

PART III

REGIONS

11. *Africa: Regional Office programme budget*

REGIONAL ISSUES AND CHALLENGES

.152 Communicable diseases are still the leading causes of morbidity and mortality in the African Region despite the great strides that have been made in their control. The resulting negative impact on social and economic progress and the additional burden on people already living in adverse conditions are great. Malaria, acute respiratory infections, diarrhoeal diseases, measles and neonatal tetanus remain major causes of death, particularly among children. Diseases with epidemic potential such as meningitis, yellow fever, haemorrhagic fevers and cholera are common. Diseases such as tuberculosis are re-emerging because of the HIV/AIDS pandemic.

.153 The pandemic, whose prevalence is rising and which is almost reversing gains in average life expectancy, places an additional burden on health care delivery systems in the Region. These were already weakened by the economic crisis and, in some cases, by the economic reforms undertaken in the 1980s. Man-made disasters, mainly civil strife and wars, have jeopardized the effort towards strengthening health systems in many countries.

.154 Most of the population does not have access to essential health care for the prevention and management of major causes of illness, and the financing of quality health services on a sustainable basis is still illusory. Health systems do not meet the needs of people. Millions of women still suffer from preventable deaths associated with poor care in pregnancy and childbirth: hence the very high rates of maternal and perinatal mortality and disabilities. Communities, families and individuals are not closely involved in planning and managing health services that they "consume". National health information systems are not fully established in many countries.

.155 The demonstration of poverty as a leading cause and consequence of ill-health is vivid in the Region. In addition, the degradation of the environment and its contribution to ill-health is a major concern, together with population growth and increased uncontrolled urbanization, changing social values, and weakening of traditional coping mechanisms. A growing number of people suffer from disabilities of one form or another, including injury resulting from accidents and violence. Mental ill-health, including neuropsychiatric disorders, is becoming one of the Region's most prevalent health problems, especially in post-conflict countries. The use of psychoactive substances, including alcohol, tobacco and illicit drugs, is on the rise.

.156 More than half the population of the Region still lack access to essential drugs. Twenty years after the production of the first WHO model list of essential drugs, some countries are still without one. Much remains to be done with regard to appropriate choice, maintenance and use of relevant health technologies. Immunization is one of the most powerful and cost-effective tools to combat high under-five mortality from infectious diseases, yet many countries suffer from inadequate and delayed supplies. Although traditional medicine is used by most of the population, it is still not sufficiently integrated into the national health system in most countries.

.157 All countries of the Region are planning, implementing or evaluating health sector reforms, which include finding ways of organizing, managing and financing quality health services. However, the evidence base for increasing the cost-effectiveness, quality and equity of health systems within a limited resource base is still largely lacking. Research priorities and policies are still not defined in many others and, where they are defined, the institutional capacity for research is weak and researchers and policy-makers are not working in a coordinated way.

OBJECTIVES AND EXPECTED RESULTS

1. COMMUNICABLE DISEASES

.158 The challenge is to achieve disease reduction goals by building effective national surveillance systems that will enable the countries to institute adequate control measures, including response to epidemics, and successfully to implement various strategies for disease control, elimination and eradication.

Objectives

- C To contribute to the setting up or strengthening of integrated epidemiological surveillance for the early detection of epidemics at all levels of the health system;
- C to prepare, update, distribute and promote the use of training modules and manuals on disease prevention, control and case management;
- C to contribute to improving the quality of care for children under five through the strategy of integrated management of childhood illnesses;
- C to improve capacity to plan, implement, monitor and evaluate programmes for the control of malaria and other tropical diseases;
- C to extend effective implementation of the DOTS strategy for tuberculosis control to all Member States;
- C to contribute to achieving global goals of measles control and sustained routine immunization coverage of at least 80% in all districts;
- C to provide support to all countries in the Region for elimination of leprosy as a public health problem and of neonatal tetanus, and for eradication of poliomyelitis and dracunculiasis.

Results expected by end 2001

- C Multidrug therapy for leprosy will be available in all district health services.
- C Three successive rounds of national immunization days will have been carried out by all poliomyelitis-endemic countries, and effective surveillance of neonatal tetanus will have been set up by all countries.
- C In countries where the integrated management of childhood illness is not implemented, 20 managers for control of acute respiratory infections and diarrhoeal diseases will have been trained in the preparation of product-oriented action plans.
- C An effective and sustainable DOTS strategy will be operational, with at least 90% population coverage in at least 23 countries.
- C Thirty-four countries will have improved their capacity for the correct management of 95% of simple malaria cases in first-level health facilities, and for correct and sustainable management of severe malaria cases in referral health facilities; 50% of districts in at least 32 disease-endemic countries will be able to manage 95% of simple malaria cases.

2. NONCOMMUNICABLE DISEASES

.159 Countries of the Region not only suffer diseases of poverty (i.e. communicable diseases) but also those attributed to affluence or unhealthy lifestyles (noncommunicable diseases). Indeed, the prevalence of noncommunicable diseases and their burden are on the increase. The biggest challenge is to develop and test strategies that will address major

lifestyle-related diseases through their common risk factors and reduce the burden of noncommunicable diseases.

Objectives

- C To promote effective surveillance of noncommunicable diseases, especially through improved health information systems and research;
- C to promote the development and implementation of prevention, protection and education initiatives aimed at reducing the risk factors for noncommunicable diseases;
- C to promote country research, and dissemination of the findings, on the socioeconomic costs of noncommunicable diseases and those borne by health services;
- C to collaborate with countries in framing and implementing policies and strategies for enhancing tobacco control.

Results expected by end 2001

- C Support will have been provided to countries for formulating, implementing, monitoring and evaluating policies, strategies and plans for control of noncommunicable diseases.
- C Capacity for surveillance of noncommunicable diseases will have been strengthened in countries through the organization of appropriate training programmes and dissemination of relevant guidelines and protocols.
- C Research findings will have been used in the preparation of national policies, plans and strategies for effective prevention and management of noncommunicable diseases.
- C Tobacco control action plans will have been drawn up in all countries of the Region.

3. HEALTH SYSTEMS AND COMMUNITY HEALTH

.160 The main challenges in the Region are to strengthen country health systems, especially at district level; to increase coverage with, and access to, quality essential health services; and to adopt sustainable health-care financing policies and strategies.

Objectives

- C To strengthen national institutional capabilities in order to improve organization and management of health systems and services and to promote sustainable, district-based and community-oriented systems;
- C to contribute to the development of human resources for health and to the community's ability to participate in health development;
- C to promote the formulation and revision of national health policies by adapting the regional health-for-all policy to the different situations in countries;
- C to support the establishment of health information systems that will enhance planning, management and evaluation of service delivery at all levels;
- C to provide support to countries for drawing up and implementing policies, strategies and plans for child and adolescent health;
- C to give support to countries for drawing up and implementing appropriate reproductive health policies and strategies;
- C to strengthen the capacity of countries to formulate, implement and evaluate health policies and programmes that will enhance women's health and eliminate domestic

and sexual violence, and existing harmful traditional practices, particularly female genital mutilation.

Results expected by end 2001

- C The regional health-for-all policy and strategy document will have been used by at least 20 countries as a framework to review their national health policies and strategies.
- C Support will have been given to at least 30 countries for operationalizing their district health systems within the context of health sector reforms.
- C Support will have been given to at least 23 countries for the formulation and implementation of national plans for development of human resources for health.
- C All countries will have adopted policies and strategies for development of appropriate national health information systems, based on the results of needs assessment.
- C The regional reproductive health strategy will have been adapted by all countries for the development of their national reproductive health strategies and programmes.
- C Support will have been provided for research, particularly operational, in order to determine cost-effective reproductive health interventions.
- C Six countries will have designed early childhood psychosocial development programmes, and national capacity to plan and effectively implement integrated adolescent-friendly health services will have been strengthened.
- C Support will have been provided for framing and implementing policies and strategies on women's health, including the reduction of harmful traditional practices.
- C Support will have been provided to 20 countries for strengthening district-based programmes for reducing maternal and perinatal mortality.

4. SUSTAINABLE DEVELOPMENT AND HEALTHY ENVIRONMENTS

.161 The challenges are to develop, promote and coordinate activities that will support countries in the identification, control and prevention of environmental conditions with adverse effects on human health, and to design strategies that will promote better health and access to good quality health services.

Objectives

- C To provide support to countries for improving the organization and management of environmental health services;
- C to support national action to promote health as an integral part of sustainable development and of efforts to reduce poverty;
- C to provide support in the design, implementation, monitoring and evaluation of nutrition promotion programmes, especially among vulnerable groups;
- C to provide support for the protection of human health from environmental, chemical, biological, radiological and occupational risks;
- C to strengthen country capacity to prepare for emergencies and to respond effectively and efficiently to such situations.

Results expected by end 2001

- C Support will have been provided to at least six countries for improving their environmental health services.

- C A regional strategy will have been formulated for support to countries in placing health at the centre of sustainable development.
- C Support will have been provided to at least 10 countries for framing national long-term health policy and strategies by adapting the corresponding regional policy.
- C Support will have been provided for designing and implementing effective and sustainable national nutrition policies and programmes.
- C Support will have been provided to countries for undertaking comprehensive risk assessments of chemicals and pollutants, and information on risks they pose will have been widely disseminated.
- C Support will have been provided to at least 30 countries for strengthening national emergency preparedness and response mechanisms.

5. SOCIAL CHANGE AND MENTAL HEALTH

.162 The challenges are to design, coordinate and promote strategies, policies and programmes that encourage healthy lifestyles, prevent disabilities, and reduce violence and injuries, the prevalence of mental ill-health and its social impact, and problems related to psychoactive substance abuse.

Objectives

- C To strengthen country capacity to design and implement integrated health education and health promotion programmes with the active participation of the population;
- C to provide support to countries for setting up comprehensive school health education programmes and encouraging the creation of health-promoting schools networks;
- C to provide support for the design, implementation, monitoring and evaluation of national disability prevention and rehabilitation programmes within primary health care;
- C to strengthen country capacity to design, implement, monitor and evaluate programmes that improve the quality of life of the population through the prevention and control of mental ill-health;
- C to provide support to countries for introducing cost-effective methods to prevent and treat psychoactive substance abuse and to tackle related health and social problems.

Results expected by end 2001

- C Support will have been provided to all countries for establishing relevant and effective health education and health promotion services.
- C Support will have been provided to 80% of the countries for setting up comprehensive school health education programmes and for creating operational networks of health-promoting schools.
- C Support will have been provided for establishing community-based rehabilitation centres in collaboration with nongovernmental organizations.
- C Mental health programmes will be operational in all post-armed-conflict countries.
- C Programmes for the prevention of alcohol and drug abuse will have been set up in 50% of post-armed-conflict countries.

6. HEALTH TECHNOLOGY AND PHARMACEUTICALS

.163 The challenges are to build up national capacity to formulate and implement national drug policies and essential drugs programmes that will improve supplies of essential drugs at

affordable prices; to collaborate in the acquisition and rational use of appropriate, safe and cost-effective health technologies; to ensure adequate and regular supplies of vaccines; and to promote the use of traditional medicine as an integral part of the national health system.

Objectives

- C To collaborate with countries in framing and implementing their national drug policies and programmes, and intensifying the essential drugs programme;
- C to contribute to the improvement of quality of care by providing support for the development and systematic use of quality assurance procedures in chemical, laboratory and diagnostic services, and through the selection of suitable technologies;
- C to promote the rational use of traditional medicine within sustainable health care delivery systems.

Results expected by end 2001

- C Support will have been provided to at least 10 countries for designing and implementing national drug policies and programmes, and to 20 countries for regular control of the quality of drugs entering their markets.
- C Support will have been provided as required for developing national quality assurance programmes, framing national health technology policy, and setting up mechanisms to ensure safe use of blood and blood products.
- C Support will have been provided to at least 10 countries for enacting appropriate legislation on traditional medicines and setting up appropriate structures for the practice of traditional medicine.

7. EVIDENCE AND INFORMATION FOR POLICY

.164 The challenges are to provide national health decision-makers and practitioners with reliable information, analysis and guidance for policy and action, to strengthen national capacity to generate country-specific evidence, and to help establish health research information systems and widely disseminate findings.

Objectives

- C To coordinate, generate, and analyse health information and to disseminate the results;
- C to provide support to countries for preparing and implementing health research agendas, building up research capability, and promoting health research collaboration;
- C to strengthen country capability for economic analysis in relation to health, and to raise awareness of the relationship between economics and health;
- C to ensure wide distribution and increased sale of WHO publications, and to strengthen documentation centres in country offices.

Results expected by end 2001

- C A regional framework will have been set up for forging effective links between health and socioeconomic development and poverty alleviation, and tools devised for monitoring the linkage.
- C The maiden issue of the regional health report will have been produced and disseminated.

- C The capability for economic analysis in relation to health will have been strengthened in at least 10 countries.
- C The new regional research strategy will have been translated into a plan of action for providing support to countries for framing and implementing health research policies.

8. EXTERNAL RELATIONS AND GOVERNING BODIES

.165 Within the context of reform, it is expected that the capacity of the governing bodies to guide the Organization will be enhanced. It is important to facilitate their work in order to improve their productivity. At the same time, WHO will strengthen and improve its collaborative efforts with all partners so as to avoid duplication of efforts and maximize the efficient use of available resources.

Objectives

- C To improve the quality of preparation and presentation of Regional Committee documents, the conduct of Regional Committee sessions, and the African Region's participation in and contribution to the governing bodies at global level;
- C to promote WHO's relations with Member States, external partners and other international organizations in the Region;
- C to promote and reinforce coordination with organizations of the United Nations system, government agencies, nongovernmental organizations, civil society, private sector, and financial institutions involved in health development in the Region;
- C to promote the image of WHO and enhance knowledge and understanding of its programmes and activities in the Region;
- C to provide adequate support for mobilization of extrabudgetary resources for health development and for monitoring and evaluation of health projects and programmes funded by extrabudgetary resources;
- C to provide an adequate forum for consultation among partners in health development at regional level in order to improve coordination and promote development of joint programmes.

Results expected by end 2001

- C Deliberations of the Regional Committee will have improved, participation of African members of the Executive Board and delegations to the Health Assembly will be more effective, and guidance from the Regional Committee to the Regional Office for the work of WHO in the Region will be clearer.
- C Joint programmes for supporting countries' health development efforts will have been developed with partners.
- C Capacity of countries to negotiate external aid will have been strengthened.
- C The framework for partnership between governments, nongovernmental organizations and WHO will be in operation.

