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EXECUTIVE BOARD

Eighty-first Session

Provisional agenda item 10.1



CHANGES IN THE PROGRAMME BUDGET
FOR THE FINANCIAL PERIOD 1988-1989:
DIRECTOR-GENERAL'S DEVELOPMENT PROGRAMME

Report by the Programme Committee of the Executive Board

1. The Programme Committee reviewed a report on changes in the programme budget for 1988-1989, attached as an annex to this document. The report was submitted by the Director-General for the information of the Committee and of the Executive Board in accordance with resolution WHA35.2 of the Thirty-fifth World Health Assembly (1982) and with the procedures agreed upon for operating a mechanism, through the Director-General's Development Programme, for the adjustment of imbalances or deficiencies in the programme budget. The changes reported by the Director-General took into account the recommendations and comments made by the Executive Board and the World Health Assembly when they reviewed the proposed programme budget for 1988-1989, and represented increases in the budgetary allocations for global and interregional activities in two programmes. The Committee noted that any significant changes that might have been made in regional programmes would be reported upon directly by the Regional Directors to the Board at its eighty-first session in January 1988.
2. In accordance with the above-mentioned procedures, the increases in the budgetary allocations of two programmes, totalling US\$ 630 000, were made by utilizing funds available for this purpose in the Director-General's Development Programme approved for 1988-1989. Out of this sum, the Director-General decided to allocate US\$ 130 000 to programme 13.4 (Parasitic diseases), to be used for the prevention and control of African trypanosomiasis, and US\$ 500 000 to the WHO Special Programme on AIDS to be used to strengthen activities at the global level in 1988-1989.
3. In considering the current, unsatisfactory financial situation of the programme for the prevention and control of African trypanosomiasis, as set out in the report of the Director-General, the Committee urged the Secretariat to intensify its efforts in mobilizing additional bilateral as well as multilateral support. At the same time it was stressed that whenever investments in research (for example through the Special Programme for Research and Training in Tropical Diseases) resulted in the advent of new tools for the prevention and control of any disease, including African trypanosomiasis, these should be applied as soon as possible in the countries where they were needed. With regard to AIDS, the scientific role that should be played by WHO in this area was also emphasized. During the discussion on this programme it was suggested that a complete update on AIDS be given to the Executive Board at its session in January 1988, on the same lines as had been done at the sessions of the Board and Health Assembly in 1987. Members of the Programme Committee expressed their full support for the increases in the budgetary allocations for the above-mentioned activities.
4. The Committee recalled the serious financial uncertainties facing the Organization due to the non-receipt of a large proportion of assessed contributions to the budgets for 1986-1987 and 1988-1989 as reported to the Executive Board in January 1987, and to the

Fortieth World Health Assembly the following May. It noted that if the financial situation should improve to the point of making it unnecessary to implement the programme reductions previously foreseen in the contingent economy measures for 1988-1989¹ due consideration would be given to providing additional funds from the Director-General's and Regional Directors' Development Programmes to programme 4 (Organization of health systems based on primary health care) and programme 13.1 (Immunization) which had also been recommended by the Executive Board as deserving of increased budgetary allocations.

¹ Document EB79/1987/REC/1, Part II, Annex 1.



EXECUTIVE BOARD

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CHANGES IN THE PROGRAMME BUDGET
FOR THE FINANCIAL PERIOD 1988-1989

Report by the Director-General

In accordance with previously agreed procedures, the Director-General intends to use part of the resources in the Director-General's Development Programme to respond to suggestions by the Board and the Health Assembly for the adjustment of any imbalances or deficiencies, particularly at the global and interregional level, identified during the review of the proposed programme budget. After taking due account of the comments and suggestions made by the Board and the Health Assembly in this respect, the Director-General presents herewith information on the increases in the resource allocations that he has decided to make by using part of the funds in the Director-General's Development Programme as contained in the approved programme budget for 1988-1989.

