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**WORLD HEALTH  
ORGANIZATION**



**ORGANISATION MONDIALE  
DE LA SANTÉ**

MEETING OF WHO REPRESENTATIVES  
AND PROGRAMME COORDINATORS

EM/MTG.WRPCs/PRESENTATION

MONITORING/IMPLEMENTATION AND EVALUATING EFFECTIVENESS  
OF STRATEGY OF HFA/2000 AT COUNTRY LEVEL

by

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Pakistan, as for all other member states, is engaged in developing and updating strategy for attaining the Health for All by the Year 2000, which is also a part of overall medium term economic development plans called 5 year plans. Pakistan in the formulation of the Fifth Five Year development plan had incorporated the national strategy for Health for All, and the strategy is based on the utilization of doctors, paramedicals and community health workers in a systematic way to provide health care to the population. This system was to be linked with the hospital system through referral and management process.

2. The Sixth Five Year Plan is now being formulated and is to be launched in July 1983. Although the planned targets for achievement of the Health for All By the Year 2000 could not be adequately implemented during the planned period, still a start has been made. The national goal is quite clear in this respect and efforts will be made to implement the targets planned in the Sixth Five Year Plan.

3 Country's health system has had several reviews and especially the entire Health Sector is thoroughly reviewed at the time of formulation of successive 5 year plans. Expert Panels are constituted to review and formulate the recommendations on various sub sectors. Keeping in view the high proportion of total morbidity and mortality, several components of Primary Health Care have received priorities for the importance in respect of achieving the targets. These are Accelerated Health Programmes consisting of EPI, control of diarrhoeal diseases through ORS and training of dais. In addition nutrition education and the health education programmes have been instituted.

4 Although the Government is politically committed to establish a suitable organizational framework and management process for national health development and particularly to the Primary Health Care, for the attainment for Health for All By the Year 2000, an assessment is to be made whether there is effective communication between Health Division and other Health Departments within the Health Sector. There should be close cooperation between the Health Sector and others like Agriculture, Animal Husbandry, Food industry, Education, Housing, Public Works and Communication etc., and demand the coordinated efforts of all those sectors. In addition all the technical sections in the Ministry of Health participated in joint management of Primary Health Care programme to ensure integration of sources, and there should be adequate involvement of all professional groups and departments in research and source funding relevant to the development of Primary Health Care.

#### RESOURCES ALLOCATION

5. Expenditure on health has been low. Percentage of G.N.P. spent in health is around 0.6% only. It has been 3 - 4 percent of total development outlay and 2 percent of revenue budget. The fifth 5 years plan allocation (1978-83) for the health sector was PAK RPS 66 000 000 and for the year 1982-83 PAK RPS 1 189 000.

6 The fundamental problem facing the public health sector is a low allocation of funds, both developmental and operational/recurring. The allocation of health sector is likely to improve from 0.6% of G.N.P. to at least 1.5% of G.N.P. or 6% of the total plan allocation. This will require also a much larger share of provincial ADPS which will have to be around 20%. Similarly funds for recurring expenditure will also match the efforts on development activities. The local bodies will also be persuaded to take up some load of financing the health services.

#### EQUALITY OF DISPROPORTION

7. There is disproportion of health facilities between the rural and urban populations. The rural population forms about 75% of the total and therefore there is a great need for the development of Primary Health Care services in the rural population. For this, in the fifth 5 years plan, out of a total allocation of 6600 millions the rural health programme was 2623 millions that is about 35% which is likely to increase during the sixth five years plan. Another Pak. Rps 1140 million were spent on health manpower development which includes some amount spent on the training of Primary Health Care workers at BHU or RHC levels. PAK RPS 638 million was spent in preventive programmes including Malaria.

#### COMMUNITY INVOLVEMENT

8. So far, there has been no tradition in the country to involve the communities in the process of planning and implementation of National Health policy. However, frame work for involving people exists in the form of local bodies institutions. These local bodies are now involved in planning health facilities in rural areas. Plans are underway to involve the communities in health sector in such a way that they are able to participate

in the planning and implementation of programmes for prevention of diseases and promotion of health. Some strategies have been evolved which are still to be tested fully and further developed and strengthened.

#### SOCIAL AND ECONOMIC INDICATORS

9. The health situation in Pakistan is characterized by high birth rate, high infant mortality and high child mortality. Similarly there is high maternal mortality and high mortality due to communicable diseases. Infectious diseases have in the past and do at present dominate the morbidity and mortality seen.

#### IMPORTANT DATA

10.	Population	83 7 million (1981) census
	Area	307374 sq. miles or 795791 sq.Km.
	Average population density	272.5 persons per sq. mile 105.2 persons per sq.km.
	Infant mortality rate	90 per 1000 live birth
	Children mortality (1-4 years)	10 per 1000
	Life expectancy at birth	Male 54.6 - female 54.5
	Pregnant and lactating women	Services for advice and assistance in health and antenatal care 26%
	Services for delivery by trained personnel including (TBAS)	20-24% (majority by TBAS)
	Maternal mortality	6-8 per thousand
	Post natal care services	negligible
	Crude birth rate	39 per thousand
	Annual growth rate	3%

#### WATER AND SANITATION

11.		Urban%	Rural%	Total population %
	Portable water supply	77	22	38
	Sewerage facilities	48	4	16

#### EDUCATION

12. Literacy	24%		
Percentage enrolment children 5-9 years	TOTAL 50	MALE 66	FEMALE 32
Percentage enrolment in secondary school	23 3	31.8	13.7

#### NUTRITION

13. Total calories per day	2430
Total protein per day	62 84 grams
Total protein per day	13.09 grams

#### FOOD AND NUTRITION

14. It plays an important part to the overall health status. It is more so in the low income groups and the vulnerable population that is pregnant and lactating mothers and pre school children. There exists mild to severe malnutrition under specific geographical condition. It is however being taken care of by inputs of World Food Programme by the adequate supply of wheat, butter oil and powdered milk to the vulnerable population. Malnutrition still remains a problem in urban slums and certain geographical areas. Specific programmes are required to improve nutritional status with mother and nutritional institutes.

#### ORGANIZATIONAL FRAMEWORK AND MANAGERIAL PROCESS

15. The Government of Pakistan being politically committed to establish a strategy for attaining of health for All by the Year 2000 is taking necessary steps at National, Provincial, district and local community level to establish a suitable organizational framework and managerial process for National Health Development. In fulfillment of this important function of mobilizing professional and public support for and participation in the development and control of the new policies and strategies; the Government has now formulated National and Provincial Health councils accountable to the Ministry of Health and Provincial Health Department. These Councils are composed of personalities representing a wide range of interest in the field of health and political,

economic and social Affairs This is done through various levels of inter Ministerial and inter departmental bodies responsible for reviewing various programmes and approving them. Such coordination also exists at district level through local bodies called district council. At field level except in isolated places such coordination is still to be developed

The decentralization at the community level should also help and develop community based health services equally distributed throughout the country, and may help in finding out less endowed areas, which may warrant special allocation for the planners.

#### PROVISION OF HEALTH CARE

16 In order to meet the broader objectives of providing health care to all, there is a fundamental need to remove the general scarcity of adequate health services. It is therefore essential to establish a nation-wide integrated system of health care which should provide systematic link between the village community and the superstructure of the modern health system This should involve a nation-wide expansion in terms of physical infrastructure properly equipped and staffed by adequately trained and motivated persons Besides increase of capital expenditure and revenue budget to meet the expenses it may be justified to charge from the health users especially for maintenance and operational cost. In addition private sector may have to be given a special incentive so that it contributes effectively and plays a supplementary role to the Public Health Sector.

#### NATION-WIDE HEALTH CARE

17. The Nation-wide health care for the sixth plan will provide a systematic link between the village community and modern hospital system Depending upon the density and scatter of the population, a basic health unit (BHU) will be provided to serve a population about five thousand to ten thousand. Again depending on the terrain and communications 5 to 10 BHUs will be linked to rural Health Centres which may have upto 25 beds, with laboratory, minor surgery and diagnostic facilities The RHC will be linked to Tehsil and district Headquarters hospital, which will have all medical facilities

All existing facilities such as dispensaries and MCH Centers etc., will be upgraded as the BHUs. The new and upgrade BHUs will be staffed by a Doctor with 2 - 3 paramedicals/medical technicians while RHC will play a pivotal role and act as focal point in the national health care system. The present EPI, diarrhoeal control, TBAs training, malaria control and tuberculosis control programmes will become part of the national wide health care system

#### PRIMARY HEALTH CARE

18. It will be provided through the BHS and RHC in the rural area and will include the following through health outlet in urban areas the maternity child health centers, qualified practitioners of modern and traditional medicine, polyclinic and hospital out-patients will provide the primary health care.

The Primary Health Care will include the following health outlets:

- I Health Education
- II Promotion of proper nutrition
- III Maternity Child Health Care including child spacing
- IV Immunization against major infectious diseases
- V Diarrhoeal control
- VI Care of sick
- VII Supply of essential drugs

The adequate supply of safe water and basic sanitation will be covered through the coordination with physical planning and housing sector.

#### PREVENTIVE PROGRAMMES

19. All the children under five years should be protected against the six preventable diseases during the plan period. Malaria Control Programme will have to be continued till such time that the health infrastructure develops. Another important facility of Maternity Child Health Care should be strengthened. Help during pregnancy, child birth and postpartum care should form part of the essential elements of the preventive programme. The case of children below the age of five years require special attention particularly the nutrition aspects

#### ROLE OF LOCAL BODIES

20 Local bodies should be made responsible for the Primary Health Care management in the rural areas, whereas in the urban areas the local bodies should be made responsible for supply of potable water, sanitation and housing. They should also establish maternity hospitals in the urban areas.

#### STRUCTURAL CHANGES

21 To implement plans structural changes/Adjustments are required at Federal and Provincial levels as discussed earlier. The most important level which requires adjustment is the office of district health officer. This Officer requires support for proper collection of information which should be developed at the district level. Proper planning is required for the design of the information system to be introduced. The support should be in the form of two to three offices - one for MCH and other for planning, monitoring and continuous evaluation. The district officer should be capable to develop all plans for the district with full responsibility for monitoring and evaluation.

#### REFERRAL AND BACK-UP

22 Referral back-up services to rural health network is not adequate. Doctors at the RHC should be able to communicate with the Tehsil or district hospitals whichever is nearer. Mere provision of an ambulance does not serve the purpose. The communication link should be preferably by telephone.

#### TEHSIL/TALUKA AND A DISTRICT HOSPITAL

23 These being the first contact where referral cases will be made by RHCs need to be strengthened. Additional doctors need to be posted for emergency care and at least three basic specialities in addition to updating the diagnostic facilities. This will then make up these hospitals suitable for training to fresh graduates as house surgeons/physicians in a number of specialities.



ACCESSIBILITY AND GEOGRAPHICAL DISTRIBUTION OF THE REFERRAL FACILITIES

24. These are the indicators of adequacy of support for Primary Health Care. Like the availability of the PHC, the physical accessibility of referral facility need to be defined, that is the emergency referral to be no more than one or two hours travel time (vehicle support) from either a peripheral health facility or a village settlement.

Objectives

25. In terms of final results health and inter-related programmes of the Sixth Five Year Plan will have the following objectives

- 1) To make available the services of qualified doctors to every one alike in rural and urban areas.
- 11) To reduce the crude death rate from the present 11 per thousand to about 9 per thousand.
- 111) To reduce the infant mortality from 90/1000 live-birth to 50/1000.
- 1v) To increase the life expectancy from 54-55 years to a little over 60 years.
- v) To reduce the communicable diseases from the present 30% to a negligible level.
- vi) To protect all the children and the new borns every year against 6 preventable diseases of childhood on a regular basis.
- vii) To reduce 3rd degree malnutrition among the children to a negligible level.
- viii) To control goitre and anaemia.
- ix) To provide assistance during child birth to every mother by trained birth attendants.
- x) To improve the quality of medical education by removing the existing deficiencies in teaching institutions

Targets

26. The physical infrastructure needed to meet the requirements of a nation-wide network will be as follows

- i) Construction of 2665 new BHUs with attached residences for doctors and staff.
- ii) Construction of 625 new rural health centres.
- iii) Construction of about 3500 doctor's residences at existing BHUs, MCH centres, Dispensaries and Sub-centres.
- iv) Upgrading of about 1730 MCH centres, Sub-Centres and dispensaries as BHUs.
- v) Conversion of about 890 MCH centres and sub-centres and dispensaries into basic health units.
- vi) Provision of 4000 teaching beds in the existing medical colleges to upgrade their training and health care facilities.
- vii) Improvement of 75 district headquarters hospitals and 223 tehsil headquarters hospitals to convert them for referral care and teaching of under-graduates.
- viii) Hostel accommodation for 2500 house surgeons/ physicians and 500 trainee registrars.
- ix) Private sector will be stimulated to develop 20,000 hospital beds with 750 polyclinics and 10,000 clinics to be manned by one or 1-2 doctors. This includes the Aga Khan Hospital Complex with 710 beds.

Financial implications of Public sector programme:

27. To improve the conditions, and not allowed to deteriorate, an investment of Rs. 15-16 billion for health facilities is considered the minimum. In addition, Rs 0.5 billion (Rs. 0.25 billion to be generated by project aid) will be required for salt iodization, removal of 3rd degree malnutrition and certain specific problems of some geographical areas.

Role of WHO Representative and Programme Coordinators to Provide Support

28. Ministry of Health was repeatedly advised to finalize the Progress Report for Implementation Strategy of Health for All by the Year 2000 in the line of the WHO Document DGO/82.1. In this regard all help and assistance was placed at the disposal of the Ministry for the preparation and Implementation of the National Strategy. The report could however be prepared after a joint study of the document and careful assessment of the National Health Policies and their relevance to achieve the National goal for Health for All By the Year 2000.

THE FOLLOWING TABLES GIVE THE PHYSICAL AND  
FINANCIAL ACHIEVEMENTS DURING THE FIFTH YEAR PLAN

(1978 - 83)

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## FINANCIAL

Sub-Sector	Rs. Million)				
	Plan Allocation	Total Fifth Plan	1982/83		
	Annual plan Allocations	Annual Implemen- tation	Allocation	Estima- ted Imple- mentation	
(1) Rural Health Programme	2,623	1283.703	1,224	253.319	227.947
(2) Health manpower development	1,603	1209,403	1,140	272.518	245.400
(3) Hospital beds including teaching hospitals	1,617	1279.893	1,222	338,537	304.684
(4) Preventive Programme including MAL	552	686.957	638	254.237	254.000
(5) Medical Research	95	96.318	76	27.510	24.760
(6) Miscellaneous	110	130.601	123	43.714	39.343
Total	6,600	4,687	4,423	1189.835	1096.134

# PHYSICAL ACHIEVEMENTS

Item Unit	Benchmark for 1977/78		1982/83		Plan Total/ releван-	
	Fifth Plan estimate	Revised actual	Target	Estima- ted Achie- vement	Plan Target	Estimated Achievement
1) BHU VACH Centre clinics	5,850	4,872	414	360	4,596	1617 35.2%
2) S	289	168	44	32	625	206 33.0%
3) Hospital beds	46,092	46,092	2,154		25,820	5,308 20.0%
4) Doctors/Dental surgeons	13,971	13,971	3,913	3,913	13,512	10,203 75.5%
5) Nurses	4,300	4,300	1,165	1,165	4,780	4,246 88.8%
6) Paramedics	24,428	24,428	2,980	2,980	24,886	13,576 54.5%
7) C.V's/Dais		9,500	8,000	5,000	50,371	5,500 10.9%

## PAKISTAN

A FEDERATION OF 4 PROVINCES AND FEDERAL  
ADMINISTERED AREAS.

