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Consultative Group on Budgetary Questions

Copenhagen, 28-30 April 1982[a]

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DRAFT 1984-85 PROGRAMME BUDGET

W.H.O. - R.O.E. - Budget

The 1984-85 programme budget document represents an important new development for two reasons:

1. It is the first programme budget drawn up entirely on the basis of the European regional strategy for health for all by the year 2000 and of the regional contribution to the Seventh General Programme of Work.

2. The structure of the programme budget document itself is quite different from previous ones, in line with the recommendations of the Consultative Group on Programme Development and the discussions of the Regional Committee.

Consequently, the programme budget has a much clearer and firmer policy basis than previously, and the new structure of the document is designed to establish a more open and direct link between what has been outlined in the way of problems, and what problem-solving outputs can be expected in the way of programme activites. It should therefore be easier for countries to assess whether the outputs will be useful to them.

The complete programme budget is now being prepared in draft form in English, for consideration by the joint meeting of the Consultative Group on Programme Development and the Consultative Group on Budgetary Questions, 28-30 April 1982. The purpose of the present document is to outline the most important issues for preliminary briefing of members of the two groups before the meeting.

[a] 30 April 1982 separate meeting of Consultative Group on Budgetary Questions.

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1. Programme budget planning process

The consultation document was sent to Member States in the four working languages at the end of December 1981. A total of eleven countries replied by the deadline (end of February 1982). Subsequently another eleven replied, bringing the total to twenty-two, for consideration by the Regional Programme Committee at its meeting from 15 to 19 March 1982, with the objective of cutting the original proposals down to a level compatible with the resources expected to be available for 1984-85. This process was guided mainly by the replies to the consultation document (see Annex I for a summary of the "voting" results) and, in the case of the programmes on smoking and on abuse of psychoactive drugs, by subsequent consultations of experts.

2. Main new directions in programme development

The programme budget document itself will give a fuller discussion of the changes in the programme and its relationship to the European strategy for health for all. The following gives a very brief and, by necessity, incomplete summary of the changes. This presentation will follow the fourteen main chapter headings listed in Annex III.

2.1 WHO's general programme development and management

No major changes are foreseen with regard to the Regional Committee, the main advisory groups (Consultative Group on Programme Development, Consultative Group on Budgetary Questions, Regional Health Development Advisory Council). Annual seminars for director-generals of health (starting in 1982) will continue. More emphasis will be given to the coordination of activities of United Nations' agencies at the country level. Opportunities will be created for training key national staff in disaster preparedness.

2.2 Health system development

The separate programmes (in 1982-83) on epidemiology and health statistics have been merged into one on "health situation and trend assessment", giving priority to a more up-to-date and comprehensive review of current status and future trends in the Region with regard to health problems, health care consumption, health resource production, health risk factor development, etc. In line with WHO's effort to improve "managerial processes for national health development" the programmes on health planning and evaluation, health economics and health legislation will be better coordinated and aim more directly at supporting national health policy development. In the developing countries of the Region, the focus will be on further development of the primary health care approach now being applied in pilot areas, and its expansion to achieve country-wide coverage. The nursing programme will maintain its basic research component and pay more attention to issues related to primary health care. Building on activities started in 1981, a new programme on "model health care and quality assurance" will stimulate development in Member States.

2.3 Organization of health systems based on primary health care

This is the part of the overall European regional programme which, relatively speaking, will have the highest priority and be expanded most. The existing primary health care programme will be supported by adding one new programme "above" and one "below", in order to obtain more extensive analyses of the complete range of health care services. A new programme on "lay, community and alternative health care" (4(a)) will concentrate on what goes on outside the framework of organized, professional health care and shed light on key issues related to lifestyles, e.g., increased involvement of the public in health care, reweaving of social fabric to support individuals and families, etc. At the other end of the spectrum a new programme on "hospitals and other health institutions" (4(c)), will deal with the many issues related to the rapidly expanding and costly hospital sector in Europe.

2.4 Health manpower development

In this area more emphasis will be given to manpower planning in order to support countries in correcting the current problems of over and underproduction of personnel. Training oriented to primary health care and the introduction of other principles of health for all into basic and continuing education of different categories of health personnel, will be maintained not only in cooperation with governments but also with the many nongovernmental organizations that actively influence teaching in this field.

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continuing education of different categories of health personnel, will be maintained not only in cooperation with governments but also with the many nongovernmental organizations that actively influence teaching in this field.

2.5 Public education and information for health

The two former programmes of public information and health education will be merged to provide for closer cooperation and mutual support in what in reality is a continuation of activities aimed at influencing the general public and special target groups such as politicians and the mass media to become active advocates of the health for all philosophy. Programme development will focus both on preventive policies for health at the national level and on community approaches to social change and action at the local level.

The activities will be consumer centred, multisectorial and multidisciplinary, and will encompass not only health education *per se*, but also relevant health messages in all types of formal and informal education. Special educational activities will be undertaken to give key persons in the media a better understanding of the European strategy for health for all.

2.6 Research promotion and development

This programme will continue to focus on ways of mobilizing national and WHO research to support development for health for all. The European Advisory Committee for Medical Research (EACMR) will remain a key contributor to this work.

However, the main feature of the substantial increase in research efforts in the programme for 1984-85 and beyond will be a reorientation towards the development of longer-range studies in virtually every programme.

2.7 General health protection and promotion

A basic principle of the European strategy for health for all is that of going beyond the reduction of exposure to risk factors and stimulating health promotion *per se*. Consequently, a new programme on "health promotion" (8.X) has been introduced for further development of this concept and the implementation of appropriate activities in the Member States.

The former programme on food safety and the nutrition component of the family health programme within the Sixth General Programme of Work have been merged to form a programme on "nutrition and food safety" (8.1), which will concentrate on national food policy development and issues related to lifestyles.

The accident prevention programme has been expanded to include not only road traffic, but other accidents (particularly home accidents) in close cooperation with the global accident programme administered by the Regional Office. The oral health programme will continue more or less along the lines developed in the Sixth General Programme of Work, giving increasing importance to country projects in the southern part of the Region.

In view of the comments received from Member States on section 10.2 of the consultation document, concerning "prevention and control of alcohol, drug abuse and smoking", it has been decided to create a separate programme to deal with smoking alone (8.Y). In the light of advice provided by a consultation of experts held in the Regional Office in January 1982, the new programme will not be linked with that on mental health, but with those on general health protection and promotion (see document ICP/GPD 001(6)/8).

2.8 Protection and promotion of the health of specific population groups

Since the nutrition component of the family health programme within the Sixth General Programme of Work has been merged with the food safety programme (see above), the former family health programme has been renamed "maternal and child health" (9.1(a)), and will concentrate on appropriate technology and services related to pregnancy and early childhood. The family planning programme will continue on the lines of the Sixth General Programme of Work, with emphasis on country projects, but will also deal with issues of changing sex roles and the implications for family health. The programmes on workers' health and health of the elderly will continue along the lines developed in the Sixth General Programme of Work, but with increasing emphasis on issues related to lifestyles. Very close cooperation will be maintained between the regional and the global programmes for the elderly (the latter also being a Regional Office responsibility).

In the consultation document a new programme on "circumpolar health" (9.X) was proposed. However, the response from Member States was not enthusiastic and the idea has therefore been dropped, although a few activities have been kept, e.g., in programme 4(b) "primary health care".

In conformity with specific recommendations of the Regional Committee when it discussed the European Strategy for health for all in September 1980, special attention has been given to the health problems associated with unemployment and poverty by creating a new programme, "unemployment, poverty and health" (9.Y). This programme will deal with the health and health-related problems of the unemployed and poor, and stimulate research and action towards the reduction of such problems.

2.9 Protection and promotion of mental health

The mental health programme will continue on the lines developed during the latter part of the Sixth General Programme of Work, with emphasis on programmes for specific vulnerable groups and a primary health approach. In view of the substantial problem that abuse of psychoactive drugs represents in the European Region and of comments received from Member States on section 10.2 of the consultation document "prevention and control of alcohol, drug abuse and smoking", it has been decided to design separate programmes not only on smoking, but also in the two other areas (see documents ICP/GPD 001(6)/8, /9 and /10).

The new programme on "prevention of alcohol abuse" (10.2) will be closely linked to the mental health programme and will deal both with national policies, preventive techniques, service organization and treatment aspects of alcohol abuse.

For details of the new programme on abuse of psychoactive drugs, see 2.11 below.

2.10 Promotion of environmental health

The previous programme on basic sanitary measures, with the addition of selected components from other programmes, has been transformed into a new programme on the "International Drinking-Water Supply and Sanitation Decade" (11.1), providing a sharper focus for the European component of the Decade. It reflects the concerns both of the developing and of the more industrialized countries of Europe and also has a strong component of country projects.

The previous programme on environmental health planning and management has been replaced by a new one on "environmental health in rural and urban development and housing" (11.2), which aims at ensuring consideration of health concerns in housing and urban and regional planning.

