment from ototoxicity, chronic otitis media and from noise will have been devised as part of primary health care.
- WHO will have assessed the impact of violence and injury on health in at least 10 countries, will have demonstrated the use of cost-effective interventions, and will have strengthened country capability to implement them in order to prevent and combat violence and injuries.
- In collaboration with other organizations of the United Nations system and nongovernmental organizations, support will have been provided for community-based rehabilitation and provision of rehabilitative services through primary health care. At least three intercountry and two national workshops will have been conducted, training materials prepared, and a comprehensive policy document on disability issued.

MENTAL HEALTH
(BUDGET HEADING 5.3)

.99 This area of work aims at reducing the impact of mental and neurological disorders on individuals, families, communities and societies. It focuses on promotion of mental health, prevention of major mental and neurological disorders, and appropriate care of people with those disorders. This can be achieved through increased awareness of the burden associated with mental health problems and respect for the human rights of people with mental and neurological disorders; development of appropriate strategies, guidelines, methodologies and instruments; and provision of support to countries for building up their technical capability to plan and develop mental health services and to enact related legislation.

Objectives

- To work with countries to develop and strengthen their mental health services and systems, particularly primary mental health care, assuring that they are culturally sensitive, sustainable and effective. Emphasis will be laid on underserved populations and developing countries, and the promotion of mental health and mental health services for refugees from countries in conflict;
- to promote the development, improvement and validation of norms and effective methods for the prevention, diagnosis and treatment of mental and neurological disorders, and to support regional and country applications based on best practices;
- to collect, analyse and disseminate epidemiological and management information, i.e., data on incidence, disease burden, use of health services and outcomes, and the cost-effectiveness of interventions.

Results expected by end 2001

- The second edition of the International Classification of Impairments, Disabilities and Handicaps, and guidelines for the prevention and/or care of six major mental and neurological disorders, will have been published and distributed.
- An educational programme to teach mental health to primary health care personnel will have been prepared, with continuous testing and improvement of diagnostic programmes through research on their applicability and cost-effectiveness.
- National reviews of stigma and violations of human rights and mental health will have been completed in six countries and generic advocacy documents produced.
- A rapid assessment protocol will have been developed, and an international declaration will have been issued for collaboration among bilateral institutions, organizations of the United Nations system and nongovernmental organizations to support refugees 'mental health.

SUBSTANCE ABUSE
(BUDGET HEADING 5.4)

.100 This area of work aims to promote and coordinate global research on trends and intervention strategies in order to reduce health and social problems related to psychoactive substance abuse on the basis of research findings.

Objectives

- To identify, test and promote cost-effective approaches to the prevention and treatment of psychoactive substance abuse and related health and social problems;
- on the basis of the knowledge acquired, to build up capability to respond in culturally appropriate ways to psychoactive substance abuse and related health and social problems.

Results expected by end 2001

- Information will have been compiled and disseminated on global and regional patterns and trends for alcohol consumption.
- Guidelines for evaluation of treatment of psychoactive substance abuse will have been drawn up and disseminated to all Member States.
- Support will have been provided to at least 10 Member States for development and implementation of interventions for prevention of psychoactive substance abuse and treatment of injecting drug users.

RESOURCES

SOCIAL CHANGE AND MENTAL HEALTH: PLANNED EXPENDITURE BY SOURCE OF FUNDS
(US$ thousand)

		Total		Regular budget		Other sources	
		1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
5.1	Health promotion	6 646	7 032	3 137	3 592	3 509	3 440
5.2	Disability/injury prevention and rehabilitation	8 231	9 324	1 894	2 823	6 337	6 501
5.3	Mental health	5 666	10 318	2 384	3 270	3 282	7 048
5.4	Substance abuse	9 712	11 045	1 581	1 534	8 131	9 511
	Total	30 255	37 719	8 996	11 219	21 259	26 500

6.
Health technology and pharmaceuticals

ISSUES AND CHALLENGES

.101 Medicines are the largest health expenditure for most households in poor countries and the second largest government health expenditure, accounting for 25% to 70% of total health spending in developing countries. Yet one-third of the world's population lack regular access to essential drugs. Incorrect, dangerous, and wasteful prescribing, dispensing, and consumer use of drugs is widespread and remains a major threat to good health.

.102 Assuring the quality, efficacy and safety of drugs on the market is the single most important responsibility of drug regulatory authorities throughout the world. As more and more countries become engaged in local production and export of pharmaceuticals, the need for international standards for safety, quality and efficacy of pharmaceutical products, together with vigorous quality assurance, becomes increasingly important. At the same time, the potential of traditional medicine has not yet been fully realized.

.103 Immunization is one of the most powerful and cost-effective tools to combat high under-five mortality from infectious diseases. Currently, over 90% of the world's children have access to immunization services, but there still remain over 20%, often from the most disadvantaged sections of the population, who are not fully immunized with all essential vaccines in their first year of life. More effective use of existing vaccines and delivery systems will be achieved through increased vaccine coverage and improved surveillance systems for vaccine-preventable diseases. The development of new vaccines and research into new technologies in the coming decades will make possible the protection of more children from more disease, including acute respiratory infections and diarrhoeal diseases, the two main causes of infant mortality. New financing mechanisms need to be devised for the development and manufacture of those new vaccines and to ensure and sustain access of the poorest countries to them.