<u>PROVINCES</u>	<u>DISTRICT</u>	<u>TEHSILS</u>
PUNJAB	27	75
SIND	15	68
NWFP	18	61
BALUCHISTAN	16	94

PAKISTAN  
IMPORTANT DATA

POPULATION 83.78 MILLION (1981)  
CENSUS

AREA 307,374 sq. MILES OR 795,791 sq KM

INFANT MORTALITY RATE: 90 PER 1000 LIVE  
BIRTH

MORTALITY IN CHILDREN (1-4 YEARS)  
10 PER 1000

LIFE EXPECTANCY AT BIRTHS

MALE

FEMALE

54.6

54.5

LIFE EXPECTANCY BETWEEN 5-9 YEARS

MALE

FEMALE

59

58



## A. PREGNANT AND LACTATING WOMEN:

- |      |  |                                   |
|------|--|-----------------------------------|
| i)   | SERVICES FOR ADVICE AND ASSISTANCE IN HEALTH AND ANTE-NATAL CARE.                        | 26 %                              |
| ii)  | SERVICES FOR DELIVERY BY TRAINED PERSONNEL INCLUDING TRADITIONAL BIRTH ATTENDANTS (TBAs) | 20-24 %<br>(MAJORITY BY TBAs)     |
| iii) | MATERNAL MORTALITY   | 6 - 8 %<br>THOUSAND<br>LIVE BIRTH |
| iv)  | POST-NATAL CARE SERVICES   | NEGLECTIBLE                       |
| v)   | CRUDE BIRTH RATE   | 39 %                              |

	<u>URBAN %</u>	<u>RURAL %</u>	<u>TOTAL POPULATION %</u>
1. PORTABLE WATER SUPPLY	77	22	38
2. SEWERAGE FACILITIES	48	4	16
3. EDUCATION :			
i) LITERACY	24		
ii) PERCENTAGE ENROLE- MENT CHILDREN 5-9			
	TOTAL	MALES	FEMALES
	50	66	32
iii) PERCENTAGE ENROLE- MENT IN SECONDARY SCHOOLS	23.3	31.8	13.7

# AVERAGE PER CAPITA CALORIES & PROTEIN CONSUMPTION

AVERAGE PCC/DAY (1982-83)

	<u>QUANTITY</u> (grms)	<u>PROTEIN</u> (grms)	<u>CALORIES</u>
CFREALS	434.15	44.12	1540
PULSES	17.85	3.91	62
SUGAR (REFINED & RAW)	100.59	-	368
OIL & Fats	22.00	-	196
MILK (ALL SOURCES)	148.66	5.73	119
MEAT & FISH	40.06	7.36	81
FRUIT & VEGETABLES	166.31	1.72	64

TOTAL CALORIES PER DAY : 2430

TOTAL PROTEINS PER DAY : 62.84 grams

ANIMAL PROTEINS PER DAY : 13.09 grams

THESE AVERAGES, HOWEVER, HIDE THE INEQUITABLE DISTRIBUTION AMONG VARIOUS SEGMENTS OF THE SOCIETY AND ALSO WITHIN THE FAMILY).

POPULATION-WISE HEALTH FACILITIES AT THE BEGINNING AND END  
OF THE SIXTH FIVE YEAR PLAN

	<u>BENCH MARK 1983</u>	<u>POPULATION PER FACILITY</u>	<u>END POSITION 1988</u>	<u>POPULATION PER FACILITY</u>
1. HOSPITAL BEDS	51,400	1,790	66,870	1,585
2. RURAL HEALTH CENTRES	374	246,059	999	73,800
3. BASIC HEALTH UNITS/SUB- CENTRES/MCH CENTRES/ DISPENSARIES	6,734	12,943	10,872	9,750
MANPOWER				
1. DOCTORS	20,000	4,600	41,000	2,503
2. PARAMEDICS	38,000	2,422	78,000	1,316
3. NURSES	5,530	6.4 (beds per nurse)	10,530	5 (beds per nurse)
4. TBA	15,000	1 FOR 3 VILLAGES	45,000	ONE TBA/ VILLAGE

SUB-SECTOR-WISE PROPOSED ALLOCATIONS FOR SIXTH  
FIVE YEAR PLAN 1983-88 (HEALTH & NUTRITION)

HEALTH

S.No.	SUB-SECTOR	(MILLION RS.)		
		THROWFORWARD	NEW PROGRAMMES	TOTAL
1.	MEDICAL EDUCATION	1,058	537	1,595
2.	HOSPITAL BEDS INCLUDING TEACHING BEDS	720	3,533	4,253
3.	PREVENTIVE PROGRAMMES	332	729	1,061
4.	RURAL HEALTH PROGRAMME	1,093	6,192	7,285
5.	MEDICAL RESEARCH	13	100	113
6.	PROVISION OF DENTAL CARE IN THE EXISTING FACILITIES	-	300	300
7.	TRADITIONAL MEDICINE INCLUDING RESEARCH	87	363	450
8.	MISCELLANEOUS	93	100	193
TOTAL		3,396	11,604	15,250

<u>NUTRITION</u>		(MILLION RS)
1.	NUTRITION EDUCATION	10.00
2.	GOITRE CONTROL AND FOOD FORTIFICATION TO CONTROL ANAEMIA AND AVITAMINOSIS	260.00
3.	NATIONAL INSTITUTE OF HUMAN NUTRITIONAL SCIENCES AND TRAINING OF MANPOWER	100.00
4.	MISCELLANEOUS	130.00
	TOTAL	<u>500.00</u>

OPERATIONAL EXPENSES IN 1988-89 WILL BE AS FOLLOWS:-

<u>TYPE OF FACILITY</u>	<u>OPERATIONAL COST</u>	<u>MILLION RS</u>
i) 7,000 BHUs	at Rs 0.125 million per annum	875
ii) 999 RHCs	at Rs 0.300 million per annum	300
iii) 17,000 TEACHING BEDS	at Rs. 50,000 per annum	850
iv) 15,770 non-teaching beds in DHQ/THQ HOSPITALS	at Rs. 30,000 per bed	315
v) DRUGS AND MEDICINE FOR THE PUBLIC HEALTH SYSTEM		500
vi) DISTRICT, PROVINCIAL HEADQUARTERS, HEALTH DIVISION AND OTHER CONTINGENCIES		500
		<u>3,340</u>

## OBJECTIVES

IN TERMS OF FINAL RESULTS HEALTH AND INTER-RELATED PROGRAMMES OF THE SIXTH FIVE YEAR PLAN WILL HAVE THE FOLLOWING OBJECTIVES:

- i) TO MAKE AVAILABLE THE SERVICES OF QUALIFIED DOCTORS TO EVERY ONE ALIKE IN RURAL AND URBAN AREAS.
- ii) TO REDUCE THE CRUDE DEATH RATE FROM THE PRESENT 11 PER THOUSAND TO ABOUT 9 PER THOUSAND.
- iii) TO REDUCE THE INFANT MORTALITY FROM 90/1000 LIVE BIRTH TO 50/1000.
- iv) TO INCREASE THE LIFE EXPECTANCY FROM 54-55 YEARS TO A LITTLE OVER 60 YEARS.
- v) TO REDUCE THE COMMUNICABLE DISEASE FROM THE PRESENT 30% TO A NEGLIGIBLE LEVEL.
- vi) TO PROTECT ALL THE CHILDREN AND THE NEW BORN EVERY YEAR AGAINST 6 PREVENTABLE DISEASE OF CHILDHOOD ON A REGULAR BASIS.
- vii) TO REDUCE 3RD DEGREE MALNUTRITION AMONG THE CHILDREN TO A NEGLIGIBLE LEVEL.
- viii) TO CONTROL GOITRE AND ANAEMIA.
- ix) TO PROVIDE ASSISTANCE DURING CHILD BIRTH TO EVERY MOTHER BY TRAINED BIRTH ATTENDANTS.
- x) TO IMPROVE THE QUALITY OF MEDICAL EDUCATION BY REMOVING THE EXISTING DEFICIENCIES IN TEACHING INSTITUTIONS.



8

MONITORING PROGRESS FOR  
IMPLEMENTATION OF STRATEGY FOR  
HFA/2000

1. Political Commitment

<u>Consti- tution</u>	<u>Party</u>	<u>YES (but not defined)</u>	<u>Act</u>	<u>Head of State</u>	<u>(not repor- ted)</u>
13	1	4	1	1	3

2. Strategy Plan of Action  
Formulated with PHC as key

<u>YES</u>	<u>NO</u>	<u>Not very strong</u>	<u>Not prepared</u>
17	2	2	2

(3 at phy-  
sician level)

3. Equitable Distribution  
of Services and  
Resources

<u>Good</u>	<u>Fair</u>	<u>Bad</u>	<u>Not Reported</u>
10	9	1	3

4. Community Participation  
in Planning, and  
Implementation of Strategy

<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Reported</u>
15	3	2	3

Party	<u>Specified Through</u>		
3	Mass Organizations	Local Councils	
	2	4	

5. Reorientation of Training  
Towards PHC

<u>YFS</u>	<u>Fair</u>	<u>NO</u>	<u>Not Reported</u>
15	4	1	3

6. Coordination within  
Ministry of Health

<u>Good</u>	<u>Fair</u>	<u>Weak</u>	<u>Not Reported</u>
17	1	2	3

7. Intersectoral Coordination

<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Reported</u>
17	2	1	3

8. TCDC & ECDC

<u>YES</u>	<u>Fair</u>	<u>NO</u>	<u>Not Reported</u>
15	2	3	3

of 15 yes Gulf Arab Europ Not.  
Council 5 Funds4 Cnts.2 def. 4

ANALYSIS OF INDICATORS IN THE FIRST REPORTS FOR  
MONITORING PROGRESS IN IMPLEMENTING THE STRATEGIES

9

(Figures set for the Global Indicators, and the "Safe Zones", are heavily marked)

Countries represented by signs: X = Data from Reports , \* = Data from other sources

<u>Indicator 3.</u>	No data	2	3	4	5	6	%
Percentage of GNP spent on health	X X X X X X X X X	X X X	X	X X X X	X	X	X
<u>Indicator 4</u>		10	20	30	40	50	%
Percentage of national health expenditure devoted to local health care	X X X X X X X X X	X	X X X X	X X	X X X		X
<u>Indicator 8</u>		60	70	80	90	95	%
The nutritional status of children is adequate (a) birth weight of new-born at least 2 500 gr	X X X X X X X X X X X	X			X X X	X X	X X X
(b)		30	50	70	90	95	%
Children under 5 having wt-for-age corresponding to reference values	X X X X X X X X X X X X		X		X	X	X
<u>Indicator 9</u>		150	100	75	50	30	%
Infant-mortality rate		X X X X *	X X X *	X X *	X X	X	X X X X
<u>Indicator 10</u>		45	50	55	60	70	yrs
Life expectancy at birth		X	X X X X *	X X * *	X X X X	X X X X	X X
<u>Indicator 11:</u>		40	50	60	70	80	%
Adult literacy rate	X X X	X X X X X X X *	X	X *	X X X	X	X X
<u>Indicator 12.</u>		200	300	400	500	1000	\$
The GNP per head	X		X X	X X X	X X	X	X X X X X X X X X * *

TOWARDS HEALTH FOR ALL BY THE YEAR 2000 -  
ANALYSIS OF INDICATORS IN THE FIRST PROGRESS REPORT  
(cont'd)

Indicator 7: The proportion of the Population for  
whom Primary Health Care is Available  
(Countries represented by signs: X = Data from Reports , \* = Data from other sources)

Aspect	No data	P e r c e n t				
		20	30	50	70	90
Safe drinking water in the home or within 15 min walking distance		X	X X * *	X X * * *	X	X X X * X X X X *
Adequate facilities for hygienic waste disposal in the home or immediate vicinity	X X X X	X X X X * *		X *	X X X	X X X X *
Infants under 1 year fully immunized against D-P-T- Polio	X	* * * * * * X	* *	X *	*	X X X X X X
Measles	X	* * * * * * * * *	*		X X X X X * *	X X
IB	X	X X X * * * * *		* * *	* * *	X X * *
Pregnant women immunized against tetanus	X X	X X * * * * * * * * * * * * * *	*			
Local health care available within one hour's walk or travel	X X X X X X X X X	X X X			X	X X X X X
Women attended during pregnancy & childbirth by trained personnel	X X X X X X X X X X	X X		X	X X X X	X X X
Children cared for up to at least 1 year of age by trained personnel	X X X X X X X X X X X X	X X	X		X	X X X

Resources are equitably distributed.

Elements to be considered for Indicator 5

Distribution of resources devoted to primary health care, namely.

- (a) the per capita expenditure;
- (b) the staff, for example physicians, nurses, community health workers, traditional practitioners and birth attendants, and
- (c) facilities,

whenever possible for geographical areas such as urban and rural areas, and various segments of the population-within them, as well as for various population groups could be shown by means of ranges (maxima and minima) and the national averages.

A table showing the details of distribution would be helpful if attached as an annex. An explanatory note should accompany the information concerning the items included in the figures for expenditure, manpower and facilities.

. .

See also Question 8 on pages 24 and 25

## Indicator 7

The porportion of the population for whom Primary health care is available.

### Elements to be considered for Indicator 7

At least the following indicators should be reported:

- (1) The proportion of the population to which safe drinking water is available in the home or within 15 minutes' walking distance. Safe water supply should include treated surface waters and untreated but uncontaminated water such as that from protected boreholes, springs and sanitary wells. Other sources of doubtful quality should be considered unsafe and not included in the estimate of coverage.
- (2) The proportion of the population to which adequate facilities for hygienic waste disposal are available in the home or immediate vicinity. Facilities are considered adequate if they effectively prevent contact with and access to excreta by humans, animals and insects.
- (3) The proportions of infants under 1 year of age who have been fully immunized against diphtheria (3 doses), tetanus (3 doses), whooping-cough (3 doses), measles (1 dose), poliomyelitis (3 doses) and tuberculosis (1 dose). If the target population includes older children, the age limit used should be specified. In addition, the proportion of pregnant women immunized against tetanus (2 doses) should also be reported
- (4) The proportion of the population to which local health care, i.e. first-level contact including the regular supply of at least 20 essential drugs, is available within one hour's walk or travel.
- (5) The proportion of women who were attended during pregnancy and at childbirth, and the proportion of children cared for up to at least 1 year of age, by trained personnel. The criteria used to judge the adequacy of training of the attendant should be described.



10

A

PROPOSED PROGRAMME BUDGET  
FOR THE FINANCIAL PERIOD 1984-1985

Extracts from document PB/84-85

I consider that this policy of devoting WHO's programme budget to the essentials of the Strategy for Health for All, and to attempts at making the most of all available resources to this end, is not only sound, it is the only realistic policy in view of the world economic situation. I have kept that situation very much in mind in developing a programme budget for 1984-1985 that provides for no real growth in budgetary terms. Indeed, I am presenting proposals for 1984-1985 that represent a slight real budgetary decrease of 0.31% as compared with the 1982-1983 programme budget.

In reaching this result I have been guided by the discussions which took place at the Thirty-fourth World Health Assembly in May 1981. In accordance with the practice followed for the programme budgets for 1980-1981 and 1982-1983, the Executive Board at its sixty-seventh session in January 1981, proposed a draft resolution on tentative budgetary projections for 1984-1985 that would have provided for a maximum real increase of up to 4% for the biennium, plus reasonably estimated cost increases. Delegates at the Health Assembly, however, agreed that there was no need to adopt a resolution, and that the programme budget for 1984-1985 should be developed taking into account both the need to support the essentials of the Strategy for Health for All and the need for budgetary restraint, recognizing the realities of the world economic situation affecting all countries, and, most of all, the least developed ones.

The resources allocated to countries have not suffered from this absence of real growth in the proposed programme budget for 1984-1985. On the contrary, there have been real increases in the total planning figures allocated to countries amounting to 1.7% in global and interregional activities, as compared with the corresponding allocations for 1982-1983.