INTRODUCTION

1. The Thirty-fifth World Health Assembly (1982), in resolution WHA35.2, decided that the brief review of the changes in the programme budget to be made by the Health Assembly in even-numbered years pursuant to resolution WHA28.69 should be undertaken by the Executive Board. The Health Assembly also requested the Director-General to report to the Board in even-numbered years any significant developments in respect of global and interregional activities, and important changes made in regional programmes, with major implications for the current biennial programme budget. In accordance with the above-mentioned resolution, this report is being submitted by the Director-General with respect to global and interregional activities. Any significant changes in regional programmes will be reported on to the Executive Board directly by the Regional Directors in their reports on significant regional developments, including regional committee matters.
2. This report is also submitted for the information of the Programme Committee and the Executive Board in accordance with the procedures agreed upon for operating a mechanism, through the Director-General's Development Programme, for the adjustment of imbalances or deficiencies in the programme budget. This mechanism was referred to under programme 2.2 of the proposed programme budget for the financial period 1988-1989¹ in the following terms:

¹ Document PB/88-89, p. 54.

"In the 1986-1987 biennium part of the funding for this programme (US\$ 1 600 000) is being used, in response to the comments and suggestions made in the Board and the Health Assembly during their review of the programme budget proposals for 1986-1987, to increase the allocations to certain programmes, particularly at the global and interregional level, prior to implementation of the approved programme budget. Information on the planned utilization of these funds was presented to the Programme Committee of the Executive Board by the Director-General in October 1985.

As regards the proposed programme budget for 1988-1989, the Director-General believes that, in line with the budgetary restraint exercised in all other parts of the proposals, it would be appropriate to maintain the provision for global and interregional activities under this programme at the same level as in 1986-1987. As in that biennium, he intends to use part of the resources of the programme to adjust the programme budget in the light of the review by the Executive Board and the Health Assembly."

3. The approach suggested by the Director-General in this respect was endorsed by the Executive Board at its seventy-ninth session in January 1987 and by the Fortieth World Health Assembly in May 1987.

4. In its review of the proposed programme budget for 1988-1989 at its seventy-ninth session the Board took account of the report by the Director-General on programme budget implementation reductions in 1986-1987 and 1988-1989.¹ This report described certain provisional and contingent economy measures which the Director-General felt bound to take in view of an expected shortfall in income for the regular budget for 1986-1987, and possibly for 1988-1989, due to the non-receipt of a large proportion of assessed contributions. Accordingly, in the light of the overall uncertainties surrounding the implementation of the proposed programme budget, the Executive Board expressed some doubts regarding the utility of identifying activities for additional funding from programme 2.2 (Director-General's and Regional Directors' Development Programme).

5. Nevertheless, the Board decided to recommend to the Health Assembly programme 4 (Organization of health systems based on primary health care) and programme 13.1 (Immunization) for additional funding from the Director-General's Development Programme. In addition, the Board decided to recommend to the Director-General and the Regional Director for Africa that, within the context of the Director-General's and Regional Directors' Development Programme, they keep under careful review any need to support, in 1988-1989, programme areas of priority concern in the African Region.

6. In the light of the recommendations and other comments made by the Executive Board and the Health Assembly, and taking into account the serious financial uncertainties and the considerable reductions already made in allocations for all programmes, the Director-General decided to use an amount of US\$ 630 000 from the Director-General's Development Programme approved for 1988-1989 to increase the allocations of two programmes.

7. Bearing in mind the Executive Board's recommendation related to programme areas of priority concern in the African Region, the Director-General decided to allocate the sum of US\$ 130 000 from the Director-General's Development Programme to programme 13.4 (Parasitic diseases), to be used for the prevention and control of African trypanosomiasis. In addition, to meet the concern expressed by the Executive Board at its seventy-ninth session regarding the gravity of the threat posed to all Member States by acquired immunodeficiency syndrome (AIDS), and to emphasize the priority accorded by WHO to this unprecedented global health problem, the Director-General decided to allocate the amount of US\$ 500 000 from the Director-General's Development Programme to the WHO Special Programme on AIDS at the global level to be used to strengthen priority activities in 1988-1989.

