WORLD HEALTH ORGANIZATION

FIFTY-SECOND WORLD HEALTH ASSEMBLY A52/INF.DOC./2
Provisional agenda item 12 21 April 1999

Proposed programme budget for 2000-2001

Implementation of resolution EB103.R6

Report by the Secretariat

1. The Executive Board at its 103rd session adopted resolution EB103.R6, which comprehensively covered budget presentation and process. The following information responds to the provisions of paragraph 2.A of that resolution. It is structured in the same sequential order as the subsections of the resolution, focusing on the 2000-2001 biennium. Work is in progress on paragraph 2.B, and a report will be submitted to the Executive Board at its 105th session.

(1) ... information on the administrative costs of each cluster

2. At headquarters, administrative activities for each cluster are carried out by management support units (MSUs). Information on the setting up of the MSUs, including shift of resources between clusters, was provided to the Executive Board at its 103rd session[1] (see Annex 1). In response to the request for further information, the table below shows the total budget provision for each MSU in the proposed programme budget for the 2000-2001 biennium.[2] MSUs are being monitored closely; further activities may be devolved to them, while others, in the light of experience, may be recentralized. Any readjustments in the functions of MSUs will be made on a cost-neutral basis. A report on the monitoring under way will be made to the Executive Board at its 105th session.

[1] Documents EB103/INF.DOC./1 and EB103/INF.DOC./3.

[2] In the proposed programme budget, the costs of the MSU have been distributed proportionately among departments according to the level of funds within each cluster.

COST OF THE MANAGEMENT SUPPORT UNIT OF EACH CLUSTER AT HEADQUARTERS, 2000-2001

(US dollars)

Cluster	Total	Regular budget	Other sources
Communicable diseases	3 444 000	1 221 000	2 223 000
Noncommunicable diseases	1 937 000	1 375 000	562 000
Health systems and community health	3 183 000	891 000	2 292 000
Sustainable development and healthy environments	2 134 000	1 088 000	1 046 000
Social change and mental health	2 198 000	1 217 000	981 000
Health technology and pharmaceuticals	2 395 000	1 414 000	981 000
Evidence and information for policy	2 198 000	1 675 000	523 000
External relations and governing bodies	1 937 000	1 217 000	720 000
General management	2 750 000	1 636 000	1 114 000
Total	22 176 000	11 734 000	10 442 000

(2) ... in measurable terms the specific targets and results for the Proposed budget 2000-2001

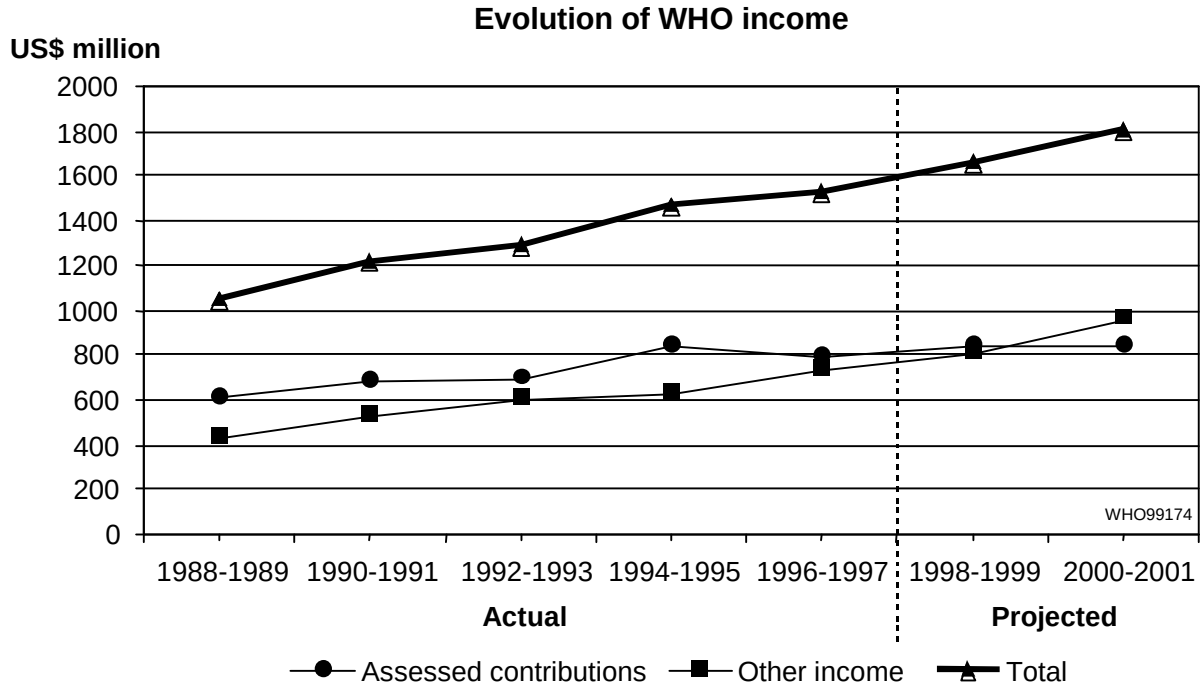
3. Following the Board's review of the Proposed budget for 2000-2001, all Executive Directors and Regional Directors have sharpened the focus of expected results, as reflected in the updated version of the programme budget submitted to the Fifty-second World Health Assembly.

(3) ... a preliminary outline of key indicators for measuring achievements of results against the stated cluster and departmental programmes

4. The proposed programme budget submitted to the Fifty-second World Health Assembly identifies objectives and results expected in 2000-2001 as an integral part of the strategic budget. Key indicators for measuring achievements must relate to the more detailed plans of action. As such, they will be finalized with the plans of action in late 1999. For illustrative purposes, some examples can be made available on request.

(4) ... to the extent possible, expected sources of extrabudgetary resources and actions planned to raise such resources, and the impact on programme activities if targets are not reached by prioritizing statements of results

5. Extrabudgetary income has almost doubled over the past 10 years, from US$ 218 million per annum in 1988 to US$ 414 million in 1998. Thus, it has on average increased by close to 16% by biennium (see figure below).



6. The action plan to increase such resources will be based on the following elements of a new resource mobilization strategy:

streamlined management, including:

C a biennial cycle for fund-raising linked to the regular budget cycle

C better coordination within the Organization through implementation of a consolidated workplan for fund-raising linked to priorities at all levels;

new fund-raising methods, including:

C resource mobilization for global health, not only for WHO

C closer collaboration with heads of donor agencies on development for global health;

expanded sources of funds, including:

C governments: the basic source; biennium increase of close to 20% expected

C foundations and nongovernmental organizations: a growing source of support to be given specific attention

C private sector: support expected to increase, but a high level of caution will be exercised because of the risk of conflicts of interest

C organizations of the United Nations system: partnerships expected to grow and funding through WHO expected to stabilize.

7. If the overall 19% growth for extrabudgetary funding in 2000-2001 is not met, the impact on programme targets will be directly linked to the degree of earmarking and the specific areas of shortfall. Managers will have to take account of such contingencies in their detailed planning late in 1999 and, if necessary, again in late 2000.

(5) ... an overview of two or three key evaluation findings and lessons learned for each cluster during the current biennium, indicating any consequent adjustments made to programme activities or delivery strategies

8. Although the lack of agreed common business rules relating to planning, monitoring and evaluation has to some extent prevented the creation of a unified result-oriented culture of planning and evaluation, useful findings from a range of programme reviews and other studies are available. Therefore, since taking office in July 1998, the Director-General has been able to draw on the findings of formal external reviews, audit reports, "satellite reports" of the WHO transition team, annual programme reviews by donors and interested parties, annual reviews of specific programme activities in countries, and internal reviews, both before and after July 1998.

9. These studies, which have provided information for changes in organizational structure, priority-setting, methods of work and resource allocation, focus on different aspects of the Organization's work. The outcome of some of the reviews are highlighted below:

- **Reviews of strategies used by WHO and others to fight against major diseases,** such as malaria, tuberculosis, leprosy, and blindness. Results led to new approaches and to strengthening of existing strategies, such as those for Roll Back Malaria, the Stop Tuberculosis Initiative, and prevention of blindness).

- **Reviews of the functioning of existing programmes.** Recommendations by external reviewers led to the creation of new mechanisms of collaboration with other entities, such as the Special Programme for Research and Training in Tropical Diseases, and to new structures and methods of work, for example, in the former Biologicals unit.

- **Review of managerial and administrative processes.** The review led, for example, to the Cabinet system of decision-making, the cluster structure and to the management support units.

- **Reviews of existing mechanisms and partnerships.** Reviews led, for example, to new methods of work, such as the project-based approach, to new forms of relationship with other bodies, exemplified by the Tobacco Free Initiative, and to changes in the role of WHO collaborating centres and in research coordination.

- **Review of all activities in a given cluster,** such as Noncommunicable diseases. This cluster is now shifting focus from disease-specific work to a broader functional matrix covering disease prevention, surveillance and management.

10. Annex 2 provides a range of illustrative examples from each cluster[1] of evaluations and studies which have been influential in some of the recent changes, including those in the 2000-2001 programme budget. There is an obvious need to systematize these types of studies and to establish standards and appropriate monitoring of outcomes. Procedures will be set in place before the end of 1999. Standard management

[1] Time has not permitted the inclusion of illustrative examples from regional/country evaluations and studies.

information will be obtained on all programme activities and will be integrated with more regular in-depth evaluations and reviews of programme activities.

(6) ... the budget in a format that includes regional programme activities in the cluster structure in order to permit judgements on relative priorities across the entirety of WHO's regular budget

11. The updated budget format presented to the Fifty-second World Health Assembly includes the regional programmes in the new cluster structure. In addition, Annex 3 provides preliminary budgetary tables showing the breakdown for headquarters and all regions according to the 35 new areas of work.

(7) ... a budget table tracking programme allocations from the 1998-1999 biennium into the cluster structure for the 2000-2001 biennium

12. During its discussion of the proposed budget for 2000-2001, the Executive Board requested a "cross-walk", converting the approved 1998-1999 regular budget into the new structure. Annex 4 gives the detailed information for headquarters.

(8)... an interim report on actual expenditures for the 1998-1999 programme budget, with indications of any further reallocations to priority programmes

13. The attention of the Health Assembly is drawn to the interim financial report, which provides actual expenditures for 1998.[1] Similar figures for the 1998-1999 biennium can only be provided after the close of the biennium, and a report will be submitted to the Fifty-third World Health Assembly. Reallocation to priority programmes is addressed in the Proposed programme budget for 2000-2001. In some instances, the shifts commenced in late 1998 or early 1999.

