

EM/GRP.BRF.MTG.REG.MTP/CDC./R

**INDEXED**

GROUP BRIEFING MEETING FOR THE PREPARATION OF THE  
REGIONAL MEDIUM TERM PROGRAMME FOR COMMUNICABLE DISEASE CONTROL

Alexandria, 30 January - 3 February 1979

Résumé \*

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## INTRODUCTION

Dr G. Rifka, Director, Strengthening of Health Services, EMRO, welcomed the participants and conveyed the opening address on behalf of Dr A.H. Taba, Director, WHO Eastern Mediterranean Region (Annex I)

The proposed Agenda was adopted with slight amendments (Annex II - see also Annex III - Programme)

Dr F. Partow, Director, Communicable Disease Control, EMRO, was elected as Coordinator of the Meeting.

The presentations and discussions covered the Meeting's Agenda.

For the practical exercises Agenda Item 8), two countries of the Region (Sudan and Yemen Arab Republic) were used as examples. The participants (Annex IV) were divided into four groups and each group undertook the practical exercises on one or two national CDC programmes selected for in-depth review of national objectives, targets, and activities as well as WHO collaboration required.

Special forms were constructed for this purpose (Annex V). The same forms will be used in country visits where they will be filled and returned to the Regional Office for compilation and used as basis for the preparation of the Regional MTP/CDC.

A "Summing Up Note" was prepared for distribution to all participants, particularly those visiting countries, for their reference and guidance.

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ANNEX I  
ORGANISATION MONDIALE  
DE LA SANTÉ

Bureau régional  
pour la Méditerranée orientale

OPENING ADDRESS ON BEHALF OF DR A.H. TABA  
DIRECTOR  
WHO EASTERN MEDITERRANEAN REGION

GROUP BRIEFING MEETING FOR THE PREPARATION OF THE  
REGIONAL MEDIUM TERM PROGRAMME FOR COMMUNICABLE DISEASE CONTROL

Alexandria, 30 January - 3 February 1979

It gives me great pleasure, on behalf of Dr Taba, the Regional Director, EMR, to welcome you all to this meeting. We are pleased in particular to receive our distinguished participants from countries of the Region as well as consultants and temporary advisers recruited for this purpose.

This Group Briefing Meeting is, as you are aware, organized as a follow-up to the previous Meeting on "Medium-Term Programming for Communicable Disease Prevention and Control", which was held in EMRO from 23 - 27 October 1978, and to carry the process of preparing the Regional Medium-Term Programme for Communicable Disease Control (MTP/CDC) a step further towards achieving its goal.

As you already know, the October meeting has established a consensus between the Regions and the WHO Central Office on the CDC programme classification structure as well as its presentation and format to be followed by all in the preparation of the MTP/CDC.

In spite of the considerable favourable change which has occurred over the last decade in their patterns of morbidity and mortality and of the progress achieved in their control, communicable diseases continue to be a problem of public health importance, affecting socio-economic development in the Region.

All countries of the Region are making good efforts to improve and develop their programmes against communicable diseases and due emphasis is made on preventive measures. However, in terms of resource allocation within the health sector, much more needs to be done to achieve an equitable distribution of resources so that preventable diseases affecting wide sectors of communities could be more effectively controlled.

The preparation of a realistic and well thought medium-term programme to respond to the needs of Member countries and to serve as a practical tool of implementing, monitoring and evaluating our work in this area is highly important.

Basically a medium-term programme is a six-year detailed schedule of activities, developed year by year throughout the period and aimed at attaining certain specified targets. It is thus measurable, and the provision of "output indicators" or milestones, along the way, helps to demonstrate the progress being made towards the eventual targets.

An MTP is not meant to be a supranational all inclusive programme of action, nor is it meant to supplant national plans. It should in fact make use of them to design the Organization's response to countries' needs, which should stimulate, support and supplement national health programmes. Its purpose is to improve the delivery of the Organization's General Programme of Work through better formulation and monitoring.