.104 In all countries, clinical technology for health is a vital part of the national health care system. The main challenges are development of new technologies that are appropriate, cost-effective, safe and accessible, particularly in the areas of blood safety, diagnostics and clinical medicine. Health informatics and telematics, particularly telemedicine, is developing rapidly and making significant impact on clinical care, on the management of health care institutions, and on medical education. Rapid determination of, and consensus on, technical standards and national and international legislation, particularly for telemedicine, are required.

MISSION AND GOALS

.105 The mission of the cluster on Health technology and pharmaceuticals is to improve access to, and optimal use of, health technology in countries. This includes devising and promoting mechanisms to ensure the safety, quality, applicability and affordability of new and existing products.

.106 The cluster will focus on:

- working with countries (1) to develop and implement national policies and programmes that ensure the quality of, and equity of access to, drugs and rational drug use. This includes evaluating the impact of international trade agreements on access to and price of drugs and vaccines, and transfer of technology to low-income

countries; and (2) to frame national policy for health technology in the context of health sector development;

- conducting and supporting assessment of health technology, including cost-effectiveness analyses, for use by decision-makers and developers of technology;
- setting and updating global norms, standards and regulations where needed to ensure the quality and safety of pharmaceuticals, vaccines and other biological substances; assuring compatibility in health informatics and telematics tools in order to facilitate cost-effective national and international cooperation;
- working with industry and other partners to promote research and development of appropriate and affordable technologies to support public health in countries in greatest need. Issues to be explored include production, intellectual property rights and product liability, and financing mechanisms.

MAIN AREAS OF WORK: OBJECTIVES AND EXPECTED RESULTS

ESSENTIAL DRUGS AND OTHER MEDICINES
(BUDGET HEADING 6.1)

Objective

- To develop global guidance and to collaborate with countries to promote:
  - equity of access to essential drugs
  - quality, safety and efficacy of medicines
  - rational use of medicines
  - compliance with international drug control requirements.

Results expected by end 2001

- A global initiative on securing access to essential drugs will have been developed through work with governments, other organizations of the United Nations system, public interest groups, the private sector, and other partners.
- One-third of countries (65) will have adopted and will be actively implementing national drug policies based on the essential drugs concept and systems for monitoring and evaluating their effect.
- The effectiveness of 20 national drug regulatory authorities will have been strengthened, human resources developed, and infrastructure built up in order to improve drug quality and safety.
- Global norms, standards and guidelines for quality, safety and efficacy of drugs and traditional medicines will have been updated.
- 80% of countries will have received and will be applying WHO technical information and advocacy and training materials on the rational use of drugs by health professionals and consumers.

VACCINES AND OTHER BIOLOGICALS
(BUDGET HEADING 6.2)

Objectives

- To eradicate poliomyelitis, and to control measles, neonatal tetanus and vitamin A deficiency.
- To develop and introduce rapidly new or under-utilized vaccines against diseases of public health importance in developing countries.
- In all countries, to establish sustainable immunization programmes and to ensure availability of safe and effective biologicals.

Results expected by end 2001

- Poliomyelitis will have been eradicated in all regions.
- Global coverage with hepatitis B vaccine will have reached 80%; coverage with Hib (*Haemophilus influenzae* type b) vaccine will have reached 50% in areas of epidemiological relevance.
- Initial clinical evaluation of pneumococcal and rotavirus vaccines will have been completed.
- Use of safe injection technologies for all vaccines will be incorporated in all national immunization programmes.

BLOOD SAFETY AND CLINICAL TECHNOLOGY
(BUDGET HEADING 6.3)

Objectives

- To promote global collaboration, and to work with Member States on strengthening mechanisms and capacities to improve quality, safety and efficacy of, and access to, all technology used in clinical medicine;
- to improve the safety of blood and blood products;
- to establish consensus on standards for national and international comparability and compatibility in telehealth and telemedicine.

Results expected by end 2001

- Norms and standards for blood and blood products, and for health laboratories, diagnostic imaging, clinical technology, and health informatics, will have been promoted and distributed.
- International reference preparations to ensure the safety and quality of blood and blood products and related substances will have been provided to all Member States.
- Support will have been provided to selected countries for: improving blood safety strategies; framing policies for the clinical use of blood; developing health laboratory networks; applying diagnostic imaging techniques; preparing guidelines on clinical technology, and using telemedicine.
- Training and educational materials for blood safety, clinical technology and telemedicine for health professionals will have been prepared in different languages for distribution.

C Quality assurance systems will have been promoted in the areas of blood transfusion, clinical diagnostics, health laboratory services and safe manufacture of plasma-derived medicinal products and plasma for fractionation.

RESOURCES

HEALTH TECHNOLOGY AND PHARMACEUTICALS: PLANNED EXPENDITURE BY SOURCE OF FUNDS
(US$ thousand)

		Total		Regular budget		Other sources	
		1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
6.1	Essential drugs and other medicines	27 102	29 483	6 201	6 331	20 901	23 152
6.2	Vaccines and other biologicals	76 471	81 739	8 599	9 141	67 872	72 598
6.3	Blood safety and clinical technology	6 850	7 618	4 752	5 568	2 098	2 050
	Total	110 423	118 840	19 552	21 040	90 871	97 800

7.
Evidence and information for policy

ISSUES AND CHALLENGES

.107 Countries at all levels of development are planning, implementing or evaluating reforms in the health arena. A worldwide search for better ways of financing, organizing and delivering health care is in progress. The evidence base for increasing the cost-effectiveness, quality and equity of health systems within a limited resource base is largely lacking. National and local health surveillance and information systems have commonly been under-resourced, and data analysis has been patchy and unreliable. New, more rigorous approaches are needed that combine analytic description and measurement. These must be grounded in a solid conceptual understanding of the health care system, so that the relevance of findings can be assessed for other contexts and countries.