9. GENERAL MANAGEMENT

.166 The progress made in cleaning up stores and warehouses, controlling inventory, and contracting maintenance work was halted by the temporary relocation of the Regional Office from Brazzaville to Harare in 1997. Work under way on computerization was similarly interrupted. The aforementioned efforts, if completed, would have gone a long way to

enhance the effective and efficient use of the Organization's resources in the Region. The challenge therefore is to continue and conclude the earlier efforts.

Objectives

- C To continue to improve the efficiency and effectiveness of the Regional Office and country offices and to provide a modern administrative infrastructure that will facilitate implementation of the regional programmes;
- C to continue to develop health data processing and telecommunication centres;
- C to computerize salient information related to staff in the Regional Office and country offices;
- C to develop and bring into operation the new administrative and finance information system;
- C to provide necessary support to technical divisions in the Regional Office and country offices to ensure a more timely and efficient management of financial resources made available to them through the devolution of some financial and administrative functions;
- C to provide guidance and support for the development and management of WHO programmes in the Region, with special focus on planning, programming, monitoring and evaluation.

Results expected by end 2001

- C Financial and human resources at regional and country levels will be better managed through the establishment and use of appropriate financial and personal information systems.
- C Effective links will have been set up between the Region, other regions and headquarters, between the Regional Office and country offices, and among country offices, by means of modern communication networks.
- C Staff will be more motivated as a result of better management, development opportunities, and performance appraisal.

10. DIRECTOR-GENERAL, REGIONAL DIRECTORS AND INDEPENDENT FUNCTIONS

.167 The relocation of the Regional Office from Brazzaville to Harare, coupled with the numerous requests for assistance as a result of emergencies in many countries in the past two years, have reduced the amount of resources at the Regional Director's disposal to continue to provide support to countries' health initiatives and to meet adequately all requests. Optimal use of the Regional Director's limited budget to meet the increasing demand from countries will continue to be the major challenge.

Objectives

- C To provide effective leadership for continuation of the reform process and for implementation of the regional programme budget;
- C to support the development of innovative health initiatives and to provide timely response to requests from countries for assistance in emergencies;
- C to strengthen management capability in country offices;
- C to provide support for planning, monitoring and evaluation of WHO's country technical cooperation programmes;

- C to enhance WHO's presence in countries on the basis of predetermined global and regional criteria.

Results expected by end 2001

- C Support will have been provided to innovative country health initiatives and countries facing emergencies.
- C All WHO Representatives and relevant country office staff will have been trained in new managerial processes.
- C The size of country offices will have been adjusted on the basis of predetermined global and regional criteria.

RESOURCES

AFRICA:
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
Regional:						
Communicable diseases	92 579	133 771	3 628	5 177	88 951	128 594
Noncommunicable diseases	1 068	1 729	1 068	1 729		
Health systems and community health	16 645	17 622	12 251	13 158	4 394	4 464
Sustainable development and healthy environments	6 158	6 618	5 494	6 373	664	245
Social change and mental health	1 298	1 927	1 214	1 927	84	
Health technology and pharmaceuticals	2 486	2 776	1 773	2 531	713	245
Evidence and information for policy	5 457	5 457	5 457	5 457		
External relations and governing bodies	7 433	5 428	6 315	4 164	1 118	1 264
General management	27 015	26 451	21 025	20 907	5 990	5 544
Director-General, Regional Directors and independent functions	3 422	3 103	3 422	3 103		
Subtotal: Regional	163 561	204 882	61 647	64 526	101 914	140 356
Countries:						
Country programmes	110 336	115 504	95 766	112 296	14 570	3 208
Total	273 897	320 386	157 413	176 822	116 484	143 564

12.

The Americas: Regional Office programme budget

REGIONAL ISSUES AND CHALLENGES

.168 Confronting the regional challenge to reduce, control or eradicate diseases will require strong national capabilities, sound policies and practices supported by scientific evidence, community participation and individual behavioural changes. The ageing of the population, rapid urbanization and increased urban poverty have increased the caseload of noncommunicable disease in the Region, and mortality caused by tobacco-related diseases, diabetes, violence and unintentional injuries is on the rise. Health services have been organized around a different set of priorities, and they now face the challenge of incorporating noncommunicable diseases in the new health priorities. This will require strengthening institutional capabilities for analysis, policy-making, the implementation and evaluation of sectoral reform programmes, and the establishment of a regional system to monitor the dynamics, content and impact of the reforms undertaken. Further, dialogue among the authorities of different sectors will be needed in order to establish a link between economic growth, health and human development and thus diminish the possible negative impact of macroeconomic policies on the living conditions of the population and on the health situation.

.169 The countries in the Region also face the challenge of achieving internationally adopted objectives and goals, including those contained in the plans of action of the Summits of Heads of States of the Hemisphere and of the Pan American Conference on Health and Environment in Sustainable Human Development. Particular efforts are needed to improve the bacteriological quality of drinking-water, and to improve the water supply and sanitary excreta disposal in rural areas and for indigenous populations. Similarly, countries need to ensure that all sectors of the population have access to safer effective essential drugs and vaccines.

.170 Inasmuch as health is the main component of human development, its promotion must of necessity involve a much broader scope of action than that customarily constituted by the health systems and services. Most of the considerations related to the health of populations are based on their living conditions, the satisfaction of their basic needs, the quality of their environment, the culture to which they belong, and their knowledge, attitudes and practices with regard to health. Given the conditions that still persist in the Region, health promotion and protection is considered a powerful strategy in the concept and practice of public health.

.171 The development of public health as a discipline, the research it entails and the dissemination of the knowledge that it generates requires providing adequate responses to the health needs of the population, particularly the most neglected and excluded groups. In particular, technical cooperation will need to focus on the areas where most impact may be made in reducing inequities in access to health services.

OBJECTIVES AND EXPECTED RESULTS

1. COMMUNICABLE DISEASES

.172 Enormous health gains are possible through the reduction and control of disease if there is commitment, if evidence-based policies and programmes are established, and if they are adopted by communities, individuals and clinicians. It is important for health

organizations to devote adequate human and financial resources so as to benefit from these possibilities.

Objectives

- C To interrupt the vectorborne transmission of *Trypanosoma cruzi* and the transmission of bloodborne diseases through the transfusion of blood or blood products; to eliminate leprosy, onchocerciasis and filariasis;
- C to improve surveillance systems so that timely prevention and control action can be taken and outbreaks or epidemics of communicable diseases rapidly identified;
- C to achieve a 20% reduction in the infant mortality rate in the Region;
- C to have integrated control of tropical diseases implemented in the countries of the Region.

Results expected by end 2001

- C Cooperation networks and alliances will be operational for elimination of transfusion-transmitted diseases and evaluation of serological screening for these diseases; for surveillance of emerging infectious diseases, including resistance to antibiotics, and early detection and prevention; and for conducting activities to monitor resistance to antimalarial drugs.
- C Surveillance and information systems will be operational for transfusion-transmitted diseases; for monitoring trends of, and making appropriate decisions on, emerging infectious diseases; on the integrated management of childhood diseases in priority countries; and on the prevalence and/or incidence of tropical diseases.
- C Policies will have been framed and projects executed for tuberculosis control, using the DOTS strategy; for executing the different stages of the global malaria strategy; for implementing the Hemispheric Plan for the Eradication of *Aedes aegypti*; for the surveillance and prevention of equine encephalitis and the control and/or eradication of bovine tuberculosis and brucellosis; and for the prevention and control of emerging and re-emerging zoonoses.
- C Support will have been provided to countries for improving their programmes for the prevention, control and eradication or elimination of zoonoses of importance for public health, including foot-and-mouth disease.
- C Support will have been provided to countries for promoting mass communication as a measure to control *A. aegypti*, and for consolidating the elimination of canine-transmitted human rabies and/or maintaining rabies-free status.
- C Training programmes will have been conducted on integrated management of childhood illness for technical staff in charge of child health, on control of vectorborne diseases, and on improvement of research capability.

2. NONCOMMUNICABLE DISEASES

.173 As a result of both the demographic and the health transitions in the Region, noncommunicable diseases now account for a large proportion of health expenditure. This evolution will need to be further studied.

Objective

- C To assure that countries adopt feasible and cost-effective policies, strategies and programmes for prevention and control of noncommunicable diseases.

Results expected by end 2001

- C Cooperation networks and alliances will be operational to provide, generate and promote relevant epidemiological information for policy-making in order to reduce the economic and social burden of noncommunicable diseases.
- C The processes and outcomes of strategies for prevention and control of noncommunicable diseases will have been monitored and evaluated.
- C Policies will have been framed, plans formulated and projects implemented and evaluated for control of cancer, cardiovascular diseases and diabetes, and for tackling violence as a public health problem.

3. HEALTH SYSTEMS AND COMMUNITY HEALTH

.174 Special emphasis will be laid on providing support to Member States in their efforts to reform their health sectors and on integrating health programmes into the health care delivery system, in order to foster human development and prevent disease throughout the life cycle.

Objectives

- C To collaborate with countries in the design, implementation and evaluation of their sectoral reforms; to design and implement organizational models and operations of their health systems, using an intersectoral approach and promoting effective social participation;
- C to collaborate in the orientation of health investment and expenditure;
- C to cooperate with countries in developing the capacity to organize their health services, applying the criteria of equity, efficiency and quality in health-care delivery;
- C to promote and participate in development of human resources for health, within the framework of sectoral reform;
- C to strengthen health information systems and the definition of health indicators in the countries;
- C to collaborate in improving the design, implementation, monitoring and evaluation of policies, legislation, plans and programmes in sexual and reproductive health and the health of adults, older persons, schoolchildren and adolescents, using a family approach;
- C to promote health systems research;
- C to promote implementation of intersectoral programmes to reduce the transmission and impact of HIV infection and sexually transmitted diseases.

Results expected by end 2001

- C Methodologies and tools will have been developed to support the design, implementation, monitoring and evaluation of health sector reform.
- C A clearing house for health sector reform in the Americas will have been established and will be fully operational.
- C Cooperation networks will have been established for sharing information on the experience of countries in health sector reform, and in health investment and expenditure.
- C Methodologies and guidelines will have been developed for the organization and management of health systems and services in the context of the health sector reform.

- C A framework for developing national programmes for quality assurance will have been established.
- C A development plan will have been designed to support the reorientation of public health education.
- C An observatory of human resources management and development in the process of reform will have been established.
- C Tools for evaluating the performance of the health workers at different levels will have been developed and tested, and educational materials will have been produced through the Expanded Textbook Program.
- C Policies will have been framed and programmes implemented to promote reproductive health, and specifically to protect and promote the health of children, adolescents, adults and older persons.
- C Support will have been provided to countries for setting up effective intersectoral programmes to reduce the transmission and impact of HIV infection and sexually transmitted diseases.

4. SUSTAINABLE DEVELOPMENT AND HEALTHY ENVIRONMENTS

.175 Promotion of sustainable human development calls for intersectoral dialogue in order to establish the link between economic growth, health and human development, as recognized in recent major international conferences. The production, dissemination and use of public health knowledge and practice in health promotion and health care also make a clear contribution to sustainable human development.

Objectives

- C To increase the coverage and quality of drinking-water and sanitation services in urban, periurban and rural environments, both densely and sparsely populated;
- C to develop national capacity for policy-making and sectoral planning in solid waste management and health in housing;
- C to develop the capacity of countries to manage, protect and conserve the quality of their natural resources from the standpoint of human health;
- C to develop institutional capacity in ministries of health and the health units of institutions in other areas (environment and labour) for risk assessment, setting of environmental quality criteria and standards, and monitoring of the epidemiological situation and chemical safety;
- C to improve managerial capacity in institutions working in the field of workers' health with a view to improving work environments and working conditions;
- C to strengthen countries' capacity for monitoring, analysis and management of the relationship between health and the other components of sustainable human development with equity;
- C to strengthen the capacity of the State, the private sector and civil society to participate in health in terms of the formulation and implementation of policies for assuring equity in health.

Results expected by end 2001

- C The health sector disaster relief institutions in the Region will have been strengthened in order to manage the health consequences of natural and man-made disasters more efficiently and effectively.

- C Surveillance and information systems will be in place for chemical safety and the control of risks and health hazards in the workplace; for epidemiological surveillance of foodborne disease; for monitoring, analysis and management of the relationship between health, trade and regional integration, between health and the economy, and between health inequities and poverty.
- C Standards and guidelines will have been drawn up for developing and strengthening the environmental health units of ministries of health; for formulating national strategies for breastfeeding and complementary feeding practices; and for the promotion of healthy lifestyles during ageing.
- C Research and evaluation will have been conducted on technology development in the areas of water treatment and disinfection, control of water loss, wastewater treatment, excreta disposal and the elimination of arsenic in drinking-water.
- C Plans will have been drawn up and projects executed for improving air quality, for eliminating gradually lead in gasoline, for controlling the quality of water resources, for monitoring and controlling the harmful effects of pesticides on health; and for reducing the physical and functional vulnerability of health institutions and human settlements.
- C Health sector personnel will have been trained in environmental and health impact assessment.
- C A regional strategy for the prevention and control of obesity will have been promoted; incorporation of health more fully into national and regional political agendas will have been advocated.

5. SOCIAL CHANGE AND MENTAL HEALTH

.176 A challenge in this area is to create a new culture of health promotion and protection. This involves raising the awareness of individuals, communities and public, nongovernmental and private institutions so that they adopt and carry out, both individually and collectively, their responsibilities of preserving and continually improving health status and well-being.

Objective

- C To create a new culture of health promotion and protection in which this concept becomes a social value.

Results expected by end 2001

- C Research and evaluation will have been conducted on the promotion of healthy behaviours, for example, reduction of risky behaviour in connection with smoking, substance abuse and various forms of violence, especially against children.
- C National and provincial or state policies will have been framed and implemented for the promotion of mental health and the psychosocial development of children, and for mental health care, in order to ensure community alternatives and safeguard human rights, with special emphasis on controlling depression and epilepsy.
- C Support will have been provided to countries for formulating and implementing policies and programmes on mental health and addictive behaviours aimed at indigenous peoples, with their active participation.
- C Training programmes will have been conducted in health promotion and health education.

6. HEALTH TECHNOLOGY AND PHARMACEUTICALS

.177 Countries in the Region need to ensure the availability and quality of essential drugs and vaccines. At the same time, the quality and efficiency of specialized health services in the area of pharmaceuticals, medical equipment, laboratories, blood banks and radiation medicine, need to be improved. Regulatory agencies for safe and effective use of health technology need to be strengthened.

