



directing council

PAN AMERICAN
HEALTH
ORGANIZATION

XXIX Meeting

regional committee

WORLD
HEALTH
ORGANIZATION



XXXV Meeting

Washington, D.C.
September-October 1983

0018875

Provisional Agenda Item 15

CD29/34 (Eng.)
12 August 1983
ORIGINAL: ENGLISH

PROPOSED PROGRAM BUDGET FOR 1984-85

This working document explains the revisions and refinements made to the Proposed Program Budget for 1984-85 contained in Official Document 187 as a result of the June 1983 meeting of the Executive Committee. In addition, it contains several explanatory budget tables which summarize the revised program budget proposal. (Revised pages of Official Document 187 have been distributed separately.)

In accordance with Resolution VIII (see Annex) approved by the recent 90th Meeting of the Executive Committee, the recommendations and suggestions concerning priority programs have been taken into consideration. The increases in these priority programs are explained in this working document.

The Director has increased the Miscellaneous Income component of the proposal by an additional \$2 million, which brings the funding from that source to \$4.8 million. By taking this action, the increase requested from Member Countries is 12.7% over 1982-83. This increase is well below the mandatory cost rise of 14.4% and the program growth of 1.1% contained within the proposed overall 15.5% budget increase.

Draft appropriation and assessment resolutions which the Directing Council may wish to consider are on pages 13-15 of Official Document 187. The draft appropriation resolution has been revised in accordance with the program modifications and the addition to Miscellaneous Income. The draft assessment resolution has likewise been revised to reflect the increase in Miscellaneous Income, the reduction in positions, and the adjustment of the assessment scale in accordance with the OAS assessment scale.

INTRODUCTION

The 90th Meeting of the Executive Committee considered the proposed program budget for the biennium 1984-85 in light of recent resolutions of the Governing Bodies and of current conditions within the Region. The Director's presentation emphasized the view that the budget should represent the combined opinions of the Member Countries as reflected in the deliberations and decisions of the Governing Bodies of the Organization. Therefore, the proposed program budget was presented by the Director to the Executive Committee in a form designed to enhance the ability of that Body to recommend specific modifications in the document.

The discussion of the proposed budget covered three major areas: 1) overall regional policies and priorities and the Organization's management strategy; 2) the program budget ceiling and the appropriation resolution; and 3) the individual programs, their components and objectives. Following the Executive Committee's consideration of Official Document 187, the Director is proposing revisions in response to the Committee's suggestions and recommendations. (Revised pages of Official Document 187 have been distributed separately.)

I. EXECUTIVE COMMITTEE DISCUSSIONS AND EXPLANATIONS OF PROPOSED PROGRAM CHANGES

Regional Policies

The Director's presentation and the introduction to the budget disclosed new challenges and obstacles confronting the Organization and Member Countries in achieving progress toward the goal of health for all. However, it was noted that moments of crisis also constitute moments of opportunity, forcing institutions to find innovative and creative approaches to mobilize and utilize available resources more efficiently.

Two basic principles on which the new strategies of the Organization rest were defined by the Director. The first was the concentration of analysis, resources and actions at the country level, recognizing that the countries themselves constitute the basic unit of production of the Organization, and that the Country Offices constitute the basic unit of production of the Secretariat. For that reason, two-thirds of the budget increase of the Organization was being directed to country programs. Also partly resulting from this principle was the decision to eliminate the Area Offices as a bureaucratic layer between the Headquarters and the Country Offices.

A second driving principle of the Organization is the belief that Member Countries must be prime participants not merely in the carrying out of technical cooperation within their national frontiers but in the definition of the regional programs of the Organization. More than basic

policy direction, the Member Countries should be continuing and active players in the full range of planning and programming of the cooperation activities of the Organization. One consequence of this principle is the need to promote and support the mobilization of national will and resources, not only for strengthening national capabilities and self-reliance but for stimulating cooperation among the countries of the Region.

There was concurrence that while radical changes were not feasible, the program budget contained an essential reordering of priorities. Among the priority problem areas were those related to food and nutrition, and those affecting infants and mothers, such as diarrheal control, immunizations and respiratory illnesses. A second priority area included certain endemic diseases, such as malaria. A third area of concern was the increasing importance of chronic degenerative diseases. A final problem area encompassed problems affecting the health of workers. In all of these areas, there would be a fourfold focus on improving the health system infrastructure, expanding information services, intensifying human development activities, and coordinating and promoting research activities to help resolve these problem areas.