In his opening message of the October meeting, our Regional Director stated and I quote " In the process of preparing this MTP, it is essential to secure close consultations with national health authorities in order to fit WHO input into national health plans and programmes in the best productive way possible. This is an aspect of MTP which deserves and requires effort and time".

This Regional Office has since made a special, and I would say, important effort to plan for country visits by selected consultants, temporary advisers, WHO Programme Coordinators, Central Office and Regional Office staff, in order to start the necessary dialogues with the respective national authorities which would

**ANNEX I**

hopefully help both the Governments and the World Health Organization in preparing a realistic MTP/CDC constructed on the basis of government priorities and available national programme objectives, targets and activities. This meeting is in fact the starting point of the desired consultations with Governments.

It would also be useful to remember that the Regional Director stated in the same address that "we see MTP as a dynamic process which should continue to be improved and updated through implementation".

This is a crucial aspect for the success of MTPs because there should not be any illusion that we can prepare a perfect MTP with just one round of visits to countries of the Region. These visits must be followed up by continued contacts, periodic consultations, exchanges and updating of information and monitoring of implementation.

In this process, the role of the WHO Programme Coordinator, wherever available, would be highly important, firstly because he has first-hand knowledge of the situations and developments in health programme areas in the country, and secondly, because of his direct responsibility for the WHO collaborative programme with the Government.

It is therefore essential that WHO Programme Coordinators, whether participating in this meeting or not, be fully involved in the preparation of the MTP and should provide all necessary support.

Most of you will be travelling soon after this meeting to start your country visits and consultations and it is hoped that, during this meeting, you will reach a consensus on the most suitable way of conducting these visits and on the preparation of the first draft of the MTP/CDC for the respective countries.

As you are probably aware, the deadline of 30 May 1979 has been set for the completion of the preparation of the final draft of the Regional MTP/CDC. Preparation of the Global MTP/CDC will immediately follow. It would, therefore, be important that contacts be maintained after these visits between the Regional Office and those who undertook the visits, until the final draft has been prepared.

This meeting is considered as an internal WHO activity and we therefore feel that formalities should be kept to the bare minimum in its conduct. Consequently, Dr F.Partow, Secretary of the Meeting, may act as Coordinator to assist in organizing and conducting the briefing and the discussions. Also, a meeting report may not be necessary, but perhaps it would be useful for all of you and for us if a "summing up note" is prepared to assist in a practical way, in conducting your country visits and consultations with Governments.

I take this opportunity to welcome you all again to this Regional Office and wish you a very pleasant stay in Alexandria and successful visits to the countries of your assignments.

ANNEX II

GROUP BRIEFING MEETING FOR THE PREPARATION  
OF THE REGIONAL MEDIUM TERM PROGRAMME FOR  
COMMUNICABLE DISEASE CONTROL

EM/GRP.BRF.REG.MTG.MTP/CDC./1 Rev.1

30 January 1979

Alexandria, 30 January to 3 February 1979

AGENDA

1. Opening of the Meeting
2. Adoption of the Agenda
3. MTP concept, CDC Programme Structure, Presentation and Format
4. Purpose and conduct of country visits and discussions
5. Information required for MTP
6. Presentation and discussion of CDC Regional and Country Programmes and Sub-programmes
7. Country briefing and documentation
8. Practical exercises
9. Time schedule for follow-up activities
10. Summing-up and conclusions.



GROUP BRIEFING MEETING FOR THE PREPARATION  
OF THE REGIONAL MEDIUM-TERM PROGRAMME FOR  
COMMUNICABLE DISEASE CONTROL

EM/GRP.BRF.MTG.REG.MTP/CDC./2 Rev.2

Alexandria, 30 January to 3 February 1979

30 January 1979

PROGRAMME

TUESDAY, 30 January 1979

EMRO Conference Room

08.30 a.m. - 09.00 a.m.

- Registration/Administrative arrangements

09.00 a.m. - 09.30 a.m.