Objectives

- C To contribute to improving the quality and efficiency of inputs and specialized health services in the areas of drugs, medical equipment and installations, laboratories, blood banks, diagnostic imaging, therapy and physical infrastructure;
- C to contribute to strengthening regulatory agencies in order to ensure the effective and safe use of relevant technologies, taking into account the current context of subregional and regional integration;
- C to control or eradicate vaccine-preventable diseases;
- C to achieve regional self-sufficiency in matters of vaccine research, development, production and quality control.

Results expected by end 2001

- C Cooperation networks will be in place on matters of drug regulation involving the public sector, the regulatory authorities and the private sector (pharmaceutical industries), with the participation of teaching entities (universities) and consumers.
- C A network will have been established of vaccine research and development laboratories together with vaccine producers in the Region for the development of polysaccharide-based vaccines.
- C Standards and guidelines will have been issued on education and information for the rational use of drugs; on drug quality assurance programmes; on patient radiation protection; on operation of blood banks; and on the regulation of equipment and medical devices.
- C Research will have been conducted on ways to improve the capacity of vaccine-producing to evaluate the technical, managerial and economic feasibility of producing quality vaccines.
- C Policies will have been framed and projects executed on radiological emergencies and radioactive waste management; development, conservation, maintenance and renewal of the physical infrastructure and technology of health services; and proper selection, procurement, incorporation, use, maintenance and upgrading of technology.
- C New methods will have been developed for logistics and the cold chain, in order to ensure the safe and efficient use of quality vaccines in national immunization programmes.
- C Support will have been provided to strengthen country capacity to deliver quality and effective immunization programmes.
- C Support will have been provided for integrating laboratory services into major national programmes as part of the reform processes, and for establishing regional networks.

7. EVIDENCE AND INFORMATION FOR POLICY

.178 A major challenge is to develop and strengthen national and regional capability to analyse and monitor the health situation and the reciprocal relations between health,

economic growth and equity within the context of globalization. Use of information on the health situation, the evaluation of technical cooperation and the participation of other organizations in international technical cooperation in health provides the basis for planning, programming and budgeting the Organization's work.

Objectives

- C To consolidate health situation analysis among and within the countries of the Region in order to document inequities and gaps in health, and to disseminate this knowledge;
- C to increase the production, dissemination and use of knowledge on improving and reorienting public health practice towards sustainable human development;
- C to emphasize the importance of women's health and the relationship between women, health and development, and to raise awareness of gender issues at all levels;
- C to disseminate effective, relevant and timely information about the health situation in the Americas;
- C to support and enhance corporate information systems to meet the needs of the Organization and other users.

Results expected by end 2001

- C Cooperation networks will be in place in the areas of epidemiology, demographics and health statistics.
- C Information will have been disseminated on gender, health and development, and for decision-making in public health.
- C Research will have been conducted on gender inequities in health and their relationship to development.
- C New methods will have been devised for health situation analysis and analysis of health inequities; for dissemination and use of scientific and technical knowledge to guide policies and activities in scientific and technical information; for analysis and evaluation of public policies and the relationship between macroeconomic policies, health, and the operation of the health sector.
- C Training will have been provided in epidemiological and biostatistical analysis, health situation analysis, and evaluation of inequities and gaps in health.

8. EXTERNAL RELATIONS AND GOVERNING BODIES

.179 The main challenge is to assure that health is included on the agendas of inter-American presidential summits and other high-level international conferences, and to establish influential partnerships for the benefit of health development.

Objectives

- C To make the Organization's strategic and programmatic orientations and country health policies and priorities known to other international and national institutions and local organizations;
- C to improve the efficiency and effectiveness of governing bodies' meetings.

Results expected by end 2001

- C Working relations with other organizations of the United Nations system will have been strengthened.
- C Articulation between private and public sectors and nongovernmental organizations will have improved.
- C A network of institutional relations with bilateral agencies, multilateral organizations, foundations and nongovernmental organizations will have been established.
- C Funding from traditional and new donors will have been maintained or increased.
- C Governing bodies will have been provided with timely and manageable documentation to support their decision-making process.

9. GENERAL MANAGEMENT*Objectives*

- C To streamline managerial practices so that they effectively support technical cooperation activities;
- C to strengthen the procurement function and ensure that appropriate internal controls are in place to manage new reimbursable procurement activities requested by countries;
- C to strengthen the links between technical cooperation programmes of work, financial execution and evaluation of staff performance as the basis for the decision-making process;
- C to empower staff members, at different levels in the organizational structure, through delegation of authority and accountability for programmatic and financial execution.

Results expected by end 2001

- C Studies will have been conducted to identify areas where administration could be streamlined in order to provide better support to technical cooperation needs.
- C Staff will be able better to respond to technical cooperation and managerial needs.

10. DIRECTOR-GENERAL, REGIONAL DIRECTORS AND INDEPENDENT FUNCTIONS

.180 The challenge is to focus technical cooperation on the areas where most impact may be made in reducing inequities in health.

Objectives

- C To establish a common agenda for health;
- C to promote pan-Americanism in health actions;
- C to coordinate international health in the Region.

Results expected by end 2001

- C The Secretariat will have been structured so as to fulfil the functions necessary to achieve the goals of the strategic and programmatic orientations.
- C Technical cooperation will be responding to regional policies and country needs.

- C Support will have been provided to new initiatives addressing the reduction of inequities.

RESOURCES

THE AMERICAS: PLANNED EXPENDITURE BY SOURCE OF FUNDS¹ (US\$ thousand)

	Total		Regular budget		Other sources	
	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
Regional:						
Communicable diseases	6 208	6 306	5 835	6 306	373	
Noncommunicable diseases	714	503	463	503	251	
Health systems and community health	11 162	5 287	6 532	4 972	4 630	315
Sustainable development and healthy environments	5 946	4 493	5 544	4 493	402	
Social change and mental health	1 648	2 457	1 584	2 457	64	
Health technology and pharmaceuticals	2 753	2 253	2 378	2 253	375	
Evidence and information for policy	6 646	4 398	6 445	4 398	201	
External relations and governing bodies	3 468	2 323	3 468	2 323		
General management	8 876	6 858	7 088	6 858	1 788	
Director-General, Regional Directors and independent functions	800	613	800	613		
Subtotal: Regional	48 221	35 491	40 137	35 176	8 084	315
Countries:						
Country programmes	45 585	42 549	42 549	42 549	3 036	
Total	93 806	78 040	82 686	77 725	11 120	315

¹ Excluding the PAHO budget.

13.

South-East Asia: Regional Office programme budget

REGIONAL ISSUES AND CHALLENGES

.181 The South-East Asia Region has a quarter of the world's population and nearly half of its poor. The main challenges faced by the countries of the Region are the direct result of the size of the population, compounded by inadequate national capacity and resources, both human and financial, to ensure availability of and access to essential health care. Although much progress has been made, communicable diseases are still rampant, and chronic and degenerative diseases like cardiovascular diseases, cancer and diabetes, all associated with affluence and lifestyle, are becoming another main cause of morbidity and mortality. The Region is undergoing a definite epidemiological transition and is consequently bearing the double burden of communicable and noncommunicable diseases.

.182 This double burden brings the greatest challenge of all. Outbreaks and epidemics call for better and more coordinated preparedness and response. The capacity of countries to tackle emerging and re-emerging diseases and to prevent them from assuming serious proportions, to effect better surveillance, including the use of simple case definitions, and to prevent any adverse trade and travel consequences after an epidemic must be strengthened.

.183 Other issues facing the Region are the ever-increasing need for alternative health-care financing mechanisms, provision of adequate access to health care services, especially to poor and vulnerable groups, effective and efficient use of resources, the public/private mix in service provision, accessibility and affordability of essential drugs for primary health care, rational use of drugs, and production, distribution and logistics of essential drugs. The framing of national policies for blood transfusion services and radiological services constitutes another challenge.

.184 More than 30% of the diseases that affect women relate to reproductive ill-health. This calls for enhancing the capacity of countries to plan and implement programmes for reproductive and family health, adolescent health, and integrated child development. The adverse effects of tobacco and alcohol consumption on poverty alleviation programmes are a cause for concern and call for time-bound and comprehensive long-term control strategies. The most immediate need is to increase the focus on the health of particularly vulnerable groups so that the goal of social justice in health can be achieved. Environmental degradation brought about by rapid urbanization and industrialization without adequate pollution safeguards poses health hazards. Special efforts are needed to solve the problem, despite the recent increases in access to safe drinking-water and sanitation. Unsafe drinking-water supply, both in urban and rural areas, and unsanitary conditions mean that efforts have to be made not only to improve access to safe water supply and sanitation but also to improve water quality surveillance and control, and the operation and maintenance of water and sanitation facilities.

OBJECTIVES AND EXPECTED RESULTS

1. COMMUNICABLE DISEASES

.185 Communicable diseases continue to pose the greatest threat to public health in the Region. The thrust of the work will be to eradicate or eliminate certain diseases and control others. Better responses will be provided to deal with outbreaks and epidemics, and a strategy developed to increase country capacity to strengthen surveillance and to tackle adverse trade and travel consequences of epidemics.

Objectives

- C To strengthen epidemiological surveillance and preparedness in response to epidemics of communicable diseases;
- C to strengthen and implement prevention and control programmes for communicable diseases;
- C to intensify activities for controlling malaria, tuberculosis and HIV/AIDS.

Results expected by end 2001

- C Disease surveillance will have improved, and case-definition guidelines issued for major communicable diseases.
- C Health staff will have been trained in epidemiological surveillance, and disease outbreak investigation and control.
- C Essential guidelines will have been drawn up and informatic software developed in support of disease surveillance.
- C Elimination of leprosy as a public health problem will have been integrated into primary health care activities, and the outcome evaluated.
- C Coverage with DOTS will reach 100% in eight out of the 10 countries; regional reference laboratories for surveillance of drug resistance in tuberculosis will have been strengthened.
- C Malaria control activities will have been implemented among high-risk groups and in areas along international borders, together with control of other vectorborne diseases.
- C Guidelines will have been issued for the prevention and control of visceral leishmaniasis and lymphatic filariasis.
- C National capacity will have been built up for assuring a surveillance network for the control of vectorborne diseases and sustainable vector control.
- C Surveillance of HIV/AIDS and sexually transmitted infections will have been strengthened and intensified, and national capacity to prevent and control those diseases will have improved.

2. NONCOMMUNICABLE DISEASES

.186 Although communicable diseases remain the major public health challenge in the Region, problems of noncommunicable diseases have been emerging. This is mainly attributable to changes in environment and lifestyle that predispose people to developing noncommunicable diseases, particularly cardiovascular diseases, diabetes, cancer, chronic obstructive lung diseases, and degenerative diseases.

.187 The approach to control of noncommunicable diseases has to deal with both the clinical management of diseases and primary prevention of the predisposing factors.

Objectives

- C To formulate a regional strategy for prevention and control of noncommunicable diseases;
- C to provide support to countries for developing and strengthening programmes for control of noncommunicable diseases, particularly in the areas of disease surveillance and primary prevention;

- C to establish partnerships with other supporting organizations and nongovernmental organizations to combat noncommunicable diseases in the Region.

Results expected by end 2001

- C A regional strategy and national programmes for control of noncommunicable diseases, based on country priorities, will have been developed.
- C Guidelines will have been drawn up on an integrated approach to health promotion and prevention of diseases with common risk factors, for use by primary health care services.
- C A mechanism will have been established for advocacy and dissemination of messages on the prevention of major noncommunicable diseases.
- C Coordination with and support for other organizations, health professionals and nongovernmental organizations in promoting control of noncommunicable diseases will have been strengthened.
- C Disease surveillance and monitoring of noncommunicable disease control programmes will have improved.
- C Priorities for operational research on appropriate interventions for the prevention and control of noncommunicable diseases will have been identified and selected research conducted.

3. HEALTH SYSTEMS AND COMMUNITY HEALTH

.188 The health system infrastructure will be strengthened to respond to the socioeconomic and political changes and epidemiological transitions taking place. Quality-related issues and innovative programmes such as "total health", improvement in the quality of nursing care, education in critical areas, and reproductive and family health programmes will be tackled on a priority basis. Other priorities that will be addressed are protein-energy malnutrition and micronutrient deficiencies.

Objectives

- C To strengthen health systems and health-care financing activities, and to enhance national capacity for expanding access to essential health care and increasing coverage, with a focus on poor and disadvantaged groups;
- C to promote the health of children and adolescents and to introduce the integrated management of childhood illness into primary health care;
- C to enhance country capacity for planning, implementing and monitoring reproductive and family health programmes;
- C to improve the quantity, mix, distribution and quality of human resources for health in order to meet the requirements of national health systems.

Results expected by end 2001

- C Innovative approaches will have been introduced through health system research, and experiences shared for minimizing inequities among disadvantaged groups.
- C National capacity will have been enhanced for health system development, health care financing, and organization and management of district health systems.
- C Guidelines will have been issued for policy analysis of human resources for health, and plans revised in that area; nursing and midwifery education will have been

strengthened; models for community/home-based nursing care will have been developed and widely disseminated.

- C A comprehensive programme will have been formulated for integrated child development, and implementation of integrated management of childhood illness will have been expanded.
- C Contraceptive prevalence will have increased; the quality of family planning services will have been enhanced; control of sexually transmitted infections will have been integrated into family planning/maternal and child health.

4. SUSTAINABLE DEVELOPMENT AND HEALTHY ENVIRONMENTS

.189 Efforts will be made to solve the problems associated with extreme poverty, hunger and malnutrition, lack of safe and sufficient water supply, and insanitary conditions through formulation and implementation of proper public policies, strategies, and programmes at regional and country levels. Rapid developmental changes that lead to environmental degradation and atmospheric pollution, and affect human health, will be addressed as a priority. Healthy city and chemical safety programmes will be expanded.

Objectives

- C To develop national policies and programmes in food safety, and to improve national capacity for monitoring, assessing and controlling food quality; to improve surveillance and control of foodborne diseases and analytical methods for assessing food contamination; to educate consumers on food safety issues;
- C to collaborate with countries in promotion of public health through better planning, implementation and management of water supply and sanitation programmes, improved urban environmental health, and chemical safety programmes;
- C to promote the development of national legislation, policy plans and procedures in the area of emergency preparedness and management, and to promote coordination and research.

Results expected by end 2001

- C National capacity will have been strengthened for negotiating and managing aid, working out macroeconomic policies for use of aid, and improving the effectiveness of aid for health development.
- C Technical guidelines will have been issued on regulating mechanisms for privatization and health sector reforms.
- C Support will have been provided to countries for enforcing food safety legislation.
- C Guidelines will have been issued for modern food inspection methods and training in food safety.
- C National programmes will have been developed for surveillance of drinking-water quality. The Healthy Cities initiative will have been expanded to cover more communities and villages, as well as towns.
- C National chemical safety profiles will have been prepared.
- C National legislation for, and participation in, emergency preparedness and management will have been advocated, emergency preparation and management plans reviewed, and a package of training material developed.