Unfortunately, the continuing inflation experienced almost everywhere in the world today has obliged me to provide for inflationary cost increases averaging 17.4%. Nevertheless, as a result of certain developments relating to budgetary rates of exchange discussed further below, it has been possible to limit the net total increase of the overall proposed regular programme budget for 1984-1985 to 10.9% (17.4% inflationary cost increase, less 6.2% exchange rate adjustments and 0.3% real budgetary decrease mentioned above). Comparing allocations at various organizational levels, for 1984-1985 with 1982-1983, the greatest increase is 16.7% at country level, followed by 13.9% in intercountry and regional office activities and 3.3% in global and interregional activities.

How does the resulting share of the proposed programme budget for 1984-1985, analysed by organizational level, compare with prior years, in the light of resolution WHA29.48, which called for economies at central levels and increased allocations of the regular programme budget for technical cooperation and provision of services? Whereas global and interregional levels, including the Health Assembly and Executive Board, accounted for 52% of the regular budget in 1976 when resolution WHA29.48 was adopted, and for 37% in 1982-1983, they account for only 34% in the proposed programme budget for 1984-1985.

On the basis of the foregoing, the development of the proposed effective working budget level for 1984-1985 in relation to the effective working budget level for 1982-1983 may be summarized as follows.

		Percentage increase (decrease) as compared with 1982-1983 budget level				
		Cost increase (decrease)		Real	Total	
		Statutory costs and inflation	Rates of exchange	decrease		
US \$	US \$	%	%	%	%	
<u>Effective working budget level for 1982-1983</u>		468 900 000				
<u>Net increase (decrease) in 1984-1985 as compared with 1982-1983</u>						
<u>Regional allocation</u>						
(1) Real decrease	(1 258 600)			(0 27)		
(11) Cost increases						
statutory costs and inflation	57 502 900	12 26				
rates of exchange	(10 810 300)		(2 30)			
Increase	45 434 000	12 26	(2.30)	(0 27)	9 69	
<u>World Health Assembly and Executive Board</u>						
(1) Cost decreases						
inflation	742 200	0 16				
rates of exchange	(965 300)		(0 21)			
Decrease	(223 100)	0 16	(0 21)		(0 05)	
<u>Global and interregional</u>						
(1) Real decrease	(211 600)			(0 04)		
(11) Cost increases						
statutory costs and inflation	23 435 000	5 00				
rates of exchange	(17 234 300)		(3 68)			
Increase	5 989 100	5 00	(3 68)	(0 04)	1 28	
<u>Proposed effective working budget level for 1984-1985</u>		520 100 000	17 42	(6 19)	10 92	

**INTEGRATED INTERNATIONAL HEALTH PROGRAMME:  
ESTIMATED OBLIGATIONS AND SOURCES OF FINANCING**

					1980-1981	1982-1983	1984-1985
					US \$	US \$	US \$
<b>I. ESTIMATED OBLIGATIONS</b>							
	Regular budget programme .	.	.	...	427 290 000	468 900 000	520 100 000
	Other programmes ..	.	.	...	424 791 300	487 238 100	459 670 000
				<b>Total</b>	<u>852 081 300</u>	<u>956 138 100</u>	<u>979 770 000</u>
<b>II SOURCES OF FINANCING</b>							
	<u>Regular budget</u> ..	..	..		<u>427 290 000</u>	<u>468 900 000</u>	<u>520 100 000</u>
	<u>Other sources</u>						
	Pan American Health Organization . .	.	.		121 919 200	165 410 600	151 723 700
	Voluntary Fund for Health Promotion .	.	.	.	80 016 200	84 353 100	83 888 600
	Income from United Nations sources						
	United Nations Development Programme . . .			...	46 520 200	53 132 700	37 208 200
	United Nations Fund for Population Activities				38 048 900	36 911 400	24 095 100
	United Nations Fund for Drug Abuse Control .	.	.		1 560 500	627 800	650 000
	United Nations Environment Programme .			..	2 300 800	2 439 200	3 857 600
	United Nations Children's Fund				368 100	315 100	150 000
	United Nations Emergency Operation ..				371 800	-	-
	United Nations High Commissioner for Refugees .	.			810 300	-	-
	United Nations Disaster Relief Coordinator .				83 100	-	-
	Other United Nations sources .			..	664 700	-	-
	Trust funds . . .	.			103 499 800	108 061 100	124 630 200
	Sasakawa Health Trust Fund	.			5 183 200	5 563 200	4 949 500
	Special Account for Servicing Costs	.			5 634 700	7 383 900	7 424 100
	International Agency for Research on Cancer ..	.			17 809 800	23 040 000	21 093 000
				<b>Subtotal - Other sources</b>	<u>424 791 300</u>	<u>487 238 100</u>	<u>459 670 000</u>
				<b>Total</b>	<u>852 081 300</u>	<u>956 138 100</u>	<u>979 770 000</u>
	Level of call-forwards for health projects as estimated by UNICEF .	.			<u>226 000 000</u>	<u>372 000 000</u>	<u>404 000 000</u>

COST INCREASES, FACTORS AND ASSUMPTIONS (continued)

AVERAGE COST OF STAFF

I Professional staff<sup>1)</sup>

II General service staff

Regional offices, and global and interregional	(a) 1982-1983 estimated cost of one man-year	(b) 1984-1985 estimated cost of one man-year	(c) Increase in cost (b) - (a)
	US \$	US \$	US \$ %
Africa	64 000	69 900	5 900 9 22
The Americas	53 600	62 560	8 960 16.72
South-East Asia	56 225	65 176	8 951 15 92
Europe	78 950	89 415	10 465 13 26
Eastern Mediterranean	61 416	70 300	8 884 14 47
Western Pacific	64 200	76 700	12 500 19.47
Global and interregional	73 603	82 612	9 009 12.24
Global average	64 571	73 809	9 238 14 31

Regional offices, and global and interregional	(a) 1982-1983 estimated cost of one man-year	(b) 1984-1985 estimated cost of one man-year	(c) Increase (decrease) in cost (b) - (a)
	US \$	US \$	US \$ %
Africa	10 342	11 217	875 8 46
The Americas	21 700	25 190	3 490 16 08
South-East Asia	7 596	9 208	1 612 21 22
Europe	33 700	33 050	(650) (1 93)
Eastern Mediterranean	7 460	9 000	1 540 20 64
Western Pacific	6 200	8 300	2 100 33 87
Global and interregional	38 539	37 035	(1 504) (3 90)
Global average	17 934	19 000	1 066 5 94

AVERAGE COST OF CONSULTANTS <sup>2)</sup>

	(a) 1982-1983 (estimated)	(b) 1984-1985 (estimated)	(c) Increase in cost (b) - (a)	(d) Percentage increase
	US \$	US \$	US \$	%
Average cost of consultant for one month	4 500	5 300	800	17 78

1) Cost average for professional staff (including post adjustment)

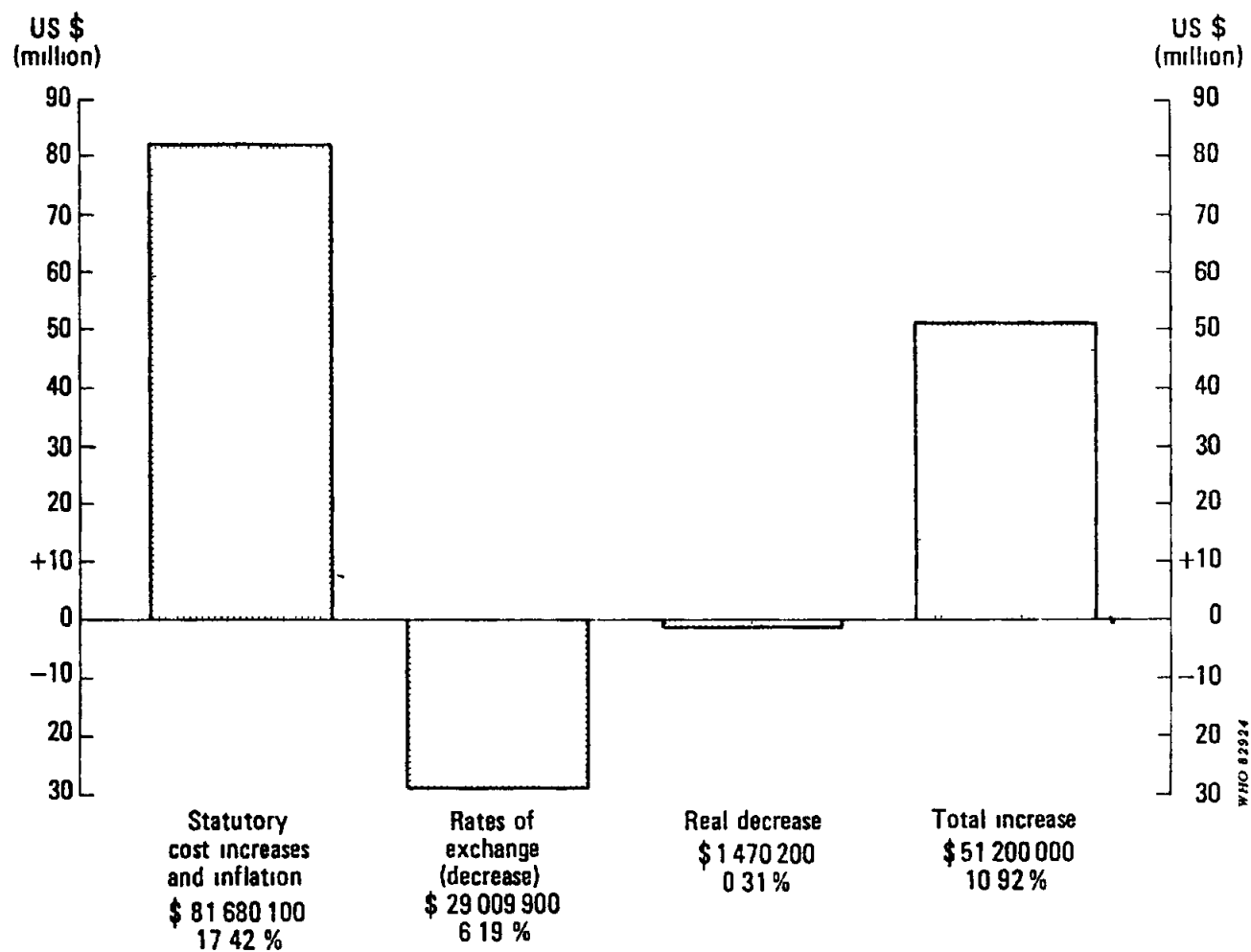
2) Simple unweighted average cost of consultants in all regions and for global and interregional activities

DETERMINATION OF PROGRAMME BUDGET LEVEL

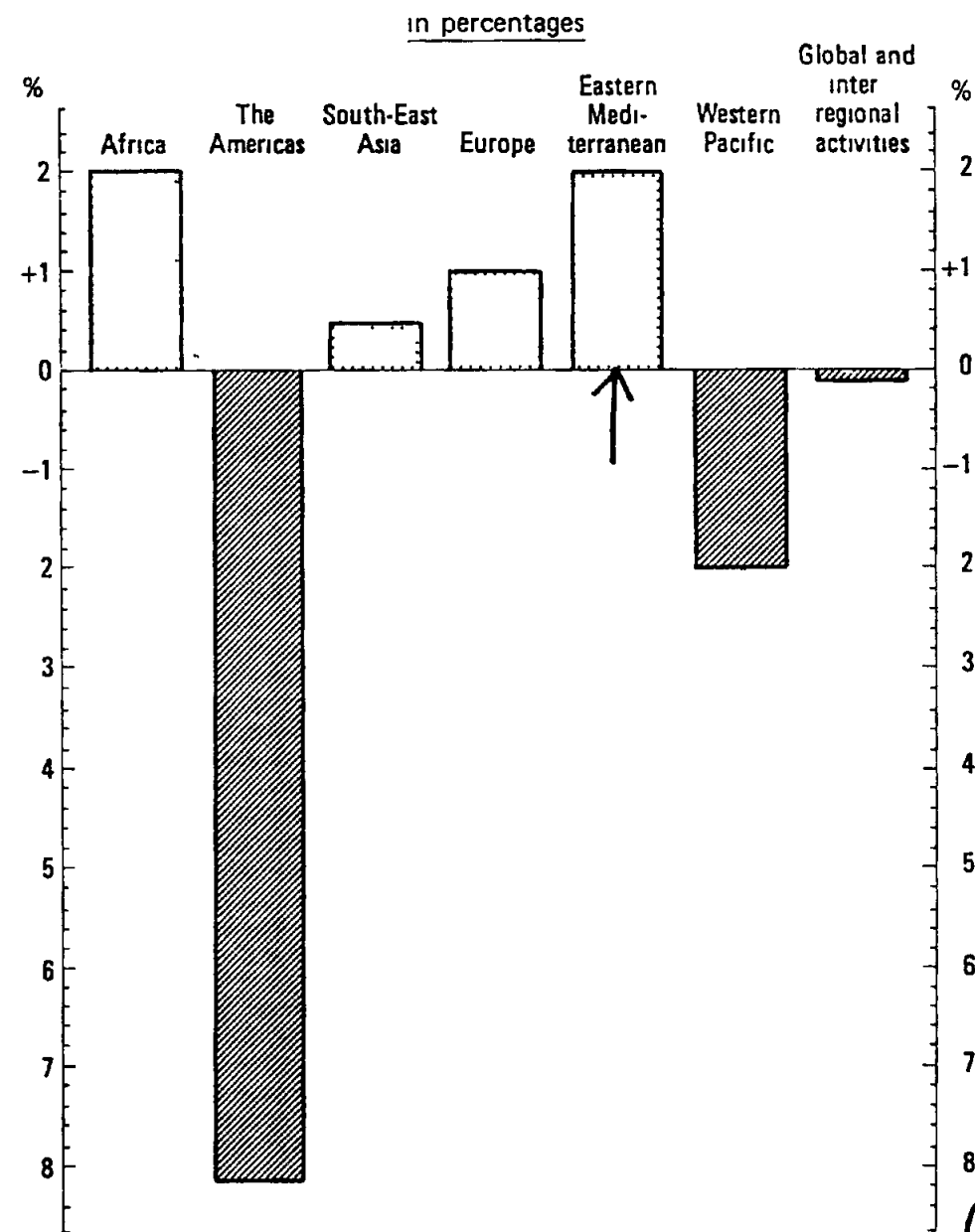
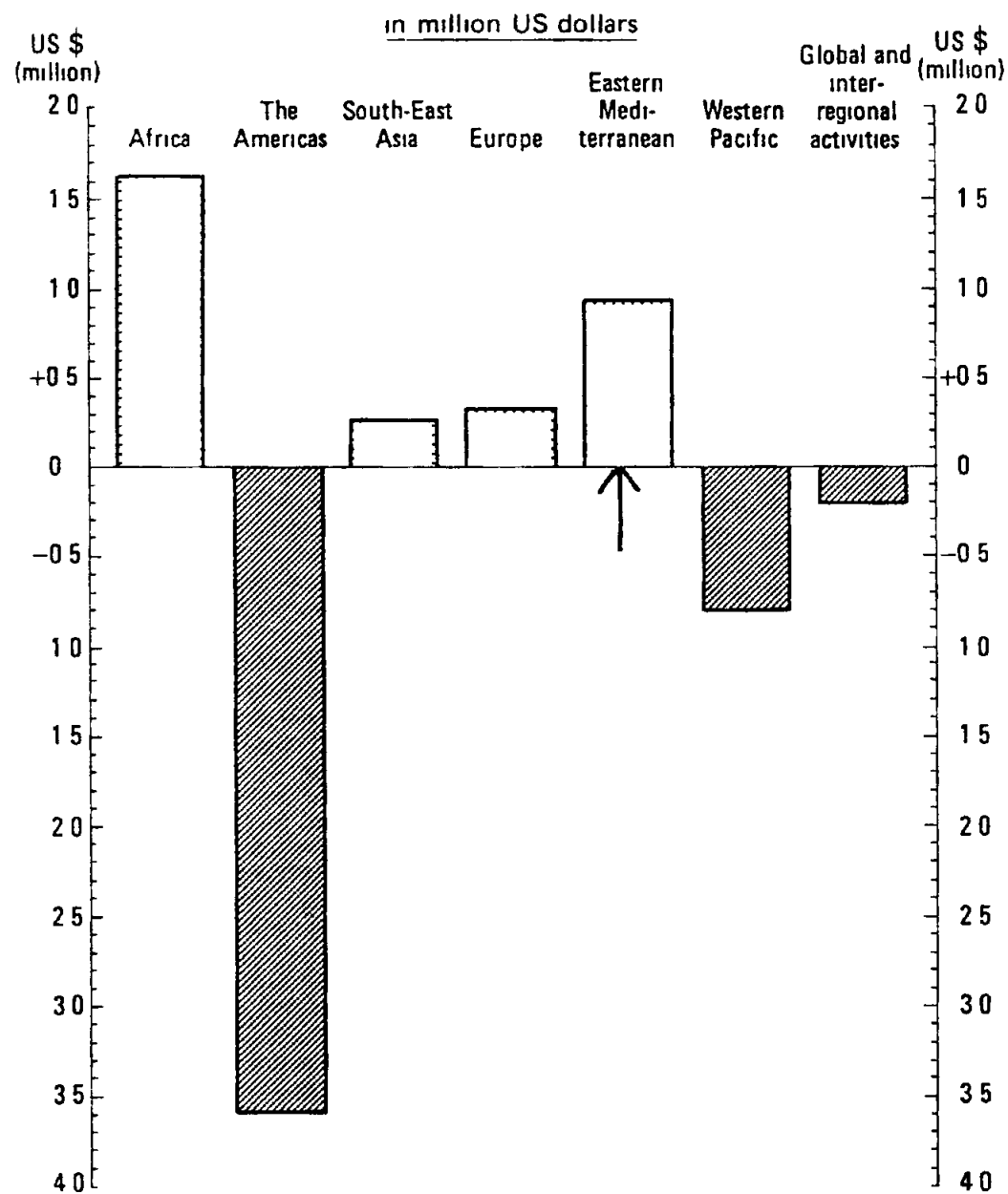
EFFECTIVE WORKING BUDGET