In implementing the budget priorities, three strategies of action were described. The first strategy would be to obtain a greater degree of technical excellence in the technical cooperation offered by the Organization to Member Countries. Within this context, four components were spotlighted: knowledge and the technical capacity of the professionals of the Organization in their respective specialties; management of specialized knowledge, in terms of understanding its origins, of being able to analyze its uses and of being able to transform it into concrete and practical forms; recognition that technical solutions have to be evaluated within the socioeconomic environment in which they are attempted; and, finally, development of attitudes and behavior that permit the most effective integration of the Organization's work into the national health effort.

A second strategic condition for transforming declarative principles into concrete actions and results is the capacity to assist in mobilizing national resources to meet national problems. Only after mobilizing national technical, scientific, institutional, financial, moral and political resources is it likely that the Organization's technical cooperation activities can be targeted so as to be adequate to meet remaining national needs and to stimulate national participation in technical cooperation activities with other countries.

The third strategy discussed was the articulation and coordination with other agencies of international cooperation providing technical cooperation in the health field.

Program Budget Ceiling

The Executive Committee recommended the overall ceiling of \$104,320,000, proposed by the Director for the program budget for 1984-85. That amount contains a \$14 million increase over the level of the effective working budget for 1982-83, an increase of 15.5%. Of that total increase, 14.4% represents mandatory cost increases and 1.1% represents program growth.

However, Official Document 187, revised in accordance with the recommendations of the Executive Committee, now proposes an increase of only 12.7% in the direct contributions from Member Countries to finance the Effective Working Budget. The additional revenues will be provided from \$4.8 million in Miscellaneous Income, \$2 million more than originally allocated.

The proposed program budget raises country programs from 32 to 36% of the Organization's PAHO/WHO Regular Program Budget. Of the overall increase in the proposed program budget of \$14 million, \$13 million represents the additional amount allocated to country programs. There is a 30% increase in the country program budget over 1982-83, virtually the only component of the budget which shows any real growth beyond mandatory cost increases. The remaining program areas absorb significant portions of the mandatory cost increases faced by the Organization. Thus, the regional programs have a minimal increase of 5.9%, well below the 14.4% mandatory cost increase. Taking all program areas other than the country programs, there is an increase of 8.7%, still nearly six percentage points less than the rise in costs.

The discussion revealed that the budget increase proposed in Official Document 187 recommended by the Executive Committee is the lowest level of increase for a PAHO biennium program budget in more than a decade, and the increase proposed for Member Country contributions also would be the lowest in recent memory.

The Executive Committee acknowledged the actions proposed by the Director to make more efficient and effective use of PAHO resources through the elimination of the Area Offices with consequent cost savings, as well as the reorganization of the Headquarters structure.

Program Changes

The changes incorporated in the revised Official Document 187 since the meeting of the Executive Committee reflect comments and suggestions by Member Country representatives. Proposed modifications include shifts in allocations between program areas as well as redistribution of funding among the elements of the individual programs.

No changes have occurred in the level of distribution of country program funds. Some 18 regional programs show additional budget amounts

totaling \$1,212,700. Corresponding reductions were made in centers and lesser priority regional programs. The justifications for allocations are as follows:

Information Coordination

The Executive Committee discussed the roles of the coordinating units, particularly the role of the information coordination unit. Additional resources have been assigned to the unit for the dual purposes of enhancing the monitoring and evaluation process for management control purposes and ensuring reliable and timely information for decision making within the Organization.

Women, Health and Development

The Executive Committee discussed the Regional Program for Women, Health and Development and the resolution of the Subcommittee on Women, Health and Development urging greater attention to efforts to assure the realization of the goals of the Five-Year Plan of Action for Women, Health and Development. As a result, additional resources have been provided to undertake research at the country level into existing obstacles to the achievement of those goals.

