



EXECUTIVE BOARD

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Eighty-fifth Session

Provisional agenda item 9

CHANGES IN THE PROGRAMME BUDGET  
FOR THE FINANCIAL PERIOD 1990-1991

Report by the Programme Committee of the Executive Board

1. The Programme Committee reviewed a report by the Director-General on changes in the programme budget for the financial period 1990-1991. This report is attached as an annex to this document. It was submitted to the Programme Committee and the Executive Board for information, in accordance with resolution WHA35.2 (1982) and with the previously agreed procedures for using funds from the Director-General's and Regional Directors' Development Programme for activities identified for adjustment in the light of the review of the proposed programme budget by the Board and the World Health Assembly. Modifications of the explanatory text for programme 4 - Organization of health systems based on primary health care (Appendix 1) and programme 13.3 - Malaria (Appendix 3) reflect the discussions and recommendations of the Programme Committee.
2. Some of the changes provide for increases in the budgetary allocations to strengthen global and interregional activities in six programmes. Others relate to regional activities and reflect decisions by the Regional Directors to allocate funds from their development programmes in response to suggestions made by some of the regional committees at their 1988 sessions, when reviewing the regional programme budget proposals for 1990-1991.
3. Provision has been made for increases in the budgetary allocations to six global and interregional programmes, totalling US\$ 1 380 000, using funds from the Director-General's Development Programme for 1990-1991. Of this sum, the Director-General has decided to allocate: (i) US\$ 640 000 to programme 4 - Organization of health systems based on primary health care, to carry out economic analyses in support of improved resource allocations for the health sector; (ii) US\$ 170 000 to programme 11.1 - Community water supply and sanitation, to maintain the momentum of International Drinking Water Supply and Sanitation Decade activities; (iii) US\$ 70 000 to programme 11.4 - Control of environmental health hazards, to strengthen technical cooperation in the assessment of the health risks associated with climatic change; (iv) US\$ 200 000 to programme 13.3 - Malaria, to strengthen WHO's role in mobilizing technical, educational and training support; (v) US\$ 200 000 to programme 13.4 - Parasitic diseases, to strengthen activities in the control of leishmaniasis; and (vi) US\$ 100 000 to programme 13.14 - Other communicable diseases prevention and control activities, to strengthen activities related to legionellosis and meningococcal disease.
4. Information on the areas where allocations have been made to regional and country programmes from the respective regional directors' development programmes is given in paragraphs 10 to 14 of the annex to this report. Significant changes in regional programmes are reported to the Executive Board by the Regional Directors in accordance with resolution WHA35.2.
5. The Committee recognized that the amounts that the Director-General and the Regional Directors have allocated from the Director-General's and Regional Directors' Development Programme are small in comparison with the size of the approved programme budget for 1990-1991. While the limited funds available could have been allocated to fewer areas, it was appreciated that the Director-General and the Regional Directors were

responding to suggestions made during discussions of the regional committees, the Executive Board and the Health Assembly. The intention is that additional funds should serve as a catalyst in generating substantial extrabudgetary resources or in supporting the development of relatively new activities.

6. The changes made by the Director-General and the Regional Directors are intended to fund such activities as expert committee meetings, certain types of research, studies and planning/training activities that, in themselves, are not costly but could be expected to produce substantial results. In some cases, resources have been allocated to fund a post, and the activities undertaken thereby are expected to benefit and complement all elements of the programme concerned and may also be relevant to other programme areas or levels.

7. For example, it was recognized that the question should be addressed of whether and how any "vertical programmes" in countries could be integrated into primary health care. Thus, establishing a position for an epidemiologist at global level in programme 13.3 - Malaria, should make new skills available that could also support efforts to integrate malaria and other disease control programmes into the existing national health infrastructure.

8. The Committee welcomed the Director-General's decision to strengthen the Organization's capabilities in health economics by funding a position at headquarters for a health economist, and suggested a similar strengthening of the capabilities at regional level. In developing countries, one of the immediate consequences of the economic downturn has been diminishing national health budgets, with clear implications in the short and long term for health development and health status. This is the type of information that can be used in what the Committee saw as a crucial advocacy role for WHO in relation to countries and to the international donor community.

9. The Committee expressed support for the changes made by the Director-General in the programme budget for 1990-1991, as described in the annex to this report, and suggested that ways should continue to be sought to strengthen the mechanism for making such changes in future programme budgets.



