

ANNEX 3

REPORT OF THE SUB-COMMITTEE ON PROGRAMME AND BUDGET

1. INTRODUCTION

At its seventh session, the Regional Committee, in resolution WP/RC7.R7, decided "that the establishment of a sub-committee on programme and budget, consisting of six members plus the Chairman of the Regional Committee, should become a routine activity of the Regional Committee"; and recommended that "the membership of this sub-committee be rotated among the Representatives of various Members, subject to the provision that any Representative desiring to be a member of the sub-committee should be entitled to participate".

The members of the Sub-Committee and their alternates and advisers were as follows:

Australia	Dr R.F.R. Scragg (Chairman)
China	Dr C.K. Chang
Japan	Dr J. Ohmura Mr Y. Matsuda (alternate)
Malaya	Dato Dr Mohamed Din bin Ahmad Dr Haji Abbas bin Haji Alias (alternate)
New Zealand	Dr D.P. Kennedy
United Kingdom	Dr C.H. James
Viet-Nam	Dr Le-Cuu-Truong

The meetings were also attended by Dr C. Haszler (Australia), Dr H.E. Downes (Australia), Dr Kila Wari (Australia), Dr Suk Woo Yun (Korea), Dr E.L. Villegas (Philippines), Dr R.K.C. Lee (United States of America) and Dr Saipele Matagi (United States of America).

In the course of its meetings on 6 and 9 September, the Sub-Committee, in accordance with the guide-lines given on page 41, made a detailed examination and analysis of the proposed programme and budget estimates.

2. GENERAL REVIEW OF THE PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR THE FINANCIAL YEAR 1 JANUARY - 31 DECEMBER 1965 (Document WP/RC14/3)

In introducing the proposed programme and budget in the Sub-Committee, the Regional Director stated that the effective working budget proposed for the Region under the regular programme in 1965, excluding malaria activities, amounted to \$2 477 000, an increase of \$414 147 or 20 per cent over the level for 1964. Of the proposed increase, \$387 599 were allocated to field activities and only \$26 580 to the Regional Office. This was in line with the policy that the major proportion of any increase should be directly applied to field activities.

The increases in the Regional Office, 6-1/2 per cent, the Regional Advisers, 1 per cent, and the WHO Representatives, 2-1/3 per cent, were attributable to statutory increases and uneven distribution of home leave between the two years.

The Regional Director pointed out that the proposed programme for 1965 was based on government requests, taking into account continuing commitments, previously established criteria for regional programme priorities, and the allocation provided by the Director-General. From the summary of field activities, it would be seen that the 1965 field activities proposals totalled \$2 038 904, representing an increase of \$387 559, 23 per cent, over the corresponding estimate for 1964. One hundred and twenty-one projects were proposed under 19 different major subject headings compared to 92 in 1964; 107 were country and 14 inter-country projects; 130 fellowships were included in the proposals and 33, 25 per cent, of these were for study within the Region.

The Regional Director referred to document WP/RC14/P&B/2 (see page 43) which showed the differences between the proposed estimates for 1965 and the corresponding estimates for 1964 by amounts and percentages. It would be noted that in 1965 continuing projects accounted for approximately 74 per cent of the estimates. Emphasis continued to be placed on projects relating to the basic needs and problems of the Region, including public health administration, education and training, strengthening of nursing and maternal and child health services, environmental health activities, and campaigns against communicable diseases. The largest individual percentage of funds continued to be budgeted for public health administration, with 26.78 per cent of the total, followed by education and training, 12.93 per cent, and nursing, 10.35 per cent.

In line with the recommendations of previous meetings of the Regional Committee supporting projects benefiting more than one country, various region-wide activities were proposed. These included the continuation of the regional tuberculosis advisory and inter-country treponematoses teams, seminars on filariasis and haemorrhagic fevers and a conference on the public health aspects of protection against ionizing radiation. In addition, provision was made for an intra-regional survey of dental diseases. The remaining inter-country projects covered consultant services and fellowships.