Health Systems Infrastructure

The Executive Committee examination of the program budget for the Area of Health Systems Infrastructure produced a series of recommendations which the Director has incorporated into proposed revisions of Official Document 187. One of the major recommendations was to bolster the Program of Increasing the Operating Capacity of Health Systems. In that effort, it was felt that additional resources should be devoted to producing reference documents on methods and techniques, bibliographic reviews and analyses of successful past experiences. In the same program, additional funds also would be available for activities aimed at preparing and retraining health personnel in systems development. Finally, added resources were made available for operational research on the structures and functioning of health systems within the Region, an area where little has been done and where the new resources can provide a start in gradually remedying the current gap in knowledge.

The need to stimulate a transformation in the organization of health services to promote the objectives of health for all was discussed by the Executive Committee. One of the major difficulties cited was the limited capacity in different countries to elaborate projects for presentation to funding agencies. This difficulty is linked to a lack of adequate capacity to conduct research and analysis into new forms of organization and new modes for delivery of health services. Additional resources are being provided to the regional program of Health Services Delivery to complement national capabilities in this area.

Following the expression of concern at the level of funding for the Oral Health Program during the Executive Committee Meeting and the growing interest among Member Countries in the development of integrated dental health activities, additional resources have been devoted to this program. The emphasis in the use of these program resources will be on prevention and education concerning dental diseases with particular attention to the dissemination of technical information in this field.

In a joint meeting focusing on the work of BIREME, it was concluded that a small funding increase to cover the services of a systems analyst was needed to assure the interaction of the BIREME minicomputer with the computer of the Research Institute in Nuclear Energy for the operation of the MEDLARS System in Brazil. The objectives would be to improve data processing and to coordinate and promote training of personnel within BIREME.

During the Executive Committee Meeting renewed attention was given to the severity of the problems faced by countries related to the availability, quality and prices of essential drugs. The Committee expressed interest as to the progress of the regional program of the Organization and suggested augmenting efforts in this area. Similarly, it was noted that the Technical Discussions this year focusing on "Production and Commercialization of Essential Drugs" undoubtedly will prompt increased requests for technical cooperation. Finally, the existing initiatives presented to the Convenio Hipólito Unanue and to CARICOM countries will require follow-up and stimulus from the Organization. The additional funds represent nearly an 85% increase in the resources originally available to the Regional Program of Essential Drugs.

The Executive Committee recommended strengthening the program on biologicals to support further the Blood Transfusion Program. Development of human resources and reliability of blood grouping reagents have been identified as key issues for the program. During the next biennium, it is proposed to hold two courses--one to qualify blood bank instructors in training middle level technicians, and the other in production and quality assurance of blood grouping reagents. In order to intensify and facilitate technical cooperation among blood banks, PAHO also will promote the development of a network of national and regional reference blood banks. During the biennium, at least six national blood banks will qualify as reference blood banks, of which two will be designated as Regional Centers.

Health Program Development

The Executive Committee also drew attention to the increasing problem of sexually transmitted diseases and the relatively modest amount of resources devoted to this problem. Additional funding will double the initial level of resources for the control of sexually transmitted diseases. In this context, reference was made to acquired immune deficiency syndrome (AIDS), which has become a matter of growing public concern.

The PAHO funds available for sexually transmitted diseases are being used through the Epidemiology Program to collaborate with countries in designing research and control programs.

The continuing prevalence of tropical diseases drew the Committee's attention, particularly the deterioration or static situation with respect to those diseases in some geographical areas, despite considerable attention to this problem. It also was noted that an effective vaccine for widespread use would not be available in the near future, requiring other strategies for control of the vector-borne diseases such as malaria and dengue. The control of vectors continued to be viewed as the central strategy. PAHO therefore was attaching increased emphasis to vector biology and control. Stemming from that discussion, the revisions include a nearly 50% increase in the funding for Technical Advisory Services for Vector Biology and Control.

The Committee also examined the allocations of resources to activities encompassed by the Program of Maternal and Child Health. After reviewing the report on action taken by Member Countries regarding infant and young child nutrition, the Committee adopted a resolution supporting activities in this area. The resolution requested the Director "to support national studies regarding infant and young child feeding practices, particularly with regard to the prevalence and duration of breast-feeding." Additional funding is, therefore, being provided to the Program of Nutrition to be used in part to support national groups in conducting research for the Regional Research-Action Program in Nutrition. Special attention will be directed to studies on infant feeding practices, development of appropriate technology and promotion of more active participation by primary health care workers and the community in nutrition activities.

