ANNEX 3

REPORT OF THE SUB-COMMITTEE ON PROGRAMME AND BUDGET

1 INTRODUCTION

1.1 At its seventh session, the Regional Committee, in resolution WP/RC7.R7, decided "that the establishment of a sub-committee on programme and budget, consisting of six members plus the Chairman of the Regional Committee, should become a routine activity of the Regional Committee"; and recommended that "the membership of this sub-committee be rotated among the Representatives of various Members, subject to the provision that any Representative desiring to be a member of the sub-committee should be entitled to participate".

The Sub-Committee on Programme and Budget met on 23 and 26 September 1966, under the chairmanship of Dr Thor Peng Thong (Cambodia). The attendance was as follows:

Members

France	Médecin-Général M. Orsini
Laos	Dr Koukèo Saycocie
Malaysia	Dr L.W. Jayesuria Dr R. Dickie (alternate) Dr C.H. James (alternate) Mr Abdul Aziz bin Mohamed (alternate)
Philippines	Dr A.H. Cruz Dr A.N. Acosta (alternate)
Portugal	Dr Nuno Campelo de Andrade Dr Manuel Florentino Matias (alternate) Mr Carlos da Luz Nunes (alternate)
Singapore	Dr S.R. Sayampanathan
United States of America	Dr R.K.C. Lee Mr M.K. Koizumi (adviser)
Western Samoa	Dr J.C. Thieme

The meetings of the Sub-Committee were attended also by the following members of the Committee and their alternates and advisers:

Country	
Australia	Dr H.E. Downes Dr R. Taureka
Cambodia	Mr Ok Sam On
China	Dr C.K. Chang Dr T.C. Hsu
Japan	Dr M. Matsuo Mr K. Watanabe
New Zealand	Dr C.N.D. Taylor
Republic of Korea	Dr Y.K. Cha Mr J.H. Suh

1.2 In the course of its meetings, the Sub-Committee examined the proposed budget in accordance with the guidelines given on page 49. In addition to the proposed programme and budget estimates for the financial year 1 January - 31 December 1968 (document WPR/RC17/2), the Sub-Committee was provided with three working papers: (1) analysis of proposed programme and budget estimates, regular funds - 1967-1968 (see pages 51-52); (2) major subject headings used in the proposed programme and budget estimates for 1968 (see pages 53-54); and (3) additions or changes to the proposed programme and budget estimates for the financial year 1 January - 31 December 1968 (see pages 55-56).

2 REGULAR PROGRAMME AND BUDGET ESTIMATES

2.1 Level of the proposed programme and budget estimates for 1968

2.1.1 The Sub-Committee noted that the estimates proposed for the Region under the regular budget in 1968, excluding expenses in connexion with the Regional Committee, amounted to $4 372 416, an increase of $361 251, or 9.01%,

over that in 1967. Of this amount, $589 209 had been allocated to the Regional Office and $3 783 207 to the field programme. The Sub-Committee noted further that the percentage increase from 1967 to 1968 was only 8.6% if the gross figures were considered rather than the net figures, the latter allowing for delays in filling new posts.

2.1.2 The increase in the estimates for the Regional Office amounted to $54 992 (15.22% of the overall increase). The increase was due to normal statutory salary increments, the normal increases foreseen under other statutory staff costs (such as post adjustment), the cost connected with the salary and allowances for a new M.5 post under general services (general services clerk), the uneven distribution of home leave costs, and a revision of the common services' estimates mainly attributable to a rise in wages for contractual services resulting from a new minimum wage law adopted in the Philippines.

2.1.3 The increase of $306 259 in the estimates for programme activities, after allowing for delays in recruitment, was made up of $49 302 for regional advisers, $21 863 for WHO representatives and $235 094 for field projects; 84.78% of the overall increase had, in fact, been allotted to programme activities. In the case of the regional advisers and WHO representatives the increase related to normal statutory salary increments for existing staff, statutory staff costs and the uneven distribution of home leave. In addition, there was an increase in common services for the regional advisers.

2.2 Programme aspects

2.2.1 The Regional Director informed the Sub-Committee that in establishing the proposed programme and budget estimates for 1968 two main factors had been taken into account: continuing projects and the allocation proposed by the

Director-General for these activities. One hundred and forty-six projects were proposed under twenty-one major subject headings - 127 represented country and 19 inter-country projects. A total of 196 fellowships were also included, of which 106 were for study within the Region.

2.2.2 Consistent with the still developing national health services, a substantial proportion of the programme in 1968 would continue to give emphasis to the strengthening of the general health services, the control of communicable diseases and the education and training of health personnel.