.108 Three factors combine to make establishment of a cluster on evidence for policy especially opportune at this stage. The first is the growing complexity that characterizes a changing health scene in all parts of the world. Only with a solid evidence base can such complexity be understood and change steered towards equitable and efficient health improvement. The second is the recent development of new data-gathering tools that allow stronger quantitative and qualitative bases for describing and analysing policy options and assessing implementation. These include refinements in the measurement of disease burden, the broader application of cost-effectiveness methods to health interventions, the development of standardized systems of national health accounts for low- and middle-income countries, measures of the performance of health care institutions, and tools for analysing the interaction and strength of political stakeholders in the reform process. The third factor is the rich array of reform experiences under way in different countries, and sometimes within a single country. Because robust and appropriate evidence is in short supply, every reform initiative can be seen as an experiment, whose objectives, process and effects should be documented for others to learn from.

MISSION AND GOALS

.109 The cluster on Evidence and information for policy was established to provide health decision-makers and practitioners worldwide with reliable information, analysis and guidance for policy and action.

.110 The cluster will focus on:

- strengthening country capacity in information analysis and the use of evidence in decision-making for health. Evidence and projections on health status, including mortality, morbidity and disability, will be produced and analysed in terms of diseases and injuries, risk factors and determinants. Measurement tools and methods will be developed to facilitate comparison;
- establishing a sound knowledge base on health policy and systems, with an emphasis on institutional and financial factors influencing policy implementation. This will be available to countries to aid in policy development and allocation of resources among competing priorities in the health sector;
- making information resources available to Member States and the international community through WHO publications, including *The world health report*, and library services;

- framing a research policy that encourages collaboration, strengthens capability and promotes greater use of evidence in decision-making by ensuring the relevance and reliability of information.

MAIN AREAS OF WORK: OBJECTIVES AND EXPECTED RESULTS

EVIDENCE FOR HEALTH POLICY
(BUDGET HEADING 7.1)

.111 This area of work is geared to providing information to strengthen the capability of WHO - Member States and Secretariat - and its partners to frame and implement policies and practice based on sound evidence. Comprehensive and complementary data are compiled, interpreted and disseminated for use by all those concerned with the development, delivery and financing of health policies and interventions.

.112 The key functions are:

(1) to assess and project the burden of disease and risk factors; measure inequalities in health status and the burden of disease among the poor; assess health-related quality of life and health state preferences; develop and update international classification systems; and provide an epidemiological information service;

(2) to assess the effectiveness and cost of interventions, determinants of gaps between potential and observed impact of interventions, variations in quality of care as they relate to health outcomes, and the economic burden of disease or risk factors; to explore the ethical dimensions of resource allocation, and standardize terminologies used in the health sector;

(3) to analyse country health policies and financing and their links to equity, efficiency and quality, including the relationship between health improvements and economic development, and prepare systematic descriptions of health systems; to provide support to countries through evaluation of advantages and disadvantages of alternative methods of organizing health service provision, and assessment of the relevance of legal instruments and model legislation for the implementation of health policies.

Objective

- To provide support to countries for the development of efficient and effective health policies based on sound evidence.

Results expected by end 2001

- A new assessment of the global burden of disease and risk factors for the year 2000 will have been prepared, with projections to 2030.
- Standardized terminology and a classification framework for measuring population health status will have been prepared, and guidelines on methodological and procedural standards for data collection on health state preferences will be available.
- The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision will have been updated and preparations for the eleventh revision will be under way, together with analysis of dual coding studies to assess comparability between the ninth and the tenth revisions. The second edition of the International Classification of Impairments, Disabilities, and Handicaps will have been prepared.
- Standardized tools and information bases covering the effectiveness, quality and cost of interventions, and the economic impact of diseases and risk factors will have been

produced; systematic descriptions of health systems, including national health accounts, will be available.

- A core set of indicators of health system performance will have been developed and disseminated.
- A set of policy options for improving financial risk protection and access to effective health care in different national contexts will be available.

HEALTH INFORMATION MANAGEMENT AND DISSEMINATION
(BUDGET HEADING 7.2)

.113 Health information plays a crucial role in the transfer of knowledge. The main functions of this area of work are:

(1) to provide comprehensive library and information services for Member States and WHO staff worldwide, including maintenance of a global database serving as a reference and referral centre for questions relating to the work of WHO. Staff are trained in the latest technologies, and tools and cooperative projects are developed with the regions and adapted to strengthen health library and information services in countries;

(2) to edit and publish WHO books and periodicals, including those in electronic form, and to coordinate publication of selected works outside the Organization; to translate WHO publications and documents and promote their use as a resource for academic, commercial and institutional publishers; to provide expert opinion, advice and training in aspects of publishing within WHO;

(3) to promote and market WHO publications together with WHO videos and other items, the proceeds being used to finance free distribution to developing and least developed countries; to provide advice throughout the Organization on compilation and management of mailing lists and production and dissemination of knowledge;

(4) to produce each year *The world health report*, dealing with priority health concerns and assessments of the global health situation and trends, and to disseminate it as a tool to influence global action for health.