The Expanded Program on Immunization also was discussed with the debate focused on the steps needed to improve immunization coverage. It was emphasized that such coverage will be one of the indicators used to monitor success of the PAHO/WHO strategy to achieve health for all by the year 2000. Difficulties were cited of achieving a level of coverage useful in epidemiological terms. It was concluded that operational research on vaccine development and studies on ways to improve community participation are of paramount importance if coverage is to be extended. Funds for these purposes were included in the budget revisions.

The Committee also concurred that acute respiratory infections in children were among the major causes of mortality and morbidity in children and cited the need for promotion of control and research activities in this field. The XXI Pan American Sanitary Conference in Resolution XXIII had also requested the Director "to give high priority to those research issues addressed by the Advisory Committee on Medical Research, particularly the area of acute respiratory infections." Therefore, the Director revised the budget to include additional funds for these activities.

Within the area of Health Programs Development, the major reallocations have occurred in the program of Health of Adults. The Executive Committee reiterated the point made in the Introduction to Official Document 187 that demographic changes and life style alterations increasingly constitute a major challenge for the health sectors of Member Countries. Those factors have produced an increase in the health problems of adults and the aged, particularly in the rise of chronic degenerative diseases, cardiovascular diseases and cancer as leading causes of morbidity and mortality.

The Committee agreed that the Program of Health of Adults will have to strengthen its collaboration with Member Countries in their programs of promotion of health and well-being of those population groups at risk from chronic diseases. Convincing evidence exists that reduction in risks of health damage from some of the chronic diseases may be altered by changes in behavior. There will have to be programs of prevention which focus on environmental, psychosocial and behavioral changes as well as programs which deal with service delivery and rehabilitation. Behavioral aspects of disease prevention are covered under the heading of mental health. Therefore, increases are proposed in the specific regional programs of Development of Health Services for the Elderly, Mental Health, Prevention and Control of Chronic Diseases, and the Latin American Cancer Research Project.

In accepting the Director's proposition that one of the major thrusts of the Organization should be towards "managing knowledge," in the sense of generating knowledge through research and disseminating the results of that research, the Committee emphasized the need to focus on areas of highest priority to the countries. The reallocation of budgetary resources to some extent reflects the attempt to give increased emphasis to those problem areas identified by the Committee as being of highest importance.

This concern with priority research is reflected directly in the reallocation of funds within the area of Health Programs Development to targeted research grants. This decision should enhance the capacity of the technical programs to be increasingly active in promoting research--the generation of knowledge--at the level of the countries. PAHO would not function as a passive recipient of research proposals, but would actively seek groups and individuals to undertake the research determined jointly by the National Governments and PAHO to be of highest importance. It is anticipated that much of this research will be operational in nature and will lead to the development of technology appropriate to the needs of each country.

II. ANALYSIS OF THE PROPOSED \$14 MILLION INCREASE IN PAHO REGULAR FUNDS
(1982-83 TO 1984-85)

	1982-83	Increase (Decrease)		1984-85
	\$	\$	%	\$
1. Total Appropriation	102,797,300	13,118,400	12.8	115,915,700
2. Less Miscellaneous Income	(2,000,000)	(2,800,000)	(140.0)	(4,800,000)
3. Gross Assessment on Member Countries	100,797,300	10,318,400	10.2	111,115,700
4. Less Credit from Tax Equalization Fund	(12,477,300)	881,600	7.1	(11,595,700)
5. Direct Contributions from Member Countries to the Effective Working Budget	88,320,000	11,200,000	12.7	99,520,000
6. Add Miscellaneous Income	2,000,000	2,800,000	140.0	4,800,000
7. Effective Working Budget	90,320,000	14,000,000	15.5	104,320,000

Between 1982-83 and 1984-85, the PAHO Effective Working Budget is proposed to increase \$14 million or 15.5%. Within this proposed increase, the mandatory cost increases amount to \$13,006,400, using a factor of 14.4%. The program increase proposed is \$993,600 or 1.1%.

The Direct Contributions from Member Countries to the Effective Working Budget, as shown in point (5.) above, amount to an increase of \$11.2 million or 12.7%.

The Miscellaneous Income increase of \$2.8 million is, therefore, funding \$1,806,400 of the mandatory cost increase, and the total amount of the program increase of \$993,600.