Despite the significant increase in the proposed programme for 1965, it was still impossible to accommodate all the requests submitted by Member governments. It had, therefore, been necessary to relegate certain requests amounting to \$728 100 to the supplementary list for possible implementation if funds became available.

The Regional Director explained that the 1965 Technical Assistance programme printed in the document was, of course, tentative as government requests for the 1965/66 biennium had not yet been submitted to the Technical Assistance Board. This included continuing commitments of long-term projects, which had already been approved beyond 1964 by the Technical Assistance Board, and recommendations of the Regional Office covering project extensions or modifications, and new activities for the 1965/66 biennium. He stressed the importance of health administrations ensuring that the final submission to the Technical Assistance Board should contain full provision for both continuing projects and new requirements. In the current biennium there had been instances where the amounts requested and approved were not sufficient for the proposed programme. A great deal of difficulty had been encountered in attempting to cover deficits by savings. The Regional Office supplied governments with cost estimates for their Technical Assistance projects based on WHO's costing averages. Failure to use these costings would result in incorrect amounts being approved by the Technical Assistance Board and would jeopardize the successful operation of the programme. The overall importance and relationship of health programmes to the economic and social growth of developing countries was of the highest importance and this should be made clear to national co-ordinating bodies when the Technical Assistance programme was being planned.

The Regional Director informed the Committee that commencing in 1964, a separate allocation had been provided within the regular budget to cover all malaria activities, except those carried under the Technical Assistance budget. The proposals for malaria activities remained at approximately the same level as in 1964. A slight increase in the provision for Regional Advisers was mainly attributable to statutory

increments and home leave costs. There were no changes in the staffing pattern. At present five countries in the Region had full malaria eradication projects in operation, namely, China, North Borneo, Philippines, Ryukyu Islands and Sarawak. Assistance to China would be discontinued in 1965 as it was expected that malaria would be eradicated by the end of 1964. It was proposed to commence a pre-eradication programme in Laos during 1965.

Proposals under the Special Account for Community Water Supply were tentative and subject to the contributions received. In addition to projects providing expert or consultant services to seven countries of the Region, a regional seminar on water utility problems in urban development had been included in the proposals.

In concluding, the Regional Director considered that the proposed budgetary increase for 1965 was reasonable, particularly if one viewed the many requests which had had to be allocated to the supplementary list because of limitations in funds.

3. DETAILED EXAMINATION AND ANALYSIS OF THE PROPOSED PROGRAMME AND BUDGET ESTIMATES

In the course of the Sub-Committee's study, the following matters were discussed:

3.1 Country Projects

3.1.1 Cambodia 9 - Rural health training programme (pages 25-26)

It was noted that the duration of assistance to this project was estimated to be ten years and information was requested on the number of personnel to be trained.

The Regional Director stated that he could not provide a definite figure of the number involved but that students from the School of Nursing and the Royal School of Medicine used this training centre for

rural health experience. The training of sanitary agents was also being undertaken. The project had been faced with a number of difficulties, one of which was the recruitment of suitable counterparts for WHO personnel. The situation was, however, improving and a senior counterpart had recently been appointed. As he had pointed out in his Annual Report, unless governments provided counterparts, WHO staff would have to remain in the country longer than originally planned. It would, therefore, be necessary for assistance to this project to continue for the next four years.

3.1.2 China 34 - Trachoma control (pages 33-34)

Information was requested on this project which it was noted was an extensive one which had been going on for a number of years. It was felt that the moment had possibly come to evaluate progress and determine whether the desired results were being achieved.