5. SOCIAL CHANGE AND MENTAL HEALTH

.190 WHO's concept of health promotion at all levels will be translated into reality through a series of activities. Programmes for prevention of injuries, promotion of occupational health, school health and geriatric services will be formulated with clarity, and implemented with an eye to practical and positive results. National efforts at planning and implementing of mental health programmes will be encouraged and supported. Substance and alcohol abuse will be combated and will gradually decline in the Region.

Objectives

- C To formulate a health promotion policy and a framework for the implementation of comprehensive programmes with a life-span perspective;
- C to develop comprehensive community-based rehabilitation programmes, and to collaborate with governments in formulating and implementing national programmes for the prevention of blindness and deafness;
- C to strengthen the country capacity for effective planning and implementation of national mental health programmes;
- C to support the continuing development of policies and strategies for control of alcohol and tobacco use.

Results expected by end 2001

- C Policies on health-promoting schools, workplaces and hospitals will have been framed in five countries.
- C Health promotion infrastructure will have been developed in all large-population countries.
- C National policies and strategies for health care of the elderly will have been formulated, and strengthened programmes on healthy ageing initiated in two more countries.
- C Community-based rehabilitation programmes will have been strengthened in countries.
- C Technological skills for public mental health programmes will have been expanded through a regional network of centres of excellence.
- C Policies will have been framed and legislation enacted by five countries to protect children's health from the impact of tobacco and alcohol use.

6. HEALTH TECHNOLOGY AND PHARMACEUTICALS

.191 The main thrust is towards strengthening national drug policies, with emphasis on production of essential drugs, and their availability, accessibility and affordability. Health laboratory services will be strengthened in order to support clinical and public health activities. National policies for blood transfusion services will be framed, and capacity will be built up in order to improve radiological services.

Objectives

- C To strengthen national drug policies and quality assurance systems; to assure availability of essential drugs and their rational use, access to essential drugs, production of essential drugs according to good manufacturing practices, and drug registration; to provide information on essential drugs, such as national formularies

and standard treatment and guidelines; to develop national traditional medicine programmes;

- C to provide support to countries in building up national capacity for production of vaccines and biologicals, improved laboratory services, and monitoring of antimicrobial resistance;
- C to strengthen blood transfusion services.

Results expected by end 2001

- C Essential drugs will be in production in eight countries, and technical support will have been provided to countries for formulating national policies and using the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce.
- C National policies on traditional medicine will have been formulated, national lists of traditional medicines drawn up, and more traditional medicine practitioners trained for primary health care.
- C Measles control and outbreak prevention measures will have been intensified and accelerated.
- C National laboratories will have been strengthened at central and intermediate levels in standardized procedures and quality assurance.
- C The quality assurance programme will have been extended to intermediate and peripheral laboratories; validated guidelines on quality assurance will be available, and national surveillance of antimicrobial resistance will be in place in all countries.
- C Capacity will have built up for the management and organization of blood transfusion services, and guidelines prepared and disseminated for use in all blood banks.
- C A centre for monitoring adverse drug reactions will have been established, and support will have been provided for development of clinical pharmacy and clinical pharmacology.

7. EVIDENCE AND INFORMATION FOR POLICY

.192 National health information systems will be strengthened, focusing on improving the monitoring and evaluation mechanisms. The main thrust is towards improving the quality of information generated as a basis for building sound national health policies.

Objectives

- C To strengthen national health information systems, and to update and disseminate valid information on the health situation and trends in the Region;
- C to facilitate the effective production of reports, documents and publications and their dissemination, and further develop regional library services;
- C to advocate and facilitate research promotion and development.

Results expected by end 2001

- C The regional database will have been improved, information updated, and dissemination mechanisms further developed.
- C Technical support will have been provided to improve health information systems in all countries, especially through the integration of monitoring and evaluation

mechanisms in the routine systems and the enhancement of data processing and analysis capabilities.

- C Technical support will have been provided for the application of ICD-10 in at least three countries.
- C Technical guidelines will have been issued for institutionalizing a training course for medical records technicians.
- C Technical guidelines will have been issued for the application of health futures methodologies.
- C WHO information in the Region will have been assessed, and national capacity for medical writing and editing enhanced in all countries.
- C Training materials will have been developed for health sciences librarianship, and technical support provided for improving the managerial skills and technical capabilities of health science librarians.
- C Joint research programmes among countries will have been further promoted, developed and implemented, including research training through consultative and scientific meetings and workshops, and effective networking among research institutions and WHO collaborating centres.

8. EXTERNAL RELATIONS AND GOVERNING BODIES

.193 Global reforms of the Organization and decreasing regular budgetary allocations pose a challenge to the Regional Committee for South-East Asia. Policy directions are needed so as to improve the effectiveness of technical collaboration within the Region, and to achieve better coordination with other development partners. Efforts to mobilize additional resources from multilateral organizations, bilateral agencies and other donors will be renewed.

Objectives

- C To frame regional health policies that will promote the interests and concerns of the Region;
- C to strengthen and expand partnerships with organizations of the United Nations system, intergovernmental bodies, financial institutions, multilateral organizations and bilateral donor agencies, and civil society, including nongovernmental organizations, in support of national health development;
- C to strengthen national capacity and support national initiatives for mobilizing external resources for the health sector;
- C to ensure coordination of WHO collaborative activities and interagency relationships, including follow-up of implementation of United Nations General Assembly resolutions and recommendations of international conferences.

Results expected by end 2001

- C Policy recommendations will have been issued on the regional programme and organizational reform in order to lay the foundation for innovative approaches in the next millennium.
- C Expanded collaborative and joint technical cooperation activities will have been undertaken with other organizations, including financial institutions such as the World Bank and the Asian Development Bank, intergovernmental bodies such as ASEAN and the South Asian Association for Regional Cooperation, and nongovernmental organizations.

- C Coordination and collaboration with governments and nongovernmental organizations in national health programmes will have been promoted.
- C National capacity for negotiation, coordination and management of external resources for the health sector will have improved.
- C A systematic approach will have been established for mobilizing resources for intercountry programmes.
- C Relevant United Nations General Assembly resolutions will have been followed up and monitored.
- C Exchange of experiences and mutual cooperation among countries for resource mobilization will have been promoted.

9. GENERAL MANAGEMENT

.194 A streamlined and transparent administrative structure will be the norm, which will serve to reduce expenditure on administrative services while ensuring improved efficiency in programme implementation.

Objectives

- C To provide adequate personnel services, within the defined nationality and gender parameters, to the Organization's programmes;
- C to ensure effective planning and full use of available resources through efficient and flexible budgetary and financial services;
- C to support WHO collaborative programmes by enhancing work efficiency through effective information management and improved communications within the Region;
- C to provide procurement services to WHO collaborative programmes and to Member States, and effectively and efficiently to manage the facilities of the Organization.

Results expected by end 2001

- C Suitably qualified long-term and short-term staff and consultants or professionals will have been recruited.
- C Personnel information and reporting systems will have been improved.
- C The quantitative analysis needed to redirect financial resources towards priority health needs and cost-effective initiatives will have been provided.
- C Information technology services will have been upgraded.
- C Supplies and equipment planned will have been procured for WHO collaborative programmes and, under reimbursable arrangements, for Member States.

10. DIRECTOR-GENERAL, REGIONAL DIRECTORS AND INDEPENDENT FUNCTIONS

.195 The Office of the Regional Director provides guidance and support in policy and management. It also directs WHO's contact with the media and general public and coordinates press releases from the Regional Office. Measures are initiated to provide support to countries facing emergencies through the Regional Director's Development Programme.

Objectives

- C To plan and manage effectively the Organization's work;
- C to support the development and implementation of WHO collaborative programmes in line with the policy and programmes of WHO, and to review implementation of the country and intercountry collaborative programmes;
- C to support the development of innovative health initiatives and to respond to requests for assistance from countries facing emergencies.

Results expected by end 2001

- C Regional priorities will have been reviewed and updated.
- C Technical and financial aspects of programme implementation will have been monitored and of the 1998-1999 programme evaluated.
- C Support will have been provided to alleviate emergencies.
- C Support will have been provided for the development of innovative health initiatives that meet agreed criteria.

RESOURCES

SOUTH-EAST ASIA:
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
Regional:						
Communicable diseases	7 632	2 581	1 948	2 581	5 684	
Noncommunicable diseases	17	291		291	17	
Health systems and community health	4 811	3 180	3 661	3 180	1 150	
Sustainable development and healthy environments	4 735	3 221	4 501	3 221	234	
Social change and mental health	1 102	381	1 018	381	84	
Health technology and pharmaceuticals	1 927	1 130	1 088	1 130	839	
Evidence and information for policy	4 168	2 891	3 000	2 831	1 168	60
External relations and governing bodies	4 551	4 162	3 415	3 450	1 136	712
General management	7 386	7 678	4 864	5 255	2 522	2 423
Director-General, Regional Directors and independent functions	1 723	1 474	1 723	1 474		
Subtotal: Regional	38 052	26 989	25 218	23 794	12 834	3 195
Countries:						
Country programmes	128 265	75 683	74 033	71 801	54 232	3 882
Total	166 317	102 672	99 251	95 595	67 066	7 077

14.

Europe: Regional Office programme budget

REGIONAL ISSUES AND CHALLENGES

.196 The economic upheavals in the countries of central and eastern Europe and the newly independent States during the 1990s have increased the gap in health status between countries in the Region. For example, average life span varies by 15.3 years between Iceland (79.3 years) and Turkmenistan (64 years). There is no sign that these disparities will narrow in the near future. In eastern Europe and the countries of the Commonwealth of Independent States income poverty has spread from a fraction of the population to about one third: 120 million people live below the poverty line of US\$ 4 a day. The expansion of the European Union and the creation of the common monetary unit as from 1999 may exacerbate the differences between east and west, with western European countries playing the more prominent role on the global scene.

.197 The persistence and even growth of variations in health status and the quality of life in the countries in the Region calls for much stronger emphasis on promotion of equity in health. WHO is taking the lead by placing health at the heart of development. The renewal of the health-for-all policy has provided the opportunity to reflect and build on past achievements in the Region. At the same time, the European Union is emerging as an important partner in health sector development.

.198 The resurgence of diseases such as tuberculosis, diphtheria and malaria has become a serious problem, particularly in countries of central and eastern Europe and the newly independent States. Endemic malaria, eradicated in Europe five decades ago, has re-emerged in the south-eastern part of the Region. Diarrhoeal diseases kill 100 times as many children under five years of age in many of the more eastern European countries than in the western ones. A particular concern is the spread of infectious agents resistant to antimicrobial drugs: this threatens the treatment of diseases such as tuberculosis, pneumonia and gonorrhoea. Western European countries are introducing new, improved and combination vaccines, but the lack of financial resources make it difficult to purchase these in other countries. For the whole Region, the eradication of poliomyelitis by the year 2000 remains a major challenge.

.199 Although the number of new cases of HIV infection is levelling off or decreasing in western Europe, recent outbreaks of HIV infection - especially among drug users and prostitutes - in some newly independent States are alarming. A new epidemic of sexually transmitted infections in the eastern part of the Region is now at a level not experienced since 1940, indicating the severity of the social and economic situation.

.200 Member States, especially in central and eastern Europe, are increasingly concerned by the burden of noncommunicable diseases. Community-based health promotion and disease prevention measures remain a key element in their prevention and control. Encouraging events in the Region in 1998 were the decision by the European Commission to ban tobacco advertising and the decision by the WHO Regional Committee for Europe to set up a committee for a tobacco-free Europe.

.201 The rapid development of technology, the new ways of delivering health care, the need for appropriate information to ensure that activities are quality oriented and evidence based and provide integrated and comprehensive care, as well as the new relationships between professionals and patients/consumers based on partnership, all challenge the role of the health sector. The impact of rising unemployment on health, the increasing number of elderly in need of care, the cost of the health care system, and its varied quality, are key factors behind the current extensive efforts to reform health services in the Region.

OBJECTIVES AND EXPECTED RESULTS

1. COMMUNICABLE DISEASES

Objectives

- C To provide support to Member States for the elimination of poliomyelitis by 2001 and measles by 2007;
- C to improve national capacity to prevent, survey and control communicable diseases, through training, social mobilization and provision of suitable infrastructure.

Results expected by end 2001

- C Poliomyelitis transmission will have been eliminated.
- C Support will have been provided to national tuberculosis control programmes; an improved resistance monitoring programme and surveillance for tuberculosis will be in place; a laboratory network for tuberculosis covering most Member States will have been set up.
- C Resistance monitoring programmes and surveillance for diphtheria will have improved. Training workshops will have been conducted in selected countries.
- C Resistance monitoring programmes and surveillance for HIV/AIDS and sexually transmitted infections will have improved; support will have been provided to national control programmes.
- C The regional Roll Back Malaria strategy will have been oriented towards local infrastructures and needs. Resistance monitoring programmes and surveillance for malaria will have improved. Support will have been provided to implement water management strategies for malaria control.
- C Support will have been provided to national programmes for the control of diarrhoeal diseases and acute respiratory infections.

2. NONCOMMUNICABLE DISEASES

Objectives

- C To provide support to Member States in reducing morbidity, disability and premature mortality due to noncommunicable diseases to the lowest feasible levels throughout the Region;
- C to advocate intersectoral Europe-wide action on the promotion of healthier patterns of living;
- C to disseminate information on new approaches to tackling noncommunicable diseases;
- C to act as secretariat for the CINDI (community-based noncommunicable disease intervention) and St Vincent (improved health of people with diabetes) networks.

Results expected by end 2001

- C Policy commitment towards prevention and control of tobacco will have been strengthened through implementation of the action plans for a tobacco-free Europe and tobacco-free cities, a strong Region-wide tobacco control network, and a ministerial conference on tobacco control in 2001.

- C Preparedness to deal with, and knowledge of, effects on health of radiation accidents will have improved through monitoring by the international thyroid project of the effects of the Chernobyl disaster.
- C New approaches will have been developed to the management of chronic diseases, especially of cardiovascular diseases and stroke, through identification of best practices and operational research.
- C Trends and risk factors of major noncommunicable diseases will have been analysed in at least three countries within the CINDI network.
- C Guidelines for stroke management and rehabilitation will have been implemented in at least three countries.
- C Best practices in oral health will have been identified and disseminated. Support will have been provided to reform of oral health services.
- C Support will have been provided to national programmes for management of diabetes at local, regional and national levels (St Vincent network).