III. CHANGES TO THE PAHO CLASSIFIED LIST OF PROGRAMS WITH DESCRIPTIONS

Changes have been proposed in the PAHO Classified List of Programs because of changes in PAHO's organizational structure. Those changes are shown on the two pages that follow. A broken underscore indicates an addition. Dashes through the text indicate a deletion.

PAHO CLASSIFIED LIST OF PROGRAMS WITH DESCRIPTIONS

Official Document 187, page 41:

DCM 1. DIRECTION, COORDINATION AND MANAGEMENT

- GOB 1. Governing Bodies Expenses directly attributable to the meetings of the Governing Bodies of PAHO (Pan American Sanitary Conference, Directing Council, and Executive Committee) and of such subcommittees as may be set up by the Governing Bodies; external audit.
- PDM 2. General Program Development and Management
- EXM 2. 1 Executive Management Offices of the Director and of the Chief of Administration; legal services, internal and ~~external~~ audit.
- CPD 2. 3 General Program Development ~~Operations manager's office~~; Managerial process for program development (long-term planning, medium-term programming, evaluation; coordination of programs on women in health and development and the status of women at PAHO; information systems support (including electronic data-processing); training in acquiring all necessary information and information-processing facilities; and the "information science" component of national health information systems. Staff development and training.

Official Document 187, page 42:

HSI 2. HEALTH SYSTEM INFRASTRUCTURE

- HSD 3. Health System Development
- MPN 3. 2 Managerial Process for National Health Promotion, initiation and the establishment of permanent functional mechanisms for the application of the process of broad national health program development and training of national personnel. Includes offices of ~~Area~~ and Country Representatives and CPC.

PAHO CLASSIFIED LIST OF PROGRAMS WITH DESCRIPTIONS (continued)

Official Document 187, page 45:

STP 3. HEALTH SCIENCE AND TECHNOLOGY - HEALTH PROMOTION AND CARE

DTR 12. Diagnostic, Therapeutic and Rehabilitative Technology

CLR 12. 1 Clinical, Laboratory and Radiological
Technology for Health Systems Based
on Primary Health Care

Program planning and general activities (DTR). Activities concerned with the determination of standards for clinical, diagnostic and treatment methods (including surgical and manipulative) appropriate for delivery through primary health care, blood transfusion services, and the immediate supporting levels. Promotional activities in the field of health technology including radiological and health laboratory techniques and dissemination of relevant information.

Official Document 187, page 47:

PRS 5. PROGRAM SUPPORT

SPS 15. Support Services

PGS 15. 2 General Administration
and Services

Chief of A66 general services, conference, office and building services.

IV. ANALYSIS OF PROGRAM GROWTH AND MANDATORY COST INCREASES BY BUDGET CHAPTER

Program growth (or decrease) is defined as the increase (or decrease) in the 1984-85 program proposal as compared to the 1982-83 program, using the same levels of cost for both bienniums. Mandatory cost increases are defined as the sum of the various unavoidable rises in costs, from 1982-83 to 1984-85, due to inflation and statutory cost increases. Statutory cost increases include, among other things, the post adjustment index, salary scales, number of dependents, cost of insurance, language allowance, cost of home leave, and cost of education grants and travel. Forecasting is defined as the process of deriving the future average costs for certain budget elements, by location, on the basis of present costs as affected by, among other things, the anticipated rate of inflation and changes in the amount, the method of calculation, or both, of staff benefits. Recosting is defined as the application of the average cost figures which had been forecast and used for the previous biennium to the program proposals for the current biennium.

After forecasting the 1984-85 program costs and recosting the amounts of the 1984-85 program proposals to the 1982-83 levels, program growth is calculated by subtracting the 1984-85 program proposal amounts recosted to 1982-83 levels from the amounts of the 1982-83 program in Official Document 169. Since the mandatory cost increases have, in effect, been neutralized for the purposes of this calculation, this difference represents only the amount by which the 1984-85 proposed program has increased or decreased as compared to the 1982-83 program.

Mandatory cost increases from the 1982-83 biennium to the 1984-85 biennium are calculated by subtracting the 1984-85 program proposal amounts recosted to 1982-83 levels from the amounts of the 1984-85 program proposals. This difference represents only how much more the 1984-85 program proposal is going to cost because it will be carried out in 1984-85 as opposed to how much that very same 1984-85 program proposal would have cost in 1982-83.

