

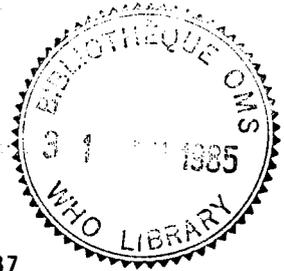


EXECUTIVE BOARD

Seventy-fifth Session

Agenda item 7

WHO - Budget, 1986-1987



PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1986-1987

Report of the Executive Board on its review of the
proposed programme budget for 1986-1987

INTRODUCTION

1. The Executive Board at its seventy-first session in January 1983 decided to prepare its report to the Health Assembly on the review of the proposed programme budget for 1984-1985 in a new format. This was designed to focus attention on significant programme and financial policy matters and thus make the report more helpful to the Health Assembly.
2. In preparing the present report, the Executive Board has followed the same approach. The Board's aim is to highlight those major policy issues which, in its opinion, call for particular consideration by the Health Assembly in reviewing the proposed programme budget for 1986-1987. The report therefore addresses itself essentially to specific issues and has been structured as follows:
 - I. Major global and regional policy issues emerging from the discussion of parts I and III of the Director-General's Introduction to the proposed programme budget (document PB/86-87, pages XII to XXXVIII and XLIII to XLIV).
 - II. Major individual programme policy and strategy issues, presented under the headings of the four broad categories of programmes of the Seventh General Programme of Work, including issues relating to resource allocations (document PB/86-87, pages 49 to 291).
 - III. Major budgetary and financial issues emerging from the discussion of part II of the Director-General's Introduction to the proposed programme budget, including budget level and draft Appropriation Resolution for 1986-1987 (document PB/86-87, pages XXXVIII to XLIII and 27 to 33).
3. The Board hopes that the report in its present format will continue to assist the Health Assembly in focussing its review of the proposed programme budget on questions considered to be of major importance. The Board's detailed discussion of the proposed programme budget for 1986-1987 is reflected in the summary records of its seventy-fifth session in January 1985.

I. GENERAL POLICY MATTERS

4. When reviewing the Proposed Programme Budget for the Financial Period 1986-1987 (document PB/86-87), the Executive Board suggests that delegates to the Thirty-eighth World Health Assembly should pay particular attention to the Director-General's Introduction, which outlines the main policy and programme orientations for 1986-1987, and puts forward a number of critical issues for debate.

5. The Executive Board shares the sense of conscience felt by the Director-General when, for the second successive biennium, he has had to propose a budgetary ceiling which allows for no growth in real terms. The developing countries face serious health problems, increasing needs, and a huge gap in resources for their Health for All strategies; in some areas these problems are compounded by drought, starvation, conflict, refugee problems and mounting external debt. At the same time, however, account must be taken of the economic climate prevailing in those countries which provide most of the Organization's funds.
6. Faced with the dilemma of a stationary budget in real terms versus increasing health needs, the Executive Board agrees that the only solution is, taking account of priorities, to make optimal use of all available resources - beginning with those of the Organization itself. This is the central theme of the proposed programme budget for 1986-1987 and it is suggested that delegates to the Thirty-eighth World Health Assembly may wish to review the programme budget proposals in these terms in the context of the needs and capacities of individual countries. The Board appreciates that, despite the absence of real growth in the programme budget, it has been possible nevertheless, by reductions at other levels, to provide a 4.2% real increase at country level.
7. The question of how WHO's resources are being used in the regions and, particularly at country level, deserves careful attention in the light of the policies and strategies for Health for All adopted by the World Health Assembly. The fact that nearly 70% of the Organization's regular budget resources for 1986-1987 are being devoted to country, intercountry and regional activities is particularly important.
8. The Thirty-third World Health Assembly (1980) in resolution WHA33.17 decided to concentrate the Organization's activities over the coming decades on support to strategies for Health for All. It urged Member States to undertake measures in the spirit of the policies adopted collectively in WHO, and assume responsibility for the use of "their" WHO. The resolution requested the Director-General and Regional Directors to respond favourably to government requests only if these conform to the collectively agreed policies of the Organization. In that connection Regional Committees were asked to assume a more active role in monitoring, control and evaluation.
9. The Executive Board agrees with the principle that government responsibility must go hand in hand with government accountability. The Organization's budget is the property of the collectivity of Member States and no portion of it belongs solely to any one Member. It was for this reason that the Thirty-fourth World Health Assembly (1981), in resolution WHA34.24, urged Member States to formulate international health policies.
10. The Executive Board commends the efforts reported from many countries to develop joint government/WHO policy and programme reviews, and joint programme budgeting of WHO's resources at country level for the mainstream of national developmental activities for Health for All. The Board has also been informed of a number of different approaches being used at regional level, and as part of the work of Regional Committees, to plan and monitor the activities of the Organization in support of national health strategy and programme development. Successful experiences deserve to be propagated more systematically throughout all the regions, and at all levels of the Organization. The Board notes with approval the Director-General's intention to reinforce the monitoring of the use of WHO's resources through financial audit in policy and programme terms, and to keep the Regional Committees, Executive Board and World Health Assembly informed.
11. The Executive Board adopted resolution EB75.R7.¹ This gives effect to the Director-General's proposal that each WHO region should prepare a regional programme budget policy and asks the Regional Committees to prepare and monitor regional programme budget policies which will ensure optimal use of WHO's resources, particularly at country level, in order to give maximum effect to the Organization's collective policies. It requests the Regional Committees to submit these policies for review by the Executive Board and World Health Assembly, and to prepare the regional programme budget proposals in accordance with

¹ EB75/1985/REC/1, Resolutions and Decisions.

them. The Board has decided to monitor and evaluate the preparation and implementation of these regional policies and report on them to the Health Assembly on a regular basis. Whilst firm decisions cannot be made at this stage, it is the intention of the Director-General to prepare an informal outline of the issues, processes and assessment that a regional programme budget policy might contain. It is recognized however that the situation will be different in each region, and that the regional policy has to be worked out through a process of consultation and learning-by-doing.