(9) ... indicative resource allocations within the related cluster for Cabinet and any other major projects based on intercluster cooperation

14. With respect to the three Cabinet projects, the budget document includes a figure for Roll Back Malaria for 2000-2001 of around US$ 110 million for the biennium; approximately one-fifth is provided under the regular budget and the balance is targeted for extrabudgetary funding. The method of work of the project means that only part of this amount will be spent centrally; much of it will be earmarked for work at regional and country levels.

15. The total figure for the Tobacco Free Initiative is approximately US$ 8 million for 2000-2001. About one-quarter comes from the regular budget, and much of the extrabudgetary funding is targeted for work at country level.

16. The Cabinet project on Partnerships for Health Sector Development has a budget of approximately US$ 2.5 million for 2000-2001, all from extrabudgetary funding, including a substantial contribution from the WHO Renewal Fund.

17. A fourth project, which will review the Organization's information technology and recommend reforms, will be completed during 1999.

[1] Document A52/13.

18. One other major project referred to in the proposed programme budget is the Stop Tuberculosis Initiative. Its budget for 2000-2001 is estimated at approximately US$ 44 million, of which just under one-fifth comes from the regular budget.

(10) ... actual staffing tables (as opposed to posts), with budget and actual expenditures, showing trend lines for the past decade on numbers, grades and costs of senior salaried personnel (P.6 and above), and contracted personnel at all grades, including the specific number on 11-month contracts

19. During its review of the proposed budget, the Executive Board raised several questions regarding the current and projected composition of WHO's workforce. In response, document EB103/INF.DOC./4 was issued containing information on staff numbers. Annex 5 provides further details of staffing levels across the Organization and related costs.

(11) ... budgetary and actual expenditures for the last decade (1988 to 1998), including transfers to the regular budget from internal sources

20. Until the 1996-1997 biennium, there were five appropriation sections. For 1996-1997, the structure was revised, resulting in six appropriation sections. Annex 6 provides the budgetary and actual expenditures for the last decade. The figures are taken from the respective programme budgets and financial reports. The figures for 1998-1999 will be available when the financial report is submitted to the Fifty-third World Health Assembly in May 2000.

21. Also as requested by Board members during the review of the proposed budget, a summary table of the regular budget proposals by object of expenditure has been prepared and is attached as Annex 7.

ANNEX 1

PLANNED EXPENDITURE AT HEADQUARTERS WITH MANAGEMENT SUPPORT UNITS AND OTHER PROGRAMME CHANGES (REGULAR BUDGET)

(US$ thousand)

	1998-1999	Establishment of Management Support Units		Other programme changes	2000-2001 total
		Posts abolished	Posts established		
Communicable diseases	27 346	-1 243	1 221	4 599	31 923
Noncommunicable diseases	5 005	-397	1 375	4 322	10 305
Health systems and community health	21 274	-1 052	891	509	21 622
Sustainable development and healthy environments	22 082	-1 146	1 088	115	22 139
Social change and mental health	8 996	-197	1 217	1 203	11 219
Health technology and pharmaceuticals	19 552	-669	1 414	743	21 040
Evidence and information for policy	25 804	-472	1 675	4 737	31 744
External relations and governing bodies	27 676	-497	1 217	2 025	30 421
General management	105 344	-5 310	1 636	-18 460	83 210
Director-General, Regional Directors and independent functions	19 874	-791		-3 651	15 432
Total	282 953	-11 774	11 734*	-3 858	279 055

* In addition, posts in management support units funded from other sources of funds have been converted from already existing administrative posts.

ANNEX 2

EXAMPLES OF EVALUATION FINDINGS AND CONSEQUENT ADJUSTMENTS IN DIFFERENT CLUSTERS DURING THE 1998-1999 BIENNIUM

1. COMMUNICABLE DISEASES

Global tuberculosis programme

In response to the analysis and recommendations made by an ad hoc committee on tuberculosis and to resolution WHA51.13, WHO and other partners have developed the Stop Tuberculosis Initiative, a partnership of organizations to guide and facilitate a global response to the tuberculosis epidemic. The Initiative adds strength to WHO's core tuberculosis control functions while forging effective collaboration with new external partners.

Programme on leprosy

WHO has also reviewed its existing strategies in leprosy. In view of the persisting problems in a number of countries in which leprosy is still endemic, WHO convened an informal consultative meeting in Geneva in 1999. The meeting undertook a critical review of the global leprosy situation, analysed experience gained through special action projects to eliminate leprosy and leprosy elimination campaigns, and proposed an intensified strategy which will be reflected in the Organization's work.

Tropical diseases research: the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases

At its nineteenth session, in June 1996, the Joint Coordinating Board of the Special Programme requested a third external review of the Programme to look into its fundamental basis, research progress, future directions, and organizational structure. A final report from the review was ready in October 1998. Selected examples of findings and actions taken following its recommendations are listed below:

Agenda for the future

Findings and lessons learned. The review found that the Special Programme's relationship with the Global Programme for Vaccines and Immunization had been good, if informal, and often based on personal initiative as opposed to a functional integration. The two programmes had developed separate mechanisms for financing, networking and scientific collaboration. As the Special Programme progressed in the development of vaccines, the review felt that there could be mutual benefits from greater interaction and joint activities between the two programmes.

Action taken. The relationship has been formalized through the intercluster vaccine research project. Work is centred around exploratory, preregulatory and postregulatory activities, and development of new vaccine strategies.

Organizational issues

Findings and lessons learned. In view of the variance between the Special Programme and WHO's activities in the area of tropical diseases, significant in the area of applied field research, the review suggested that the relationship between research and control needed fundamental restructuring.

Action taken. In March 1999, the Special Programme's Scientific and Technical Advisory Committee accepted a proposal to establish a strategy group for joint planning, priority-setting and evaluation/monitoring in the area of applied field research. An external board will meet annually. Of its voting members, half will represent control experts/policy-makers and half will represent research and development. WHO staff will participate as non-voting members. The proposal will be presented to the Joint Coordinating Board for final endorsement in June 1999.

Communication strategy

Findings and lessons learned. The review found that there was a need for a greater flow of information to different audiences, both as a tool for advocacy on behalf of the disease-endemic countries and to inform policy-makers, educators, scientists, disease control specialists, nongovernmental organizations, and current and potential contributors of resources.

Action taken. Within the framework of a new overall communication strategy for the Special Programme, three initiatives have been launched. The first is the final report series, which is a series of one-page summaries of significant completed research projects written in a way that makes them accessible to a wide range of interested people, including policy-makers, donors, scientists and the general public. More than 12 issues have already been published. Secondly, the Special Programme's web site is being completely revamped, with a full range of multimedia information. A prototype version was ready in February 1999 and a full version is expected to be publicly accessible by June 1999. Thirdly, a database with information on grantees and on completed and ongoing research projects is under construction; appropriate data will be publicly available on the web site.

2. NONCOMMUNICABLE DISEASES

Together with the staff, the new Executive Director of the cluster reviewed the programmes and activities previously under the Division of Noncommunicable Diseases. During this process, the methods of work, achievements and constraints encountered over the past decades were analysed. On the basis of this assessment and the lessons learned, a new structural framework and a strategic plan were developed.

The first lesson was to place greater emphasis in planning and future work on integrated strategies, at both the technical and management levels. Accordingly, the cluster is now moving away from focusing primarily on isolated disease-specific work towards a broader and more integrated functional matrix that promotes teamwork and encourages the contribution of all staff members to achieving the cluster's targets and expected results in three areas of noncommunicable disease control, namely prevention, surveillance and management. Although disease-specific activities are still an essential part of the work of the cluster, close links and joint projects in the three functional areas will characterize future activities.

The second area of adjustment in planning relates to the greater importance being given to long-term planning and evaluation. The recently developed strategic plan outlines the targets and expected results to be achieved by the year 2003. This plan, which is based on a clear vision of the needs, provides the

framework for the programme budgets for the 2000-2001 and 2002-2003 bienniums and will guide the cluster's work over the next five years. This development marks a shift from short-term planning cycles which are not linked to any formal evaluation mechanism to more strategic longer-term plans subject to monitoring and evaluation.

Tobacco Free Initiative

As part of the work of the transition team, an in-depth review of WHO's work in tobacco control was undertaken. The size of the current and emerging tobacco epidemic demanded concerted and urgent action. The team therefore recommended that:

- a Cabinet project be established to address global tobacco control;
- regular budget funding be increased to support the work;
- extrabudgetary funds be rapidly mobilized for the project.

Since 21 July 1998, when the Director-General took office, WHO has taken the following steps:

- The Tobacco Free Initiative was established by late July 1998, a programme manager was competitively recruited, an advisory committee was appointed, and a cross-cluster and regional plan of action is being implemented.
- New partnerships to support global action in practical ways are operational with UNICEF, the World Bank, the United States Centers for Disease Control and Prevention, the United States Food and Drug Administration, nongovernmental organizations and the private sector.
- In January 1999, the Executive Board in resolution EB103.R11, recommended to the Health Assembly a draft resolution calling for accelerated action on the proposed framework convention on tobacco control (representing the first use of Article 19 of WHO's Constitution). The Board's resolution will be considered by the Fifty-second World Health Assembly in May 1999.
- New country-based programmes of research and action are being developed in 10 developing countries around the themes of "Youth and tobacco" and "Women and tobacco".
- A global surveillance and electronic information system is being strengthened and an agenda for global research in support of tobacco control will be considered at a meeting of donors in June 1999.
- For World No Tobacco Day 1999, a joint group of WHO staff and external health professionals have prepared policy guidelines on the treatment of tobacco dependence (for release in late April).

3. HEALTH SYSTEMS AND COMMUNITY HEALTH

Child and adolescent health

The Child and adolescent health and development department has built evaluation and response into its managerial process at all levels. Implementation of the integrated management of childhood illness is being supported in countries through plans of action prepared by the regional offices with headquarters input.

Headquarters works with the regional offices at the end of every year to review progress and to adjust the plans for the following year to meet the needs of countries as defined through the monitoring and evaluation of their child health activities. An example of the effectiveness of this process was the crucial strategic decision taken jointly with the regional offices and headquarters in 1997 to concentrate all efforts on ensuring integrated care for children, and to move away from support of single childhood disease programmes.