- Opening address on behalf of  
Dr A.H.Taba, Director EMR

- Adoption of the Agenda

- Introduction of the Meeting's  
Programme

09.30 a.m. - 10.00 a.m.

- Recess

10.00 a.m. - 01.30 p.m.

- MTP concept, CDC Programme Structure  
presentation and format (Agenda  
item 3)

04.00 p.m. - 06.30 p.m.

- MTP concept, CDC Programme Structure,  
presentation and format (Agenda  
Item 3 continued)

WEDNESDAY, 31 January 1979

08.30 a.m. - 10.30 a.m.

- Purpose and conduct of country visits  
and discussions (Agenda Item 4)

- Information required for MTP  
(Agenda Item 5)

10.30 a.m. - 11.00 a.m.

- Recess

11.00 a.m. - 01.30 p.m.

- Presentation and discussion of CDC  
Regional and Country programmes and  
sub-programmes (Agenda Item 6)

THURSDAY, 1 February 1979

- |                         |   |
|-------------------------|---|
| 08.30 a.m. - 10.30 a.m. | - Presentation and discussions of CDC Regional and Country Programmes and Sub-programmes (Agenda Item 6 cont'd) |
| 10.30 a.m. - 11.00 a.m. | - Recess  |
| 11.00 a.m. - 01.30 p.m. | - Practical exercises (Agenda Item 8)   |
| 04.00 p.m. - 06.30 p.m. | - Practical exercises (Agenda Item 8 continued)   |

FRIDAY, 2 February 1979

- |                         |   |
|-------------------------|---|
| 08.30 a.m. - 10.00 a.m. | - Discussion on Practical exercises (Agenda Item 8 continued) |
| 10.00 a.m. - 10.30 a.m. | - Recess  |
| 10.30 a.m. - 13.00 p.m. | - Country briefing and documentation (Agenda Item 7)          |
| 13.00 p.m. - 14.00 p.m. | - Time schedule for follow up activities (Agenda Item 9)      |

SATURDAY, 3 February 1979

- |                         |   |
|-------------------------|---|
| 09.00 a.m. - 10.00 a.m. | - Summing up and Conclusions (Agenda Item 10) |
| 10.00 a.m. - 10.30 a.m. | - Recess                                      |
| 10.30 a.m. - 11.00 a.m. | - Closing Session                             |

UNEP BRIEFING MEETING FOR THE PREPARATION  
OF THE REGIONAL MEDIUM-TERM PROGRAMME FOR  
COMMUNICABLE DISEASE CONTROL

EM/GRP.BRF.MTG.REG.MTP/CDC./3 Rev.1

Alexandria, 30 January to 3 February 1979

30 January 1979

LIST OF PARTICIPANTS

Dr F. Assaad	Medical Officer, Virus Diseases, Central Office	WHO GENEVA
Mr R. Bahar	Regional Adviser, Vector Biology and Control	EMRO
Dr R. Cook	Regional Adviser, Expanded Programme on Immunization and MCH	EMRO
Dr L. Delfini	Regional Adviser, Malaria	EMRO
Dr A. A. El Gaddal	WHO Temporary Adviser	SUDAN
*Dr A. Hajian	WHO Temporary Adviser	IRAN
Dr F. Rizk Hassan	WHO Temporary Adviser	EGYPT
Dr M. Husain	PHA/WHO Programme Coordinator	SAUDI ARABIA
Dr H.R. Hussein	Regional Adviser, Health Laboratory Services	EMRO
Dr J. Kostrzewski	WHO Consultant	POLAND
Dr O. Kranendonk	WHO Consultant	NETHERLANDS
Dr R.L. Manning	Regional Public Health Adviser (Programme Development)	EMRO
Dr A.B. Paltrinieri	WHO Programme Coordinator	OMAN
Dr V. Parisi	Regional Adviser, Special Programme for Research and Training in Tropical Diseases/Parasitic Diseases	EMRO