Objectives

- To enhance policy dialogue with Member States by drawing on WHO's strengthened evidence base, and to collaborate with them in developing national capability for the compilation and use of relevant evidence bases;
- to support Member States through the transfer of knowledge by publishing and promoting use of up-to-date, validated health information originating in WHO, and providing appropriate learning and reference materials on priority subjects, in official and additional languages;
- to stimulate global awareness and action relating to the state of the world's health;
- to provide comprehensive library and information services and to support regions and developing countries in the quest for self-sufficiency in provision of information services to the health sector;
- to refine WHO's agenda for a strengthened evidence base; to disseminate findings to decision-makers; to provide countries with support to improve their capacity to generate and use evidence bases relevant to national decision-making.

Results expected by end 2001

- Two volumes of the *Bulletin of the World Health Organization* will have been published, as well as some 50 books.
- Expanded use and translation into other languages of WHO copyright material will have been promoted through appropriate contractual and licensing arrangements.
- Eighty per cent of the distribution service of WHO publications and documents will be self-financed through sales income.
- Two annual world health reports will have been widely promoted and disseminated.

RESEARCH POLICY AND COOPERATION
(BUDGET HEADING 7.3)

.114 The main functions of this area of work are to analyse research policy, promote global health priorities, monitor research needs and opportunities throughout the Organization at global and regional levels, and promote special initiatives such as the Economics advisory service. With the support of ACHR, evolving health problems are monitored and examined, emerging areas of opportunity or concern in health science and technology are identified and analysed.

.115 Research information systems are developed and maintained, and research collaboration, dissemination of findings, and accessible innovation in health care and services are promoted in collaboration with other organizations of the United Nations system, research councils, scientific unions and nongovernmental organizations working on science, technology and research policy. Work is also geared to improving capability within WHO to understand the broader macroeconomic and intersectoral issues determining global health, and compiling the scientific and intellectual evidence needed to bring health to the fore of the development agenda.

Objectives

- To provide countries with support to draw up and implement health research agendas and to build and strengthen national research capability; and to collaborate with health research councils and other institutions in countries;
- to provide countries with support to elucidate and to foster public debate on the social and ethical implications of science and health development in their own medical, economic and cultural environments;
- to devise common approaches to analytical reporting by WHO and to build up analytical capability within the Organization;
- to expand WHO's capability for economic analysis in relation to health, and to raise awareness within WHO - Member States and Secretariat - of the relationship between economics and health;
- to enhance WHO's collaboration with leading economists on applied research and programme-related research in such fields as tuberculosis and immunization.

Results expected by end 2001

- Five cooperative research networks will be functioning. Using their output, a knowledge base will have been compiled on specific aspects of health research policy, and research findings disseminated, including on determinants of better research and development capacity in countries.
- Databases on research supported by WHO, and WHO collaborating centres will be widely accessible to potential users and partners in health development.

C A panel of economic advisers drawn from outside the Organization will have been established to undertake the required reviews and to advise WHO on appropriate policies and strategies in relation to macroeconomics and health.

RESOURCES

EVIDENCE AND INFORMATION FOR POLICY: PLANNED EXPENDITURE BY SOURCE OF FUNDS
(US$ thousand)

		Total		Regular budget		Other sources	
		1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
7.1	Evidence for health policy	7 772	19 950	7 621	12 958	151	6 992
7.2	Health information management and dissemination	23 595	24 616	16 615	16 653	6 980	7 963
7.3	Research policy and cooperation	1 804	3 178	1 568	2 133	236	1 045
	Total	33 171	47 744	25 804	31 744	7 367	16 000

8.
External relations and governing bodies

ISSUES AND CHALLENGES

.116 There is a real need to make WHO's governing bodies stronger and more effective, and to enhance their capacity to govern the Organization. Ways need to be found to improve preparations for their work and its organization, so that productivity can increase.

.117 Intellectual and financial resources mobilized outside the Organization make a considerable contribution to implementing WHO's activities. Resources need to be tapped outside the public sector, recognizing the strengths of others, so that nongovernmental organizations, foundations and industry can contribute expertise and funding to the common objective of improving the world health situation.

.118 Long-standing partnerships with organizations of the United Nations system need to be strengthened so that WHO can provide useful technical input to the growing involvement in health projects of institutions such as the World Bank, UNICEF, UNDP, and UNFPA. Alliances with traditional international and regional partners need to be strengthened, and links made and consolidated with new actors.

.119 Member States need to be more effectively supported by WHO country offices drawing on global resources and working with regional programmes in better tailored, more flexible ways. The intersectoral basis of sound health policy requires not only stronger links with ministries of health, but also the extension of working relations outside the health sector.

MISSION AND GOALS

.120 The mission of External relations and governing bodies is to build and reinforce partnerships and alliances for health. Key partners are Member States, international and regional organizations, and civil society, including nongovernmental organizations and industry. Strong alliances and stable resources are essential to development of a more dynamic, flexible and influential organization.

.121 The cluster will focus on:

- improving the effectiveness of the Executive Board and the Health Assembly, enhancing their contribution to the direction of the Organization, and providing high quality, timely and cost-effective translation services in up to the six official languages of WHO;
- raising the Organization's income by identifying and mobilizing critically needed financial resources. Renewed efforts in the public sector and more intensive, creative collaboration with the private sector will help to increase contributions of expertise and funding for WHO's ongoing programmes and special initiatives;
- establishing new partnerships and promoting liaison and cooperation with outside bodies to highlight the role of health and facilitate technical support to countries. Working relations will be extended to include political leaders and related government sectors such as education, trade, agriculture and the environment. Current agreements with other organizations of the United Nations system will be revitalized to increase WHO's involvement in health projects of major institutions.