Within the countries the progress of integrated management of childhood illness is monitored continuously, and a review and replanning process has been introduced to help countries to make decisions on the future development of this approach, using all the information available to them. A recent such review in the United Republic of Tanzania was a good example of this. The review recommended major changes in the way integrated management of childhood illness was being incorporated into the central management of the health system. As a result, the Reproductive and Child Health Unit, which has broad coordination powers within the Ministry of Health, has taken over responsibility for implementing the integrated management approach. Following other recommendations from the review, pre-service training in integrated management has been expanded to a third of all paramedical schools to meet concerns over the sustainability of in-service training, and key decisions have been taken on the distribution of drugs essential for integrated case management.

Health systems

In the Health systems department, internal assessments have been carried out in most technical areas following the reorganization of the cluster. For instance, the department has reviewed its activities related to equity in health, and the emphasis in the next biennium will be on using information for action rather than simply focusing on measurements of inequities. Another example was the review by headquarters, together with the regional offices for Africa and the Eastern Mediterranean, in the field of human resources for health development. WHO has supported countries for many years in the development of different aspects of human resources for health development, e.g., policy and planning, education and training, and management of human resources. It has also provided technical assistance in individual countries and to groups of countries at intercountry meetings. The review showed that these efforts, though in many cases they resulted in increased local capacity and the resolution of immediate problems, have not always been sustainable. This has been caused partly by shortage of resources, a lack of coherence in health priorities, and political barriers. As a result of the review, the cluster has modified its approach in order to bring countries together to determine the policy basis for the development of human resources, and to develop strategies to address issues of human resource development and health sector reform. Greater emphasis is being placed on strengthening the human resource development policy process and linking it to the health priorities of countries. Given the multiple partners in the reform of the public health sector and changes towards the liberalization of trade in health services, the cluster is now working more closely with international bodies such as ILO, UNCTAD, the World Bank and USAID.

4. SUSTAINABLE DEVELOPMENT AND HEALTHY ENVIRONMENTS

The International Programme on Chemical Safety (IPCS)

The Programme has both internal (in-house informal review) and external evaluation mechanisms (e.g., the Programme Advisory Committee, steering groups). The Programme Advisory Committee consists of 20 members appointed by the Director-General of WHO in consultation with, and acting on behalf of, the other cooperating organizations (ILO and UNEP). The Committee meets every two years, in order to provide advice on scientific, technical, ethical, administrative and regulatory aspects of the Programme's activities.

At the latest session of the Committee (Berlin, 5-8 October 1998), the Programme presented a progress report and a number of recommendations were made. These related to leadership of the Programme, financial aspects, the setting up of a standing committee of the Programme Advisory Committee and steering committees for specific programme activities. The Advisory Committee endorsed the overall objectives and targets for the development of guidance documents, training material and information tools for harmonized data collection, and for the promotion of networking arrangements and other capacity-building activities. It also recommended that funds be sought to increase the availability of the Programme's outputs and to ensure the required training for their effective use (e.g., through the translation of documents into local languages). More specific recommendations were made in the areas of: preparedness, response and follow-up for chemical incidents; technical cooperation and capacity-building in countries; surveillance and prevention of toxic exposures in vulnerable populations; the epidemiology of human pesticide exposure; and risk assessment issues.

In addition to the Advisory Committee, specific working groups or steering committees, such as those on poison control centres and the INTOX project, concise international chemical assessment documents and harmonization of risk assessment meet regularly to provide guidance to the Programme. On the basis of the recommendations of the various committees, adjustments are made regularly to the Programme and reflected in the plans of action (workplans).

Recent adjustments include:

- creation of a standing committee which will meet by mid-1999 to review the work of IPCS in the light of the new developments in WHO and present and future international challenges;

- development of "declaration of interest" forms for experts participating in the independent peer review process for chemical risk assessment in order to ensure transparency;

- improvement of the IPCS INTOX data collection system to enhance the capabilities of countries to collect harmonized data on diseases with a chemical etiology;

- transformation of the steering committee on concise international chemical assessment documents into a risk assessment steering committee covering all aspects of this part of the work of IPCS.

5. SOCIAL CHANGE AND MENTAL HEALTH

Programme for the prevention of blindness

Despite the progress made in controlling blinding conditions such as xerophthalmia and onchocerciasis, there is evidence that the overall number of blind persons continues to increase, particularly in the African and the South-East Asia Regions. In 1998 the programme convened an informal consultation on analysis of blindness prevention outcomes to review past achievements and constraints, with a view to recommending how the programme should proceed in the future. A selection of 11 national programmes was reviewed, and progress made and obstacles encountered during the past two decades were analysed.

Overall, the programme has achieved good results; for instance the establishment of model programmes providing high-quantity/good-quality eye care and the development of low-cost technologies for spectacles, intraocular lenses, eye sutures, etc. Evidence also shows a reduction in the prevalence of blindness in some WHO regions. Despite these achievements, the review pointed to the unequal distribution of eye care

personnel and services, the relatively low coverage of cataract surgery, the increasing cost of eye care, and the inadequate monitoring of programme developments.

Following the consultation, adjustments are being made to improve programme activities and strategies, including emphasis on:

- greater involvement of the community in developing, promoting and evaluating eye care services;
- increased efforts to provide good-quality cataract surgical training;
- reduced cost of cataract surgery through appropriate cost-containment measures, including improved productivity and use of available low-cost technologies;
- more assessment of outcome and impact of blindness prevention interventions.

6. HEALTH TECHNOLOGY AND PHARMACEUTICALS

WHO's activities in the field of biological products

Biological medicines, which include vaccines and blood products as well as therapeutic biologicals, have played a dominant role in improving world health in the past, and they continue to offer the greatest potential for substantial gains in the future. WHO has played a leading role in assuring the quality, safety and efficacy of these substances in accordance with its constitutional obligation to develop, establish and promote international standards for biological products.

Following the adoption by the Fiftieth World Health Assembly (May 1997) of resolution WHA50.20 on the quality of biological products moving in international commerce, an independent review of WHO's remit and activities in the biologicals field was carried out. The review dealt particularly with the work of the Biologicals unit and the WHO Expert Committee on Biological Standardization in the light of recent scientific and technical developments, which have led to the rapid expansion and increasing complexity of the biologicals field.

The independent review team undertook wide consultations in 1997 and 1998. The outcome was a clear consensus on the continuing importance of WHO's work on the standardization and control of biologicals for the success of public health programmes worldwide. Both industry and government agencies in developed and developing countries concurred in this view. The review made three main recommendations:

- to strengthen staffing and resources for biological standardization and control activities;
- to establish a clear primary focus for biologicals policy within WHO;
- to improve the transparency, openness and effectiveness of the standard-setting process.

The strengthening of the previous Biologicals unit using currently available resources is under way. Quality assurance and safety of biologicals now forms part of the Department of vaccines and other biologicals. Quality and safety of plasma derivatives and related substances has been given greater visibility and is located in the Department of Blood safety and clinical technology. These changes have been introduced

to reflect more accurately the responsibilities of these two teams in assuring the safety, efficacy and standardization and control of biologicals in accordance with the review recommendations.

The newly created quality assurance and safety teams will continue to fulfil the normative functions of WHO and have been given special status as an intra-cluster cross-cutting technical group. This is to ensure the necessary degree of independence for the group's standard-setting function. The new structures will remain flexible and be reviewed from time to time.

In addition, the working methods of the Expert Committee on Biological Standardization will be restructured to ensure greater transparency of process and more interactive dialogue with national and other bodies during the development of guidance documents and the establishment of international reference preparations.

7. EVIDENCE AND INFORMATION FOR POLICY

Evidence for health policy

In the period between May and July 1998, the programme on health situation and trend assessment was reviewed by a number of external experts in consultation with the transition team. As a result, a policy paper was submitted to Cabinet in early August 1998. Following full discussion, the Global programme on evidence for health policy was established. It included activities previously undertaken by Health situation and trend assessment, broadened in scope to include a focus on burden of disease, assessment of equity in interventions, and health care financing. Extra resources, both human and financial, were assigned to the new programme.

Subsequently, in October 1998, following a review of the structural arrangements for the programme on women, health and development, it was decided that coordination of gender mainstreaming should be highlighted and placed in the Department of evidence for health policy, as it fitted closely with its other intracluster activities. While advocacy for gender mainstreaming is an integral part of the work of all headquarters clusters and regional and country offices, the Department will coordinate and support the Organization's analytical and capacity-building activities in this field.

Health information management and dissemination

An internal evaluation of the World health report began in July 1998. It was decided that a more strategic approach should be adopted, that wider consultation on the choice of subject matter and text should be undertaken, and that measures should be taken to ensure that the report reaches the largest possible audience. Additional funds were allocated to accomplish this.

The dissemination of technical information on global health issues is one of the core functions of WHO which, to be effective, requires an overall strategy for ensuring a consistent image and conveying consistent messages to the outside world. Concerns about the lack of such consistency, the inefficient use of resources, delays in the production of publications, and a proliferation of documents produced with insufficient oversight led the Executive Directors of the clusters on General management and Evidence and information for policy to initiate a review of the policies and working methods for the production of technical information at headquarters. The initial findings indicate that the lack of a technical health information strategy, which reflects the unique role that WHO has to play in global health information dissemination, is the underlying problem. The evaluation continues and is looking at ways to make the best possible use of all the available

tools - including electronic media - in order to reach a wide range of audiences with information in appropriate forms and languages.

Research policy and cooperation

In December 1998, the Cabinet initiated a review of policies and strategies to support the role of WHO in health research. As a first step, a headquarters working group was established, with representatives from all technical clusters, together with one member each from the Council on Health Research for Development and the Global Forum for Health Research. This group prepared a report for an external group of advisers drawn from five WHO regions and representing the different disciplines involved in health research and development. The regional offices, which had been consulted throughout the study, also sent representatives to the meeting of the external group. The external advisers made recommendations in five main areas: the need for external reviews of research activities in each cluster; expert advisory panels and expert committees; the role of WHO collaborating centres; the composition and functions of the Advisory Committee on Health Research, and orientation of the Department of research policy and cooperation. Following Cabinet consideration, these recommendations are now being submitted to the Executive Board (document EB104/2).

Review of WHO collaborating centres

In May 1997, on the recommendation of the Executive Board, the Fiftieth World Health Assembly requested the Director-General to review the existing network of WHO collaborating centres and the procedures that govern their designation as well as their cooperation with WHO (resolution WHA50.2).