Step-by-step determination of the level of the effective working budget	Amount	Percentage increase(decrease)
	US \$	%
1. Effective working budget, 1982-1983	468 900 000	
2. Real programme decreases	(1 470 200)	(0 31)
3 Cost increases due to statutory costs and inflation . .	81 680 100	17 42
4 Cost decreases due to rates of exchange	(29 009 900)	(6 19)
5 Effective working budget, 1984-1985	520 100 000	10 92

**BREAKDOWN OF 1984 – 1985 INCREASE OVER 1982 – 1983 OF \$ 51 200 000, OR 10 92 %,  
INTO COST INCREASES (STATUTORY COSTS AND INFLATION),  
DECREASE DUE TO RATES OF EXCHANGE, AND REAL DECREASE**



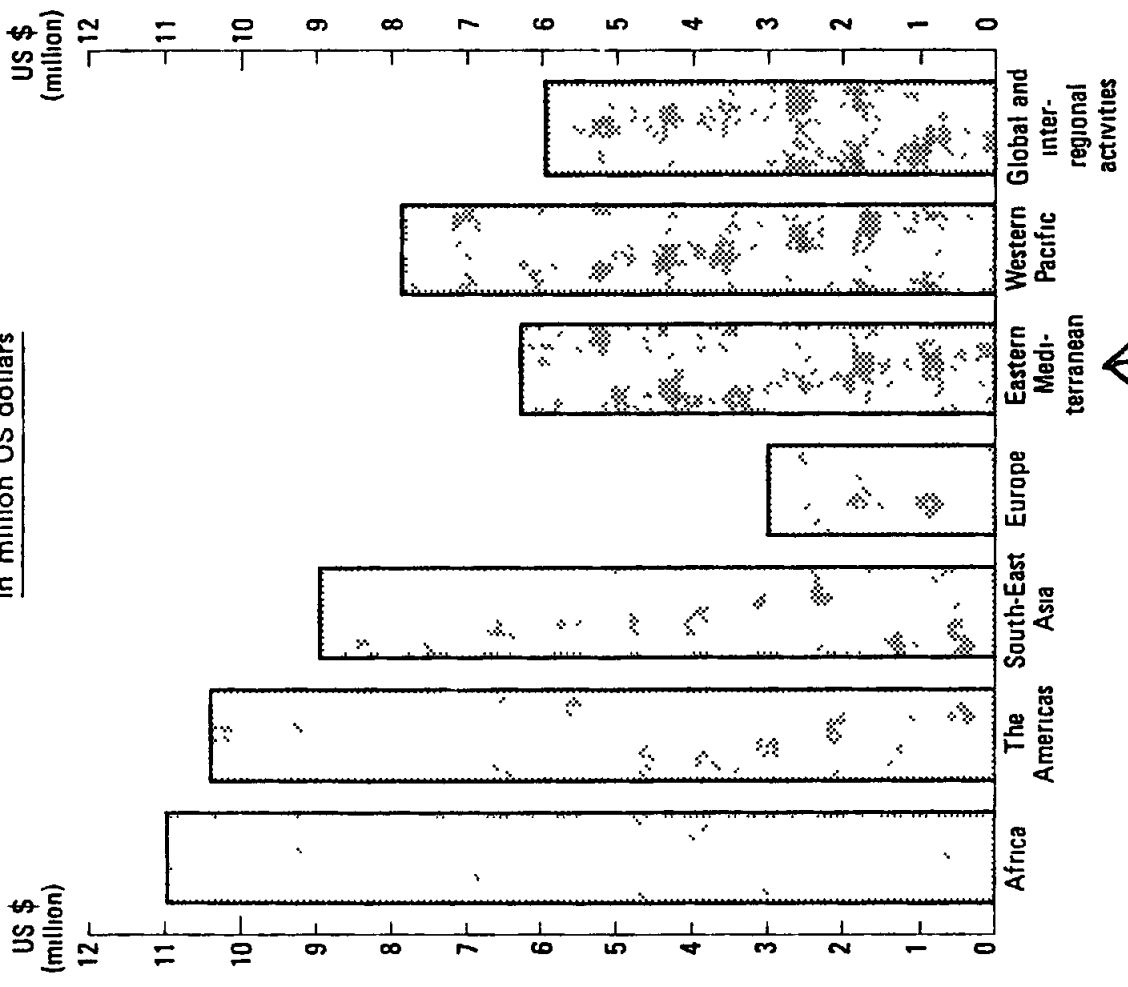
# REAL INCREASE/DECREASE BY REGION AND GLOBAL AND INTERREGIONAL ACTIVITIES



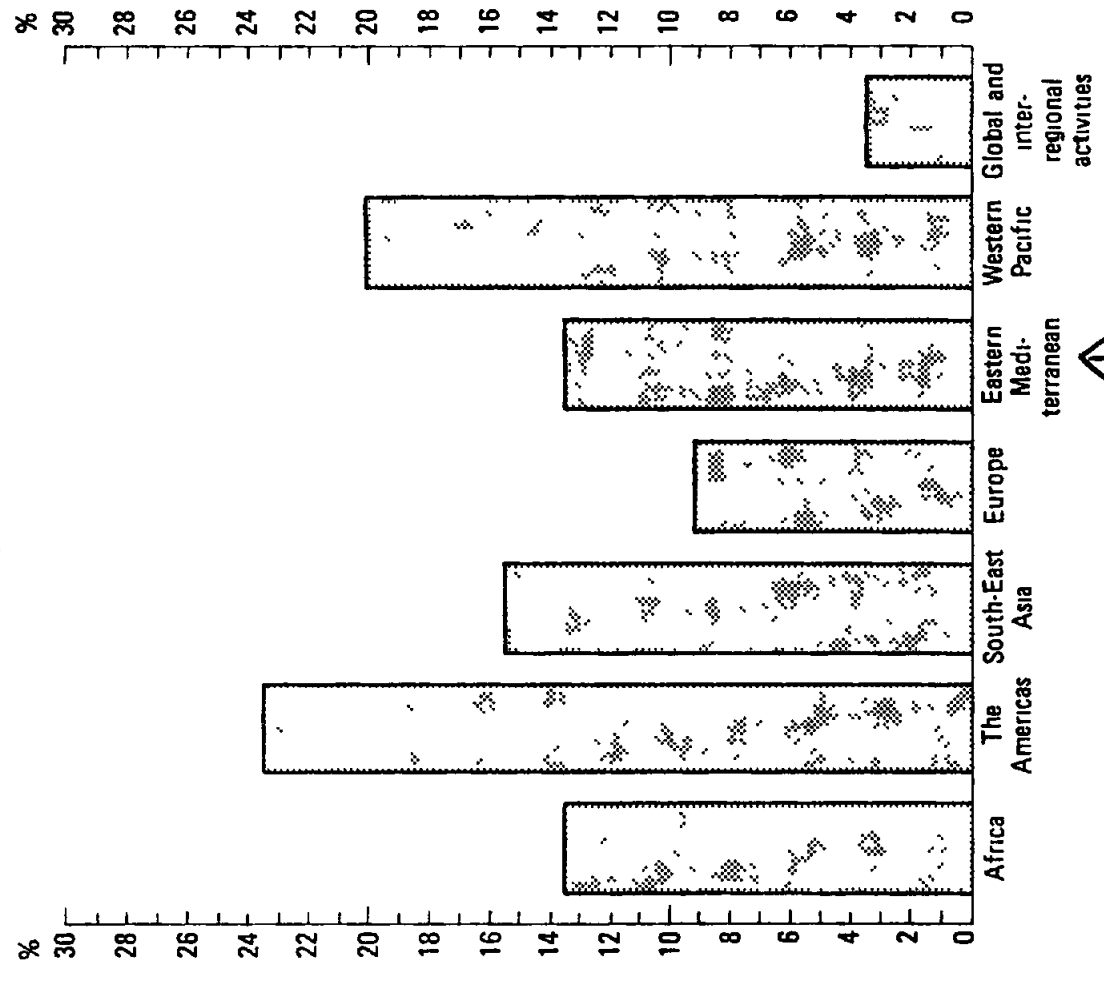


COST INCREASES BY REGION AND GLOBAL AND INTERREGIONAL ACTIVITIES

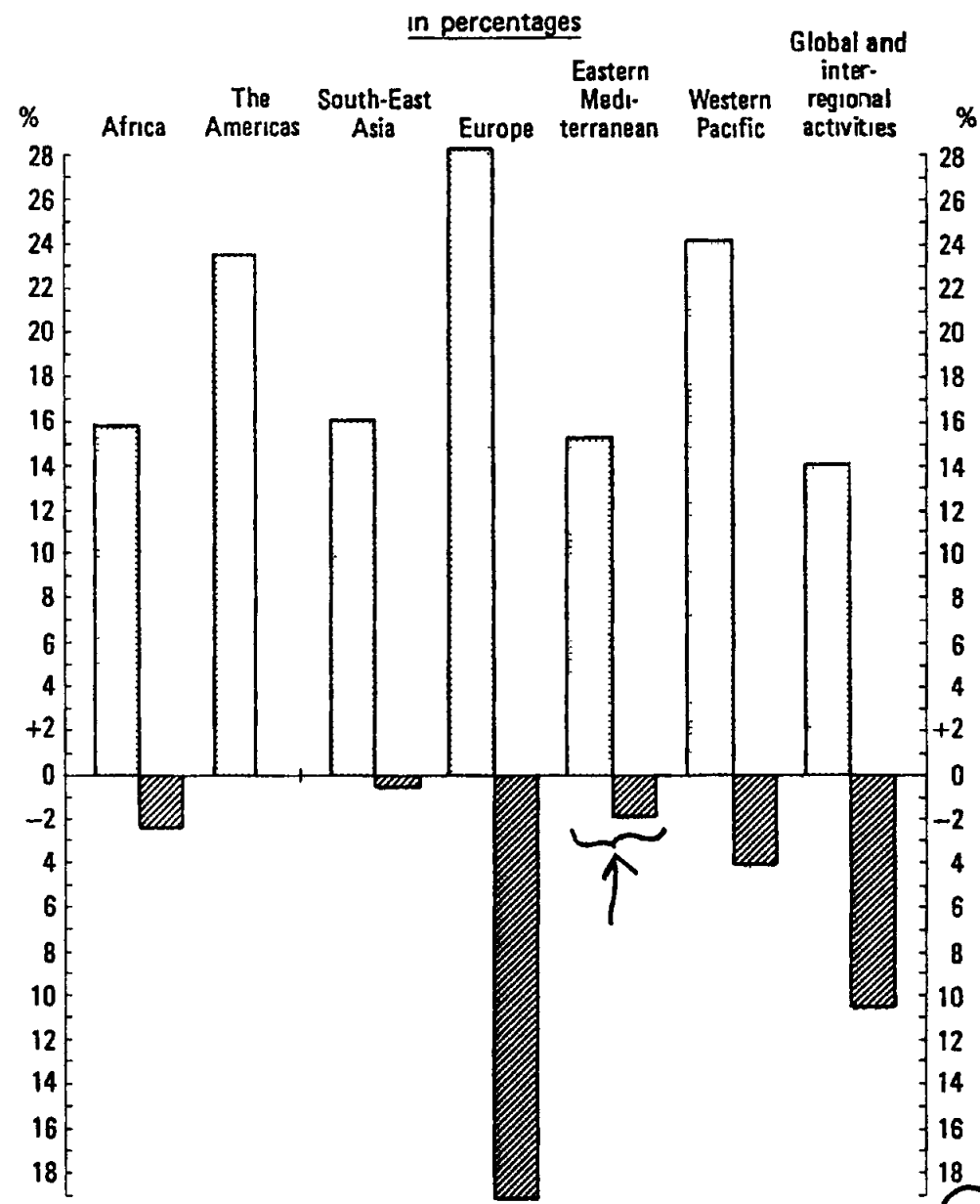
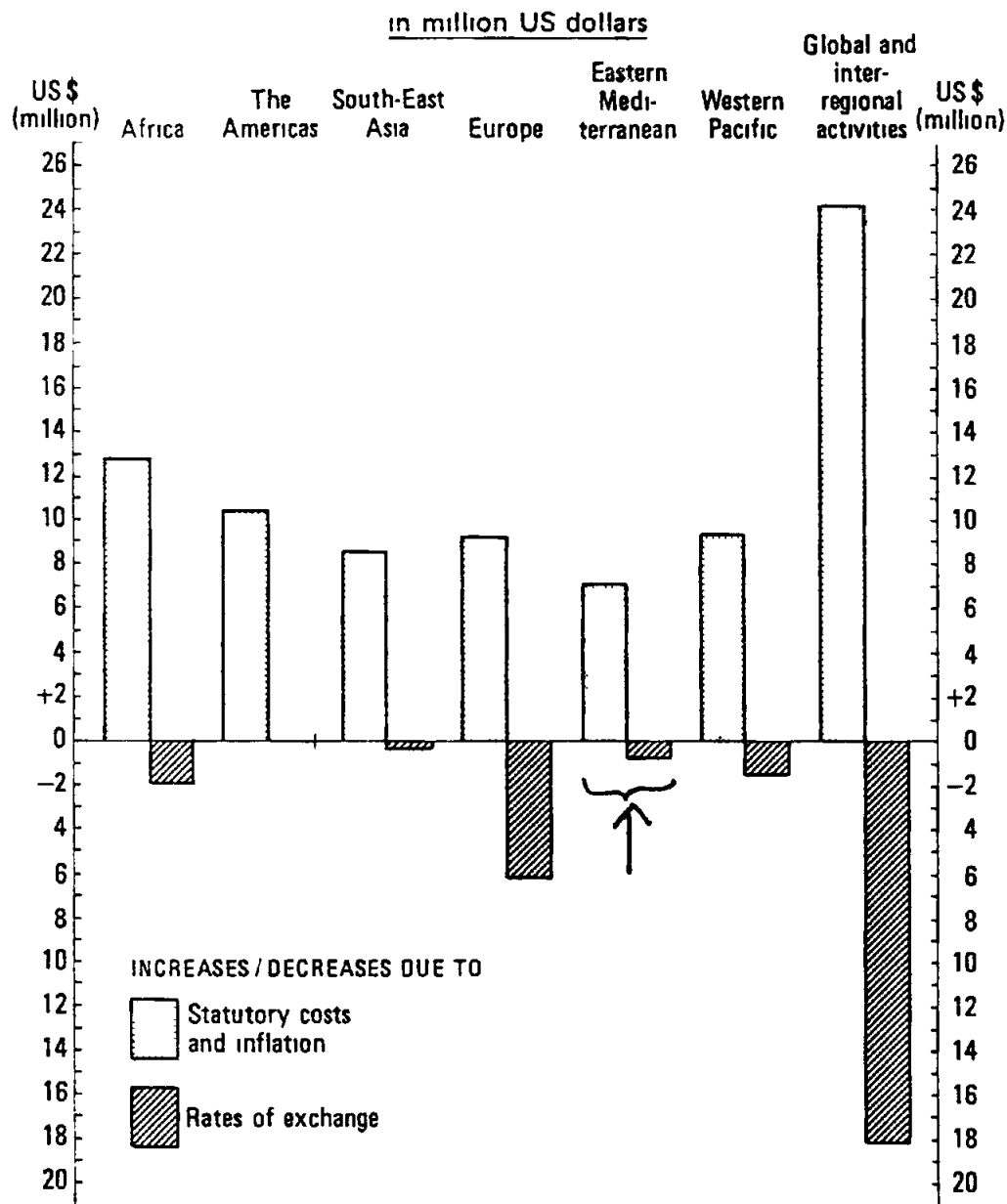
in million US dollars



in percentages



**COST INCREASES/DECREASES BY REGION AND GLOBAL AND INTERREGIONAL ACTIVITIES,  
SHOWING SEPARATELY STATUTORY COSTS/INFLATION AND RATES OF EXCHANGE ADJUSTMENTS**



