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PROVISIONAL DRAFT OF THE PROGRAM BUDGET OF THE WORLD HEALTH ORGANIZATION FOR THE REGION OF THE AMERICAS FOR THE FINANCIAL PERIOD 2002-2003

The attached document is the program budget for the World Health Organization for the biennium 2002-2003.

Work has been under way over recent months to develop a more strategic WHO program budget for the next biennium. The Executive Board at its session in May 2000 endorsed this new approach that brings together and integrates the work of different levels of WHO in a coherent way ("one WHO"). It should increase the capacity of WHO to contribute significantly to changes in world health conditions or systems through high quality results in all areas of its work. This introduction is intended to provide some information to all Member States about these changes.

There has been a joint effort across all Regional Offices and Headquarters to prepare the proposed program budget for 2002-2003 as a single core document. This collaborative process replaces the previous practice whereby individual regional budgets were prepared and subsequently consolidated with headquarters at the global level. There was accordingly less opportunity to present coordinated objectives and results.

The program budget has been developed using the policy framework of the new WHO corporate strategy articulated by the Director General and identifies organization-wide objectives and expected results in 35 areas of work to which all of the various levels of the Organization will contribute. Substantial effort has been made to intensify our programs in the priority areas and consequently there has been significant transfer of funds to these areas.

The program budget document will be the basis of discussion for all six Regional Committees, for the Executive Board and for the Health Assembly. In the case of AMR/PAHO, the WHO funds represent only part of the financing for its biennial program budget. In September 2001, the Directing Council will be considering in detail the Organization's biennial program budget for 2002-2003, which is financed by both PAHO and WHO funds. It is therefore expected that at its meeting in September 2000, the Directing Council will focus on commenting on the totality of the WHO program budget and the strategic directions of the WHO-wide proposals.

The views of the Regional Committees will be an important input before finalization of the document by the Director-General for the Executive Board and World Health Assembly in 2001.

Annex

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WORLD HEALTH ORGANIZATION

PROPOSED PROGRAMME BUDGET

2002–2003

GENEVA · 2000

CONTENTS

I

POLICY AND BUDGET FOR ONE WHO

KEY FEATURES OF THE PROPOSED PROGRAMME BUDGET 2002-2003

1. The Proposed programme budget 2002-2003 builds on lessons learned in preparing previous programme budgets, but marks a significant departure in both its content and the way it has been prepared.

A policy framework with clear priorities

2. The corporate strategy sets out the ways in which WHO intends to address the challenges of the rapidly evolving context of international health. The policy framework – one of the first products of this process – now provides the inspiration and basics for the proposed programme budget. In particular, on the basis of the criteria set out in that framework, 11 priorities were determined by the Executive Board at its 105th session.[1] To facilitate tracking – in terms of both resource shifts toward priority areas, and the achievement of results – these priorities have been clearly reflected in the proposed budget.

A budget structure which better reflects WHO's business

3. Thirty-five areas of work have been identified for the whole Organization and constitute the common building blocks of the proposed programme budget.[2] Health is a multidimensional subject, and there is no simple or unambiguous way of classifying WHO's response to global health needs without some degree of overlap. Nevertheless, the aim has been to reflect as accurately as possible the current range of activities of WHO's Secretariat and to provide a sufficient degree of continuity with the Programme budget 2000-2001 to enable meaningful comparison and analysis of trends.

A corporate programme, jointly developed

4. The programme budget proposed for each area of work has been drawn up through an Organization-wide process, involving staff from regional offices and headquarters. This collaborative process replaces the previous practice in which separate documents were prepared at regional level and subsequently consolidated with those at global level without explicit discussion of objectives, approaches or resource allocation. The Proposed programme budget 2002-2003 expresses more fully the interdependence of the different levels of WHO within agreed global objectives, strategies and expected results.

Concentrating on results: application of results-based budgeting

5. Results-based budgeting derives from an improved process of planning, programming, budgeting, monitoring and evaluation, by which WHO's Secretariat would be held accountable for the achievement of specific results. Under such a process, budget allocations for each area of work are linked to a set of objectives and expected results. A key concern in preparing the proposed programme budget has been to ensure that Member States receive a clear overview of what WHO plans to deliver. For each area of work three levels of objective have been defined: the broad development **goal** to which WHO's work will **contribute**, the **WHO objective** – the change to which the Organization as a whole is **committed**– and the **expected results** for which the Secretariat is **directly responsible**. This hierarchy clearly distinguishes the responsibilities of WHO's Secretariat from those of Member States – a problem that has beset previous programme budgets.

[1] See document EB105/2000/REC/2, summary record of the third meeting, section 1.

[2] At headquarters, the areas of work are quite closely aligned with departments. In regional offices, the areas of work will be grouped in different ways depending on the organizational structure adopted by the region concerned. Individual country programmes will be made up of those areas of work – individually or grouped – which form part of the country cooperation strategy.

Integrating planning, budgeting and evaluation

6. The proposed programme budget provides the basis for detailed operational planning which will take place closer to the time of implementation. A considerable body of evaluative work is produced every year in different parts of WHO. However, it has not been systematically linked to the planning and budgeting process. The proposed programme budget lays the foundations for remedying that situation by including predetermined indicators linked to expected results.[1] Regular monitoring against these indicators will ensure transparency and accountability. Each area of work will also, over time, be subject to evaluation. Furthermore, financial reporting will be adjusted so that it will be possible to judge outcomes in relation to budgetary provisions.

Country operations: a clearer focus

7. A key corporate goal is to increase the effectiveness of WHO's country programmes. Well-defined priorities will help to assure a better match between country needs, globally agreed strategies, and areas of work in which WHO has a clear advantage compared to other partners. The process of preparing country programmes will now take place closer to the time of implementation, i.e., the process will be initiated after the proposed programme budget has been reviewed and commented on by the Executive Board.

[1] Examples of indicators appear under selected areas of work in Section II. All indicators will be finalized before submission of the Proposed programme budget 2002-2003 to the Executive Board at its 107th session in January 2001.

POLICY FRAMEWORK

The changing context of international health

8. The latter part of the twentieth century saw a transformation in human health unmatched in history. Yet, despite the remarkable achievements of recent decades, more than one thousand million people have been excluded from the benefits of economic development and the scientific advances that have increased the length and quality of life of so many others throughout the world. Health is a fundamental human right, still denied to more than one-fifth of humankind.

9. The past decade has been a time of significant change in international health.

10. **Understanding of the causes and consequences of ill-health is changing.** It is increasingly evident that achieving better health depends on many social, economic, political and cultural factors in addition to health services. Moreover, there is a growing recognition of the role that better health can play in reducing poverty.

11. **Health systems are becoming more complex.** In many countries, the role of the State is changing rapidly, and the private sector and civil society are emerging as important players. In the developing world, a growing number of development organizations, international financial institutions, private foundations and nongovernmental organizations are active in the health sector. Worldwide, people's expectations of health care services are rising.

12. **Safeguarding health is gaining prominence as a component of humanitarian action.** A significant increase in the occurrence and impact of conflict and of natural disasters has highlighted the need to protect health in complex emergencies.

13. **The world is increasingly looking for greater coordination among development organizations.** Reform in the United Nations system aims to make organizations more responsive to the needs of Member States, and to provide a rallying point for achievement of the International Development Goals. To rise to this challenge will require more emphasis on effectiveness through collective action and partnerships. This, in turn, will require more dynamic, and less bureaucratic, approaches to management.

14. Given the magnitude of the global health agenda, it is evident that WHO cannot do everything. Defining WHO's particular role in world health is therefore fundamental. It has required, among other efforts, greater concentration on areas in which WHO can demonstrate a clear advantage in comparison to other actors at international and national levels.

15. If WHO is to respond effectively to a changing international context, several new ways of working are called for that include:

- adopting a broader approach to health within the context of human development, humanitarian action, equity between men and women, and human rights, focusing particularly on the links between health and poverty reduction

- assuming a greater role in establishing wider national and international consensus on health policy, strategies and standards – through managing the generation and application of research, knowledge and expertise

- triggering more effective action to promote and improve health and to decrease inequities in health outcomes, through carefully negotiated partnerships and by making use of the catalytic action of others

- creating an organizational culture that encourages strategic thinking, prompt action, creative networking, innovation and accountability, and strengthens global influence.

16. These overarching lines require WHO to devise new processes and modalities which draw on the respective and complementary strengths of headquarters, and of regional and country offices. They encompass the functions of WHO as set out in Article 2 of the Constitution, and build on the principles and values articulated in the Global Strategy for Health for All.

Strategic directions

17. WHO's goals are to build healthy populations and communities, and to combat ill-health. To realize these goals, four strategic directions will provide a broad framework for focusing WHO's technical work.

Strategic direction 1: reducing excess mortality, morbidity and disability, especially in poor and marginalized populations.

Strategic direction 2: promoting healthy lifestyles and reducing risk factors to human health that arise from environmental, economic, social and behavioural causes.

Strategic direction 3: developing health systems that equitably improve health outcomes, respond to people's legitimate demands, and are financially fair.

Strategic direction 4: framing an enabling policy and creating an institutional environment for the health sector, and promoting an effective health dimension to social, economic, environmental and development policy.

18. The four strategic directions are interrelated. Real progress in improving people's health cannot be achieved through one direction alone. Success in reducing excess mortality will depend on more effective health systems, and a reduction in exposure to risks and threats to health – many of which lie outside the reach of the health system itself. The effectiveness of work on health systems and risk reduction will in turn depend on the broader policy and institutional environment – globally and nationally – in which countries work to improve the health of their populations.

Core functions

19. In carrying out its activities WHO's Secretariat will focus on the following six core functions:

- articulating consistent, ethical and evidence-based **policy** and **advocacy** positions
- **managing information** by assessing trends and comparing performance; setting the agenda for, and stimulating, research and development
- catalysing change through **technical** and **policy support**, in ways that stimulate cooperation and action and help to build sustainable national and intercountry capacity
- negotiating and sustaining national and global **partnerships**
- setting, validating, monitoring and pursuing the proper implementation of **norms** and **standards**
- stimulating the development and testing of new **technologies**, **tools** and **guidelines** for disease control, risk reduction, health care management, and service delivery.

20. WHO's functions have often been described as falling into two categories: normative work and technical cooperation. Implicit in this division has been the idea that normative functions are carried out primarily at headquarters, and that technical cooperation describes the work of regional and country offices. Yet the six core functions describe the most important activities carried out at *all* levels of WHO. Technical cooperation does not appear as a single category. Rather, it is better described as a summary term covering many different combinations of the core functions carried out in specific countries. In this sense, technical cooperation (including between developing countries) will include advocacy, development of partnerships, encouragement of local research and development, and policy advice. Depending on the needs of the specific country, technical cooperation may involve staff from headquarters, as well as from regional and country offices.

21. This approach to describing WHO's core functions also recognizes that regional and country offices too play a role in normative work. Some regional offices may take on global leadership in a particular technical area. In addition, both regional and country offices will be involved in drawing up guidelines on best practice, and in testing new technologies or approaches to service delivery.

22. WHO's core functions provide a focus for planning the work of the Secretariat. They have been helpful in thinking about where WHO's advantages lie, and are particularly useful in appraising whether the balance of functions is right in relation to specific areas of work. The core functions also played a part in formulating expected results.

Specific priorities

23. Despite the orientation provided by the strategic directions and core functions, more specific areas of emphasis still need to be defined. Based on an analysis of major challenges in international health, they also reflect strategic choices with regard to areas in which WHO has an advantage compared to others, or where there is a need to build up capacity.

24. Criteria for identifying priorities include:

- potential for significant change in burden of disease with existing cost-effective interventions
- health problems with major impact on socioeconomic development and a disproportionate impact on the lives of the poor
- urgent need for new technologies
- opportunities to reduce health inequalities within and between countries
- WHO's advantages, particularly in relation to provision of public goods; building of consensus around policies, strategies and standards; initiation and management of partnerships
- major demand for WHO support from Member States.

25. The specific priorities are set out below.

Malaria, tuberculosis and HIV/AIDS:

- three major communicable diseases, all of which pose a serious threat to health and economic development and have a disproportionate impact on the lives of poor people

- all three urgently need new and affordable diagnostics, drugs and vaccines, requiring intervention by a global body such as WHO, capable of influencing private sector research and development in an area which would otherwise receive limited attention

- to tackle all three diseases requires not only cost-effective technologies, but also sustained efforts and effective mechanisms which bring together and mobilize the resources of diverse players – in the public and private sectors, within and beyond the health system

Cancer, cardiovascular disease and diabetes:

- a growing epidemic in poor and transitional economies; a major threat, not least because of escalating costs of treatment, in the industrialized world

- needs cross-national surveillance, and better epidemiology of risk factors

Tobacco:

- a major killer in all societies and a rapidly growing problem in developing countries

- not just a health issue – the economic case for tobacco control is strong

- powerful vested interests have to be overcome if consumption is to be reduced, which argues for leadership from a global organization that unites the strength of its Member States

Maternal health:

- the most marked difference in health outcomes between developed and developing countries shows up in maternal mortality data

- closely linked to development of health systems – it is difficult to cut back maternal mortality without a well-functioning health system

Food safety:

- a growing public concern, with potentially serious economic consequences

- new developments in biotechnology pose increasingly difficult technical and ethical questions; problems may affect several countries when food is traded internationally

- increasing demand from Member States for impartial technical and scientific advice

- consistent with WHO's broader approach to health: opportunities for working across sectors and in partnership with several other bodies

Mental health:

- five of the 10 leading causes of disability are mental health problems; major depression is the fifth contributor to the global burden of disease, and may be second by 2020

- needs greater technical consensus in a highly contested and politicized field and better epidemiological information; potential for public-private partnerships (new treatments) and public voluntary partnerships

(provision of service and continuity of care) – all areas in which WHO has advantages compared to other organizations

Safe blood:

- both a potential source of infection and a major component of treatment: crucial in the fight against HIV/AIDS and for dealing with the growing disease burden among women (as a consequence of pregnancy), children, and accidents and trauma victims

- a neglected area in many countries, requiring work not only on technical standard setting, but also on legislation, development of health systems, and creation of public, private and voluntary partnerships

- major opportunity to establish a partnership with the International Federation of Red Cross and Red Crescent Societies and other nongovernmental organizations competent in blood safety

Health systems:

- development of effective and sustainable health systems underpins all the other priorities

- WHO's work on tools and methods for assessing and comparing health systems will provide much needed evidence on the determinants of performance

- substantial demand from Member States for support and advice on health sector reform

- different approaches to health financing have major implications for equity and efficiency

- workforce management is a neglected area in many health systems and needs a more comprehensive approach

- more effective mechanisms for resource allocation, budgeting and financial management are a key to ensuring successful implementation of priority programmes

Investing in change in WHO:

- a prerequisite for WHO to become a more efficient and productive organization – and one capable of response within an increasingly complex international environment

- development of new skills, systems and processes is central to the effective management of WHO's core functions

- a move towards incorporation of gender considerations in the planning and achievement of expected results in all areas of work.

26. The specific priorities are broadly supported by activities conducted under different areas of work, not only by the area that bears the title of the priority. The contribution of other areas of work and its nature have been identified in order to indicate the extent of WHO's involvement in a given priority. Details are provided under each priority area in Section II of the proposed programme budget.

OVERALL RESOURCE CONTEXT

Expenditure plan for 2002-2003

27. The tables that follow summarize the overall expenditure plans for the biennium 2002-2003. Further details, by organizational level, area of work and source of fund, are provided in the Annex.

28. Table 1 summarizes the expenditure plan for the whole Organization, i.e., the total amount that is needed to achieve the expected results of the Proposed programme budget 2002-2003. Expenditure is broken down between the regular budget and other sources of funds. Regular budget figures in both bienniums are based on cost levels and the rates of exchange for 2000-2001.

29. The budget for 2000-2001, approved under resolution WHA52.20, has been slightly modified to reflect changes in the areas of work inherent in the 2002-2003 proposals. The budget for other sources of funds reflects projected expenditure for the next biennium.[1]

TABLE 1. EXPENDITURE PLAN – ALL SOURCES OF FUNDS

(US$ thousand)

Source of funds	2000-2001	2002-2003	Percentage change
Total regular budget	842 654	842 654	0
Total other sources	1 237 000	1 404 000	+14
Total all sources	2 079 654	2 246 654	+8

Regular budget

30. The estimates for the regular budget alone are shown in Table 2 below, according to organizational level. The increase in the budget for the regional offices is caused entirely by a rise in intercountry activities. In fact, that component accounts for 64% of resources under this level for 2002-2003. At this stage these figures are nominal, i.e., they do not include possible adjustments for currency fluctuations and inflation which may be required before submission of the proposed programme budget to the Fifty-fourth World Health Assembly in May 2001.

TABLE 2. REGULAR BUDGET SUMMARY BY ORGANIZATIONAL LEVEL

(US$ thousand)

Organizational level	2000-2001	2002-2003	Percentage increase/decrease
Headquarters	279 055	276 149	-1
Regional offices	231 816	234 722	+1
Countries	331 783	331 783	0
Total	842 654	842 654	0

[1] The relationship between income and expenditure will be shown in the financial statements for the biennium. These financial statements will also make it possible to compare actual and budgeted expenditure for all areas of work.

Planned resources by area of work

31. The proposed programme budget has been divided into 35 areas of work, for which all expenditure will be accounted in the Financial Report.

32. Resources under the regular budget for country-level activities have, at this stage, not been shown against individual areas of work, but as a separate provision at the end of Table 3 below. Country expenditures under other sources have been included under the corresponding area of work, with the exception of some interagency financing and provisions for funds-in-trust.

TABLE 3. PLANNED RESOURCES BY AREA OF WORK (US$ thousand)

(Priority areas of work shown in bold)

Areas of work	Regular budget		Other sources		Total	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
Communicable disease surveillance	13 930	14 181	41 000	57 000	54 930	71 181
Communicable disease prevention, eradication and control	22 849	20 408	149 000	146 500	171 849	166 908
Research and product development for communicable diseases	4 807	4 312	80 500	84 500	85 307	88 812
Malaria	**6 441**	**8 777**	**76 000**	**96 500**	**82 441**	**105 277**
Tuberculosis	**1 682**	**4 724**	**17 000**	**21 000**	**18 682**	**25 724**
Subtotal – Communicable diseases	49 709	52 402	363 500	405 500	413 209	457 902
Surveillance, prevention and management of noncommunicable diseases	**12 144**	**13 548**	**3 500**	**7 000**	**15 644**	**20 548**
Tobacco	**3 614**	**6 417**	**12 500**	**12 000**	**16 114**	**18 417**
Subtotal – Noncommunicable diseases	15 758	19 965	16 000	19 000	31 758	38 965
Child and adolescent health	7 480	7 520	59 500	64 000	66 980	71 520
Research and programme development in reproductive health	8 377	6 722	62 000	61 500	70 377	68 222
Making pregnancy safer	**1 538**	**6 022**	**10 000**	**31 500**	**11 538**	**37 522**
Women's health	2 916	3 284	10 000	11 500	12 916	14 784
HIV/AIDS	**6 972**	**10 156**	**48 500**	**58 000**	**55 472**	**68 156**
Subtotal – Family and community health	27 283	33 704	190 000	226 500	217 283	260 204
Sustainable development	8 510	9 064	6 500	9 000	15 010	18 064
Nutrition	8 036	7 152	7 500	6 500	15 536	13 652
Health and environment	23 930	19 500	24 000	28 000	47 930	47 500
Food safety	**2 992**	**5 490**	**3 500**	**5 000**	**6 492**	**10 490**
Emergency preparedness and response	3 267	3 738	180 000	221 500	183 267	225 238
Subtotal – Sustainable development and healthy environments	46 735	44 944	221 500	270 000	268 235	314 944

Areas of work	Regular budget		Other sources		Total	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
Health promotion	8 940	6 836	15 000	18 000	23 940	24 836
Disability/injury prevention and rehabilitation	3 754	3 674	6 000	8 500	9 754	12 174
Mental health and substance abuse	**8 959**	**11 835**	**9 500**	**17 000**	**18 459**	**28 835**
Subtotal – Social change and mental health	21 653	22 345	30 500	43 500	52 153	65 845
Essential medicines: access, quality and rational use	10 078	11 092	27 000	31 000	37 078	42 092
Immunization and vaccine development	14 242	13 649	176 000	171 000	190 242	184 649
Blood safety and clinical technology	**8 071**	**10 365**	**14 000**	**15 500**	**22 071**	**25 865**
Subtotal – Health technology and pharmaceuticals	32 391	35 106	217 000	217 500	249 391	252 606
Evidence for health policy	**19 580**	**21 228**	**12 000**	**18 000**	**31 580**	**39 228**
Health information management and dissemination	30 686	28 480	8 000	15 000	38 686	43 480
Research policy and promotion	5 267	6 456	5 500	5 000	10 767	11 456
Organization of health services	**35 563**	**37 339**	**15 500**	**22 500**	**51 063**	**59 839**
Subtotal – Evidence and information for policy	91 096	93 503	41 000	60 500	132 096	154 003
Governing bodies	26 352	23 635	500	1 000	26 852	24 635
Resource mobilization, and external cooperation and partnerships	27 383	23 828	13 500	13 000	40 883	36 828
Subtotal – External relations and governing bodies	53 735	47 463	14 000	14 000	67 735	61 463
Budget and management reform	7 617	6 996	1 000	1 000	8 617	7 996
Human resources development	15 673	14 904	5 000	6 000	20 673	20 904
Financial management	24 311	23 180	12 000	15 500	36 311	38 680
Informatics and infrastructure services	101 659	93 901	34 500	40 000	136 159	133 901
Subtotal – General management	149 260	138 981	52 500	62 500	201 760	201 481
Director-General's and Regional Directors' offices (including Audit, Oversight and Legal)	15 762	15 156	6 000	3 000	21 762	18 156
Director-General's and Regional Directors' Development Programme and initiatives	7 489	7 302	4 000	0	11 489	7 302
Subtotal – Director-General, Regional Directors and independent functions	23 251	22 458	10 000	3 000	33 251	25 458
TOTAL – Areas of work	510 871	510 871	1 156 000	1 322 000	1 666 871	1 832 871
Country-level activities[1]	331 783	331 783	81 000	82 000	412 783	413 783
TOTAL – Country programmes	331 783	331 783	81 000	82 000	412 783	413 783
GRAND TOTAL	842 654	842 654	1 237 000	1 404 000	2 079 654	2 246 654

[1] The figures for the regular budget are good estimates of the resources that will be spent at country level. The corresponding figures for other sources are underestimates, as most of the resources that will be spent at this level have been included in the funding estimated for individual areas of work.