12. The Board considers that the existence of regional programme budget policies and the means of monitoring them should go a long way towards solving a perennial problem, namely, the difficulty for both the Board and the Health Assembly in assessing the efficiency and effectiveness of the use of WHO's resources in, and in direct support of, countries. The Board appreciates that the format of presentation of the Programme Budget has evolved substantially over the past decade; it is now more programme-oriented, more analytical, and the proposed programme budget for 1986-1987 makes a clearer distinction between the three main organizational levels, namely country, intercountry and regional, and global and interregional.

13. Nevertheless, Members of the Board have commented on the inadequacy of specific country and regional information resulting from the global consolidation in the programme budget document. The WHO approach is "programming by objectives and budgeting by programme"; it is not a question of returning to an "object-of-expenditure" or a "project-by-project" analysis, but rather of ensuring that WHO's resources are really being used effectively to support the mainstream of national development activities in line with Health for All policies. Attention should be paid to how this assessment can be made at country level, how it can be fully reflected in the regional programme budget documents presented to Regional Committees, and how it can be synthesized and reported in the global programme budget document presented to the Board and Health Assembly. All this should be taken into account in the regional programme budget policies.

14. The success of the policies and strategies for Health for All will depend on having dedicated people, health workers, managers and those "inspired to aspire" - in short, health development leaders. One of the wisest investments any political leader can make is a national investment in health. As a matter of policy, the Executive Board is in agreement with the Director-General's proposal to establish training or learning processes in health-for-all leadership. The Director-General emphasized to the Board that these will not be "classroom" events; the idea is to involve demonstrated leaders active in political, social, scientific, educational, religious, governmental, and community endeavour for health development, in addition to senior health policy makers and executives as well as those providing health care. If these efforts are to be worthwhile, as the Board believes, they will call for the redeployment of resources. The Director-General explained to the Executive Board that he has formed a task force to elaborate the details of training for health-for-all leadership, and more information is expected to be available for the Thirty-eighth World Health Assembly.

II. PROGRAMME POLICY MATTERS

(a) Programme policy and strategy issues

15. The Executive Board wishes to bring to the particular attention of delegates to the Health Assembly certain themes which cut across programme areas, and which the Board considers to be of special importance. These include: (a) the inadequacy of national managerial capacity; (b) the need to reinforce the intersectoral action in relation to health; (c) the importance of creating awareness of health problems; and (d) the adequate dissemination of information material within countries.

16. Referring to (b) above, the Executive Board notes with concern that insufficient intersectoral cooperation in many countries results not only in lost opportunities for effective health promotion but also in new and serious types of health hazards for the populations concerned. The Board recognizes that the Organization's policy has been to focus on and strengthen ministries responsible for health to enable them to assume their leadership and coordinating roles in national health development. At the same time, it is aware that Article 33 of the WHO Constitution provides that the Director-General may establish a procedure, by agreement with Members, permitting him to have direct access to their various

government departments. While continuing the current policy, the Director-General notes that WHO's dialogue at country level with various Government departments could be the subject of future study, possibly by the Programme Committee of the Executive Board.

Direction, coordination and management

17. As a result of favourable trends in the budgetary rate of exchange between the Swiss franc and the US dollar and less use of temporary staff, it has been consistently possible to reduce the budgetary allocation for programme 1.1 (World Health Assembly) in each financial period from 1980-1981 to 1986-1987.

18. As the Executive Board, acting as the executive organ of the Health Assembly, has assumed a more active role in monitoring and evaluating the implementation of the regional programme budget policies as decided in resolution EB75.R7, the Board considers that this could necessitate working visits of Board members to regions other than their own and some provision may have to be made for this.

19. The Board endorses the need to ensure coordinated implementation of the Organization's global support for strategies for health for all, for which purpose the Director-General set up a Health for All Working Group referred to under programme 2.1 (Executive management). A continuing dialogue with senior public health administrators is of fundamental importance to the implementation of such strategies and, amongst the critical issues facing Member States, identified by the Working Group, is that of the mobilization and deployment of resources for health development. The Director-General will present a report on economic strategies at the seventy-seventh session of the Executive Board (January 1986).

20. The Board considers that 2.2 Director-General's and Regional Directors' development programme, representing nearly 2% of the proposed effective working budget, is an important part of the programme budget as it confers a valuable flexibility for launching innovative activities, responding to major policy changes, and meeting urgent and unforeseeable health problems.

21. In considering programme 2.3 (General programme development) the Board notes the continued expansion of the WHO information system, and in particular the substantial increase in the Eastern Mediterranean, to enable that Region to develop its computerized management system to meet the requirements identified by the Organization's masterplan for "informatics" (i.e., the full range of information hardware, software and communications). In view of the substantial financial investment in informatics, the Board is reassured to note that the Organization has established technological standards and guidelines with a view to cost-effectiveness and compatibility.

22. With regard to Staff development and training, the Board was informed that this programme will participate in developing the health-for-all leadership training referred to in paragraph 14 above. The aim is to build bridges among senior national policy makers, health professionals, and WHO staff, using both traditional and innovative approaches. Resources will be obtained from national and international sources, as well as from WHO budgetary resources at all organizational levels.

23. The role of WHO in Emergency relief operations (under programme 2.4 External coordination for health and social development) was extensively reviewed by the Programme Committee at its ninth meeting (October 1984). It was pointed out that WHO's constitutional role as "directing and coordinating authority on international health work" (Article 2(a)) is continuous, whereas its role in emergencies (Article 2(d)) is episodic. Understandably humanitarian considerations often make the latter role more appealing and therefore highly competitive for resources, thus carrying the danger of weakening the Organization's long-term purpose. It has to be remembered that whereas WHO's coordinating role is unique, its role in emergencies is shared with many other organizations and the resources it can devote to this role have to be seen in that light. The Executive Board endorses WHO's role as the "health arm" for the disaster relief activities carried out by those organizations and agencies of the United Nations system more directly responsible. In accordance with resolution WHA34.26 the programme follows an essentially two-pronged approach: strengthening national preparedness for disasters, and provision of prompt, effective health relief in emergencies. The Board emphasizes the need to ensure effective coordination among all concerned, not only at national level but also between different organizational levels.