# TOTAL REGULAR BUDGET, ASSESSMENTS AND EFFECTIVE WORKING BUDGET

		1980-1981	1982-1983	1984-1985
		US \$	US \$	US \$
1	Total budget . . . . .	477 135 300	522 933 500	581 591 800 <sup>(a)</sup>
2	<u>Deduction</u> (as per item 8 below)	4 400 000	29 000 000	55 000 000
3	Assessments on Members .	472 735 300	493 933 500	526 591 800 <sup>(a)</sup>
4	<u>Less</u>			
	Credits from Tax Equalization Fund .	32 625 850	35 096 000	44 676 000
5	Contributions from Members <sup>(b)</sup>	440 109 450	458 837 500	481 915 800 <sup>(a)</sup>
6	<u>Less</u>			
	(i) Estimated tax reimbursements payable from the Tax Equalization Fund .	7 374 150	8 904 000	7 324 000
	(ii) Amount of Undistributed Reserve <sup>(c)</sup>	9 845 300	10 033 500	9 491 800 <sup>(a)</sup>
7	Contributions for effective working budget	422 890 000	439 900 000	465 100 000
8	<u>Add</u>			
	(i) Reimbursement of programme support costs by the United Nations Development Programme in the estimated amount of . . . . .	4 400 000	4 600 000	5 000 000
	(ii) Casual income	-	24 400 000	50 000 000
9	Total effective working budget . . . . .	427 290 000	468 900 000	520 100 000

(a) These amounts are subject to such adjustments as may be decided by the Thirty-sixth World Health Assembly

(b) See Scales of Assessments

(c) The Undistributed Reserve equals the amounts of the net assessments on inactive Members (the Byelorussian SSR and the Ukrainian SSR) and on South Africa

# SCALES OF ASSESSMENTS FOR 1980-1981, 1982-1983 AND 1984-1985

Members and Associate Members	1980-1981	1982-1983	1984-1985				Payable in	
	Contributions	Contributions	Per-centage	Gross assessments	Credit from Tax Equalization Fund	Net contri-butions	1984	1985
	US \$	US \$	%	US \$	US \$	US \$	US \$	US \$
Afghanistan	43 275	44 990	0 01	52 660	5 200	47 460	23 730	23 730
Albania	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Algeria	476 015	539 920	0 15	789 890	78 000	711 890	355 945	355 945
Angola	64 920	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Argentina	3 462 125	3 464 490	0 69	3 633 480	358 800	3 274 680	1 637 340	1 637 340
11 Australia	7 161 805	8 098 810	1 50	7 898 880	780 000	7 118 880	3 559 440	3 559 440
21 Austria	2 877 755	3 149 540	0 74	3 896 780	384 800	3 511 980	1 755 990	1 755 990
Bahamas	43 275	44 990	0 01	52 660	5 200	47 460	23 730	23 730
Bahrain	43 275	44 990	0 02	105 320	10 400	94 920	47 460	47 460
Bangladesh	173 105	179 980	0 03	157 980	15 600	142 380	71 190	71 190
Barbados	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
15 Belgium	4 890 000	5 399 200	1 26	6 635 060	655 200	5 979 860	2 989 930	2 989 930
Benin	43 275	44 990	0 01	52 660	5 200	47 460	23 730	23 730
Bhutan	-	29 993 (a)	0.01	52 660	5 200	47 460	23 730	23 730
Bolivia	43 275	44 990	0 01	52 660	5 200	47 460	23 730	23 730
Botswana	43 275	44 990	0 01	52 660	5 200	47 460	23 730	23 730
12 Brazil	4 911 540	5 624 170	1 44	7 582 920	748 800	6 834 120	3 417 060	3 417 060
Bulgaria	649 115	719 900	0 18	947 860	93 600	854 260	427 130	427 130
Burma	43 275	44 990	0 01	52 660	5 200	47 460	23 730	23 730
Burundi	43 275	44 990	0 01	52 660	5 200	47 460	23 730	23 730
<del>Byelorussian-Soviet Socialist Republic</del>	<del>1 687 765</del>	<del>1 709 740</del>	<del>0.35</del>	<del>1 843 060</del>	<del>182 000</del>	<del>1 661 060</del>	<del>830 530</del>	<del>830 530</del>
8 Canada	13 441 410	14 522 860	2.96	15 587 120	1 499 200	14 087 920	7 043 960	7 043 960
Cape Verde	43 275	44 990	0 01	52 660	5 200	47 460	23 730	23 730
Central African Republic	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Chad	43 275	44 990	0 01	52 660	5 200	47 460	23 730	23 730
Chile	346 230	314 960	0 08	421 270	41 600	379 670	189 835	189 835
19 China	15 150 725	7 153 950	0.79	4 160 070	410 800	3 749 270	1 874 635	1 874 635
Colombia	476 035	494 930	0 11	579 250	57 200	522 050	261 025	261 025
Comoros	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Congo	90 975	110 990	0 01	52 660	(23 800)	76 460	38 230	38 230
Costa Rica	86 550	89 990	0 02	105 320	10 400	94 920	47 460	47 460
Cuba	476 035	494 930	0.09	473 930	46 800	427 130	213 565	213 565

SCALES OF ASSESSMENTS (continued)

Members and Associate Members	1980-1981		1982-1983	1984-1985			Payable in		
	Contributions		Contributions	Per-centage	Gross assessments	Credit from Tax Equalization Fund	Net contri-butions	1984	1985
	US \$	US \$		%	US \$	US \$	US \$	US \$	US \$
Cyprus .. .. .	43 275	44 990		0.01	52 660	5 200	47 460	23 730	23 730
Czechoslovakia ..	3 570 255	3 644 460		0.73	3 844 120	379 600	3 464 520	1 732 260	1 732 260
Democratic Kampuchea .. . . .	43 275	44 990		0.01	52 660	5 200	47 460	23 730	23 730
Democratic People's Republic of Korea . . . . .	216 380	224 970		0.05	263 290	26 000	237 290	118 645	118 645
Democratic Yemen . . . . .	46 345	57 990		0.01	52 660	200	52 460	26 230	26 230
Denmark .. . . .	2 942 635	3 284 520		0.74	3 896 780	384 800	3 511 980	1 755 990	1 755 990
Djibouti .. . . .	43 275	44 990		0.01	52 660	5 200	47 460	23 730	23 730
Dominica .. . . .	2 403 (a)	44 990 (a)		0.01	52 660	5 200	47 460	23 730	23 730
Dominican Republic .. . . .	108 175	134 980		0.03	157 980	15 600	142 380	71 190	71 190
Ecuador .. . . .	86 550	89 990		0.03	157 980	15 600	142 380	71 190	71 190
Egypt .. . . .	324 580	314 960		0.08	421 270	41 600	379 670	189 835	189 835
El Salvador ..	43 275	44 990		0.01	52 660	5 200	47 460	23 730	23 730
Equatorial Guinea ..	21 625 (a)	44 990		0.01	52 660	5 200	47 460	23 730	23 730
Ethiopia ..	43 275	44 990		0.01	52 660	5 200	47 460	23 730	23 730
Fiji ..	43 275	44 990		0.01	52 660	5 200	47 460	23 730	23 730
Finland ..	1 947 365	2 114 690		0.47	2 474 980	244 400	2 230 580	1 115 290	1 115 290
France ..	26 058 955	28 462 910		6.39	33 649 220	2 372 800	31 276 420	15 638 210	15 638 210
Gabon ..	64 905	89 990		0.03	157 980	15 600	142 380	71 190	71 190
Gambia ..	43 275	44 990		0.01	52 660	5 200	47 460	23 730	23 730
German Democratic Republic	5 798 880	6 164 090		1.36	7 161 650	707 200	6 454 450	3 227 225	3 227 225
Germany, Federal Republic of	34 078 960	36 759 570		8.39	44 181 060	4 362 800	39 818 260	19 909 130	19 909 130
Ghana ..	108 175	134 980		0.02	105 320	10 400	94 920	47 460	47 460
Greece ..	1 471 375	1 529 780		0.39	2 053 710	202 800	1 850 910	925 455	925 455
Grenada ..	43 275	44 990		0.01	52 660	5 200	47 460	23 730	23 730
Guatemala ..	86 550	89 990		0.02	105 320	10 400	94 920	47 460	47 460
Guinea ..	43 275	44 990		0.01	52 660	5 200	47 460	23 730	23 730
Guinea-Bissau ..	43 275	44 990		0.01	52 660	5 200	47 460	23 730	23 730
Guyana ..	43 275	44 990		0.01	52 660	5 200	47 460	23 730	23 730
Haiti ..	43 275	44 990		0.01	52 660	5 200	47 460	23 730	23 730
Honduras ..	43 275	44 990		0.01	52 660	5 200	47 460	23 730	23 730
Hungary ..	1 384 825	1 439 790		0.20	1 053 180	104 000	949 180	474 590	474 590
Iceland ..	108 175	134 980		0.03	157 980	15 600	142 380	71 190	71 190
India ..	2 726 455	2 654 610		0.31	1 632 430	161 200	1 471 230	735 615	735 615

SCALES OF ASSESSMENTS (continued)

Members and Associate Members	1980-1981	1982-1983	1984-1985				Payable in	
	Contributions	Contributions	Per-centage	Gross assessments	Credit from Tax Equalization Fund	Net contri-butions	1984	1985
	US \$	US \$	%	US \$	US \$	US \$	US \$	US \$
Indonesia . . . . .	649 115	719 900	0.13	684 570	67 600	616 970	308 485	308 485
Iran . . . . .	2 228 425	2 879 580	0.57	3 001 570	296 400	2 705 170	1 352 585	1 352 585
Iraq . . . . .	432 715	539 920	0.15	789 890	78 000	711 890	355 945	355 945
Ireland . . . . .	670 765	719 900	0.18	947 860	93 600	854 260	427 130	427 130
Israel . . . . .	1 016 970	1 079 840	0.22	1 158 500	114 400	1 044 100	522 050	522 050
Italy . . . . .	14 518 920	15 252 750	3.68	19 378 580	1 913 600	17 464 980	8 732 490	8 732 490
Ivory Coast . . . . .	108 175	134 980	0.03	157 980	15 600	142 380	71 190	71 190
Jamaica . . . . .	86 550	89 990	0.02	105 320	10 400	94 920	47 460	47 460
Japan . . . . .	38 774 010	42 383 750	10.14	53 396 420	5 272 800	48 123 620	24 061 810	24 061 810
Jordan . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Kenya . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Kuwait . . . . .	757 270	899 870	0.27	1 421 800	140 400	1 281 400	640 700	640 700
Lao People's Democratic Republic . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Lebanon . . . . .	129 825	134 980	0.02	105 320	10 400	94 920	47 460	47 460
Lesotho . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Liberia . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Libyan Arab Jamahiriya . . . . .	822 170	989 860	0.27	1 421 800	140 400	1 281 400	640 700	640 700
Luxembourg . . . . .	194 730	224 970	0.06	315 950	31 200	284 750	142 375	142 375
Madagascar . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Malawi . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Malaysia . . . . .	389 480	404 940	0.09	473 930	46 800	427 130	213 565	213 565
Maldives . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Mali . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Malta . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Mauritania . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Mauritius . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Mexico . . . . .	3 310 625	3 374 500	0.95	5 002 620	494 000	4 508 620	2 254 310	2 254 310
Monaco . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Mongolia . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Morocco . . . . .	216 380	224 970	0.06	315 950	31 200	284 750	142 375	142 375
Mozambique . . . . .	64 920	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Namibia . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Nepal . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Netherlands . . . . .	6 491 135	7 198 940	1.75	9 215 360	910 000	8 305 360	4 152 680	4 152 680

SCALES OF ASSESSMENTS (continued)

Members and Associate Members	1980-1981	1982-1983	1984-1985				Payable in	
	Contributions	Contributions	Per-centage	Gross assessments	Credit from Tax Equalization Fund	Net contri-butions	1984	1985
	US \$	US \$	%	US \$	US \$	US \$	US \$	US \$
New Zealand .....	1 103 520	1 169 830	0.25	1 316 480	130 000	1 186 480	593 240	593 240
Nicaragua .....	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Niger .....	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Nigeria ...	627 465	719 900	0.21	1 105 840	109 200	996 640	498 320	498 320
Norway ...	2 012 265	2 204 680	0.50	2 632 960	260 000	2 372 960	1 186 480	1 186 480
Oman .....	43 275	44 990	0.02	105 320	10 400	94 920	47 460	47 460
Pakistan .....	302 930	314 960	0.06	315 950	31 200	284 750	142 375	142 375
Panama .....	86 550	89 990	0.02	105 320	10 400	94 920	47 460	47 460
Papua New Guinea ..	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Paraguay .....	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Peru .....	259 655	269 960	0.09	473 930	46 800	427 130	213 565	213 565
Philippines .....	432 760	449 940	0.09	473 930	46 800	427 130	213 565	213 565
Poland .....	5 604 370	5 489 190	0.61	3 212 210	317 200	2 895 010	1 447 505	1 447 505
Portugal .....	822 240	854 880	0.18	947 860	93 600	854 260	427 130	427 130
Qatar .....	108 175	134 980	0.04	210 640	20 800	189 840	94 920	94 920
Republic of Korea ..	605 840	674 900	0.21	1 105 840	109 200	996 640	498 320	498 320
Romania .....	928 460	899 870	0.19	1 000 520	98 800	901 720	450 860	450 860
Rwanda .....	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Saint Lucia .....	24 031	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Samoa .....	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
San Marino .....	21 625	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Sao Tome and Principe .....	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
18 Saudi Arabia .....	1 730 655	2 564 620	0.89	4 686 670	462 800	4 223 870	2 111 935	2 111 935
Senegal .....	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Seychelles .....	21 625	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Sierra Leone .....	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Singapore .....	346 205	359 950	0.10	526 590	52 000	474 590	237 295	237 295
Somalia .....	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
South Africa .....	1 774 305	1 844 730	0.35	1 843 060	182 000	1 661 060	830 530	830 530
Spain .....	6 880 660	7 513 890	1.91	10 057 900	993 200	9 064 700	4 532 350	4 532 350
Sri Lanka .....	86 550	89 990	0.01	52 660	5 200	47 460	23 730	23 730
Sudan .....	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730