Tables 1 and 2 show the two major steps involved in calculating program growth and mandatory cost increases. The procedure followed in these calculations is precisely that used in the WHO Program Budget Document.

Step 1: 1984-85 Cost Estimates and Derivation of Costs at 1982-83 Levels for Posts, Short-term Consultants, Fellowships, and Other Budget Elements

The forecasting was carried out in four main budget element areas:

1. Post costs were forecast using the 1982-83 salary averages by grade and duty station. Salary averages were projected using as a base the current average cost to PAHO of a given grade at a given duty station.

This base was derived directly from the payroll, using actual expenditures each month and projecting these expenditures to provide an annual cost to the Organization. To the base was added an estimate of the average non-payroll costs related to a professional post (such as education grants and related travel and home leave) and this combined annual average was projected into future years based on anticipated increases in post adjustment index or salary scales.

2. Short-Term Consultant costs were forecast using the 1982-83 average of \$280 per day (the 1984-85 average is now projected at \$237 per day).

These averages were projected using the latest available information on actual average costs for short-term consultants per day nationwide.

3. Fellowship costs were forecast using the 1982-83 average of \$1,400 per month (the 1984-85 average is now projected at \$1,600 per month).

These averages were projected using the latest available information on actual average costs for fellowships per month nationwide.

4. All other budget element costs were forecast assuming an inflationary increase of 10% per year or 21% for the biennium. This factor was considered to be a conservative estimate of the level of inflation for the entire region.

These four budget element calculations were carried out for each detailed budget location, i.e.:

- a) for each country;
- b) for intercountry projects at Headquarters and in the field at each level of program coordination (each Headquarters office);
- c) for CPC;
- d) for each center;
- e) for Headquarters at the levels of Director, Assistant Director, Administration and Governing Bodies.

Step 2: Calculation of Program Growth and Mandatory Cost Increases

Three sets of figures were used for these calculations:

1. "1982-83" - Program proposed for 1982-83 in Official Document 169, using averages based on the best information available in early 1981: see Table 2, column (1).

2. "1984-85" - Program proposed for 1984-85 in Official Document 187, using averages based on the best information available in early 1983: see Table 2, column (2).
3. "Recosted" - Program proposed for 1984-85 recosted to the 1982-83 averages used in Official Document 169: see Table 2, column (4). Details of this recosting are provided in Table 1.

The difference between "Recosted" and "1982-83" (column (4) minus column (1)) is the Program growth (or decrease) in the 1984-85 proposal: see Table 2, column (5).

The difference between "1984-85" and "Recosted" (column (2) minus column (4)) is the Cost increase (or decrease) in the 1984-85 proposal: see Table 2, column (6).

TABLE 1

Step 1: 1984-85 Cost Estimates and Derivation of Costs at 1982-83 Levels
for Posts, Short-term Consultants, Fellowships, and Other Budget Elements

	Posts		Short-term Consultants		Fellowships		Other Budget Elements*		Total	
	1984-85 Proposals	At 1982-83 Costing	1984-85 Proposals	At 1982-83 Costing	1984-85 Proposals	At 1982-83 Costing	1984-85 Proposals	At 1982-83 Costing	1984-85 Proposals	At 1982-83 Costing
Country Programs	27,152,100	23,791,700	5,472,300	6,466,600	11,086,400	9,700,600	12,180,400	10,066,200	55,891,200	50,025,100
Regional Programs: Headquarters (ICP)	24,407,600	20,880,300	3,133,200	3,701,600	-	-	10,627,700	8,783,200	38,168,500	33,365,100
Regional Programs: Field (ICF)	7,741,700	6,845,600	190,800	225,400	-	-	2,009,000	1,660,400	9,941,500	8,731,400
Regional Programs: CPC and Areas	2,041,100	1,567,800	68,700	81,200	104,800	84,200	779,300	644,000	2,993,900	2,377,200
Regional Programs: Centers	13,899,400	12,515,600	424,300	501,200	367,200	320,600	5,058,200	4,180,300	19,749,100	17,517,700
Technical and Adminis- trative Direction	18,171,800	15,273,000	297,100	351,000	-	-	8,197,100	6,774,400	26,666,000	22,398,400
Governing Bodies	644,600	545,300	-	-	-	-	1,099,200	908,400	1,743,800	1,453,700
TOTAL	94,058,300	81,419,300	9,586,400	11,327,000	11,558,400	10,105,400	39,950,900	33,016,900	155,154,000	135,868,600

*Includes such budget elements as duty travel, seminars and courses, supplies and equipment, grants, general operating expenses, contractual services (including printing), and conference services.