24. The Board, deeply concerned about the grave social and health situation caused by drought and famine in many countries of the African continent, and recalling previous relevant resolutions of the Health Assembly, has sought reassurance that its Organization has responded to the crisis in a humane and effective manner. The wide range of activities undertaken and assistance provided in 1984, in close collaboration with United Nations and other agencies, are noted with satisfaction. At the Board's request, an information document on this subject will be presented to the Thirty-eighth Health Assembly. Further, the Board suggests that the Organization take steps to ensure that the role of WHO in disaster relief and its activities in this area become more widely known.

Health systems infrastructure

25. The programmes under Health systems infrastructure address a complex set of interrelated issues directed to supporting countries in building up their health systems based on primary health care. The Board recognizes that while political will, understanding and policy development relating to primary health care have advanced substantially, progress in implementation has been generally slow. Several reasons for this have been identified by the Board. For example, while scarcity of resources remains a problem in many countries, an equally critical issue is the acute inadequacy of managerial capability. Allied to this is the lack of technical expertise which makes it difficult for countries to apply existing technology and to make optimal use of available resources. The Board believes that the development of health-for-all leaders proposed by the Director-General could help to overcome such constraints.

26. In view of the escalating health service costs in most parts of the world, coupled with uncertain resources, the Board reaffirms the urgent need to strengthen the position of ministries of health within national administrations. To persuade political leaders to invest more in primary rather than in tertiary health care requires more convincing evidence: in a world of competing priorities, the Board believes that health authorities should pay more attention to obtaining good value for money from available resources and the scope for greater use of techniques of health economics.

27. Many Member States are experiencing serious difficulty in obtaining and assessing the most basic, essential information for development of their health systems. Accordingly, the Board commends the reorientation of programme 3.1 (Health situation and trend assessment) to provide more effective health information support on which to base the management of national health development systems. In this context, the Board notes with satisfaction the efforts that have been made to render the contents of the WHO Weekly Epidemiological Record more relevant. The Board was informed that the tenth revision of the International Classification of Diseases will be ready for review by a Committee scheduled for 1987. In addition, attention is being given to how to classify other related components of health development based on primary health care.

28. The Board recalled that under programme 3.2 (Managerial process for national health development) an experiment had been initiated to make better use of nationals as WHO programme coordinators in countries, in lieu of international staff. The Director-General confirmed that this experiment was under evaluation and that a full report would be presented for consideration by the Board.

29. The Health Assembly's attention is drawn to the fact that programme-specific health systems research has been integrated into the relevant WHO programmes concerned with infrastructure development or science and technology. For that reason, programme 3.3 (Health systems research) has an important coordinating responsibility. At its ninth meeting (October 1984) the Programme Committee of the Executive Board reviewed the subject of health systems research which it broadly defined as research aimed at optimizing the use of technologies and resources and bringing together the components of primary health care for the promotion of health and the provision of health care at all levels of national health systems.

30. The Board agrees that health systems research is an essential component of national strategies for the promotion and development of primary health care. In many countries and particularly in developing ones, there is a lack of national capability to undertake operational research. This is sometimes due to a lack of understanding at the higher political and administrative level of the value of this managerial tool. As a result,

national research programmes are the most vulnerable at times of economic recession. The addition of the concept of development inherent in such research might help decision makers to appreciate the potential usefulness of what might be termed "Health systems research and development". Health systems research is one of the areas where countries should be able to make optimal use of WHO's resources.

31. In view of the priority the Board attaches to research, it notes with concern the reductions in the estimated obligations for both programme 3.3 (Health systems research) and programme 7 (Research promotion and development), and suggests that the Director-General may wish to consider an adjustment in the area of research by means of the Director-General's Development Programme.

32. The Board considers programme 3.4 (Health legislation) to be well defined and supportive of national strategies for health for all. It commends the reorientation of the International Digest of Health Legislation which has become an increasingly useful tool for technical cooperation and exchange of health-related legislative information among Member States.

33. Under programme 4 (Organization of health systems based on primary health care) the Board emphasizes that more attention should be paid to intersectoral coordination, which is of crucial importance to primary health care. A number of encouraging examples of community level intersectoral action can be cited, such as self-managed primary health care at village level, and technical cooperation among neighbouring communities as part of national health development strategies. To reflect the importance of this approach a specific target aimed at fostering national intersectoral action might be included in the Eighth General Programme of Work. The Board notes with satisfaction the Joint WHO/UNICEF activities envisaged under this programme.

34. The Board reaffirms the importance of the development of national health manpower policies and plans under programme 5 (Health manpower), particularly since in many countries salaries of medical manpower consume a large proportion of national health budgets. Emphasis should be placed on the complementarity of all cadres of health professionals and on the optimal utilization of the totality of health manpower. Career development, incentive schemes, and flexibility in the employment conditions for women should also receive attention, particularly as the latter commonly constitute the backbone of the health care system.

35. WHO can support national training requirements through a variety of means, such as country and inter-country manpower training and development activities, research training grants, study tours and institutional support, in addition to fellowships. At the Board's request, the Director-General will submit an interim report on the implementation of resolution EB71.R6, which sets out the Organization's new policy on fellowships, to the January 1986 session of the Executive Board.

36. In the context of programme 6 (Public information and education for health) the Board considers that there is a need to establish closer working relationships with the media professionals to increase their awareness and their social responsibility, and to improve the quality of the health promotional information that reaches the general public. WHO's public information and education efforts should emphasize the interrelationships among such themes as health, peace, social equity, community involvement, and lifestyles. The Board requests that, in future, Member States be informed of the theme selected for World Health Day at least twelve months in advance of the event, to enable timely preparation at national level. The desirability of translating the World Health Magazine into local languages is emphasized, and the Director-General drew attention to the fact that, if Member States so wished, this could be achieved within their country planning allocation.