The programme on control of environmental health hazards (11.3(a)) will continue on the lines developed in the Sixth General Programme of Work. However, in view of the great importance attached to the problems of chemical safety by the Regional Committee and Member States in general, a new programme on "chemical safety" (11.3(b)) will add regular budget resources and a region-wide focus to the existing UNDP programme. This will also provide the basis for an important thrust in a field where the Regional Office for Europe exercises global responsibility for manpower development and emergency response.

2.11 Diagnostic, therapeutic and rehabilitative technology

In line with the new WHO programme classification, the title of the programme on "appropriate technology for health" has been changed to "clinical, laboratory and radiological technology" (12.1). In the European Region, emphasis will be placed on developing a network for technology assessment, starting with laboratory technology in the 1984-85 biennium, and attention will be paid to the question of national policies for health technology assessment.

The programme on drug policies and management (12.2/3(a)) will continue along the lines developed during the second half of the Sixth General Programme of Work. However, a new programme on "abuse of psychoactive drugs" (12.2/3(b)) has been introduced and will focus on national policies, preventive technologies, service aspects and treatment in this field.

Finally, following the recommendations relating to the International Year of Disabled Persons, and in line with the regional contribution to the seventh general programme of work, a new programme on "disability prevention and rehabilitation" (12.5) has been drawn up to give sharper focus to the health problems of the disabled, the services provided for them and the technologies involved.

2.12 Disease prevention and control

In the area of communicable diseases more importance will be given to the strengthening of surveillance and monitoring systems and immunization programmes. The malaria programme will include a pilot project in Turkey to improve the methodology for malaria control under difficult conditions of insecticide resistance and water management.

The cancer programme has been redesigned to give emphasis to the development of model health care for cancers in different sites, scrutiny of expensive technologies and analysis of the social and other problems of patients with cancer. As regards cardiovascular and other noncommunicable diseases, the programme will be oriented in accordance with the experience obtained in the Fifth and Sixth General Programmes of Work, extending the concept of prevention to nation- and area-wide comprehensive community control projects.

2.13 Health information support

The development of health literature services will focus on computerized networks and the provision of training facilities for national staff.

Major changes will take place in the publications' programme, adding new types of publications to the existing ones, and partly catering to the needs of the general public and other target groups. Steps will be taken to increase the number of translations of publications: a target of 100% translation into French and 50% into German and Russian will be set for the publications issued in 1984-85. Furthermore, national initiatives to translate WHO publications into other important languages in the Region will be stimulated.

3. Staffing

The staffing pattern foreseen for 1984-85 has two important components: permanent staff and short-term staff.

3.1 Permanent staff

In view of the budgetary limitation and the ceiling of 1% "real increase" (see below), it is proposed to add only three new posts to the staffing of the Regional Office. These will be professional posts, distributed as follows:

- one to be responsible for the two new programmes on smoking and on health promotion;

- one to reinforce the programme on health planning and evaluation, in order to give more support to policy development for health for all in Member States;

- one to deal with the new programmes on hospitals and model health care.

In view of the budgetary difficulties these posts will be funded from the regular budget from 1985 only, but it is hoped that provision can be made for 1984 from other sources.

3.2 Short-term staff

There has recently been a marked shift towards the use of short-term professional staff at the Regional Office. Increasingly, requests are received from university professors on sabbatical leave to come and work in Regional Office programmes without remuneration - which may perhaps be taken as a sign of acceptance by the research community. Furthermore, there is an interesting trend of some Member States making their senior health officials available to the Regional Office for shorter or longer periods, at nominal cost. This provides a healthy stimulus for the Regional Office in obtaining outside views in the daily work, and will hopefully be beneficial for the national health administrations that make use of this opportunity.

The Regional Office intends to stimulate this kind of development in 1984-85.

4. Budgetary trends

4.1 General

Annex IV shows the structure of the 1984-85 programme budget document. It will be seen that chapter 4 contains a financial analysis of the budget. This will supplement the tables given at the end of the introductory part of previous programme budget documents. An attempt will be made in the analysis to facilitate understanding of the budget, particularly as regards comparison with the previous one. Separate information will be provided on staff costs and funds available for projects within the different programmes.

A draft of chapter 4 is attached as Annex V.

4.2 Intercountry programmes

Annex V contains a tabular overview of the project funds to be allocated for the intercountry programmes, their increase from 1982-83 and the ranking of the individual programmes. It should be noted that the component "other sources" depends to a large extent on relatively large contributions expected from certain United Nations Agencies (UNDP, UNEP and UNFPA).

4.3 Country programmes

Annex V, contains an overview of the suggested funds for country projects, compared to those in 1982-83. It should be noted that a new project has been added, "programme support to country projects". This will provide for periodic programme reviews - in particular for those countries where the Regional Office has most projects - and for general service staff support to WHO field personnel in countries where the Regional Office has extensive field operations. This is proposed on the basis of the promising experience of such ad hoc arrangements during the last two years.

Annex I

SUMMARY OF VOTING ON 1984-85 CONSULTATION DOCUMENT

THE STATISTIC IS BASED ON 22 REPLIES. REPLY RATE : 66.7 %

		COUNTRY LEVEL VOTING				EUROPEAN LEVEL VOTING			
		-H I G H-	-M E D I U M-	-L O W-	-N O N E-	-H I G H-	-M E D I U M-	-L O W-	-N O N E-
2.4	EXTERNAL COORDINATION FOR HEALTH & SOCIAL DEVELOPMENT (INCL.EMERGENCY RELIEF)	55-31.3%	61-34.7%	41-23.3%	19-10.8%	84-47.7%	43-24.4%	22-12.5%	27-15.3%
3.1	HEALTH SITUATION AND TREND ASSESSMENT	144-46.8%	104-33.8%	32-10.4%	28 -9.1%	156-50.6%	89-28.9%	18 -5.8%	45-14.6%
3.2(A)	HEALTH PLANNING AND EVALUATION	120-42.0%	89-31.1%	44-15.4%	33-11.5%	144-50.3%	82-28.7%	12 -4.2%	48-16.8%
3.2(B)	INFORMATION SYSTEMS PROGRAMME	77-31.8%	79-32.6%	51-21.1%	35-14.5%	98-40.5%	79-32.6%	20 -8.3%	45-18.6%
3.2(C)	HEALTH ECONOMICS	124-37.6%	103-31.2%	65-19.7%	38-11.5%	140-42.4%	108-32.7%	36-10.9%	46-13.9%
3.3(A)	MODEL HEALTH CARE AND QUALITY ASSURANCE	69-34.8%	77-38.9%	38-19.2%	14 -7.1%	73-36.9%	83-41.9%	26-13.1%	16 -8.1%
3.3(B)	NURSING	107-24.3%	178-40.5%	123-28.0%	32 -7.3%	127-28.9%	197-44.8%	46-10.5%	70-15.9%
3.4	HEALTH LEGISLATION	48-27.3%	54-30.7%	62-35.2%	12 -6.8%	59-33.5%	60-34.1%	30-17.0%	27-15.3%
4.(A)	LAY, COMMUNITY AND ALTERNATIVE HEALTH CARE	105-29.8%	113-32.1%	109-31.0%	25 -7.1%	107-30.4%	110-31.3%	87-24.7%	48-13.6%
4.(B)	PRIMARY HEALTH SERVICES	137-47.9%	85-29.7%	41-14.3%	23 -8.0%	152-53.1%	73-25.5%	19 -6.6%	42-14.7%
4.(C)	HOSPITALS AND OTHER HEALTH INSTITUTIONS (SECONDARY & TERTIARY HEALTH SERVICES)	149-48.4%	77-25.0%	50-16.2%	32-10.4%	145-47.1%	92-29.9%	26 -8.4%	45-14.6%
5.	HEALTH MANPOWER DEVELOPMENT	105-34.1%	123-39.9%	50-16.2%	30 -9.7%	118-38.3%	108-35.1%	27 -8.8%	55-17.9%
6.	PUBLIC EDUCATION AND INFORMATION FOR HEALTH	182-46.0%	129-32.6%	79-19.9%	6 -1.5%	194-49.0%	114-28.8%	62-15.7%	26 -6.6%
7.	RESEARCH PROMOTION AND DEVELOPMENT	72-36.4%	74-37.4%	29-14.6%	23-11.6%	75-37.9%	67-33.8%	25-12.6%	31-15.7%
8.X	HEALTH PROMOTION	99-40.9%	68-28.1%	39-16.1%	36-14.9%	89-36.8%	77-31.8%	19 -7.9%	57-23.6%
8.1	NUTRITION AND FOOD SAFETY	133-40.3%	101-30.6%	57-17.3%	39-11.8%	157-47.6%	81-24.5%	33-10.0%	59-17.9%
8.2	ORAL HEALTH	79-39.9%	56-28.3%	35-17.7%	28-14.1%	83-41.9%	65-32.8%	8 -4.0%	42-21.2%
8.3	ACCIDENT PREVENTION	161-43.0%	142-38.0%	26 -7.0%	45-12.0%	178-47.6%	135-36.1%	16 -4.3%	45-12.0%
9.X	CIRCUMPOLAR HEALTH	2 -0.6%	30 -9.1%	151-45.8%	147-44.5%	27 -8.2%	111-33.6%	45-13.6%	147-44.5%
9.Y	POVERTY AND HEALTH	60-17.0%	87-24.7%	111-31.5%	94-26.7%	91-25.9%	135-38.4%	25 -7.1%	101-28.7%