8. It is understood that, should it not prove necessary to implement the reductions foreseen in the contingent economy measures for 1988-1989,¹ due consideration will be given to providing additional funds from programme 2.2 (Director-General's and Regional Directors' Development Programme) to programme 4 (Organization of health systems based on primary health care) and programme 13.1 (Immunization).

¹ Document EB79/1987/REC/1, Part II, Annex 1.

AFRICAN TRYPANOSOMIASIS

Situation analysis - the need

9. With an increase of more than 100% in the number of cases between 1976 and 1983, African trypanosomiasis (sleeping sickness) presented a dramatic picture. From 1983 to 1986, the fragmentary information available for most countries indicates an even higher rate of increase. At least 50 million people in rural Africa are exposed to infection, but only some 10 million either have access to health services capable of diagnosing trypanosomiasis, or are protected by vector control. Patients with sleeping sickness left untreated will, without exception, die.

10. Research in recent years (US\$ 10 million through the Special Programme for Research and Training in Tropical Diseases alone) led to the development of simplified and reliable diagnostic and control techniques which are suitable for the limited facilities and manpower currently available in Africa. The advent of new control tools prompted the Health Assembly in 1983 to adopt resolution WHA36.31 requesting WHO to provide technical support in implementing these tools, and to mobilize extrabudgetary funds to re-establish effective control programmes in the countries concerned.

11. A programme on the primary health care approach towards the prevention and control of sleeping sickness was established in 1983. Its targets are: (1) to establish in each country where sleeping sickness is endemic a long-term national control programme most suited to local needs and resources; (2) to assist in the introduction of the new diagnostic tests and simple vector control techniques by training, distribution of manuals, and technical site visits; and (3) to increase the number of people protected by regular surveillance and vector control from 6 to 25 million by 1992.

12. To date, 18 countries have actively participated in the programme and have defined new control strategies most appropriate to the local epidemiological situation. They have received training (over 500 national staff), regular follow-up visits by WHO staff or consultants (over 30 visits) and control manuals (approximately 4000 distributed), and WHO has generated some US\$ 5 million through bilateral agreements with eight Member States.

Activities

13. WHO undertakes a number of activities:

(i) It assists national trypanosomiasis control programmes in the areas of planning, training, and supply services. A planning visit is made by a senior WHO staff member to prepare, together with those nationals responsible for communicable disease control, a preliminary inventory of the sleeping sickness situation in the country and a tentative outline programme. WHO's inventory of country needs in trypanosomiasis control (country profiles) has shown that test kits and vector control equipment need to be "made to measure" for each specific country situation, depending on the structure of the national health services, the technical knowledge available, the epidemiological and ecological characteristics, and the existing or planned agricultural programmes.

(ii) Training of health personnel in the new diagnostic and vector control methods is conducted by WHO staff in health centres in the endemic areas as well as by mobile teams in the countries' main foci of infection. The advantages of these field-based activities are that training is usually given for the appropriate personnel and that such courses are remarkably cheap (US\$ 10 000 per course).

(iii) Technical documentation, such as the WHO Trypanosomiasis Control Manual (experimental edition) with practical guidelines for personnel at all levels, is disseminated.

(iv) WHO acts as intermediary for the purchase and supply of trypanocidal drugs, diagnostic reagents and equipment through a special revolving fund arrangement. Appropriate application is guaranteed by regular follow-up visits of WHO staff and consultants. There is also a system for timely renewal of orders.

(v) Where national budgets are insufficient to establish a sleeping sickness control programme, WHO assists in mobilizing bilateral or multilateral support.

14. It is clear from the experience gained over the last four years that the approaches followed are practicable and efficient. In spite of the encouraging response by the countries and their personnel, a period of four years is not sufficient to overcome the backlog built up during the last 10 to 20 years, nor are 10 million people under surveillance or protected by vector control measures a sufficient number to categorize the present state of progress as satisfactory. On the assumption that a rate of three new countries participating per year could be maintained, the number of countries participating in the programme should reach 30 by 1991.