EXECUTIVE BOARD

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CHANGES IN THE PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1990-1991

Report by the Director-General

In accordance with previously agreed procedures, it is planned to use part of the resources in the Director-General's and Regional Directors' Development Programme to respond to suggestions made by the Board and the Health Assembly for the adjustment of any imbalances or deficiencies identified during the review of the proposed programme budget. After taking due account of the comments and suggestions made in this respect by the Board and the Health Assembly and some of the regional committees, the Director-General presents herewith information on the increases in the resource allocations that he and the Regional Directors have decided to make by using part of the funds in the Director-General's and Regional Directors' Development Programme, as contained in the approved programme budget for 1990-1991.

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## 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 any important changes made in regional programmes, that have major implications for the current biennial programme budget. In accordance with resolution WHA35.2, this report is therefore being submitted by the Director-General with respect to global and interregional activities as well as regional activities.

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 and Regional Directors' 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 1990-1991<sup>1</sup> in the following terms:

"In response to comments and suggestions made by the Executive Board and the Health Assembly during their review of the proposed programme budget for the financial period 1988-1989, US\$ 630 000 of the 1988-1989 global and interregional provision was used to increase the allocations to certain programmes prior to implementation of the approved programme budget. Information on how it was planned to use the additional allocations was presented to the Programme Committee of the Executive Board by the Director-General in July 1987. The 1990-1991 provision is maintained at the same level as that for 1988-1989 and, once again, the Director-General intends to use part of it to adjust the 1990-1991 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 eighty-third session in January 1989 and by the Forty-second World Health Assembly in May 1989.

## GLOBAL AND INTERREGIONAL ACTIVITIES

4. In the light of 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\$ 1 380 000 from the Director-General's Development Programme approved for 1990-1991 to increase the allocations of the five programmes mentioned below. Further information regarding the activities to be undertaken by each programme are contained in the annexes to this document.

5. Discussions in the Executive Board and the Health Assembly highlighted the negative impact of economic adjustment policies on the health sector of developing and, particularly, the least developed countries. In this regard attention was drawn to the need to strengthen national capacities for the management of the health sector under programme 4 (Organization of health systems based on primary health care) and related programmes. Thus, in response to resolution EB83.R20 on strengthening support to countries in rationalizing the financing of health care services, which requested the Director-General, *inter alia*, to undertake economic analyses in support of improved resource allocations for the health sector, the Director-General has decided to allocate the sum of US\$ 640 000 for this purpose. (Annex 1)

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<sup>1</sup> Document PB/90-91, p. 68.

6. Under programme 11 (Promotion of environmental health), the Director-General, taking account of resolution WHA42.25 on the International Drinking Water Supply and Sanitation Decade, decided to allocate a sum of US\$ 170 000 to programme 11.1 (Community water supply and sanitation) in order to maintain the momentum of the Decade in the continuing implementation of activities and thereby ensure that coverage keeps pace with population growth and increasing urbanization. In line with the new emphasis to be accorded to WHO's activities related to the assessment of environmental health hazards,<sup>1</sup> the Director-General also decided to allocate the sum of US\$ 70 000 to programme 11.4 (Control of environmental health hazards) in order to strengthen technical cooperation in the assessment of the health risks associated with climate change. (Annex 2)

7. The resurgence of malaria in many parts of the world has led to an increase in the requests from Member States for urgent assistance in dealing with emergency situations. Accordingly, to meet the concern of Member States as reflected in resolution WHA42.30, the Director-General decided to allocate the sum of US\$ 200 000 to programme 13.3 (Malaria) in order to strengthen WHO's role in mobilizing technical, educational and training support. (Annex 3)

8. Noting the recommendation of the governing bodies that increased attention should be given to the control of leishmaniases, the Director-General decided to allocate a sum of US\$ 200 000 to programme 13.4 (Parasitic diseases) in order to strengthen activities in this regard. (Annex 4)

9. Following a suggestion by the Board that WHO could play a useful role by convening a group of technical experts to examine recent developments in legionellosis, and concerned at the epidemic spread of meningococcal disease, the Director-General decided to allocate a sum of US\$ 100 000 to programme 13.14 (Other communicable disease prevention and control activities) in order to strengthen activities related to these two diseases. (Annex 5)

#### REGIONAL ACTIVITIES

10. The Regional Director for Africa, following comments made at the Regional Committee, decided to allocate funds from the Regional Director's development programme for continued support to important programmes not retained by countries, such as workers' health, health systems research, alcohol and drug abuse prevention, and health legislation.