A first round of evaluation was concluded in 1998. It included a report commissioned from an outside expert and submitted to the Board in January 1998 and a position paper, prepared by Dr Carlos Morel and the transition team, on WHO's strategy for partnerships and the role of WHO collaborating centres in that regard. The paper emphasized the need to place the centres in a broader perspective, that of health sector development, and to focus on networking. On the basis of these situation analyses, a moratorium on the designation of new collaborating centres was declared on 27 August 1998 and extended in November 1998 until the end of May 1999. It was decided to revise the procedures and functions concerning the centres to make them more effective and better adapted to WHO's new organizational structure and health development strategy. A second round of consultation was then initiated during the first quarter of 1999. It has involved all WHO regions and clusters.

The preliminary recommendations included the following: a reduction in the number of WHO collaborating centres; the revision of current regulations and procedures, including criteria for designation; the development of the network of centres as a global resource; a redistribution and coordination of management responsibilities for the centres between headquarters and regions; and an interactive database management system. These new directions should lead to increased relevance of the centres to WHO's priorities, greater accountability of all partners involved, and more effective use of technical expertise worldwide.

The decisions will be taken in the second half of 1999 after final consultation with the regional offices in May 1999 and consideration by the Cabinet.

8. EXTERNAL RELATIONS AND GOVERNING BODIES

Translation services

Towards the end of 1997 a management study was launched in order to ascertain the efficiency of the translation services at headquarters. The consultants identified a number of unsuspected weaknesses in the documentation chain, within and outside these services. The study made a number of recommendations to improve the translation process within the documentation chain. As a result, the terminology and reference support provided to translators has been increased. Information technology requirements have been identified and are being addressed. Work procedures have been redefined in order to better evaluate performance, contain cost, and improve productivity, efficiency and user satisfaction.

Evaluation of Executive Board's consideration of technical and health matters

In her address to the Executive Board at its 102nd session (May 1998), the Director-General elect outlined a number of ways in which the Board could engage in change. Many of the issues raised then were pursued during informal discussions at a retreat for Board members held near WHO headquarters from 16 to 18 October 1998.

In response, the Secretariat redesigned the structure of the provisional agenda for the 103rd session of the Executive Board in order to open the way "for real policy discussions" and for those discussions to "be a trademark of political decision-shaping and decision-making on global health issues between nations", as called for by the Director-General in her address to the Board.

The experience has been assessed and the results of this assessment are shown below:

Consideration of technical and health matters by the Executive Board

	EB101 (January 1998)	EB103 (January 1999)
Number of items considered	18	4
Number of meetings (one half day each)	3.5	2
Number of resolutions	10	4

The Secretariat has concluded that limiting the technical and health matters considered by the Board to strategic and priority issues results in more meaningful policy discussions and outcomes.

9. GENERAL MANAGEMENT

In early 1998 the WHO transition team undertook a range of studies relating to the management functions of the Organization. In particular, a number of its satellite reports addressed administration, resource and staffing issues. The team consulted staff members, other United Nations agencies, outside organizations, management consultants and academia. It concluded that there was considerable scope for change, including:

- streamlining administrative activities by locating administrative resources closer to the staff served (this led to the early establishment of management support units within each cluster);

- greater efficiencies, reduction in unnecessary functions and redirection of savings from administrative areas to technical programmes (approximately US$ 18 million will be redirected from the General management cluster to other clusters for technical activities during the biennium 2000-2001);

- inducing change within the Organization through the revision of personnel policies (this has led to the implementation of new recruitment processes, staff mobility and development activities, and strict adherence to retirement policies so as to permit a planned approach to human resources within the Organization).

Further reviews of specific management functions are planned for 1999 (e.g., publications, the appeal process, the Joint Medical Service, supplies, staff health insurance) and beyond. These, together with reports from the auditors, internal and external reviews, and specific project reports (such as the information technology project) are expected to lead to the introduction of further changes during the coming biennium.

In addition, the outcome of special arrangements to permit "fast-tracking" of high-priority projects with tight time-lines (such as the Tobacco Free Initiative and poliomyelitis eradication) will be monitored and may result in subsequent broader use of such methods in the future.

ANNEX 3

REGULAR BUDGET: INDICATIVE COMPARISON AT BUDGET HEADING LEVEL OF 1998-1999 BUDGET WITH 2000-2001 PROPOSAL FOR REGIONAL ACTIVITIES AND HEADQUARTERS

(US$ thousand)

Budget headings	Total		Headquarters		Total regions		Africa		The Americas		South-East Asia		Europe		Eastern Mediterranean		Western Pacific	
	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
1.1 Communicable diseases surveillance and response	15 514	15 136	9 366	9 188	6 148	5 948	772	496	1 574	1 637	663	960	978	934	799	736	1 362	1 185
1.2 Communicable diseases prevention and control	23 472	30 426	12 004	16 581	11 468	13 845	2 505	4 170	4 261	4 669	1 285	1 621	56	153	1 186	1 355	2 175	1 877
1.3 Communicable diseases eradication and elimination	3 682	3 300	3 682	3 300														
1.4 Communicable diseases research and development	2 645	3 365	2 294	2 854	351	511	351	511										
1. Communicable diseases	**45 313**	**52 227**	**27 346**	**31 923**	**17 967**	**20 304**	**3 628**	**5 177**	**5 835**	**6 306**	**1 948**	**2 581**	**1 034**	**1 087**	**1 985**	**2 091**	**3 537**	**3 062**
2.1 Surveillance of noncommunicable diseases	4 477	6 771	1 007	2 238	3 470	4 533	1 068	1 729	463	503		291	644	677	253	366	1 042	967
2.2 Prevention of noncommunicable diseases	1 933	5 721	1 933	5 721														
2.3 Management of noncommunicable diseases	2 065	2 346	2 065	2 346														
2. Noncommunicable diseases	**8 475**	**14 838**	**5 005**	**10 305**	**3 470**	**4 533**	**1 068**	**1 729**	**463**	**503**		**291**	**644**	**677**	**253**	**366**	**1 042**	**967**
3.1 Health systems	43 450	41 522	12 808	12 434	30 642	29 088	9 763	9 351	4 610	3 603	2 843	2 550	4 202	4 457	4 926	4 997	4 298	4 130
3.2 Child and adolescent health and development	5 642	6 505	3 205	3 480	2 437	3 025	520	974	644	705			550	665	67	55	656	626
3.3 Reproductive health and research	10 279	9 398	4 944	4 164	5 335	5 234	1 847	2 267	1 278	664	799	630	90	461	517	488	804	724
3.4 Women's health	989	2 209	317	1 544	672	665	121	566			19		532	99				
3. Health systems and community health	**60 360**	**59 634**	**21 274**	**21 622**	**39 086**	**38 012**	**12 251**	**13 158**	**6 532**	**4 972**	**3 661**	**3 180**	**5 374**	**5 682**	**5 510**	**5 540**	**5 758**	**5 480**
4.1 Health in sustainable development	10 861	11 859	4 169	5 360	6 692	6 499	785	1 922	1 719	1 139	1 149	662	2 451	2 345	588	431		
4.2 Nutrition for health and development	8 476	8 002	3 182	3 799	5 294	4 203	1 318	780	1 539	1 241	1 130	843	462	518	344	344	501	477
4.3 Protection of the human environment	27 216	25 016	13 068	11 576	14 148	13 440	2 869	2 865	2 286	2 113	1 920	1 396	2 514	2 635	1 842	1 888	2 717	2 543
4.4 Emergency and humanitarian action	3 815	3 879	1 663	1 404	2 152	2 475	522	806			302	320	711	791	617	558		
4. Sustainable development and healthy environments	**50 368**	**48 756**	**22 082**	**22 139**	**28 286**	**26 617**	**5 494**	**6 373**	**5 544**	**4 493**	**4 501**	**3 221**	**6 138**	**6 289**	**3 391**	**3 221**	**3 218**	**3 020**
5.1 Health promotion	7 948	8 306	3 137	3 592	4 811	4 714	156	532	1 051	557	339	320	542	621	989	990	1 734	1 694
5.2 Disability/injury prevention and rehabilitation	2 733	3 253	1 894	2 823	839	430	398	306			327					15	114	109

Budget headings	Total		Headquarters		Total regions		Africa		The Americas		South-East Asia		Europe		Eastern Mediterranean		Western Pacific	
	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
5.3 Mental health	4 153	5 246	2 384	3 270	1 769	1 976	569	711	277	345	352	61	115	434	370	341	86	84
5.4 Substance abuse	2 834	4 376	1 581	1 534	1 253	2 842	91	378	256	1 555			894	897	12	12		
5. Social change and mental health	**17 668**	**21 181**	**8 996**	**11 219**	**8 672**	**9 962**	**1 214**	**1 927**	**1 584**	**2 457**	**1 018**	**381**	**1 551**	**1 952**	**1 371**	**1 358**	**1 934**	**1 887**
6.1 Essential drugs and other medicines	9 515	10 234	6 201	6 331	3 314	3 903	649	1 170	257	270	327	360	534	528	698	776	849	799
6.2 Vaccines and other biologicals	13 884	14 303	8 599	9 141	5 285	5 162	599	461	1 760	1 622	435	450	680	849	712	555	1 099	1 225
6.3 Blood safety and clinical technology	7 464	8 545	4 752	5 568	2 712	2 977	525	900	361	361	326	320	1 011	941	406	409	83	46
6. Health technology and pharmaceuticals	**30 863**	**33 082**	**19 552**	**21 040**	**11 311**	**12 042**	**1 773**	**2 531**	**2 378**	**2 253**	**1 088**	**1 130**	**2 225**	**2 318**	**1 816**	**1 740**	**2 031**	**2 070**
7.1 Evidence for health policy	14 885	18 827	7 621	12 958	7 264	5 869	358	445	2 136	1 547	1 452	712	1 620	1 619	1 050	1 049	648	497
7.2 Health information management and dissemination	35 983	35 147	16 615	16 653	19 368	18 494	4 209	4 661	4 117	2 437	302	912	5 485	4 983	3 477	3 496	1 778	2 005
7.3 Research policy and cooperation	5 246	5 103	1 568	2 133	3 678	2 970	890	351	192	414	1 246	1 207			365	85	985	913
7. Evidence and information for policy	**56 114**	**59 077**	**25 804**	**31 744**	**30 310**	**27 333**	**5 457**	**5 457**	**6 445**	**4 398**	**3 000**	**2 831**	**7 105**	**6 602**	**4 892**	**4 630**	**3 411**	**3 415**
8.1 Governing bodies	22 874	23 571	19 209	19 906	3 665	3 665	1 467	1 467	337	337	313	300	817	816	230	230	501	515
8.2 Resource mobilization	948	2 083	948	2 083														
8.3 External cooperation and partnerships	26 816	24 555	7 519	8 432	19 297	16 123	4 848	2 697	3 131	1 986	3 102	3 150	4 000	4 078	1 275	1 548	2 941	2 664
8. External relations and governing bodies	**50 638**	**50 209**	**27 676**	**30 421**	**22 962**	**19 788**	**6 315**	**4 164**	**3 468**	**2 323**	**3 415**	**3 450**	**4 817**	**4 894**	**1 505**	**1 778**	**3 442**	**3 179**
9.1 Budget and management reform services	4 044	4 342	4 044	4 342														
9.2 Human resources services	17 652	14 707	10 908	7 493	6 744	7 214	2 115	2 713	1 042	912	677	661	1 220	1 423	829	829	861	676
9.3 Financial services	26 887	25 262	16 430	14 868	10 457	10 394	3 127	3 714	1 574	1 371	926	926	2 240	2 129	1 266	986	1 324	1 268
9.4 Informatics and infrastructure services	119 091	99 970	73 962	56 507	45 129	43 463	15 783	14 480	4 472	4 575	3 261	3 668	9 808	9 084	5 393	5 673	6 412	5 983
9. General management	**167 674**	**144 281**	**105 344**	**83 210**	**62 330**	**61 071**	**21 025**	**20 907**	**7 088**	**6 858**	**4 864**	**5 255**	**13 268**	**12 636**	**7 488**	**7 488**	**8 597**	**7 927**
10.1 Director-General's and Regional Directors' offices	22 554	16 566	13 381	8 613	9 173	7 953	2 724	2 405	693	573	1 295	1 046	1 446	1 168	1 297	1 296	1 718	1 465
10.2 Audit, oversight and legal	3 205	3 531	3 205	3 531														
10.3 Director-General's and Regional Directors' Development Programme and initiatives	7 592	7 489	3 288	3 288	4 304	4 201	698	698	107	40	428	428	936	900	1 050	1 050	1 085	1 085
10. Director-General, Regional Directors and independent functions	**33 351**	**27 586**	**19 874**	**15 432**	**13 477**	**12 154**	**3 422**	**3 103**	**800**	**613**	**1 723**	**1 474**	**2 382**	**2 068**	**2 347**	**2 346**	**2 803**	**2 550**
Subtotal	**520 824**	**510 871**	**282 953**	**279 055**	**237 871**	**231 816**	**61 647**	**64 526**	**40 137**	**35 176**	**25 218**	**23 794**	**44 538**	**44 205**	**30 558**	**30 558**	**35 773**	**33 557**