3. HEALTH SYSTEMS AND COMMUNITY HEALTH

Objectives

- C To support national capacity building for health system development based on primary care;
- C to provide support to Member States in assuring a healthy start in life for all newborn babies, and improving health for all infants and preschool children;
- C to identify valid and reliable indicators, strategies and approaches for improving the quality of community care, and promoting outcome-oriented management of health services;
- C to act as secretariat for the Forum of national medical associations and WHO, the Forum of national nursing and midwifery associations and WHO, and the network of health-promoting hospitals;
- C to coordinate health care reform information networks in the countries of central and eastern Europe and the newly independent States.

Results expected by end 2001

- C Information will have been disseminated on innovative projects on assessment of public health practice, options for systems development, tools for population-based public health, public health leadership and advocacy, and infrastructures for local-level public health. Leadership in public health will have been strengthened through annual public-health leadership seminars.
- C Information will have been disseminated on innovative practices in primary health care related to assessment of needs, implementation of outreach programmes and evaluation of outcomes.
- C Policy commitment to the role of the family nurse will have been strengthened through the Second European Conference on Nursing and Midwifery in 2000. A pilot project to test the concept of the family doctor and the family nurse will have been conducted in six Member States.
- C Guidelines will have been issued on innovative practices in community and home care nursing and midwifery; a multinational study will have been carried out on "People's needs for nursing care"; a publication on the role of nursing and midwifery in public health will have been issued.

- C Guidance will have been provided on selected economic and operational aspects of health care financing and economics, including health care contracting, with special emphasis on primary health care. A regional network of health economics experts and WHO collaborating centres will have been established.
- C Innovations in hospital management will have been analysed, outcomes evaluated and systems developed to improve hospital performance; home health services and systems for coordination of the different levels of care, focusing on emergency services, will have been analysed.
- C Biennial European status reports on patients' rights, citizens' participation and professional rights will have been issued.
- C Tools will have been developed to identify gaps in community-based services for the most vulnerable population groups.
- C Integrated management of childhood illness in selected countries, breastfeeding and introduction of baby-friendly hospital initiatives, and principles of perinatal care and appropriate technology in neonatal care will have been promoted.
- C Indicators will have been determined for monitoring infant, child and adolescent health, morbidity and mortality.
- C Strategies such as multi-city action plans for women's health will have been implemented; a symposium will have been held on women's health priorities in the European Union.
- C Support will have been provided to countries for implementation of safe motherhood programmes.
- C The impact of changes in obstetric practice will have been evaluated and the holistic approach to birth will have been introduced.

4. SUSTAINABLE DEVELOPMENT AND HEALTHY ENVIRONMENTS

Objectives

- C To provide support to Member States by providing evidence-based recommendations for a healthy environment;
- C to raise the awareness of decision-makers in all sectors of the benefits to be gained from investing in health;
- C to give rapid and effective response to natural, technological and complex emergencies and to emerging priority needs in Member States.

Results expected by end 2001

- C Support will have been provided to countries for development and analysis of health policy. At least 30 countries will have health-for-all based policies at national, regional or city levels.
- C Management plans will have been drawn up for dealing with major chemical accidents in selected countries, and guidelines for emergency preparedness activities updated.
- C Nutrition policy status in Europe will have been reviewed; the European food and nutrition action plan will be in implementation.
- C The WHO/ECE protocol on water and health will have been ratified by all Member States; projects on sustainable water supply and water resources/water services management will have been implemented in up to 10 demonstration cities or regions in countries of central and eastern Europe and newly independent States.

- C Guidelines will have been drawn up on health aspects of housing and construction, indoor air contamination and health problems caused by construction materials, furniture and fuel.
- C Guidelines will have been issued and demonstration projects conducted on healthy urban planning; a forum of city urban planners will have been held for training and exchange of information; biannual meetings will have been held of coordinators of national networks and of the multi-city action plan; support will have been provided for coordination of the multi-city action plan for health-promoting universities.
- C Methods will have been developed to assess the burden of tourism on public health.
- C The health and environment geographical information system will be operational for at least 75% of Member States.
- C Environmental health management practice will have been strengthened in all Member States through national and local action plans for environment and health, and through collaboration with other organizations of the United Nations system.
- C Food safety information for public health policy will have been prepared; risk assessment methodology and principles for control of food contamination will have been developed; economic incentives to promote healthiness of consumer goods will have been analysed.

5. SOCIAL CHANGE AND MENTAL HEALTH

Objectives

- C To provide support to Member States for reducing the present gap in health status between Member States and between socioeconomic groups within countries;
- C to provide support to Member States for establishing mechanisms for health impact assessment, and for ensuring that all sectors become accountable for the effects on health of their policies and actions;
- C to provide support to Member States for improving people's psychosocial well-being, including reduction of harm from alcohol and drugs, and access to comprehensive mental health services;
- C to act as secretariat for the Committee for a Tobacco-free Europe, the European Network on Health in Prisons, the European Committee for Health Promotion Development, the Healthy Cities project, and the joint WHO/Council of Europe/European Union network of Health Promoting Schools.

Results expected by end 2001

- C Support will have been provided for mental health care reforms at country level; training modules will have been developed for the promotion of community-based mental health care.
- C Surveillance and evidence on effects of drug abuse will have been improved through collaboration with other international agencies and organizations.
- C The European Alcohol Action Plan will have been implemented in most Member States; municipal action plans will have been promoted.
- C A database on health promotion policies in Member States will have been compiled; investment in health promotion capacity, including mental health, will have been appraised and audited in four Member States.
- C An information package on the "health promoting school" will have been disseminated.

- C A European network of health providing companies/enterprises will have been established, and criteria and protocol for a “healthy company” drawn up.

6. HEALTH TECHNOLOGY AND PHARMACEUTICALS

Objectives

- C To provide support to Member States in ensuring that new and existing procedures and practices, including pharmaceuticals, are continuously evaluated in terms of health impact and according to sound health outcome and cost-effectiveness criteria;
- C to develop strategies, tools and models for good clinical practice in use of technology;
- C to promote routine immunization programmes in all Member States of the Region;
- C to act as secretariat for the EuroPharm Forum, comprising representatives of WHO and national pharmacists' associations.

Results expected by end 2001

- C Support will have been provided to the network for rational drug use; economic aspects of drug supply will have been analysed and training provided in that area; guidelines will have been issued and tools developed for rational drug use.
- C Support will have been provided for development of national policies and programmes for improving quality of care.
- C Support will have been provided to Member States to help sustain high immunization coverage for diseases included in the Expanded Programme on Immunization.
- C Self-sufficiency in vaccine supply will have been achieved in at least three more countries.

7. EVIDENCE AND INFORMATION FOR POLICY

Objectives

- C To provide support to Member States in establishing health research, information and communication systems for acquisition, use and dissemination of knowledge in support of health policy development at all levels;
- C to encourage health policy development at all levels based on the HEALTH21 policy framework;
- C to standardize collection of health data in agreement with other agencies and organizations in Europe, and to establish networks to communicate health-related information between countries and sectors;
- C to act as secretariat for the WHO European Observatory on Health Care Systems (a clearing house for health-care reform issues) and as coordinator of the patients' rights network.

Results expected by end 2001

- C Quality of data for the health-for-all policy database will have improved; display systems, including geographic information systems, will be available for regional, national and subnational data; country highlights on health will be available for all countries; support will have been provided to countries for establishing health-for-all databases; data collection among main providers and users of health information will have been standardized in all Member States.

- C Periodic health interview surveys using standard methodology will have been launched in all Member States.
- C Up-to-date profiles of "health systems in transition" will be available for all countries in the Region.
- C Evidence of the health effects of economic development strategies in the public and private sectors will have been analysed.
- C Guidance will have been provided on definition of quality indicators and compilation of clinical databases for improved quality of care. National databases will have been established on obstetrics and perinatal care in order to identify best practices.
- C Methods will have been developed for assessing the impact of socioeconomic development policies on health and equity in health in the public and private sectors.
- C The incidence and prevalence of diseases and accidents related to the working environment will have been assessed in selected Member States.

8. EXTERNAL RELATIONS AND GOVERNING BODIES

Objectives

- C To provide support to Member States for establishing structures and processes at all levels to facilitate collaboration of all actors and sectors in health development;
- C to encourage all sectors to join in multisectoral activities and to share goals and resources;
- C to ensure improved governance of WHO's European Region;
- C to provide continuous efficient and cost-effective support to governing bodies.

Results expected by end 2001

- C Succinct agendas, working papers and reports of the meetings of the Regional Committee for Europe, its Standing Committee, and of other statutory committees, will have been prepared.
- C Resources will have been mobilized and partnerships developed with other organizations.
- C A network of parliamentarians as advocates for health for all will have been established.
- C WHO country presence will have been strengthened.

9. GENERAL MANAGEMENT

Objectives

- C To improve the service and oversight function of the administration, and to ensure transparent budget and financial information for Member States;
- C to ensure adequate attention to cost-containment in administrative services, and to improve support services to technical units and to country programmes;
- C to ensure continuous staff development and timely recruitment of staff;
- C to establish communications links with, and to provide supplies to, country programmes.

Results expected by end 2001

- C A human resources policy for the Regional Office will have been framed and a rolling staffing plan prepared; more women will have been appointed in order to achieve the target of 50% of internationally recruited (professional category) posts; the staff briefing package will have been improved.
- C Informatics maintenance and support to database development will have been improved.
- C Cost-effective support services will have been provided, and a 15% reduction achieved in travel costs.

10. DIRECTOR-GENERAL, REGIONAL DIRECTORS AND INDEPENDENT FUNCTIONS

Objective

- C To promote policies for health for all at all levels as an inspirational, forward-looking framework for action.

Results expected by end 2001

- C Management procedures will have improved.
- C The Regional Director's Development Programme will have been soundly managed in order to cater for unforeseen developments.

RESOURCES

EUROPE:
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
Regional:						
Communicable diseases	2 639	2 643	1 034	1 087	1 605	1 556
Noncommunicable diseases	948	927	644	677	304	250
Health systems and community health	8 757	8 566	5 374	5 682	3 383	2 884
Sustainable development and healthy environments	21 842	17 359	6 138	6 289	15 704	11 070
Social change and mental health	2 987	2 932	1 551	1 952	1 436	980
Health technology and pharmaceuticals	4 896	6 144	2 225	2 318	2 671	3 826
Evidence and information for policy	7 948	7 002	7 105	6 602	843	400
External relations and governing bodies	5 668	5 538	4 817	4 894	851	644
General management	15 752	14 735	13 268	12 636	2 484	2 099
Director-General, Regional Directors and independent functions	3 534	2 240	2 382	2 068	1 152	172
Subtotal: Regional	74 971	68 086	44 538	44 205	30 433	23 881
Countries:						
Country programmes	15 675	16 524	5 285	7 494	10 390	9 030
Total	90 646	84 610	49 823	51 699	40 823	32 911

15.

Eastern Mediterranean: Regional Office programme budget

REGIONAL ISSUES AND CHALLENGES

.202 Communicable diseases continue to pose a serious threat to the Region, and a major challenge will be to maintain progress toward reaching global and regional targets for eradication of poliomyelitis and elimination of neonatal tetanus, dracunculiasis and leprosy. Significant improvements have been made in all strategies for poliomyelitis eradication, but some constraints hinder progress, including problems in war-torn countries which not only obstruct routine immunization but also affect supplementary immunization and surveillance. Neonatal tetanus remains a seriously underreported disease. The prevalence of leprosy is below the target level for elimination (1 case per 10 000 population) in all the Member States, but there are still several countries with pockets of endemicity. The challenge is now to intensify efforts for detection and treatment of the remaining backlog of leprosy patients through increased involvement of general health services. Dracunculiasis remains endemic only in Sudan, from which 90% of the world cases are reported.

.203 The proportion of the total population of the Region that lives at risk of malaria is estimated at 60%. Six countries collectively account for about 96% of the estimated 14.5 million malaria cases occurring in the Region on account of environmental and socioeconomic conditions favourable to the spread of the disease, or disruption of health services due to conflict or international sanctions. Tuberculosis continues to pose an important public health problem in many countries of the Region. The nationwide implementation of DOTS, however, is producing encouraging results. Control of tropical diseases has progressed in some countries, but further efforts are needed to strengthen surveillance and control capabilities, including training of staff and promotion of research.

.204 In many countries of the Region noncommunicable diseases are gradually replacing the traditional infectious diseases, or are increasing rapidly, so as to represent a double burden of communicable and noncommunicable diseases. Cardiovascular diseases are among the leading causes of premature adult mortality, with hypertension affecting up to 25% of the adult population in some countries. Diabetes is considerably more prevalent than expected, at the same or higher levels than those found in Europe and North America. Cancer prevalence is rising, with smoking as one of the most important contributing factors. In view of the impact of healthy lifestyles on the health of the individual in general, and on the occurrence of noncommunicable diseases in particular, and taking into account the ageing population, the development of programmes to address noncommunicable diseases is receiving special attention. The emphasis will be on development of intersectoral intervention programmes and dissemination of information on successful initiatives.

.205 In spite of the significant achievements in health protection and promotion, as reflected in improvement of health indicators such as infant and maternal mortality, there are still many challenges facing vulnerable population groups, particularly in areas of armed conflict and because of some traditional practices harmful to health, including smoking. Regional efforts are increasing in various fields of promotion of healthy lifestyles and sustainable development. The enormous burden of mental health problems is no longer contested, and the regional strategy aims at integrating mental health care into primary health care, reducing the stigma attached to mental health disorders and developing pilot intervention projects that can serve as examples for a broader audience.

.206 Ensuring the availability of essential drugs and their rational use continue to be challenges in many countries. One of the priorities in the Region is to achieve self-sufficiency in production and quality assurance of essential drugs and vaccines and also in assuring safe blood and blood products.

.207 The cornerstones of advancement of health in the Region are two high-priority areas of action: development and expansion of primary health care services and recognition of the importance of basic development needs. These two areas are essential to mitigate and control current health problems and, in unison, to produce sustainable health for all in the medium and long term. Primary health care is now increasingly recognized as an integral part of the infrastructure of countries' health systems, and the district health system approach has been widely introduced as the operational entity in those countries which have opted for a decentralized approach. The basic development needs initiative, which supports developmental projects with an impact on health, has continued to spread in the Region and will be given further emphasis.

.208 Despite the emphasis on primary health care, the greater portion of national health expenditure in most countries of the Region is still devoted to secondary and tertiary care, and referral systems are weak. Strengthening health care management at the secondary and tertiary levels and introduction of quality assurance systems for health care services is therefore given particular emphasis. Human resources development, planning and management continue to be priorities. Particular attention is given to strengthening partnership between medical education and health services, development of community-oriented medical education, leadership development, and development of nursing and paramedical resources.