Dr F. Partow	Director, Communicable Disease Control <u>Coordinator &amp; Secretary of the Meeting</u>	EMRO
Dr D. Savic	WHO Consultant	YUGOSLAVIA
Mr G. Shidrawi	Regional Entomologist	EMRO
Dr P. Tassin	WHO Programme Coordinator	LEBANON
Dr M.H. Wahdan	WHO Consultant Epidemiologist	EMRO
* Dr S.A. Zafir	WHO Programme Coordinator	LIBYA
<u>RESOURCE STAFF</u>		
Dr A. Khogali	Regional Adviser Health Personnel Education	EMRO
<u>OBSERVER</u>		
Dr R. Pal	Entomologist, Vector Genetics & Biology	WHO GENEVA
<u>Conference Services</u>		
Mrs C.Cartoudis-Démétrio		EMRO
Mrs Y. Souccar		EMRO

\* did not attend

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**ORGANISATION MONDIALE  
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**Bureau régional  
pour la Méditerranée orientale**

COMMUNICABLE DISEASE CONTROL - MEDIUM-TERM PROGRAMMING

COUNTRY VISITS

QUESTIONNAIRE AND FORM

The major outcome of the country visits is expected to be a series of indications of:

- (a) national programmes in the CDC field and
- (b) expectatinnns of WHO collaboration with, and contributions to, some of these national programmes.

The following is simply a skeleton guide on how to proceed in countries, following contact with national CDC programming groups and their briefing: it is not a formal questionnaire to be rigidly followed, but a guide to elicit the most important part of an information base (about countries). This in turn is expected to be condensed into a simple, standard format, for ease in comparing and aggregating returns from different countries.

One or more sheets of part "B" (p.6) are expected in relation to each significant CDC programme component, classified according to the WHO Programme Classification Structure (even if this means rearranging the material as originally elicited). In addition, a brief note covering some or all of the points listed in Part "D" (p.8) and considered relevant for the Regional Office should be sent or brought in as well as the various parts "B".

Please note that the ground covered in the outline by questions 1 - 8 should be traversed for every programme component in which there are significant national activities. While the substance of question 9 need be covered once only as a summary i.e. after eliciting details of programme components.

Part C (p.7) will be used in the Regional Office on the basis of contributions from all countries. When all countries' summaries are returned to the Regional Office (Parts B), they will in turn be condensed into a first draft of the regional MTP (Part C), which will however also include inter-country activities and other specialized elements.

A. Outline of Investigations

1. Is there in this country, a programme for:\*<sup>1</sup>
  - Epidemiological Surveillance
  - Malaria Control (or eradication)
  - Parasitic Diseases Control generally
    - (and specifically against: - Schistosomiasis
    - Filariasis
    - Leishmaniasis
    - Others
  - Bacterial, Viral and Mycotic Diseases Control generally
    - (and specifically against: - Acute Respiratory Diseases
    - Tuberculosis
    - Leprosy
    - Sexually Transmitted Diseases
    - Zoonotic and related Food-borne Diseases
    - Others
  - Expanded Programme on Immunization
  - Diarrhoeal Diseases including Cholera
  - Prevention of Blindness
  - Vector Biology and Control
  - Laboratory Support for Communicable Disease Control

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\*<sup>1</sup> Country Programme Classification Structure is to be discussed separately at this point (vide 2). This check list follows the Alexandria Programme Classification Structure (see CD/MTP/78.1) - it is not necessarily the national programme classification structure.

2. Is this programme separate, or integrated with other or more general programmes/services?<sup>2</sup>
3. At what stage is this programme: - planning stage?  
- operational stage?  
Is there a built-in evaluation scheme?
4. Is it possible to state one (or several) objectives<sup>3</sup> for this programme (e.g. in health impact terms)?
5. Can the expectations from this programme be quantified over the 5 year horizon (i.e. up to 1983). This means, can targets<sup>4</sup> be set for achievement within the next 5 years?:
  - a. in terms of management phases (see 3 above)
  - b. in service terms
  - c. in terms of population coverage or other operational indices
  - d. in health impact terms.