Note: Health systems is covered by two areas of work: Evidence for health policy and Organization of health services.

33. The priority areas of work, highlighted in Table 3 above, have been allocated resources preferentially under the regular budget for 2002-2003. The overall, planned allocation of resources to these priorities is shown in Table 4.

TABLE 4. PLANNED RESOURCES FOR PRIORITY AREAS[1]

(US$ thousand)

Priority areas	Regular budget		Other sources		Total	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
Total	107 556	135 901	222 000	304 000	329 556	439 901

[1] In addition, for 2002-2003 substantial resources will continue to be allocated to the priority area “investment in change”.

This box will contain information on work being undertaken in and across areas of work in the fields of health and human rights and gender.

II

STRATEGIC ORIENTATIONS 2002-2003
BY AREA OF WORK

COMMUNICABLE DISEASE SURVEILLANCE

ISSUES AND CHALLENGES

Communicable diseases continue to be responsible every year for 24.7% of deaths worldwide, a toll that rises to 45% in developing countries. Additionally, there is the burden of disabilities related to communicable diseases. Enormous disparities in infection, disability and mortality persist between and within countries; the poor and the disadvantaged are among those most affected.

The burden of communicable diseases is a key impediment to social and economic progress. Population growth, rapid economic and political changes in some parts of the world, and globalization contribute to the amplification and spread of disease. They also create conditions for the emergence of new diseases and the re-emergence of those once considered to be conquered. Zoonoses, which are transmitted from animals to humans, either by insects or directly, are particularly susceptible to environmental changes and are also emerging and re-emerging. The increasing resistance of microorganisms to drugs is undermining available therapy, removing opportunities for control and prevention, and significantly increasing the cost of health care.

Surveillance, closely linked to effective response, is crucial. Appropriate, consistent and timely surveillance data are essential for the design and targeting of interventions to contain communicable diseases, identification of threats from new or re-emerging diseases, and monitoring of progress towards control targets and of programme performance.

These challenges highlight the need for global leadership, global and national advocacy, and improved international cooperation in tackling communicable diseases. The International Health Regulations are a powerful tool for harmonizing public health action among Member States.

The challenges also underscore the critical need for sustainable national and international surveillance systems in order to generate information that will help to understand better the epidemiology of endemic and epidemic diseases, and to implement and evaluate effective prevention and control strategies. Integrated surveillance activities will help to optimize the use of often limited resources.

Such surveillance and response systems require trained staff, appropriate infrastructure, reliable provision of good-quality supplies, and links to international networks. These needs have for too long been underestimated and underfunded; WHO will therefore bring them clearly to the attention of international and national authorities and concerned partners.

GOAL

To foster action essential for reducing the negative impact of communicable diseases on health, and on the social and economic well-being of all people worldwide.

WHO OBJECTIVE(S)

To better equip Member States and the international community so that they can rapidly detect, define and control threats to public health arising from communicable diseases of known and unknown etiology, including emerging and zoonotic diseases, those likely to cause epidemics, and zoonotic foodborne diseases, and from resistance to anti-infective drugs; monitor trends, and use this information to respond effectively.

EXPECTED RESULTS	INDICATORS
• Mechanism established within which bilateral donors, nongovernmental organizations, international organizations, the private sector and other WHO partners can work to increase international action and fund-raising in order to strengthen surveillance and response at country level	•
• Information on communicable diseases, including emerging diseases, those likely to cause epidemics, zoonoses and outbreaks of unknown etiology, and drug resistance readily accessible for decision-making at national and international levels	•
• Effective international action coordinated and support provided for national action in response to threats from communicable diseases, including those that are emerging or likely to cause epidemics	•
• Networks of centres and laboratories established for diagnosis and surveillance of communicable diseases, including emerging diseases and zoonoses, and drug resistance	•
• Standards, norms, manuals and guidelines available for surveillance, prevention and containment of communicable diseases including zoonoses, and drug resistance; mechanisms, including training, established for country implementation	•
• Mechanisms established to increase the sustained availability of the human resources, reagents, pharmaceuticals and equipment essential for rapid detection, definition and containment of threats to public health from communicable diseases, zoonoses and drug resistance	•
• International Health Regulations revised in order to cover all international public health urgencies	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	54 930	71 181	13 930	14 181	41 000	57 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	9 491	1 352	529	691	317	736	814	13 930
2002-2003	8 628	1 795	1 150	1 128	347	447	686	14 181

COMMUNICABLE DISEASE PREVENTION, ERADICATION AND CONTROL

ISSUES AND CHALLENGES

A total of over 13 million deaths a year are caused by infectious and parasitic diseases – or, one in two deaths in developing countries. Most deaths from infectious diseases occur in nations where approximately one-third of the population – 1.3 thousand million people – live on incomes of less than one dollar a day. Poor people, women, children and the elderly are the most vulnerable to illness and disability, and infectious diseases are now the world's leading killer of children and young adults.

In addition to causing premature death, infectious diseases contribute every year to the rise in the number of people with disabilities. The impact of these diseases, however, are not confined to poor and developing countries alone. As a result of globalization, international travel, improved transport and an increase in both refugee populations and voluntary migrants, communicable diseases have spread into developed nations where, similarly, they attack the most vulnerable and the poorest people.

Moreover, the development and spread of antimicrobial resistance is undermining efforts to control infectious diseases, as ones that were formerly treatable re-emerge, posing presenting major threats to all people regardless of socioeconomic status, race or sex.

The capacity of developing countries to prevent and control communicable diseases is limited by poor access to available cost-effective interventions, and insufficient financial resources and political commitment. Yet areas where new technology is necessary need to be identified.

One of the major challenges remains the fostering of national development through development of health services, and better use of existing tools in order to prevent and control communicable diseases more effectively, and ultimately to eliminate or eradicate a certain number. Maintaining the necessary momentum and commitment is difficult, particularly when adequate services need to be provided to underserved communities and in countries where civil unrest or war prevails.

Diseases or infections targeted for control, prevention or eradication, partly or wholly, are Buruli ulcer, cestode infections, dracunculiasis, foodborne nematode infections, intestinal protozoa infections, leprosy, lymphatic filariasis, malaria, onchocerciasis, schistosomiasis, soil-transmitted infections, and tuberculosis.

GOAL

To foster action essential for reducing the negative impact of communicable diseases on health, and on the social and economic well-being of all people worldwide.

WHO OBJECTIVE(S)

To create an environment in which Member States and their partners in the international community are better equipped – both technically and institutionally – to reduce death and disability through the control and, where appropriate, eradication or elimination, of selected communicable diseases.

EXPECTED RESULTS	INDICATORS
• Appropriate control or eradication strategies for use by endemic countries developed that focus on establishing the principles of communicable disease control, building up from small-scale initiatives (e.g. for intestinal parasites and schistosomiasis), and working in conflict zones and underserved areas (particularly in relation to dracunculiasis and leprosy)	•
• New technologies and tools identified, particularly for prevention of HIV/tuberculosis, and prevention and control of Buruli ulcer	• Proportion of targeted countries implementing the "ProTest" project for field-testing an integrated approach to prevention and care of HIV/tuberculosis • Proportion of targeted countries scaling up tuberculosis care in the community from pilot project to countrywide coverage • Proportion of targeted countries adopting WHO definitions and reporting systems for Buruli ulcer
• Consensus strengthened and partnership consolidated around strategies and plans for elimination of lymphatic filariasis, dracunculiasis and Buruli ulcer, completed elimination of leprosy, tackling of multidrug-resistant tuberculosis; increased resources raised for country-based control	• Existence and suitability for countries of plans agreed by partners for supporting control and elimination activities
• Effective surveillance systems developed and implemented in those countries completing eradication of dracunculiasis and elimination of leprosy	• Compliance with agreed standards of frequency and timeliness of transmission of data to WHO • Proportion of endemic countries reporting on time

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	171 849	166 908	22 849	20 408	149 000	146 500

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	13 474	1 443	5 263	720	168	691	1 090	22 849
2002-2003	12 486	1 141	4 599	1 052	170	650	310	20 408

RESEARCH AND PRODUCT DEVELOPMENT FOR COMMUNICABLE DISEASES

ISSUES AND CHALLENGES

Despite the significant resources and efforts put into prevention and control by WHO and others over the past 50 years, infectious diseases still persist and constitute the biggest part of the burden of disease in developing countries. They continue to impede social and economic development, and to affect disproportionately poor and marginalized populations. Tools, methods and strategies, once considered sufficient for successful prevention and control, are now failing. Some fail because microorganisms have developed resistance to drugs, some because they are used in ecological conditions for which they have not been intended, and others because difficulties in implementation were not adequately taken into account. Only a few have been properly evaluated in field conditions.

Not only has the evolution of the global economy widened the relative gap between the rich and the poor, but in many countries reduction of the role played by the State and increase of that played by the private sector have fundamentally changed the environment in which infectious diseases are prevented and controlled. Capital requirements to develop and market new products, combined with the low purchasing power of poor people in poor countries, make it less attractive for industry and major research institutions to invest in what for them is a marginal market. However, experience shows that even the big pharmaceutical companies are prepared, through appropriate mechanisms and partnerships, to work with the public sector in both developing and developed countries to generate new products.

The challenge is to develop new products that are acceptable, affordable, and applicable to the circumstances in which they will be used. One way of doing so is to build broad partnerships for research and product development, involving control programmes, industry, researchers and donors from both developing and developed countries and across disciplines ranging from laboratory to applied social sciences, and to build up research capability in developing countries. A successful example of such partnership is the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases. In addition to a large number of external partners, the Programme closely interacts with related areas of work in WHO, for example health systems, and disease surveillance and control, through such mechanisms as the health systems reference group, the intercluster vaccines research initiative, the Roll Back Malaria project, and the Stop Tuberculosis Initiative. In this way, not only are new tools appropriately designed, but also methods and strategies for their application are developed and evaluated in field situations, then transferred into policy.

GOAL

To foster action essential for reducing the negative impact of communicable diseases on health, and on the social and economic well-being of all people worldwide.

WHO OBJECTIVE(S)

To stimulate partnerships and to create an environment for better use of existing tools for the prevention and control of infectious diseases; to generate new knowledge, tools, intervention methods and implementation strategies to be used by health systems, particularly in developing countries; and to build up research capability in developing countries.

EXPECTED RESULTS	INDICATORS
• New basic knowledge about biomedical, social, economic, health system and behavioural determinants, and other factors of importance for effective prevention and control of infectious diseases, generated and accessible at national and international levels	•
• New and improved tools devised for prevention and control of infectious diseases, e.g., drugs, vaccines, diagnostics, epidemiological tools, environmental tools	•
• New and improved intervention methods for applying existing and new tools at clinical and community levels developed and validated	•
• New and improved policies for large-scale implementation of existing and new prevention and control strategies framed and validated; guidance for application in national control settings accessible	•
• Partnerships established and adequate support provided for building up capacity for research and product development in countries	• Proportion of experts and centres from disease-endemic countries out of the total number engaged in research and product development • Level of increase in research findings, new and improved tools and intervention methods produced by institutions in disease-endemic countries
• Adequate technical information, research guidelines and instruments, and advice accessible to partners and users in countries	•
• Resources for research, product development, and capacity building efficiently mobilized and managed	• Level of increase in contributions resulting from the participation of new groups of donors • Level of funds, out of total, allocated to personnel and operational support

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	85 307	88 812	4 807	4 312	80 500	84 500

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	4 015	511	0	281	0	0	0	4 807
2002-2003	3 773	380	124	35	0	0	0	4 312

MALARIA

ISSUES AND CHALLENGES

Malaria currently causes more than 300 million episodes of acute illness and over a million deaths – each year – mostly in Africa. Many of these illness episodes are severe and lead to significant loss of household earnings resulting from lost productivity and high cost of treatment; this may represent up to 25% of income in poor households in some African countries.

Effort to eradicate malaria during the 1960s succeeded in parts of Asia, Europe and the Americas. They did not, however, include sub-Saharan Africa, the area most affected by the disease. To date, success in malaria control has been constrained by lack of funding and human resources, and further limited by fragmentation of effort, control strategies not based on evidence, and insufficient focus on community-level action.

Positive and sustainable outcomes in malaria control depend on the development of health systems so that they can address a range of health problems. Control action must be integrated into the mainstream of community-level health activities being carried out by populations at risk of malaria. Those considerations prompted WHO to launch the Roll Back Malaria project in July 1998, focusing on Africa. By February 2000, the global Roll Back Malaria partnership had been established, a broad network of governments, development agencies, nongovernmental organizations, private sector groups, researchers, and the media. It provides support to a global social movement which mobilizes individuals, households and communities to contribute to malaria control.

Partners at global, regional and country levels mobilize resources and foster concerted action in order to intensify use of existing tools for malaria control in endemic areas; to eliminate remaining small, but persistent, foci in countries where malaria is under control; to build up capacity so that national health sectors and regional institutions can better implement action to roll back malaria; and to develop – and rapidly deploy – innovative, cost-effective products, approaches and interventions. WHO and other partners support these aims by working with health and other sectors concerned with human development in ways that involve both public and private sector bodies.

GOAL

To halve the burden of malaria by 2010.

WHO OBJECTIVE(S)

To optimize the impact of the global partnership to roll back malaria, and ensure the effectiveness of WHO and associated bodies in that partnership; to support and sustain regional, country and thematic partnerships to roll back malaria; to scale up effective action within countries; to build up capacity for up-to-date and consistent technical guidance; and to monitor progress by detecting the percentage reduction in the malaria-related death rate, and to evaluate achievements.

EXPECTED RESULTS	INDICATORS
• National authorities able to plan, implement, monitor and evaluate the impact of malaria control with support of the global Roll Back Malaria partnership	•
• Political commitment sustained and adequate resources mobilized through effective communication of the concept, strategy, approach and progress of Roll Back Malaria	•
• Country-level partnerships established among national authorities, development partners and other groups to support malaria control	•
• Country capacity for operational research and evidence-based decision-making built up through provision of sound, consistent advice and technical guidance for malaria control	•
• New or modified interventions and products to roll back malaria validated through applied research	•
• Strategies promoted for scaling up action to roll back malaria, including selected interventions, policy, management and delivery systems, financing, and social action	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	82 441	105 277	6 441	8 777	76 000	96 500

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	3 854	1 254	514	310	36	110	363	6 441
2002-2003	4 527	1 381	545	710	30	640	944	8 777

As a specific priority, **Malaria** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Mapping of data and risk factors of malaria, monitoring of drug resistance	❍❍
Communicable disease prevention, eradication and control	Strategies and guidelines for vector control and management; strategy for capacity development; creation of tools effectively to disseminate information through use of technology	❍❍❍
Research and product development for communicable diseases	Support and encouragement of research to develop new interventions and products	❍❍❍
Child and adolescent health	Linking of malaria prevention and control to integrated management of childhood illness	❍❍
Research and programme development in reproductive health	Strategies and guidelines for prevention and management of malaria during pregnancy	❍❍
Making pregnancy safer	Incorporation of malaria prevention into maternal health care	❍
Sustainable development	Linking of malaria control with poverty reduction and human development	❍
Health and environment	Evaluation of environmental impact of pesticide and insecticide use	❍❍
Emergency preparedness and response	Integration of malaria control in humanitarian action in complex emergencies	❍❍
Health promotion	Social marketing and advocacy of malaria prevention and treatment	❍
Essential medicines: access, quality and rational use	Equitable access to good-quality antimalarials	❍❍
Immunization and vaccine development	Support for research to develop malaria vaccine	❍
Evidence for health policy	Disease burden statistics to provide evidence for defining strategy and the baseline for monitoring and evaluating impact	❍
Organization of health services	Integration of Roll Back Malaria into health sector development and reform	❍❍
Resource mobilization, and external cooperation and partnerships	Innovative approaches or strategies to resource mobilization and partnership building for malaria prevention and control	❍❍

Resources	US$ million
Malaria	105
Estimated resources in other areas of work	90
Total	195

Legend

❍❍❍ Major contribution
❍❍ Medium contribution
❍ Minor contribution

TUBERCULOSIS

ISSUES AND CHALLENGES

Tuberculosis control made remarkable progress in the 1990s. Nevertheless, the disease remains one of the major infectious killers and a significant obstacle to human development, particularly in poor countries and among marginalized populations, despite the existence of a widely proven and highly cost-effective control strategy. By 1998, 119 countries had implemented the directly observed treatment, short course (DOTS) strategy; 21% of all tuberculosis patients were treated under DOTS, and the average cost of the standard antituberculosis drug regimen had been halved. Although many small- to medium-sized countries are achieving the global control targets,[1] most countries with the highest burden of tuberculosis have either adopted the strategy only recently, or been slow to expand it. Reasons for slow progress are often political or socioeconomic rather than technical.

The opportunity to make a serious impact on the tuberculosis epidemic is rapidly diminishing because of the HIV/AIDS epidemic and the emergence of multidrug-resistant tuberculosis. This form of tuberculosis is now a problem in several parts of the world as a result of poorly managed control programmes. The major challenge is to raise tuberculosis from a technical issue to a political one at national, regional and global levels by forging an effective partnership with all interested parties, including nonhealth and private sectors, while maintaining technical robustness in implementing the DOTS strategy in the context of rapid change in the health sector.

Global-, regional- and country-level partnerships will mobilize resources and foster coordinated efforts in order to accelerate action to control tuberculosis by expanding and sustaining DOTS coverage; to contribute to poverty alleviation and human development by ensuring that every tuberculosis patient has access to treatment and cure; to protect vulnerable populations, especially children, from tuberculosis and its multidrug-resistant form; and to reduce the social and economic burden of the disease on families and communities.

At the same time, new strategies are needed to tackle specific matters such as the dual epidemics of tuberculosis and HIV/AIDS, multidrug-resistant tuberculosis emergencies, and lack of participation of community and private practitioners in national control programmes. Also, research efforts should be directed towards developing new tools (diagnostics, drugs, vaccines) to facilitate and sustain expansion of DOTS and progress towards elimination of the disease. Many of these efforts are coordinated or supported by the Special Programme for Research and Training in Tropical Diseases.