THE STATISTIC IS BASED ON 22 REPLIES. REPLY RATE : 66.7 %

		EUROPEAN LEVEL VOTING				COUNTRY LEVEL VOTING			
		-HIGH-	-MEDIUM-	-LOW-	-NONE-	-HIGH-	-MEDIUM-	-LOW-	-NONE-
9.1(A)	MATERNAL AND CHILD HEALTH	170-51.5%	99-30.0%	19 -5.8%	42-12.7%	150-45.5%	94-28.5%	45-13.6%	41-12.4%
9.1(B)	SEXUALITY AND FAMILY PLANNING	77-26.9%	133-46.5%	31-10.8%	45-15.7%	57-19.9%	100-35.0%	91-31.8%	38-13.3%
9.3	WORKERS' HEALTH	196-55.7%	81-23.0%	19 -5.4%	56-15.9%	169-48.0%	82-23.3%	48-13.6%	53-15.1%
9.4	HEALTH OF THE ELDERLY	182-48.7%	110-29.4%	47-12.6%	35 -9.4%	154-41.2%	129-34.5%	56-15.0%	35 -9.4%
10.3	MENTAL HEALTH	84-47.7%	59-33.5%	13 -7.4%	20-11.4%	70-39.8%	69-39.2%	19-10.8%	18-10.2%
11.1	INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE	137-38.9%	102-29.0%	22 -6.3%	91-25.9%	113-32.1%	75-21.3%	89-25.3%	75-21.3%
11.2	ENVIRONMENTAL HEALTH IN RURAL & URBAN DEVELOPMENT AND HOUSING	93-35.2%	96-36.4%	11 -4.2%	64-24.2%	79-29.9%	96-36.4%	40-15.2%	49-18.6%
11.3(A)	CONTROL OF ENVIRONMENTAL HEALTH HAZARDS	166-53.9%	73-23.7%	14 -4.5%	55-17.9%	134-43.5%	78-25.3%	56-18.2%	40-13.0%
11.3(B)	CHEMICAL SAFETY PROGRAMME	286-59.1%	118-24.4%	26 -5.4%	54-11.2%	246-50.8%	145-30.0%	39 -8.1%	54-11.2%
12.1	CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY	95-43.2%	62-28.2%	23-10.5%	40-18.2%	76-34.5%	68-30.9%	36-16.4%	40-18.2%
12.2-3	DRUG POLICIES AND MANAGEMENT	196-52.4%	102-27.3%	25 -6.7%	51-13.6%	164-43.9%	108-28.9%	62-16.6%	40-10.7%
12.5	DISABILITY PREVENTION AND REHABILITATION	166-41.9%	115-29.0%	15 -3.8%	100-25.3%	160-40.4%	131-33.1%	48-12.1%	57-14.4%
13.1,/6-11	EPI AND VIRAL,MYCOTIC DISEASE,ZOONOSES	156-41.7%	143-38.2%	26 -7.0%	49-13.1%	135-36.1%	131-35.0%	72-19.3%	36 -9.6%
13.2-5	MALARIA AND OTHER PARASITIC DISEASES	71-32.3%	78-35.5%	25-11.4%	46-20.9%	38-17.3%	39-17.7%	101-45.9%	42-19.1%
13.15	CANCER	70-53.0%	36-27.3%	7 -5.3%	19-14.4%	73-55.3%	30-22.7%	11 -8.3%	18-13.6%
13.16-17	CARDIOVASCULAR & OTHER NONCOMMUNICABLE DISEASES	147-55.7%	69-26.1%	22 -8.3%	26 -9.8%	132-50.0%	83-31.4%	23 -8.7%	26 -9.8%
14.(A)	HEALTH LITERATURE SERVICES	39-44.3%	26-29.5%	4 -4.5%	19-21.6%	30-34.1%	24-27.3%	30-34.1%	4 -4.5%
14.(B)	PUBLICATIONS	158-51.3%	69-22.4%	14 -4.5%	67-21.8%	157-51.0%	72-23.4%	41-13.3%	38-12.3%
	TOTALS FOR REGION	4,786-43.0%	3,480-31.3%	965 -8.7%	1,901-17.1%	4,165-37.4%	3,384-30.4%	2,140-19.2%	1,443-13.0%

Annex II

SAMPLE CHAPTER FOR PROGRAMME BUDGET DOCUMENT

4 ORGANIZATION OF HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE

4(b) Primary Health Care

1. Situation analysis

Many problems pertaining to primary health care (PHC) in the European Region stem from the fact that the concept of PHC, as defined in the Declaration of Alma-Ata, was introduced long after most Member States had already established systems to meet the needs expressed in the Declaration. This does not, however, mean that the European countries do not require PHC or do not have to rethink their current policies. In fact, all of them have some system for providing first-contact medical care, the nucleus of PHC, but these systems do not necessarily conform to the Alma-Ata principles, in terms of universal accessibility, social acceptability, integration of health and related services, cost-effectiveness, use of appropriate technologies and community participation. In addition, there are great differences between urban and rural areas and developing and industrialized countries. The emphasis given to the Alma-Ata principles varies considerably, depending on the level of development of countries. In Europe, attention is being given to redefining the role of hospitals vis-à-vis PHC.

The health picture of the circumpolar areas is rapidly changing. While some old public health concerns, such as communicable diseases, still prevail, their relative share of the total morbidity has been greatly reduced. Although many problems of environmental sanitation have also been solved, they are now being replaced by new ones. Growing industrial exploitation exposes both the indigenous and the migrant populations to occupational hazards, with an increase in accidents and occupational diseases.

The main problems of PHC in Europe including those of circumpolar areas can be summarized as follows:

(1) Conceptual, political and attitudinal problems

- There is insufficient understanding of the contributions that individuals, families, and institutions - as well as various types of health worker - can make to PHC, especially in the community, and of the proper balance between promotive, preventive, curative and rehabilitative elements of care.
- There is not enough real political commitment to promotion of PHC, it has low status among health professionals, and consumers lack confidence in it.

(2) Organizational problems

- The organization of PHC is deficient, particularly in respect of coordination with specialized and other health-related services, use of resources, and access and coverage.

(3) Inappropriate technology

- Inappropriate, often too costly, and sophisticated technologies are used in PHC.

(4) Managerial and training problems

- Managerial structures for PHC are lacking.
- Training programmes are inadequate and unmotivating for PHC delivery, research and management.

(5) Research

There is a lack of reliable epidemiological information on the extent and causes of the high overall mortality and morbidity in the indigenous populations of arctic areas; existing health care services in these areas are often inadequate and have not always been adapted to the specific conditions and needs of the local populations.

2. WHO programme perspective

PHC-related activities have been included in many regional programmes and activities, but a report by the Office to the International Conference on Primary Health Care (Alma-Ata, 1978) constituted the real starting point of the programme. The following year, the Regional Committee, at its twenty-ninth session, considered a further document on the subject, and adopted resolution EUR/RC29/R8. A unit responsible for PHC was then established at the Regional Office.

Country projects for development of PHC services have been launched in Algeria and Morocco and are planned in Turkey. The first WHO collaborating centre in PHC was established in Alma-Ata, USSR, in 1980 and negotiations are under way to designate the Andrija Stampar School of Public Health in Zagreb, Yugoslavia, as the second one.

Studies on management needs and community participation in PHC have been initiated in collaboration with several national centres. Reports on community participation and the concept of the health centre were prepared for issue in 1980 and 1982, respectively.

A meeting of the EACMR planning group on problems in health care delivery (Copenhagen, 1980) made recommendations on the promotion of health services research and the identification of priority research areas. A first meeting of the advisory committee on PHC (Copenhagen, 1980) reaffirmed some of the activities proposed in the first medium-term programme on PHC, which also suggested new lines of action.

Consultant studies on implementation of the Alma-Ata Declaration in eastern and western European countries were conducted in preparation for a symposium on PHC in Europe (Kuopio, 1981). The symposium itself constituted a major landmark in attempting to take stock of the developments in Europe since the Alma-Ata Conference and to devise a strategy for the future development of PHC.

In 1979, in connection with a Working Group on the Health Problems of Local and Migrant Populations in Arctic Regions, a consultation was organized with participants from Canada, the USSR, the United States and Scandinavian countries to define WHO's role in circumpolar health. Following the recommendations of this consultation, a draft medium-term programme in circumpolar health was prepared and a separate programme proposed in the consultation document for 1984-85. However, in view of the comments received from Member States, no special programme in Arctic Health will be created, but some activities will be continued under the PHC programme.

In 1982-83 work will include the development of a WHO manual on basic sanitation (drawing on existing national guidelines in several countries), as well as an analysis of family health in circumpolar areas.

During the Seventh General Programme of Work, WHO will attempt to anticipate emerging problems by identifying them and developing solutions in advance. In this context, particular attention will be paid to difficulties of social and cultural adaptation, as these are likely to be the most important.