11. In the regions of the Americas and South-East Asia, the resources allocated to the Regional Directors' development programmes are limited and will be essentially devoted to meeting the needs for various types of natural disasters and calamities.

12. In the European Region, the Regional Director intends to utilize part of the resources, already in 1990-1991, to prepare for the 1992-1993 priority actions in the fields of:

- lifestyles conducive to health;
- health and the environment;
- health care;
- supportive approaches for health for all, including information, learning and "networking" for health for all.

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<sup>1</sup> Document PB/90-91, page xv.

13. In the Eastern Mediterranean Region, the Regional Director decided to earmark funds from the Regional Director's development programme to the following areas:

- "basic minimum needs" approach and quality-of-life programmes as means for accelerating achievement of health for all;
- programmes in support of healthy lifestyles;
- sustainable development;
- achievement of the target set by the Regional Committee of placing at least one trained birth attendant in every village.

14. The Regional Director for the Western Pacific, following comments and suggestions made by the Regional Committee during its review of the proposed programme budget for 1990-1991, decided to allocate funds from the Regional Director's development programme to the following areas:

- prevention and control of alcohol and drug abuse (to support the development and strengthening of national policies and programmes and research activities);
- cardiovascular diseases (to convene a regional working group to review the epidemiological situation and make recommendations);
- other noncommunicable disease prevention and control activities (to convene a workshop on diabetes education for health workers at the National Diabetes Centre, Fiji);
- essential drugs and vaccines (to promote the rational use of drugs at country level).

## PROGRAMME 4 - ORGANIZATION OF HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE

Situation analysis: the need

1. The close and complex links and interdependence between health and socioeconomic development are well known. However, most of the developing countries lack the capability to make rapid and reliable appraisals on how the changing economic situation is affecting the attainment of health-for-all objectives and, in particular, on the effects of structural adjustment policies on vulnerable population groups. Many developing countries lack the capability to appraise trends within the health sector in the availability, allocation and use of human resources in relation to service performance, quality and impact. In consequence, the health sector is not receiving the resources necessary for the implementation of national health priorities.

Proposed activities

2. WHO will give particular emphasis to those countries with heavy burdens of external debt where economic growth has been most retarded, and will support the development of strategies to renegotiate, convert or exchange international debt for health-related development activities.
3. WHO's action will focus on studying the impact of the world economic crisis on health status, services and resources. WHO will support developing countries in strengthening their planning, analytical and managerial capabilities at different levels of the health system, particularly within ministries of health. WHO will improve the capacity of countries to use economic arguments in the decision-making process at all levels of the national health system. Appropriate methods will be developed for planning the extension of primary health care, making use of effective, low-cost interventions which developing countries will be able to afford in spite of the budgetary limitations imposed by slow economic growth.
4. Following identification of macroeconomic policies and directions, WHO will support the appraisal of health policies in the light of the circumstances of each country, and provide intercountry comparisons. Such appraisals are expected to lead to the generation of new policies and strategies more adapted to the economic realities of these countries.
5. As a first step, WHO, in collaboration with other international and bilateral organizations and agencies, will undertake economic analyses to ascertain the way in which health resources are allocated in relation to stated priorities in the national plans of action for health for all. Joint action and exchange of information and experience will be facilitated between countries, particularly developing countries through technical cooperation (TCDC), with a view to the development of national financial plans of action and national analytical and managerial capabilities for "health-economic" analyses and management of health resources.
6. Activities will be coordinated by the Office of International Cooperation (ICO); they will be carried out in close collaboration with regional offices and through task forces that will bring together expertise available in a number of WHO programmes, including programme 5 (Development of human resources for health), and programme 3.1 (Health situation and trend assessment).