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\*<sup>2</sup> If part of a more generalized programme/service, describe the latter under the remaining questions.

\*<sup>3</sup> The 6 GPW glossary suggests that it is not possible, at least at the global (possibly regional) level to quantify objectives (through this may be possible at the national level). Thus, examples of acceptable objectives are:

- to reduce the incidence (or mortality) of diseases against which immunization is possible,
- to reduce the severity of enteric infections.

If it is possible to quantify, then e.g.:

- to reduce mortality from neonatal tetanus by at least 50% by 1983, or
- to reduce the incidence of new cases of *S. haematobium* infestation in children entering school by 30% by 1983.

\*<sup>4</sup> Examples:

- a - to extend operations at half the districts in the country by 1981, and to all by 1983, (an example of a management target)
- b - to raise the average number of vaccinations per vaccinator to 80 per day (for at least 60% of districts carrying out an EPI) by 1981, (an example of an operational (service) target)
- c - to perform active surveillance for malaria (by at least one monthly visit) covering at least 90% of household in control zones showing an API of >20% by 1983, (an example of an operational (service) target)
- d - to have control programme fully staffed with trained personnel by 1981
- e - to have all units adequately equipped by 1981.  
(e. and d. are examples of input targets related to a definite plan specifying staff and equipment).



6.1 To reach these targets (i.e. fulfil your expectation), which of the following specific type of activities are in use now?<sup>5</sup>

- a- Control techniques, e.g.:
  - Vector Control (adults)
  - Vector Control (larvae)
  - Drug Administration
- b- Surveillance and Monitoring
- c- Laboratory Support
- d- Etc....

ii List the above in order of importance (both in terms of resources committed and of expected impact on problems).

iii Do you expect to introduce new activities by 1983, or to modify their order of priority? If so specify.

7.1 To support this programme, what are you doing now by way of:

- Research
- Manpower Development including training

ii What changes, improvements or expansions in these support activities do you expect to bring about between now and 1983?

8. In the light of present WHO collaboration, do you envisage:

- a start
- an end
- a modification:
  - in extent
  - in direction

in the WHO collaboration in this domain between now and 1983?

If so, indicate the main features of this collaboration, its timing or duration, and specify the resources expected from WHO.

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<sup>5</sup> The main type of activities - e.g. control techniques appropriate to each element of (1) above should be listed here in accordance with the detailed list prepared by Regional Offices.

9. For Communicable Disease as a whole, please indicate:

- the order of importance of the problems underlying the components already described
- the order of priority of the components given
- the allocations (in descending order of magnitude) of resources to each component now, and anticipated by 1983, taking into account:
  - national resources,
  - total resources (i.e. national + external contributions).

B. Tabulation of Results of Investigation (by Country)

Country:

Programme Component:

NATIONAL PROGRAMME			WHO COLLABORATION			
Objective(s) Target(s) Activit(ies)	Resource level	Dates (or periods)	Corresponding WHO activity YES/NO	Qualitative description of WHO activity where indicated	Period of cooperation required	Quantification of resources called for
<div style="border-top: 1px dashed black; border-bottom: 1px dashed black; border-left: 1px dashed black; border-right: 1px dashed black; height: 100px;"></div>						

7.

C. Synthesis of Country Investigations

Programme Components:

In relation to: Planning - Implementation - Evaluation

<u>Objectives*</u> <sup>6</sup> <u>Corresponding Targets*</u> <sup>6</sup> <u>Activities called for</u>	<u>Output Indicators</u>	<u>Locations</u>	<u>Times</u>	<u>Resources</u>
		(specific- countries/ Inter- country	(periods)	

\*<sup>6</sup> These may already be stated and formulated in regional programme profile, prospectively extended to 1983 if necessary.

Additional information required from each country.