GOAL

To provide support needed to enable countries to reach the global control targets by 2005 and to sustain this achievement in order to halve the number of deaths due to, and the burden of, tuberculosis by 2010.

WHO OBJECTIVE(S)

To optimize the impact of the global partnership to Stop Tuberculosis by focusing on increasing technical support to countries' efforts to stop tuberculosis; to lead the global surveillance, monitoring and evaluation of efforts; to coordinate development of specific interventions, strategies and policies; and to promote, and act as a catalyst for, research into new diagnostics, drugs and vaccines.

[1] 70% detection of infectious cases and 85% treatment success.

EXPECTED RESULTS	INDICATORS
• Global- and national-level partnership established, underpinned by a framework of action comprising shared goals and values, and expanded plans of action to reach national targets	• Proportion of targeted countries with national partnerships established to stop tuberculosis • Congruence of the action of industry, private sector, and other nontraditional parties with goals and values of the global partnership to stop tuberculosis • Proportion of targeted countries with expanded plans of action to achieve national targets
• Stop tuberculosis fund established and operational to support a global facility for tuberculosis drugs that will expand access to treatment and cure	• Sufficiency of the stop tuberculosis fund to provide support to eligible countries through the global drug facility
• New frameworks and tools to support increased national capacity for advocacy, social mobilization and programme management validated, made available and promoted	• Number of countries using WHO tools for advocacy, social mobilization and programme management
• Global surveillance and evaluation systems established for monitoring and evaluating: progress towards global targets, specific resource allocations for tuberculosis control, and impact of control efforts	• Timeliness and accuracy of surveillance and evaluation information generated • Proportion of targeted countries evaluating the impact of tuberculosis control
• New policies and strategies developed to improve implementation of DOTS, and to tackle HIV/tuberculosis, multidrug-resistant tuberculosis, participation of community and private practitioners, and integrated care at peripheral level	• Proportion of targeted countries adopting DOTS and policy for combating multidrug-resistant tuberculosis, new policies for tackling HIV/tuberculosis, for determining mix of public/private care, and for assuring adult lung health
• New diagnostic tools devised and field-tested, and a public-private partnership launched to accelerate development of new drugs	• Access of countries to new diagnostic tools for tuberculosis • Operation of a public-private partnership for development of new tuberculosis drugs

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	18 682	25 724	1 682	4 724	17 000	21 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	371	617	0	0	27	243	424	1 682
2002-2003	1 132	981	135	223	827	433	993	4 724

As a specific priority, **Tuberculosis** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Interventions for containment and surveillance of tuberculosis; international regulatory action	❍❍
Communicable disease prevention, eradication and control	Specification of new technologies and tools to control and eradicate tuberculosis	❍❍❍
Research and product development for communicable diseases	Technical information, guidelines, mobilization of resources for research and product development	❍❍
Child and adolescent health	Identification of physical and social factors that protect adolescents from tuberculosis	❍❍
Women's health	Tools for assuring that health care systems address the needs of impoverished and neglected women	❍❍
Sustainable development	Promotion of better health as a means of reducing poverty; urban and rural development that furthers elimination of tuberculosis	❍
Emergency preparedness and response	Temporary interventions, including tuberculosis programmes in emergencies or disasters	❍❍❍
Mental health and substance abuse	Tools to assess need of vulnerable groups exposed to risk of tuberculosis	❍
Essential medicines: access, quality and rational use	Access to affordable and efficient therapeutic drugs	❍❍❍
Immunization and vaccine development	Promotion of tuberculosis vaccine development	❍
Country-level activities	Technical support to Member States for expanding DOTS	❍❍❍

Resources	US$ million
Tuberculosis	26
Estimated resources in other areas of work	57
Total	83

Legend

❍❍❍ Major contribution
❍❍ Medium contribution
❍ Minor contribution

SURVEILLANCE, PREVENTION AND MANAGEMENT OF NONCOMMUNICABLE DISEASES

ISSUES AND CHALLENGES

The rapid rise of noncommunicable diseases represents one of the major health challenges to global development. Low- and middle-income countries suffer the greatest impact of such diseases. Their progressive increase may be seen disproportionately in poor and disadvantaged populations and is contributing to widening health gaps between and within countries. Optimal treatment is not universally available or affordable because of escalating costs and limited resources. This situation, together with insufficient emphasis on surveillance and lack of serious long-term commitment to primary prevention, poses a considerable challenge for many countries.

The threat of these diseases and the need to provide urgent and effective public health responses led to formulation of a global strategy for prevention and control of noncommunicable diseases, endorsed by the Fifty-third World Health Assembly (resolution WHA53.17).

Priority will be given to the four most prominent diseases – cardiovascular disease, cancer, chronic respiratory disease and diabetes – which are linked by common, preventable, lifestyle-related risk factors. They are tobacco use, unhealthy diet and physical inactivity, and the highest priority will be given to tackling them. New approaches and technologies for effective management, for example, medical genetics, are common to these four diseases, and attention will be given to integrating them into health care systems. Oral health will also be promoted.

Existing partnerships need to be strengthened and new ones created, notably with specialized national and international nongovernmental organizations. WHO will coordinate, in collaboration with the international community, global alliances with a view to sharing responsibilities for implementation of the global strategy.

The main challenge for WHO will be to map the emerging epidemics of noncommunicable diseases and to analyse their determinants with particular reference to gender and to poor populations. WHO's work will also focus on devising tools for improving intersectoral collaboration, community participation, supportive policy decisions, health care reform, and disease-management strategies.

GOAL

To reduce the toll of premature mortality, morbidity and disability related to noncommunicable diseases.

WHO OBJECTIVE(S)

To create an environment in which Member States and the international community are better equipped, technically and institutionally, to reduce people's exposure to the major determinants and risks associated with noncommunicable diseases; to assess the burden of these diseases and their complications and disabilities; to promote standards for health care for people with these diseases, and to ensure that health systems adapt to changing demands in a cost-effective way.

EXPECTED RESULTS	INDICATORS
• A global alliance established for prevention and control of noncommunicable diseases in order to strengthen advocacy, capacity building, and resource mobilization	• Operation of a coordinating structure (and programme of work) involving organizations of the United Nations system, international institutions and nongovernmental organizations working in the area of noncommunicable diseases
• Comprehensive policy framed and strategic framework drawn up for prevention and management of priority noncommunicable diseases; strategies related to human genetics updated	• Proportion of targeted countries with comprehensive national policies for prevention and control of noncommunicable diseases implemented with technical support from WHO • Number of additional community-based demonstration programmes for control of noncommunicable diseases established in collaboration with WHO
• Simplified surveillance systems for the major noncommunicable diseases and their risk factors set up in order to measure effectiveness of prevention and management initiatives	• Proportion of targeted countries adopting the WHO simplified surveillance system for the major noncommunicable diseases and their risk factors
• Evidence-based guidelines and standards of health care for the integrated management of major noncommunicable diseases and their complications validated and promoted	• Number of priority noncommunicable diseases for which guidelines on cost-effectiveness of secondary and tertiary prevention interventions have been evaluated • Proportion of targeted countries integrating the guidelines for management of noncommunicable diseases into their health care systems
• Model community-based prevention programmes launched, linked by regional networks associated within a global forum; models for management and integrated care of noncommunicable diseases designed in order to realign health care services to the needs of chronic patients	• Number of additional regional networks for noncommunicable diseases established • Number of countries participating in each regional network • Proportion of targeted countries initiating model projects on integrated care and management of noncommunicable diseases

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	15 644	20 548	12 144	13 548	3 500	7 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	7 821	1 810	503	0	677	366	967	12 144
2002-2003	8 078	2 457	340	269	629	480	1 295	13 548

As a specific priority, **Surveillance, prevention and management of noncommunicable diseases** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Tobacco	Negotiation of the framework convention on tobacco control; support to regional and country offices for legislation and implementation	❍❍❍
Child and adolescent health	Strategies to prevent risk factors “in the first place”; technical involvement in drawing up guidelines on noncommunicable diseases in children (asthma, type 1 diabetes)	❍❍
Research and programme development in reproductive health	Guidelines for screening or early detection of cervical cancer; integration into reproductive health programmes of public health approaches for prevention of congenital and genetic disorders	❍❍
Making pregnancy safer	Strategies to prevent and control gestational diabetes and hypertension during pregnancy	❍❍
Women’s health	Study of gender issues in prevention and control of common noncommunicable diseases	❍❍
Sustainable development	Assessment of links between noncommunicable diseases and poverty; control strategies that promote sustainable development	❍❍
Nutrition	Assessment of the nutrition transition; nutrition guidelines to control noncommunicable diseases	❍❍❍
Emergency preparedness and response	Strategies for assuring in emergencies basic health services for noncommunicable diseases; development of surveillance systems	❍❍
Health promotion	Development of community-based primary and secondary prevention interventions	❍❍❍
Mental health and substance abuse	Guidelines on integrating the management of noncommunicable diseases, including mental disorders, into primary health care	❍❍
Evidence for health policy	Tools to assess cost-effectiveness of secondary prevention interventions; strategies for health sector reforms in relation to control of noncommunicable diseases	❍❍❍

Resources	US$ million
Surveillance, prevention and management of noncommunicable diseases	21
Estimated resources in other areas of work	19
Total	40

	Legend
❍❍❍	Major contribution
❍❍	Medium contribution
❍	Minor contribution

TOBACCO

ISSUES AND CHALLENGES

Tobacco use is a major preventable cause of premature death and disease. Over one thousand million people smoke worldwide, and four million people die each year from over 25 tobacco-related causes of death (including several cancers and heart and respiratory diseases). It is estimated that by 2030 there will be 10 million tobacco deaths annually, 70% of which will occur in developing countries and about half in productive middle age.

Prevalence of tobacco use has declined in some high-income countries, but continues to increase in low- and middle-income countries, especially among young people and women. In high-income countries, smoking-related health care accounts for about 10% of all annual health care costs. As a result of marketing by the tobacco industry, low levels of literacy, and unrestricted access to tobacco products, the prevalence of tobacco use in most countries is highest among poor and marginalized people.

Historically, tobacco control has been neglected for several reasons, including opposition to tobacco control policies, often orchestrated by the tobacco industry; lack of political will and funds (particularly in countries burdened with more immediate crises); government ownership or subsidization of tobacco production and/or manufacturing; inadequate information about the extent of tobacco use and its impact on health and economies; and weak capacity in legislation, economics, and advocacy. Tobacco control is now gaining ground, as decades of industry deception are exposed, and effective interventions are being shared and implemented regionally and globally.

Countries that have introduced comprehensive, multisectoral approaches to tobacco control and have funded their implementation over decades have seen steady declines in tobacco use. Best national practice, however, is thwarted by transnational violations of national laws and approaches. Global and regional actions need to complement and support national actions.

The international consensus in the health sector on the need to address tobacco control is expressed in the 17 resolutions adopted by the Health Assembly on the subject since 1970. Under resolution WHA52.18 Member States decided to negotiate a framework convention on tobacco control and possible related protocols, with a target date for adoption of 2003, in order explicitly to address the transnational aspects of tobacco control. Further, United Nations Economic and Social Council resolution 1999/56 endorsed the establishment of a United Nations Ad Hoc Interagency Task Force on Tobacco Control under WHO's leadership, and significantly expanded opportunities for multisectoral collaboration across the United Nations system.

GOAL

To reduce substantially the prevalence of tobacco use, the harm caused by use of tobacco products, and exposure to tobacco smoke.

WHO OBJECTIVE(S)

To equip governments, international agencies, and other partners so that they can effectively implement national and transnational approaches to tobacco control.

EXPECTED RESULTS	INDICATORS
• Framework for developing and implementing comprehensive tobacco control policies and national plans of action validated and promoted	•
• Consensus on multisectoral strategies in support of tobacco control reached among relevant bodies of the United Nations system, nongovernmental organizations, and private sector groups at regional and global levels	•
• Worldwide financial and human resources to control tobacco use substantially increased	•
• Health, economic, legislative and behavioural surveillance systems to support tobacco control, with an initial focus on young people, implemented in most Member States by 2003	•
• A global tobacco-control research agenda to accelerate demand reduction and tackle the supply problem drawn up with, and resourced by, key partners	•
• Global media, communications and information systems operational to facilitate tobacco control by linking partners at local and national levels to global counterparts	•
• Framework convention on tobacco control and initial protocols prepared for adoption by Member States	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	16 114	18 417	3 614	6 417	12 500	12 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	2 484	100	0	320	455	255	0	3 614
2002-2003	3 308	701	400	705	498	475	330	6 417

As a specific priority, **Tobacco** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Tuberculosis	Tobacco as a cause of tuberculosis; approaches to treatment of tobacco use	❍
Surveillance, prevention and management of noncommunicable diseases	Reduction of tobacco use as key risk factor for cancers, ischaemic heart disease, respiratory diseases	❍❍❍
Child and adolescent health	In- and out-of-school programmes; entertainment and media work aimed at young people	❍
Women's health	Work on women and tobacco use linked to five-year review of Fourth World Conference on Women (Beijing, 1995), to the Convention on Elimination of All Forms of Discrimination against Women (CEDAW), and to follow-up of the Commission on the Status of Women	❍
Sustainable development	Work on sustainable livelihoods based on tobacco production; links to trade agreements and to poverty	❍
Health and environment	Reduction of passive smoking as a component of indoor air pollution	❍
Health promotion	Promotion of nonsmoking as the desirable norm; media, legislative, and economic interventions; school programmes	❍❍❍
Mental health and substance abuse	Integrated approaches to treatment of all forms of substance dependence; regulation of tobacco products	❍
Essential medicines: access, quality and rational use	Consideration of nicotine replacement therapy in the essential drug list; regulation of tobacco products	❍
Evidence for health policy	Epidemiology and economics of tobacco control	❍❍
Governing bodies	Organization of meetings of the negotiating body of the framework convention on tobacco control	❍❍❍
Resource mobilization, and external cooperation and partnerships	Chairing of the Ad Hoc Interagency Task Force on Tobacco Control; crucial support for the WHO Office at the United Nations (New York) and at the European Union (Brussels)	❍
Director-General's and Regional Directors' offices (including Audit, Oversight and Legal)	Legal support for negotiation of the framework convention on tobacco control and for complex interaction between WHO and the tobacco industry	❍❍
Director-General's and Regional Directors' Development Programme and initiatives	Strategic and policy advice and support	❍

Resources	US$ million
Tobacco	18
Estimated resources in other areas of work	3
Total	21

	Legend
❍❍❍	Major contribution
❍❍	Medium contribution
❍	Minor contribution

CHILD AND ADOLESCENT HEALTH

ISSUES AND CHALLENGES

Each year 10.5 million children die; of these, 8.75 million from communicable diseases, and perinatal and nutritional disorders. More than one million adolescents lose their lives, mostly through violence (traffic accidents, suicide and homicide), pregnancy complications, and illnesses that are either preventable or treatable. Health and development issues vary by age groups or by stages within the life cycle, and there are specific problems that overlap the different age groups, including child abuse and neglect, sexual abuse, and violence. They underscore the critical need for a safe and supportive environment for children and adolescents.

Improving health, growth, and development of children and adolescents entails a broad range of activities that require research, design of tools, and support to countries in order to introduce, monitor and evaluate public health interventions and health care reforms. In order to meet this challenge, WHO needs to maintain strong partnerships with other organizations of the United Nations system, bilateral agencies, nongovernmental organizations, and individual governments, and to aim at influencing international and national policies, including through dedicated support to the Convention on the Rights of the Child.

For children under five years of age, the Health Assembly, through resolution WHA48.12 (1995), endorsed integrated management of the sick child as a cost-effective approach to ensuring the survival and healthy development of children. The strategy of integrated management of childhood illness supports and complements such global activities as rolling back malaria, expanding immunization coverage, and fighting malnutrition. Implementation of the strategy faces the challenges of improving health service delivery, empowering communities, and strengthening the much-needed link between the health system and the community.

For older children, school becomes a crucial setting in which to provide specific preventive and curative health care. Children in this age group face health problems that hinder their ability to develop adequately, such as mild or moderate malnutrition (associated in many places with helminth infestation), malaria, chronic otitis media, and visual and auditory disorders. WHO, along with UNESCO, the World Bank and UNICEF, have agreed on a focused approach to school health known as “Focusing Resources for Effective School Health” or FRESH Start. Adoption of sound behaviour is critical to health and development. Life skills promoted through schools at this age are likely to have a significant effect on the ability of adolescents to deal with the difficulties they face.

Many adolescents do die prematurely. Moreover, up to 70% of mortality in adulthood has its roots in the adolescent period. WHO and its partners, UNICEF and UNFPA, cooperate in a common agenda designed to promote a safe and supportive environment by ensuring that adolescents have opportunities to participate in decisions affecting their lives. Attention will be given, in particular, to definition of the link between psychosocial development and health outcomes, and identification of physical and social factors that protect adolescents from disease and risk-taking behaviour.

GOAL

To reduce by two-thirds the rate of infant and child mortality by the year 2015.

WHO OBJECTIVE(S)

To enable countries to establish consensus and to pursue evidence-based strategies in order to reduce health risks, and morbidity and mortality, promote the health and development of children and adolescents, and create mechanisms to measure the impact of those strategies.

EXPECTED RESULTS	INDICATORS
• Adequate technical and policy support provided to an increased number of countries to give effect to the health-related articles of the Convention on the Rights of the Child	•
• Support provided for research that results in improved policies, strategies, norms and standards for protecting adolescents from disease and risk-taking behaviour	•
• Guidelines, approaches and tools for better implementation of integrated management of childhood illness and monitoring of progress validated and promoted in priority countries	•
• Consensus reached on definition of global goals in raising healthy children and confident, competent adolescents, and contribution to their achievement	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	66 980	71 520	7 480	7 520	59 500	64 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	3 795	975	705	410	620	349	626	7 480
2002-2003	3 642	1 221	560	633	448	387	629	7 520

RESEARCH AND PROGRAMME DEVELOPMENT IN REPRODUCTIVE HEALTH

ISSUES AND CHALLENGES

During the past decade, awareness of the true burden of reproductive ill-health has been growing. Reproductive ill-health accounted, in 1990, for some 36% of the overall burden of disease and disability among women of reproductive age in developing countries, compared with only 12% for men. Problems related to pregnancy and childbearing represent 14% of healthy years of life lost in women of reproductive age, in addition to 13.8% owing to sexually transmitted infections, including HIV.

Good reproductive health continues to elude many people because of such factors as scanty knowledge of human sexuality and of the major determinants of reproductive ill-health throughout the life span; inappropriate or poor-quality information and reproductive health services; inequities in access to health services, including financial barriers; prevalence of high-risk sexual behaviour; the low status of women; and the limited choices many women and girls have in their lives. Also, the concept of comprehensive reproductive health care is still insufficiently understood and applied in many countries. Lastly, reform of the health sector has introduced new challenges for reproductive health in many countries.

The International Conference on Population and Development (Cairo, September 1994) defined a global Programme of Action for reproductive health. Its adoption marked a new era of commitment and willingness on the part of governments, the international community, nongovernmental and other organizations and concerned individuals to achieve universal reproductive health and rights within the next two decades. The need to focus on operationalization was emphasized by the United Nations General Assembly which, in resolution 49/128, requested "the specialized agencies and all related organizations of the United Nations system to review and, where necessary, adjust their programmes and activities in line with the Programme of Action ...". In response to this call, the Health Assembly, by resolution WHA48.10 (1995), endorsed WHO's role in a global strategy for reproductive health. Region-specific strategies were subsequently defined and adopted in several of WHO's regions.

More recently, in July 1999, at the conclusion of the General Assembly's review of five years of implementation of the Programme of Action, WHO was urged to fulfil its leadership role within the United Nations system by collaborating with countries, in particular developing ones, to put in place standards for the care and treatment of women and girls that incorporate gender-sensitive approaches and promote gender equality and equity in health care delivery, and to advise on functions that health facilities should perform in order to reduce the risks associated with pregnancy. WHO was also invited to take the lead role in development of common key indicators for reproductive health programmes.

The activities will be coordinated with and contribute to the work described under the area of work Making pregnancy safer.

GOAL

To ensure that by 2015 all primary health care and family planning facilities are able to provide the widest achievable range of safe and effective reproductive health services.