Budgetary implications

7. The allocation of US\$ 640 000 will be used for:

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|--|--------------|
| (i) strengthening the economic support capability of WHO through the employment of an economist on the staff   | US\$ 200 000 |
| (ii) collection, analysis and presentation of inter-country data on the impact of economic stringencies on health status and resource distribution among populations | US\$ 335 000 |
| (iii) training activities in countries   | US\$ 85 000  |
| (iv) operating costs   | US\$ 20 000  |

## PROGRAMME 11 - PROMOTION OF ENVIRONMENTAL HEALTH

## A. PROGRAMME 11.1 - COMMUNITY WATER SUPPLY AND SANITATION

Situation analysis

1. The Forty-second World Health Assembly adopted resolution WHA42.25 on the International Drinking Water Supply and Sanitation Decade, requesting the Director-General to ensure continuation of WHO's advocacy and leadership role in this sector.
2. National water supply and sanitation programmes generally aim to reduce water- and sanitation-related diseases by providing new and improved systems. However, many of these new systems break down due to poor operation and maintenance. The poor performance of the systems is aggravated by funding limitations, inadequate cost recovery and lack of trained personnel at both managerial and operative levels. The consequences are reflected in the inability of national authorities to extend water supply coverage to outlying areas due to water being wasted by consumers (perhaps 50% of the supplied water), inefficient use of existing facilities, high operational costs and poor quality of delivered water. In addition to the improvement of facilities, there is a need for changes in attitudes and behaviour through hygiene education programmes. These programmes should be focused not only on women, but also on schoolchildren. At the same time, attention should be given to the use of wastewater without adverse effects on health. There is a need to encourage countries to utilize treated wastewater for irrigation and soil conditioning, and to provide countries with appropriate technology for the use of wastewater.

Proposed activities

- (a) Support to countries in developing specific components of operation and maintenance, and optimizing facilities in national water supply and sanitation programmes
3. WHO will support national activities in one country, as a demonstration project, in two phases. In the first phase, a national workshop will be organized for policy-makers and managers to identify policies and strategies for development of operation and maintenance, and to promote the commitment of national authorities to supporting such activities. A comprehensive national action plan will be formulated, defining requirements in terms of human and financial resources, equipment and supplies.
4. The second phase will involve implementation of the plan, through the strengthening of institutions in the sector at national and local levels, and the periodic monitoring and evaluation of progress. It is expected that this phase will be funded from external sources following the contribution of seed money from WHO in the first phase. The allocation of US\$ 50 000 for 1990-1991 will be utilized to engage the necessary consultant services, employ local national experts, hold a national workshop, and cover reporting costs.
- (b) Promotion of the inclusion of action-oriented education on hygiene as part of school health education
5. WHO, in collaboration with UNICEF and UNESCO, recently produced a prototype curriculum for education on hygiene for primary schools. As part of their health learning experience in schools, pupils not only gain new knowledge and skills, but also apply them in their homes and the community simultaneously. A teacher's guide and a series of teacher's "resource books" have been prepared.
6. Regional workshops will be held for participants from selected countries to explore the possibility of adapting the prototype curriculum for hygiene education to meet the particular needs of each country.

(c) Workshops for dissemination of new guidelines on the use of wastewater in agriculture and aquaculture

7. In early 1989 WHO published the report of a scientific group meeting on "Health aspects of use of treated wastewater in agriculture and aquaculture".<sup>1</sup> In mid-1989 a report will be issued on "Health guidelines for the use of wastewater in agriculture and aquaculture".

8. It is proposed to organize three seminars for national authorities in decision-making positions concerned with water resources management, from the Eastern Mediterranean Region, Latin America and the Caribbean, and the Western Pacific and South-East Asia regions. The seminars would be held at the following WHO regional centres: the Centre for Environmental Health Activities (CEHA), Amman, Jordan; the Pan American Centre for Sanitary Engineering and Environmental Sciences (CEPIS), Lima, Peru; and the Centre for the Promotion of Environmental Planning and Applied Studies (PEPAS), Kuala Lumpur, Malaysia.

9. The allocation of US\$ 50 000 from the Director-General's Development Programme will support the participation of national representatives and consultant facilitators at the seminars, including reporting costs.

Budgetary implications

10. The supplementary allocation of US\$ 170 000 from the Director-General's Development Programme will thus be used to support the above three activities which have been identified by Member States and programme technical staff as being of growing importance at country level.

B. PROGRAMME 11.4 - CONTROL OF ENVIRONMENTAL HEALTH HAZARDS

11. Evidence has been accumulating over a number of years that the production of anthropogenic gases, especially CO<sub>2</sub> from fossil fuel use, will increase the global "greenhouse effect". This is predicted to lead to an average global warming of up to 4°C over the next 50 to 100 years. Other gases such as methane and ozone can also contribute to the greenhouse effect, and their effects should not be viewed in isolation. While the influence of these changes on the environment is already being reviewed by other organizations, the health effects that might result are less well defined, and WHO should identify those of major concern for its Member States.