The Sub-Committee was informed that the programme had been originally designed to provide treatment for schoolchildren and also, in certain areas, blanket treatment of family contacts. As the results had not been satisfactory, epidemiological studies had been carried out in 1960-1961 by a WHO team, composed of a trachomatologist and an epidemiologist/statistician, and the national team. Therapeutic trials had been carried out at the same time to compare the effectiveness of continuous and intermittent treatment with antibiotic ointment. It had been found that trachoma was not confined to the school-age groups and that the highest prevalence was consistently found in the 15-20 age group, irrespective of overall prevalence rate, and the decline beyond this peak was very gradual. The therapeutic trials had showed that intermittent treatment by achromycin ointment yielded results which were superior or at least as good as those of continuous treatment.

The project had been redefined to provide for the treatment of all age groups in the belief that the approach used would reduce the average prevalence. In undertaking the revised programme, the enormity of the task had impressed the Government and the team, and therefore very careful and detailed plans had been made. There had been trials of all proposed methods to test their practicability in the field before starting the mass campaign. The survey teams which were doing case-finding and treatment had covered to date over 90 per cent of the population, and in most cases up to 99 per cent, indicating the effectiveness with which the programme was being carried out. It was realized that such a programme, to be effective, depended upon a systematic approach and, if possible, on a 100 per cent coverage. It was a tremendous challenge but it was expected that the results would be satisfactory. Provision had been made for an annual evaluation of the programme by a consultant and in the last year there would be a consultant team which would do a complete evaluation.

3.1.3 Korea 19 - Tuberculosis control (pages 55-56)

Attention was drawn to the fact that, although this project had started in 1963 or earlier and was expected to finish in 1967, there was no evidence of any diminution in WHO assistance. It was felt that this point covered a number of programmes and it appeared that in many cases there was no tapering off of WHO assistance until the completion of the project. It should be possible for competent counterparts to replace the WHO staff gradually so that assistance was given on a diminishing scale.

The Regional Director pointed out that in many cases the budget provision was to meet the cost of fellowships to be awarded to train

local people. In 1965, for example, there was provision for fellowships in the amount of \$9800, which represented intensified training of national staff. The tuberculosis project in Korea had only just started and one could not expect the government staff to take over within such a short period of time as four years. The aim was not merely to demonstrate tuberculosis control but to work out a national plan. During the past months, the progress achieved had been quite impressive.

3.1.4 Malaya 40 - Assistance to the University of Malaya (pages 77-78)

The Sub-Committee was informed that the medical education programme in Malaya was being expanded and developed. The representative of Malaya asked, therefore, if the fellowships appearing in the proposed programme and budget could perhaps be advance-awarded. The early assignment of the consultants would also be desirable. He further requested that the two-year fellowship for study of vital statistics in the United Kingdom should be changed to a two-year fellowship for study of epidemiology and statistics in the United States of America, and that the reference to London University, followed by practical training in Africa and India, in connection with the nutrition fellowship, should be deleted.

3.1.5 New Zealand 200 - Public health administration (pages 79-80)

The Regional Director was requested to amend the text to read "To enable an office inspector in the Department of Health to study public health administration and finance".

3.1.6 Papua and New Guinea (pages 85-88)

The Sub-Committee was informed that a majority of the fellowships awarded in past years to Papua and New Guinea had been taken by Europeans, as there had been no medically trained local personnel. This would not be so in 1965, as all but one fellowship in the surgery of leprosy were for national personnel and this trend would be followed in future years.

3.2 Inter-country Programmes (pages 127-142)

3.2.1 Site of inter-country seminars and meetings

The Sub-Committee noted that, in general, seminars and inter-country meetings were held in Manila. A suggestion was made that some of these might be held elsewhere, as it was considered that Member countries would derive more benefit from this arrangement.

The Regional Director stated that he appreciated this proposal which would, however, present economic difficulties. Since the programme and budget was prepared two years ahead, it was not known then whether any Member governments wished to act as host and the Regional Office was, therefore, used as the central point and basis for the calculation of expenses. It would also be a pity not to use the regional office facilities for conference purposes since quite a large amount had been spent for this purpose. If, however, a government wished to invite WHO to hold a seminar or meeting in its country, this could be arranged, but the additional costs would have to be borne by the government concerned.