Budgetary implications

15. Over US\$ 1 million has been invested in support of the programme, using a variety of bilateral and other sources of funds from 1982 to 1987. At present there is a major risk that the programme will lose its momentum due to the complete drying-up of funds at a time when programme activities have inspired confidence amongst the countries of Africa where trypanosomiasis is endemic.

16. The additional funds represent approximately 35% of the programme's budget and will serve to secure continuity of the essential core of activities during the 1988-1989 biennium. Efforts can then be expanded should external resources become available.

Proposed budget usage

	US\$
Personnel (training officer 12 man months)	90 000
Consultants	3 000
Training of health personnel	15 000
Supplies	5 000
Miscellaneous	2 000
Country visits	15 000
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Total	130 000
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AIDS

Situation analysis - the need

17. The pandemic of infection with human immunodeficiency virus and related retroviruses is an international health problem of a magnitude and complexity that calls for urgent and concerted involvement of all sectors of the international community. While further global spread and increasing HIV infection are certain to occur, the evolution of the HIV pandemic cannot be accurately predicted at present. However, it is assumed that HIV infection will continue to spread geographically and HIV prevalence will increase in already affected areas. WHO estimates that between 5 and 10 million persons are currently infected with HIV. During 1987-1991 it is estimated that 500 000 to 3 million new AIDS cases may occur among persons already infected by HIV in 1986.

18. The adverse health effects of HIV infection are of profound importance to the individual, the family and society, and HIV infections threaten the health gains that had been projected in the developing world. HIV also threatens development through its impact on those aged 20 to 40 years and its effect on infant and maternal mortality. International and national HIV control will require long-term efforts and commitment. As neither a vaccine nor therapy for large populations is likely to become available for several years, education is the key to preventing further spread.

19. Recognizing the dimensions of the threat to global health, WHO is committed to global AIDS prevention and control through its Special Programme on AIDS (SPA). The Programme's goals are: to prevent HIV transmission; and to reduce morbidity and mortality associated with HIV infection. The Special Programme on AIDS has two major tasks: to support and

strengthen national AIDS programmes throughout the world; and to provide global leadership, help ensure international collaboration and pursue global activities of general value and importance.

Programme strategies

20. In 1987-1991 the Special Programme on AIDS will provide global leadership in:

- (a) developing and promoting strategies and models for long-term AIDS prevention and control;
- (b) developing intensified surveillance, monitoring and trend assessment capabilities for the HIV pandemic and for its broad range of social, cultural and economic impacts;
- (c) developing a global resource network to ensure sharing of data, experience and technologies;
- (d) developing global strategies and programmes for therapeutic agent development, distribution, delivery and evaluation; vaccine development, quality control, distribution, delivery and evaluation;
- (e) promoting effective and humane strategies for prevention of HIV transmission and management and care of HIV-infected persons;
- (f) promoting international exchange and collaboration, as well as support for, expanding areas of biomedical, epidemiological, economic, operational, and particularly social and behavioural research.

21. The Special Programme on AIDS will provide global leadership for a growing consortium of assistance and development agencies, institutions and programmes, whose resources will be marshalled in support of national AIDS prevention and control programmes.

22. WHO will collaborate actively with over 100 national AIDS programmes, through, inter alia, the provision of ongoing technical support; ongoing operational support, including country-based staff; and programme evaluation. The nature and scope of collaboration with Member States will vary considerably from country to country and over time. At a minimum, SPA will support Member States in the planning, monitoring and evaluation of their national AIDS programmes. SPA will also identify, train and deploy large numbers of technical consultants and staff for national posts.

Budgetary implications

23. The Special Programme will require a high level of support in order to fulfil its critical role in the difficult, complex and costly effort to achieve AIDS prevention and control.

24. The sum of US\$ 500 000 will be used by the Special Programme on AIDS as seed money for the following priority activities:

- (a) strengthening national capabilities for health information and education activities aimed at the prevention and control of AIDS;
- (b) strengthening national capabilities to eliminate the risk of HIV infection through blood transfusion by providing training in managerial and technical aspects related to blood transfusion, including the provision of supplies and reagents that may be needed for such training.

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