For CD control generally

- a. what is the ranked order of importance of the problems underlying the components described in "b"?
- b. what is the order of priority assigned to the programmes described?
- c. Allocations of resources (in descending order of magnitude)

	in 1978 or 1979		by 1983	
	National resources	Total (incl. external contributions)	National resources	Total
Prog. N1				
N2				
N3				
N4				
N5				
N6				

d. Briefly describe (on separate sheets of paper if necessary) points you consider important in the following list:

- The organization set up in the country to deal with MTP/CDC.
- The briefing given to the national group
- Any additional sets of questions or explanations you had recourse to.
- Your own comments on strengths or weaknesses of national programmes as elicited
- Specific national views on MTP of relevance to WHO.
- Follow up arrangements, including names of most helpful or valuable contacts established (official or other).

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**GROUP BRIEFING MEETING FOR THE PREPARATION OF THE  
REGIONAL MEDIUM TERM PROGRAMME FOR COMMUNICABLE DISEASE CONTROL**

Alexandria, 30 January - 3 February 1979

Summing-Up Note

## 1. Purpose and Conduct of Country Visits

### 1.1 Purpose

1.1.1 The overall purpose of the visits is to prepare a Regional MTP/CDC in communicable disease control based on a WHO-country collaboration within the framework of technical cooperation.

The immediate purposes, i.e. to be achieved during the visits would be:

1.1.2 To elicit the Government's intentions or commitment in their national communicable disease control programme over the next five to six years (including 1983) based on, or going beyond existing country health programmes, as well as to obtain an indication of WHO's most fruitful fields and means of collaboration.

This would allow WHO to use its resources most efficiently to support countries' programmes. It may be difficult for countries to identify programme areas for collaboration with WHO running up to 1983. It is to be remembered, however, that provisions will be made for periodic reviews of the MTP.

1.1.3 To gain a better insight concerning communicable diseases in the country than is at present available to WHO. Again a better understanding of countries' problems as they exist and as they are viewed by the Governments would help WHO in formulating an effective programme of technical cooperation. This may be more easily obtained in countries where a Country Health Programming exercise or a similar national undertaking has been conducted.

1.1.4 To assess, at least provisionally, the magnitude of collaborative effort required from WHO. Also, an idea of the country's expectations from other external resources would be helpful.

1.1.5 To identify points of contacts within the Ministry of Health/national CDC programme. In this way, a national base for continued contacts and joint programming in communicable diseases prevention and control with the WHO Regional Office would be established and strengthened.

### 1.2 Conduct

1.2.1 EMRO has suggested to Governments to form a national committee or an

appropriate body for the purpose. Ideally this body would be a permanent structure and would form the contact base (see 1.4 above) for a continued dialogue with WHO. Wherever present, the WHO Programme Coordinator and WHO staff members should be involved from the beginning. The steps to be followed would be:

1.2.2 To establish a working programme for the visit. This may have been done by the Government in consultation with the WHO Programme Coordinator, where there is one. In either case, the programme of work has to be closely scrutinized as the period allocated to the visit is a short one.

1.2.3 To brief the nationals on WHO's Sixth General Programme of Work, the WHO MTP process, WHO Priority Programmes and the WHO CDC Programme Classification Structure. The WHO Programme Coordinators, wherever available, may have already briefed the Government on all or some of the points. The briefing of nationals should take the first 1 - 2 days and may include agencies other than the Ministry of Health.

1.2.4 To elicit the involvement of the "decision makers". They may not be on the Committee formed by the Ministry for the purpose. Therefore, they should be as fully informed as possible. This will ensure strong national support to the exercise. Again discussions may not be limited to the Ministry of Health but together with people from the Ministry of Health information and cooperation from other ministries, planning boards, etc.. should be sought as may be necessary.

1.2.5 To write up (basically through filling up of the forms) the outcome of the discussions. The responsible national committee (body or individuals as the case may be) should participate in preparing, reviewing and changing the draft as may be required.