Activities will include education for health, including both the appropriate training of health professionals and guidance to the local populations on self- and lay health care; ecology, with an assessment of the impact of increasingly larger settlements and the introduction of more sophisticated and invasive technology; and adaptation, both that of settlers to a completely new way of life and environment, and that of the indigenous populations when confronted with different cultures.

In the past, activities related to lay care, hospitals ans quality assurance were a part of the PHC programme. However, with the increased emphasis given to health care organization and infrastructure in the Seventh General Programme of Work, the Regional Committee at its thirty-first session in 1981, approved the principle that separate programmes should be established for these three areas. Consequently, the new programme 4(a) on lay, community and alternative health care will take over responsibility for that part of PHC which is provided by stuctures outside the organized health services. Likewise, the new programme 4(c) on hospitals and other health institutions will be concerned with health services above the PHC level. This leaves programme 4(b) free to concentrate on developing the overall concept of, and support for, PHC; strengthening the PHC service infrastructure, functions, management and manpower; establishing firm links between the different levels of the health care structure; and finding ways to merge contributions from other sectors (i.e. social services, basic sanitation, education, transport) into a mutually supportive, integrated PHC system.

With this framework in mind, it becomes evident that the PHC programme will have very close contacts not only with programmes 4(a) and 4(c) mentioned above. The new programme 3.3(a) on model health care and quality assurance will be concerned with the distribution of clinical tasks between the different levels of care and will thus be the "clinical link" between programmes 4(a), 4(b) and 4(c). Programme 3.3(b) on nursing will be responsible for the PHC service and training aspects of nursing. Close coordination will be maintained with programme area 9 (protection and promotion of the health of specific population groups) in order to meet the PHC needs of vulnerable groups, e.g. children, the elderly, etc. Similarly, the PHC programme will be linked to almost all the other regional programmes including those on communicable and noncommunicable diseases, health manpower development, and community water supply and sanitation.

Externally, the most important contacts for the programme will probably be with professional organizations dealing with PHC, especially medical bodies, as the success or failure of this approach in Europe will to a large extent depend on whether the medical profession can be made an active advocate for the concept and practice of PHC.

3. Programme structure

Objective

1.1 To develop a European concept of PHC and its application, and ensure its support by political and professional groups, as well as by the general public.

	Targets	Approaches
1.1.1	Information on the actual use of PHC services in different countries of the Region disseminated as a continuous process	- Collection of information on the actual use of PHC services (1983-86) - Following a conference on PHC in industrialized countries and a publication on this subject (1983), encouragement of debate on the issue by collecting and disseminating different views, publishing articles in journals, participating in international and national meetings, and collaborating with pertinent NGOs (1984-85)
1.1.2	Recommendations for community participation in PHC on the basis of studies on existing mechanisms by 1984	- Continuation of a study on various informal and formal community participation mechanisms, launched in 1982 in collaboration with seven national centres (1982-84) - Collaboration with programme 4(a) on target 5.1.1 - Working group to review the study report and formulate recommendations (1984) - Publication (1984)
1.1.3	An assessment of the determinants of provider and consumer behaviour in PHC by 1986	- Studies by national centres (1985-86)
1.1.4	Recommendations on division of labour, and a task analysis of various categories of personnel by 1989	- Consultant study (1985-86) (NB: The study will be conducted in close cooperation with programme 3.3(b) on nursing)

Objective

2.1 To promote the development of appropriate infrastructure and functional links for a PHC system.

	Targets	Approaches
2.1.1	Guidelines and recommendations for the organization of PHC: - integration of PHC with the more specialized services, use of secondary and tertiary care resources in support of PHC, and establishment of referral patterns by 1984 - teamwork in PHC by 1985	- Studies to identify existing organizational patterns and to analyse their strength and weaknesses (from 1982) - Internal meetings at the Regional Office to discuss the findings of the studies and to make recommendations - Study of the interface between the lay and professional care sectors (from 1982) - Publication (1984-85)
2.1.2	A definition of the most appropriate infrastructure for PHC, with special reference to adequate family coverage by 1988	- Study of different European models (1985-87) (NB: The study will be linked to target 3.1.3 of programme 4(a) and target 2.1.5 of programme 3.3(b)) - Working group (1988)
2.1.3	An identification of effective methods to reach high-risk, vulnerable and underserved groups by 1988	- Use of the method developed in programme 3.1 on health situation and trend assessment (target 1.1.4) - Study of innovative national programmes (1986-87) - Publication (1988)

Objective

3.1 To develop and use appropriate technologies for PHC.

	Targets	Approaches
3.1.1	An analysis of the utilization of currently available technologies, leading to the development of guidelines and recommendations for appropriate technology in PHC (continuous) - telemetric methods by 1986 - methods based on computerized data transfer by 1987	- Working group to suggest areas for more detailed study (1982) - Study by a collaborating centre, starting two years before the target dates indicated (1984-86) - Meetings to analyse and discuss the findings of the study and to make recommendations (1986, 1987) - Study on technology transfer (1982-85)

Objective

4.1 To develop resources, especially manpower, for PHC delivery, management and information systems.

	Targets	Approaches
4.1.1	Demonstration centres with health information systems developed specifically for PHC by 1984	- Jointly with programme 2.3(b) on information systems, study of current problems and translation of the findings into remedial action in relation to training, staffing patterns, organization, etc. (1982-83) - Identification of a few countries with different health care arrangements interested in developing PHC information systems, and contact with appropriate centres in these countries to develop a demonstration model (1984)
4.1.2	Annual training programmes for teachers in PHC by 1984	- Support of training courses organized by national centres, and development of a regional course by 1984
4.1.3	Guidelines for the development of PHC information systems including indicators for monitoring of activities by 1985	- Use of guidelines as input to attain target 1.1.1 of programme 2.3(b) on information systems - Analysis of experiences of the demonstration centres mentioned in target 4.1.1 (1985)
4.1.4	Training programmes for research in PHC by 1986	- Following international courses on research in PHC in 1980 and 1982, identification of national and regional training programmes (1984-85) - Possible modification of regional programmes (1985) and support to national programmes (continued) - Launching of regional programmes, to be held biennially (1986, 1988) - Initiation of activities, to be conducted in and by Member States in crucial areas (from 1985)

Objective

5.1 To monitor health trends and to increase the range, number and acceptability of health care programmes in circumpolar regions.

	Targets	Approaches
5.1.1	A forecasting of demographic, socio-economic, morbidity and risk factor trends in circumpolar areas by 1986	- Epidemiological studies by national centres on the current and expected future frequency of various problems, paying special attention to the identification of preventable causes of high morbidity and mortality (1982-84) - Review of existing studies (1984-85)
5.1.2	An identification of high-risk groups by 1987	- Contractual service studies (1986-87)

	Targets	Approaches
5.1.3	Models for the organization of health services in circumpolar areas by 1988	- Gathering information on existing approaches to the provision of health services to both local and migrant populations in circumpolar areas (1983-84) - Studies on lay perceptions of the acceptability and appropriateness of the available care (1986-87) - Working group (1988)

Objective

n.1 To facilitate continued programme development responsive to the needs of European Member States and in support of efficient programme delivery

	Targets	Approaches
n.1.1	Cooperation with individual Member States in the development and conduct of national programmes	- Technical advice and collaboration of Regional staff as requested - Provision of consultants
n.1.2	To ensure continued development of a WHO programme designed to meet the priority needs of Member States and the strategies for HFA2000	- Regular meetings of a programme Advisory Committee drawn from Member States - Internal task force - Coordination with other IGOs, NGOs, national institutes and related WHO programmes - Designation and involvement of collaborating centres in the development and implementation of programmes - Use of individual collaborators in the development and conduct of WHO intercountry programme activities (meetings, training courses, etc.) - Support services

Staff and intercountry project funds

	1982-83				1984-85			
	No. of Posts	Regular Budget	Other Sources	Total	No. of Posts	Regular Budget	Other Sources	Total
Staff								
Regional Officer	1/1	190 700	-	190 700	1/1	214 200	-	214 200
Administr. Personnel	1/1	67 400	-	67 400	1/1	66 100	-	66 100
Projects		152 700	85 600	238 300		141 000	140 000	281 000
Total	2/2	410 800	85 600	496 400	2/2	421 300	140 000	561 300

4(b) Primary Health Care

NARRATIVES

ICP/PHC new - Community participation in PHC (Objective 1.1)

In order to develop a European concept of PHC and its application and to ensure support by political and professional groups and the general public, the Office will continue its dissemination of information and collaboration with NGOs.

Community participation and self-reliance as well as self-care are key concepts of PHC. Relatively little is known about their nature and extent in the European Member States. Consequently studies will be launched in 1983 to critically review available data on formal mechanisms of community participation.

In 1984, a bilingual working group, to be organized jointly with the programme in lay, community and alternative health care (4(a)), will make recommendations concerning the proper organization of community participation and the role of self-care in PHC.

Regular budget: $ 25 000 Other sources: $ 30 000

ICP/PHC 013 - Studies on aspects of PHC (Objective 2.1)

To promote the development of appropriate infrastructure and functional links for a PHC system.