12. Over the last few years some countries and relevant international organizations have established programmes to assess the extent and consequences of changes in the anthropogenic gases in the atmosphere. A major effort recently initiated to address climate warming is the formation of the Intergovernmental Panel on Climate Change (IPCC) which is administered by UNEP and WMO. WHO has a responsibility to participate in its work by providing the requisite health risk assessments.

Proposed activities

13. Two separate but related activities are proposed: (1) preparing an authoritative review and assessment of the health implications of climatic change, to be issued in 1990; and (2) ensuring that health concerns are adequately covered in the work of IPCC and at the Second World Climate Conference to be organized by WMO/UNEP in 1990.

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<sup>1</sup> WHO Technical Report Series, No. 778, 1989.

14. The review will be conducted in close cooperation with Member States, the relevant international organizations, WHO collaborating centres and nongovernmental organizations such as the Scientific Committee on Problems of the Environment (SCOPE), which have expertise in this field. It is planned to convene a planning meeting of experts to determine the approach and to develop an outline for the review.

15. This activity will also entail WHO's participation in conferences on the setting and implementation of international policies to mitigate the severity of the potential effects of climate change, such as the Second World Climate Conference, where the final report of IPCC will be presented.

#### Budgetary implications

16. Of the allocation of US\$ 70 000, a sum of US\$ 40 000 will be used for the meeting of experts; the remainder will be used for consultants, duty travel, and miscellaneous expenses related to the publication of the report. Additional funds will be sought from external sources to augment the resources provided by WHO.

## PROGRAMME 13.3 - MALARIA

Situation analysis - the need

1. The deteriorating malaria situation in many parts of the world is a cause of growing concern generally, as expressed in Health Assembly resolution WHA42.30, which called for the strengthening of WHO's antimalaria programme. Approximately half the world's population are at risk from malaria. It is estimated that 215 million persons are infected and that there are at least 100 million clinical malaria cases in the world each year. The number of deaths due to malaria is not known, but it has been estimated that more than one million may occur annually. Of all the tropical diseases, malaria continues to take the highest toll. The acute illness it causes, too often associated with premature death and chronic ill health, severely affects the health status of populations, particularly in the least developed countries, and thus represents a major obstacle to social and economic development.
2. At present, of the 102 countries or territories with indigenous malaria, only China has experienced a consistent improvement in the malaria situation. In most of the countries of Asia and Latin America the situation either remains stagnant or is deteriorating. The malaria problem is most serious throughout tropical Africa, where organized malaria control activities have generally not been developed and where, in the last few years, a number of very severe epidemics have affected areas in which the populations have become partially vulnerable to the disease owing to unstable malaria transmission.
3. WHO collaborates with Member States in the development of antimalaria activities in such areas as: the diagnosis and treatment of clinical malaria; the selective application of vector control; the planning and support of training; and research for the development and evaluation of innovative approaches to control, and their incorporation into national antimalaria programmes. However, in the face of epidemics, many Member States require immediate assistance in the development of control plans to deal with the situation, in the mobilization of technical, administrative and financial resources, and in the initial implementation of control. Support is also needed in developing a national capacity for emergency preparedness.
4. The currently available mechanism in WHO for response to these acute requirements is the selection and assignment of short-term consultants, or the assignment of existing staff, when available. This ad hoc approach to meeting countries' needs is often too slow, owing to the time required to mobilize the required expertise, and insufficient to have the necessary impact. Moreover, follow-up action and continuity have been difficult, and have often involved duplication of effort and loss of time when different consultants are required.

Proposed activities

5. The establishment of a post for an experienced epidemiologist will make it possible to develop a team, under this officer's leadership, that will be capable of responding promptly to countries' requests for direct assistance. It is intended to assign to this team the entomologist whose post is at present allocated to the Office of the Director of the Malaria Action Programme, and to use extrabudgetary funds for further development as needed. The responsibilities of the team will include: support in the evaluation and management of epidemics; assistance at regional and country levels in the coordination of emergency support provided by bilateral and multilateral agencies; exploration of ways of increasing the extent and types of WHO's collaboration with Member States in the solution of problems in endemic areas; and promotion of new approaches and consolidation of countries' experiences in attempting to integrate antimalaria activities into the general health systems. Such a team will ensure not only consistency and continuity of collaboration with the countries concerned but also, in conjunction with the regional offices, will provide the experience needed to improve WHO's collaboration with Member States as required by resolution WHA42.30.