Budget headings	Total		Headquarters		Total regions		Africa		The Americas		South-East Asia		Europe		Eastern Mediterranean		Western Pacific	
	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001	1998-1999	2000-2001
11. Country programmes	**321 830**	**331 783**			**321 830**	**331 783**	**95 766**	**112 296**	**42 549**	**42 549**	**74 033**	**71 801**	**5 285**	**7 494**	**59 691**	**55 311**	**44 506**	**42 332**
Total	**842 654**	**842 654**	**282 953**	**279 055**	**559 701**	**563 599**	**157 413**	**176 822**	**82 686**	**77 725**	**99 251**	**95 595**	**49 823**	**51 699**	**90 249**	**85 869**	**80 279**	**75 889**

ANNEX 4

SUMMARY BREAKDOWN OF APPROVED 1998-1999 BUDGET INTO NEW STRUCTURE (HEADQUARTERS - REGULAR BUDGET)

(US$ thousand)

Approved 1998-1999			Converted into new structure		
Programme		**Amount**	**Programme**		**Amount**
1.1.1	World Health Assembly	10 125	8.1	Governing bodies	6 289
			9.4	Informatics and infrastructure services	3 836
1.1.2	Executive Board	5 492	8.1	Governing bodies	3 020
			9.4	Informatics and infrastructure services	2 472
2.1.1	Executive management	12 498	6.3	Blood safety and clinical technology	197
			8.1	Governing bodies	326
			10.1	Director-General's and Regional Directors' offices	8 770
			10.2	Audit, oversight and legal	3 205
2.1.2	Managerial process for WHO's programme development. WHO response to global change. Deputy Regional Directors and Directors of programme management at regional offices. Staff development	3 919	8.3	External cooperation and partnerships	582
			9.1	Budget and management reform services	2 670
			9.2	Human resources services	667
2.1.3	Management and support to informatics systems	7 703	1.1	Communicable diseases surveillance and response	326
			9.4	Informatics and infrastructure services	7 377
2.1.4	Director-General's and Regional Directors' Development Programme	3 288	10.3	Director-General's and Regional Directors' Development Programme and initiatives	3 288

Approved 1998-1999			Converted into new structure		
Programme		**Amount**	**Programme**		**Amount**
2.1.5	Coordination with other organizations. Mobilization of external health resources	7 009	8.2 8.3	Resource mobilization External cooperation and partnerships	948 6 061
2.2.1	Health in socioeconomic development	2 096	7.1 9.9	Evidence for health policy Management support unit (GMG)	1 909 187
2.2.2	Research policy and strategy coordination	1 568	7.3	Research policy and cooperation	1 568
2.3.2	Collaboration with countries and peoples in greatest need	3 908	3.1 4.1	Health systems Health in sustainable development	711 3 197
2.3.3	Procurement services (excluding drugs, biologicals and contraceptives)	5 151	9.4	Informatics and infrastructure services	5 151
2.3.4	Emergency and humanitarian action; relief and rehabilitation operation and emergency preparedness	2 287	4.4 5.2 10.1	Emergency and humanitarian action Disability/injury prevention and rehabilitation Director-General's and Regional Directors' offices	1 663 593 31
2.4.1	Epidemiology, statistics, trend assessment and country health information	7 912	3.1 7.1 7.2	Health systems Evidence for health policy Health information management and dissemination	1 881 4 478 1 553
2.4.2	Publishing, language and library services	23 722	7.1 7.2 8.1 8.3 9.4	Evidence for health policy Health information management and dissemination Governing bodies External cooperation and partnerships Informatics and infrastructure services	326 14 015 7 674 261 1 446

Approved 1998-1999			Converted into new structure		
Programme		**Amount**	**Programme**		**Amount**
3.1.1	Health systems research and development	1 969	3.1	Health systems	922
			7.2	Health information management and dissemination	1 047
3.1.2	National health systems and policies	3 879	3.1	Health systems	2 364
			6.3	Blood safety and clinical technology	607
			7.1	Evidence for health policy	908
3.1.3	District health systems	1 725	3.1	Health systems	1 399
			4.1	Health in sustainable development	326
3.2.1	Human resources for health	4 416	3.1	Health systems	4 180
			3.3	Reproductive health and research	236
3.2.2	Fellowships	26	3.1	Health systems	26
3.3.1	Action programme on essential drugs	1 909	6.1	Essential drugs and other medicines	1 909
3.3.2	Procurement of drugs, biologicals and contraceptives	957	6.2	Vaccines and other biologicals	957
3.4.1	Technology for health care	3 600	6.3	Blood safety and clinical technology	3 600
3.4.2	Drugs and biologicals, quality, safety and efficacy	4 655	6.1	Essential drugs and other medicines	3 603
			6.2	Vaccines and other biologicals	704
			6.3	Blood safety and clinical technology	348
3.4.3	Traditional medicine	637	6.1	Essential drugs and other medicines	637

Approved 1998-1999			Converted into new structure		
Programme		**Amount**	**Programme**		**Amount**
4.1.1	Reproductive health	4 432	3.3	Reproductive health and research	3 257
			8.3	External cooperation and partnerships	326
			10.1	Director-General's and Regional Directors' offices	849
4.1.2	Child health	140	3.2	Child and adolescent health and development	140
4.1.3	Adolescent health	738	3.2	Child and adolescent health and development	738
4.1.4	Women's health	317	3.4	Women's health	317
4.1.5	Ageing and health	922	5.1	Health promotion	922
4.1.6	Special Programme of Research, Development and Research Training in Human Reproduction	1 451	3.3	Reproductive health and research	1 451
4.1.7	Occupational health	432	4.3	Protection of the human environment	352
			5.1	Health promotion	80
4.2.1	Mental health	2 384	5.3	Mental health	2 384
4.2.2	Substance abuse including alcohol and tobacco	1 695	2.2	Prevention of noncommunicable diseases	62
			5.4	Substance abuse	1 581
			6.1	Essential drugs and other medicines	52
4.2.3	Health promotion	2 135	5.1	Health promotion	2 135
4.2.4	Communications and public relations	3 624	8.3	External cooperation and partnerships	289
			10.1	Director-General's and Regional Directors' offices	3 335

Approved 1998-1999			Converted into new structure		
Programme		**Amount**	**Programme**		**Amount**
4.2.5	Rehabilitation	560	5.2	Disability/injury prevention and rehabilitation	560
4.3.1	Nutrition	3 764	4.2	Nutrition for health and development	3 182
			9.9	Management support unit (GMG)	197
			10.1	Director-General's and Regional Directors' offices	385
4.3.2	Food safety	2 719	1.2	Communicable diseases prevention and control	564
			4.3	Protection of the human environment	2 155
4.4.1	Water supply and sanitation in human settlements	4 191	4.3	Protection of the human environment	3 619
			10.1	Director-General's and Regional Directors' offices	572
4.4.2	Environmental health in urban development	2 093	4.3	Protection of the human environment	2 093
4.4.3	Assessment of environmental health hazards	2 187	4.1	Health in sustainable development	646
			4.3	Protection of the human environment	1 541
4.4.4	Promotion of chemical safety	3 269	4.3	Protection of the human environment	3 269
4.4.5	Incorporation of health concerns into environmental management	119	4.3	Protection of the human environment	119
5.1.1	Global eradication or elimination	6 660	1.1	Communicable diseases surveillance and response	334
			1.2	Communicable diseases prevention and control	452
			1.3	Communicable diseases eradication and elimination	1 452
			6.2	Vaccines and other biologicals	1 333
				For country activities (WHA48.26)	3 089
5.1.2	Regional eradication and elimination	40	1.2	Communicable diseases prevention and control	40