MAIN AREAS OF WORK: OBJECTIVES AND EXPECTED RESULTS

GOVERNING BODIES
(BUDGET HEADING 8.1)

.122 The main functions of this area of work are to plan and provide support to sessions of the Health Assembly, the Executive Board, and committees and groups established by the Board, and to edit and coordinate production and dissemination of documents and official records of the governing bodies; to act as focal point for relations with permanent mission staff in respect of related policy matters; and to ensure liaison with Board members and with the Chairman of the Board, including the recently established Office of the Chairman.

Objectives

- To enhance the effectiveness of the Executive Board as the executive organ of the Health Assembly;
- to ensure that the Health Assembly provides policy direction to the Organization;
- to continue to rationalize the arrangements for governing body meetings and documentation to further maximize cost-effectiveness;
- to provide the governing bodies and technical programmes with the best possible language services within available resources.

Results expected by end 2001

- Sessions of the Health Assembly, and of the Executive Board and its committees and groups will focus more on policy.
- Relations between Board members and WHO's Secretariat will have been strengthened through improved communication.
- Editing and translation of governing body documents and records (3 million to 4 million words per year) and translation of technical and administrative material (7 million to 8 million words per year) in the six official languages of the Organization will have been made more cost-effective through the use of modern information technology.

RESOURCE MOBILIZATION
(BUDGET HEADING 8.2)

.123 Resource mobilization in WHO is geared to maintaining long-standing relations with donor governments, and to seeking new partnerships actively with the private sector, foundations and nongovernmental organizations, with a view to ensuring that the Organization has an income commensurate with its mission. The percentage of the Organization's total income derived from extrabudgetary resources has risen steadily in the last bienniums, and a new resource mobilization strategy has been developed to enable it to carry out its mandate effectively.

.124 In the past, resource mobilization has been carried out independently by different parts of WHO, leading to fragmentation and unnecessary competition. The new strategy provides for better coordination among WHO clusters, regional and country offices around a single resource mobilization plan, in order to encourage more broadly based support from external partners. Various tools and instruments will be developed to support this new coordinated approach.

Objectives

- To increase the level and effectiveness of investments in global health;
- to strengthen WHO's role and impact through funding of the strategies and priorities of the Organization;
- to rationalize resource mobilization throughout the Organization.

Results expected by end 2001

- The Organization-wide strategy of resource mobilization (developed in 1999) will have been implemented.
- A database on international resource flows for health, compiled in cooperation with Sustainable development and healthy environments and Evidence and information for policy, will be in place.
- A streamlined reporting mechanism on the use of extrabudgetary contributions for the whole Organization will be in operation.
- A biennial cycle of work for resource mobilization, closely linked to the regular budget cycle, will have been organized, and a streamlined agenda for meetings with partners set in place.

EXTERNAL COOPERATION AND PARTNERSHIPS
(BUDGET HEADING 8.3)

.125 The main function of this area of work is to coordinate the Organization's policies towards and dialogue with external multilateral partners. Substantive input and representation is devolved to clusters, and coordinated through an in-house contact group of focal points from all clusters and regional offices. Senior managers act as ambassadors to represent the Organization with key external partners.

.126 External partners include other organizations of the United Nations system, where partnerships are based on complementarity and emphasis is given to WHO's contribution to the Administrative Committee on Coordination and reform of the system. Close working relations are maintained with the World Bank, regional development banks and other multilateral financial and trade organizations. Collaboration with nongovernmental organizations is coordinated and facilitated.

.127 WHO liaison offices in Addis Ababa, Brussels, New York and Washington maintain and develop strategic alliances with such organizations as the Economic Commission for Africa and the Organization of African Unity, the European Union, organizations of the United Nations system and programmes with offices in New York, and the Bretton Woods institutions.

.128 Action on the role and functions of WHO country offices is coordinated, strategies are developed to strengthen the capacity of country offices to provide technical and policy support, and upgrading of skills of WHO Representatives and Liaison Officers and other aspects of human resources development are coordinated. Improving coordination between organizational levels to support country offices is a high priority.

Objectives

- To promote effective liaison and cooperation with outside bodies, to strengthen global partnerships, and to foster closer collaboration with nongovernmental organizations;
- to raise the status of health on the international development agenda, and to urge external partners to place health policies at the core of their development projects;

- to redefine the nature of WHO's policy and its programme activities with external partners, and to draw up agreements with new external partners that collaborate with WHO liaison offices;
- to enhance WHO's integrated approach to collaboration in strengthening national health systems.

Results expected by end 2001

- A knowledge and information base on external partners will have been compiled and used for updating framework agreements with organizations of the United Nations system, multilateral financial institutions and other bodies.
- Mechanisms will have been implemented to develop capacity for and to coordinate dialogue with external partners so as to ensure that technical input is consistent and that all levels of the Organization speak with one voice in representing WHO.
- Technical clusters will have been involved in periodic roundtable discussions and in dialogue with nongovernmental organizations active in priority sectors.
- Partnerships will have been strengthened and new strategic alliances built between WHO, regional organizations and multilateral financial and trade institutions in order to effect synergies in favour of health as an integral aspect of development.
- WHO's capability to support countries will have been strengthened through the provision of comprehensive training for new WHO Representatives and Liaison Officers, and guidelines on strengthening (or disestablishing) WHO country offices and on collaboration between ministries of health and partners in related sectors.