Budgetary implication

6. At present the global and interregional budget of the Malaria Action Programme, which for 1988-1989 has a provision of US\$ 3 355 400 from the regular budget and US\$ 1 397 800 from extrabudgetary funds, is oriented towards: (a) normative and supportive functions in particular for programme planning, implementation and evaluation, using approximately 44% of the budgetary resources; (b) support of training, using 27% of the resources; and (c) support of research, with 29%.

7. No budgetary provision has been made for the proposed activities for which the increasing demand has been met on an ad hoc basis, as indicated above.

8. The allocation of US\$ 200 000 will be utilized to establish the post of epidemiologist. In the meantime every effort will be made to mobilize extrabudgetary resources to strengthen the team and its activities; secretarial support, duty travel and consultant months will be provided under regular budget funds or against the Voluntary Fund for Health Promotion - Malaria Special Account.

## PROGRAMME 13.4 - PARASITIC DISEASES

Situation analysis - the need

1. Increasing concern has been expressed in recent years about the public health importance of the leishmaniasis, which occur in some 90 Member States in different parts of the world at a rate of approximately 2 million newly-reported patients per year out of a total of 200 million people exposed to risk of infection.
2. The wide variety of diseases caused by Leishmania and their special epidemiological characteristics have been described in detail.<sup>1</sup> It is obvious that in practically all the countries where the disease is endemic, the number of cases has been growing over the last two decades. One of the reasons for the resurgence and spread of these infections is that regular insecticide spraying for malaria control was largely abandoned and the sandfly vectors, which were controlled in parallel with anophelines, reinvaded previously cleared areas. This is demonstrated by the outbreaks of leishmaniasis in Bangladesh, India and Nepal where transmission has reached pre-epidemic proportions (20 000 newly-reported patients per year). Also, outbreaks frequently occur when large-scale population movements take place, as in rural development schemes, in areas of civil unrest or military operations, or for tourism. The cost of treatment (between US\$ 50 and US\$ 200 per patient) takes a heavy toll from the rural economies of developing countries. The impact of the disease on labour forces and the consequent retardation or interruption of development schemes has caused significant financial loss, compounding the economic difficulties faced in many of the affected countries.
3. In response to several requests from Member States, WHO has launched a series of activities in the last five years: the first WHO expert committee meeting on the subject was organized in 1982 and was followed by a series of regional meetings. Global data on prevalence, health impact and current control activities were collected, and are available for distribution. In February 1989, the second WHO expert committee meeting prepared a series of detailed guidelines for medical surveillance, animal reservoir control and vector control for each of the 11 main nosogeographical varieties in the world.
4. So far WHO's direct assistance to Member States has been limited to the provision of ad hoc advice and missions by WHO staff or consultants on specific request only. The technology is now sufficiently advanced for WHO to provide active support in the worldwide application of appropriate measures for control at national as well as international level.

Proposed activities

5. In response to the expressed needs of Member States, WHO is seeking extrabudgetary resources to initiate a leishmaniasis control programme under which it will cooperate with Member States in formulating national control programmes and providing technical training.
6. The specific activities of the programme will include:
  - (1) the provision of technical and managerial expertise in the planning and implementation of control programmes;

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<sup>1</sup> "Guidelines for Leishmaniasis Control at Regional and Subregional Levels", by P. Desjeux (document WHO/LEISH/88.25).

(2) the design of control strategies in accordance with countries' needs and the resources available, including: definition of control needs and objectives; resource analysis and feasibility studies related to the socioeconomic situation in each country; cost-effectiveness analysis; priority ranking with other health objectives; selection of appropriate technical approaches and design of a detailed workplan; and development of a long-term programme budget;

(3) assistance in the identification and mobilization of manpower, logistics and finances from national and external sources and, where required, establishment of liaison between potential donors and endemic countries;

(4) development of a core of trained manpower through the distribution of technical documents, and national and international training courses;

(5) promotion of international coordination and intercountry collaboration by means of intercountry, subregional and regional meetings.