2.2.3 In recent years, WHO had assisted in national health planning through direct services (e.g., Laos, Republic of Korea) or through the indirect or direct participation of field staff (e.g., China, Malaysia). In 1968, assistance would again be extended to the Republic of Korea and, it was hoped, should the present emergency be resolved, also to the Republic of Viet-Nam.

2.2.4 In the British Solomon Islands Protectorate, Laos, Malaysia and Western Samoa, peripheral basic health services were being developed to meet local needs. In the Philippines, the public health demonstration project aimed to strengthen the already existing local services by upgrading performance standards and improving supervision while, at the same time, using the project as a field practice area for health trainees. In the Republic of Korea, another demonstration project sought to strengthen the health services at provincial, county and district levels by developing representative units at these levels in each province.

2.2.5 In other countries, peripheral health services development was being spearheaded by the strengthening of the maternal and child health services at local and intermediate levels.

2.2.6 In many countries, specialized units were being developed at the central level to help guide technically the field operations of the general health services. This trend was reflected in Laos, where a vital and health statistical project would be inaugurated, while in the Republic of Korea and West Malaysia central epidemiological services would be set up. A number of health laboratory services projects initiated in preceding years would continue to receive support; other specialized technical units to receive attention would include nutrition, school health, dental health, mental health, as well as health education and nursing services.

2.2.7 Efforts would also be concentrated on the effective execution and assessment of control programmes against the major communicable diseases. The regional communicable diseases advisory team, which would start work in 1967, would be continued in 1968. One of its major activities would be to assist countries to study means of combatting cholera, Japanese encephalities and haemorrhagic fever. Tuberculosis still remained a major public health problem in the Region. The regional tuberculosis advisory team would, therefore, continue to provide advisory services to governments in connexion with the planning, organization and evaluation of their national tuberculosis programmes. To date, assistance had been provided to nine countries and four territories. Two new country projects were proposed, one in Singapore and the other in Malaysia.

2.2.8 An important part of the proposed programme and budget estimates for 1968 was earmarked for malaria activities (17.96% of the total regular programme of the Region for 1968).

The present forecast for 1968 could be summarized as follows:

(a) There would be full malaria eradication programmes in five areas of the Region, namely, in Brunei, West Malaysia, East Malaysia (Sabah,

Sarawak), and the Philippines.

(b) Pre-eradication programmes would be in operation in the British Solomon Islands Protectorate, Cambodia, Republic of Korea and Republic of Viet-Nam.

(c) The malaria eradication training centre in Manila, which had been in operation since 1963 and in which the Government of the Philippines and the United States Agency for International Development also participated, would continue its activities.

(d) A malaria eradication assessment team would make an independent appraisal of the status of malaria eradication or of any special aspects of the malaria programmes in selected countries. This team might later become a permanent inter-country assessment team in order to give further technical support to the malaria field teams.

2.2.9 The award of fellowships would continue to be a major feature of the regional programme. To the greatest extent possible, priority had been given to the award of fellowships to staff connected with WHO-assisted projects and individuals holding teaching and leadership positions. Particular attention had also been given to the strengthening of departments of preventive and social medicine in faculties of medicine in order to promote the integration of the preventive and promotive aspects of health in curative medicine.

2.2.10 In the developing countries, major activities in the field of environmental health would still be in general sanitation, including water supplies, excreta disposal and food hygiene.

2.2.11 In the South Pacific, public health nursing advisory services would be continued. WHO would also give assistance to the nutrition education and training centre in Suva.

2.3 Percentage obligated for the different activities

The Sub-Committee was provided with two working documents, one which indicated the percentages obligated for the different activities (Annex 2) and the other which listed the number of different, although related, projects appearing under the general heading of "public health administration" (see page 53).

2.4 Supplementary List

The Sub-Committee was informed that as the total requests received from Member governments considerably exceeded the regular budget allocation proposed by the Director-General for this region, certain requests had had to be relegated to the Supplementary List (additional projects requested by governments and not included in the proposed programme and budget estimates) for possible implementation if savings became available. The Sub-Committee noted that the following additional requests had been received from governments and that these would also be included in the Supplementary List:

(a) American Samoa - Dental Health: a twelve-month fellowship

(b) Laos - Nutrition Advisory Services: consisting of a non-medical nutritionist and a twelve-month fellowship: to start in 1967

(c) Malaysia - University of Malaya: a statistician

(d) New Caledonia - Health Education: a twelve-month fellowship

(e) New Caledonia - Environmental Health: a four-month fellowship

(f) Tokelau Islands - Education and Training: a six-month fellowship

The Sub-Committee noted further that the education and training fellowships listed under Cook Islands on page 268 had been deleted.