The results of studies on existing organizational patterns for PHC will be analysed in order to develop recommendations for the integration of PHC with the more specialized services and greater teamwork by 1985.

Regular budget: $ 25 000 Other sources: -

ICP/PHC new - Technologies for PHC (Objective 3.1)

In 1984 collaborating centres will start studies on the use of currently available technologies used in PHC.

Regular budget: $ 25 000 Other sources: $ 20 000

ICP/PHC 010 - Management of PHC (Objective 4.1)

To develop resources, especially manpower, for PHC delivery, management and information systems.

In 1984 a monolingual working group drawn from countries with different health care arrangements will meet to assess the progress towards PHC as defined in the Alma-Ata Declaration and to plan the development of PHC information system models for use in demonstration centres.

The Regional Office will continue to support national training programmes for teachers in PHC and develop a regional course which will be conducted annually as from 1984.

The experiences gained in the demonstration centres will be analysed in a bilingual working group in 1985, which will be organized jointly with the information systems programme 2.3(b), as a basic for guidelines for PHC information systems.

Regular budget: $ 46 000 Other sources: $ 35 000

ICP/PHC new - Studies on circumpolar health (Objective 5.1)

To monitor health trends and to increase the range, number and acceptability of health care programmes and services in circumpolar areas.

Studies will be reviewed in 1984-85 in collaboration with national centres on the development of socioeconomic, morbidity and risk factor trends in circumpolar areas in Europe.

The basis for preventing health problems and planning health services for circumpolar areas is a thorough understanding of the nature and magnitude of prevailing problems. It is therefore proposed to identify the reasons for, and subsequently assist in a reduction of, the frequency of problems caused by inadequate accultivation and adaptation to life in circumpolar areas.

Regular budget: $ 5 000 Other sources: $ 35 000

ICP/PHC 101 - Advisory structure and services (Standard objective)

In order to facilitate continued programme development responsive to the needs of European Member States and in support of efficient programme delivery the Regional Office will cooperate with individual countries in the development and conduct of their national programmes and will ensure the continued development of a WHO programme designed to meet priority needs and the strategies for HFA2000.

Provision is made to cover salary, allowances, statutory staff costs and duty travel for one post in the Professional category and one post in the General Service category, both continued.

An Advisory Committee will assist in coordinating programme activities and recommend courses of action to support their implementation; it will advise the Regional Office on management problems and the continued relevance of the programme to priority needs; finally, it will advise on securing the necessary resources.

An internal task force will ensure inter-programme coordination and provide a forum for "brainstorming".

Funds have also been set aside in order to make it possible for the programme to meet requests from countries for advice on subjects for which no ensure the further development of the programme.

Staff	$280 300	Staff	-
Programme	$ 15 000	Programme	20 000
Regular budget:	$295 300	Other sources:	20 000

Total project activities:

Regular budget: $421 300 Other sources: $140 000

Annex III

NEW WHO PROGRAMME CLASSIFICATION FOR THE
SEVENTH GENERAL PROGRAMME OF WORK
1984-89
(revision 1)

Global classification	Corresponding programmes for the European Region
1. DIRECTION, COORDINATION AND MANAGEMENT	
1.1 Governing Bodies	)
1.1.1 World Health Assembly	)
1.1.2 Executive Board	)
1.1.3 Regional Committees	)
1.2 WHO's General Programme Development and Management	) (a) Executive Management[c]
1.2.1 Executive Management	)
1.2.2 Director-General's and Regional Directors' Development Programme	) (b) Information Systems Programme[d]
1.2.3 General Programme Development	)
1.2.4 External Coordination for Health and Social Development	External Coordination for Health and Social Development (including Emergency Relief)
2. HEALTH SYSTEM INFRASTRUCTURE	
2.3 Health System Development	
2.3.1 Health Situation and Trend Assessment	Health Situation and Trend Assessment[a]
2.3.2 Managerial Process for National Health Development	) (a) Health Planning and Evaluation) (b) Health Economics[e]
2.3.3 Health Systems Research	) (a) Model Health Care and Quality Assurance[a]) (b) Nursing
2.3.4 Health Legislation	Health Legislation
2.4 Organization of Health Systems based on Primary Health Care	) (a) Lay, Community and Alternative Health Care[b]) (b) Primary Health Care) (c) Hospitals and other Health Institutions[a]) (secondary and tertiary health services)
2.5 Health Manpower	Health Manpower Development
2.6 Public Information and Education for Health	Public Education and Information for Health

[a] Programme modified to a large extent from previous period

[b] New programme

[c] Not included in consultation document

[d] Previously shown as programme 2.3.2(b)

[e] Previously shown as programme 2.3.2(c)

Global classification	Corresponding programmes for the European Region
3. HEALTH SCIENCE AND TECHNOLOGY	
3.7 Research Promotion and Development	Research Promotion and Development
3.8 General Health Protection and Promotion	
3.8.1 Nutrition	Nutrition and Food Safety[a]
3.8.2 Oral Health	Oral Health
3.8.3 Accident Prevention	Accident Prevention
3.8.X	Health Promotion[b]
3.8.Y	Smoking[b]
3.9 Protection and Promotion of the Health of Specific Population Groups	
3.9.1 Maternal and Child Health, including Family Planning	) (a) Maternal and Child Health) (b) Sexuality and Family Planning
3.9.2 Human Reproduction Research	
3.9.3 Workers' Health	Workers' Health
3.9.4 Health of the Elderly	Health of the Elderly
3.9.X	Circumpolar Health[d]
3.9.Y	Unemployment, Poverty and Health[b]
3.10. Protection and Promotion of Mental Health	
3.10.1 Psychosocial Factors in the Promotion of Health and Human Development	Psychosocial Factors and Mental Health[c]
3.10.2 Prevention and Control of Alcohol and Drug Abuse	Prevention of Alcohol Abuse[b]
3.10.3 Prevention and Treatment of Mental and Neurological Disorders	
3.11. Promotion of Environmental Health	
3.11.1 Community Water Supply and Sanitation	International Drinking-Water Supply and Sanitation Decade[b]
3.11.2 Environmental Health in Rural and Urban Development and Housing	Environmental Health in Rural and Urban Development and Housing[b]
3.11.3 Control of Environmental Health Hazards	) (a) Control of Environmental Health Hazards) (b) Chemical Safety Programme
3.11.4 Food Safety	

[a] Programme modified to a large extent from previous period

[b] New programme

[c] Not included in consultation document

[d] Incorporated into programme 2.4(b)

Global classification	Corresponding programmes for the European Region
3.12. Diagnostic, Therapeutic and Rehabilitative Technology	
3.12.1 Clinical, Laboratory and Radiological Technology for Health Systems based on Primary Health Care	Clinical, Laboratory and Radiological Technology
3.12.2 Essential Drugs and Vaccines 3.12.3 Drug and Vaccine Quality, Safety and Efficacy	(a) Drug Policies and Management (b) Abuse of Psychoactive Drugs[b]
3.12.4 Traditional Medicine	
3.12.5 Rehabilitation	Disability Prevention and Rehabilitation[b]
3.13. Disease Prevention and Control	
3.13.1 Immunization	(see 3.13.6-11 below)
3.13.2 Disease Vector Control 3.13.3 Malaria 3.13.4 Parasitic Diseases 3.13.5 Tropical Disease Research	Malaria and Other Parasitic Diseases
3.13.6 Diarrhoeal Diseases 3.13.7 Acute Respiratory Infections 3.13.8 Tuberculosis 3.13.9 Leprosy 3.13.10 Zoonoses 3.13.11 Sexually Transmitted Diseases	Expanded Programme on Immunization, Bacterial, Viral and Mycotic Diseases and Zoonoses[a]
3.13.12 Smallpox Eradication Surveillance	
3.13.13 Other Communicable Disease Prevention and Control Activities	
3.13.14 Blindness	
3.13.15 Cancer	Cancer
3.13.16 Cardiovascular Diseases 3.13.17 Other Noncommunicable Disease Prevention and Control Activities	Cardiovascular and Other Noncommunicable Diseases

[a] Programme modified to a large extent from previous period

[b] New programme

[c] Not included in consultation document

Global classification	Corresponding programmes for the European Region
4. PROGRAMME SUPPORT	
4.14 Health Information Support	) (a) Health Literature Services) (b) Publications
4.15 Support Services	
4.15.1 Personnel	Personnel (incl. Staff Development and Training)[c]
4.15.2 General Administration and Services	General Services[c]
4.15.3 Budget and Finance	Budget and Finance[c]
4.15.4 Equipment and Supplies for Member States	

[c] Not included in consultation document

Annex IV

CONTENT OF PROPOSED 1984-85 PROGRAMME BUDGET (revision 1)

As suggested by the thirtieth session of the Regional Committee, the budget document will consist of two parts.