RESOURCES

EXTERNAL RELATIONS AND GOVERNING BODIES: PLANNED EXPENDITURE BY SOURCE OF FUNDS

(US$ thousand)

		Total		Regular budget		Other sources	
		1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
8.1	Governing bodies	19 209	19 906	19 209	19 906		
8.2	Resource mobilization	1 917	3 967	948	2 083	969	1 884
8.3	External cooperation and partnerships	7 846	8 948	7 519	8 432	327	516
	Total	28 972	32 821	27 676	30 421	1 296	2 400

9.
General management

ISSUES AND CHALLENGES

.129 The General management cluster provides management and administrative services to ensure that the Organization's technical mandates are discharged in an efficient and cost-effective manner.

.130 Increasing concern has been expressed by both the Health Assembly and the Executive Board in recent years about the need for organizational change in the WHO Secretariat. Successive resolutions have called for budgetary reform, in which the principles of transparency and accountability have been common themes,[1] for the development of a strategic approach to programme evaluation,[2] and for efficiency savings and reduced administrative costs.[3]

.131 Although a number of steps have been taken over the past few years to respond to the above concerns, much remains to be done. The Director-General therefore embarked upon a fundamental restructuring of the management and administrative support functions as soon as she assumed office in July 1998. This reorganization involves a rethinking of the way in which managerial support will be provided in the future to technical areas of work. Management Support Units have been created within each cluster, and are responsible for a number of management functions.

.132 These reforms need to be closely monitored through both establishment of clear benchmarks for performance and evaluations at appropriate intervals.

MISSION AND GOALS

.133 The mission of the General management cluster is to provide efficient management and administrative support to the Organization's technical areas of work, to bring about a change in WHO's organizational culture, from one driven by rules and procedures to one that promotes performance and results, and to provide leadership in "best practice" in management.

.134 The cluster will focus on:

- preparing the consolidated biennial programme budget proposals; assuring the cost-effectiveness of administrative functions; improving and developing WHO's managerial processes; harmonizing reform efforts in WHO with those of other organizations of the United Nations system; and coordinating devolution of administrative support functions to the management support units;
- implementing an integrated human resources strategy for the Organization, ensuring consistent and equitable application of policies on human resources and providing advisory services to support and monitor management of human resources at cluster level; managing the Joint Medical Service of WHO and other United Nations bodies in Geneva;

[1] Resolutions WHA46.35, WHA47.8 and WHA48.25.

[2] Resolutions EB99.R13 and EB101.R1.

[3] Resolutions EB97.R4 and WHA50.26.

- strengthening staff career development, rotation and mobility, a time-limited initiative on career development, which will be fully integrated with the human resources services by the end of the 2000-2001 biennium;
- providing clear and relevant financial information to Member States, ensuring proper accounting of income and related expenditure under all sources of funds, and managing the Organization's worldwide administration and financial information system;
- ensuring effective information technology support to the clusters, developing user-friendly corporate information systems, and providing appropriate support in the areas of procurement, communications, document production, records management, building and office services and security;
- developing expertise in management as a resource for health.

MAIN AREAS OF WORK: OBJECTIVES AND EXPECTED RESULTS

BUDGET AND MANAGEMENT REFORM SERVICES
(BUDGET HEADING 9.1)

.135 This area of work is geared to providing a clearly identified focal point for the Organization's management reform efforts, which is linked to the preparation of the biennial programme budget as a key instrument in enforcing and monitoring change.

.136 It has three distinct functions:

(1) to elaborate the Organization's programme budget in terms of its overall structure and consolidation of narrative texts of headquarters and regional offices;

(2) to review and update the various management processes of the Organization, specifically within the 2000-2001 biennium. Emphasis will be laid on a strengthened system of programme evaluation linked to technical evaluations, with the inclusion of external evaluations as a regular feature of the management cycle;

(3) to undertake efficiency and cost-effectiveness reviews of selected administrative functions within the WHO Secretariat (special emphasis will be placed on such reviews during the 2000-2001 biennium, where opportunities to outsource, merge or consolidate selected administrative functions will receive particular attention).

Objectives

- To strengthen the interface between global and regional levels in programme budgeting as a key instrument of organizational reform;
- to support management reform by revitalizing the Organization's management processes (planning, monitoring and evaluation) and to harmonize the Organization's efforts in these areas with those of other organizations of the United Nations system;
- to increase efficiency and effectiveness through organizational analyses and efficiency reviews, with emphasis on cost-effectiveness studies of selected administrative areas.

Results expected by end 2001

- The restructuring of headquarters and regional programmes will have been fully harmonized, and a consistent and streamlined budget planning process put in place for the 2002-2003 biennium for the whole Organization.
- The Organization's evaluation mechanisms will have been strengthened, incorporating (a) a system of regular, external evaluations, (b) improved internal evaluations at all

organizational levels, and (c) uniform business rules for on-line monitoring of programme delivery through WHO's global management information system.

- A series of cost-effectiveness studies of selected administrative areas, which will consider streamlining, outsourcing or outposting of selected management and administrative functions, will have been carried out during 1999-2000. A comprehensive report on the combined results will have been provided by 2001.
- Advice on managerial reform will have been offered to at least five Member States.