WHO OBJECTIVE(S)

To contribute, through research and support to programme development, to a reduction in morbidity and mortality related to reproductive health, and to implementation of accessible, equitable and high-quality reproductive health services in countries.

EXPECTED RESULTS	INDICATORS
• Selected studies completed, providing evidence on key sociobehavioural, clinical, epidemiological and policy issues in reproductive health, with emphasis on fertility regulation, safe motherhood, and sexually transmitted infections, and on cross-cutting issues such as participation of women and men in reproductive health, and reproductive rights; utilization of findings promoted through appropriate strategies to disseminate information	•
• Cost-effective interventions for improving reproductive health applied and validated through operational research in countries	•
• Appropriate set of policy, technical and managerial guidelines and evidence-based standards for good-quality reproductive health care validated and disseminated	•
• Adequate support provided to priority countries for drafting or updating, implementation, monitoring and evaluation of plans for strengthening access to and availability of good-quality reproductive health care	•
• Adequate support provided to priority countries for adaptation and adoption of articles of existing legal instruments, conventions, and international consensus documents related to reproductive health and rights	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	70 377	68 222	8 377	6 722	62 000	61 500

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	4 031	2 267	407	310	461	177	724	8 377
2002-2003	3 867	1 666	0	0	458	57	674	6 722

MAKING PREGNANCY SAFER

ISSUES AND CHALLENGES

Each year around 210 million women become pregnant. More than 20 million women experience ill-health as a result of pregnancy; for some the suffering is permanent. The lives of eight million women are threatened, and approximately 500 000 women die as a result of causes related to pregnancy and childbirth. Women from the world's poorest households (income of less than US$ 1 a day) are at least 300 times more likely to suffer in this way than those who are more prosperous. Women refugees and women displaced by civil conflict and strife are also particularly vulnerable when they are pregnant as they are often homeless and do not have access to good-quality health care. In addition, over three million newborns die within the first week of life, and 3.8 million babies are born dead.

The majority of this suffering is preventable, and cost-effective interventions are available and affordable, even when resources for health care are seriously limited. Countries are struggling with reform of the health sector and other changes in health systems that have a profound impact on development and use of human resources, and on delivery of services, including those that contribute to making pregnancy safer, especially to disadvantaged women. Good-quality maternal care is essential for preventing maternal and newborn deaths and morbidity. Access to a skilled attendant at delivery contributes greatly to reducing maternal death and suffering, and to assuring survival of the baby.

The United Nations General Assembly, in July 1999, reviewed five years of implementation of the Programme of Action of the International Conference on Population and Development. Organizations of the United Nations system were requested to work with governments to ensure that women had ready access to essential and emergency obstetric care, well-equipped and adequately staffed maternal care services, support for breastfeeding, skilled attendance at delivery, effective referral and transfer to higher levels of care when necessary, safe abortion services (where national legislation so permitted), postpartum care, postabortion care, counselling, and family planning. WHO was urged to fulfil its leadership role within the United Nations system in collaborating with countries, in particular developing ones, to reduce the risks associated with pregnancy.

WHO has developed a strategy for the health sector known as "Making pregnancy safer" in order to reduce maternal and perinatal morbidity and mortality.

GOAL

To reduce maternal mortality to 75% of the 1990 level, by 2015.

WHO OBJECTIVE(S)

To equip Member States and the international community so that they can effectively translate the health sector strategy, "Making pregnancy safer", into plans of action based on cost-effective interventions for and approaches to good-quality maternal care.

EXPECTED RESULTS	INDICATORS
• Adequate support provided to countries for preparing and implementing coordinated plans to make pregnancy safer, including monitoring and evaluation	•
• Appropriate guidelines drawn up and tools devised for establishing or adapting national policy and standards for maternal and newborn care (including postabortion care), family planning, induced-abortion care (where national legislation permits abortion), and for ensuring that these policies and standards are properly implemented and supported by regulatory measures	•
• Appropriate framework designed for developing and implementing home or family- and community-level messages and interventions that promote maternal and newborn health and fertility regulation	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	11 538	37 522	1 538	6 022	10 000	31 500

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	650	0	257	320	0	311	0	1 538
2002-2003	1 479	2 098	398	807	460	580	200	6 022

As a specific priority, **Making pregnancy safer** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Surveillance of communicable diseases related to pregnancy and childbirth	❍
Malaria	Strategies and interventions for reducing malaria during pregnancy	❍❍
Child and adolescent health	Strategies and technical support for breastfeeding, newborn care, monitoring and evaluation, pregnancy care for adolescents	❍❍
Research and programme development in reproductive health	Research on and support for programme development for maternal and perinatal health	❍❍❍
Women's health	Strategies and support to meet health needs of women throughout their life span	❍❍
HIV/AIDS	Strategies to promote protection against HIV and to prevent mother-to-child transmission	❍❍
Nutrition	Interventions to reduce malnutrition and to improve nutrition in vulnerable pregnant and lactating women, and infants	❍❍
Health and environment	Capacity building to reduce pregnant women's exposure to work hazards and environmental health risks	❍
Emergency preparedness and response	Support to safe motherhood in emergencies	❍❍
Health promotion	Promotion of behaviour in the community that fosters appropriate responses to pregnant women and their newborns, including timely access to care	❍❍
Disability/injury prevention and rehabilitation	Strategies for prevention of violence during pregnancy	❍
Mental health and substance abuse	Strategies to prevent or reduce substance abuse during pregnancy	❍
Essential medicines: access, quality and rational use	Improved access to good-quality essential drugs for pregnancy and childbirth, including for prevention of mother-to-child transmission of HIV/AIDS, and malaria prophylaxis	❍❍❍
Immunization and vaccines development	Strategies to prevent maternal and neonatal tetanus	❍
Blood safety and clinical technology	Improved availability, safety and use of blood transfusion services, injections, diagnostics and clinical services for essential obstetric care	❍❍
Organization of health services	Strategies and tools to improve quality and accessiblity of maternal health services	❍❍❍

Resources	US$ million
Making pregnancy safer	38
Estimated resources in other areas of work	132
Total	170

Legend

❍❍❍ Major contribution
❍❍ Medium contribution
❍ Minor contribution

WOMEN'S HEALTH

ISSUES AND CHALLENGES

Several international conferences in recent decades have underscored a broadening of the agenda for women's health, and governments have committed themselves to integration of a gender perspective into policy formulation, services and programmes.[1] Although increasing attention is being paid to reproductive health and gender, other aspects of women's health have been neglected, and the social, economic and cultural context of women's health remains underrated. Although the burden of disease as measured by mortality, morbidity and disability throws light on the state of women's health, the concept of wellness is a critical, but unappreciated, dimension.

These considerations are especially true of the health needs of women in the developing world, where a disproportionate burden of disease is borne by disadvantaged or marginalized women, those living in environmentally degraded or ecologically vulnerable areas or in zones of conflict and violence, or those compelled to migrate for economic or other reasons. The recent economic prosperity of some countries has obscured the persistent poverty of underprivileged groups, and the feminization of poverty is a major threat both to the health of women and to social and economic development.

Despite consensus and calls for action on women's health by the Health Assembly in a number of resolutions, much still remains to be learned about women's health, and even more to be done.[2] Moreover, more focused and programmatically oriented reporting systems are needed to help evaluate the extent to which existing resolutions and agreements on women's health have been carried out, and to identify obstacles to their execution in order to guide further development and implementation of policies and programmes.

The Beijing Platform for Action established various strategic objectives in relation to women's health, namely, to increase women's access throughout the life cycle to appropriate, affordable and good-quality health care, information and services; to strengthen preventive programmes that promote women's health; to promote research and disseminate information on women's health; and to increase resources for and monitor follow-up of, action to improve women's health.

WHO will focus on various neglected issues and new trends, for example, health implications of harmful practices on the girl child, promotion of women's health through functional literacy and viable economic activity (microcredit), health of women at work, health impact of smoking in pregnant and young women, and women's mental health.

GOAL

To protect and promote women's health throughout the life span, and to provide accessible, nondiscriminatory, women-sensitive, good-quality health care services relevant to the priority needs of women.

WHO OBJECTIVE(S)

To create an environment in which policies, plans and strategies effectively tackle high-priority and neglected health needs of women across the life cycle, and improve women's access to good-quality health care.

[1] The World Summit for Children (New York, 1990), the International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995).

[2] For example, resolutions WHA44.42 (1991); WHA45.25 (1992); WHA46.27 (1993), which urged Member States to ratify and implement such international instruments as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and WHA47.10 (1994), which urged abolition of traditional practices harmful to the health of women and children.

EXPECTED RESULTS	INDICATORS
• Results of reviews or research and information on women's health accessible to different stakeholders in women's health	•
• Standards, training modules and guidelines on women's health updated, developed and used to support countries in implementation of comprehensive health care that tackles high-priority and neglected women's health problems across the life cycle, and to promote an approach to policy-making and programming for women's health that is based on human rights	•
• Mechanisms and indicators to monitor progress in women's health established and validated	•
• Adequate technical support provided to countries so that they use the reporting process established for CEDAW and other relevant treaty bodies as a means to monitor and improve the situation of women's health	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	12 916	14 784	2 916	3 284	10 000	11 500

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	1 684	566	0	320	99	247	0	2 916
2002-2003	1 616	862	0	495	16	295	0	3 284

HIV/AIDS

ISSUES AND CHALLENGES

HIV/AIDS is the fastest growing threat to development today and a potential risk for national and regional security – as recognized by the United Nations Security Council in January 2000. It is the second leading cause of death from infectious disease worldwide. It is estimated that some 34 million people are currently living with HIV/AIDS, 95% of whom in developing countries. What sets the disease apart from other epidemics is the speed of its spread and the extent of its devastation.

AIDS has killed two million people in Africa in a single year – more than 10 times the number that perished in wars and armed conflict during the same period. Sub-Saharan Africa, where it is the leading cause of death, bears the greatest burden by far. Over 23 million people are infected, more of whom are women than men; young women (15 to 19 years old) are particularly vulnerable. In many African countries, the development gains of the past 50 years, including improvements in child survival and life expectancy, are being reversed by the epidemic.

Asia, where more than six million people are infected, has the potential for an epidemic of staggering dimensions; far larger, because of the size of the population in this region, than that occurring in Africa. The steepest increases in prevalence in 1999 were recorded in two of the Newly Independent States. Very high infection rates continue to occur in many of the Caribbean countries and among various population groups in Latin America. A few countries in the Eastern Mediterranean Region are also showing evidence of rising HIV prevalence.

Sexually transmitted infections are also a huge public health problem in their own right, with a global yearly incidence of 340 million cases. They lead to serious complications and sequelae, including infertility and cervical cancer, and substantially increase risk of HIV transmission.

Poverty, inequality between sexes, high rates of sexually transmitted infections, unsafe blood supplies and, in some places, drug injection, are driving the epidemic. Denial of the facts, discrimination against those affected, and the stigma attached to the infection continue to increase the suffering of people living with HIV/AIDS and to present major obstacles to effective prevention and care.

The health sector alone cannot respond effectively to the epidemics of HIV/AIDS and sexually transmitted infections. A multisectoral response, including partnerships between health providers and the community, is required. None the less, well-targeted, low-cost prevention and care strategies that have a major impact on the spread of HIV can be implemented within health systems. They include supply of good-quality affordable condoms, prevention and treatment of sexually transmitted infections and HIV-related illnesses, life skills and sex education in school and beyond, prevention of mother-to-child transmission; and safe blood for transfusion. These strategies require functioning health systems that allow health care to be delivered to and by people in their communities.

WHO will provide support to countries in strengthening and restructuring their health systems to allow the wide implementation or scaling up of evidence-based prevention and care interventions. It will fulfil its role within the framework established by UNAIDS, in partnership with national health authorities, nongovernmental organizations, academia and the research community, and organizations of people living with HIV/AIDS.

GOAL

To reduce, by 2005, HIV prevalence in the age group 15 to 24 years globally and by 25% in the most affected countries; to reduce, by 2010, prevalence in this age group by 25% globally; to assure, by 2005, access of at least 90% of young men and women aged 15 to 24 to information, education and services needed to develop the skills required to reduce their vulnerability to HIV infection, the percentage rising to at least 95% by 2010.

WHO OBJECTIVE(S)

To provide, within its field of competence and role in UNAIDS, support to countries to enable their health systems to respond better to the epidemics and to cope better with the impact of HIV/AIDS and sexually transmitted infections, and to improve evidence-based prevention and care interventions, research capability, and information and surveillance systems for monitoring the epidemics.

EXPECTED RESULTS	INDICATORS
• Appropriate and effective model framework for national strategic planning, policy-making, funding and development of human resources provided to countries to strengthen their health systems so that they can scale up and implement their prevention and care services for HIV/AIDS and sexually transmitted infections	•
• Adequate technical support provided to countries to enable evidence-based prevention and care interventions for HIV/AIDS and sexually transmitted infections to be implemented or scaled up	•
• Technical support provided in order to improve prevention through control of sexually transmitted infections, provision of safe blood, condom use, outreach strategies for young people and other vulnerable groups, with special attention to mother-to-child transmission and interventions for substance users; and improve care, through voluntary counselling and testing, prophylaxis and treatment of opportunistic infections such as tuberculosis, access to therapeutic and palliative treatments, and provision of services along a continuum from home to institutions, including youth-friendly health facilities and psychosocial support	•
• Cost-effective tools for surveillance of the epidemic and monitoring and evaluation of the response developed and disseminated widely	•
• Research tools and mechanisms in place for development and testing of new HIV vaccines and microbicides, and translating relevant research findings into interventions	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	55 472	68 156	6 972	10 156	48 500	58 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	2 763	2 773	0	310	444	311	371	6 972
2002-2003	4 043	3 017	0	752	1 132	567	645	10 156

As a specific priority, **HIV/AIDS** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Surveillance of HIV/AIDS	❍❍
Communicable disease prevention, eradication and control	Prevention of HIV/AIDS	❍❍❍
Research and product development for communicable diseases	Development of new products to combat HIV/AIDS	❍
Sustainable development	Preventive action in developing areas	❍
Emergency preparedness and response	Interventions for HIV/AIDS prevention and care during complex emergencies	❍
Health promotion	Promotion of preventive measures	❍
Mental health and substance abuse	Guidance to countries on preventing and coping with HIV/AIDS	❍
Essential medicines: access, quality and rational use	Drugs for HIV/AIDS	❍❍
Immunization and vaccine development	Innovation in HIV/AIDS vaccines	❍

Resources	US$ million
HIV/AIDS Estimated resources in other areas of work	
Total	

Legend	
❍❍❍	Major contribution
❍❍	Medium contribution
❍	Minor contribution

SUSTAINABLE DEVELOPMENT

ISSUES AND CHALLENGES

Sustainable development aims at addressing the social, economic and environmental dimensions of development in an integrated and balanced way, ensuring social equity. Reducing inequity and poverty is central to achieving sustainable development, and the protection and promotion of health is central to reducing poverty and advancing human development. Thus health should be an integral part of national processes for the formulation of poverty-reduction strategies. In addition to advocacy for health as an end in itself, WHO plays a key role in advocating recognition of good health status as one of the most important assets of the poor.

Links between health and development are complex. Illness keeps poor people poor and poor people are more likely to fall ill and die prematurely; good health is vital to educational attainment and to productivity. Growing socioeconomic inequities, including those in health status and access to health care, between and within countries, are both causes and consequences of unsustainable human development. The feminization of poverty and the poor health status of many vulnerable groups such as indigenous peoples need special attention.

WHO's approach to health in poverty reduction has four chief components: acting on the determinants of health by influencing development policy, reducing risks through a broader approach to public health, focusing on the health problems that disproportionately affect the poor, and ensuring that health systems serve the poor more effectively.

The poverty-reduction strategies being formulated in most developing countries are geared to allocating resources to the poor and to reducing inequities. The health sector needs to play a stronger and broader role in these strategies that contribute simultaneously to poverty reduction and to improvement of human health. In this context, urban and rural development policies and practices involving other sectors such as energy, agriculture, housing or transport also need to take account of impact on health of the poor.

Globalization, characterized by increased global flows of capital, goods and services, people, ideas and knowledge across borders, creates both opportunities and risks for people's health. The health sector, with support from WHO, needs to tackle both the direct effects of globalization and trade on the health sector, and its indirect effects through other sectors such as employment, education, and environment.

Further, WHO has to consider health problems and health inequities within a human rights framework, and contributes to the monitoring of human rights obligations relating to health.

To tackle all these challenges, WHO will build new and closer partnerships, within and outside the health sector.

GOAL

To promote public health dimensions in development policies and practices, leading to reduction of health inequities and of poverty, and to sustainable human development.

WHO OBJECTIVE(S)

To equip governments, international development partners and civil society so that they can tackle new and emerging challenges to health in development in the key areas of poverty reduction, globalization, cross-sectoral action, and human rights, with a special focus on indigenous peoples and equity between the sexes.

EXPECTED RESULTS	INDICATORS
• International development agendas significantly influenced and public health dimensions given a more prominent place in the broad development context	• WHO policies and positions available in relation to the broad development agenda • Increase in number of declarations, policies, reports and statements emanating from major international events highlighting health in development issues
• Global knowledge bank on "health in development" improved, expanded and made available to policy- and decision-makers	• International research agenda and strategy established • Increase in research projects and relevant scientific activities supported by WHO in relation to agreed agenda and strategy • Number of scientific meetings held, and publications and reports disseminated • WHO website on sustainable development established and information for policy- and decision-makers made more accessible
• WHO partnerships expanded with development agencies, financial institutions and civil society	• Increase in partners actively involved in cosponsored and joint initiatives and actions • Number of new and expanded multidisciplinary networks in operation
• Capacity for institutional and human resources development strengthened	• Increase in capacity-building activities such as dissemination of materials for guidance, information and training, and conduct of training workshops

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	15 010	18 064	8 510	9 064	6 500	9 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	5 045	895	1 139	712	63	656	0	8 510
2002-2003	5 218	1 182	793	1 271	92	508	0	9 064

NUTRITION

ISSUES AND CHALLENGES

Hunger and malnutrition remain among the most devastating problems facing most of the world's poor and needy, and they continue to dominate the health of the poorest nations. Millions are denied access to their right to adequate food and nutrition, and freedom from malnutrition. Nearly 30% of humanity is currently suffering from one or more of the multiple forms of malnutrition. Food insecurity threatens 800 million people, many of whom depend on food aid for their survival.

Malnutrition kills, maims, cripples and blinds on a massive scale worldwide; it is both a major cause and effect – indeed, a key indicator – of poverty and underdevelopment. Some 30 million low birth-weight babies – 23.8% of the global total – are born every year, reflecting intrauterine growth retardation; almost 49% of the 10 million deaths among under-five children each year in the developing world are associated with underweight malnutrition; iodine deficiency is the greatest single preventable cause of brain damage and mental retardation worldwide; vitamin A deficiency remains the single greatest preventable cause of childhood blindness, and significantly increases morbidity and mortality; immense problems of iron and folate deficiency, and resulting anaemia, affect more than 60% of women of childbearing age in developing countries, and millions of young children.

In both industrialized and rapidly industrializing countries, a massive epidemic of obesity is emerging among children, adolescents and adults. In some countries more than half the adult population is affected, resulting in increased death rates from heart disease, hypertension, stroke, diabetes, some cancers, and other chronic degenerative diseases.

WHO's most urgent priority in tackling these vast nutritional challenges is to focus its combined normative and collaborative strength, particularly through its technical outreach in regions and countries, in order to collaborate with, and strengthen the ability of, Member States to reduce malnutrition. By guiding and optimizing international, regional, national and even community action, malnutrition, in all its tragic forms, should be effectively prevented, controlled, reduced and, ultimately, eliminated.

Translating this priority into a practical strategy means that WHO will, among a number of key actions, tackle the underlying causes in the health sector that contribute to maternal malnutrition and intrauterine growth retardation; improve growth monitoring, surveillance and infant-feeding practices; monitor iodine deficiency and support universal iodization of salt; monitor and combat vitamin A and iron deficiency; and develop global, regional and national strategies for reducing obesity and other diet-related diseases.

GOAL

To prevent, reduce and ultimately eliminate malnutrition in all its forms.