Part I

1. Explanatory notes

2. Health and health-related problems in the European Region

3. Relationship between the 1984-85 Programme budget proposals, the regional strategy for health for all by the year 2000 and the Seventh General Programme of Work

4. Budgetary analysis

5. Intercountry programme proposals

5.1 A synopsis of each programme area

5.2 For each individual programme:

5.2.1 a situation analysis, describing the situation in the specific field in the European Region, and summarizing the major problems identified as requiring collaboration with WHO, modified in accordance with your replies to the consultation document;

5.2.2 a WHO programme perspective, outlining the salient past events in the programme as well as major activities to be carried out in 1982-83, and highlighting the relationship of the activities with the regional strategy for health for all by the year 2000, and the proposed collaboration with other European regional programmes, WHO headquarters, intergovernmental and nongovernmental organizations and collaborating centres;

5.2.3 objectives, which will be directly related to the problems identified in the situation analysis and reflect the development the programme seeks to achieve in order to solve them and improve the situation;

5.2.4 a pointer to the project narratives in Part II;

5.2.5 targets, outlining the main products (or outputs), usually for a specific year, of the WHO activities;

5.2.6 approaches, describing the activities foreseen in order to reach the targets;

5.2.7 a budgetary overview.

6. Country programmes

Part II

Intercountry project descriptions, giving a detailed description of the approaches to be used during the biennium, with costs.

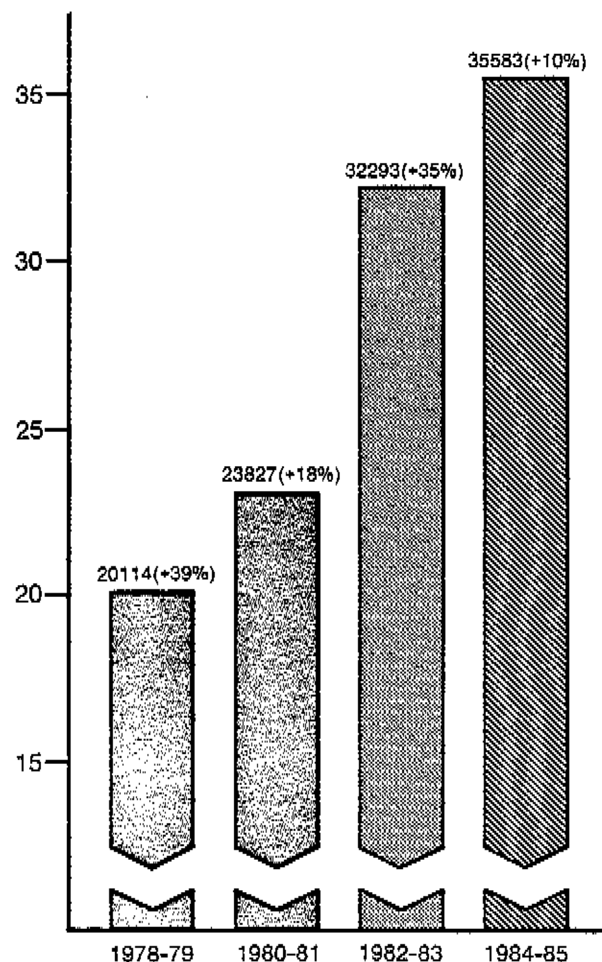
Annex I Programme classification
Annex II Summary statement on global programmes executed by the Regional Office (for information only)

Annex V

BUDGETARY OVERVIEW

The programme budget proposals for 1984-85 under the regular budget have been drawn up within the limits of the tentative regional allocation of US$35 583 000 established by the Director-General. This represents an increase of US$3 290 000 or about 10% over the regional allocation for 1982-83 of US$32 293 000. Fig. 1 gives a comparison with the previous biennia.

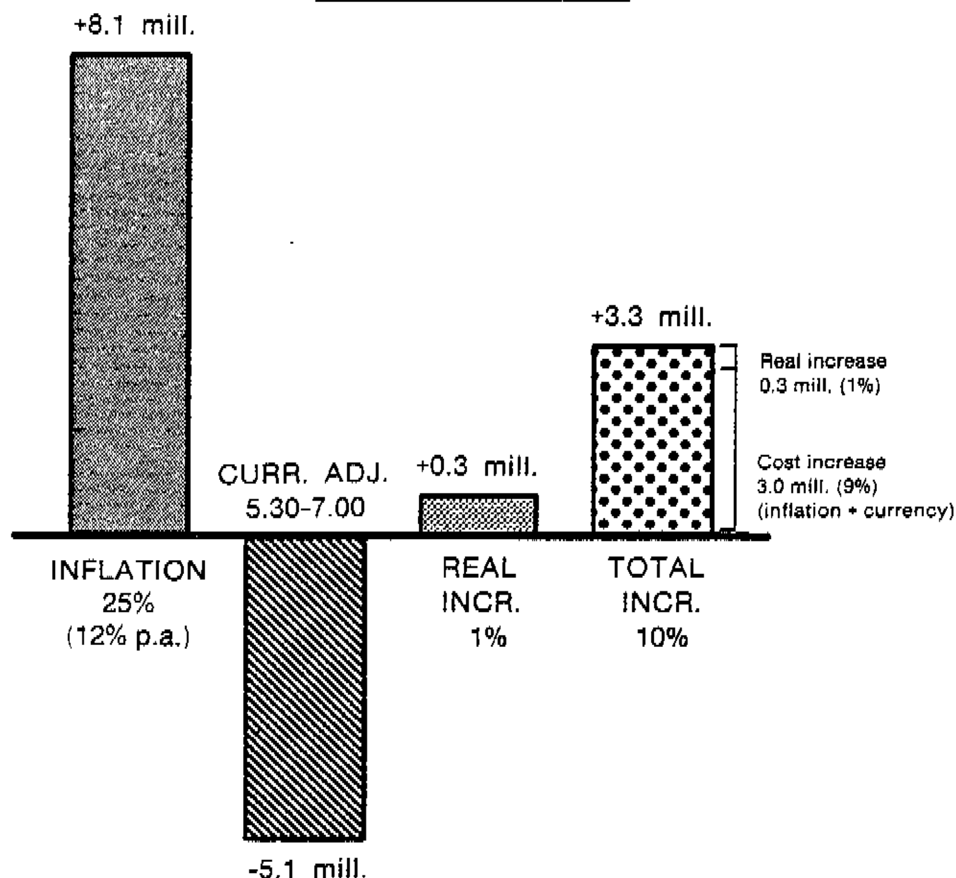
Fig.1 Budgets for the European Region, 1978-85 (in US$1000)



When establishing the above tentative regional allocation for 1984-85, the Director-General decided it should provide for a maximum real increase of 1% over 1982-83. A "real increase ceiling" of US$323 000 or 1% of the 1982-83 allocation has therefore been used, leaving about US$2 967 000 or 9% to cover cost increases.

The margin of 9% left for cost increases may appear to be low - given the average annual inflation rate of 12% during the last two years in Denmark, where about 80% of the regional expenditures are incurred. The cost increases due to inflation are, however, offset to a certain extent by the appreciation of the US dollar against the Danish kroner, as shown in Fig. 2.

Fig. 2 Breakdown of the budget increase of US3 290 000 (+10%) from 1982-83 to 1984-85



In preparing the programme budget estimates for 1984-85, an inflation rate of 12% per annum was assumed. As already mentioned, about 80% of the expenditures under the regular budget are incurred in Denmark, as a large proportion of them are for salaries and statutory allowances of staff. Based on the experience of the last two years, it would appear prudent to protect the budget by providing for a similar rate of inflation in 1984-85. Fig. 3 shows the movement of the consumer price index in Denmark in 1978-81.

As mentioned above, a relatively small margin has been provided in the tentative regional allocation for cost increases, taking into account the considerable appreciation of the US dollar compared to the Danish kroner since the preparation of the 1982-83 programme budget, for which an exchange rate of Dkr.5.30 to US$1.00 was used. While it is impossible to forecast, with any degree of accuracy, the exchange rate which might be prevailing in 1984-85, it would appear prudent not to assume a rate of more than Dkr.7.00 to US$1.00, which was the average rate prevailing during 1981. The past years have been characterized by volatile exchange markets and high inflation rates, and currency fluctuations have affected the Organization's ability to implement programmes according to plan. Considerable difficulties were experienced at the beginning of the last biennium (1980-81) when the actual rate of exchange fell well below the budgetary rate of Dkr.5.90 to US$1.00. By establishing Dkr.7.00 to US$1.00 as the budgetary rate for 1984-85, it is hoped that a repetition of the earlier difficulties can be avoided. Fig. 4 shows the average rate of exchange between the US dollar and the Danish kroner for the years 1978-81. The cost savings due to the realignment of the rate from Dkr.5.30 to US$1.00, used for the 1982-83 budget, to Dkr.7.00, proposed for the 1984-85 budget, are equivalent to some US$5.1 million, as shown in Fig. 2.

Fig. 5 gives a comparison of the amount (and percentages) available for increases in real terms in the previous biennia, compared to 1984-85. A 1% increase in real terms, which is the maximum real increase foreseen for 1984-85, would be equivalent to three man-years of a professional post.