It was suggested that Member governments should be provided with a record of the places where seminars, conferences or meetings had been held over the last five years, as this would be a valuable guide in deciding which country might be suitable for a particular meeting - for example, Japan for radiation and Malaya for haemorrhagic fever.

Following further discussion, it was decided that the draft resolution presented to the Committee should contain a reference to the fact that if a seminar were held outside of regional headquarters, the additional expenses should be met by the host country.

3.2.2 Participation in educational meetings (pages 141-142)

Following a query by a member of the Sub-Committee as to the provision under Participation in Educational Meetings, the Regional

Director stated that, normally, WHO did not finance participation in congresses and similar meetings. There were, however, times when a fellow was already, for example, in Europe and wished to attend a meeting there; payment for his attendance could be made from this particular allocation. On other occasions, it might be of interest to governments to send participants to meetings sponsored by WHO Headquarters or other regions. This, too, would be covered under this allocation.

3.3 Malaria Eradication Programme (pages 147-162)

A question was asked as to whether the integration of the malaria budget into the regular budget had resulted in governments providing further support for the malaria programme in the form of increased appropriations.

The representative of the Philippines stated that as a result of the assistance given by WHO, the interest of his Government had been greatly stimulated in malaria eradication activities. If the amount of money appropriated five or ten years ago was compared with that appropriated at the present time, it could be said that the expenditure for malaria had increased tenfold.

The Regional Director believed that all governments embarking on such programmes had done everything possible to increase their own appropriations in order to reach the objective of eradication.

3.4 Special Account for the Community Water Supply Programme (pages 164-169)

The Sub-Committee noted that the community water supply programme was entirely financed by voluntary contributions and that planning had, therefore, to be done on a yearly basis. The proposed programme was therefore a very tentative one and its implementation would depend on whether WHO received sufficient voluntary contributions in 1965 to support it.

3.5 Supplementary List (pages 186-201)

In reply to a question, the Regional Director stated that the number of projects included in this year's supplementary list was slightly smaller than in the previous year. In 1964, the total had been approximately \$933 000, whereas in 1965 it was \$728 100.

At the request of the representatives concerned, the following items were added to the supplementary list:

Philippines

A twelve-month fellowship in health education for study in the United States of America

A three-month consultant in hospital administration in support of the programme at the Institute of Hygiene

Japan

A six-month fellowship in the organization, planning and administration of medical rehabilitation services. It was hoped this fellowship could perhaps be advance-awarded in 1964.

4. OTHER POINTS RAISED

It was noted that there was an increase of 20 per cent in the proposed budget. It was pointed out, however, that in the past years there had been a great many requests from the African Region whose budget had been rather larger than that of the Western Pacific Region. It would appear, therefore, appropriate that the Western Pacific Region should not be neglected and in 1965, therefore, the Region had received an increased allocation. The hope was expressed that similar increases would not be brought forward by all the regions of WHO when the proposed programme and budget was considered by the World Health Assembly.

The Sub-Committee noted that the proposal covering the establishment of a special programme and budget committee had been based on the belief that a smaller committee would be able to discuss the budget more

thoroughly. The representative of the Philippines suggested that consideration might perhaps be given to the possibility of having the programme and budget discussed in plenary session by all representatives, rather than sub-dividing the Committee and rotating membership among the various countries. It was pointed out by other representatives that although the Sub-Committee was composed of certain countries, any country not a member of the Sub-Committee was always free to participate in the discussions. It was finally agreed that the representative of the Philippines should present this proposal to the Committee when the programme and budget was discussed, should he so desire.

5. CONCLUSIONS

The Sub-Committee agreed that the programme was balanced and followed the general programme of work approved by the Regional Committee and the World Health Assembly, and that the priorities established were acceptable.