WHO OBJECTIVE(S)

To provide Member States and the international community with authoritative technical guidance and collaboration, thereby improving their effectiveness to identify, prevent, monitor and reduce malnutrition and diet-related problems.

EXPECTED RESULTS	INDICATORS
• Evidence-based nutrition policies, strategies and advocacy platforms developed and promoted	•
• Global nutrition databanks – on protein-energy malnutrition, iodine deficiency disorders, vitamin A deficiency, anaemia, obesity, breastfeeding, and national nutrition plans – expanded and accessible for global and national nutrition surveillance	•
• Adequate support provided to Member States for strengthening and implementing sustainable national nutrition policies and plans	•
• Nutrition standards, guidelines, training manuals, methodologies, and criteria developed and disseminated for assessing, preventing and managing the major global forms of malnutrition	•
• Adequate support provided to countries for tackling the special needs of nutritionally vulnerable, food-insecure groups, particularly through technical collaboration with the World Food Programme and its food-assisted development projects, and action to improve the nutritional status of vulnerable groups, including infants and young children, and disaster-affected populations	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	15 536	13 652	8 036	7 152	7 500	6 500

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	3 833	780	1 241	843	518	344	477	8 036
2002-2003	3 562	682	1 186	495	536	261	430	7 152

HEALTH AND ENVIRONMENT

ISSUES AND CHALLENGES

Agenda 21, adopted by governments at the United Nations Conference on Environment and Development (Rio de Janeiro, Brazil, 1992) provides the policy framework for responding to crucial health threats in various aspects of the human environment. The prime scientific challenge is to assess and quantify environmental health risks on the basis of evidence, combined with building up capacity for identifying and managing the environmental determinants of ill-health where they occur, particularly in the developing countries. Sustainable economic development is only possible if the integrity of the ecosystem is maintained; this should be a major consideration in formulating policy.

Environmental changes at global and local levels increasingly affect health, particularly of poor and vulnerable populations, including women and children. Safe and sufficient drinking-water is still not accessible to 1.1 thousand million people, and 2.5 thousand million lack adequate sanitation. Population growth and exploitation of natural resources degrade the quality of water and reduce its availability, leading to 3.4 million deaths each year from water-related diseases, mostly among poor children.

Identification of newly emerging, as well as traditional, environmental risk factors and quantification of the burden of disease associated with them is a major task for which methods and tools are needed. Emissions from vehicles and road accidents increase as a consequence of urbanization, and more than one thousand million urban dwellers suffer from air pollution. The health implications of various alternatives for generating energy still require assessment, while demand is growing with development. Use of biomass fuel for cooking and heating continues to be responsible for most of the 1.9 million deaths each year due to indoor air pollution, particularly among women and children in rural and periurban settlements.

Climate change and increased levels of ultraviolet radiation could have a significant impact on current trends in several diseases; change in precipitation patterns aggravates the developing freshwater crisis; it also increases the frequency and magnitude of forest fires that cause severe respiratory diseases. Increased use of chemicals, their mismanagement and inappropriate disposal practices lead to adverse effects on health, demonstrated by more than six million accidental poisonings annually, from which 250 000 people die.

GOAL

To achieve safe, sustainable and health-enhancing human environments, protected from biological, chemical and physical hazards, and secure from the adverse effects of environmental threats.

WHO OBJECTIVE(S)

To facilitate incorporation of effective health dimensions into regional and global policies affecting health and environment, and into national development policies and action plans for environment and health, including legal and regulatory frameworks governing management of the human environment.

EXPECTED RESULTS	INDICATORS
• Comprehensive policy guidance and advocacy platforms based on evidence drawn up to promote good practice in managing priorities in environmental health and emerging environmental threats	•
• Information systems established and maintained for risk assessment and communication, and for advice on decision-making in environmental health, based on evidence from research and monitoring of status and trends in areas of global or national significance	•

• Adequate support provided to Member States for creating and strengthening capability in national and local institutions to implement effectively national plans for the environment and health action	•
• Capacity of responsible local and national institutions enhanced in prevention of and response to chemical incidents and poisonings, radiation accidents, and other technological emergencies or environmental disasters	•
• Institutional capacity enhanced in order to reduce and prevent work hazards and to promote workers' health, including that of working children	•
• International alliances established for cooperation on intersectoral health and environment matters, together with networks of scientific and training institutions for assessment of environmental health risks and formulation of guidance on environmental policies with a health dimension	•
• Health impact of environmental risks comprehensively assessed and translated into evidence-based guidelines as the scientific starting point for harmonized environmental health standards, classifications, terms and regulations	•
• Tools and instruments for good practice in environmental management devised on the basis of innovative approaches to reduction of health risk from exposure to harmful environmental agents, adverse environmental changes, and new technological developments	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	47 930	47 500	23 930	19 500	24 000	28 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	9 451	3 180	2 113	1 336	3 861	1 577	2 412	23 930
2002-2003	8 615	2 254	1 634	1 484	2 060	1 521	1 932	19 500

FOOD SAFETY

ISSUES AND CHALLENGES

A serious burden of foodborne disease exists in both developing and developed countries. Millions of children die annually from diarrhoeal diseases, caused mainly by pathogenic microorganisms contaminating food or water, and hundreds of millions suffer from frequent episodes of diarrhoea and its associated malnutrition. Chemical hazards are also a significant source of foodborne illness, though in many cases it is difficult to link the effects with a particular food. Up to 30% of the population in industrialized countries may be affected by foodborne illness each year, and the problem is likely to be even more widespread in developing countries. Consumers have a particular concern in this area since the control of chemical risks relies primarily on the measures put in place by the authorities.

Global food trade is increasing, and with it the potential to disseminate foodborne illness. A number of extremely serious outbreaks of foodborne diseases have occurred in recent years, and many have had international implications. However, there are benefits as well as risks to be derived from the growing trade in food. It plays a role in ensuring safe and nutritious diets and provides food-exporting countries with foreign exchange indispensable for economic development. WHO, FAO and WTO work together to balance these risks and benefits for the world's population.

Knowledge of the nature and size of the foodborne diseases is lacking globally. Surveillance and monitoring data on the diseases and underlying food contamination are sporadic, and international agreement on definitions and use of such data is urgently needed. Although assessment of risk from chemical hazards has contributed to food safety for many years, similar risk assessment of major microorganisms in food is still pending. It is challenging to ensure "farm to fork" and interdisciplinary collaboration in food-safety management within an increasingly complicated food production chain. Further, the effect of modern methods to increase agricultural production on known and new risks to human health need to be evaluated.

The application of biotechnology in food production is causing concern among consumers. Assessment of the possible public health impact of biotechnology, both adverse and beneficial, is a growing public health issue, in both developed and developing countries. Methods to evaluate direct and indirect health effects of genetically modified foods are insufficiently developed and international rules or consensus need to be established on the assessment of foods derived from biotechnology.

A continuing challenge is to strengthen food safety in the public health functions of countries. The strengthening of technical and scientific capability in food safety and the transfer of knowledge and skills for its management are of paramount importance, especially in developing countries. The potential to formulate and implement efficient food laws also has to be strengthened.

GOAL

To reduce the burden of foodborne disease.

WHO OBJECTIVE(S)

To create an environment which enables the health sector, in cooperation with other sectors and partners, effectively and promptly to assess, communicate and manage foodborne risk.

EXPECTED RESULTS	INDICATORS
• International consensus established on the rules for assessing risk and handling foods, including those derived from biotechnology	•
• International agreement reached on foodborne hazard and disease surveillance in order to enable Member States to produce relevant information for risk assessment at national level and for international standard-setting	•
• Network improved for communicating food-safety information and sharing risk-assessment methodology and data, including emergency information	•
• Participation in the health-related committees of the Codex Alimentarius Commission expanded, and the requirements of Codex standards incorporated into national legislation	•
• Collaborative network of research institutions launched in order to provide data and methodology relevant to assessment of microbiological risk	•
• Member States and the Codex Alimentarius system equipped with internationally reviewed risk-assessments for major microbiological pathogens in food with a view to defining management options aimed at reducing foodborne disease	•
• Research on implications for human health, and methodology for assessing risk, of genetically modified foods validated and findings disseminated	•
• Recommendations drawn up on evaluation and use of technology with the potential to prevent foodborne disease	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	6 492	10 490	2 992	5 490	3 500	5 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	2 861	0	0	0	0	0	131	2 992
2002-2003	3 536	150	418	167	500	372	347	5 490

As a specific priority, **Food safety** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Surveillance systems for foodborne diseases; response systems for outbreaks of foodborne diseases	❍❍❍
Making pregnancy safer	Tools to avoid specific foodborne risk for pregnant women	❍
Sustainable development	Assessment of sustainability of food production methods; tools to assess economic impact of health-related trade restrictions	❍
Nutrition	Nutritional assessments related to food safety; tools to relate consumption data to exposure; nutritional assessment of foods produced through biotechnology	❍❍
Health and environment	Assessment of environmental risks to foodstuffs and water; tools to characterize food- and water-borne hazards; support for Joint FAO/WHO Expert Committee on Food Additives and Joint FAO/WHO Meeting on Pesticide Residues; assessment of chemical risks	❍❍❍
Health promotion	Tools to incorporate food safety in educational systems	❍
Evidence for health policy	Tools to evaluate effect of food-safety management initiatives	❍
Research policy and promotion	Tools for research guidance in assessment of biotechnology	❍

Resources	US$ million
Food safety	10
Estimated resources in other areas of work	2
Total	12

	Legend
❍❍❍	Major contribution
❍❍	Medium contribution
❍	Minor contribution

EMERGENCY PREPAREDNESS AND RESPONSE

ISSUES AND CHALLENGES

Natural disasters have reportedly claimed three million lives worldwide during the past 20 years and adversely affected the lives of at least 800 million more people. Of the deaths caused by natural disasters, 96% currently occur in poorer countries. These nations often lack state-of-the-art technical and scientific expertise that might reduce the likelihood of further devastation. Increasing population in vulnerable areas, development and transportation of toxic and hazardous materials, and rapid industrialization in developing countries all point to the probability of future disasters with the potential for millions of casualties.

In the 1990s, disasters have become more complex for various reasons, from conflict to rapid industrialization. Chronic conflict prevails in approximately 130 locations throughout the world. Population displacement, and water and food insecurity, compound the severe public health consequences of armed conflict, including the collapse of basic health services, giving rise to the term "complex humanitarian emergencies". In the different locations, patterns of mortality and morbidity vary; health workers, however, are always on the front line of humanitarian relief.

Disasters offset years of development and are foremost causes of poverty and renewed vulnerability. They jeopardize most, if not all, of WHO's global priorities. Eradicating poliomyelitis, rolling back malaria, making pregnancy safer, eliminating tuberculosis, preventing HIV and sexually transmitted infections, improving mental health, and reforming the health sector all need special strategies in order to be effective in a context of crisis.

Much of the destruction caused by natural disasters can be avoided. For almost every natural disaster in the 1990s, an "ounce of prevention" or preparedness would have made a real difference. The same applies to complex emergencies, where public health practice based on evidence is instrumental in reducing mortality and morbidity. WHO is committed to supporting Member States in their efforts to prevent, prepare for, and respond to disasters, by virtue of resolution WHA48.2 (1995); to contributing to interagency coordination on emergencies, and to following up commitments taken in the framework of the International Decade for Natural Disaster Reduction, and its successor arrangement, the International Strategy for Disaster Reduction. WHO faces the challenge of creating and supporting a global partnership of governments, international organizations, academic institutions, private sector bodies, and entities of civil society aimed at safeguarding health despite disaster.

Disaster prevention and mitigation are an integral part of health development; similarly, relief measures contribute to sustainable health development after a disaster. For disaster reduction and effective response WHO promotes building up of institutional capacity and appropriate linkages – between the public and private sectors, including nongovernmental organizations, and between the scientific community and policy-makers. WHO aims at improving the capacity of communities to understand the hazards that may befall them, and their vulnerability, and to prepare for sudden emergencies so that if they occur, impact on health is minimal.

GOAL

To reduce suffering, and immediate and long-term avoidable mortality, morbidity and disability related to emergencies.

WHO OBJECTIVE(S)

To equip Member States so that they can prevent and prepare for disasters and mitigate their health consequences, and create synergy between emergency measures and sustainable health development through appropriate coordination mechanisms and emergency response.

EXPECTED RESULTS	INDICATORS
• Policy and advocacy positions to establish health as the object and yardstick of humanitarian action effectively promoted in appropriate forums and among relevant audiences	• Evidence of countries adopting new policies in line with WHO's positions • Number of policy documents issued by international committees and conferences on health and humanitarian action in which WHO participated
• Good-quality public health information tools and management systems developed and promoted, along both technical and operational lines, as basis for WHO leadership in improving preparedness and response and reducing vulnerability	• Proportion of targeted country profiles including information for preparedness and vulnerability reduction • Evidence of WHO country budget allocated on the basis of vulnerability profile
• Adequate political, and technical support provided to institutionalized focal points in Member States and partners in order to prepare for and act appropriately in emergencies	• Appropriateness of the presence and performance of focal points in WHO offices • Existence of memoranda of understanding for implementation of joint projects with partners at country level
• International partnerships strengthened and resources mobilized in order to tackle health priorities for populations at risk of, or affected by, natural disasters and complex emergencies	• Proportion of consolidated appeal processes including WHO component • Level of external resources mobilization in support of priorities identified by WHO
• Capacity of WHO to contribute effectively to disaster reduction strengthened through optimized management systems for staff and programmes	• Patterns and distribution of recognized WHO disaster experts according to country vulnerability • Proportion of regional and country offices meeting the minimum requirement for operations
• Best public health practice in emergencies identified or updated, and promoted through appropriate publications and training programmes	• Availability of guidelines and publications both electronically on the EHA website and physically

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	183 267	225 238	3 267	3 738	180 000	221 500

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	1 416	806	0	320	492	233	0	3 267
2002-2003	1 852	725	0	495	304	265	97	3 738

HEALTH PROMOTION

ISSUES AND CHALLENGES

Increasing urbanization, and demographic, environmental and other changes stimulated by globalization of markets and communications require different approaches to health actions in order to deal with the broader determinants of health. Promotion in the settings where people of any age live, work, learn and play is clearly the most creative and cost-effective way of improving health and, in turn, quality of life. The increase in noncommunicable diseases, road accidents and violence will change the health needs of the world's population, while HIV/AIDS, tuberculosis, malaria, mental illness, tobacco use and substance abuse continue to be major constraints to health and development. Changes in disease trends, coupled with rapid ageing in developing countries, where two-thirds of older persons will be living in the twenty-first century, require new approaches to promoting, maintaining and restoring health. Member States were called upon to support active ageing and to promote health in resolutions WHA52.7 and WHA51.12, respectively.

Risks to health often occur as interrelated factors potentiate one another; it is unlikely that improvements in health can be achieved by isolated interventions that target specific behaviours. Research shows that more effective, sustainable interventions combine social policy and individual action. The major challenge lies in achieving intersectoral action to promote health, particularly the health of poor and marginalized people. An effective response will draw upon the excellence of scientific knowledge and contribute, through advocacy, research and action, to advancing understanding among all sectors of the ways in which promotion of healthy living conditions and lifestyles, and social solidarity can reduce vulnerability and protect health. Technical and policy support is needed to enable countries to draw upon local experiences and strengths, encouraging communities to contribute actively to their own healthy future.

GOAL

To reduce risks to people's health through knowledge of, and policies and actions that deal with, the broader determinants of health.

WHO OBJECTIVE(S)

To create an environment in which governments and their partners in the international community are better equipped to develop and implement multisectoral public policies for health and integrated approaches that facilitate community empowerment and action for health promotion, self-care and health protection throughout the life cycle.

EXPECTED RESULTS	INDICATORS
• Appropriate guidance drawn up and promoted in order to design and implement multisectoral approaches in support of health promotion throughout the life cycle	•
• Appropriate guidance provided in order to prepare advocacy strategies and plans of action for increasing knowledge and awareness of the major determinants of health	•
• Community-based demonstration projects validated, including methods and tools for measuring process and outcome	•
• Activities to improve health literacy in targeted population groups identified and promoted	•
• Selected studies conducted on health determinants; mechanisms in place for building up capacity to use findings to design and implement interventions that promote health	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	23 940	24 836	8 940	6 836	15 000	18 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	3 465	432	557	710	1 084	998	1 694	8 940
2002-2003	2 964	442	492	136	1 067	700	1 035	6 836

DISABILITY/INJURY PREVENTION AND REHABILITATION

ISSUES AND CHALLENGES

Reducing the burden of unintentional injuries and violence is one of the main challenges for public health in the twenty-first century. In 1998 approximately 5.8 million people died from injuries worldwide. Injuries currently represent 16% of the global burden of disease and are increasing. They affect all populations although, in general, injury-related mortality rates are considerably higher in lower income than in higher income countries. War is the most overt form of violence; other forms – against children, women or the elderly – may remain hidden within the family. Unintentional injury, including traffic accidents, poisonings, burns, drowning and others, tends to be a neglected health problem.

It is estimated that between 7% and 10% of the global population have a disability, significantly limiting common daily activities and participation in social life. Rising life expectancy, survival of children born with disabilities, and the spread of noncommunicable diseases tend to increase the number of people with chronic diseases and disabilities. Other major causes of disability are unintentional injuries and violence. Less than 10% of those in need have access to appropriate rehabilitation services, because of the extremely scarce resources available for rehabilitation in most developing countries.

Currently, visual impairments are estimated at between 130 million and 180 million, and disabling hearing impairments at more than a hundred million. The global numbers are rising for some of the reasons mentioned above. As a result, associated costs for medical and social care are increasing and the quality of life of people with disabilities is deteriorating. Yet most cases of blindness and disabling hearing impairment are avoidable through effective and affordable interventions.

The traditional view of injuries as random events or "accidents" has resulted in historical neglect, which has to be overcome. There are many challenges to preventing violence and injury. The approach to prevention needs to be multisectoral, involving not only public health but also legal and education systems, the transport sector, urban planners, human rights groups, religious leaders, and other stakeholders. Decision-makers need to combine the judicial approach to violence prevention, consisting mainly of punishment of perpetrators, with a public health approach, based on primary and secondary prevention. Data need to be collected about the different types of violence and nonintentional injuries, including causes, health consequences and societal impact, in order to describe them accurately. Lastly, WHO needs to work with Member States and other partners in order to develop culturally appropriate interventions, based on information, and creatively to evaluate their effectiveness.

The main challenge when tackling disability is to take a human rights standpoint and to raise awareness in order to modify attitudes towards people with disabilities. Continued dependence on costly institutional solutions should be replaced by collaboration between governments, agencies and communities to create innovative rehabilitation programmes. Support should be provided to people with disabilities – in particular the more vulnerable groups, such as children, women, refugees and poverty-stricken people – so that they can live more independently and participate more fully in society.

In the case of sensory disability, the magnitude of unmet needs has to be determined and updated and the socioeconomic implications assessed. A further challenge is to make currently available knowledge and technology more accessible to persons in need, at an affordable cost, by mobilizing additional resources.

GOAL

To prevent violence, unintentional injury and sensory impairments and to enhance the quality of life for people with disabilities.

WHO OBJECTIVE(S)

To equip governments, and their partners in the international community, so that they can formulate and implement cost-effective, gender-specific strategies to prevent and mitigate the consequences of violence, unintentional injury and disability.