Fig. 3 Inflation rates (Consumer Price Index) in Denmark, where the major part of expenditure is incurred

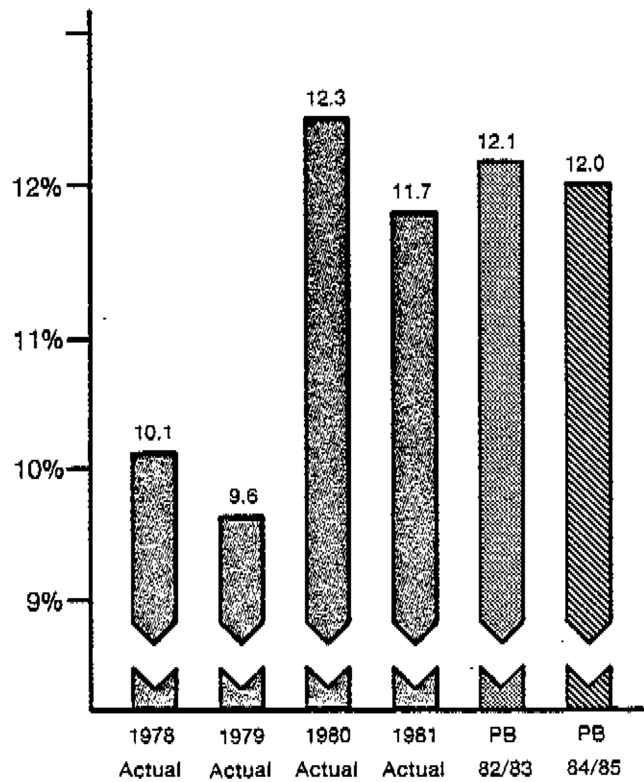


Fig. 4 Currency rate Dkr/US$

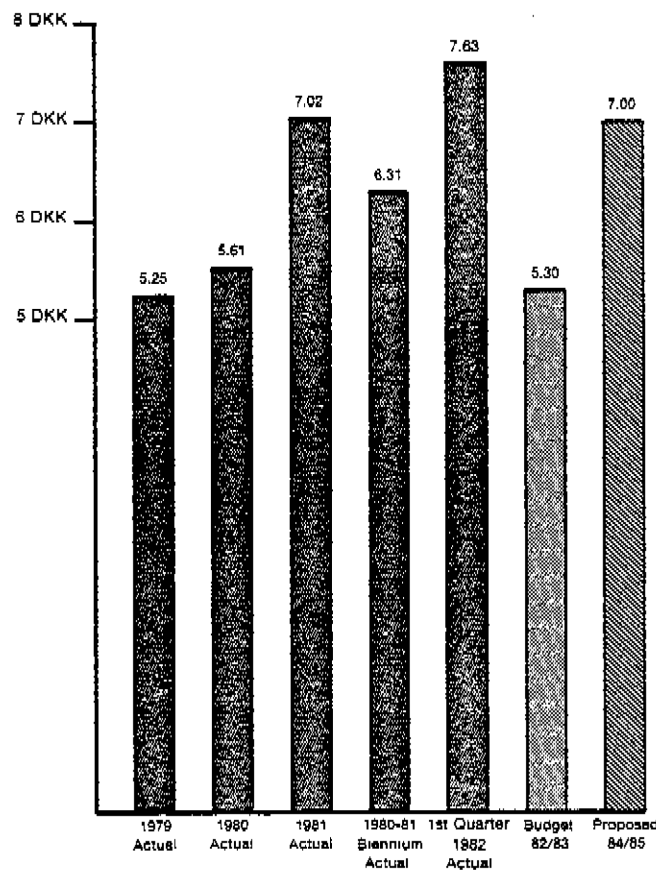
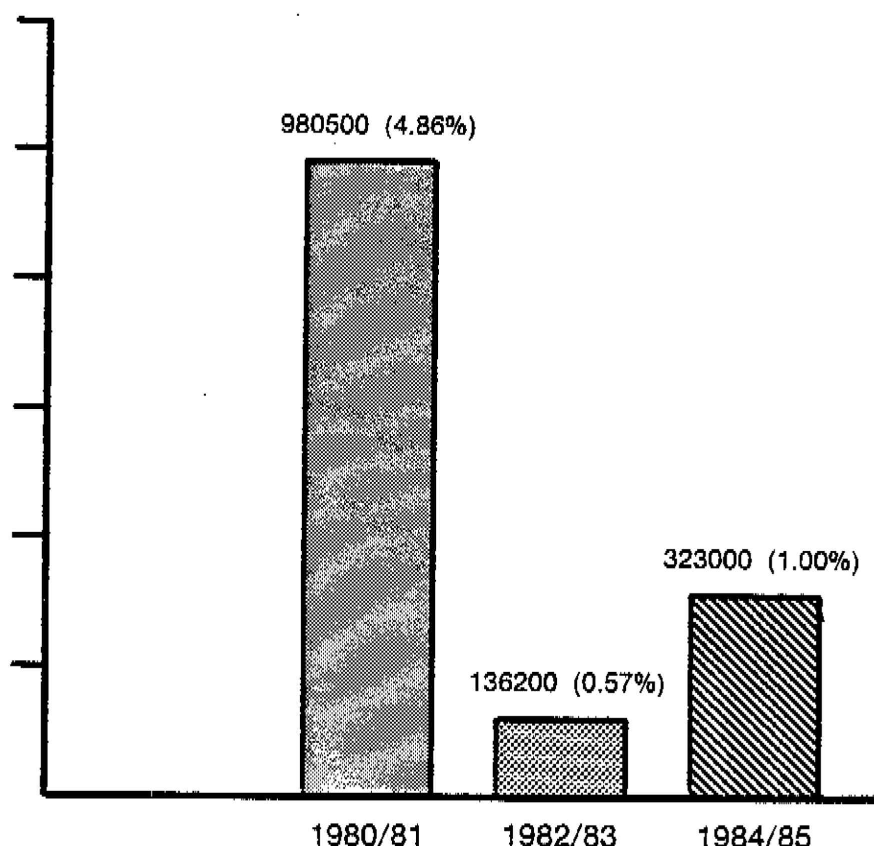


Fig. 5 Real increase (budgeted) (in US$)



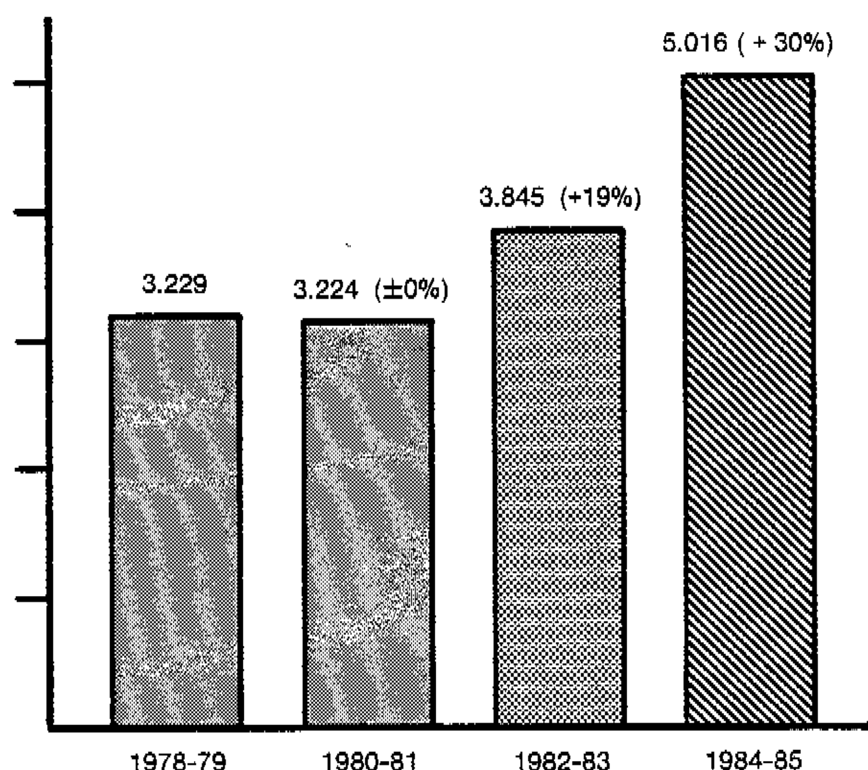
Various categories of expenditures are affected differently by the combined impact of inflation and currency adjustments. Table 1 below, shows a comparison by groups of expenditure for 1982-83 and 1984-85. The expenditures which are mainly incurred in Danish kroner show the smallest overall increase (or even a slight decrease) in terms of US dollars, as the effect of inflation is largely offset by the appreciation of the US dollar against the Danish kroner.

Table 1 Programme Budget 1984-85

	1982-83 US$	1984-85 US$	Increase %
Regional Committee	212 000	265 000	+ 25
Salaries and allowances	22 712 000	24 272 000	+ 7
Duty travel	827 000	1 064 000	+ 28
Common services, etc.	2 778 000	2 666 000	- 4
Intercountry projects	3 845 000	5 016 000	+ 30
Country programmes	1 919 000	2 300 000	+ 19
	32 293 000	35 583 000	+ 10

Fig. 6 shows how the allocation for intercountry activities, as proposed for 1984-85, compares to the allocations for the previous biennia. On the basis of the priorities set by Member States in their replies to the consultation document, the programme has been developed within the limit of US$5 016 000 which provides an increase of 30% over the intercountry allocation for 1982-83. Tables 2a and 2b show the distribution of the budget among the different programmes compared to the programme budget for 1982-83 and to the tentative proposals contained in the consultation document. Table 3 shows percentage distributions between programmes.