TABLE 2

Step 2: Calculation of Mandatory Cost Increases and Program Growth

Location	(1)	(2)	(3)		(4)	(5)		(6)	
	1982-83 from OD-169	1984-85 Proposals	Increase (Decrease)		(Recosted 1984-85 Proposals using 82-83 Costs)	Program Increase (Decrease)		Cost Increase (Decrease)	
			\$	%		\$	%	\$	%
Country Programs	42,997,500	55,891,200	12,893,700	30.0	50,025,100	7,027,600	16.3	5,866,100	13.6
Regional Programs: Headquarters (ICP)	37,354,200	38,168,500	814,300	2.2	33,365,100	(3,989,100)	(10.7)	4,803,400	12.9
Regional Programs: Field (ICF)	-	9,941,500	9,941,500	~	8,731,400	8,731,400	~	1,210,000	~
Regional Programs: CPC and Areas	11,289,100	2,993,900	(8,295,200)	(73.5)	2,377,200	(8,911,900)	(78.9)	616,700	5.5
Regional Programs: Centers	18,239,000	19,749,100	1,510,100	8.3	17,517,700	(721,300)	(4.0)	2,231,400	12.2
Technical and Adminis- trative Direction	22,709,100	26,666,000	3,956,900	17.4	22,398,400	(310,700)	(1.4)	4,267,600	18.8
Governing Bodies	1,743,100	1,743,800	700	*	1,453,700	(289,400)	(16.6)	290,100	16.6
TOTAL	134,332,000	155,154,000	20,822,000	15.5	135,868,600	1,536,600	1.1	19,285,200	14.4

*Less than .05 percent

V. CHANGES IN THE PROPOSED LEVELS OF APPROPRIATION AND ASSESSMENTS
PURSUANT TO THE EXECUTIVE COMMITTEE DISCUSSIONS

Appropriation

The draft appropriation resolution for the Pan American Health Organization for 1984-85, on page 13 of Official Document 187, has been changed in accordance with the program modifications and the addition in Miscellaneous Income.

Assessments

As a result of the increased allocation of \$2 million in Miscellaneous Income, the reduction in positions, and the adjustments in accordance with the OAS scale, reductions have been made in each country's assessment for the 1984-85 biennium. Comparisons between the gross and net assessments as initially presented to the Executive Committee and as revised in the draft resolution on the assessments of the Member and Participating Countries of the Pan American Health Organization for 1984-85, on pages 14-15 of Official Document 187, are shown in Table 3.

TABLE 3

ANALYSIS OF ASSESSMENTS OF THE MEMBER AND PARTICIPATING COUNTRIES OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1984-85				
(1)	(2) Gross Assessment		(4)	(5)
Country	As Proposed to the Executive Committee	As Proposed to the Directing Council	As Proposed to the Executive Committee	As Proposed to the Directing Council
	US\$	US\$	US\$	US\$
Antigua and Barbuda	22,636	22,223	20,304	19,904
Argentina	7,854,673	7,711,430	7,045,489	6,906,688
Bahamas	67,908	66,669	60,912	59,712
Barbados	79,226	77,781	71,064	69,664
Bolivia	192,405	188,897	172,584	169,184
Brazil	9,835,316	9,655,954	8,822,087	8,648,288
Chile	860,166	844,479	771,552	756,352
Colombia	1,041,254	1,022,264	941,485	923,084
Costa Rica	192,405	188,897	172,584	169,184
Cuba	1,233,659	1,211,161	1,106,568	1,084,768
Dominica	22,636	22,223	20,304	19,904
Dominican Republic	192,405	188,897	172,584	169,184
Ecuador	192,405	188,897	172,584	169,184
El Salvador	192,405	188,897	172,584	169,184
Grenada	33,954	33,335	30,456	29,856
Guatemala	192,405	188,897	172,584	169,184
Haiti	192,405	188,897	172,584	169,184
Honduras	192,405	188,897	172,584	169,184
Jamaica	192,405	188,897	172,584	169,184
Mexico	7,379,318	7,244,744	6,619,105	6,488,704