Approved 1998-1999			Converted into new structure		
Programme		**Amount**	**Programme**		**Amount**
5.2.1	Vaccine-preventable diseases	5 605	6.2	Vaccines and other biologicals	5 605
5.2.2	Diarrhoeal and acute respiratory disease control	2 327	3.2	Child and adolescent health and development	2 327
5.2.3	Tuberculosis	2 721	1.1	Communicable diseases surveillance and response	385
			1.2	Communicable diseases prevention and control	2 336
5.2.4	Emerging diseases including cholera and other epidemic diarrhoeas, zoonoses and antimicrobial resistance	2 260	1.1	Communicable diseases surveillance and response	2 260
5.2.5	Other communicable diseases	10 496	1.1	Communicable diseases surveillance and response	6 051
			3.1	Health systems	1 325
				For country activities (WHA48.26)	3 120
5.2.6	Control of tropical diseases	11 049	1.1	Communicable diseases surveillance and response	10
			1.2	Communicable diseases prevention and control	8 612
			1.3	Communicable diseases eradication and elimination	2 230
			1.4	Communicable diseases research and development	197
5.2.7	Special Programme for Research and Training in Tropical Diseases	2 097	1.4	Communicable diseases research and development	2 097
5.2.8	Prevention of blindness and deafness	741	5.2	Disability/injury prevention and rehabilitation	741
5.3.1	Control of noncommunicable diseases	4 943	2.1	Surveillance of noncommunicable diseases	1 007
			2.2	Prevention of noncommunicable diseases	1 871
			2.3	Management of noncommunicable diseases	2 065
			9.1	Budget and management reform services	385

Approved 1998-1999			Converted into new structure		
Programme		**Amount**	**Programme**		**Amount**
6.1.1	Personnel services and administration	9 835	9.2	Human resources services	9 450
6.2.1	Administrative support to technical programmes	50 824	8.1	Governing bodies	1 900
			9.2	Human resources services	42
			9.3	Financial services	280
			9.4	Informatics and infrastructure services	48 602
6.3.1	Budget and finance	15 732	9.1	Budget and management reform services	711
			9.3	Financial services	15 021
	Total	282 953		**Total**	282 953

TABLE 1

NUMBERS OF FIXED-TERM AND CAREER STAFF BY GRADE AND MAIN LOCATION AND STAFF COSTS (REGULAR AND EXTRABUDGETARY) FOR 1992-1997 (EXCLUDING IARC AND PAHO)

	1992-1993 Staff numbers at 1.1.1992				**1994-1995 Staff numbers at 1.1.1994**				**1996-1997 Staff numbers at 1.1.1996**			
	Headquarters	Regional offices	Countries	Total	Headquarters	Regional offices	Countries	Total	Headquarters	Regional offices	Countries	Total
Ungraded	7	6	0	13	9	7	0	16	10	7	0	17
D.2	33	8	1	42	32	6	3	41	39	8	3	50
D.1/P.6	63	45	39	147	65	39	36	140	65	38	33	136
P.5	272	190	96	558	273	198	93	564	243	182	86	511
P.4	160	151	131	442	180	149	114	443	162	123	87	372
P.3	93	61	46	200	87	66	50	203	78	59	26	163
P.2	30	46	28	104	28	53	27	108	28	47	18	93
P.1	2	12	7	21	0	8	9	17	1	5	9	15
Total professional	660	519	348	1 527	674	526	332	1 532	626	469	262	1 357
Total general service	892	1 665	434	2 991	891	1 370	480	2 741	736	1 245	487	2 468
Grand total	1 552	2 184	782	4 518	1 565	1 896	812	4 273	1 362	1 714	749	3 825
	Staff costs in US dollars (1992-1993 biennium)				**Staff costs in US dollars (1994-1995)**				**Staff costs in US dollars (1996-1997 biennium)**			
Professional	178 789 906	66 677 784	54 829 408	300 297 098	206 807 906	76 330 551	58 232 317	341 370 774	168 357 480	93 508 457	51 849 055	313 714 992
General service	134 441 230	102 495 688	35 737 148	272 674 066	161 768 303	92 530 848	32 810 483	287 109 634	120 913 462	78 987 424	31 863 504	231 764 390
Total	313 231 136	169 173 472	90 566 556	572 971 164	368 576 209	168 861 399	91 042 800	628 480 408	289 270 942	172 495 881	83 712 559	545 479 382
Total obligations incurred for WHO's programmes				1 445 532 416	Total obligations incurred for WHO's programmes			1 605 710 793	Total obligations incurred for WHO's programmes			1 540 582 649
Percentage of staff costs to total obligations				40%	Percentage of staff costs to total obligations			39%	Percentage of staff costs to total obligations			35%

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Notes: 1. Unassigned staff (those seconded to other organizations or on leave without pay) are included in the headquarters and interregional figures: 1992: 21; 1994: 84; 1996: 66
2. Expenditure on senior staff (grades P.6, D.1, D.2 and ungraded) under regular budget, all offices, was: 1992-1993: US$ 50 347 006; 1994-1995: US$ 58 835 350; 1996-1997: US$ 59 189 897
3. Staff in the Global Programme on AIDS included up to 31.12.1995

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TABLE 2
NUMBER OF FIXED-TERM AND CAREER STAFF BY GRADE AND MAIN LOCATION AND STAFF COSTS (REGULAR AND EXTRABUDGETARY) FOR YEARS 1998 AND 1999 (EXCLUDING IARC AND PAHO)

	Staff numbers at 1.1.1998				**Staff numbers at 1.1.1999**			
	Headquarters	Regional offices	Countries	**Total**	Headquarters	Regional offices	Countries	**Total**
Ungraded	9	6	0	**15**	8	6	0	**14**
D.2	32	7	3	**42**	39	6	2	**47**
D.1/P.6	58	39	31	**128**	52	33	29	**114**
P.5	236	161	82	**479**	253	154	85	**492**
P.4	146	111	89	**346**	139	117	89	**345**
P.3	52	47	24	**123**	54	44	23	**121**
P.2	20	45	22	**87**	22	47	19	**88**
P.1	2	7	6	**15**	4	4	5	**13**
Total professional	555	423	257	**1 235**	571	411	252	**1 234**
Total general service	675	1 141	490	**2 306**	689	1 078	497	**2 264**
Grand total	1 230	1 564	747	**3 541**	1 260	1 489	749	**3 498**

Note: Unassigned staff (those seconded to other organizations or on leave without pay) are included in the headquarters and interregional figures: 1998: 48; 1999: 27

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TABLE 3
SHORT-TERM STAFF AND CONSULTANTS

Number of contracts												
	Headquarters			**Regional offices**			**Countries**			**Grand total**		
	P	GS	**Total**	P	GS	**Total**	P	GS	**Total**	P	GS	**All**
1992-1993	1 855	3 361	**5 216**	1 733	1 380	**3 113**	1 030	694	**1 724**	4 618	5 435	**10 053**
1994-1995	2 495	3 451	**5 946**	2 026	1 989	**4 015**	1 151	707	**1 858**	5 672	6 147	**11 819**
1996-1997	2 934	4 046	**6 980**	2 422	2 588	**5 010**	1 413	1 078	**2 491**	6 769	7 712	**14 481**
1998	1 887	2 183	**4 070**	727	1 294	**2 021**	473	540	**1 013**	3 087	4 017	**7 104**
Total work-months												
	Headquarters			**Regional offices**			**Countries**			**Grand total**		
	P	GS	**Total**	P	GS	**Total**	P	GS	**Total**	P	GS	**All**
1992-1993	2 927	5 060	**7 987**	2 904	4 761	**7 665**	2 092	4 573	**6 665**	7 923	14 394	**22 317**
1994-1995	4 777	5 376	**10 153**	3 630	6 607	**10 237**	1 586	4 648	**6 234**	9 993	16 631	**26 624**
1996-1997	5 493	5 538	**11 031**	5 682	9 073	**14 755**	2 488	7 037	**9 525**	13 663	21 648	**35 311**
1998	3 848	3 393	**7 241**	1 782	4 536	**6 318**	1 020	3 519	**4 539**	6 650	11 448	**18 098**

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Note: Total cost for short-term staff and consultants: 1992-1993: US$ 96 million; 1994-1995: US$ 128 million; 1996-1997: US$ 137 million.
P = professional
GS = general service

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TABLE 4
SHORT-TERM PROFESSIONAL STAFF AND CONSULTANTS EMPLOYED AT HEADQUARTERS

	1992-1993		1994-1995		1996-1997		1998	
	No. of contracts	Months worked	No. of contracts	Months worked	No. of contracts	Months worked	No. of contracts	Months worked
UG	0	0	0	0	0	0	1	3
D.2	13	10	10	6	9	10	9	24
D.1	7	10	3		2	3	3	8
P.6	19	79	64	213	83	186	29	58
P.5	170	528	384	944	444	994	292	660
P.4	230	861	354	1 231	536	1 602	515	1 415
P.3	128	519	251	894	362	1 257	302	988
P.2	43	145	74	289	162	552	130	396
P.1	14	29	31	111	43	97	37	101
Others*	67	249	200	639	178	431	7	19
Language staff	1 164	499	1 124	450	1 115	361	562	176
Total	1 855	2 929	2 495	4 777	2 934	5 493	1 887	3 848

* No grade indicated or without salary.

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ANNEX 5

WHO STAFFING

A. STAFFING TRENDS 1988-1998 AND PROJECTIONS TO END 2001

1. The WHO workforce is grouped by

- senior professional staff (ungraded, D.2, D.1, P.6) (Figures 1 and 2)
- other professional staff (P.5 to P.1) (Figures 3 and 4)
- general service staff (all grades) (Figures 5 and 6)

2. Ungraded levels at headquarters are being phased out. Executive Directors are graded D.2 and receive an allowance as Cabinet members. This arrangement enables them to be redeployed to a Director post if the need arises.

3. For each of the above groups, data are presented for

- headquarters (including interregional posts, which at end 1998 numbered five senior professional staff and 21 other professional staff)
- regions (regional and country offices).

4. The assumptions and projections used in Figures 1 to 6 as presented to the Executive Board at its 103rd session are as follows:

- **senior professional group** (P.6 and upwards): replacements have been plotted through to end 2001 on the basis of actual expected staff movements (director appointments through current process, retirements, contract expiry/renewal, etc.)
- **other groups:** projections are based on an 80% retirement replacement rate. No other turnover/attrition factors are taken into account.

5. On the above assumptions, senior staff levels will fall from 93 at end 1998 to 85 at end 2001. In other words, about two-thirds of the vacancies occurring on account of retirement will be filled. (If no vacancies occurring on account of retirement were filled, there would be 70 such staff). This is in fact a lower replacement rate than foreseen for the rest of the workforce (estimated at 80%), and will bring the number of senior staff to its lowest point for a decade.