.209 Closely related to sustainable health is access to water and sanitation. In the least developed countries water supply and sanitation coverage is very low. The situation regarding hazardous wastes needs urgent attention. A comprehensive regional plan of action for health and environment has been prepared to address this situation.

.210 A wide range of nutritional problems persists in the Region, including vitamin A deficiency, iron deficiency anaemia, especially among children and women of childbearing age, and at least 16 countries are at risk of iodine deficiency disorders. The hazards posed to human health by unsafe food is a major challenge. More and more countries are becoming members of WTO, and are actively reviewing their old or incomplete legislation on food safety.

.211 To address this multitude of issues and challenges many countries of the Region are embarking on health policy reforms and trying to establish the appropriate private/public mix in health care financing. Only a few countries have drawn up comprehensive health accounts. This development is hampered by the lack of reliable health-care financing data; data on expenditure in the private sector is particularly difficult to obtain. The ongoing health sector reform, the recent global changes (in particular the trend towards privatization and open-market policies), compliance with WTO obligations, and the need to respond to new technological developments, are all areas that demand formulation, revision or further development of health legislation. The objective will now be to guide health sector reform in the light of these changes while ensuring the right of access to health services of the poorest and most vulnerable groups.

.212 Over and above these challenges a number of countries in the Region suffer repeatedly from large-scale emergencies which pose a serious and increasing threat to health. Although awareness of the importance of disaster preparedness has increased, there is a continuing tendency to respond to disasters rather than to anticipate and plan for them.

OBJECTIVES AND EXPECTED RESULTS

1. COMMUNICABLE DISEASES

.213 Although all countries have confirmed their political commitment to malaria control, the prevailing socioeconomic and geopolitical situation has severely affected malaria control in six countries. Ongoing regional malaria prevention and control activities will be continued and aligned to the global Roll Back Malaria initiative. Emphasis will be laid on

involving the communities and the private sector and on strengthening human resources, especially in surveillance and vector control.

.214 Further effort will be focused on strengthening national capacity for surveillance, management and control of emerging and re-emerging diseases, with special emphasis on tuberculosis. Continued support will be given to the development and implementation of national control strategies for those tropical diseases that are prevalent in the Region. Support will also be provided to the national programmes for elimination of leprosy as a public health problem and control of zoonotic diseases.

Objectives

- C To prevent and control malaria and to maintain malaria-free status where this has been achieved;
- C to reduce mortality and morbidity caused by tuberculosis and its transmission, so that it no longer poses a public health problem;
- C to eliminate leprosy as a public health problem, and to reduce morbidity and mortality from zoonotic diseases;
- C to reduce the incidence of those tropical diseases that are prevalent in the Region to a level at which they are no longer a public health problem;
- C to strengthen national capacity for surveillance of priority infectious diseases, to develop sound strategies for their prevention, and to improve exchange of information, thus enhancing regional capacity for adequate and rapid response.

Results expected by end 2001

- C Incidence of malaria will have declined in countries with residual transmission. Malaria-free countries will have maintained this status and developed systems that are capable of preventing re-establishment.
- C Measures for prevention, forecasting, early detection and control of epidemics will be in operation as part of the primary health care system in epidemic-prone areas.
- C The DOTS ALL OVER strategy will have been implemented in at least 10 countries, and tuberculosis eliminated in low-incidence countries.
- C Leprosy therapy coverage will have reached 98%.
- C National plans for schistosomiasis and leishmaniasis control will have been reformulated.
- C Prevalence of dracunculiasis in Sudan will have significantly decreased, and all formerly disease-endemic countries will have reached the precertification stage.
- C National plans will have been drawn up for the prevention and control of major zoonotic diseases, and training provided.
- C Effective systems will be in place for the surveillance, early detection and epidemic management of infectious diseases.

2. NONCOMMUNICABLE DISEASES

.215 Emphasis will be laid on the development of community-based programmes for the primary prevention of cardiovascular diseases and other major noncommunicable diseases in order to test intervention methods, generate public awareness and serve as models for nationwide replication. The dissemination of guidelines on the management of hypertension and diabetes need to be followed up in order to assess the extent to which the minimum standard of health care is available for people with established disease.

.216 Support will be given to national initiatives aimed at obtaining reliable and standardized data on the magnitude and impact of noncommunicable diseases and their predisposing factors, including smoking. The regional action plan for tobacco control will be actively promoted, and national activities will be aligned to the global Tobacco Free Initiative. The real hurdle to overcome is lack of intersectoral collaboration.

Objectives

- C To reduce the morbidity, mortality and public health burden caused by the major noncommunicable diseases;
- C to control cancer through comprehensive strategies that aim at prevention, early detection, effective treatment, and provision of pain relief and palliative care for incurable cases;
- C to reduce the risk factors for smoking and to protect the population in general, and children in particular, from passive smoking.

Results expected by end 2001

- C Reliable standardized data will be available on the prevalence and risk factors of cardiovascular diseases.
- C Support will have been provided to 18 countries for the preparation of national plans for prevention and control of major noncommunicable diseases.
- C Model educational materials will have been developed for prevention, early detection and control of common noncommunicable diseases.
- C Guidelines will have been drawn up for the formulation of national plans for tobacco control; tobacco control programmes for schoolchildren will have been implemented; health education material on smoking hazards will have been produced; impact of tobacco on health will have been evaluated; a WHO collaborating centre for tobacco control will have been established.

3. HEALTH SYSTEMS AND COMMUNITY HEALTH

.217 There is a further need to improve national capacity to develop district health systems based on primary health care, and to strengthen integrated community-based initiatives through the basic development needs approach. The district team problem-solving approach is well tested in the Region and will be further promoted to facilitate decentralization. Partnerships between all stakeholders involved in the development of human resources for health also need to be strengthened.

.218 Although there have been significant reductions in overall infant mortality rates in most countries, more emphasis is now required on the neonatal period, as neonatal mortality continues to be responsible for 40% to 60% of infant mortality. Acute respiratory diseases and diarrhoeal diseases are recognized in most countries of the Region as the leading causes of morbidity and mortality in children under five years of age. Continued consolidation of efforts in this field and promotion of integrated management of childhood illness is needed.

.219 There is a mounting concern in the Region about women's health and an interest in meeting their needs, ensuring their rights and promoting optimum involvement in the development process in communities. However, activities are still mostly at national level and have not yet extended to the periphery. Although progress has been made towards developing comprehensive frameworks for reproductive health in countries, there is still a poor understanding of reproductive health and family planning for health in the context of the community and its prevailing social and cultural values and norms. Emphasis will be laid on demonstrating that adoption of reproductive health as an overall umbrella is not a new

initiative, but an approach that gives greater potential to existing programmes of maternal and child health.

.220 The AIDS epidemic is spreading in the Region as evidenced by the increasing number of new cases reported every year, and sexually transmitted infections constitute a major health problem in the Region.

Objectives

- C Support will have been provided to countries:
 - % to develop district health systems in line with the principles of the primary health care approach;
 - % to develop efficient, effective and affordable secondary and tertiary health care services with reliable and efficient referral systems in support of primary health care;
 - % to strengthen planning and evaluation capabilities at different levels of health systems;
 - % to strengthen human resources policy, planning and management and to upgrade education and training of all health professionals;
 - % to integrate delivery of maternal and child health services, including school services, in a comprehensive category of reproductive health care;
 - % to strengthen national capacities for integrated control of acute respiratory infections and diarrhoeal diseases;
 - % to promote and protect the health of women throughout their life span;
 - % to reduce the incidence of, and provide care to persons with, HIV/AIDS and sexually transmitted infections.

Results expected by end 2001

- C Primary health care will have been reviewed and national, long-term, evidence-based strategies will have been formulated; guidelines will have been issued for integrated district referral systems; the basic development needs initiative will have been analysed, evaluated and expanded.
- C National plans will have been prepared for strengthening secondary and tertiary care facilities, including accreditation standards; referral systems will have been improved, and plans drawn up for improving medical emergency services.
- C Well functioning national planning divisions will be in place; use of strategic planning and predictive techniques will have been strengthened; networks for exchange of experience will have been set up, and tools for monitoring and evaluation developed.
- C National plans for human resources development will have been prepared, with emphasis on quality of education and continuing education; guidelines for the improvement of nursing and midwifery practice will have been issued; tools and guidelines for evaluating medical education will have been developed; systems for management and performance evaluation of paramedical personnel will have been improved.
- C National plans for child health development will have been implemented; advocacy and promotional material will have been produced to reduce child labour and combat child abuse.

- C National strategies for reproductive health will have been formulated that respond to the needs of women and men.
- C An increased number of countries will have adopted and implemented the strategy on the integrated management of childhood illness.
- C A comprehensive database on women's health status will have been compiled.
- C The incidence of HIV infection and sexually transmitted infections will have decreased; national plans for control of AIDS and sexually transmitted infections will have been consolidated in 15 countries and evaluated in nine; the prevalence of those infections will have been studied in five countries.

4. SUSTAINABLE DEVELOPMENT AND HEALTHY ENVIRONMENTS

.221 The Region has long-standing experience with the basic development needs approach, and emphasis will be laid on expanding and consolidating it in countries. Although institutionalization of the approach has taken different forms, nearly all programmes have included income-generation schemes which are considered essential for sustainability. The approach also provides important support for health promotion and prevention activities within the overall development of primary health care. The healthy village initiative has a strong appeal in the Region, and action will be directed at expanding it while ensuring integration with other community-based programmes, such as women in health and development.

.222 Emphasis will be laid on building capacity for sustainable development with focus on the transfer of technology for environmental health; improved capability for the safe management of chemicals; creation of greater awareness of the health impact of clean water supplies; improved sanitation and solid waste management; and furthering of well-established strategies for improving nutrition and food safety.

.223 WHO support of emergency preparedness planning and management will focus on establishment of national disaster preparedness programmes; support for training and research; establishment of information systems, including rapid assessment capacity; predisaster positioning of emergency supplies; and improvement of national capacity for prompt disaster response.

Objectives

- C To integrate health in overall development, ensuring poverty alleviation and sustainability of health for all;
- C to strengthen the role of women in health and development;
- C to improve water and sanitation; to support healthy cities and healthy villages initiatives; to provide support for the preparation of national plans for safeguarding against environmental risks; to strengthen management of chemical safety programmes;
- C to provide support to countries in framing infant and young child feeding policies; to strengthen micronutrient intervention programmes, including flour fortification, while maintaining universal salt iodization;
- C to protect consumers by improving food quality and safety;
- C to provide support to countries for strengthening their managerial capability in disaster preparedness and management.

Results expected by end 2001

- C The basic development needs approach will have been expanded and improved evaluation tools will be available.
- C National intersectoral women's councils will have been established in 10 countries.
- C National plans will have been prepared for infant and child feeding, and for detection and treatment of protein-energy malnutrition; national monitoring systems will have been set up on nutrition and salt iodization; strategies for control of iron deficiency anaemia (including flour fortification) and vitamin A deficiency will have been formulated.
- C National food legislation standards, criteria, and action plans will have been revised.
- C National strategies will have been formulated for water supply and sanitation in rural areas; support will have been provided for healthy cities and healthy villages initiatives, and for improved sanitation in refugee camps; drinking-water surveillance and control systems, and low-cost sanitation will have been introduced; methodologies for wastewater reuse and improved management of medical and domestic waste will have been developed.
- C National environmental health policies will have been framed; guidelines will have been issued on environmental health risk assessment; national profiles for chemical safety will have been drawn up, and personnel trained in the safe use of pesticides; initiatives will have started for the elimination of persistent organic pollutants, and reference centres for environmental pollution set up.
- C National strategy documents will have been prepared on disaster preparedness in 18 countries; personnel will have been trained in emergency preparedness and humanitarian action; the system of intersectoral cooperation and collaboration at country level will have been improved; a system for rapid emergency assessment will have been set up, and collaboration with regional disaster research centres strengthened.

5. SOCIAL CHANGE AND MENTAL HEALTH

.224 The Region will work closely with countries to sustain and integrate previous healthy lifestyle achievements, to promote new initiatives, and to improve information surveillance in relation to occupational health, health of the elderly and mental health. Activities will focus on promoting health-enhancing lifestyles by increasing awareness in countries, improving intersectoral collaboration, and providing access to educational material.

.225 Countries are only gradually becoming aware of the advantages in terms of accessibility and cost-effectiveness of community-based rehabilitation as opposed to centralized vertical institution-based rehabilitation, which is still predominant in the Region. Much effort will have to be put into reversing this practice, primarily by addressing senior health policy-makers.

.226 A regional task force will give new impetus to the prevention of avoidable blindness in line with the global initiative "Vision 2020 - the right to sight". The prevention and control of deafness and hearing impairment will be promoted through information on the causes and magnitude of the problem.

Objectives

- C To raise public awareness of the importance of healthy lifestyles and to reduce unhealthy habits;
- C to improve the health and social welfare of elderly people, with special emphasis on determining their specific needs;

- C to cooperate with countries in helping disabled people to lead socially fulfilling lives, especially through the promotion of community-based rehabilitation;
- C to integrate mental health care into primary health care, improve its accessibility and reduce the stigma attached to mental health disorders;
- C to reduce the demand for alcohol and illicit drugs;
- C to reduce the burden of avoidable blindness, deafness and hearing impairment.

Results expected by end 2001

- C Plans will have been prepared for promoting healthy lifestyles at national and community levels, and guidelines issued for the development of national goals for health education and health promotion; the impact of healthy lifestyle programmes will have been evaluated.
- C Epidemiological profiles on the health and living conditions of the elderly will have been prepared for all countries, and an intersectoral policy for care of the elderly framed in 15 countries.
- C Policy-makers will be more aware of the concept of community-based rehabilitation, and community-based rehabilitation projects will have been initiated in at least 10 countries.
- C At least one model project for the integration of mental health into primary health care will have been initiated in half the countries of the Region.
- C Pilot activities will be under way on mental health promotion, legislation, and primary prevention, and model programmes will have been developed for school and urban mental health.
- C Guidelines will have been issued for demand-reduction activities in the area of alcohol and drug abuse; an information system on drug abuse will have been set up, research findings on drug, alcohol and tobacco use disseminated, and a WHO collaborating centre on substance abuse established.
- C A regional action plan will have been drawn up for the prevention of avoidable blindness, and for better understanding and greater awareness of the magnitude and etiology of deafness and hearing impairment.