2.5 Ad hoc requests

The Regional Director drew attention to the problems which had arisen during the past year in connexion with ad hoc requests for assistance.

Although there was in the programme and budget estimates an inter-country advisory services project (WPRO 79) which was designed to meet such requests, the amount of money allocated to this project was limited. If realistic health plans were drawn up, requests for ad hoc assistance would automatically be reduced and the Organization would not be placed in the unfortunate situation of being unable to meet a government request.

2.6 Discussion

2.6.1 General

The Representative of the United States of America called the attention of the Regional Director to the necessity of applying forward-looking and dynamic programming concepts. Bearing in mind particularly the changing patterns of communications, transportation and the advancing levels of national health administrations while avoiding a too slavish adherence to past administrative patterns.

He then referred to the Regional Director's statement that there were 196 fellowships planned for 1968 and asked whether these had been specifically requested by governments and whether the possibility of governments providing them themselves had been discussed. He also referred to the reduction in the allocation for maternal and child health and asked if consideration had been given to a possible increase in family planning activities in relation to maternal and child health.

The Regional Director stated that all fellowships listed in the proposed programme and budget estimates for 1968 and for previous years had been requested by governments, as had all the items shown in the document. Requests for fellowships were carefully screened and studied in order to make the best possible use of available funds. Higher priority was given to fellowships connected with projects receiving WHO assistance,

as trained staff would mean that these projects could be turned over to the national counterpart staff sooner. Many of the fellowship requests received had had to be given a lower priority and these would be found in the Supplementary List.

As far as maternal and child health was concerned, the reduction in 1968 compared to 1967 was due to the provision for an inter-country meeting in 1967, which amounted to US$27 100, and the tapering off of assistance in some projects and the relatively heavy statutory costs that are related to such action. It could be noted, however, that 1968 nevertheless showed an increase over 1966.

Family planning assistance in connexion with maternal and child health projects would, of course, depend upon government requests for such assistance and the Organization's ability to respond in the light of available funds and the terms of the Organization's policy as set forth by the World Health Assembly.

2.6.2 Regional Advisers and WHO Representatives

Reference was made to the opinion expressed at previous sessions that the travel funds for Regional Advisers were inadequate so that they did not have a chance to render fully the services required of them.

The Regional Director pointed out that in the approved programme and budget for 1966 the total amount for duty travel for regional advisers had been $41 500. In agreement with WHO Headquarters, the allocation had been increased to $43 500. If necessary, this amount would be increased further by making other adjustments to the programme.

The Representative of the United States of America suggested that the Regional Director should study further the criteria for determining whether a country needed and should have a WHO representative. The establishment of a country representative office meant immediately the

employment of an additional number of staff. He would prefer to see the funds now allocated to this type of activity added to the Regional Office so that there were more regional advisers who could provide the specialist assistance more urgently required by governments. Too much decentralization was dangerous as it prevented the staff in the Regional Office from getting into the field.

The Representative of France supported the suggestion that a careful selection should be made of the areas in which WHO representatives were required. As far as the French territories in the South Pacific were concerned, they had more need for specialist advisers, as a health structure, in fact, existed in all the territories.

The Representatives of Cambodia and Western Samoa considered that from a practical point of view a WHO representative was necessary, and his presence was useful in co-ordinating the different proposals made by the specialist advisers and in assisting the Government to make a final selection of its programme needs. He also ensured closer liaison between the Government and the Regional Office.

The Sub-Committee noted that the WHO representatives in the Region had been given instructions to assist governments in their areas in the formulation of national health plans, which were basic to any well-balanced programme. They also had to co-ordinate all WHO-assisted activities within the country and to maintain contact with other internatinnal, bilateral and government agencies interested in health programmes.

Dr Kaul, Assistant Director-General, informed the Sub-Committee that experience not only in this region but in almost all regions showed that there were needs in a practical programme which could only be handled by somebody who was on the spot. The type of duties that the

WHO representatives carried out could never be covered by the Regional Office. The WHO Constitution stated that WHO was to act as a co-ordinating body for all international health activities and the Organization had undertaken this responsibility in all developing countries where the multitude of the assistance given to health activities both by WHO, evidenced by its increasing budget, as well as by bilateral and other international agencies, was obvious. In some countries, the WHO representative served as the secretary of the co-ordinating committee at national level and in a number of countries this committee met regularly once a month. The developing countries required to review continuously their health programmes and the WHO representatives could assist considerably by indicating some of the changes which might be made. If the Organization had to depend on specialists, its budget would have to be doubled. It was not possible to have specialists in all fields and there was also the question of recruiting enough high-level staff. It was essential to have a broad integrated health programme and if too much emphasis were placed on special fields, health activities might not develop in a balanced manner.