B. REGULAR AND SHORT-TERM STAFFING LEVELS AND COSTS

6. Regular staff are those with fixed-term appointments of one to five years, or career service appointments. Short-term staff are those with appointments of less than one year. The electronic storage of information concerning WHO short-term staff goes back only as far as the 1992-1993 biennium. It has therefore not been possible to present data on these staff for the last decade, as requested in resolution EB103.R6.

7. Table 1 indicates the numbers of fixed-term and career staff in service on 1 January 1992, 1 January 1994 and 1 January 1996, by grade and main locations (headquarters, regional offices, countries), financed by both regula r budget and extrabudgetary sources, and actual expenditures on such staff for the bienniums 1992-1993, 1994-1995 and 1996-1997. Regular budget expenditure on senior staff (P.6, D.1, D.2 and ungraded) is provided in footnote 2.

8. Table 2 indicates the numbers of fixed-term and career staff in service on 1 January 1998 and 1 January 1999. Actual expenditures for such staff will be made available when the accounts for the 1998-1999 biennium are closed.

9. Table 3 gives data on short-term staff and co nsultants recruited for headquarters, regional offices and countries for the period 1992-1998, by number of contracts issued and time worked (work-months), financed both by regular budget and extrabudgetary sources. The figures for general serv ice staff in 1998 are approximate because of problems in availability of data in certain regions. A short-term contract may be for any duration less than 12 months. Many short-term contracts are for few days only (e.g. for meetings). Total work-months therefore give a more meaningful indication than the number of contracts issued for short-term staff. The total cost of short-term staff and consultants is also provided.

10. Table 4 gives a breakdown by grades of the short-term professional staff and consultants recruited fo r headquarters during the bienniums 1992-1993, 1994-1995, 1996-1997, and the year 1998.

Figure 1

Projection 2001
Senior professional staff
(P.6, D.1, D.2 and ungraded), headquarters

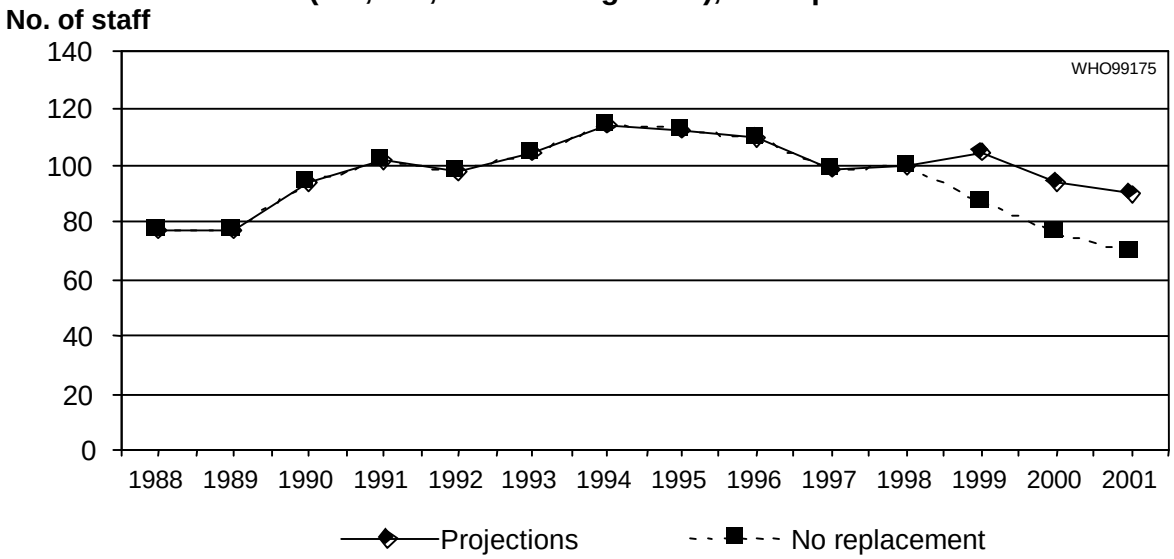


Figure 2
Projection 2001
Senior professional staff
(P.6, D.1, D.2 and ungraded), regions