EXPECTED RESULTS	INDICATORS
• Surveillance systems for major determinants, causes and outcomes of unintentional injuries and violence validated and promoted	• Proportion of targeted countries that use WHO guidelines to collect data • Proportion of targeted countries where data collection training packages for monitoring trends have been adapted to country situation
• Appropriate guidance available for multisectoral interventions to promote safety and prevent violence	• Proportion of targeted countries with national plans for prevention of violence and nonintentional injury and implementation mechanisms • Extent of global dissemination both electronically and physically of good practices to promote safety at national and local levels
• Appropriate strategies existing in health systems for strengthening management of injuries and violence and their social and public health consequences	• Proportion of targeted countries which incorporate training on management of violence and injuries into curriculum of medical and nursing schools • Proportion of targeted countries implementing appropriate prehospital and clinical case management
• Strategies validated for integrating rehabilitation services into primary health care, including guidelines for early detection and management of disabilities in children	• Proportion of targeted countries implementing strategy for integrating rehabilitation services into primary health care • Number of countries where guidelines for early detection of disabilities in children have been adapted to country situation
• Selected United Nations standard rules on persons with disabilities monitored globally; support provided for determining related advocacy positions or policy	•
• Strategies developed and validated for prevention and control of blindness, deafness and hearing impairment	• Proportion of available versus needed strategies for prevention and control of blindness, deafness and hearing impairment; extent of application in countries of relevant WHO strategies
• Burden of visual and hearing impairment and programme implementation regularly monitored globally	• Proportion of targeted countries having documented adequately the burden of visual and hearing impairments • Proportion of targeted countries having reported adequately on programme implementation

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	9 754	12 174	3 754	3 674	6 000	8 500

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	2 723	306	0	321	0	295	109	3 754
2002-2003	2 421	275	0	530	0	357	91	3 674

MENTAL HEALTH AND SUBSTANCE ABUSE

ISSUES AND CHALLENGES

Mental and neurological disorders and substance abuse have negative implications on the health not only of individuals but also of families and communities. Good mental health is a positive resource that allows individuals to realize their abilities, to work productively, to cope with the stresses of life without resorting to the use of alcohol or psychoactive substances, and to make a contribution to the community.

The portion of the global burden of disease attributable to mental and neurological disorders and substance abuse is expected to rise from 11.5% in 1998 to 15% by 2020. The 1998 figure does not include the significant 1.6% of the burden due to attempted and completed suicide. Additionally, when alcohol consumption is analysed as a risk factor contributing to the global burden, it alone is responsible for 3% to 4%. The rise in the burden of mental and neurological disorders and substance abuse will be particularly sharp in developing countries, primarily because of the projected increase in the number of individuals entering the age of risk for the onset of disorders. These problems pose a greater burden on vulnerable groups such as indigenous people, those exposed to disasters, displaced persons, people living in absolute and relative poverty, street children, and those in difficult conditions as a result of coping with chronic diseases such as HIV/AIDS.

Improving treatment rates of mental and neurological disorders and substance abuse problems will not only reduce the burden of disease and disability, and health care costs, but also improve economic and social productivity. At global level it is estimated that the burden of disease attributable, for example, to major depression could be reduced by more than 50% if all affected individuals were treated. However, although many effective interventions exist, there is a big gap between their availability and widespread implementation.

An effective response needs to tackle barriers at all levels of the health sector. Technical support and guidance needs to be provided on effective policies and interventions to promote mental health and combat substance abuse, through generation of new knowledge, dissemination of information, and advocacy and partnerships for global action.

GOAL

To reduce the burden associated with mental and neurological disorders and substance abuse, and to promote good mental health worldwide.

WHO OBJECTIVE(S)

To assure that governments and their partners in the international community place mental health and substance abuse on the health and development agenda in order to formulate and implement cost-effective responses to mental disorders and substance abuse.

EXPECTED RESULTS	INDICATORS
• Awareness of importance of tackling mental and neurological disorders and substance abuse raised among policy-makers, professionals, and the general public	• Proportion of countries in each region which in consultation with WHO held significant awareness-raising events • Proportion of targeted countries in which at least one advocacy group was created
• Information base compiled for formulating and implementing mental health and substance abuse policies and plans; its use promoted in countries	• Proportion of targeted countries in each region for which information or data have been adapted according to country needs • Proportion of targeted countries in each region showing evidence of use of the information base for preparation of policies and plans
• Global and regional alcohol research and policy initiatives established and promoted	• Proportion of targeted countries which adapted alcohol policy guidelines according to their needs • Proportion of targeted countries which undertook research on alcohol-related topics in line with those promoted by WHO
• Assessment instruments, guidelines and training packages available and promoted on effective interventions for mental and neurological disorders and substance abuse and for dealing with the needs of vulnerable population groups	• Proportion of targeted countries which have incorporated WHO's tools and materials for assessment and management of clinical situations and needs, and for staff development, into national health services • Proportion of countries by region in which WHO either promoted, or participated in the coordination of, support for the mental health needs of the most vulnerable groups
• Valid and reliable epidemiological data accessible in order to guide planning for mental health and substance abuse problems, development of cost-effective interventions, and measurement of the burden attributable to mental disorders and substance abuse	• Number (and regional representation) of countries included in databases of epidemiological information • Proportion of targeted countries in which a protocol for cost-effectiveness analysis of interventions has been drawn up according to WHO guidance
• Policy and technical support provided on the basis of evidence in order to assess and respond to HIV as related to substance abuse	• Proportion of targeted countries involved in WHO international studies on determinants of substance use and related harm • Proportion of targeted countries better equipped to assess and respond to HIV-related substance abuse

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	18 459	28 835	8 959	11 835	9 500	17 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	4 634	1 089	1 900	31	868	353	84	8 959
2002-2003	5 688	1 351	2 136	640	1 256	472	292	11 835

As a specific priority, **Mental health and substance abuse** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Child and adolescent health	Promotion of healthy behaviour in adolescents	❍
HIV/AIDS	Partnerships to tackle substance abuse and HIV/AIDS	❍❍❍
Emergency preparedness and response	Partnerships and mobilization of resources to address mental health needs in natural or complex disasters	❍❍
Health promotion	Multisectoral approaches to lifelong promotion of health, including mental health	❍
Disability/injury prevention and rehabilitation	Guidance on violence protection and management of mental health consequences	❍
Essential medicines: access, quality and rational use	Guidelines on use of psychotropic drugs	❍
Evidence for health policy	Evidence to allow appropriate distribution of health system resources to mental health	❍❍❍
Organization of health services	Strategies, methods and guidance enabling countries to deliver good-quality mental health services	❍❍

Resources	US$ million
Mental health and substance abuse	
Estimated resources in other areas of work	0.3
Total	

Legend

❍❍❍ Major contribution
❍❍ Medium contribution
❍ Minor contribution

ESSENTIAL MEDICINES: ACCESS, QUALITY AND RATIONAL USE

ISSUES AND CHALLENGES

Essential drugs save lives, reduce suffering and promote participation in health services. Yet an estimated one-third of the world's population still lacks regular access to this fundamental source of health care. In the poorest parts of Africa and Asia, this figure rises to over 50%. Insufficient access to existing and newly developed drugs against priority diseases such as malaria, HIV/AIDS and tuberculosis, and childhood illnesses poses an additional challenge. Health and pharmaceutical services are seldom the main thrust of national development. In most developing countries pharmaceuticals are used mostly in the private health sector. Traditional medicines are widely used but insufficiently integrated in health services. Poor drug quality, unethical promotion and irrational use of drugs continue to be widespread. New challenges include the impact of global trade agreements on access to essential drugs in developing countries, and the need for strengthening the pharmaceutical sector within health sector reform.

In view of the many competing demands on health care systems, solutions for access to, and quality and rational use of, pharmaceuticals are needed which are equitable, sustainable, and integrated rather than vertical. National drug policies provide a framework for collective action, within which WHO works with countries to build up capacity in the pharmaceutical sector. Current priorities for capacity building include cost-effective drug selection, sustainable drug financing mechanisms, information about prices and price competition in order to improve affordability, innovative strategies for public-private sector supply, effective regulation systems, pragmatic approaches to quality assurance, integration of traditional medicine in health systems, and stronger monitoring of the impact of drug policies.

GOAL

To ensure equitable access to and availability, affordability and quality of essential drugs on a sustainable basis, and the efficacy, safety and rational use of medicines.

WHO OBJECTIVE(S)

To create an environment enabling countries to increase significantly access to essential medicines by establishing, implementing and monitoring national drug policies and sustainable essential drugs programmes that ensure equity of access to essential drugs; drug quality, efficacy and safety; and rational use of drugs by health professionals and consumers; and focus on priority health problems and poor populations.

EXPECTED RESULTS	INDICATORS
• Adequate framework and models for monitoring the impact of national drug policies promoted	•
• Validated strategies and approaches based on evidence promoted for assuring affordability of drugs and financing from public and other sources	•
• Efficient systems for drug-supply management validated and promoted in the public and private sectors	•
• Appropriate technical guidance and information, based on global standards, for safe use of pharmaceuticals and traditional medicines, disseminated and promoted	•
• Instruments for cooperating with countries to create effective drug regulatory and quality assurance systems validated and promoted	•
• Global guidance and information on control and use of psychotropics and narcotics accessible at national and international levels	•
• Framework promoted for implementing a national strategy to encourage, among professionals and consumers, rational and cost-effective use of therapeutically sound medicines, including traditional medicine	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	37 078	42 092	10 078	11 092	27 000	31 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	6 458	1 170	270	441	549	391	799	10 078
2002-2003	7 432	1 359	257	628	156	517	743	11 092

IMMUNIZATION AND VACCINE DEVELOPMENT

ISSUES AND CHALLENGES

Immunization programmes save an estimated three million lives each year. The initiative to eradicate poliomyelitis is reaching the final phase of certification. It has shown that children who had never seen a health worker can be reached during national immunization days to be given two drops of oral polio vaccine. None the less, almost 30 million children of the total 130 million born every year still do not have access to routine immunization services. More than two million children continue to die from diseases that can be prevented by currently available vaccines; approximately 900 000 of these deaths are caused by measles alone. Most of these children live in the poorest countries. In many developing countries, moreover, the quality of immunization services (safety of immunization injections, vaccine quality) needs to be substantially improved.

A number of more recently developed life-saving vaccines that are available to children in the industrialized world are not used in the poorer countries, primarily because of their cost; this disparity is growing. Several million more lives could be saved if there were effective vaccines against AIDS, tuberculosis, malaria, respiratory infections, and diarrhoeal and other diseases. However, funding for research and development in new vaccines remains insufficient. The situation is most critical for diseases which are a public health priority in developing countries, but not in the industrialized world.

GOAL

To protect all people at risk against vaccine-preventable diseases.

WHO OBJECTIVE(S)

To achieve substantial progress towards innovative delivery systems, improved services, and accelerated control of disease; to assure availability of new vaccines and biologicals, and immunization-related strategies and technology that will reduce the burden of diseases of public health importance; to strengthen the impact of immunization services as a component of health delivery systems; and to control, eliminate and eradicate priority diseases in ways that strengthen the health infrastructure.

EXPECTED RESULTS	INDICATORS
• Research at the preclinical phase finalized for priority new vaccines or innovative delivery systems	•
• Appropriate measures recommended for incorporation of pneumococcal and meningococcal conjugate vaccines and others into immunization programmes on the basis of clinical efficacy and effectiveness trials in developing countries	•
• Appropriate strategies promoted and support provided for accelerated introduction of underutilized vaccines, particularly hepatitis B and Hib vaccines	•
• Clinical trials of HIV candidate vaccines facilitated, including at least one Phase III efficacy trial; strategic plans for vaccine utilization developed	•
• Updated or new guidance on the standardization and control of biologicals drawn up and promoted	•
• Adequate support provided for framing policy and building up capacity to assure the quality of all vaccines delivered by national immunization services	•

• Adequate support provided for building up capacity in priority countries to implement a comprehensive system that ensures safe injection practices	•
• Adequate technical and policy support provided to priority countries in order to strengthen key immunization functions and managerial capability in public health at national and district levels	•
• Effective coordination and support provided for eradication of poliomyelitis and certification of all WHO regions as free of poliomyelitis	•
• Adequate support provided for building up capacity in priority countries to implement strategies for controlling and eliminating major vaccine-preventable diseases	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	190 242	184 649	14 242	13 649	176 000	171 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	9 488	420	1 622	451	481	555	1 225	14 242
2002-2003	9 003	415	1 378	665	688	449	1 051	13 649

BLOOD SAFETY AND CLINICAL TECHNOLOGY

ISSUES AND CHALLENGES

Millions of lives are saved each year through blood transfusions. In many developing countries however, people still die because of lack of blood and blood products and many millions more are at risk of being infected by transfusions of untested blood. In many countries, the lack of adequate blood-donor recruitment services, combined with the prevalence of certain diseases, leads to high rates of contamination of donated blood.

Globally, measures still need to be taken to ensure that blood and blood products and injections are safe, equitably accessible, readily available at reasonable cost, used appropriately, and provided within the context of a sustainable health care system. Those most affected by the shortcomings are women, children, trauma victims and, especially, poor people.

In most developing countries diagnostic imaging, clinical laboratory services and clinical technology suffer from a lack of finance and skilled human resources, inappropriate equipment and poor quality management. Medical equipment and devices are not functioning or used correctly, which adversely affects the quality of care. Moreover, quantities of consumables and reagents are insufficient, and infection control and waste-management systems are lacking.

GOAL

To ensure equitable access to safe blood, good-quality care, and affordable technology, particularly in developing countries.

WHO OBJECTIVE(S)

To equip Member States so that they can improve access of the population to safe blood, blood products and health care technologies, and to promote good-quality health care services that are supported by safe and cost-effective technologies.

EXPECTED RESULTS	INDICATORS
• Global collaboration set up, leading to consensus on effective strategies to improve access to safe blood transfusions and injections	• Technically sound consensus statements on global blood safety through global collaboration for blood safety • Proportion of targeted countries implementing effective policies and plans for safe and appropriate use of injections
• Advice and models provided for establishing systems that improve access and use in the areas of transfusion therapy, diagnostic imaging, clinical laboratory services, and medical devices	• Proportion of targeted countries with documented uninterrupted access to safe blood transfusion therapy in all main hospitals • Proportion of targeted countries with good laboratory and radiological practices, equipment management and disposal of health care waste
• Validated norms, standards and biological reference preparations produced and access assured to external quality-assessment schemes	• Number of international biological reference preparations, guidelines and recommendations produced and available as established by the Expert Committee on Biological Standards • Number and performance of institutions participating in WHO external quality-assessment schemes
• Validated material and models available for improving knowledge and skills in blood transfusion medicine and clinical technology, leading to a reduction of associated risk in targeted populations	• Increase of the use of WHO training materials, guidelines and recommendations for reducing risk associated with blood transfusion • Proportion of targeted countries having received adequate guidance and support for evaluation and control of blood products and related biologicals

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	22 071	25 865	8 071	10 365	14 000	15 500

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	5 094	900	361	320	941	409	46	8 071
2002-2003	5 536	1 874	405	752	871	655	272	10 365

As a specific priority, **Blood safety and clinical technology** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature and magnitude of those efforts.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Operational networks of centres and laboratories able to administer diagnostics tests for hepatitis B and C, HIV and Chagas disease	❍
Malaria	Provision of technical guidance on safe blood transfusions for gross anaemia	❍❍
Surveillance, prevention and management of noncommunicable diseases	Treatment strategies for haemophilia, thalassaemia and other inherited metabolic diseases	❍❍
Child and adolescent health	Guidelines on appropriate use of blood in childhood and adolescent diseases and surgical procedures	❍❍
Making pregnancy safer	Implementation of screening for anaemia	❍❍
HIV/AIDS	Technical support to countries to increase coverage in provision of safe blood, including use of cost-effective, simple and rapid tests to screen donated blood	❍❍❍
Nutrition	Dissemination of methods for screening for anaemia	❍
Health and environment	Waste management of blood and blood products	❍
Emergency preparedness and response	Screening for anaemia and procedures for safe blood transfusions in emergencies, through institutionalized focal points	❍
Disability/injury prevention and rehabilitation	Strategies for district health services that include guidance on minimizing the use of blood by reducing bleeding and avoiding unnecessary procedures that use blood	❍❍
Essential medicines: access, quality and rational use	Implementation of safe practices for therapeutic injections in priority countries	❍
Immunization and vaccines development	Implementation of safe injection practices in priority countries	❍
Organization of health services	Essential technology package disseminated to improve quality of blood services	❍❍

Resources	US$ million
Blood safety and clinical technology	20
Estimated resources in other areas of work	30
Total	50

Legend

❍❍❍ Major contribution
❍❍ Medium contribution
❍ Minor contribution

EVIDENCE FOR HEALTH POLICY

ISSUES AND CHALLENGES

The health needs of populations are in transition, and health systems and scientific knowledge are changing rapidly. In order to meet these challenges effectively, efficiently and equitably, decision-makers need the tools, capacity and information to assess health needs, choose intervention strategies and partners, design policy options appropriate to their own circumstances, and monitor performance, thus enhancing the performance of health systems.

Assessing health needs requires health information systems that can use appropriate tools to measure levels of, and inequalities and trends in, fatal and nonfatal health outcomes, and to analyse the present and future contributions to these patterns of different diseases, injuries and risk factors. Designing appropriate information systems where there are severe resource constraints needs particular attention.

One of the most difficult challenges for enhancing performance of health systems is the design of the overall system. How should the key strategic functions – financing, provision, stewardship, and resource development – be organized so as to be consistent with varying political and social structures? In order to launch health system reform, accurate means to measure and describe current performance (including both public and private provision of health care) have to be devised, and the best evidence has to be available on the relationship between performance and the organization of the health system, and on ways to manage the complex process of change.

To enhance health and reduce inequalities, health systems need to select key interventions. Decision-makers need the best available evidence on the cost, effectiveness and efficiency of interventions. Information must be available in a timely and usable fashion, and the capacity to use this information in an informed policy debate is crucial. Ethical and gender dimensions of the choice of intervention and design of the system must feed into this debate, as should information on areas where improvements in quality of care can increase the overall performance of the system.

Bringing evidence to bear on the formulation and implementation of policies to enhance health system performance depends on the development of common tools, norms and standards. The overall challenge is to ensure that policy-makers have access to the best evidence and tools, and that they have the capacity to use them to enhance the performance of their health systems.

GOAL

To foster a health system that maximizes its potential to promote health, reduce excess mortality, morbidity and disability, and respond to people's legitimate demands in a way that is equitable and financially fair.

WHO OBJECTIVE(S)

To improve performance of health systems by the generation and dissemination of evidence, and to provide support for international and national dialogue on health policy.

EXPECTED RESULTS	INDICATORS
• Consistent, ethical, evidence-based policy recommended on health care financing, sector-wide and intersectoral approaches to health development, and efficient mixes of interventions	•
• Operational mechanisms and validated tools available for updating information regularly and facilitating routine analysis of health system performance; strategies and policies formulated to improve performance of health systems	•
• Validated framework, based on agreed methods and indicators, drawn up for improving capacity to obtain, analyse and use key information, including on population health, valuation of health states, risk factors, cost-effectiveness analysis, and analysis of the economic cost of illness	•
• Networks and partnerships operational for epidemiological estimates and methods, economic analysis, policy analysis, measurement of health system performance (both for goals and functions), gender analysis, and ethics	•
• Norms, standards, terminology and methods determined and validated on key issues, including population health and its measurement, analysis of economic efficiency, economic cost, ethical implications of resource allocation and national health accounts in developing countries	•
• Practical tools for policy-makers designed and validated in key areas, including analysis of the burden of disease and projections, preparation of recommendations on evidence-based best practice, assessment of alternative ways of improving health system performance, and management of change in health systems	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	31 580	39 228	19 580	21 228	12 000	18 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	12 477	852	1 547	1 063	2 700	444	497	19 580
2002-2003	12 828	1 505	1 315	1 654	2 414	959	553	21 228

As noted in Section I, paragraph 25, **Health systems** is a specific priority. Activities under this priority are carried out by two areas of work: **Evidence for health policy** and **Organization of health services**. The nature and magnitude of support to Evidence for health policy from other areas of work is shown in the following table.