Health Science and Technology - health promotion and care

37. Further to its discussions on health systems research, the Board emphasizes the continuing need to strengthen national research capabilities under programme 7 (Research promotion and development). The Regional Director for Europe drew attention to the suggestion of the European Advisory Committee for Medical Research that the title of this, and analogous committees within the Organization, be modified to cover the wider concept of "health", and not only the medical aspects of research. One possibility noted by the Board

would be to change the title of such committees to "Advisory Committee on Medical and Health Research". The Director-General is giving consideration to this suggestion.

38. The Board believes that varying forms of malnutrition including shortage of food may well be more widespread and pernicious than is generally appreciated. Compounding this problem is the deterioration of nutritional practices including, for example, the growth in developed countries of certain aspects of the fast food industry which is now also extending to some of the developing countries. The Board recognizes under programme 8.1 (Nutrition) that progress in this area depends heavily on the development of national nutritional policies embodying complex intersectoral coordination. The Board endorses the role of WHO in creating awareness to these problems at both national and international levels.

39. The Board realizes that the imbalance between restorative and preventive services referred to under programme 8.2 (Oral Health) is due in part to the isolation of the dental profession, as well as to professional attitudes. It is thus urgent to achieve the integration of the dental health workers into the primary health care team. With this in view, dental students should be provided with adequate training in preventive aspects, properly balanced with curative aspects of oral health. The "basic dental unit", currently under study, would provide the appropriate technology at primary health care. Whilst attention must be paid to the problem of fluorosis in areas where the natural concentration in water is high, the Board notes that no fresh scientific evidence has emerged to modify the Organization's long standing policy on the fluoridation of water supplies which are deficient in natural content of fluorides.

40. The Board notes that programme 8.3 (Accident prevention) has been broadened to include all common accident risks, especially domestic accidents, and agrees that priority should be placed on accident prevention in children under 5 years of age. It further notes that the rate of increase in road traffic accidents in some developing countries actually equals or exceeds the rate in the more industrialized states, with the younger age groups being most at risk. The need for intersectoral coordination and action is again stressed.

41. The Board notes with satisfaction the efforts under programme 9.1 (Maternal and child care, including family planning) to deliver integrated maternal, child care and family planning including diarrhoeal diseases control, nutrition, immunization, control of acute respiratory infections, and control of sexually transmitted diseases together with appropriate health education. Sustained delivery of such integrated services will represent significant progress in the development of primary health care.

42. The Board notes that in relation to programme 9.2 (Human reproduction research) the Organization is strengthening its worldwide coordinating role in research on human reproduction.

43. In considering programme 9.3 (Workers' health) the Board notes that the growing concern of countries about occupational health problems is reflected in the increased budgetary allocations at country level in most regions. Attention is drawn to the fact that the introduction of new toxic chemicals in industry is resulting in a higher incidence of occupational-related cancers, particularly in countries undergoing rapid industrialization. The importance is stressed of intersectoral action for integrating workers' health care into the general health care system paying particular attention to under-served working populations, such as those engaged in small-scale industries and agriculture as well as to those carrying out their activities in their homes. The Board considers joint WHO/ILO collaboration in supporting Member States in the development of appropriate legislation to be important.

44. In view of the growing problem and concern about the health care and quality of life of the elderly, the Board welcomes the increase in the budgetary allocation for programme 9.4 (Health of the elderly). Attention must be paid in all countries to their right to be active and to remain in their own homes.

45. The Board commends the wealth of valuable material that has been generated by programme 10 (Protection and promotion of mental health). However, there is an urgent need to ensure that such material reaches the professionals and health workers most directly concerned within countries. The Board deplores the persistence of isolated institutions for the care of persons suffering from mental disorders. It believes that action is required, including the creation of better understanding of such disorders among health workers, to

accelerate the integration of mental health care in national health systems based on primary health care. In the course of its consideration of this programme, the Board reviewed progress reports presented in response to resolution WHA36.12 concerning alcohol consumption and alcohol-related problems and resolution WHA37.23 on the abuse of narcotic and psychotropic substances. The Board is satisfied with the continuing progress of these programmes.

46. The Programme Committee, at its ninth meeting (October 1984), undertook a review and evaluation of the "adequate supply of safe water and basic sanitation in relation to the goal of health for all and primary health care". In endorsing the WHO policy for programme 11.1 (Community water supply and sanitation), the Committee stressed that WHO should play a more decisive promotional role at national level and ensure the wider dissemination of information among countries with particular reference to successful experiences. The Board endorses the Committee's conclusions that, despite the significant increase in absolute numbers of people served, dramatic acceleration of the programme is required to ensure supply of safe water and subsequent health benefits to outstrip population growth. The Board is encouraged by the efforts to improve international and bilateral coordination.

47. In supporting the relatively new programme 11.2 (Environmental health in rural and urban development and housing), the Board again emphasizes the importance of action and intersectoral coordination at both national and international levels.

48. The Board supports the main focus of programme 11.3 (Control of environmental health hazards), in particular the strengthening of national capabilities for surveillance of potential environmental health risks and management of control programmes. The Board recognizes that there are two closely related but nevertheless distinct aspects to chemical safety, namely the assessment of risks and the management of risks, once they have been identified and assessed, with a view to preventing and controlling them. While there can be no unequivocal dividing line, the main functions of the International Programme on Chemical Safety (IPCS) are: to assess chemical risks, including those related to biotechnology, to provide evaluated information, to help Member States through the regions in the training of human resources and in the choice of the techniques to be applied for the assessment of chemical risks and assist them in medical toxicological emergencies in such a way as to make it possible for Member States to take the necessary preventive and control actions in the light of their epidemiological and toxicological circumstances. The main function of the general programme of control of environmental health hazards with respect to chemical safety is to provide Member States, through the collaboration of IPCS, with the know-how for taking the required action and to support them on request in taking it and in strengthening their capacity to do so. The Board recalls that the International Programme on Chemical Safety (IPCS) is being reviewed at regional level with a view to clarifying the policy basis, and that a report will be presented to the Executive Board at its seventy-seventh session in January 1986. In the meantime the Board welcomes the steps that are being taken to strengthen the epidemiological component of the programme. The Board notes with satisfaction that good collaboration continues with UNEP and ILO, and that in accordance with resolution EB73.R10, the participation of FAO in IPCS is under negotiation.