TABLE 3 (continued)

(1) Country	(2) Gross Assessment		(4) Net Assessment	
	(3) As Proposed to the Executive Committee	(3) As Proposed to the Directing Council	(4) As Proposed to the Executive Committee	(5) As Proposed to the Directing Council
	US\$	US\$	US\$	US\$
Nicaragua	192,405	188,897	172,584	169,184
Panama	192,405	188,897	172,584	169,184
Paraguay	192,405	188,897	172,584	169,184
Peru	565,899	555,578	507,600	497,600
Saint Lucia	33,954	33,335	30,456	29,856
St. Vincent and the Grenadines	22,636	22,223	20,304	19,904
Suriname	147,134	144,450	131,976	129,376
Trinidad and Tobago	192,405	188,897	172,584	169,184
United States of America	69,447,064	68,102,812	67,992,671	66,695,808
Uruguay	384,811	377,793	345,168	338,368
Venezuela	3,780,202	3,711,264	3,416,767	3,349,968
Subtotal	105,313,711	103,315,379	100,197,860	98,267,196
<u>Other Member Countries</u>				
Belize	45,272	44,446	40,608	39,808
Canada	7,311,409	7,255,855	6,560,492	6,500,956
Guyana	192,405	188,897	172,584	169,184
<u>Participating Countries</u>				
France	192,405	188,897	172,584	169,184
Kingdom of the Netherlands	67,908	66,669	60,912	59,712
United Kingdom	56,590	55,557	50,760	49,760
Subtotal	7,865,989	7,800,321	7,057,940	6,988,604
TOTAL	113,179,700	111,115,700	107,255,800	105,255,800

EXECUTIVE COMMITTEE OF
THE DIRECTING COUNCIL

PAN AMERICAN
HEALTH
ORGANIZATION



90th Meeting

WORKING PARTY OF
THE REGIONAL COMMITTEE

WORLD
HEALTH
ORGANIZATION



90th Meeting

CD29/34 (Eng.)
ANNEX

RESOLUTION VIII

PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION
FOR THE BIENNIUM 1984-1985

THE 90th MEETING OF THE EXECUTIVE COMMITTEE,

Bearing in mind Resolution IV of the 86th Meeting of the Executive Committee, Resolution XVI of the XXVIII Meeting of the Directing Council, Resolution XVII of the 88th Meeting of the Executive Committee, and Resolution XIV of the XXI Pan American Sanitary Conference;

Considering that the provisional draft of the program budget has been the subject of further study by the Governments and of consultations with them to determine their latest desires and requirements;

Having carefully examined the proposed program budget of the Pan American Health Organization for the biennium 1984-1985 (Official Document 187);

Considering the recommendations and suggestions, contained in the records of this meeting, made by this Executive Committee concerning the format of Official Document 187 and the programs contained therein;

Recognizing that the 1984-1985 contribution by the Government of Argentina for support of the Pan American Zoonoses Center continues under negotiation;

Taking into consideration the estimate made by the Director that \$2 million may be available in Miscellaneous Income in addition to the \$2,800,000 contained in the original proposal; and

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.5 and 3.6, of the PAHO Financial Regulations,

RESOLVES:

1. To express appreciation to the Director and his staff for the impressive presentation of the proposed program budget for 1984-1985 and for the informative responses to questions of the Executive Committee.

2. To recommend to the XXIX Meeting of the Directing Council that it approve the proposed program budget of the Pan American Health Organization for the biennium 1984-1985, with an effective working budget of \$104,320,000, by adopting the corresponding appropriation and assessment resolutions.

3. To recommend that the appropriation be financed by assessments to Member and Participating Countries as well as \$4,800,000 in Miscellaneous Income.

4. To urge the Director to continue to refine the budget proposals, taking into account the recommendations and suggestions made by the Executive Committee in the revision of Official Document 187, for presentation to the XXIX Meeting of the Directing Council.

(Approved at the ninth plenary session,
28 June 1983)

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