Dr Kaul assured the Representative of the United States of America that the Director-General and the Regional Directors had considered the staffing pattern of the WHO representative's office very carefully. It was not the intention to decentralize the regional offices. It was the intention to have the technical work of the Organization done at the highest level and in a continuous way. Any tendency for the WHO representatives' offices to grow was being resisted and, as a policy, was discouraged by the Director-General. In the Region of the Americas, for instance, where there were a number of zone offices fully staffed, the reverse process was now in operation and attempts were being made to redesign these offices in accordance with the pattern of the WHO representatives' offices in the rest of the world.

2.6.3 Country Projects

(a) Brunei (page 21)

Malaria eradication programme (Brunei 3)

It was noted that after 1969 it was not considered necessary to continue assistance to the malaria project as the Government had sufficient trained national staff who could undertake the programme when the WHO staff were withdrawn.

(b) Cook Islands (page 57)

Education and training fellowships (Cook Islands 200)

The Sub-Committee noted that the Government had requested a change to be made in connexion with the education and training fellowships (see page 55).

(c) Laos (page 85)

Malaria fellowships (Laos 200)

It was noted that assistance had been given by the United States Agency for International Development to this programme, but that this had now been withdrawn. The Representative of Laos asked whether WHO could assign a malariologist to study the situation in detail and submit his report to the Regional Office as to what future activities should be carried out in this field.

The Regional Director stated that arrangements would be made for a malariologist to visit the country to assess the situation. This could possibly be arranged when the WHO malaria assessment team was established.

(d) Malaysia (pages 97-115)

The Sub-Committee noted that the Government of Malaysia had requested changes in three projects: Nutrition Advisory

Services, Sabah and Sarawak (Malaysia 55, page 109); Environmental Health Advisory Services, Sabah and Sarawak (Malaysia 41, page 111); and University of Malaya (Malaysia 40, page 113). Full details of these changes are given on page 55.

(e) Philippines

Malaria eradication programme (page 127)

The Sub-Committee noted that a greater part of the administrative difficulties connected with the malaria eradication programme had been resolved. The Secretary of Health had taken over full responsibility for malaria eradication and there was now a full-time director for the project. Legislation had recently been passed by the Philippine Congress so that the programme had now become centralized instead of regionalized and there would thus be more effective direction and supervision.

(f) Viet-Nam (pages 183-197)

The Representative of the United States of America asked if the Regional Director had given greater attention to the needs for training and service programmes in Viet-Nam.

The Regional Director informed the Sub-Committee that after his assumption of office his first visit had been to Viet-Nam. Discussions had been held with the Minister of Health and his staff and also with the representatives of other assisting organizations. The Ministry had requested modifications to the 1966, 1967 and 1968 programmes to meet its future needs. A proposal had been recently received outlining various immediate and long-term needs of the country. These included training. The matter was still

under negotiation so that it was possible that some of the projects listed in the document might be modified to meet present urgent needs.

2.6.4 Inter-Country Programmes

Nutrition Education and Training Centre for the South Pacific (WPRO 148, page 225)

The Sub-Committee noted that, at the request of the Government of Fiji, the justification under this project had been re-worded (see page 56). It was further noted that there were two nutrition projects in the South Pacific, one related to the Department of Nutrition and Dietetics of the Fiji School of Medicine, the second to the Nutrition Training Courses for the South Pacific which will be sponsored by the South Pacific Commission.

The Regional Director informed the Sub-Committee that the Regional Office considered that these two projects should be co-ordinated. Immediately after the meeting, therefore, the Regional Adviser in Nutrition would go to Bangkok with the Director of Medical Services, Fiji and the Executive Officer for Health of the South Pacific Commission, to discuss with FAO and UNICEF how this could be done.

3 UNITED NATIONS DEVELOPMENT PROGRAMME

3.1 Technical Assistance

3.1.1 The Sub-Committee was informed that the estimates shown in the document were based on the requests submitted by governments to the Administrator of the United Nations Development Programme. This programme would be considered by the Governing Council of the Programme towards the end of 1966.

3.1.2 The Regional Director drew attention to the two inter-country programmes proposed for the South Pacific - a maternal and child health

advisory services project and an environmental health advisory services project. He pointed out that it was his responsibility to secure funds for inter-country projects proposed under this programme. It was important, therefore, that the Sub-Committee should decide whether it wished to support the projects mentioned and, if so, an endorsement to this effect should be included in the draft programme and budget resolution it would recommend to the main Committee.