49. The Board inquired about the possibility of updating the 1970 report on "Health aspects of chemical and biological weapons". Although much of the information required for this is heavily restricted, the Director-General will consider the feasibility of updating the publication in question and report back to the Executive Board.

50. In considering programme 11.4 (Food safety), the Board commends the report of the joint FAO/WHO Expert Committee on "The role of food safety in health and development" (WHO TRS No. 705) as a useful publication for Member States. Attention must be paid to food contamination, processing and packaging. In many countries, the enforcement of regulatory measures continues to present a major weakness in food safety control. In view of the growing concern about veterinary drug residues in food as a result of animal rearing practices, the Board welcomes the information that the subject is under study by the Codex Alimentarius Commission.

51. The Board draws attention to the valuable progress made under programme 12.1 (Clinical, laboratory and radiological technology for health systems based on primary health care), and endorses its focus on the identification of the most appropriate use of health technology at each level of the health care system. In view of the comparative isolation of laboratory services in some countries, emphasis should be given to the development of national policies

as a means of assuring their coordination in the general health services. The Board notes with interest the development by WHO of a model system of health laboratory services, based on a network of small peripheral laboratories using reliable and low-cost technology, in support of primary health care. It recognizes that success in this area requires improvement of management, with particular attention to maintenance and repair of equipment. The need for diagnostic reagents to be available at a low price is underlined. The Board notes that the population coverage of diagnostic imaging services could be improved through the wider adoption of basic radiological equipment in both developing and developed countries. WHO's efforts to strengthen intercountry collaboration in technology assessment including rationalization of the use of diagnostic technology are commended.

52. The Board recognizes that the provision of essential drugs constitutes a vital element of primary health care and commends the significant progress achieved through the mutually supportive programmes 12.2 (Essential drugs and vaccines) and 12.3 (Drug and vaccine quality, safety and efficacy). Programme 12.2 is the operational programme concerned with the regular supply of effective, affordable drugs, in line with national drug policies. Programme 12.3 serves essentially normative functions and provides information on regulatory actions in countries. Whilst there can be a risk of competition between proprietary and essential drugs no policy recommending legislation for reducing the number of proprietary drugs on the market has been adopted by WHO. Any decision on the use of proprietary or generic drugs is a purely national matter.

53. A number of countries are exploring ways of assuring the continuing availability of essential drugs at community level, for example through "village drug cooperatives". The Board is conscious of the difficulties commonly experienced by health authorities in developing countries in obtaining reasonable credit facilities, as well as foreign exchange, for the purchase of essential drugs and vaccines. Different methods of financing have been studied, and the Board has examined a joint UNICEF/WHO proposal to create a revolving fund which would provide credit facilities for essential drug procurement by developing countries through UNICEF. The Board endorses the proposal and invites Member States to contribute to the fund. Noting the budgetary decrease under programme 12.2, and the need for sustained action in the field of essential drugs, the Board recommends the programme for additional funding.

54. The Board recognizes the importance of the development of national capabilities in the quality control of pharmaceuticals, and notes with satisfaction the steady progress in active collaboration and with the assistance of industry, in the training of appropriate personnel. The growing contact between national drug regulatory authorities in developed and developing countries is also encouraging.

55. The Board supports the approach being followed under programme 12.4 (Traditional medicine).

56. It likewise endorses the emphasis being given to community-based rehabilitation, involving the coordinated action of family, voluntary workers and NGOs, under programme 12.5 (Rehabilitation).

Health science and technology - disease prevention and control

57. The Board acknowledges the importance of immunization and commends WHO's efforts in this area through programme 13.1 (Expanded programme on immunization). The Board emphasizes that wider coverage and sustained delivery of integrated immunization programmes depend on the development of adequate health systems infrastructure within countries. The main constraints delaying progress are insufficient will at international, national and community levels to mobilize all relevant resources; and inadequate national managerial skills to translate resources into results.

58. The Board endorses the need for integrated vector control methods that are cost-effective, socially acceptable and amenable to community participation through primary health care, and emphasizes that the successful application of such methods will call for adequate health education, using appropriate training aids. The Board notes that research on biological and other alternatives to chemical control is emphasized under programme 13.2 (Disease vector control); however, it realizes that chemical pesticides will remain the mainstay of vector control in the developing countries for the foreseeable future.

59. The Board draws the Health Assembly's attention to the precarious nature of the world epidemiological situation as regards malaria. The resistance of the P. falciparum parasite to antimalarials and the resistance of the vectors to pesticides continue to spread, and national and international vigilance is required to prevent the resurgence of the disease in some areas, and its reintroduction to others. The Board notes that although a potential vaccine will be ready for testing in man in the foreseeable future, it is unlikely to be available for widespread use for a number of years. The Board is concerned that malaria research under programme 13.5 (Tropical diseases research) may be hampered by insufficient funding (paragraph 47). In the absence of new technology, the Board endorses the approaches being followed under programme 13.3 (Malaria), whereby efforts are being directed to reducing the disease as a community health problem, using present methods of control, and utilizing the full potential of evolving health systems based on primary health care.

60. In considering programme 13.4 (Parasitic diseases), the Board emphasizes that success in control of major parasitic infections depends as much on general improvements in essential elements of primary health care, such as health education, environmental sanitation, safe water supply and a good health care delivery system, as on disease-specific appropriate technologies. The Board notes a renewal of efforts to control African trypanosomiasis in some countries as a result of the availability of new technologies. The Board is reassured to learn that several potential new larvicides show promise for use against the Simulium vector of onchocerciasis, thus ensuring the effective continuation of control operations in West Africa for the foreseeable future; it also notes that three new chemotherapeutic agents are under study.