SCALES OF ASSESSMENTS (continued)

Members and Associate Members	1980-1981	1982-1983	1984-1985				Payable in	
	Contributions	Contributions	Per-centage	Gross assessments	Credit from Tax Equalization Fund	Net contri-butions	1984	1985
	US \$	US \$	%	US \$	US \$	US \$	US \$	US \$
Suriname . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Swaziland . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
⑭ Sweden . . . . .	5 431 025	5 804 140	1.30	6 845 680	676 000	6 169 680	3 084 840	3 084 840
⑩ Switzerland . . . . .	4 262 560	4 634 320	1.08	5 687 190	561 600	5 125 590	2 562 795	2 562 795
Syrian Arab Republic . . . . .	108 175	134 980	0.04	210 640	20 800	189 840	94 920	94 920
Thailand . . . . .	432 760	449 940	0.08	421 270	41 600	379 670	189 835	189 835
Togo . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Tonga . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Trinidad and Tobago . . . . .	129 825	134 980	0.04	210 640	20 800	189 840	94 920	94 920
Tunisia . . . . .	108 175	134 980	0.03	157 980	15 600	142 380	71 190	71 190
Turkey . . . . .	1 255 000	1 304 810	0.32	1 685 090	166 400	1 518 690	759 345	759 345
Uganda . . . . .	41 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
<del>Ukrainian Soviet Socialist Republic . . . . .</del>	<del>6 383 230</del>	<del>6 479 030</del>	<del>1.30</del>	<del>6 845 680</del>	<del>676 000</del>	<del>6 169 680</del>	<del>3 084 840</del>	<del>3 084 840</del>
② Union of Soviet Socialist Republics . . . . .	48 317 880	49 087 760	10.15	53 449 080	5 278 000	48 171 080	24 085 540	24 085 540
United Arab Emirates . . . . .	367 810	449 940	0.19	1 000 520	98 800	901 720	450 860	450 860
⑥ United Kingdom of Great Britain and Northern Ireland	19 106 305	19 707 090	4.59	24 170 560	2 386 800	21 783 760	10 891 880	10 891 880
United Republic of Cameroon	43 275	44 990	0.02	105 320	10 400	94 920	47 460	47 460
United Republic of Tanzania . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
① United States of America . .	115 158 410	120 481 380	25.00	131 647 950	6 700 000	124 947 950	62 473 975	62 473 975
Upper Volta . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730
Uruguay . . . . .	173 105	179 980	0.05	263 290	26 000	237 290	118 645	118 645
Venezuela . . . . .	1 882 375	2 204 680	0.57	3 001 570	296 400	2 705 170	1 352 585	1 352 585
Viet Nam . . . . .	129 825	134 980	0.02	105 320	10 400	94 920	47 460	47 460
Yemen . . . . .	43 275	44 990	0.01	52 660	5 200	47 460	23 730	23 730

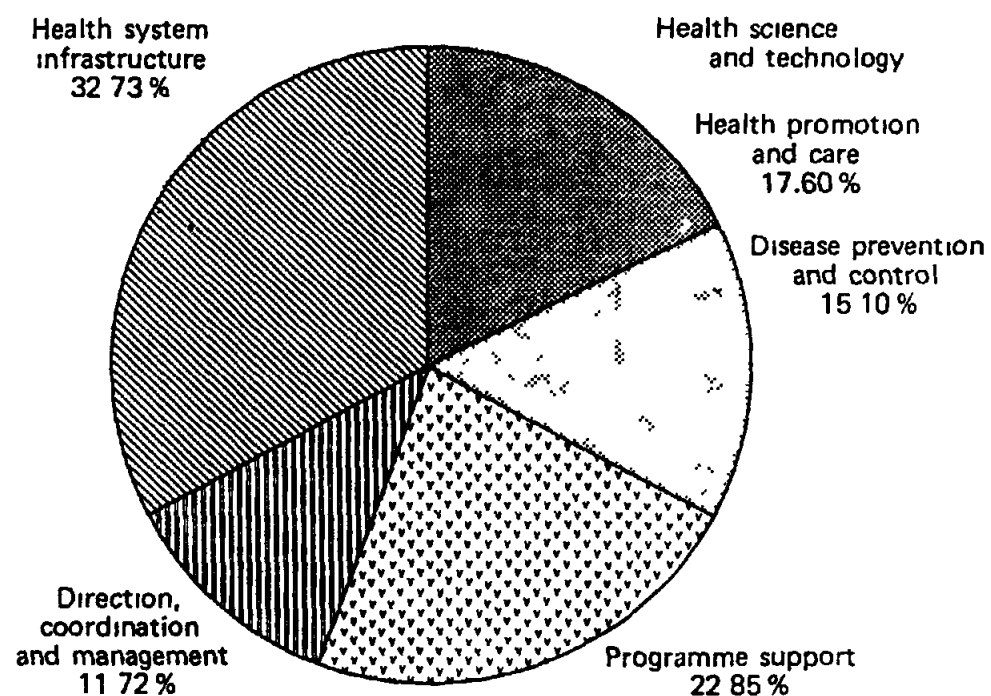


SCALES OF ASSESSMENTS (continued)

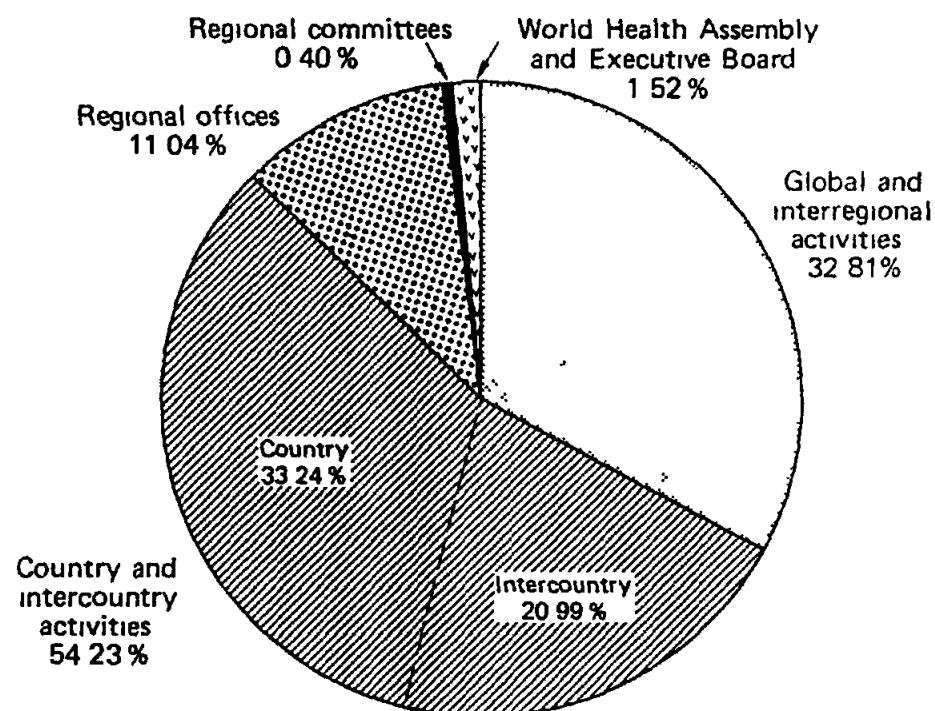
Members and Associate Members	1980-1981		1982-1983		1984-1985				Payable in	
	Contributions		Contributions		Per-centage	Gross assessments	Credit from Tax Equalization Fund	Net contri-butions	1984	1985
	US \$		US \$		%	US \$	US \$	US \$	US \$	US \$
Yugoslavia . . . . .	1 709 360		1 844 730		0.47	2 474 980	244 400	2 230 580	1 115 290	1 115 290
Zaire . . . . .	86 550		89 990		0.01	52 660	5 200	47 460	23 730	23 730
Zambia . . . . .	86 550		89 990		0.01	52 660	5 200	47 460	23 730	23 730
Zimbabwe . . . . .	{ 36 062 (a)		{ 45 000 (a)		0.02	105 320	10 400	94 920	47 460	47 460
	{ 21 625		{ 44 990							
TOTAL	440 109 450		458 837 500		100.00	526 591 800	44 676 000	481 915 800	240 957 900	240 957 900

(a) The amounts shown in square brackets, and not included in the totals, represent the assessments on countries that became Members in 1980-1981 or 1982, but were not included in the total assessments for the 1980-1981 and 1982-1983 budgets respectively.

**PROPOSED USE OF  
EFFECTIVE WORKING BUDGET FOR 1984 – 1985  
BY APPROPRIATION SECTION, IN PERCENTAGES**



**PROPORTION OF BUDGET DEVOTED TO  
THE WORLD HEALTH ASSEMBLY AND EXECUTIVE BOARD,  
THE REGIONAL COMMITTEES, THE REGIONAL OFFICES,  
COUNTRY AND INTERCOUNTRY ACTIVITIES, AND GLOBAL  
AND INTERREGIONAL ACTIVITIES**



**DISTRIBUTION OF POSTS**  
(exclusive of country and intercountry activities)<sup>1</sup>

**I NUMBER OF POSTS, BY SOURCE OF FUNDS**

Source of funds	1982-1983	1984-1985
	Posts	Posts
Regular budget ..	2 629	2 695
Other sources		
Pan American Health Organization .	535	532
Voluntary Fund for Health Promotion	88	84
United Nations Development Programme	2	3
United Nations Fund for Population Activities .	10	8
Trust funds . .	154	139
Sasakawa Health Trust Fund	1	
Special Account for Servicing Costs	58	55
International Agency for Research on Cancer	139	138
Total	3 616	3 654

+ 1932 ←  
= 5,586

**II NUMBER AND PERCENTAGE OF POSTS REGIONAL, GLOBAL AND INTERREGIONAL**

	Regular budget				Other sources			
	1982-1983		1984-1985		1982-1983		1984-1985	
	Posts	%	Posts	%	Posts	%	Posts	%
Regional								
Internationally recruited .	434	16 51	443	16 44	220	22.29	216	22 52
Locally recruited	1 158	44 05	1 225	45 45	336	34.04	339	35 35
Subtotal	1 592	60 56	1 668	61.89	556	56 33	555	57.87
Global and interregional <sup>2</sup>								
Internationally recruited	434	16 51	426	15 81	160	16 21	147	15 33
Locally recruited .	603	22 93	601	22 30	271	27 46	257	26 80
Subtotal	1 037	39 44	1 027	38 11	431	43 67	404	42 13
Total	2 629	100 00	2 695	100 00	987	100 00	959	100 00

<sup>1</sup> As at 1 October 1982 there were 1932 posts for country and intercountry activities

<sup>2</sup> Including International Agency for Research on Cancer under "Other sources"

DISTRIBUTION OF POSTS (EXCLUSIVE OF COUNTRY AND INTERCOUNTRY ACTIVITIES) (continued)

III NUMBER OF POSTS FOR INTERNATIONALLY AND LOCALLY RECRUITED STAFF

	Regular budget		Other sources	
	1982-1983	1984-1985	1982-1983	1984-1985
	Posts	Posts	Posts	Posts
A <u>Internationally recruited</u>				
P1 . . . . .	7	8	25	27
P2 . . . . .	68	68	47	48
P3 . . . . .	138	139	50	45
P4 . . . . .	180	184	99	95
P5 .. . . .	322	316	126	113
P6/D1 . . . . .	111	112	24	27
D2 . . . . .	28	28	5	5
UG .. . . .	14	14	4	3
	<hr/>	<hr/>	<hr/>	<hr/>
Subtotal - Internationally recruited	868	869	380	363
	<hr/>	<hr/>	<hr/>	<hr/>
B <u>Locally recruited</u> .	1 761	1 826	607	596
	<hr/>	<hr/>	<hr/>	<hr/>
Total	2 629	2 695	987	959
	<hr/>	<hr/>	<hr/>	<hr/>

# VOLUNTARY FUND FOR HEALTH PROMOTION: SUMMARY

Special account	Estimated obligations	
	1982-1983	1984-1985
	US \$	US \$
Medical Research . . . . .	32 080 200	33 530 100 ←
Expanded Programme on Immunization . . . . .	3 196 000	2 929 800
Community Water Supply . . . . .	2 136 600	1 877 100
Malaria . . . . .	8 135 600	7 746 300
Leprosy Programme . . . . .	1 996 500	309 400
Smallpox Eradication . . . . .	537 000	
Diarrhoeal Diseases including Cholera . . . . .	10 334 100	15 859 300 ←
Yaws Programme . . . . .	2 000	10 000
Mental Health Programme . . . . .	1 073 200	1 292 000
Miscellaneous Designated Contributions . . . . .	17 534 300	12 647 000
Special Assistance to Democratic Kampuchea, Lao People's Democratic Republic and Socialist Republic of Viet Nam . . . . .	248 200	
Assistance to the Least Developed among Developing Countries . . . . .	6 650 300	7 609 900 ←
Disasters and Natural Catastrophes . . . . .	429 100	77 700
Total	84 353 100	83 888 600



世界衛生大會決議  
RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОГО ЗДРАВООХРАНИТЕЛЬНОГО СБОРА  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

(21)

THIRTY-SIXTH WORLD HEALTH ASSEMBLY

WHA36.33

16 May 1983

APPROPRIATION RESOLUTION FOR THE FINANCIAL PERIOD 1984-1985

The Thirty-sixth World Health Assembly

RESOLVES to appropriate for the financial period 1984-1985 an amount of US\$ 581 739 900 as follows:

A.

Appropriation section	Purpose of appropriation	Amount US\$
1.	Direction, coordination and management . . . . .	60 938 600
2.	Health system infrastructure . . . . .	170 226 000
3.	Health science and technology health promotion and care	91 576 700
4.	Health science and technology disease prevention and control . . . . .	78 525 700
5	Programme support . . . . .	118 833 000
	Effective working budget	520 100 000
6.	Transfer to Tax Equalization Fund . . . . .	52 000 000
7	Undistributed reserve . . . . .	9 639 900
	Total	581 739 900

B Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the financial period 1 January 1984 - 31 December 1985 in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial period 1984-1985 to section 1-6.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of section 1 exclusive of the provision made for the Director-General's and Regional Directors' Development Programme (US\$ 9 772 000). The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General's and Regional Directors' Development Programme to those sections of the effective working budget under which the programme expenditure will be incurred. All such transfers shall be reported in the financial report for the financial period 1984-1985. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.5.

D The appropriations voted under paragraph A shall be financed by assessments on Members after deduction of the following

	US\$
(i) reimbursement of programme support costs by the United Nations Development Programme in the estimated amount of	5 000 000
(ii) casual income in the amount of	<u>54 500 000</u>
	<u>59 500 000</u>

thus resulting in assessments on Members of US\$ 52' 239 900. In establishing the amount of contributions to be paid by individual Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization.