HUMAN RESOURCES SERVICES
(BUDGET HEADING 9.2)

.137 The role of this department is to reorient WHO's personnel function, and to devolve the majority of personnel operations to clusters and to regional management. This decentralization of decision-making and administrative processing will move the management of human resources closer to the Organization's substantive activities.

.138 In parallel, the central personnel department is being transformed into a policy-making, advisory and consultancy service. Human resources services will support the technical and administrative units in managing human resources, while exercising the necessary regulatory functions.

.139 WHO is also responsible for overseeing and managing the Joint Medical Service for United Nations bodies in Geneva, which include the United Nations Office at Geneva, ILO, ITU, WMO, WIPO, UNICEF, UNHCR, WTO, United Nations Volunteers, UNAIDS and the International Computing Centre, as well as WHO.

Objectives

- To develop and implement an integrated human resources policy covering recruitment, rotation and mobility, gender and geographical distribution, staffing patterns, contractual arrangements, training and staff development, succession planning, and performance management;
- to provide advisory and other services to headquarters clusters and regional offices to ensure effective, consistent and equitable application of the Organization's policies and activities for the development of human resources;
- to implement sound policies and practical processes covering all aspects of career development, including succession planning, mobility and rotation;
- to ensure access of WHO staff and other participating organizations of the United Nations system to appropriate medical services.

Results expected by end 2001

- An integrated human resources strategy will have been implemented which will improve the quality, gender balance and geographical distribution of staff and create more family-friendly and health-conscious working conditions.
- A performance management system will have been introduced which will link staff work objectives with the strategic goals of the Organization and improve staff performance.
- A broad-based management and technical staff development strategy will have been implemented in order to improve the skill base and effectiveness of staff.
- An effective and efficient system to encourage staff mobility, rotation and succession planning will have been established as part of a comprehensive career development plan.

- A link will have been established between staff development within the Organization and the human resources needs of Member States.

FINANCIAL SERVICES
(BUDGET HEADING 9.3)

.140 The main function of this area of work is to provide financial services and support to the activities of WHO at all organizational levels and for all sources of funds. The relevant systems, processes and documentation require upgrading.

.141 The complexity of finance and accounting in the United Nations system has made it imperative to develop and apply computer systems that are tailor-made for WHO purposes. During the 1998-1999 biennium, all components of WHO's finance and accounting systems are being made year-2000 compliant. However, the integration and interdependence of the various subsystems are such that all components in the computer systems have to be scrutinized to ensure smooth operation in connection with the year 2000 and beyond. This will be done along with the introduction of new and upgraded methods of work.

Objectives

- To provide effective, efficient and flexible financial and accounting support and services at all organizational levels, under all sources of funds;
- to provide and support computerized administration and finance systems at headquarters, and in regional and country offices;
- to provide up-to-date, relevant and transparent information in a "user friendly" form.

Results expected by end 2001

- A new regional office administration and finance information system will be operating and supported; it will be further developed in all the regional offices and other self-accounting offices.
- Technical clusters and regional offices will have been enabled to manage their financial resources more effectively, through the devolution of specific and relevant financial and administrative functions.
- More efficient and flexible systems and procedures will have been introduced that make possible rapid generation of up-to-date information.
- Presentation of financial and accounting information will have been enhanced in order to clarify the linkage between budget and expenditure.

INFORMATICS AND INFRASTRUCTURE SERVICES
(BUDGET HEADING 9.4)

.142 Informatics and infrastructure services provide a range of logistical support functions. Of primary importance is the provision of a desk-top computing environment and corresponding communications facilities, including the development of corporate information systems applicable to all organizational levels. Other support functions include the production, printing and distribution of publications of technical, administrative and conference documents in up to the six official languages of WHO; procurement and distribution of drugs and medical supplies to projects, country offices and regions; telecommunication services; servicing of conferences and meetings; and general building management and maintenance. A continuing concern is to identify the most efficient way to provide these support functions to the Organization.

Objectives

- To develop, implement and maintain modern computing environments, including related corporate information systems;
- to provide an Organization-wide communications system able to carry videoconferencing;
- to ensure access to timely and effective infrastructure and logistical support in order to facilitate the implementation of technical programmes at all organizational levels.

Results expected by end 2001

- Three corporate information systems will be operating in all offices: activity management, policy documentation retrieval, and global health statistics and trends analysis.
- Access to a global communication network for voice, data and image transmission will have been provided for headquarters, regional offices and 75% of country offices, through Internet/Web and electronic mail services.
- Standardized desktop computer systems will have been provided, secured by regular and long-term financing of information technology hardware.
- More appropriate and cost-effective infrastructure and logistic support will be available.

RESOURCES

GENERAL MANAGEMENT:
PLANNED EXPENDITURE BY SOURCE OF FUNDS
(US$ thousand)

		Total		Regular budget		Other sources	
		1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
9.1	Budget and management reform services	5 496	5 449	4 044	4 342	1 452	1 107
9.2	Human resources services	15 201	10 929	10 908	7 493	4 293	3 436
9.3	Financial services	26 529	24 758	16 430	14 868	10 099	9 890
9.4	Informatics and infrastructure services	90 896	78 474	73 962	56 507*	16 934	21 967
	Total	138 122	119 610	105 344	83 210	32 778	36 400

* Decrease due to reduction in posts, transfers from the regular budget and efficiency measures that make it possible to redirect funds to technical clusters.

10. Director-General, Regional Directors and independent functions[1]

MISSION AND GOALS

.143 The mission of the Office of the Director-General is to assist the Director-General in carrying out her function as head of WHO. The Office will ensure close interaction between the Director-General and staff of the Organization at all levels and maintain a high profile with external partners.