6. HEALTH TECHNOLOGY AND PHARMACEUTICALS

.227 Most countries have adopted the concept of national drug policies based on the essential drugs concept; this commitment now needs to be put into practice. There is a need for concerted regional effort to address the continued irrational use of drugs, unethical promotion of drugs and lack of access to independent scientifically validated drug information. Many countries in the Region are now financing a significant proportion of drugs and vaccine costs, but have not yet introduced sustainable mechanisms for licensing, quality control or registration of adverse effects.

.228 The Region is striving to upgrade laboratory services and introduce quality assurance programmes. There are still major constraints with regard to blood transfusion services, such as lack of organized community-based voluntary blood donor systems, trained staff, adequate equipment, regular maintenance, and sustainable supplies of reagents.

.229 Eradication of poliomyelitis and elimination of specific communicable diseases is a major priority in the Region and efforts are on the way to achieve global and regional targets on time. In countries where the neonatal tetanus elimination goal has not been reached, national plans have been prepared emphasizing the high-risk approach together with strengthened routine activities.

Objectives

- C To promote the adoption or activation of national drug policies which emphasize equity of access to quality essential drugs and biologicals and their rational use;
- C to promote self-sufficiency in essential drugs and vaccines, with emphasis on ensuring quality through strengthening national regulatory authorities;
- C to strengthen programmes of elimination or eradication of specific communicable diseases in order to achieve global and regional targets on time;
- C to strengthen national programmes on control of vaccine-preventable diseases, and immunization;
- C to strengthen the development of health laboratory systems and to introduce quality assurance schemes;
- C to ensure the safety of blood and blood products on the basis of voluntary nonremunerated blood donor services;
- C to promote quality assured medical imaging services.

Results expected by end 2001

- C National drug policies will have been formulated or updated, national plans for rational use of drugs prepared, and drug information systems established in 14 countries.
- C A regional plan of action will have been prepared on the production of drugs and vaccines to achieve self-sufficiency, with emphasis on developing or strengthening national regulatory systems.
- C Poliomyelitis will have been eradicated and neonatal tetanus eliminated from the Region.
- C High immunization coverage (at least 90%) will have been achieved and maintained, and a comprehensive surveillance system established for diseases targeted by the Expanded Programme on Immunization.
- C Hepatitis B immunization will have been introduced in the immunization programmes of 20 countries.
- C Standardized laboratory techniques and equipment will be in place; national strategies will have been formulated for the selection of appropriate equipment and maintenance; laboratory reagents will be locally produced in 10 countries.
- C Appropriate screening technology will have been adopted to test all blood units, and staff trained in transfusion medicine in at least 18 countries.
- C Quality assurance will have been introduced in medical imaging services in at least 10 countries.

7. EVIDENCE AND INFORMATION FOR POLICY

.230 Despite the progress made, further efforts are needed to enhance the quality of health statistical information and epidemiological surveillance and its effective use in the decision-making process. The changes in socioeconomic status, demographic patterns and disease prevalence and incidence call for an upgrading of statistical information in order to ensure the appropriate use of limited human, material and financial resources to improve health status.

.231 The medical libraries and health information networks in some countries still suffer from lack of resources. However, awareness of the value and impact of technical information

on health is rapidly increasing. Full use of the technological advancements in data processing, information management and telecommunications has yet to be achieved.

.232 The regional coordination of research policy and strategy continues to provide support to regional and country activities. The present predominance of clinical and/or descriptive research need to be changed, and priority should be given to public health and health systems research, leading to appropriate interventions that will further health for all.

Objectives

- C To provide support to countries in the formulation and revision of their health-for-all policies and strategies;
- C to strengthen national capacity for policy analysis and formulation, including economic analysis and development of policy options aimed at integrating health in development;
- C to develop national health information systems, and to monitor and evaluate progress towards achievement of health for all in the twenty-first century;
- C to ensure that all countries have universal access to health and biomedical information;
- C to ensure the use of research as a tool for solving health problems in the countries of the Region for achievement of health for all.

Results expected by end 2001

- C Documents on the health-for-all strategy for the twenty-first century will have been produced.
- C National units on health policy and health sector reform will have been set up, and professionals trained in health economics; collection and analysis of economic and financial data will have been strengthened through household expenditure surveys and national health accounts.
- C Appropriate health-care financing policies will have been framed in 12 countries, and use of economic analysis in health systems strengthened.
- C National health legislation will have been enacted or updated in 12 countries.
- C National health systems research will have been expanded.
- C National health statistical information systems will have been developed and will be in use in health planning, monitoring and evaluation.
- C National and regional reports on monitoring of health-for-all strategy will have been issued.
- C Sound national health and biomedical information systems and networks will be in operation in 12 countries.

8. EXTERNAL RELATIONS AND GOVERNING BODIES

.233 In view of the increased need for extrabudgetary resources, greater effort will be made to build strong working relationships with potential donors from within and outside the Region. Multiple examples exist of collaboration between the Regional Office and intergovernmental and nongovernmental organizations, development banks and the media. Collaboration with Member States in the Region has reached a very high level of mutual understanding and respect. Efforts will continue to strengthen this excellent collaboration by introducing further decentralization and implementing more efficient means of communication.

Objectives

- C To further enhance the effectiveness of the regional governing bodies;
- C to improve effectiveness and efficiency of WHO's country representation and improve logistic support to country programmes;
- C to improve coordination with external partners and to mobilize financial and technical resources for the implementation of WHO programmes in the Region;
- C to strengthen partnerships with external partners working in health in the Region.

Results expected by end 2001

- C Presentation of working documents for governing bodies will have improved.
- C Resolutions and decisions of governing bodies will have been closely followed up.
- C Functioning of WHO country offices will have improved; a WHO Representative management system will have been established.
- C An effective working system with prospective donors will be in place, based on regular meetings, ongoing dialogue, briefings and exchange of information.
- C A donor management system will have been established, and action plans drawn up for fund-raising at both regional and country levels; a number of well-defined country-specific proposals will have been made, based on the country priorities.

9. GENERAL MANAGEMENT

.234 Regional changes in management practices will have to be seen in the light of ongoing reform in WHO and the United Nations system in general. Elaboration of the collaborative programme of work with countries will continue to take place through the methodology of the Joint Programme Review Missions. This mechanism will be developed further. In particular standardized evaluation methodologies will be devised, and new management tools will be introduced which provide online access to both quantitative and qualitative management information for ministries of health and the WHO Representatives' offices.

Objectives

- C To support further and promote the efficient and effective development and management of programmes of collaboration with Member States of the Region;
- C to improve planning, coordination and cost effectiveness in budgetary and financial management;
- C to provide effective personnel services while safeguarding the interests of the Organization;
- C to ensure the smooth relocation of the Regional Office from Alexandria to Cairo and to materialize all opportunities for efficiency savings offered by this transfer;
- C to ensure that the logistic support provided to countries is efficient, timely and cost effective in terms of price and quality, and that it complies with the procurement policies of the Organization;
- C to introduce rational use of informatics in the Regional Office and country offices.

Results expected by end 2001

- C A standardized protocol will have been drawn up for programme and country evaluation; various management processes will have been analysed.

- C The number of female staff will have been increased with a view to achieving gender parity.
- C The Regional Office will have been transferred from Alexandria to Cairo with a minimum of disruption of work.
- C The quality of accounting, control of expenditure, and efficiency of funding procedures will have improved, combined with better responsiveness.
- C Informatics will be in use efficiently and rationally in both the Regional Office and the country offices.

10. DIRECTOR-GENERAL, REGIONAL DIRECTORS AND INDEPENDENT FUNCTIONS

.235 In a period of severe financial constraints for the Region the overriding concern will be to oversee the efficient delivery of WHO's collaborative programmes with countries. Other concerns will be to provide strong leadership, maintaining the role of the Organization as the leading technical agency for health in the Region. The structural reform of the Regional Office and country offices will continue, and further areas for managerial efficiencies will be sought.

Objectives

- C To preserve a high-quality technical profile of the Organization among countries in the Region;
- C to support the ongoing reform of the Organization;
- C to support the delivery of current programmes and initiation of new ones.

Results expected by end 2001

- C A coherent regional organizational structure in harmony with that of headquarters will be in place and the ongoing reform process will have been strengthened.
- C Regional coordination with global and country levels will have been further developed and improved.
- C Innovative programmes will have been initiated and unforeseen priorities supported through the Regional Director's Development Fund.

RESOURCES

EASTERN MEDITERRANEAN:
 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
Regional:						
Communicable diseases	3 799	4 105	1 985	2 091	1 814	2 014
Noncommunicable diseases	253	366	253	366		
Health systems and community health	6 782	6 977	5 510	5 540	1 272	1 437
Sustainable development and healthy environments	4 323	4 547	3 391	3 221	932	1 326
Social change and mental health	1 402	1 389	1 371	1 358	31	31
Health technology and pharmaceuticals	2 121	2 065	1 816	1 740	305	325
Evidence and information for policy	4 892	4 630	4 892	4 630		
External relations and governing bodies	1 505	1 778	1 505	1 778		
General management	9 229	9 539	7 488	7 488	1 741	2 051
Director-General, Regional Directors and independent functions	2 347	2 346	2 347	2 346		
Subtotal: Regional	36 653	37 742	30 558	30 558	6 095	7 184
Countries:						
Country programmes	63 740	59 369	59 691	55 311	4 049	4 058
Total	100 393	97 111	90 249	85 869	10 144	11 242

16.

Western Pacific: Regional Office programme budget

REGIONAL ISSUES AND CHALLENGES

.236 The social and economic burden of infectious diseases in the Region is still substantial. It is expected that during the 2000-2001 biennium poliomyelitis will be certified as having been eradicated from the Region and leprosy will be eliminated as a public health problem. However, further efforts will be needed to strengthen regional and national capacities to address the new challenges posed by emerging and re-emerging diseases, including dengue fever, malaria, HIV/AIDS, hepatitis C and tuberculosis. Building on experience already gained in integrating programmes, the scope of disease prevention and control interventions will be expanded further to make them truly multisectoral. This will mean extending the range of partners to ensure that national ministries responsible for the environment, labour, education, finance and planning appreciate the roles they must play if health for all is to be achieved.

.237 Noncommunicable diseases, mainly cancer, cardiovascular diseases and diabetes are serious public health problems in most countries and areas of the Region. Fast changing lifestyles have resulted in non-insulin-dependent diabetes reaching epidemic proportions in the South Pacific and other countries where significant socioeconomic change has occurred. A community-based approach to prevention and control of cardiovascular diseases and diabetes will continue to be promoted by integrating programmes and encouraging the adoption of healthy lifestyles.

.238 There are still countries in the Region where infant and young child mortality, and morbidity in young children, remain high. Management of childhood illnesses such as diarrhoeal diseases, acute respiratory infections, malaria, measles, dengue and malnutrition will require a more integrated approach. Several countries are promoting the strategy for integrated management of childhood illness. Children will continue to be protected against vaccine-preventable diseases. Activities will continue to be intensified for measles control.

.239 Most countries in the Region are faced with rising costs for health and medical services while health budgets remain static or decrease. This is coupled with rising public expectations of quality and accessibility. Many countries therefore are having to undergo or consider major reforms in their health sector. Health sector reform will be actively pursued among developing countries in the Region, with primary health care as a focus. Alternative ways of health-care financing, emphasizing the provision of quality care at an affordable cost, and strengthening management of services at district level will be explored. Individuals and communities will play a greater role in influencing health development. More research and development activities will be initiated by countries and areas.

.240 Reforms have often revealed the weakness of the health sector in ensuring that health is seen as a development objective. Attention will continue to be given to converting vertical programme implementation into integrated, functional, and comprehensive approaches. Specific healthy cities and healthy islands projects are a good example of this. Work will be geared to settings such as workplaces, marketplaces, the home and family, schools and hospitals, all areas where health can be promoted effectively within the context of people's everyday lives. These activities will also help to focus public health services on population groups such as women, young people and older persons.

.241 The multisectoral approach is equally important in addressing health protection and promotion, although these programmes focus in particular on health issues, such as reproductive health, noncommunicable diseases, healthy behaviour and mental health, nutrition, food safety and environmental health. As the disease profile becomes increasingly dominated by chronic degenerative diseases and those associated with individual behaviour

and lifestyles, individual responsibility for health will be emphasized, using all available channels. This is particularly important in relation to tobacco control, where activities have been integrated with many health programmes but other sectors have yet to be fully involved.

.242 Socioeconomic changes brought about by rapid modernization have also led to the appearance of a broad set of behavioural and mental health problems in the Region, such as schizophrenia, dementia and depression. The disruption of traditional family ties and support has led not only to an increase in alcoholism and drug abuse, but also to more suicides. Few countries have adequate epidemiological data on mental health and, as a result, it has a minimum allocation, if any, in the national health budget. Efforts have to be made to improve the data and raise awareness.

.243 To help ensure the comprehensiveness of health care systems, emphasis will be laid on development and implementation of national drug policies geared to availability of essential drugs of acceptable quality. Support will also be given to the development of appropriate and high-quality radiology and laboratory services.

.244 Efficient use of resources can only be determined on the basis of reliable data. To ensure that appropriate health services are provided and effective policies are established in Member States, they need to have the capacity to collect, collate, analyse and disseminate reliable information. It is important to make use of rapidly developing new technology to collect data and exchange information between countries. Consideration must also be given to the wide discrepancies between current information systems in countries in the Region.

OBJECTIVES AND EXPECTED RESULTS

1. COMMUNICABLE DISEASES

Objectives

- C To strengthen operational planning, implementation, evaluation, information exchange and training in order to ensure cooperation between countries for greater impact on the control of malaria and parasitic and vectorborne diseases;
- C to involve the community more closely in malaria control activities and to encourage greater individual responsibility for protection against the disease;
- C to eliminate leprosy as a public health problem in every country and area of the Region by the end of 2000;
- C to prevent disability in people by early detection through a cost-effective surveillance system for leprosy;
- C to minimize the transmission of tuberculosis and to lower the number of deaths through implementation of the DOTS strategy;
- C to establish surveillance and vigilance mechanisms with respect to communicable diseases, for all age groups;
- C to improve surveillance of emerging and re-emerging communicable diseases by strengthening laboratory diagnosis;
- C to prepare for outbreaks and respond to communicable diseases at national and regional levels.

Results expected by end 2001

- C Malaria mortality will have been reduced by 80% and malaria morbidity by 50% compared to 1992 levels.