Thirteenth Plenary Meeting, 16 May 1983  
A36/VR/13

(B)

INTERIM FINANCIAL REPORT FOR THE 1982

Extracts from document A36/8



**STATEMENT OF REGULAR BUDGET APPROPRIATIONS, OBLIGATIONS AND BALANCES**  
**FOR THE FINANCIAL PERIOD 1982-1983 AS AT 31 DECEMBER 1982**

(expressed in US dollars)

Appropriation section	Amounts voted by the Thirty- fourth World Health Assembly (resolution WHA34.16)	Obligations			Balance available to meet the costs of obligations to be incurred in 1983
		Liquidated	Unliqui- dated <sup>a</sup>	Total	
(1)	(2)	(3)	(4)	(5)	(6)
1. Policy organs . . . . .	9 615 200	4 007 017	1 322 805	5 329 822	4 285 378
2. General programme development, manage- ment and coordination	63 362 100	25 778 252	23 781 622	49 559 874	13 802 226
3. Development of com- prehensive health services . . . . .	88 493 400	29 558 165	23 525 789	53 083 954	35 409 446
4. Disease prevention and control . . . . .	86 054 200	32 630 747	27 472 158	60 102 905 <sup>b</sup>	25 951 295
5. Promotion of environ- mental health . . . . .	30 927 800	12 573 283	10 559 170	23 132 453	7 795 347
6. Health manpower deve- lopment . . . . .	60 056 100	20 856 650	17 138 078	37 994 728	22 061 372
7. Health information .	44 525 900	16 164 784	15 120 383	31 285 167	13 240 733
8. General services and support programmes .	85 865 300	38 198 992	36 249 988	74 448 980	11 416 320
<b>EFFECTIVE WORKING BUDGET . . . . .</b>	<b>468 900 000</b>	<b>179 767 890</b>	<b>155 169 993</b>	<b>334 937 883</b>	<b>133 962 117</b>
9. Transfer to Tax Equa- lization Fund . . . . .	44 000 000	44 000 000	-	44 000 000	-
10. Undistributed reserve	10 033 500	-	-	-	10 033 500
<b>TOTAL</b>	<b>522 933 500</b>	<b>223 767 890</b>	<b>155 169 993</b>	<b>378 937 883</b>	<b>143 995 617</b>

<sup>a</sup> Obligations incurred at 31 December 1982 but not yet paid at that date in respect of salaries and allowances, fellowships, travel costs, procurement of supplies and equipment, printing, etc., including unliquidated obligations relating to staff salaries and allowances for the year 1983.

<sup>b</sup> Including a contribution of \$ 2 100 000 from the regular budget to the Trust Fund for the Special Programme for Research and Training in Tropical Diseases, of which \$ 1 050 000 was transferred as at 31 December 1982.



CONSOLIDATED STATEMENT OF INCOME AND EXPENDITURE UNDER ALL FUNDS <sup>a</sup> FOR THE YEAR 1982  
(expressed in US dollars)

	Balance 1 January 1982	Income	Expenditure	Balance 31 December 1982
<b>1 ORGANIZATION'S FUNDS</b>				
Regular budget 1982-1983 (Effective working budget)	-	233 284 712	179 767 890 <sup>b,c</sup>	53 516 822
Tax Equalization Fund . . . . .	-	44 000 000	37 222 110	6 777 890
Working Capital Fund . . . . .	(3 578 249)	12 782 824	82 760	9 121 815
Holding Account . . . . .	24 400 000	-	24 400 000	-
Casual Income Account . . . . .	17 440 884	42 299 236	3 453 990	56 286 130
Executive Board Special Fund . . . . .	100 000	-	-	100 000
Voluntary Fund for Health Promotion . . . . .	48 771 044	43 887 490	38 250 335	54 408 199
Special Account for Servicing Costs . . . . .	10 585 323	9 089 370	8 332 302	11 342 391
Special Account for Operation of Concessions at Headquarters . . . . .	716 797	241 422	84 401	873 818
Real Estate Fund . . . . .	3 190 205	4 372 438	1 384 161	6 178 482
Special Account for Headquarters Extension and Repayment of the Swiss Loan . . . . .	-	1 802 591	1 802 591	-
Revolving Sales Fund . . . . .	362 695	1 526 062	1 730 844	157 913
Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training . . . . .	400 000	2 256 660	2 256 660	400 000
Terminal Payments Account . . . . .	17 689 261	6 054 479	3 319 390	20 424 350
<b>Subtotal - Organization's funds</b>	<b>120 077 960</b>	<b>401 597 284</b>	<b>302 087 434</b>	<b>219 587 810</b>
<b>2 TRUST FUNDS <sup>d</sup></b>				
Members' contributions received in advance	3 905 682	51 526	3 905 682	51 526
Léon Bernard Foundation . . . . .	11 726	1 730	3 124	10 332
Darling Foundation . . . . .	8 996	1 389	1 999	8 386
Dr A T Shousha Foundation . . . . .	46 725	3 687	3 872	46 540
Jacques Parisot Foundation . . . . .	81 705	12 247	17 794	76 158
Child Health Foundation . . . . .	109 625	11 201	3 171	117 655
International Agency for Research on Cancer . . . . .	4 093 827	12 121 871	8 437 730	7 777 968
International Computing Centre . . . . .	308 192	4 923 063	4 702 239	529 016
Project agreement funds				
Onchocerciasis Control Programme . . . . .	3 984 490	16 745 095	16 885 947	3 843 638
Primary Health Care Initiative Fund . . . . .	482 962	181 980	151 236	513 706
Sasakawa Health Trust Fund . . . . .	7 201 197	4 515 893	2 938 469 <sup>e</sup>	8 778 621
Trust Fund for the Special Programme for Research and Training in Tropical Diseases . . . . .	(3 396 319)	28 378 102 <sup>c,e</sup>	23 932 688	1 049 095
United Nations Capital Development Fund . . . . .	-	500 000	500 000	-
United Nations Children's Fund . . . . .	51 881	357 789	192 185	217 485
United Nations Development Programme . . . . .	2 331 174	21 407 032	23 267 118	471 088
United Nations Environment Programme . . . . .	(247 747)	1 302 963	1 110 818	(55 602)
United Nations Fund for Drug Abuse Control . . . . .	(56 312)	753 460	713 889	(16 741)
United Nations Fund for Population Activities . . . . .	(5 100 932)	21 154 346	19 685 802	(3 632 388)
United Nations sundry trust and voluntary funds . . . . .	-	112 000	80 000	32 000
World Bank Cooperative Programmes . . . . .	417 458	582 817	713 883	286 392
Other . . . . .	2 822 017	4 540 001	4 375 888	2 986 130
Supply services funds				
United Nations Disaster Relief Coordinator, Office . . . . .	-	709 867	504 607	205 260
United Nations High Commissioner for Refugees General . . . . .	997 728	886	446 243	552 371
Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training . . . . .	5 441 435	1 283 539	3 444 228	3 280 746
Due to estates of deceased staff members . . . . .	1 433 840	2 256 660	1 141 383	2 549 117
Special fund for compensation . . . . .	326 351	109 705	376 449	59 607
Staff health insurance fund . . . . .	2 236 495	272 969	207 725	2 301 739
Other funds . . . . .	8 183 744	6 417 339	5 239 790	9 361 293
	(28 299)	339 216	247 732	63 185
<b>Subtotal - Trust funds</b>	<b>35 647 641</b>	<b>129 048 373</b>	<b>123 231 691</b>	<b>41 464 323</b>
<b>TOTAL - All funds <sup>a</sup></b>	<b>155 725 601</b>	<b>530 645 657</b>	<b>425 319 125</b>	<b>261 052 133</b>

<sup>a</sup> Excluding PAHO

<sup>b</sup> Disbursements only (\$ 155 169 993 unliquidated obligations excluded)

<sup>c</sup> Including \$ 1 050 000 transferred from the regular budget to the Trust Fund for the Special Programme for Research and Training in Tropical Diseases

<sup>d</sup> These include funds placed with the Organization to be administered in accordance with the conditions agreed with the various governments and institutions concerned, other funds for special purposes, and advance payments of contributions

<sup>e</sup> Including \$ 259 851 transferred from the Sasakawa Health Trust Fund to the Trust Fund for the Special Programme for Research and Training in Tropical Diseases

STATEMENT OF ASSETS AND LIABILITIES AS AT 31 DECEMBER 1982

(expressed in US dollars)

ASSETS			LIABILITIES		
	1981	1982		1981	1982
<u>Cash*</u>			<u>Accounts payable*</u>	20 251 011	27 950 048
At banks, in transit and on hand	6 256 239	12 987 567	<u>Unliquidated obligations*</u>		
<u>Letters of credit*</u>	997 140	751 100	Regular budget - Current financial period	40 359 421	-
<u>Deposits and securities*</u>	210 169 956	280 594 487	- Prior financial periods	1 604 447	7 313 923
<u>Accounts receivable*</u>				41 963 868	7 373 923
Outstanding contributions (Table 4)			Onchocerciasis Fund	695 883	2 103 841
Active Members	32 823 032	18 315 534	Sasakawa Health Trust Fund	518 684	1 046 244
<u>Less</u> Reserve for outstanding contributions	32 823 032	18 315 534	Trust Fund for the Special Programme for Research and Training in Tropical Diseases	11 222 818	10 240 844
	-	-	United Nations Development Programme	7 968 083	8 010 691
Sundry debtors*	24 719 044	28 403 635	United Nations Environment Programme	629 544	453 806
<u>Prepaid expenses*</u>	786 439	129 859	United Nations Fund for Drug Abuse Control	279 943	429 106
<u>Voluntary contributions in kind*</u>			United Nations Fund for Population Activities	6 676 591	7 379 813
Supplies in stock	3 003 208	3 173 781		69 955 414	37 038 268
<u>Capital assets (Real property)*</u>			<u>Working Capital Fund (Table 5)</u>	(3 578 249)	9 121 815
Headquarters land and buildings	22 315 828	24 073 114	<u>Regular Budget (Tables 1 and 2)</u>	-	53 516 822
African Regional Office land and building	5 709 875	5 709 875	<u>Special funds</u>		
African Region:			Tax Equalization Fund (Table 2)*	-	6 777 890
Office building and staff housing in Malabo, Equatorial Guinea	-	422 938	Holding Account	24 400 000	-
Onchocerciasis Control Programme, headquarters land and building	650 347	650 347	Casual Income Account (Table 6)	17 440 884	56 286 130
South-East Asia Regional Office building	723 063	774 926	Executive Board Special Fund (Table 2)*	100 000	100 000
Eastern Mediterranean Region, staff housing	68 369	68 369	Voluntary Fund for Health Promotion (Table 2 and Appendix)	48 771 044	54 408 199
Western Pacific Regional Office building	2 293 174	2 343 708	Special Account for Servicing Costs (Table 7)	10 585 323	11 342 391
	31 760 656	34 043 277	Special Account for Operation of Concessions at Headquarters (Table 2)*	716 797	873 818
			Real Estate Fund (Table 8)	3 190 205	6 178 482
			Special Account for Headquarters Extension and Repayment of the Swiss Loan (Table 9)	-	-
			Revolving Sales Fund (Table 2)*	362 695	157 913
			Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training (Table 2)*	400 000	400 000
				105 966 948	136 524 823
			<u>Terminal Payments Account (Table 2)</u>	17 689 261	20 424 350
			<u>Trust funds (Table 2 and Appendix)</u>	35 647 641	41 464 323
			<u>Loans repayable*</u>		
			Swiss Confederation (1988-1994)	5 269 887	4 660 804
			Republic and Canton of Geneva (1983-1988)	2 684 659	2 035 176
			Swiss Bank Corporation	1 335 227	1 092 965
				9 289 773	7 788 945
			<u>Equity in Capital Assets*</u>	22 470 883	26 254 332
<b>TOTAL</b>	<b>277 692 682</b>	<b>360 083 726</b>	<b>TOTAL</b>	<b>277 692 682</b>	<b>360 083 726</b>

Contingent liability\* \$ 73 015

COMPARATIVE STATEMENT OF CASUAL INCOME RECEIVED AND UTILIZED  
1979, 1980, 1981 AND 1982  
(expressed in US dollars)

	1979	1980	1981	1982
<b>1. Casual income</b>				
<b>1 1 Assembly Suspense Account</b>				
Collection of arrears of contributions	528 051	1 534 012	371 391	19 109 692 ←
<u>Total - Assembly Suspense Account</u>	528 051	1 534 012	371 391	19 109 692
<b>1 2 Miscellaneous Income</b>				
Interest earned . . . . .	7 780 072	12 246 559	13 844 929	18 226 157 ←
Refund from United Nations Joint Staff Pension Fund . . . . .	303 003	378 465	470 099	375 232
Other refunds and rebates . . . . .	288 799	394 170	277 733	597 019
Exchange differential . . . . .	407 686	(692 432)	734 968	(402 816)
Sale of equipment and material . . . . .	78 214	49 756	45 290	47 392
Savings on unliquidated obligations . . . . .	2 865 091	2 029 013	1 042 489	3 915 047 ←
Revenue from Swiss postal authorities . . . . .	6 922	8 440	62 240	-
Revolving Sales Fund - Income from sale of WHO publications (net after deduction of costs of production, sales promotion and distribution) . . . . .	580 751	692 798	609 301	374 561
Sundry . . . . .	3 437	230	2 214	578
	12 313 975	15 106 999	17 089 263	23 133 170
Underground parking operations				
Rentals collected . . . . .	144 014	132 648	133 853	123 698
Less. Interest on loan for construction of parking garage . . . . .	(81 510)	(81 665)	(86 348)	(89 425)
Reimbursement of loan . . . . .	(105 421)	(104 790)	(84 571)	(84 135)
	(42 917)	(53 807)	(37 066)	(49 862)
Assessments on new Members . . . . .	10 870	45 343	-	106 236
<u>Total - Miscellaneous Income</u>	12 281 928	15 098 535	17 052 197	23 189 544
<u>Total - Casual Income for the year</u>	12 809 979	16 632 547	17 423 588	42 299 236 ←
Add Balance available at 1 January from previous years . . . . .	9 335 135	11 162 024	26 461 296	17 440 884
<u>Total funds available for the year</u>	22 145 114	27 794 571	43 884 884	59 740 120
<b>2 Utilization of casual income available</b>				
Financing of regular budget (see below) . . . . .	10 983 090	43 275	24 400 000	44 990 ←
Transfer to Real Estate Fund . . . . .	-	1 290 000	2 044 000	3 409 000 ←
<u>Total funds utilized for the year</u>	10 983 090	1 333 275	26 444 000	3 453 990
<b>3. Balance available at 31 December . . . . .</b>	11 162 024	26 461 296	17 440 884	56 286 130
<b>Details of financing of regular budget</b>				
Regular budget . . . . .	-	-	24 400 000	-
Exemption of assessment on one Associate Member (resolution WHA30 29) . . . . .	18 380	43 275	-	44 990
	10 983 090	43 275	24 400 000	44 990

SPECIAL ACCOUNT FOR SERVICING COSTS

as at 31 December 1982

(expressed in US dollars)

This account was established by the Director-General under the authority vested in him under Financial Regulation 6.6. It is credited with funds made available to the Organization for servicing projects financed from sources other than the regular budget. Following the adoption of resolution WHA25.3, amounts received from the United Nations Development Programme in reimbursement for support costs are also credited to this account and are used towards financing the regular budget. By resolution WHA22.8 the World Health Assembly decided that the costs of promotion of the sales of WHO publications and of staff exclusively engaged in sales should be financed by the Revolving Sales Fund, through the Special Account for Servicing Costs.

This account may also be used to meet the cost of sales of WHO publications, and of personal services and other costs relating to servicing activities financed from sources other than the regular budget and other than UNDP.