61. The Board notes with concern that the level of extrabudgetary resources under programme 13.5 (Tropical diseases research) is below the requirements of the programme, and that this may have repercussions for certain priority research activities, for example, the development of a malaria vaccine (see paragraph 58 above). The Director-General drew the Board's attention to the fact that, should extrabudgetary resources be lower than required, delaying the development of vital technology, he may be obliged to seek funds within the regular budget, possibly at country level.

62. The Board emphasizes the importance of activities under programme 13.6 (Diarrhoeal diseases) to reduce the high rates of mortality and morbidity among infants and young children in many developing countries. It notes that, with UNICEF support, the production of oral rehydration salts (ORS) has expanded substantially over the last two years; however, increased national efforts are called for to ensure widespread availability and use of ORS packets in the community and home through the evolving primary health care systems. In view of the low inefficacy of the existing cholera vaccine, the Board draws attention to the progress in research on a new oral cholera vaccine which may shortly be field tested.

63. The Board notes that under programme 13.7 (Acute respiratory infections), alternative strategies, based on case management and health education, are being developed so that action can be taken at the community level; also, rapid laboratory technologies for the microbiological diagnosis of these infections in children are being evaluated. In many developing countries this programme is being strengthened and integrated with other primary health care programmes for reducing mortality and morbidity.

64. The Board notes that a rapid decline in the incidence of tuberculosis in developing countries is unlikely. Without improvement in socio-economic conditions the existing control measures although highly effective are not simple to implement. It supports the intensified immunological research efforts being carried out under programme 13.8 (Tuberculosis).

65. Under programme 13.9 (Leprosy), the Board is aware that integration of leprosy control into a health system based on primary health care is slow. One of the main barriers continues to be the reluctance of general health workers to accept responsibility for leprosy, and the reluctance of leprosy workers to relinquish their unique role; the necessary changes in attitude will gradually be affected through training. A further significant problem is widespread resistance to dapsone necessitating the use of multi drug therapy, which is both more costly and technically complex. External resources are being sought for national leprosy control programmes, and promising work is continuing on the development of a leprosy vaccine through the TDR/IMMLEP research programme.

66. The Board notes under programme 13.10 (Zoonoses) the intention of establishing two subregional zoonoses control centres in the African continent. The Board supports the proposal but draws attention to the difficulties inherent in setting up such subregional centres.
67. The Board notes that programme 13.11 (Sexually transmitted diseases) in addition to covering the full range of these diseases (genital herpes, syphilis, gonococcal and chlamydian infections) has taken steps to monitor the problem of acquired immune deficiency syndrome (AIDS), and is encouraging collaborative research aimed at the development of vaccines and other methods of primary prevention. The Board welcomes the information that new diagnostic technology to identify carriers among potential blood donors is likely to be available in the near future. In view of the resurgence of endemic treponematoses, the Board recommends that more attention be paid to its control through primary health care networks.
68. The Board notes that under programme 13.12 (Smallpox eradication surveillance), cases of monkeypox continue to be reported calling for continued surveillance activities, as well as research on orthopoxvirus infections. It is to be emphasized, however, that there is no evidence of any case of variola having occurred since the declaration of global eradication. Nevertheless the reserve of donated vaccines (sufficient to vaccinate 300 million people) will be maintained.
69. In considering programme 13.13 (Other communicable disease prevention and control activities), the activities of which it endorses, the Board invites the attention of the Health Assembly to an innovative "Health for all research and development support project" which is being undertaken jointly by a university and the ministry of public health, with the technical and financial support of WHO. This research and development project is intended to assess the social, cultural, behavioural, managerial, financial and technical feasibility of ensuring integrated communicable disease control and medical care for common diseases, and injuries, through community-based primary health care.
70. The Board strongly endorses the development of the new WHO programme for vaccine development, which is supported by a scientific advisory group and five steering committees for: hepatitis A, acute respiratory viruses, tuberculosis, dengue haemorrhagic fever, and encapsulated bacteria. It notes that attention is also being paid to the development of more cost-effective vaccines for hepatitis B and poliomyelitis. Through modest financial inputs, research is being stimulated, taking advantage of the latest advances in biotechnology.
71. The Board supports the activities of programme 13.14 (Blindness) which are aimed at reducing avoidable blindness through simple preventive and curative interventions which can readily be delivered through health systems based on primary health care. Control of trachoma and other eye infections can be achieved by improved hygiene and appropriate antibiotic treatment and xerophthalmia by ensuring adequate diet for infants and young children and vitamin A supplements. With increasing life expectancy, cataract is becoming a major cause of blindness throughout the world. The Board notes that while appropriate preventive measures are not yet available, sight can be restored by means of relatively simple, low-cost surgery. In endorsing the content of programme 13.4, the Board notes with satisfaction the WHO support for training in eye care for various categories of primary health care personnel. Such training covers eyesight problems resulting from a variety of causes, and where appropriate the referral of cases for specialized treatment.
72. The Board notes that the first priority of programme 13.15 (Cancer) is to encourage countries to develop national cancer policies with proper attention to primary prevention whenever possible, early detection, referral as appropriate for therapy, and pain relief. There is ample evidence that early detection and treatment of cervical cancer, for example, can virtually eliminate threat to life. The importance of a healthy lifestyle, including diet in relation to certain types of cancer, is underlined. The Board notes that additional external funding is sought for activities related to cancer pain relief, including efforts to ensure that legislation controlling pain-killing drugs does not prevent the administration of effective pain relief for cancer patients. Other activities will include information and education for the management of pain, and for the promotion of quality of remaining life. In the light of the evidence that up to one-third of all cancer deaths are tobacco-related, the Board supports the close working relationships between this programme and the anti-smoking activities described in paragraph 77.