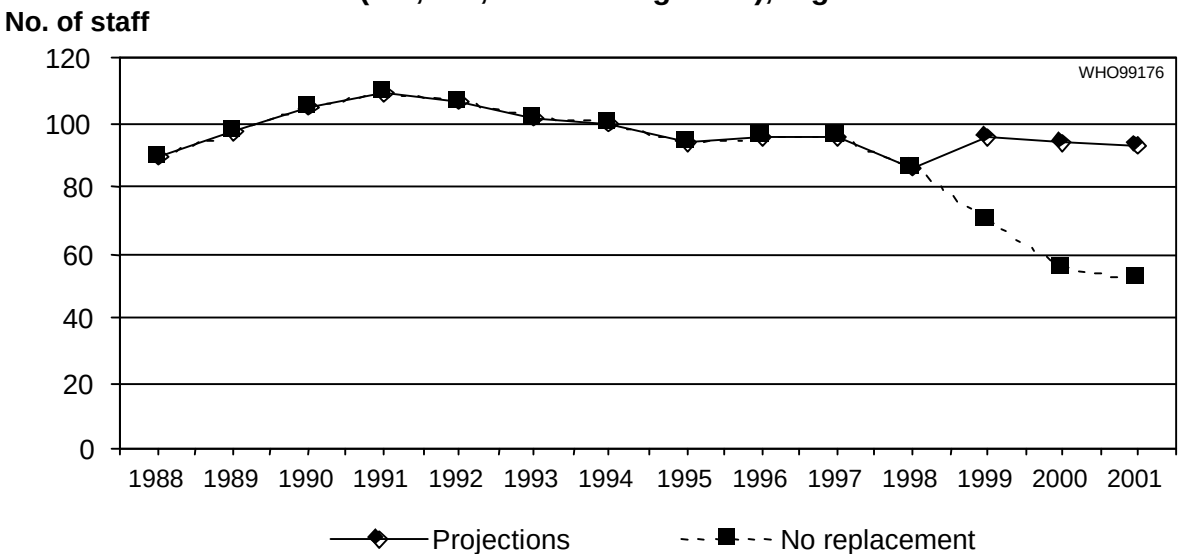


Figure 3
Projection 2001
Professional staff by grade, headquarters

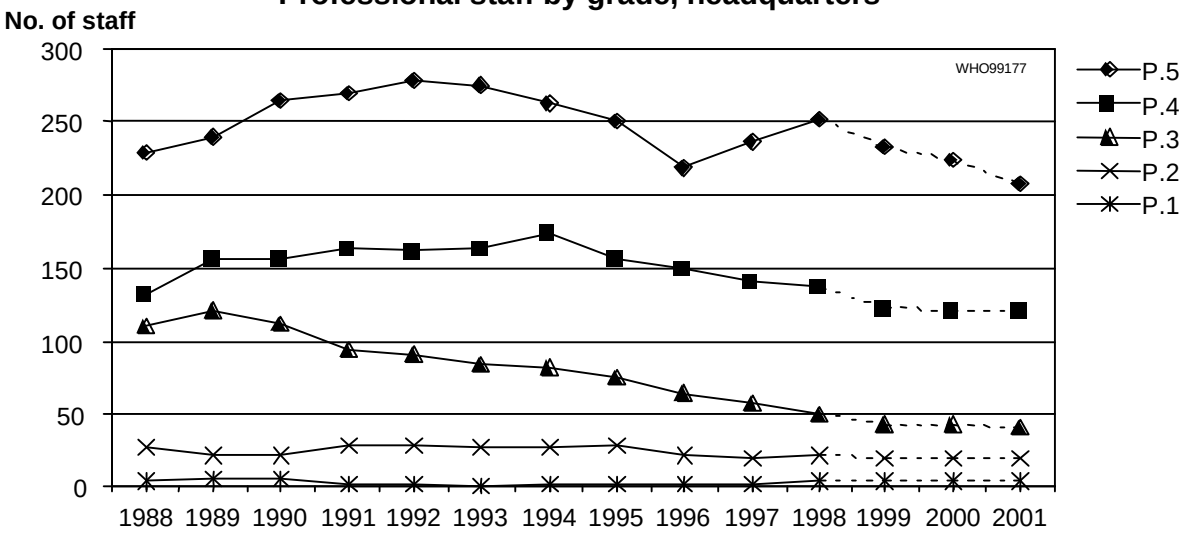


Figure 4
Projection 2001
Professional staff by grade, regions

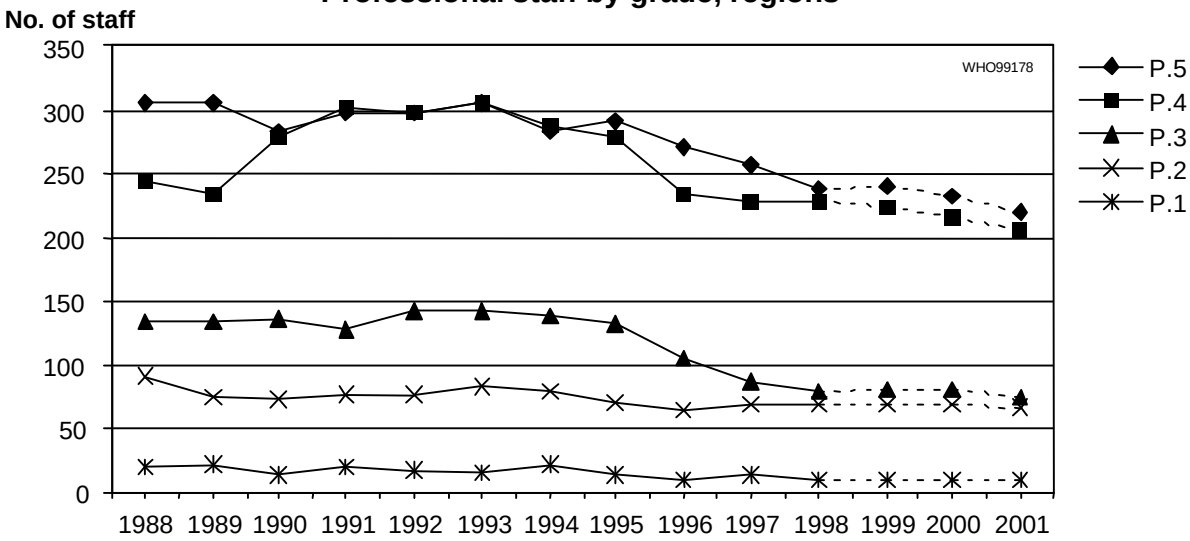


Figure 5
Projection 2001
General service staff (all levels), headquarters

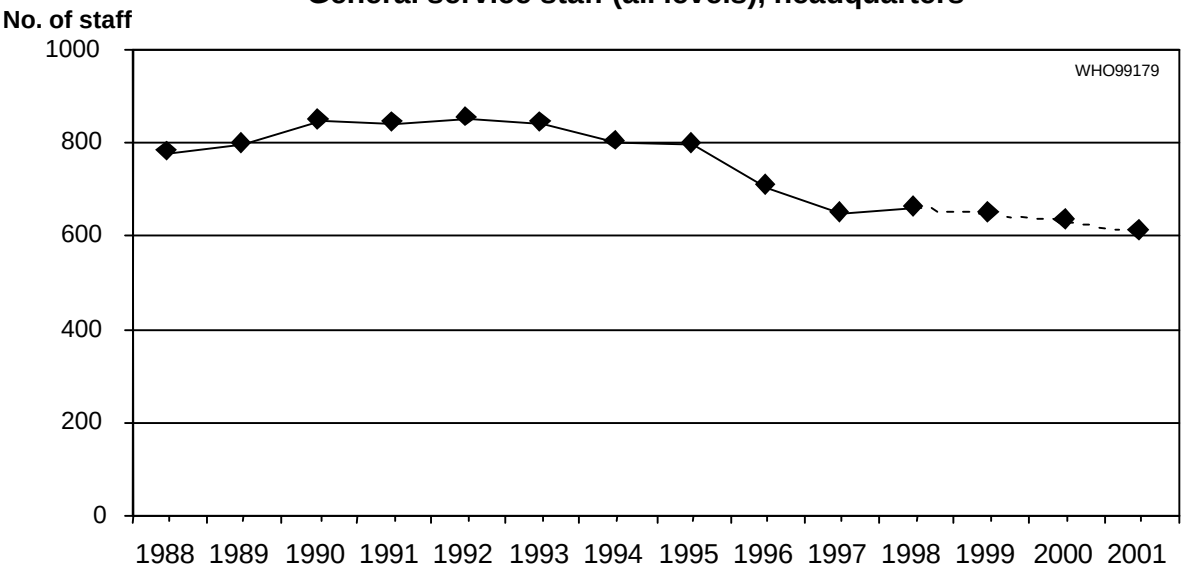
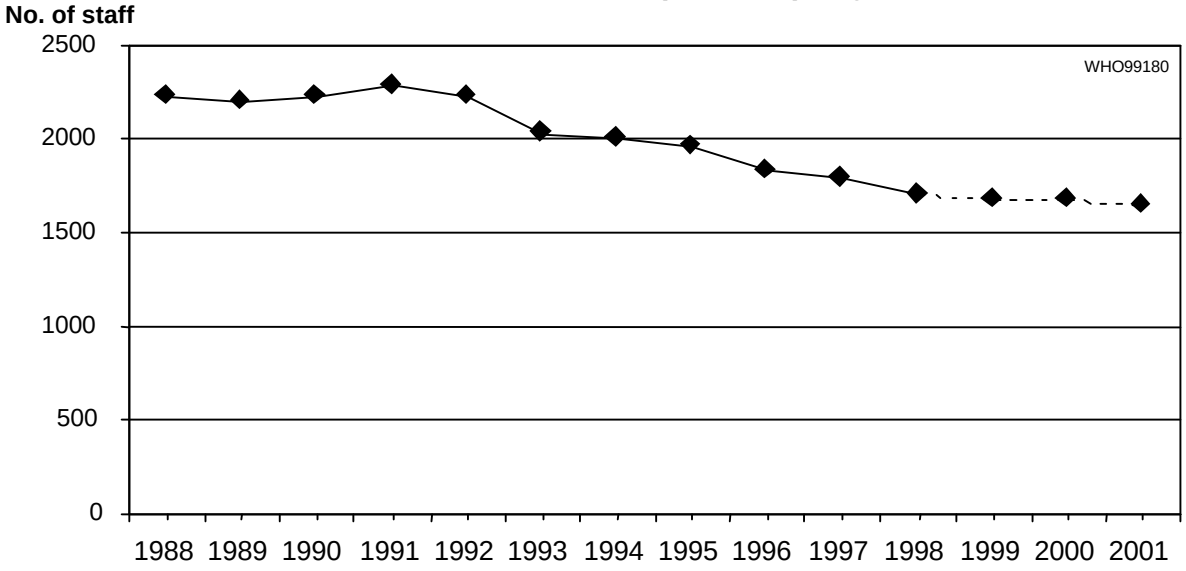


Figure 6
Projection 2001
General service staff (all levels), regions



ANNEX 6

BUDGETARY AND FINANCIAL IMPLEMENTATION FROM 1988-1989 TO 1996-1997

(US$ thousand)

1988-1993

Financial period	1988-1989					1990-1991					1992-1993				
Appropriation sections	Regular budget			Extrabudgetary resources		Regular budget			Other sources		Regular budget			Other sources	
	Approved	Effective	Actual	Budgeted	Actual	Approved	Effective	Actual	Budgeted	Actual	Approved	Effective	Actual	Budgeted	Actual
Direction, coordination and management Governing bodies	74 434	71 806	68 524	3 148	15 137	83 095	82 050	82 041	3 782	38 294	87 540	81 619	75 886	3 603	15 997
Health system infrastructure Health policy and management	192 970	198 987	187 929	11 740	30 458	204 527	212 513	212 512	12 482	33 418	234 891	244 026	223 132	41 973	74 847
Health science and technology - health promotion and care Health services development	110 239	106 543	103 351	100 147	144 729	115 177	120 454	120 452	135 141	165 002	130 709	126 292	114 647	114 503	179 304
Health science and technology - disease prevention and control Promotion and protection of health	86 224	83 647	81 986	149 605	208 179	89 386	90 512	90 512	191 796	246 420	94 244	93 898	83 475	225 288	280 646
Integrated control of disease															
Programme support Administrative services	145 113	147 997	144 663	10 374	37 867	161 555	180 573	180 572	17 111	41 197	187 552	197 941	191 677	32 313	42 220
Total	608 980	608 980	586 453	275 014	436 370	653 740	686 102	686 089	360 312	524 331	734 936	743 776	688 817	447 680	593 014

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BUDGETARY AND FINANCIAL IMPLEMENTATION FROM 1988-1989 TO 1996-1997 (continued)

(US$ thousand)

1994-1997

Financial period	1994-1995					1996-1997				
Appropriation sections	Regular budget			Extrabudgetary resources		Regular budget			Other sources	
	Approved	Effective	Actual	Budgeted	Actual	Approved	Effective	Actual	Budgeted	Actual
Direction, coordination and management	97 847	92 985	89 748	6 888	13 486					
Governing bodies						19 457	19 222	16 790		797
Health system infrastructure	272 220	270 956	269 751	60 940	135 961					
Health policy and management						261 422	253 371	251 039	123 717	113 507
Health science and technology - health promotion and care	145 209	150 341	149 242	177 241	166 427					
Health services development						168 241	165 576	157 583	37 306	54 642
Health science and technology - disease prevention and control	103 957	109 857	109 688	251 787	274 692					
Promotion and protection of health						132 667	126 756	117 188	177 907	120 614
Integrated control of disease						121 884	124 288	123 728	263 188	411 976
Programme support	202 868	219 263	217 467	37 152	34 806					
Administrative services						138 983	130 175	124 609	30 160	31 766
Total	822 101	843 402	835 896	534 008	625 372	842 654	819 388	790 937	632 278	733 302

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Notes: The above figures have been taken from the appropriate Biennial Financial Reports (Statement I and Table III), except those under column Other sources/Budgeted which had been indicated in the respective programme budgets. For the sake of consistency, figures related to IARC, PAHO and the Global Programme on AIDS Trust Fund have been excluded.
The difference between Approved and Effective columns under Regular budget is due to the workings of exchange rate facility and the Director-General's transfer flexibility, as authorized by the respective Health Assembly resolutions.

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ANNEX 7

REGULAR BUDGET: BREAKDOWN BY APPROPRIATION SECTION AND OBJECT OF EXPENDITURE

(US$ thousand)

	Appropriation section	Biennium	Categories of object of expenditure								Unspecified country programmes	Total
			Salaries	Travel on official business	Contractual services	General operating expenses	Supplies and materials	Acquisition of furniture and equipment	Fellowships, grants and contributions	Other expenditure		
1.	Communicable diseases	1998-1999	29 630	537						15 146		45 313
		2000-2001	32 511	561					150	19 005		52 227
2.	Noncommunicable diseases	1998-1999	5 988	92						2 395		8 475
		2000-2001	10 643	158					100	3 937		14 838
3.	Health systems and community health	1998-1999	35 973	863	80		19		50	23 375		60 360
		2000-2001	40 551	1 070	69		8		200	17 736		59 634
4.	Sustainable development and healthy environments	1998-1999	31 796	666						17 906		50 368
		2000-2001	31 635	612					150	16 359		48 756
5.	Social change and mental health	1998-1999	13 614	199						3 855		17 668
		2000-2001	15 255	179					100	5 647		21 181
6.	Health technology and pharmaceuticals	1998-1999	24 338	335			4			6 186		30 863
		2000-2001	25 482	299					150	7 151		33 082
7.	Evidence and information for policy	1998-1999	43 004	683	4 516	313	398	16		7 184		56 114
		2000-2001	45 427	449	3 543	241	291	16	150	8 960		59 077
8.	External relations and governing bodies	1998-1999	31 892	2 148	251	677	267		270	1 879		37 384
		2000-2001	32 733	1 940	221	712	228		414	3 652		39 900
9.	General management	1998-1999	109 440	861	5 046	22 161	3 089	2 384		24 693		167 674
		2000-2001	102 976	750	4 651	18 729	2 981	2 668	400	11 126		144 281
10.	Director-General, Regional Directors and independent functions	1998-1999	22 580	1 239	87		110	54		9 281		33 351
		2000-2001	16 358	1 232	50		108	54		9 784		27 586
11.	Country programmes	1998-1999	53 697	1 778		18 264	2 437	595	309	6 094	251 910	335 084
		2000-2001	59 420	2 686	315	13 077	3 591	1 537	215	6 334	254 917	342 092
	Total	1998-1999	401 952	9 401	9 980	41 415	6 324	3 049	629	117 994	251 910	842 654
		2000-2001	412 991	9 936	8 849	32 759	7 207	4 275	2 029	109 691	254 917	842 654

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