Areas of work	Nature of contribution	Extent of contribution
Communicable disease surveillance	Work on estimating the burden of disease	❍❍
Communicable disease prevention, eradication and control	Information on effectiveness and costs of interventions and disease epidemiology	❍❍
Research and product development for communicable diseases	Information on costs and effectiveness of interventions; role of gender in relation to disease and its control	❍❍
Malaria	Work on estimating the burden of disease; information on effectiveness of interventions, cost of alternative treatments and prevention methods, current financing	❍❍
Tuberculosis	Work on estimating the burden of disease; information on effectiveness of interventions, cost of DOTS at regional and selected country levels, current financing	❍❍
Surveillance, prevention and management of noncommunicable diseases	Collaboration on comparative risk-factor assessment; information on effectiveness and coverage	❍❍
Tobacco	Work on estimating and projecting the burden of disease; information on effectiveness and coverage of interventions, cost of health education campaigns, current financing	❍❍❍
Child and adolescent health	Work on estimating the burden of disease; information on cost, effectiveness and coverage of interventions	❍❍
Research and programme development in reproductive health	Work on estimating the burden of disease; information on effectiveness of interventions, budgets for new interventions, cost of reproductive health services, current financing	❍❍

Areas of work	Nature of contribution	Extent of contribution
Making pregnancy safer	Information on expected cost of introduction of interventions	❍
Women's health	Collaboration on gender analysis	❍
HIV/AIDS	Work on estimating the burden of disease; information on effectiveness of interventions	❍
Sustainable development	Information on poverty levels and problems of access to health services of the poorest population groups	❍
Nutrition	Work on estimating the burden of disease; information on effectiveness of interventions, nutrition as a determinant of health	❍❍
Health and environment	Information on effectiveness and coverage of interventions, water and sanitation conditions, prevention and alternative treatment of selected environmental hazards, current financing	❍❍
Health promotion	Information on those areas of health promotion where risk pooling could be an option for financing	❍
Disability/injury prevention and rehabilitation	Work on estimating the burden of injuries; information on current protection against and prevention of injury in health insurance schemes	❍❍
Mental health and substance abuse	Work on estimating the burden of disease; information on effectiveness and cost of interventions; epidemiological data	❍❍
Essential medicines: access, quality and rational use	Information on unit costs of drugs, coverage of essential drugs, cost of essential drugs packages, current financing methods	❍❍
Immunization and vaccine development	Work on estimating the burden of disease; information on cost of vaccines, current financing methods	❍❍
Research policy and promotion	Interaction on ethics	❍
Organization of health services	Input on quality assessment, development of human resources and service delivery; collaborative work on provider payment methods and purchasing	❍❍❍
Resource mobilization, and external cooperation and partnerships	Information on donors and nongovernmental organizations active in providing technical support for health financing	❍
Country-level activities	Collaborative work on health financing in selected priority countries; measurement of health systems' performance	❍❍

Resources	US$ million
Evidence for health policy Estimated resources in other areas of work	
Total	

Legend

❍❍❍ Major contribution
❍❍ Medium contribution
❍ Minor contribution

HEALTH INFORMATION MANAGEMENT AND DISSEMINATION

ISSUES AND CHALLENGES

Reliable information is the cornerstone of effective health policies and a powerful tool for health and development in general. It is the basis for raising awareness of health matters, formulating strategies, and building up the expertise necessary to improve health. Yet many people, including health professionals, either have no access to relevant information or are overwhelmed by too much and cannot make optimal use of it. Thus, easing access to information that is relevant to people's needs is a continuing priority of WHO.

Reliable information is one of the most important products of WHO; Member States and partners count on its authoritative advice. WHO draws on its unique network of information sources and health experts to gather and analyse available evidence on global health issues, and communicates the results through a range of information products. Advances in technology provide unprecedented opportunities for WHO to respond to the health needs of different audiences, in a form and with content that are relevant locally. WHO's long experience in providing health information has shown that the information it delivers needs to respond to specifically identified needs if it is to have an impact, and that use of different languages, formats and means of dissemination is required in order to reach target audiences.

None the less, there remains room for improvement. Information products do not always reach target audiences, nor do they always respond to needs in terms of content or form. Even within WHO information is often fragmented, with cases of both duplication and gaps. Improved communication and coordination between the various levels of WHO will help to improve efficiency and effectiveness. Processes and systems for planning, producing and disseminating information need streamlining and regular evaluation and refinement. New technology needs to be exploited in order to reach people with relevant information and to reduce the information gap. This can be achieved only by working with partners, taking advantage of their experience in applying new technology, and reaching all parts of the world, including the least developed areas.

GOAL

To enable sound decisions to be made in both health policy and practice.

WHO OBJECTIVE(S)

To facilitate access of governments, WHO's partners in health and development, and staff to reliable, up-to-date health information that is based on evidence and provides guidance for establishing health policy and practice both nationally and internationally.

EXPECTED RESULTS	INDICATORS
• Organization-wide health information strategy and policy in operation to guide staff in their work	•
• Identification of target audiences and their needs improved, and relevant information in a range of languages and form delivered more effectively in various media	•
• Processes and mechanisms improved for the planning, development and dissemination of health information products, including introduction of a document management system and periodic evaluation and refinement	•
• Selected priority information products, including *The world health report*, the *Bulletin of the World Health Organization*, and regional journals appropriately promoted, marketed and disseminated in relevant languages	•
• Management and sharing of information improved throughout the Organization, including that designed for dissemination outside WHO; better access of staff in all geographic locations to the information they need to carry out their work effectively	•
• "One WHO" website in operation, providing, with easy navigation, reliable and up-to-date information to meet the needs of both developing and developed country users, and making best use of available technology	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	38 686	43 480	30 686	28 480	8 000	15 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	16 487	4 216	2 437	1 302	2 593	1 646	2 005	30 686
2002-2003	15 070	3 727	2 227	1 328	2 393	1 348	2 387	28 480

RESEARCH POLICY AND PROMOTION

ISSUES AND CHALLENGES

Research is the systematic process for generating new knowledge; the knowledge produced by global research efforts underpinned the health revolution of the twentieth century. Based on unprecedented advances in biology, the social sciences, and information technology, new concepts will lead to innovative interventions that have a direct impact on diagnostic, preventive, therapeutic, ethical and social aspects of human health and disease. Advances in knowledge, however, have not benefited developing countries to the full extent possible. It has been estimated, for example, that only 10% of financing for global health research is allocated to health problems that affect 90% of the world's population. Clear disparities in economic strength, political will, scientific resources and capabilities, and the ability to access global information networks have, in fact, widened the knowledge, and hence the health, gap between rich and poor countries.

WHO plays a key and unique role in correcting imbalance in the distribution of knowledge so that the fruits of research benefit everyone, including the poor, in a sustainable and equitable manner. As knowledge is a major vehicle for improving health, of poor people in particular, WHO will focus on stimulating research in the developing world, thereby underpinning other areas of work, such as reducing risk factors and the burden of disease, improving health systems, and promoting health as a component of development. Building up and strengthening research capacity is one of the more effective, efficient and sustainable strategies for developing countries to benefit from advances in knowledge, in particular through promotion of regional research networks. WHO will advance research and knowledge as global public goods through equitable and sustainable national and global partnerships and collaborations. It will also keep abreast of relevant scientific advances through close contact with the scientific community. Mechanisms will be needed through which to incorporate advice from leading scientists into research policy and resource allocation.

GOAL

To narrow the existing gap and reduce inequalities between developed and developing countries in generation of, access to, and utilization of, scientific knowledge for improving health, particularly of poor people.

WHO OBJECTIVE(S)

To stimulate research for, with, and by developing countries by identifying emerging trends in scientific knowledge with the potential to improve health; inciting the world research community to tackle priority health problems; and launching initiatives to strengthen research capability in developing countries so that research may be recognized as the foundation of health policy.

EXPECTED RESULTS	INDICATORS
• WHO research policy updated to include emerging trends, contemporary scientific advances relevant to health, gaps in knowledge, and ethical aspects of research in order to assure rational decision-making on research priorities	• Extent to which WHO research policy influences decision-making on research priorities and funding
• Mechanisms in operation for setting up networks and partnerships to improve international cooperation for health research, including practical and sustainable collaborative mechanisms between the global and regional ACHR	• Number of regional ACHR with explicit operational and procedural links to the global ACHR
• Framework in operation for providing policy and technical support in order to strengthen health research capability in developing countries	•
• Support and advice provided within WHO on research-related activities	• Importance given to health research issues in WHO documentation and press releases
• WHO collaborating centres increasingly capable of involvement in priority research	• Extent of involvement of WHO collaborating centres in national or regional networks on priority areas of research • Adequacy of financial support to WHO collaborating centres for research-related activities in priority areas

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	10 767	11 456	5 267	6 456	5 500	5 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	2 112	656	414	797	290	85	913	5 267
2002-2003	2 572	716	414	1 661	94	453	546	6 456

ORGANIZATION OF HEALTH SERVICES

ISSUES AND CHALLENGES

More than 20 years after its widespread adoption, implementation of the strategy of health for all through primary health care still remains a daily struggle. In many countries, national capacity and resources – human, financial and material – are still insufficient to ensure availability of and access to essential health services of high quality for individuals and populations, especially those most vulnerable. Many countries are now engaged in processes of change. Some are reforming the public sector as a whole. Others are reforming the health sector, by decentralizing public services, fostering private sector participation, and modifying ways to finance and provide health services. The object of these changes is primarily to reduce inequities in access to health services, promote universal coverage, and improve the efficiency of the health system.

Organization and delivery of health service remain a challenge for many countries. Problems to be tackled include inability of governments to assure quality of providers and of service delivery; fragmented health care delivery, leading to insufficient coverage, inequitable access, and inefficiencies in resource allocation and service management; and imbalances in the composition and distribution of human resources for health. To tackle these and other emerging challenges, countries need to build up their management capacity and devise management tools in order to strengthen the performance of their health systems.

Moreover, mechanisms should be set up to align education and training more closely to the needs of practice. Better understanding is needed of the growing dimensions of the private sector so that approaches can be defined that will enable governments better to harmonize private sector actions with public sector objectives.

The evidence on which to base improvements in cost-effectiveness, quality and equity of health systems with limited resources is still scanty. Member States need to build up their capability to collect, collate, analyse, disseminate and use information in order to frame effective policies and provide appropriate health services. Systems that provide the data and information for sound decision-making have to be developed. Mechanisms for involving civil society in decisions on the organization and provision of health services are also needed. Advances in health technology and communications offer opportunities to improve service delivery and to use resources more cost effectively; Member States need to have the capacity and tools to make suitable choices and effectively to use these technologies.

GOAL

To achieve a health system that maximizes its potential to promote health, reduce excess mortality, morbidity and disability, and respond to people's legitimate demands in a way that is equitable and financially fair.

WHO OBJECTIVE(S)

To equip countries so that they can improve their capacity to deliver high-quality health services affordably, efficiently and equitably to all their populations, especially those most vulnerable, by developing and enhancing systems for planning and delivery of health services, and for gathering evidence and designing tools that support informed and participatory framing and implementation of policy.

EXPECTED RESULTS	INDICATORS
• Evidence and best practices validated and promoted in order to define policy options for countries on provision of health services, development of human resources, and fulfilment of stewardship	• Use of WHO policy options
• Alternative models of health service delivery at all levels of the health system analysed and promoted	• Access by countries to alternative delivery models
• Frameworks validated for use by countries to gather and analyse health system changes and reform and their impact on service delivery, and to strengthen their capacity for policy framing and implementation	• Number of case studies under way in targeted countries, after testing of assessment frameworks
• Database of best practices and operational networks compiled and updated in order to support implementation of health system functions in countries and to strengthen partnerships	• Completeness in updating database of best practices • Proportion of targeted countries in each region involved in networks using database
• Strategies, methods, guidelines and tools devised to enable countries to improve the delivery and quality of health services to individuals and populations; benchmarks defined in collaboration with Member States and partners	• Proportion of targeted countries having introduced WHO strategies, methods, guidelines and tools for improving the delivery and the quality of services
• Methods, guidelines and tools devised for planning, educating, managing and improving the performance of the health workforce, harmonizing participation of private sector in achievement of national goals, and assessing and implementing models of health service provision	• Use in targeted countries of WHO methods, guidelines and tools developed for improving the performance of health workforce and the provision of service
• Technical and policy advice based on evidence and best practices provided to countries in order to improve provision of health services and investment in, and use of, human, material, and capital resources	• Efficient operation of WHO system for responding to requests from countries • Mechanisms for evaluating use of technical and policy advice in place

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	51 063	59 839	35 563	37 339	15 500	22 500

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	9 131	6 578	3 603	2 549	4 181	5 391	4 130	35 563
2002-2003	9 496	7 512	4 300	4 484	2 893	4 771	3 883	37 339

As noted in Section I, paragraph 25, **Health systems** is a specific priority. Activities under this priority are carried out by two areas of work: **Evidence for health policy** and **Organization of health services**. The nature and magnitude of support to Organization of health services from other areas of work is shown in the following table.

Areas of work	Nature of contribution	Extent of contribution
Malaria	Support for health system functions related to prevention, treatment and control	❍❍
Tuberculosis	Support for health system functions related to prevention, treatment and control	❍❍
Tobacco	Support for surveillance systems	❍
Making pregnancy safer	Support for health system functions related to service delivery	❍❍
HIV/AIDS	Support for health system functions related to prevention and treatment	❍❍
Mental health and substance abuse	Support for health system functions related to prevention and treatment	❍
Blood safety and clinical technology	Support for health system functions related to management of services	❍❍
Evidence for health policy	Provision of evidence for framing policy	❍❍❍

Resources	US$ million
Organization of health services	60
Estimated resources in other areas of work	12
Total	72

Legend

❍❍❍ Major contribution
❍❍ Medium contribution
❍ Minor contribution

GOVERNING BODIES

ISSUES AND CHALLENGES

As the formulation of appropriate public health policy becomes more complex and challenging it is essential to provide to WHO's governing bodies in the most efficient and effective way both the input and the setting required for informed decision-making at global and regional levels. In order to sharpen the focus of debate the duration of the governing body sessions has been shortened and the volume of documentation reduced, which increases the need for careful and deliberate selection of the most pertinent input. Moreover, a considerable volume of material has to be translated and available in all official languages of the Organization.

New technologies facilitate the dissemination of documentation, making it possible, for example, rapidly to issue documentation for governing body sessions on the Internet; yet distribution of printed material is still needed in order to assure availability of documentation everywhere.

GOAL

To assure establishment of sound, sector-wide policy on international public health and development that responds to the needs of Member States.

WHO OBJECTIVE(S)

To provide support to the regional and global governing bodies in the form of the efficient preparation and conduct of their sessions, including dissemination of easily accessible, readable and high-quality documentation for policy-making.

EXPECTED RESULTS	INDICATORS
• Better outcomes from the sessions of the regional and global governing bodies in the form of clear, public health policy lines	•
• Relations between Member States/Board members and the Secretariat strengthened through improved communication	•
• Output of documents and information products in the official languages of the Organization increased	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	26 852	24 635	26 352	23 635	500	1 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	20 532	1 527	337	300	2 911	230	515	26 352
2002-2003	18 136	1 374	286	300	2 844	230	465	23 635

RESOURCE MOBILIZATION, AND EXTERNAL COOPERATION AND PARTNERSHIPS

ISSUES AND CHALLENGES

In promoting integration of a health dimension in social, economic, and environmental development, the Organization relies on persuasive advocacy and communications founded on its strengths, notably technical expertise in the health sector, sound evidence and established presence in countries. At the same time, it seeks to achieve greater impact by working in concert with a range of organizations offering knowledge and experience in other fields.

To that end, operational linkages with intergovernmental and nongovernmental partners working in compatible sectors have been initiated, developed and sustained at institutional level. To realize the potential of such partnerships, coordination and exchange of information need to be further improved, reoriented and revitalized in the light of changing priorities. WHO's liaison offices are focal points for relations with multilateral institutions.

A major thrust of WHO's work is to further health development through its collaboration in and with countries. This contribution will be enhanced by improving the capacity of the staff working at country level.

Relations with the media and the provision of information to the general public are important for raising awareness of health issues and creating a positive image of WHO. Ensuring that WHO speaks with one voice will reinforce the impact of a common message, based on evidence, and enhance WHO's image.

Traditional donors to WHO's activities have been largely governments, organizations of the United Nations system, and other intergovernmental bodies. In a rapidly changing environment for development resources, technical and institutional as well as financial, this base now needs to be expanded, in order to meet the requirements of WHO activities and to build up stronger partnerships.

GOAL

To ensure that health is clearly incorporated in overall development policies, and in resource allocation.

WHO OBJECTIVE(S)

To build up WHO's collaboration with organizations of the United Nations system, intergovernmental bodies and nongovernmental organizations; to improve internal coordination between the three levels of the Organization as "one WHO"; to provide high standards of information to various media, and better access to it; to mobilize resources from a broader donor base; to negotiate and sustain partnerships for world health, and to secure the Organization's resource base.

EXPECTED RESULTS	INDICATORS
• A collaborative network in operation with organizations of the United Nations system, intergovernmental bodies and nongovernmental organizations, supported by regular reviews, together with an active liaison network with multilateral institutions	•
• More effective mechanisms in place for coordination and exchange of information between different levels of the Organization; functioning of WHO country offices improved through training and guidelines for WHO Representatives; database compiled on the operations and staffing of country offices; and a telecommunication network installed for exchange of information	•
• A comprehensive approach, including training, defined for provision of information on world health targeted to appropriate audiences; image of WHO enhanced and support increased for its priority objectives; coordinated network of information offices across the Organization set up, enabling prompt, accurate and proactive dealings with the media and the public, relevant to regions and countries	•
• Dynamic, coordinated and decentralized fundraising under way with current and potential donor countries, public and private sector partners, including regional development banks, nongovernmental organizations, and foundations	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	40 883	36 828	27 383	23 828	13 500	13 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	14 788	3 314	1 986	495	3 117	938	2 745	27 383
2002-2003	15 167	2 605	1 150	380	1 850	745	1 931	23 828

BUDGET AND MANAGEMENT REFORM

ISSUES AND CHALLENGES

The need for reform of the WHO Secretariat was expressed by both the Health Assembly and the Executive Board during the 1990s. The governing bodies called for an accelerated reform process in order, among other changes, to develop a strategic approach to planning and budgeting (resolutions WHA46.35, WHA47.8, WHA48.25) and to establish a system for monitoring of progress, programme evaluation and reporting of results.

Early in 2000, a corporate strategy was drawn up for guiding organizational development and institutional change. Efforts were made to focus more on achievements and programme delivery through standardized, Organization-wide plans of action; to improve consistency in administrative practices and routines across the Organization; and to define and monitor an efficiency savings plan of some US$ 50 million in all nontechnical areas.

Reforms in 2002-2003 will include a stronger approach to result-based management, continued efforts to achieve efficiency savings and improve cost-effectiveness on the basis of reviews and studies, and further improvement of mechanisms for monitoring, evaluating and reporting results.

GOAL

To apply best practice in all aspects of general management at all organizational levels, in support of WHO's leadership role in international health.

WHO OBJECTIVE(S)

To develop Organization-wide and effective mechanisms for results-based management and cost-effective administration, anchored in WHO's corporate strategy.

EXPECTED RESULTS	INDICATORS
• A fully integrated and results-based planning, budgeting, monitoring and evaluation system in operation across the Organization	• Consistency between global strategic planning (programme budget) and subsequent operational planning at all levels (work plans) • Consistency of monitoring, reporting and evaluation procedures at all levels
• Consistent administrative rules and practices in operation in support of efforts to achieve greater accountability and better performance in the Organization	• Effective operation of new administrative systems in place at all organizational levels
• Cost-effectiveness in administrative functions improved on the basis of new policies and of recommendations of selected management reviews	• Improved service and/or efficiency generated from the implementation of reform measures
• Mechanisms and systems in operation for monitoring and reporting on efficiency savings at all Organizational levels	• Timeliness and completeness of reporting on efficiency measures, across all WHO offices

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	8 617	7 996	7 617	6 996	1 000	1 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	3 980	800	0	782	1 661	394	0	7 617
2002-2003	3 703	557	0	776	1 270	690	0	6 996

HUMAN RESOURCES DEVELOPMENT[1]

ISSUES AND CHALLENGES

WHO being essentially a knowledge-based organization, its staff is crucial to success. As staff account for a large part of the Organization's resources, the efficient and effective management of human resources is crucial. In a period of continuing change and major reform, including introduction of new policies on human resources, it is important to assure that staff are equipped to cope with rapid changes both in and outside the Organization.

Management of human resources therefore plays a bigger role, despite pressure to reduce resources. Balancing often conflicting priorities – centralization/devolution; empowerment/control; consistency/exceptions; flexibility in applying rules/legal challenge; cost reduction/maintenance of service levels; speedy action/sufficient consultation – presents great challenges. Other difficult objectives also have to be met: attracting high-calibre staff, achieving balance between male and female staff, assuring appropriate geographical representation, providing competitive conditions of service, and ensuring staff security worldwide.

The greatest challenge, however, is to secure commitment to the way forward of different groups of personnel – senior and other levels of management, staff representatives, and the staff at large – in a multicultural and multilocation environment.