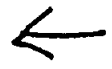
	1980-1981	1982
Balance at 1 January 1980 and at 1 January 1982	4 649 998	10 585 323
<u>Income</u>		
Received from the United Nations Development Programme	6 484 414	2 790 275
Received from the United Nations Fund for Population Activities	-	2 264 738
Support costs of subcontracting agencies	(6 817)	(3 848)
Received for programme support costs from		
Trust funds and other arrangements	1 334 752	670 937
Voluntary Fund for Health Promotion	4 534 618	2 587 268
Transfer from Revolving Sales Fund	1 788 982	780 000
Total income	14 135 949	9 089 370
Total funds available	18 785 947	19 674 693
<u>Transfer to regular budget income in accordance with</u>		
Resolution WHA32.28 for 1980-1981	4 400 000	-
Resolution WHA34.16 for 1982-1983	-	4 600 000
	14 385 947	15 074 693
<u>Disbursements</u>		
Headquarters		
Cost and promotion of sales of WHO publications	1 620 201	775 073
Programme planning and general activities - Family health	-	989 929
Other	409 616	442 826
Africa	-	22 610
The Americas	49 000	366 949
South-East Asia	26 716	131 587
Europe	936 745	111 067
Eastern Mediterranean	390 402	421 846
Western Pacific	241 547	365 371
Global and interregional activities	126 397	105 044
Total disbursements	3 800 624	3 732 302
Balance at 31 December 1981 and at 31 December 1982	10 585 323	11 342 391*

\* Unobligated balance of the account at 31 December 1982

Cash balance, as above	11 342 391
less Unliquidated obligations	2 688 283
Unobligated balance	8 654 108

6

D O N O R	VOLUNTARY FUND FOR HEALTH PROMOTION		OTHER FUNDS		TOTAL
	RECEIVED		RECEIVED		RECEIVED
	UP TO 1981	IN 1982	UP TO 1981	IN 1982	UP TO 31 DEC 1982
DETAILS BY ACCOUNT					
SPECIAL ACCOUNT FOR MEDICAL RESEARCH					
SPECIAL ACCOUNT FOR MEDICAL RESEARCH (UNSPECIFIED)	2 050 125	30 093	-	-	2 080 218
SPECIAL ACCOUNT FOR MEDICAL RESEARCH (SPECIFIED) - HUMAN REPRODUCTION	114 842 844	12 012 875	-	-	126 855 719
SPECIAL ACCOUNT FOR MEDICAL RESEARCH (SPECIFIED) - OTHER	29 304 263	951 800	-	-	30 256 063
SPECIAL ACCOUNT FOR COMMUNITY WATER SUPPLY	3 777 847	319 053	-	-	4 096 900
SPECIAL ACCOUNT FOR MALARIA	38 562 748	1 107 122	-	-	39 669 870
SPECIAL ACCOUNT FOR SMALLPOX ERADICATION	42 735 458	63 699	-	-	42 799 157
SPECIAL ACCOUNT FOR THE LEPROSY PROGRAMME	6 222 631	855 202	-	-	7 077 833
SPECIAL ACCOUNT FOR THE YAWS PROGRAMME	75 724	-	-	-	75 724
SPECIAL ACCOUNT FOR DIARRHOEAL DISEASES INCLUDING CHOLERA	3 848 022	3 869 617	-	-	7 717 639
SPECIAL ACCOUNT FOR ASSISTANCE TO ZAIRE (1)	342 680	-	-	-	342 680
SPECIAL ACCOUNT FOR DISASTERS AND NATURAL CATASTROPHES	2 452 154	456 518	-	-	2 908 672
SPECIAL ACCOUNT FOR THE EXPANDED PROGRAMME ON IMMUNIZATION	9 539 155	2 676 803	-	-	12 215 958
SPECIAL ACCOUNT FOR ASSISTANCE TO THE LEAST DEVELOPED AMONG DEVELOPING COUNTRIES	6 109 426	5 203 460	-	-	11 312 886
SPECIAL ACCOUNT FOR MISCELLANEOUS DESIGNATED CONTRIBUTIONS					
SPECIAL ACCOUNT FOR MISCELLANEOUS DESIGNATED CONTRIBUTIONS (PREVENTION OF BLINDNESS)	1 619 661	643 542	-	-	2 263 203
SPECIAL ACCOUNT FOR MISCELLANEOUS DESIGNATED CONTRIBUTIONS (SPECIAL ASSISTANCE TO DEMOCRATIC KAMPUCHEA, THE LAO PEOPLE'S DEMOCRATIC REPUBLIC AND VIET NAM)	2 858 505	215 818	-	-	3 074 323
SPECIAL ACCOUNT FOR MISCELLANEOUS DESIGNATED CONTRIBUTIONS (OTHER)	39 937 870	8 478 130	-	-	48 416 000
SPECIAL ACCOUNT FOR MISCELLANEOUS DESIGNATED CONTRIBUTIONS (TRAINING COURSES - DANIDA)	5 540 942	100 000	-	-	5 640 942
SPECIAL ACCOUNT FOR THE MENTAL HEALTH PROGRAMME	5 210 665	1 555 773	-	-	6 766 438
GENERAL ACCOUNT FOR UNDESIGNATED CONTRIBUTIONS	322 681	-	-	-	322 681
TRUST FUND FOR THE SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES (2)	18 339 627	-	79 676 036	19 558 658	117 574 321
PRIMARY HEALTH CARE INITIATIVE FUND	-	-	502 000	113 250	615 250
ONCHOCERCIASIS CONTROL PROGRAMME	-	-	101 904 618	18 408 827	120 313 445
SASAKAWA HEALTH TRUST FUND (3)	-	-	11 479 616	3 464 684	14 944 300
TOTAL - CONTRIBUTIONS	333 701 028	38 539 505	193 562 270	41 545 459	607 348 262



#### NOTES

- (1) THIS SPECIAL ACCOUNT WAS DISESTABLISHED IN 1974 BY RESOLUTION EB54.R14
- (2) INCLUDING \$ 18 339 627 CONTRIBUTED TO THE WHO VOLUNTARY FUND FOR HEALTH PROMOTION, FROM 1974 TO 1978, FOR RESEARCH AND TRAINING IN TROPICAL DISEASES, AND \$ 2 099 467 TRANSFERRED FROM THE SASAKAWA HEALTH TRUST FUND
- (3) INCLUDING \$ 2 039 467 TRANSFERRED TO THE SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

WORLD HEALTH ORGANIZATION  
EASTERN MEDITERRANEAN REGION

REGULAR BUDGET

Previous Biennium  
1980/81

Present Biennium  
1982/83

Year and Month	Biennial Allocation US \$	Total Expenditures & Obligations US \$	Balance US \$	Implementation Rate %	Biennial Allocation US \$	Total Expenditures & Obligations US \$	Balance US \$	Implementation Rate %
<u>1980</u>					<u>1982</u>			
April	39.7	14.7	25.0	37	46.5	18.2	28.3	39
August	39.7	19.5	20.2	49	46.5	23.8	22.7	51
December	39.7	24.7	15.0	62	46.5	31.6	14.9	68
<u>1981</u>					<u>1983</u>			
April	39.7	28.8	10.9	73	46.5	38.7	7.8	83
August	39.7	34.4	5.3	87				
December	39.7	39.7	-	100				

(D)

WORLD HEALTH ORGANIZATION  
EASTERN MEDITERRANEAN REGION

Status of Implementation of 1982/83 Programme Budget as  
of 30 April 1983

REGULAR BUDGET

	Biennial Allocation	Expenditures	Obligations	Total Expend- itures and Obligations	Balance
	US \$	US \$	US \$	US \$	US \$
Regional Committee	65 000	6 530	2 894	9 424	55 576
Regional Office	4 302 000	2 673 903	1 543 576	4 217 479	84 521 *
Inter Country Programme	12 503 800	6 142 591	2 794 078	8 936 669	3 567 131 *
	16 870 800	8 823 024	4 340 548	13 163 572	3 707 228 *
	=====	=====	=====	=====	=====
AFGHANISTAN	4 005 100	1 095 195	1 497 277	2 592 472	1 412 628
BAHRAIN	126 500	69 198	14 967	84 165	42 335
CYPRUS	521 000	126 343	305 537	431 880	89 120
DEMOCRATIC YEMEN	2 927 000	1 368 607	1 599 093	2 967 700	(40 700)
DJIBOUTI	401 500	323 368	183 396	506 764	(105 264) *
EGYPT	1 741 800	584 996	378 329	963 325	778 475
IRAN	429 500	302 461	44 675	347 136	82 364
IRAQ	633 000	69 074	26 418	95 492	537 508
ISRAEL	416 000	132 660	66 787	199 447	216 553
JORDAN	1 042 900	504 652	324 931	829 583	213 317
KUWAIT	116 000	78 875	21 934	100 809	15 191
LEBANON	1 045 800	420 044	172 027	592 071	453 729
LIBYA	100 000	617 730	31 511	649 241	(549 241) *
OMAN	793 300	733 555	509 634	1 243 189	(449 889) *
PAKISTAN	2 686 600	1 151 337	788 426	1 939 763	746 837
QATAR	58 800	140	-	140	58 660
SAUDI ARABIA	152 000	51 975	70 179	122 154	29 846 *
SOMALIA	3 681 300	2 215 912	1 283 334	3 499 246	182 054
SUDAN	2 772 100	1 459 740	1 521 158	2 980 898	(208 798) *
SYRIA	1 605 000	777 894	650 650	1 428 544	176 456
TUNISIA	1 560 000	578 709	602 741	1 181 450	378 550
UNITED ARAB EMIRATES	50 700	33 619	30 222	63 841	(13 141)
YEMEN	2 809 300	1 831 594	835 374	2 666 968	142 332
	29 675 200	14 527 678	10 958 600	25 486 278	4 188 922
	=====	=====	=====	=====	=====
TOTALS	46 546 000	23 350 702	15 299 148	38 649 850	7 896 150
	=====	=====	=====	=====	=====

Earmarkings NOT noted



PROGRAMME BUDGET FOR THE BIENNium  
1982/1983

Basis of Programme and Main Features

1. Sixth General Programme of Work  
1978 & 1982

Annual Budgets	1978 & 1979
Biennium	1980/81
Biennium	1982/83

2. Close Collaboration between WHO and Member States within well defined CHPs within goal of HFA/2000 and PHC components
3. Flexibility in mobility between programme areas
4. Discontinuation of activities that
  - a) outlived usefulness
  - b) Not relevant to HFA/2000
5. Benefitted Rural and Urban poor - Large sector of population
6. Social relevance and National self-reliance were basic elements

## SOCIAL RELEVANCE

"Emphasis on socially and Economically productive life"

### Programmes e.g.

- FPI
- Control of Water - borne diseases
- MCH Services
- Occupational health etc

## NATIONAL SELF-RELIANCE

- Not easily forthcoming in all countries
- 3 types of Countries
  - (1) Well developed infrastructure, Expatriate staff, Need for technical adaptation, Management - F.T.
  - (2) Limited Finance but available manpower, but tendency to sophisticated programmes  
Need for clear definition of goals & objectives
  - (3) Poor Finance, Lack of Technical know-how.  
Need appropriate and affordable technology and HMD

## SOME AREAS OF EMPHASIS

1. Programmes within eight components of PHC
2. Water-Supply and Sanitation Decade
3. Problem-oriented programmes and projects and not disease oriented
4. Research ( Health Systems based on PHC  
( Biomedical Research  
( Health Manpower
5. Arabic Programme in EMR

## PROGRAMME CLASSIFICATION AND STATEMENT

1. Policy Organs
2. General Programme Development,  
Management and Coordination
3. Development of Comprehensive Health  
Services
4. Disease Prevention and Control
5. Promotion of Environmental Health
6. Health Manpower Development
7. Health Information
8. General Services and Support  
Programmes

## COUNTRY PROGRAMME STATEMENTS

- National Health Development Strategy
- Technical Cooperation Programmes For Health

## PROGRAMME STATEMENTS

- Objectives
- Cooperation with and amongst countries

## SOURCES OF 1982/83 BUDGET

1. R.B.
2. U.N.D.P. 1983 3RD IPF Cycle  
(Difficulties)
3. U.N.F.P.A.
4. Voluntary Funds
5. F.T.

## IMPLEMENTATION

### Budgetary Lines

1. Personnel - staff
2. Supplies & Equipment
3. Fellowships
4. Local Costs, Grants, etc.

P R O B L E M S



I- STAFF      < Long-Term  
                     STCs

- PROBLEMS:
- Lag-time between start of implementation of Programme and actual recruitment of staff
  - Delays in identification suitable candidates
  - Delays in obtaining Government's concurrence
  - Unfavourable living conditions
    - Housing
    - Schooling for children
    - Medical Care
    - Living Conditions and expenses
    - Unavailability of commodities
    - Poor Recreational facilities

VACANTS POSTS  
↓  
DELAYED      PROGRAMME      DELIVERY  
↓  
SAVINGS



## 2. SUPPLIES & EQUIPMENT

1. Delayed preparation of lists
2. Unidentifiable items in orders
3. Poor follow-ups of instructions for Procurement
4. Sophisticated Equipment unrelated to programme priority areas
5. Non availability of maintenance at country level
6. Too much Transport facilities and office equipment
7. Saloon-Cars Transport - Senior Project staff only (local transport)
8. Last minute orders

### 3. FELLOWSHIPS

1. Selection Procedure - not according to need - (bad Planning)
2. Delay in submitting requests
3. Incomplete forms
4. Frequent changes in venue and type of Fellowships
5. Last minute requests by telexes - cables
6. Overaged Fellows
7. Requests for long extensions
8. Poor return of utilization reports

## LOCAL COSTS - GRANTS

1. Subsidies - RD's Last Circular
2. Certification of nights - out  
in field; no checking mechanism
3. Petrol Consumption : Difficult  
to control
4. Local Purchases:
  - Relevance to programme Poor
  - accounting procedures  
difficult

PROGRAMME BUDGET FOR  
BIENNIUM 1984/1985

Basis of Programme & Main Features

1. Seventh General Programme of Work  
1984/1989  
  
Biennia 1984/1985  
1986/1987  
1988/1989
2. Relates to MTPs in 4 main classification areas
3. Prepared concurrently with MTPs (84/89)
4. Followed evaluation of 6GPW: activities not relevant: eliminated or modified
5. Also related to HFA/2000 & PHC Eight Components
6. Reflect changes in WHO's structure in light of its function
7. Diminishing number of international staff & dependence on more STCs and nationals
8. Allocations based on Programme areas without detailed breakdown

MORE FLEXIBILITY

9. Detailed tables within RO and with WRPCs

## SOME AREAS OF EMPHASIS

1. Merging of statics and epidemiological Surveillance into HST
2. Organization of Health Systems based on PHC i.e. integration of PHC components
3. MPNHD
4. Health Promotion and Care
5. Disease Prevention and Control
6. HMD

## PROGRAMME CLASSIFICATION AND STATEMENTS

Presentation: New Programme  
Classification

1. Direction Coordination and Management
2. Health Systems Infrastructure
3. Health Science and Technology
4. Programme Support

## REGIONAL PROGRAMME STATEMENT

- Extracted from Regional MTP
- Include
  - (1) Situation Analysis
  - (2) Objectives
  - (3) Targets
  - (4) Approaches
  - (5) Summary of Activities (84-89)
  - (6) Activities 84/85

## COUNTRY PROGRAMME STATEMENTS

- Prepared by Member States in collaboration with WHO
- Include:
  - (1) National Health Development Strategy
  - (2) Main Directions of WHO Support 1984-89 in accordance with Objectives & targets of 7GP//
  - (3) WHO Support foreseen for 84/85



## SOURCES OF FUNDS

1. R.B.
2. U.N.D.P. at Reduced Level
3. U.N.F.P.A. at Reduced Level
4. Voluntary Funds: not fully  
identified
5. F.T.

## MONITORING

based on:

1. Planned allocation of resources
2. Actual reporting of their use

## THROUGH

- 1) Joint WHO/Government policy and programme reviews, Country Programme Review Mission
- 2) RPC Programme Review - Quarterly
- 3) Reports from WHO staff STCs and Governments
- 4) Updating of Programme/project profiles
- 5) Revision and update of MTPs before preparation for 86/87 Programme Budget Estimates

PROGRAMME & BUDGET FOR THE  
BIENNIUM  
1986/1987

Basis of Programme

1. Seventh General Programme of Work
2. Revision and update of MTPs 1984
3. HFA/2000 strategies and Plan of Action - Progress reports on Implementation

Other Components

1. Emphasis
2. Presentation format
3. Dates           ( Country activities  
                      ( Regional activities  
                      ( Preparation  
                      ( Submission
4. etc.

will be specified at a later date