For typing, the Office of the WHO Programme Coordinator or of the UNDP representative in case there is no WHO Programme Coordinator, should be approached. The Ministry of Health may also provide typing facilities.

1.2.6 To seek the Ministry's of Health agreement, at least in principle, on the drafts of filled forms. Before doing so, the Government (and the visiting WHO Consultant/staff member) should clearly note the implications in terms of funds and staff, at least the general range of magnitude if not the exact figures.



1.2.7 No detailed report on the country visits is required but the form should be used and filled. Filled forms should be despatched together with additional information to EMRO (by WHO pouch from the country or from Geneva) as early as possible. The deadline for receiving the forms has been set at mid-March. There will be no need for revisits to EMRO for debriefing unless it is considered essential for specific reasons. Likewise, if there is need for extension of stay in the country, EMRO's approval may be obtained by cable.

1.2.8 To assess the degree of Government's interest in the Regional MTP on Communicable Diseases Control and to identify senior responsible nationals who would be interested and available, in principle, to attend a restricted meeting in EMRO in late May - early June 1979 to review the final draft of the regional MTP/CDC (a total of 3-5 selected senior nationals may be invited to such a meeting if required) and possibly to participate later in introducing it to the Meeting of the Regional Committee in October 1979, should this be decided.

2. Points emphasized during the meeting that should be particularly taken care of during the country visits:

2.1 The success of consultations with the Governments and finally the formulation of a realistic Regional MTP/CDC will depend on full national participation in the process. The Governments should freely choose the programmes, sub-programmes and activities where they would like WHO to collaborate.

2.2 MTP should predominantly reflect WHO activities to be carried out in collaboration with countries. Therefore, country discussions should concentrate on areas where WHO collaboration is requested by the Government. It is a joint exercise in which the nationals are to assist WHO in making its Regional MTP/CDC.

2.3 In the dialogue with the Governments, the period 1979-1983 should be considered as the MTP span. However, a number of countries would have their approved socio-economic development plans which may or may not include national health plans. These national plans may not necessarily coincide with the MTP period. Also in a number of countries, plans of operation for specific CD programmes for periods of up to five years have been signed (or are being negotiated) by the Government and WHO.

2.4 We are now in the year 1979 and the Regional and Global MTP may be approved only near the end of the current year. The Regional Programme Budget is already approved through 1981. However, discussions with Governments should allow changes and inter-changes of allocations within the WHO CD budget for the countries for the years 1979, 1980 and 1981 as may be required. It is understood that the Government's agreement to a WHO MTP will not preclude other requests from countries or WHO's favourable response to them.

2.5 The visitor should make an independent review of the existing CDC programme which may be receiving WHO collaboration during the years 1978-1983. The review should be made in cooperation with individual programme managers, i.e. responsible nationals.

2.6 The purpose of the above review is to get information from the country concerning:

- (a) eventual changes or additions in the existing programmes for 1979-1981 already budgeted for by WHO, and,
- (b) proposals for the years 1982-1983 for continuation of existing projects/programmes, changes or new projects.

2.7 In certain situations, the visitor may have to brief the nationals on specific CDC programmes and sub-programmes, in detail. This should be encouraged as it would help Governments to select suitable programmes and identify possible WHO collaboration.

2.8 It is not essential that national inputs into the Regional MTP follow the entire CDC classification structure programme by programme. Instead it should limit itself to priority programmes selected by Governments for WHO collaboration.

2.9 Each country may have a different classification structure for its CDC programme and therefore while discussing with Governments, one should follow the national classification and later adapt the agreed inputs to the WHO CDC programme structure and enter it in the special form accordingly.

2.10 The visitor should not commit WHO to any change in ongoing projects or to new projects, but should collect the information and transmit the country's proposals to EMRO.

2.11 The visitor should concentrate on the essential elements of the programme and should not go deep into the technical details. One should not spend unduly long time on areas where information is available and Government interest is confirmed, but should have a balanced overall view of the communicable diseases control programme as a whole and its components.