GOAL

To apply best practice in all aspects of general management at all organizational levels, in support of WHO's leadership role in international health.

WHO OBJECTIVE(S)

To maximize staff motivation and productivity through efficient, effective and fair personnel policies, processes, and advice.

[1] **Changes in this area of work are likely in the light of the review of human resources in WHO to be submitted to the Executive Board at its 107th session.**

EXPECTED RESULTS	INDICATORS
• Reform of human resources completed and results of implementation understood in order to identify further requirements	• Timeliness and completeness of the evaluation of reform of human resources • Availability of proposals for future reform
• Information for human resources management improved and support provided for devolved decision-making on human resources	•
• Organization-wide strategy for leadership and staff development implemented, monitored, and systematically evaluated	•
• A rotation and mobility system established covering internationally recruited staff	•
• Human resources services of a high quality provided to meet current requirements of the Organization's programmes	•
• Gender and geographical representation of staff made more equitable	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	20 673	20 904	15 673	14 904	5 000	6 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	8 067	2 713	912	731	1 745	829	676	15 673
2002-2003	7 695	2 442	802	708	1 479	1 051	727	14 904

FINANCIAL MANAGEMENT

ISSUES AND CHALLENGES

A major challenge is to refashion financial management so that it responds adequately to both changing programme requirements and the concerns of Member States. In resolution WHA52.20 the Health Assembly requested a comprehensive review of the financial framework of WHO as set out in the Financial Regulations and Financial Rules.

The use of financial information to support the health activities of the Organization is key to ensuring effective management by the technical area. Financial information is one of the measures by which success in achieving objectives can be judged by Member States and others that provide financial resources or benefit from the output of the Organization.

GOAL

To apply best practice in all aspects of general management at all organizational levels, in support of WHO's leadership role in international health.

WHO OBJECTIVE(S)

To follow best practice in financial management with integrity and transparency, providing effective and efficient financial administrative support across the Organization for all sources of funds, with relevant financial reporting at all levels, both internally and externally.

EXPECTED RESULTS	INDICATORS
• New, integrated financial management and reporting systems established on the basis of modern business rules and practices that allow staff in all locations and at all levels to have access to the financial information necessary to enable them to meet their objectives	• User acceptance sign off on new systems • Consistent information across all sources of funds and areas of work
• Financial reporting carried out in accordance with new Financial Regulations and Financial Rules, making it possible to judge the outcome in relation to the budget or plans of actions and expected results for all sources of funds	• Alignment in Audited Financial Report of expenditure and budget appropriations
• Financial resources of the Organization effectively managed within acceptable risk parameters in order to maximize their potential	• Level of earnings on liquidity as compared to benchmark
• Effective and responsive financial administration provided in support of the Organization's new human resources policies	• Timeliness and correctness of payments to staff according to their respective compensation package

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	36 311	38 680	24 311	23 180	12 000	15 500

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	14 582	3 756	1 371	926	1 422	986	1 268	24 311
2002-2003	12 852	3 600	1 761	849	1 368	1 341	1 409	23 180

INFORMATICS AND INFRASTRUCTURE SERVICES

ISSUES AND CHALLENGES

WHO's ability to deliver its health programmes throughout the world depends on the services it provides in infrastructure and information technology. Staff around the world, in headquarters, and in regional and country offices, have to be provided with office accommodation, procurement services, logistics, information technology and communications services. In emergencies, these services must be provided promptly and if necessary, improvised as best possible under the circumstances.

The rapid evolution of technology, coupled with the uneven rate of adoption and variation in local costs, makes the provision of common services and communication of voice, data, text and image a challenge. None the less, WHO needs to develop and implement a unified strategy on information technology that enables all parts of the Organization to exchange information.

Goods and services have to be procured and delivered worldwide. A significant portion of this work is related to emergency and humanitarian aid, when commercial alternatives are unavailable or unaffordable. Procurement services, therefore, have to be not only efficient and cost-effective, but also unusually flexible in order to cope with unpredictable demands.

The establishment and maintenance of a functioning infrastructure for information technology, communications and office accommodation requires capital investment. Financial constraints have created a pattern of irregular and incomplete refurbishment, which in the long run costs the Organization more than it should. The challenge is to find the means to finance such investment in a sustainable manner. Further, as demands for higher levels of service grow, the level of resources will have to be adapted accordingly.

GOAL

To apply best practice in all aspects of general management at all organizational levels, in support of WHO's leadership role in international health.

WHO OBJECTIVE(S)

To design and implement appropriate agreements, tools and procedures to improve communications, sharing of information, and logistics operations with all parts of the Organization in pursuance of the concept of "one WHO".

EXPECTED RESULTS	INDICATORS
• Approved plan of action for information technology under implementation	• Compatibility of informatics structures, systems and platforms in operation across the Organization
• Communication system in place linking WHO offices with a view to improving collaboration and coordination through shared information	• Secure access by WHO offices to all WHO databases
• Health supplies of the highest quality at the best price procured for technical programmes and Member States, using mechanisms such as umbrella agreements and electronic commerce to promote a more autonomous method of purchasing	• Volume of direct procurement carried out electronically by all WHO offices against centrally negotiated contracts • Level of increase of reimbursable procurement
• Continuing support provided for programme delivery and WHO's governing bodies in a rational and sustainable manner; appropriate level of logistics services maintained for the smooth operation of established offices	• Degree of satisfaction with daily operations of all offices resulting from reliable and effective infrastructure support services

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	136 159	133 901	101 659	93 901	34 500	40 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	56 942	14 437	4 575	3 278	9 090	7 354	5 983	101 659
2002-2003	55 258	12 778	3 111	3 041	8 721	5 372	5 620	93 901

DIRECTOR-GENERAL'S AND REGIONAL DIRECTORS' OFFICES (INCLUDING AUDIT, OVERSIGHT AND LEGAL)

ISSUES AND CHALLENGES

The past decade has been one of significant change in international health to which WHO, as a global health agency, needs constantly to adapt. The task of senior management in the regions and at headquarters is to ensure that WHO is well positioned and well equipped to take advantage of new opportunities.

A key challenge in the coming biennium will be to develop further a corporate approach to managing WHO which focuses on priorities while fostering creativity and decentralization, and draws on the complementary strengths of headquarters, and regional and country offices. An appropriate balance will need to be struck between provision of global public goods and of country support. The latter has to be focused on producing clear results, while responding to the expressed needs of Member States.

Further, WHO has to provide the political and technical leadership required to manage effectively an increasingly complex set of relationships with the growing number of organizations involved in international health. Innovative ways of working need to be encouraged, particularly with new partners in international health, that are in conformity with WHO's constitutional mandate and preserve the Organization's independence.

A final challenge is to help create, by example, an organizational culture that encourages strategic thinking, prompt action, creative networking, and innovation, and strengthens global and regional influence.

GOAL

To advance global health and contribute to international development goals through effective leadership.

WHO OBJECTIVE(S)

To direct and inspire all offices of WHO so as to maximize their contribution to achieving significant gains in the health of the populations of Member States, in line with the principles and functions set out in the Constitution.

EXPECTED RESULTS	INDICATORS
• Decisions and resolutions of WHO's governing bodies fully complied with	•
• Optimal administrative, financial and technical practices in use	• Production of timely, accurate and useful reports on internal audit and oversight that also identify problems and suggest solutions for identified risks and weaknesses
• Legal status and interests of the Organization protected through timely and accurate legal advice and services	•
• Greater coherence and synergy established between the work of the different parts of the Organization in order to achieve "one WHO"	•

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	21 762	18 156	15 762	15 156	6 000	3 000

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	7 768	1 333	573	1 666	1 434	1 604	1 384	15 762
2002-2003	7 678	1 084	783	1 803	1 235	1 488	1 085	15 156

DIRECTOR-GENERAL'S AND REGIONAL DIRECTORS' DEVELOPMENT PROGRAMME AND INITIATIVES

ISSUES AND CHALLENGES

The development funds of the Director-General and the Regional Directors serve as contingency financing in response to unforeseen needs and provide seed money for new initiatives.

In accordance with established practice, a detailed account will be provided on the use of the Director-General's and the Regional Directors' Development Programme in the Financial Report for 2002-2003.

RESOURCES (US$ thousand)

	All funds		Regular budget		Other sources	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
TOTAL	11 489	7 302	7 489	7 302	4 000	0

Of which the regular budget proposals by offices are:

	Headquarters	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
2000-2001	3 288	698	40	428	900	1 050	1 085	7 489
2002-2003	3 288	630	34	428	900	1 022	1 000	7 302

ANNEX

DETAILED ALLOCATION

(US$

Areas of work	Regular							
	Headquarters		Africa		The Americas		South-East Asia	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
Communicable disease surveillance	9 491	8 628	1 352	1 795	529	1 150	691	1 128
Communicable disease prevention, eradication and control	13 474	12 486	1 443	1 141	5 263	4 599	720	1 052
Research and product development for communicable diseases	4 015	3 773	511	380	0	124	281	35
Malaria	3 854	4 527	1 254	1 381	514	545	310	710
Tuberculosis	371	1 132	617	981	0	135	0	223
Subtotal – Communicable diseases	**31 205**	**30 546**	**5 177**	**5 678**	**6 306**	**6 553**	**2 002**	**3 148**
Surveillance, prevention and management of noncommunicable diseases	7 821	8 078	1 810	2 457	503	340	0	269
Tobacco	2 484	3 308	100	701	0	400	320	705
Subtotal – Noncommunicable diseases	**10 305**	**11 386**	**1 910**	**3 158**	**503**	**740**	**320**	**974**
Child and adolescent health	3 795	3 642	975	1 221	705	560	410	633
Research and programme development in reproductive health	4 031	3 867	2 267	1 666	407	0	310	0
Making pregnancy safer	650	1 479	0	2 098	257	398	320	807
Women's health	1 684	1 616	566	862	0	0	320	495
HIV/AIDS	2 763	4 043	2 773	3 017	0	0	310	752
Subtotal – Family and community health	**12 923**	**14 647**	**6 581**	**8 864**	**1 369**	**958**	**1 670**	**2 687**
Sustainable development	5 045	5 218	895	1 182	1 139	793	712	1 271
Nutrition	3 833	3 562	780	682	1 241	1 186	843	495
Health and environment	9 451	8 615	3 180	2 254	2 113	1 634	1 336	1 484
Food safety	2 861	3 536	0	150	0	418	0	167
Emergency preparedness and response	1 416	1 852	806	725	0	0	320	495
Subtotal – Sustainable development and healthy environments	**22 606**	**22 783**	**5 661**	**4 993**	**4 493**	**4 031**	**3 211**	**3 912**
Health promotion	3 465	2 964	432	442	557	492	710	136
Disability/injury prevention and rehabilitation	2 723	2 421	306	275	0	0	321	530
Mental health and substance abuse	4 634	5 688	1 089	1 351	1 900	2 136	31	640
Subtotal – Social change and mental health	**10 822**	**11 073**	**1 827**	**2 068**	**2 457**	**2 628**	**1 062**	**1 306**
Essential medicines: access, quality and rational use	6 458	7 432	1 170	1 359	270	257	441	628
Immunization and vaccine development	9 488	9 003	420	415	1 622	1 378	451	665
Blood safety and clinical technology	5 094	5 536	900	1 874	361	405	320	752
Subtotal – Health technology and pharmaceuticals	**21 040**	**21 971**	**2 490**	**3 648**	**2 253**	**2 040**	**1 212**	**2 045**

BY AREA OF WORK

thousand)

budget								Other sources total		Total		Percentage increase/ decrease
Europe		Eastern Mediterranean		Western Pacific		Total						
2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2001-2002	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	
317	347	736	447	814	686	13 930	14 181	41 000	57 000	54 930	71 181	29.6
168	170	691	650	1 090	310	22 849	20 408	149 000	146 500	171 849	166 908	-2.9
0	0	0	0	0	0	4 807	4 312	80 500	84 500	85 307	88 812	4.1
36	30	110	640	363	944	6 441	8 777	76 000	96 500	82 441	105 277	27.7
27	827	243	433	424	993	1 682	4 724	17 000	21 000	18 682	25 724	37.7
548	**1 374**	**1 780**	**2 170**	**2 691**	**2 933**	**49 709**	**52 402**	**363 500**	**405 500**	**413 209**	**457 902**	**10.8**
677	629	366	480	967	1 295	12 144	13 548	3 500	7 000	15 644	20 548	31.3
455	498	255	475	0	330	3 614	6 417	12 500	12 000	16 114	18 417	14.3
1 132	**1 127**	**621**	**955**	**967**	**1 625**	**15 758**	**19 965**	**16 000**	**19 000**	**31 758**	**38 965**	**22.7**
620	448	349	387	626	629	7 480	7 520	59 500	64 000	66 980	71 520	6.8
461	458	177	57	724	674	8 377	6 722	62 000	61 500	70 377	68 222	-3.1
0	460	311	580	0	200	1 538	6 022	10 000	31 500	11 538	37 522	225.2
99	16	247	295	0	0	2 916	3 284	10 000	11 500	12 916	14 784	14.5
444	1 132	311	567	371	645	6 972	10 156	48 500	58 000	55 472	68 156	22.9
1 624	**2 514**	**1 395**	**1 886**	**1 721**	**2 148**	**27 283**	**33 704**	**190 000**	**226 500**	**217 283**	**260 204**	**19.8**
63	92	656	508	0	0	8 510	9 064	6 500	9 000	15 010	18 064	20.3
518	536	344	261	477	430	8 036	7 152	7 500	6 500	15 536	13 652	-12.1
3 861	2 060	1 577	1 521	2 412	1 932	23 930	19 500	24 000	28 000	47 930	47 500	-0.9
0	500	0	372	131	347	2 992	5 490	3 500	5 000	6 492	10 490	61.6
492	304	233	265	0	97	3 267	3 738	180 000	221 500	183 267	225 238	22.9
4 934	**3 492**	**2 810**	**2 927**	**3 020**	**2 806**	**46 735**	**44 944**	**221 500**	**270 000**	**268 235**	**314 944**	**17.4**
1 084	1 067	998	700	1 694	1 035	8 940	6 836	15 000	18 000	23 940	24 836	3.7
0	0	295	357	109	91	3 754	3 674	6 000	8 500	9 754	12 174	24.8
868	1 256	353	472	84	292	8 959	11 835	9 500	17 000	18 459	28 835	56.3
1 952	**2 323**	**1 646**	**1 529**	**1 887**	**1 418**	**21 653**	**22 345**	**30 500**	**43 500**	**52 153**	**65 845**	**26.3**
549	156	391	517	799	743	10 078	11 092	27 000	31 000	37 078	42 092	13.5
481	688	555	449	1 225	1 051	14 242	13 649	176 000	171 000	190 242	184 649	-2.9
941	871	409	655	46	272	8 071	10 365	14 000	15 500	22 071	25 865	17.2
1 971	**1 715**	**1 355**	**1 621**	**2 070**	**2 066**	**32 391**	**35 106**	**217 000**	**217 500**	**249 391**	**252 606**	**1.3**

Areas of work	Regular							
	Headquarters		Africa		The Americas		South-East Asia	
	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
Evidence for health policy	12 477	12 828	852	1 505	1 547	1 315	1 063	1 654
Health information management and dissemination	16 487	15 070	4 216	3 727	2 437	2 227	1 302	1 328
Research policy and promotion	2 112	2 572	656	716	414	414	797	1 661
Organization of health services	9 131	9 496	6 578	7 512	3 603	4 300	2 549	4 484
Subtotal – Evidence and information for policy	**40 207**	**39 966**	**12 302**	**13 460**	**8 001**	**8 256**	**5 711**	**9 127**
Governing bodies	20 532	18 136	1 527	1 374	337	286	300	300
Resource mobilization, and external cooperation and partnerships	14 788	15 167	3 314	2 605	1 986	1 150	495	380
Subtotal – External relations and governing bodies	**35 320**	**33 303**	**4 841**	**3 979**	**2 323**	**1 436**	**795**	**680**
Budget and management reform	3 980	3 703	800	557	0	0	782	776
Human resources development	8 067	7 695	2 713	2 442	912	802	731	708
Financial management	14 582	12 852	3 756	3 600	1 371	1 761	926	849
Informatics and infrastructure services	56 942	55 258	14 437	12 778	4 575	3 111	3 278	3 041
Subtotal – General management	**83 571**	**79 508**	**21 706**	**19 377**	**6 858**	**5 674**	**5 717**	**5 374**
Director-General's and Regional Directors' offices (including Audit, Oversight and Legal)	7 768	7 678	1 333	1 084	573	783	1 666	1 803
Director-General's and Regional Directors' Development Programme and initiatives	3 288	3 288	698	630	40	34	428	428
Subtotal – Director-General, Regional Directors and independent functions	**11 056**	**10 966**	**2 031**	**1 714**	**613**	**817**	**2 094**	**2 231**
TOTAL – Areas of work	**279 055**	**276 149**	**64 526**	**66 939**	**35 176**	**33 133**	**23 794**	**31 484**
Country-level activities	0	2 906	112 296	119 533	42 549	41 549	71 801	61 538
TOTAL – Country programmes	**0**	**2 906**	**112 296**	**119 533**	**42 549**	**41 549**	**71 801**	**61 538**
GRAND TOTAL	**279 055**	**279 055**	**176 822**	**186 472**	**77 725**	**74 682**	**95 595**	**93 022**

budget								Other sources total		Total		Percentage increase/ decrease
Europe		Eastern Mediterranean		Western Pacific		Total						
2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	
2 700	2 414	444	959	497	553	19 580	21 228	12 000	18 000	31 580	39 228	24.2
2 593	2 393	1 646	1 348	2 005	2 387	30 686	28 480	8 000	15 000	38 686	43 480	12.4
290	94	85	453	913	546	5 267	6 456	5 500	5 000	10 767	11 456	6.4
4 181	2 893	5 391	4 771	4 130	3 883	35 563	37 339	15 500	22 500	51 063	59 839	17.2
9 764	**7 794**	**7 566**	**7 531**	**7 545**	**7 369**	**91 096**	**93 503**	**41 000**	**60 500**	**132 096**	**154 003**	**16.6**
2 911	2 844	230	230	515	465	26 352	23 635	500	1 000	26 852	24 635	-8.3
3 117	1 850	938	745	2 745	1 931	27 383	23 828	13 500	13 000	40 883	36 828	-9.9
6 028	**4 694**	**1 168**	**975**	**3 260**	**2 396**	**53 735**	**47 463**	**14 000**	**14 000**	**67 735**	**61 463**	**-9.3**
1 661	1 270	394	690	0	0	7 617	6 996	1 000	1 000	8 617	7 996	-7.2
1 745	1 479	829	1 051	676	727	15 673	14 904	5 000	6 000	20 673	20 904	1.1
1 422	1 368	986	1 341	1 268	1 409	24 311	23 180	12 000	15 500	36 311	38 680	6.5
9 090	8 721	7 354	5 372	5 983	5 620	101 659	93 901	34 500	40 000	136 159	133 901	-1.7
13 918	**12 838**	**9 563**	**8 454**	**7 927**	**7 756**	**149 260**	**138 981**	**52 500**	**62 500**	**201 760**	**201 481**	**-0.1**
1 434	1 235	1 604	1 488	1 384	1 085	15 762	15 156	6 000	3 000	21 762	18 156	-16.6
900	900	1 050	1 022	1 085	1 000	7 489	7 302	4 000	0	11 489	7 302	-36.4
2 334	**2 135**	**2 654**	**2 510**	**2 469**	**2 085**	**23 251**	**22 458**	**10 000**	**3 000**	**33 251**	**25 458**	**-23.4**
44 205	**40 006**	**30 558**	**30 558**	**33 557**	**32 602**	**510 871**	**510 871**	**1 156 000**	**1 322 000**	**1 666 871**	**1 832 871**	**10.0**
7 494	12 765	55 311	52 832	42 332	40 660	331 783	331 783	81 000	82 000	412 783	413 783	0.2
7 494	**12 765**	**55 311**	**52 832**	**42 332**	**40 660**	**331 783**	**331 783**	**81 000**	**82 000**	**412 783**	**413 783**	**0.2**
51 699	**52 771**	**85 869**	**83 390**	**75 889**	**73 262**	**842 654**	**842 654**	**1 237 000**	**1 404 000**	**2 079 654**	**2 246 654**	**8.0**