73. The Executive Board commends the work of the International Agency for Research on Cancer (IARC) which is focused on the etiology of, and dissemination of information on, human cancer. The Board notes that IARC activities include investigation of secondary and longer-term effects of radiation and drugs used in the treatment of cancer, as well as objective assessment of the effects of "passive", i.e. enforced smoking. To obtain valid baseline data for national cancer incidence and prevalence, the Board observes that it is not always necessary to establish cancer registries in order to obtain comprehensive data for the whole country; accurate data for selected, representative sites may suffice. In this respect, Member States may wish to refer to the IARC monograph on "Cancer Registration and its Techniques".

74. With regard to programme 13.16 (Cardiovascular diseases), the Board recalls that, in view of the importance of this programme and in response to the recommendations made by the Executive Board and the Thirty-sixth World Health Assembly during the review of the proposed programme budget for the financial period 1984-1985, the Director-General made available from his Development Programme the additional sum of \$ 500 000, for that biennium, for the intensified programme on cardiovascular diseases. While this was an essentially time-limited input of funds, the Director-General intends to apply a judicious use of resources from his Development Programme, as well as from extrabudgetary sources, to ensure continuity of the intensified programme.

75. The Board strongly favours the maintenance of the central budget for the MONICA project,¹ which monitors trends in the morbidity and mortality of coronary heart and cerebrovascular diseases, and assesses their relationships to known risk factors and health determinants. The Board is reassured to learn that WHO intends to continue its support, particularly to the Helsinki centre, and at the same time to approach external sources and participating countries for increased contributions.

76. Under programme 13.17 (Other noncommunicable disease prevention and control activities), the Board expresses particular interest in the development of the integrated approach to noncommunicable disease prevention and control. Originating as a joint Regional Office for Europe/Headquarters activity, this experiment is based on the concept of control of a number of lifestyle factors common to a group of noncommunicable diseases, taking into account risk factors in specific population groups. Eight countries are actively participating and meeting most of the costs, while WHO's limited regular budget resources are used to have a catalytic effect. While it is premature to advocate wide application of the integrated approach, the Board will follow with interest this example of operational research.

77. Programme 13.17 is also devoted to prevention and control of diabetes mellitus, chronic respiratory, rheumatic, renal and liver disease, as well as hereditary diseases. The Board recognizing the universal increasing problem of diabetes confirms that the diabetes component of the programme is continuing its close collaboration and cost-sharing with the International Diabetes Federation, at global level and in the regions.

78. The issue of Smoking and health is considered by the Board to be of high priority for the Organization and for virtually every Member State. The problem relates to a number of programmes, including Cancer, Cardiovascular diseases, Oral health, Chronic respiratory infections, Other noncommunicable disease prevention and control activities, Maternal and child health, Nutrition, Workers' health, Mental health, and Information and education for health. It covers chewing tobacco and snuff as well as other forms of tobacco materials of all kinds. Many different national and international organizations are involved. WHO is carrying out a number of information and health education activities, such as the publication of the newsletter "Tobacco Alert". There are a number of difficult opposing issues to be addressed, such as the export of high-tar cigarettes to developing countries, and the provision of alternative agricultural incentives for farmers. It is hoped that the tobacco industry's insidious fostering of psychological associations between smoking and sport can be offset by WHO's "Winners for Health" project. The Board suggests that the complex issues relating to smoking and health should be included on the agenda of a future session of the Programme Committee of the Executive Board.

¹ Multinational monitoring of trends and determinants in cardiovascular diseases.

Programme support

79. In reviewing programme 14 (Health information support), the Executive Board joins the Director-General's concern on whether WHO documents and publications are being given a wide enough distribution and more importantly being used, within Member States. The programme is taking steps to make WHO materials better known, to update distribution lists for specific audiences, and to assess subsequent reception of material within countries. Much depends also on the efforts of national authorities, particularly at central level, to pass relevant WHO materials to the right people at the right place at the right time. Related efforts are going on in the regions, for example the library network in the Americas, the Arabic language programme in the Eastern Mediterranean, and training activities in all regions. The Board particularly urges that the above issues be critically reviewed by the proposed advisory panel on health and biomedical information, composed of health information experts from outside the Organization and representing all regions.

80. In reviewing programme 15.1 (Personnel), the Board reaffirms its concern for the need to appoint women to more senior positions in WHO, and to treat the issue of women, health and development in a balanced manner in all WHO publications. Both subjects are dealt with under a separate item on the agenda of the Health Assembly. The Board believes that efforts are required to bring about changes in attitude within the Organization.

81. Under programme 15.3 (Budget and finance) the Board notes a more uniform application of the classified list of programmes for the period of the Seventh General Programme of Work, throughout the programme budget for the financial period 1986-1987.

(b) Adjustments in resource allocation

82. As noted under programme 2.2 (Director-General's and Regional Directors' Development Programme), the Director-General is maintaining a provision for adjustment of programme budget resource allocations for global and interregional activities in 1986-1987 in the light of the review of the proposed programme budget by the Executive Board and the Thirty-eighth World Health Assembly. The Board welcomes the continuation of this flexible provision for the financial period 1986-1987, but stresses the importance of exercising a high degree of selectivity in the eventual use of these funds.

83. After examination of the proposed programme budget for the financial period 1986-1987, the Board agrees to recommend the following two programmes to the Health Assembly for additional funding from the Director-General's Development Programme:

(i) programme 3.3 (health systems research);

(ii) programme 13.17 (Other noncommunicable disease prevention and control activities) for integrated disease control and monitoring.

84. The Board also recommends for additional funding from extrabudgetary resources the following two programmes:

(i) programme 2.4 (External coordination for health and social development) for emergency relief;

(ii) programme 12.2 (Essential drugs and vaccines) for the action programme on essential drugs and vaccines.

85. The Executive Board does not propose specific resource amounts for allocation to the above-listed programmes, but believes that this should be left for reflection and decision by the Director-General in the light of the needs of and demands on the programmes concerned in 1986-1987.