- C Filariasis elimination programmes, especially in the disease-endemic countries of the Pacific, will have begun annual mass drug administration using a combined therapy of diethylcarbamazine with either ivermectin or albendazol.
- C Most countries will have in place control strategies for dengue epidemics that will result in a case fatality rate of less than 1%.
- C Countries and areas will have leprosy incidence of less than one case per 10 000 population, and large countries will have achieved the target at peripheral levels.
- C Countries with a large number of tuberculosis cases will be implementing the DOTS strategy nationwide, and all Pacific island countries will have introduced it. The cure rate will have risen to 85% in DOTS countries.
- C Information will have been provided by prevention and control programmes for prevalent communicable diseases so that people can take appropriate action to protect their own health.
- C Simple, low-cost diagnostic tools will have been developed and clinical and epidemiological studies undertaken with WHO collaborating centres and other referral institutions.
- C Emergency preparedness at national, regional and international levels will have been further strengthened, and national surveillance systems improved.
- C International cooperation will have been established to respond to disease outbreaks, including creation of multidisciplinary action groups at national level.

2. NONCOMMUNICABLE DISEASES

Objectives

- C To prevent or delay the onset, and reduce incidence and mortality, of noncommunicable diseases, including cancer, cardiovascular diseases and diabetes; to improve their management, including palliative care of cancer, so that more people may lead disability-free and productive lives in older age;
- C to provide support to Member States in the rational development of their oral health care programmes so that the highest level of oral health can be achieved by all and maintained throughout life.

Results expected by end 2001

- C National policies and programmes on integrated prevention and control of noncommunicable diseases will have been developed, with emphasis on primary prevention, promotion of healthy lifestyles and primary health care.
- C Strategies and intervention measures on integrated prevention and control of noncommunicable diseases, particularly diabetes and stroke, will have been developed at country level; monitoring of noncommunicable diseases will have been intensified through improved national capacity as a result of training.

3. HEALTH SYSTEMS AND COMMUNITY HEALTH

Objectives

- C To strengthen health systems development and management capabilities, and ensure that health systems provide optimum, affordable and accessible services to all people at every level;

- C to encourage implementation of new methods for developing, motivating, supporting and retaining a health workforce that is relevant to the needs of the countries;
- C to promote and support the development of national capacity to plan, implement and use health systems research as part of the managerial process for national health development;
- C to emphasize health promotion and protection as the basic approaches to health care in the next century;
- C to reduce mortality and morbidity from acute respiratory infections, and diarrhoeal diseases in children below five years of age.
- C to promote and support improvement of the nutritional status of all sectors of the population, especially that of mothers and children and other vulnerable groups, and to promote appropriate and balanced diets;
- C to improve the health of women and children through expanded use of fertility regulation methods, adequate antenatal coverage, and care during and after delivery;
- C to reduce unplanned or unwanted pregnancies through sex education and the wider use of effective contraceptives;
- C to prevent and control HIV/AIDS and sexually transmitted infections.

Results expected by end 2001

- C Quality of care will have improved through training, supervision and implementation of specific high-priority public health and curative programmes; the role of the community in district health systems will have been carefully monitored, with a view to involvement, training and resource allocation.
- C Resource allocation schemes and health insurance or other financial incentives will have been set up to direct resources towards desired services.
- C Health workforces will have been reviewed and planned, especially in connection with the increasing role of the private sector in delivery of health care.
- C Case management skills and knowledge of health workers will have improved through training within the strategy for integrated management of childhood illness. Knowledge and practices of care providers on home treatment of major childhood illness will have improved.
- C Optimal infant feeding practices will have been protected and promoted through the implementation of national regulations for the marketing of breast-milk substitutes and training of health workers.
- C The quality of reproductive health will have been improved by upgrading knowledge and skills of health service providers, strengthening their management capabilities, and increasing political support.
- C Simple and practical guidelines, adapted to local conditions, will have been issued, and reproductive health information will have been provided to the general public, to enable women to make informed choices about conception.
- C Prevention and control of sexually transmitted infections will have been reinforced and prioritized through the adoption of syndromic case management at the primary care level.
- C Epidemiological surveillance will have improved through the preparation and promotion of updated guidelines for surveillance of HIV/AIDS and sexually transmitted infections.

4. SUSTAINABLE DEVELOPMENT AND HEALTHY ENVIRONMENTS

Objectives

- C To promote cooperation and coordination among programmes and organizations concerned with environmental health in urban areas;
- C to promote and support institutional capacities for progressive improvement of policies, plans, legislation and actions on health, the environment and urban development;
- C to improve technical capabilities for monitoring, assessing, controlling and managing environmental risks to health;
- C to improve technical capabilities for monitoring, assessing, and managing risks to health deriving from water supply and sanitation, and to promote safe water supply and adequate sanitation as essential components of the primary health care approach;
- C to promote appropriate and environmentally safe methods and technologies for the effective prevention of food-related disease and disability;
- C to institutionalize improvement of capabilities and processes to plan and initiate local and national emergency preparedness initiatives.

Results expected by end 2001

- C Environmental management capabilities at national and local levels will have been strengthened through implementation of more comprehensive approaches to the development of human resources for environmental health.
- C Cooperative agreements will have been established between selected countries to resolve cross-border environmental health issues.
- C New healthy cities and healthy islands projects will have been initiated and associated plans of action drawn up and implemented.
- C A network of food monitoring systems will have been set up with established laboratories; the number of laboratories participating in the exchange of samples and standards will have increased. Public awareness of safe handling of food will have been raised through the "healthy marketplace" approach.
- C National focal points will have been trained to prepare for and respond more efficiently to health emergencies. Mechanisms for the management of health emergencies will be incorporated in national development plans.

5. SOCIAL CHANGE AND MENTAL HEALTH

Objectives

- C To improve the well-being and quality of life of the population;
- C to establish comprehensive policies and programmes which promote health-supportive environments and healthy lifestyles;
- C to enhance the quality of life, especially in older age, by preventing disability and rehabilitating people with disabilities;
- C to reduce preventable and curable blindness and promote adequate eye-care services, especially in underserved rural and urban communities;
- C to reduce the incidence and consequences of hearing impairment and deafness, and to promote hearing protection in underserved rural and urban communities;

- C to collaborate with Member States in the development of comprehensive national policies and programmes to reduce problems related to alcohol, drug and tobacco abuse;
- C to promote policies and programmes to deal with high priority psychosocial and behavioural problems, and to design community-based programmes for prevention and control of mental and neurological disorders.

Results expected by end 2001

- C Countries will have implemented national health promotion activities and comprehensive community-based care for older persons, and formulated policies and legislative actions on key aspects of the health and well-being of older persons.
- C Governments will have strengthened their programmes to promote the use of appropriate strategies and technology for rehabilitation.
- C Personnel will have been trained in the delivery of eye and ear care, and in the promotion of health education activities aimed at prevention of blindness and primary prevention of deafness. Services for the treatment and prevention of blindness and deafness will have been upgraded.
- C One-third of the countries and areas in the Region will have developed national policies and plans to reduce alcohol-related harm.
- C Appropriate curricula and teaching materials on alcohol, drug and tobacco use will have been prepared. Changes and trends in alcohol, drug, and tobacco use and the effectiveness of outcomes-related research on prevention, treatment and harm reduction will have been monitored and assessed.
- C Healthy and smoke-free lifestyles will have been promoted in everyday settings, such as schools, workplaces, and public places, with special attention to young people and women.
- C Community-based mental health programmes will have been established as a focus for mental health policy in six countries.
- C Mental health legislation will have been reviewed to support de-institutionalization and enhance community-based treatment and care in one-third of the countries.
- C A policy framework for mental health will have been drawn up to support Member States in their own planning and decision-making.

6. HEALTH TECHNOLOGY AND PHARMACEUTICALS

Objectives

- C To ensure the continuous supply of essential drugs and vaccines of acceptable quality and affordable price to the population;
- C to establish and implement effective national programmes for monitoring and maintaining the quality, safety and efficacy of pharmaceutical products;
- C to promote the safe and effective use of traditional medicine;
- C to integrate use of traditional medicine into general health services;
- C to maintain poliomyelitis eradication activities and to proceed with certification of eradication;
- C to reduce morbidity and mortality from vaccine-preventable diseases by strengthening the delivery of immunization services within the context of comprehensive health services;

- C to promote regional self-sufficiency in the supply of good-quality vaccines;
- C to strengthen national health laboratory and radiology services using suitable technology;
- C to ensure that safe blood supplies are available and affordable.

Results expected by end 2001

- C The capacity and capability of national drug regulatory authorities will have improved through the development of appropriate quality assurance systems. A well-functioning network for information exchange between national drug regulatory authorities will have been established.
- C The technical, managerial and administrative tools needed for the promotion and proper use of traditional medicine will have been developed. More traditional remedies and therapies will have been selected and applied within the formal health system.
- C High routine immunization coverage will have been maintained. Diseases targeted by the Expanded Programme on Immunization, particularly measles, will have been aggressively controlled or eliminated.
- C Quality assurance for laboratory services will have been strengthened. The supply of safe blood and blood products will have been improved, with an emphasis on voluntary nonremunerated blood donations and management of blood transfusion services.
- C Training in health laboratory and radiology technology for laboratory personnel will have been provided, with more emphasis on equipment maintenance.

7. EVIDENCE AND INFORMATION FOR POLICY

Objectives

- C To strengthen national capacity for assessing the general health situation and trends;
- C to strengthen the capability to collect, use and disseminate up-to-date information on delivery of services;
- C to promote planning, design and implementation of adequate health management information systems dedicated to management of the district health system;
- C to make available valid scientific, technical, managerial and other information relating to health;
- C to promote research related to health, such as research into human behaviour, biomedical interventions and health systems;
- C to coordinate the development of relevant scientific activities;
- C to support health informatics aspects of other technical programmes.

Results expected by end 2001

- C Analysis and use of data will have improved, especially integration of health indicators in the programme management system. Use of the International Statistical Classification of Diseases and Related Health Problems will have been promoted to improve morbidity and mortality statistics, medical records management, and definition of diagnosis-related groups or case mix for resource allocation.
- C Methods, procedures and tools to provide support to countries in gathering information will have been developed and guidelines issued.

- C Information transfer and retrieval will have been facilitated by use of new information technologies and upgrading of medical and health libraries. Networking and resource-sharing among medical and health libraries will have improved.
- C National research coordination, capability and management skills and the capacity of institutions to conduct priority research will have been strengthened.

8. EXTERNAL RELATIONS AND GOVERNING BODIES

Objectives

- C To provide governments with information concerning the policies of the Organization and to ensure that these policies are taken into account in national policy and programme reviews;
- C to collaborate with governments to identify and coordinate available or potentially available external resources for the implementation of national health programmes;
- C to collaborate with competent bilateral agencies, multilateral institutions and other organizations of the United Nations system in the effective mobilization and use of resources for development of health activities and programmes;
- C to support the effective development and management of the Organization's overall programme of collaboration with Member States, including its implementation, monitoring and evaluation;
- C to support executive management, and technical and administrative programmes of the Regional Office with cost-effective and functional information systems and facilities.

Results expected by end 2001

- C New mechanisms for coordination will have been set up and a more proactive role taken to promote collaborative activities with partner organizations; stronger ties will have been established with other organizations, development banks and other partners to attain the maximum benefit from available resources.
- C The method and procedures for programme development and management will have been reviewed. Further emphasis will have been placed on dialogue with national authorities through joint government/WHO programme review missions; programmes will be more focused and relevant to national priorities.
- C Collaboration between the Regional Office, country offices and national governments will have been improved through widespread use of Internet technologies.

9. GENERAL MANAGEMENT

Objectives

- C To provide facilities and administrative services for all regional activities and programmes in the Regional Office and in the offices of WHO Representatives and Country Liaison Officers in a most cost-effective manner;
- C to provide building management and maintenance, including janitorial and security services and other related ancillary services.
- C to facilitate the effective provision of financial management services, such as the maintenance of the payroll and related staff matters;

- C to ensure timely procurement and delivery of equipment and supplies as required by the WHO programme of cooperation, including reimbursable purchases made on behalf of Member States within the Region;
- C to provide effective personnel management support and services to the technical programmes, and to the offices of WHO Representatives and Country Liaison Officers;
- C to support technical programmes and executive management of the Regional Office with cost-effective and functional information systems and facilities.

Results expected by end 2001

- C Procedures and liaison between the informatics services at the Regional Office and headquarters will have been reviewed. Financial systems will have been upgraded and information systems integrated.
- C More cost-effective ways to order and deliver supplies and equipment will have been identified. The supplies management information system will have been introduced in selected country offices to facilitate exchange of information, thereby improving coordination and programme implementation. Computer applications will have been expanded to other areas of supply management to streamline operations and to manage resources better.
- C The participation of women will have increased, especially in senior positions. An effective programme for WHO staff development will be available to ensure that leadership and administrative capabilities are maximized.
- C Infrastructure management and management of information and communications technologies used by the Organization will have been strengthened in order to enhance technical collaboration capabilities.

10. DIRECTOR-GENERAL, REGIONAL DIRECTORS AND INDEPENDENT FUNCTIONS

Objectives

- C To provide technical and administrative leadership in the Regional Office, subject to the overall authority of the Director-General;
- C to plan and implement the regional programmes, ensure secretariat support to the Regional Committee, and determine and implement the Organization's policies;
- C to mobilize public opinion and action through dissemination of information in support of health for all via the media and all other communication channels;
- C to disseminate public information on WHO activities and enhance public relations.

Results expected by end 2001

- C WHO's regional, intercountry and country programmes will have been coordinated and the Director-General kept informed of major developments affecting the health situation of people in the Region.
- C WHO's regional programme will be planned and executed in line with the policies established by the Health Assembly.
- C High quality and up-to-date media information will have been produced on a full range of health issues.

RESOURCES

WESTERN PACIFIC:
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
Regional:						
Communicable diseases	7 734	5 762	3 537	3 062	4 197	2 700
Noncommunicable diseases	1 074	967	1 042	967	32	
Health systems and community health	9 795	10 192	5 758	5 480	4 037	4 712
Sustainable development and healthy environments	3 773	3 020	3 218	3 020	555	
Social change and mental health	2 109	1 887	1 934	1 887	175	
Health technology and pharmaceuticals	6 634	3 103	2 031	2 070	4 603	1 033
Evidence and information for policy	3 459	3 415	3 411	3 415	48	
External relations and governing bodies	6 291	7 607	3 442	3 179	2 849	4 428
General management	12 046	10 657	8 597	7 927	3 449	2 730
Director-General, Regional Directors and independent functions	2 803	2 550	2 803	2 550		
Subtotal: Regional	55 718	49 160	35 773	33 557	19 945	15 603
Countries:						
Country programmes	56 019	44 455	44 506	42 332	11 513	2 123
Total	111 737	93 615	80 279	75 889	31 458	17 726