3.1.3 The Regional Director then drew the attention of the Sub-Committee to the importance of health authorities obtaining a proper share of the funds under the United Nations Development Programme. During the biennium 1967-1968, the allocation of funds under this programme for health activities in the Region had decreased from approximately $1.7 million in the 1965-1966 biennium to approximately $1.4 million in the 1967-1968 biennium, that is, a net decrease of $300 000. If this trend continued, the regional programme would be greatly reduced. This emphasized the importance of providing adequate justifications for the health programme, which should be clearly associated with or have a direct bearing on the national development plan. Such plans should also be so phased that a new economic-oriented health project could be established immediately an earlier one was completed.

3.2 Special Fund

The Regional Director reported that although not appearing in the proposed programme and budget estimates, there was foreseen for 1968 the continuation of a project approved in June 1966 by the Governing Council of the United Nations Development Programme. This project, which would probably start in the last quarter of 1966, consisted of the preparation of a "Master Plan for Sewerage for Metropolitan Manila". Funds were being

provided by the United Nations Development Programme/Special Fund at a total cost of $690 200 and WHO would be the Executing Agency. The counterpart contribution by the Government was estimated at $398 000. This was the first Special Fund project in the Region.

3.3 Discussion

3.3.1 General

The Representative of China referred to the fact that he had heard that the representative of the United Nations Development Programme would be taking over the responsibility for all the United Nations and Specialized Agency and UNICEF staff. There had been very effective co-operation between the WHO representative's office, the UNICEF liaison office and the Government, and he asked if this new arrangement would, in fact, affect WHO.

Dr Kaul stated that the United Nations Expanded Programme for Technical Assistance had started to appoint country and regional representatives many years ago. With the combining of the Technical Assistance Programme and the Special Fund into the United Nations Development Programme, the United Nations representatives would now act on behalf of both programmes. They also acted on behalf of some agencies, such as FAO and UNESCO, which had no regional offices. As WHO, since its inception, had had a decentralized structure, there had been no need to have its field programme either serviced or negotiated through a United Nations representative. In the case of WHO, the programmes were highly technical and it would be difficult for a non-technical person to give advice in the field of medicine. In the education and economic fields, economic or administrative advisers appointed as United Nations representatives could well act with ease. Both organizations co-operated, however, very closely. The United Nations representatives were provided with whatever information they required. If

there were no other facilities, the Organization could use those of the United Nations offices and, in some cases where there was no United Nations representative, WHO provided the same assistance.

3.3.2 Country Projects

Laos

The Representative of Laos drew attention to the fact that the post of country liaison officer would be suppressed at the end of 1967 and emphasized the importance of the continued assistance of a public health administrator.

The Regional Director pointed out that there was provision in the regular programme for the post of a WHO representative for Laos and the occupant of this post would continue to provide the advisory services required.

The Sub-Committee noted that it had not been possible to start the environmental sanitation project because this had not been included by the Government in its Category I request to the United Nations Development Programme. It had, however, been included under the Category II programme and if the Health Department could persuade its planning committee to upgrade the project to Category I, the Organization would give this request its fullest support. The post of sanitarian attached to the rural health development project had also not been included in the Government's Category I programme. The re-establishment of this post under Category I would also be supported.

3.3.3 Inter-Country Projects

The Sub-Committee agreed that the two inter-country projects included under this programme should be supported and a phrase to this effect should be included in the draft resolution.

4 VOLUNTARY FUND FOR HEALTH PROMOTION

The Sub-Committee noted that the proposed estimates also included activities to be funded from the following accounts: Special Account for Community Water Supply, Malaria Eradication Special Account, Special Account for the Leprosy Programme, Special Account for the Yaws Programme, and Special Account for Smallpox Eradication. Its attention was drawn to the fact that projects listed under these Special Accounts could only be implemented if sufficient voluntary contributions became available under the Voluntary Fund.

5 FUNDS ALLOCATED BY UNICEF

The Sub-Committee noted that the amounts expected to be provided by UNICEF for the years 1966 and 1967 had been indicated. The information for 1968 was not yet available and would be inserted as a global figure in the programme and budget estimates which the Director-General would submit to the Executive Board and World Health Assembly.

6 GENERAL CONCLUSIONS

The Sub-Committee found that the proposed programme and budget estimates were acceptable and followed the general programme of work approved by the Regional Committee and the World Health Assembly.