III. BUDGETARY AND FINANCIAL POLICY MATTERS

(a) Budgetary policy

86. The Executive Board considers that the effective working budget level of US\$ 554 000 000 proposed by the Director-General for the financial period 1986-1987 continues to strike the right balance between the need to move towards health for all and the need for realism in view of the world economic situation. The proposed programme budget for 1986-1987 implements a policy of no real growth in budgetary terms. It nevertheless provides for a real increase of 4.2% at country level, made possible by effecting corresponding real decreases at regional, intercountry and global and interregional level.

87. The difference of US\$ 33 900 000 between the approved appropriations of US\$ 520 100 000 for the financial period 1984-1985 and the effective working budget level of US\$ 554 000 000 proposed for 1986-1987 represents an increase of 6.52%. This increase is due to statutory cost increases and inflationary cost increases (+12.66%), partly offset by decreases due to revised budgetary rates of exchange (-6.14%).

88. Of the increase of US\$ 33 900 000 provided in the proposed programme budget for 1986-1987, US\$ 30 115 500 or 88.84%, is devoted to country programmes. The total proportion of the budget allocated to the regions represents nearly 70% of the 1986-1987 budget. The Board notes that whereas global and interregional activities accounted for 44% of the regular budget in 1976, they account for only 32% in the proposed programme budget for 1986-1987.

89. The proposed allocation of resources among the five appropriation sections is: Health system infrastructure 32.62%; Health promotion and care 18.51%; Disease prevention and control 15.41%; Direction, coordination and management 11.63%; and Programme support 21.83%.

90. Programme support includes both the administrative support services and the Health information support comprising publication, health literature and translation services. Administrative support services, comprising Personnel, General Administration and Services, Budget and Finance, and Equipment and Supplies for Member States, represent only 15.67% of the effective working budget. The latter percentage shows a reduction of 1% from the figure for the current biennium and reflects continuing economies and a deliberate policy of containing programme supports costs. Indeed, when related to activities financed from both the regular budget and the extrabudgetary funds, the cost of administrative support services represents only about 11% of the total estimates under all sources of funds in 1986-1987.

91. Not least among uncertainties in planning today for health programmes in 1986-1987 is the fluctuation of exchange rates. The higher budgetary rate of exchange of 2.50 Swiss francs per US dollar used for 1986-1987, as compared with 2.16 per US dollar for 1984-1985, and the adoption of higher rates for four major regional office currencies, has the effect of reducing cost increases from 12.66% to 6.52% over the effective working budget level for 1984-1985.

92. The Board in considering the budgetary rates of exchange proposed in respect of the major regional office currencies in the proposed programme budget for 1986-1987, notes with satisfaction that a review will be made by the Director-General of this issue prior to the Health Assembly. This review will take into account currency exchange developments up to the end of April 1985.

93. Questions were raised about the calculation of cost increases, particularly at regional level, and the hope was expressed that the methodology for calculating these increases would be kept under review. The Secretariat agreed to do so.

(b) Casual Income

94. The Board endorses the Director-General's proposal to appropriate the sum of US\$ 56.5 million of casual income available on 31 December 1984 to help finance the proposed regular programme budget in order to reduce the increase in assessed contributions of Member States.

95. The Board notes that the final figure for casual income available at 31 December 1984 will be reported in the interim financial report for that year, which will be reviewed by the Committee of the Executive Board established to consider certain financial matters and a recommendation would be made to the Health Assembly.

96. The Executive Board also endorses the Director-General's proposed policy and method for controlling the effects of fluctuations of exchange rates. The Board recommends the extension to 1986-1987 of the casual income facility whereby the Director-General is (a) authorized to charge against casual income the net additional costs up to a limit of US\$ 20 000 000, and (b) requested to transfer to casual income (and thus reverting to the Health Assembly) the net savings, resulting from differences between the budgetary rate (2.50 Swiss francs to one US dollar) and the United Nations/WHO accounting rates of exchange with respect to the US dollar/Swiss franc relationship in 1986-1987; although the amount thus transferred need not exceed US\$ 20 000 000, the Board was informed that as a matter of practice all exchange rate gains would be transferred to casual income. As regards the major regional office currencies, the Board notes and supports the Director-General's intention to continue the firm measures to ensure that any net savings which may result from upward fluctuation of the average accounting rates of exchange in excess of 10% over the budgetary rate of exchange of such currencies during 1986-1987 are not retained by any regional office for programme purposes, but are withdrawn from working allocations during implementation and surrendered as a budget surplus to be fed back into casual income, thus reverting to the Health Assembly. Although sentiment was expressed that all exchange rate gains at the regional level should be transferred to casual income, the Board accepted the proposal that Regional Directors be permitted to utilize the first ten per cent of exchange rate gains for programme purposes.

97. The Board requests the Director-General to report on the results of the application of these measures in the financial report for 1986-1987, to be issued early in 1988.

(c) Scale of assessments

98. In accordance with the principles laid down by the Health Assembly, the scale of assessments in WHO follows as closely as possible the latest available scale applicable in the United Nations, modified to reflect differences in membership. The WHO scale is included in PB/86-87 on pages 28-32. The Board notes that, owing to differences in membership between WHO and the United Nations, the assessment of Member States in WHO is either at the same rate as in the United Nations, or at a lower rate; in no case is the assessment rate in WHO higher than in the United Nations.

99. The Board notes that no increase is expected in the amount to be reimbursed by the UNDP as programme support costs in 1986-1987 and that the increase in casual income estimated to be available to help finance the programme budget for 1986-1987 will be only US\$ 2 000 000 more than the amount appropriated for 1984-1985. As a consequence, the major part of the increase in the programme budget for 1986-1987 over the budget level for 1984-1985, will have to be financed by an increase of US\$ 31 900 000, or 6.92%, in contributions of Member States.

(d) Budget level and Appropriation Resolution

100. In the light of its review of the proposed programme budget for the financial period 1986-1987, the Executive Board endorses the Director-General's proposals for an effective working budget level of US\$ 554 000 000 and recommends that the Health Assembly approve the draft Appropriation Resolution contained in resolution EB75.R6.

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