MAIN AREAS OF WORK

DIRECTOR-GENERAL'S AND REGIONAL DIRECTORS' OFFICES
(BUDGET HEADING 10.1)

.144 The Office of the Director-General provides advice and support in policy and management. A team of senior advisers provides policy advice to ensure coherence and consistency in the work of the Organization, briefs the Director-General on priority issues, assists in planning her agenda, and fosters cooperation and a team spirit among the senior management and throughout all levels of the Organization. It provides the secretariat of the Cabinet and assures overall liaison with the Regional Directors.

.145 Established to address broad issues that span the Organization, the Cabinet project on Partnerships for Health Sector Development is located in the Director-General's Office.

.146 The Press Office manages WHO's contact with the media and the general public, and coordinates press releases from the Director-General.

AUDIT, OVERSIGHT AND LEGAL
(BUDGET HEADING 10.2)

.147 The Office of the Legal Counsel provides advice and counsel to the whole Organization on all legal matters, including constitutional, administrative and procedural questions. It represents and defends the Organization at tribunals and other judicial forums; drafts reviews; negotiates contracts, agreements, treaties and resolutions; and interprets existing legal instruments.

.148 The Office of Internal Audit evaluates the efficiency and effectiveness of the activities undertaken by WHO and reviews compliance with financial rules. It makes recommendations for improvement and follows up to ensure proper implementation.

DIRECTOR-GENERAL'S AND REGIONAL DIRECTORS' DEVELOPMENT PROGRAMMES AND INITIATIVES
(BUDGET HEADING 10.3)

.149 Two funds are managed through the Director-General's Office. The Renewal Fund, based on voluntary contributions, was launched by the Director-General to facilitate WHO

[1] This chapter relates to the Director-General's Office at headquarters.

reform and renewal. The Development Programme, drawn from the regular budget, serves as a contingency fund.

OBJECTIVES AND EXPECTED RESULTS

Objectives

- To analyse the political, economic and organizational implications of proposals and recommendations submitted to the Director-General for decision, and to advise her accordingly;
- to promote synergy and coherence among the different parts of the Organization in order to achieve "one WHO";
- to ensure that Cabinet decisions are well informed by existing evidence;
- to ensure that key messages of the Organization reach the media and general public;
- to provide legal and audit advice to the Director-General on WHO's work, particularly on the renewal of WHO.

Results expected by end 2001

- A coherent organizational structure will have been developed for WHO.
- A system will have been developed to evaluate the contribution of the Organization to world health.
- Existing rules and procedures will have been reviewed and revised to facilitate new forms of partnership.
- Methods and channels for improved media communication will have been established.
- Public awareness and support for the work of the Organization will have increased.

Partnerships for Health Sector Development

ISSUES AND CHALLENGES

.150 WHO's traditional strength has been in providing advice and support to Member States on specific technical issues. Increasingly, however, countries and development partners have been asking for advice about matters which affect the health sector as a whole, and which cut across traditional programme and disciplinary boundaries. The purpose of the project on Partnerships for Health Sector Development is to enable WHO to respond more effectively to these demands.

MISSION AND GOALS

.151 The mission of the project is to change the way in which WHO works by contributing to the overall process of renewal and reform - helping to shape and advance WHO's corporate strategy. The project has three main goals:

- developing a more strategic approach to WHO's work in and with countries;
- establishing a sectoral perspective throughout WHO;

- influencing other actors in health sector development through partnerships and alliances.

OBJECTIVES AND EXPECTED RESULTS

Objectives

- To support the development of strategies within WHO for achieving better health outcomes in the context of health sector development;
- to increase capacity at all levels of WHO to provide high-quality analysis and advice on issues related to health sector development;
- to assist in developing WHO-wide policies and strategies for work in and with countries;
- to devise approaches for single-country programmes based on explicit WHO country strategies;
- to assist in formulating and disseminating clear policy positions on health sector development issues;
- to assist in developing capacity to gather and synthesize health sector intelligence within WHO;
- to strengthen partnerships with other institutions concerned with health sector development.

Results expected by end 2001

- Approaches and mechanisms for devising country strategy will have been developed and tested.
- Critical gaps in WHO's expertise and response repertoire in relation to health sector development generally, and health sector reform in particular, will have been identified and addressed.
- Systems for gathering real-time intelligence on health sector development will have been developed.
- New approaches to the implementation of disease and intervention-specific programmes, which support health sector development, will have been defined.
- WHO policy frameworks and position papers on health sector development issues will have been prepared.
- An inventory of major international actors influencing health sector development will have been prepared, and an interagency group will have been convened to inform on work on country strategies, sector approaches, and health sector development issues.

RESOURCES

DIRECTOR-GENERAL, REGIONAL DIRECTORS AND INDEPENDENT FUNCTIONS: PLANNED EXPENDITURE BY SOURCE OF FUNDS

(US$ thousand)

	Total		Regular budget		Other sources	
	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
10.1 Director-General's and Regional Directors' offices	13 542	9 594	13 381	8 613	161	981
10.2 Audit, oversight and legal	5 494	5 950	3 205	3 531	2 289	2 419
10.3 Director-General's and Regional Directors' Development Programme and initiatives	9 288	7 288	3 288	3 288	6 000	4 000
Total	28 324	22 832	19 874	15 432	8 450	7 400