2.12 It is important to avoid raising high expectations with regard to the volume of WHO support. Constraints, particularly resource constraints, may fire back in under-delivery. Due attention should be paid to WHO budget as it indicates WHO financial limitations.

2.13 While estimating required resources, one should not spend much time on details but may limit oneself to the likely magnitude of resources (financial, personnel, etc...)

2.14 WHO resources whether regular, from the voluntary fund or channelled through WHO (e.g. World Bank, UNDP, etc...) should be outlined as may be applicable. However, this should not become some kind of budgeting exercise and only broad financial allocations would need to be specified.

2.15 Integration of a certain programme with other(s) should be emphasized only if the integration is of significant magnitude and value.

2.16 The supporting programmes (e.g. epidemiological surveillance, VBC, TDR, laboratories) will cut across other programmes. Therefore, cross references between programmes are essential.

2.17 There may be two or more closely-related projects relating to one programme or sub-programme area, e.g. malaria control programme, vector biology and control, TDR. These projects should be considered together or, if considered independently, should be cross-referenced.

2.18 The questionnaire should be used as general guidelines for discussion with the nationals and for filling up the forms. It should not be used as an operative manual.

2.19 Filling the forms should not, of course, be some sort of mechanical exercise, listing Governments' wishes as they are conveyed. Visitors should actively participate in the discussions and advise the nationals as necessary. There should be frank exchange of views on how sound, realistic and feasible the various proposed programmes, sub-programmes and activities are thought to be as well as the implications of WHO collaboration.

3. Background and Reference Documents

3.1 On WHO Policy, CDC Programme Classification Structure and MTP Format and Presentation

- Sixth General Programme of Work covering a specific period (1978/83)
- Revision of the Provisional Working Guidelines for WHO's Medium-Term Programming (PWG/3/15)
- Meeting on Medium-Term Programming for Communicable Diseases Prevention and Control, Alexandria, 23 - 27 October 1978.

3.2 On Regional CDC Programmes

- Respective CDC programme profiles.
- Special notes prepared by Regional Advisers illustrating objectives, targets and activities in their programme areas.

Quick Reference Guide to Background Documents

3.3.1 Glossary of terms : 6th GPW p.109 : please note following interpretations :

- (a) Objectives should be worded so as to present a clear end-point, quantify if possible in terms of health impact.
- (b) Targets should be quantified and represent specific values of at least some of the output indicators chosen.
- (c) Activities should be given a duration, but also located in time (starting and completion dates)
- (d) Resource-levels describe if possible in monetary terms and/or terms of full time man-equivalents (people committed).
- (e) WHO collaboration : -the range of WHO activities may be narrower, and the duration shorter than the corresponding national activity

- WHO resources : try at least to put on this an order of magnitude (e.g. in financial terms) and to differentiate between technical collaboration and material or financial assistance/participation.

3.3.2 Format of CDC MTP presentation - CD/MTP/78.1 p.12

3.3.3 WHO Programme Classification Structure for CD control - CD/MTP/78.1 p.10

3.3.4 Approaches suitable for WHO action - PWG/3/15 pp. 16-18

3.3.5 Criteria for programme analysis - PWG/3/15 pp. 20-25

TIME SCHEDULE FOR THE PREPARATION OF THE  
REGIONAL MTP/CDC

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30 January to 3 February 1979	Group Briefing Meeting for the Preparation of the Regional Medium-Term Programme for Communicable Disease Control, Alexandria
February/March	Country visits
15 March	Receipt of filled forms and additional information on country visits
15 March - 15 May	(a) To prepare the first Draft of the Regional MTP/CDC (b) Further consultations with Governments as may be required
Late May	Regional Meeting for the review of the Draft Regional MTP/CDC, if required.* Preparation of Final Draft
30 May	Despatch of Final Draft of MTP/CDC to WHO/Geneva

\* Subject to Regional Director's approval.