Budgetary implications

7. Efforts are being made to mobilize extrabudgetary funding; in the meantime, the amount of US\$ 200 000 will be utilized to establish one professional post to initiate the above activities. Operating costs (duty travel, consultants and training) will be covered from funds under the Voluntary Fund for Health Promotion.

## PROGRAMME 13.14 - OTHER COMMUNICABLE DISEASE PREVENTION AND CONTROL ACTIVITIES

Situation analysis

1. Communicable diseases of bacterial origin are progressively being brought under control thanks to socioeconomic and health developments, including the implementation of primary health care, new and improved chemotherapy and the availability of vaccines, as well as success in preventing and controlling major communicable diseases such as smallpox, measles, poliomyelitis and diarrhoeal diseases.
2. However, some other communicable diseases, such as legionellosis and cerebrospinal meningitis, are emerging as public health problems in both developing and developed countries. Concern at their spread was reflected in discussions at the eighty-third session of the Executive Board in January 1989, during the review of the proposed programme budget for 1990-1991. In view of the potential for transmission between geographically separate areas as a result of increasing population migration and urbanization and the growth of the tourist industry, it is highly probable that in the near future these infections will cause even greater concern to Member States. The allocation of US\$ 100 000 from the Director-General's Development Programme will thus be utilized to strengthen activities for the prevention and control of these two diseases.
3. Numerous outbreaks of Legionnaires' disease in Europe, North America, North Africa, the Western Pacific and other geographical areas have attracted attention and generated considerable public concern, largely because of the complex epidemiology of the disease, and also because of its implications for travellers and tourists. The infection is acquired from environmental sources, and dramatic common-source outbreaks have occurred in hotels and other establishments through air-conditioning systems, hot-water facilities, etc. Common source clusters of legionellosis cases associated with cooling-towers have also been reported recently. Similar problems exist in health care institutions, and Legionnaires' disease may be taken as a model in the elaboration of hygienic and engineering measures against nosocomial infections.
4. WHO is providing support to Member States in diagnosis of the disease, by investigating Legionella strains and providing diagnostic reagents to national laboratories upon request. Guidelines dealing with diagnosis, treatment and control of the disease have also been developed, under the auspices of the WHO Regional Office for Europe, and disseminated. A meeting of experts will be convened in November 1989 to discuss the epidemiology and biology of the disease, review the current status of knowledge and make recommendations to WHO on the research required.
5. The bacterial forms of meningitis are a serious public health problem and a cause of high mortality (10%-50%), particularly in children and the elderly, even where curative services are available. They may have such sequelae as hydrocephalus, epilepsy, paralysis, hearing loss, blindness and speech disorder. Meningococcal disease is endemic throughout the world, and large epidemics continue to occur, not only in the countries of the so-called "cerebrospinal meningitis belt" in Africa, but in other geographical areas.
6. Recent epidemics in Brazil, Chad, Cuba, Ethiopia, India, Nepal, Norway, Saudi Arabia, Sudan, the United Kingdom and some other countries have drawn worldwide attention to the importance of international cooperation in combating the problem, and WHO has a crucial role to play in this field.
7. Epidemiological and serological data indicate the possible emergence of meningococcal strains which would appear more resistant to therapy and which may call for new approaches to prevention.

Proposed activities

A. Legionnaires' disease

8. It is proposed that an amount of US\$ 55 000 be utilized to strengthen the following activities:

(i) to support research in line with the recommendations to be issued by the November meeting of experts and in particular to stimulate the development of an inexpensive immunological test for rapid diagnosis of Legionella in humans as well as methods for the identification of Legionella in the environment;

(ii) to support the development of criteria for case identification and reporting of Legionella pneumophila in various geographical areas;

(iii) to strengthen the network of reference centres on legionellosis capable of providing the international community with consultants and reference assistance, including reference sera, reference strains, diagnostic reagents, etc.

B. Meningitis

9. The sum of US\$ 45 000 will be utilized to strengthen activities in the following areas:

(i) the support of WHO activities for vaccine development by providing seroepidemiological data concerning Neisseria meningitidis strains in populations in endemic and epidemic conditions in different geographical areas;

(ii) the development of new immunological (monoclonal antibodies) and immuno-enzyme diagnostic techniques for surveillance purposes, and the initiation of field trials to test them;

(iii) the development of guidelines for diagnosis, treatment, prevention and control of meningitis, which will be implemented in developing countries.

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