Fig. 6 Intercountry projects (in US$1000)



It is also proposed to increase the total budget allocation for country activities by 19% to US$2 300 000. As in previous years the three developing countries of the Region will receive the largest share of the resources made available for country programmes. Detailed plans of work and budget estimates for individual projects and activities will be developed at a later stage in direct consultation with each country. The tentative distribution of the resources among the various Member States is shown in Table 4. Fig. 7 gives a comparison of the total country allocations for the last three biennia.

No changes are proposed in the overall staffing levels for the Regional Office except for the addition of three regional officer posts, from 1985, in the fields of smoking/health promotion; health planning and evaluation; and hospital and model health care. It is hoped that voluntary funds can be found for these three posts in 1984, as well as for an additional post of regional officer in the abuse of psychoactive drugs and for secretarial support in this programme.

In line with the criteria established by WHO headquarters, the following averages (in US dollars) have been used for the computation of staff costs in 1982-83 and 1984-85. These averages take into account the expected combined impact of inflation and currency adjustments.

Grade	1982-83	1984-85	Increase/decrease
UG	235 500	257 000	+ 9 %
P4-D2	173 300	192 600	+11 %
P1-P3	125 000	137 900	+10 %
General service staff	67 400	66 100	- 2 %

Table 2a

COMPARISON BETWEEN 1982-83 APPROVED INTERCOUNTRY PROGRAMME, 1984-85 PROGRAMME AS PROPOSED IN CONSULTATION DOCUMENT AND AS CONTAINED IN DRAFT PROGRAMME BUDGET[a]

Programme number and title			1982-83 approved programme		1984-85 proposed programme		1984-85 as per consultation document	
			Regular budget	Other sources	Regular budget	Other sources	Regular budget	Other sources
			$	$	$	$	$	$
2.3	(c)	Information Systems Programme[b]	182 000	77 200	78 500	47 700	158 300	78 600
2.4		External Coordination for Health and Social Development	4 000	-	39 200	71 200	19 000	31 200
3.1		Health Situation and Trend Assessment	135 000	104 600	147 800	96 000	203 400	135 100
3.2	(a)	Health Planning and Evaluation	73 000	42 400	129 600	56 900	146 000	35 500
	(c)	Health Economics	60 000	40 000	60 400	25 000	115 000	44 500
3.3	(a)	Model Health Care and Quality Assurance	46 200	108 200	46 000	147 300	115 500	73 800
	(b)	Nursing	157 600	187 800	113 700	187 700	194 300	202 700
3.4		Health Legislation	36 500	31 000	49 500	35 000	89 800	31 200
4.	(a)	Lay, Community and Alternative Health Care	-	-	80 400	102 000	125 000	87 000
	(b)	Primary Health Care[c]	152 700	85 600	126 000	120 000	202 400	115 200
	(c)	Hospitals and Other Health Institutions	-	-	64 000	147 500	93 000	147 500
5.		Health Manpower Development	206 000	120 000	132 500	128 900	235 500	176 300
6.		Public Education and Information for Health	89 600	79 600	100 000	164 700	125 000	109 700
7.		Research Promotion and Development	44 500	150 200	30 000	22 100	85 000	37 300
8.1		Nutrition and Food Safety	98 600	149 900	97 100	220 500	120 100	113 500
8.2		Oral Health	33 000	30 000	65 000	100 200	88 110	24 070
8.3		Accident Prevention	79 900	110 400	77 500	203 400	109 400	142 300
8.X		Health Promotion	-	-	58 500	80 000	88 000	75 000
8.Y		Smoking[d]	10 000	39 200	95 000	110 000	50 000	50 000
9.1	(a)	Maternal and Child Health	99 500	89 600	100 500	79 600	124 800	85 600
	(b)	Sexuality and Family Planning	10 000	68 000	25 500	24 000	35 500	50 000
9.3		Workers' Health	62 500	123 100	89 300	111 700	139 000	67 400
9.4		Health of the Elderly	133 500	111 500	65 000	121 000	130 400	164 400
9.Y		Unemployment, Poverty and Health	-	-	66 400	75 500	82 600	113 900

Programme number and title		1982-83 approved programme		1984-85 proposed programme		1984-85 as per consultation document	
		Regular budget	Other sources	Regular budget	Other sources	Regular budget	Other sources
		$	$	$	$	$	$
10.1	Psychosocial Factors and Mental Health[e]	89 000	177 800	74 000	101 400	82 600	91 400
10.2	Prevention of Alcohol Abuse[f]	30 000	52 600	70 000	75 000	50 000	50 000
11.1	International Drinking-Water Supply and Sanitation Decade	60 000	40 800	126 800	220 000	138 600	192 400
11.2	Environmental Health in Rural and Urban Development and Housing	134 600	69 500	80 000	74 000	172 700	21 200
11.3 (a)	Control of Environmental Health Hazards	80 000	141 800	75 000	667 000	100 000	700 000
(b)	Chemical Safety Programme	50 000	892 300	116 100	1 001 400	158 800	1 063 000
12.1	Clinical, Laboratory and Radiological Technology	110 100	80 700	114 000	217 000	185 000	200 000
12.2-3(a)	Drug Policies and Management	60 000	302 800	77 800	244 500	57 800	206 600
(b)	Abuse of Psychoactive Drugs[g]	-	-	70 000	75 000	50 000	50 000
12.5	Disability Prevention and Rehabilitation	-	-	65 000	60 000	98 500	68 500
13.1 6-11	Expanded Programme on Immunization and Bacterial, Viral and Mycotic Diseases and Zoonoses	100 000	228 300	127 000	153 400	145 000	129 400
13.2-5	Malaria and Other Parasitic Diseases	34 000	35 800	71 000	225 200	110 400	150 600
13.15	Cancer	108 400	92 000	84 000	156 400	84 000	81 400
13.16-17	Cardiovascular and Other Noncommunicable Diseases	88 000	193 000	105 000	173 500	117 000	141 500
14. (a)	Health Literature Services	-	-	18 200	12 800	18 200	12 800
(b)	Publications	240 000	-	275 000	40 000	340 000	20 000
	TOTAL	2 898 200	4 055 700	3 486 300	5 974 500	4 783 710	5 370 570

[a] Does not include standard objective "n" (i.e. cost of staff, advisory structure, etc.)

[b] Previously shown as Programme 3.2(b)

[c] Includes Circumpolar health previously shown under Programme 9X

[d] Previously shown as part of Programme 10.2 Prevention and Control of Alcoholism, Drug Abuse and Smoking

[e] Previously shown as Programme 10.3 Mental Health

[f] Programmes referring to Drug Abuse and Smoking transferred to Programmes 12.2-3(b) and 8Y respectively

Table 2b

COMPARISON BETWEEN 1982-83 APPROVED INTERCOUNTRY PROGRAMME
AND 1984-85 PROGRAMME AS CONTAINED IN DRAFT PROGRAMME BUDGET[a]

Programme number and title			1982-83 approved programme		1984-85 proposed programme	
			Regular budget	Other sources	Regular budget	Other sources
			$	$	$	$
2.2		Regional Directors' Development Programme	120 000	-	120 000	-
2.3	(a)	General Programme Development	80 600	-	240 000	-
	(b)	Programme Support	180 000	-	150 000	-
	(c)	Information Systems Programme[b]	182 000	77 200	98 500	62 700
2.4		External Coordination for Health and Social Development	4 000	-	44 200	71 200
3.1		Health Situation and Trend Assessment	135 000	104 600	167 800	96 000
3.2	(a)	Health Planning and Evaluation	73 000	42 400	144 600	56 900
	(c)	Health Economics	60 000	40 000	75 400	80 000
3.3	(a)	Model Health Care and Quality Assurance	46 200	108 200	61 000	147 300
	(b)	Nursing	169 600	187 800	153 700	187 700
3.4		Health Legislation	36 500	31 000	64 500	35 000
4.	(a)	Lay, Community and Alternative Health Care	-	-	95 400	117 000
	(b)	Primary Health Care[c]	152 700	85 600	141 000	140 000
	(c)	Hospitals and Other Health Institutions	-	-	79 000	168 200
5.		Health Manpower Development	216 000	120 000	147 500	154 600
6.		Public Education and Information for Health	119 600	79 600	115 000	164 700
7.		Research Promotion and Development	209 500	150 200	165 000	66 100
8.1		Nutrition and Food Safety	98 600	149 900	112 100	220 500
8.2		Oral Health	33 000	30 000	80 000	100 200
8.3		Accident Prevention	89 900	110 400	92 500	243 400
8.X		Health Promotion	-	-	73 500	110 000
8.Y		Smoking[d]	10 000	39 200	110 000	110 000
9.1	(a)	Maternal and Child Health	109 500	89 600	115 500	79 600
	(b)	Sexuality and Family Planning	10 000	1 024 500	40 500	424 000
9.3		Workers' Health	62 600	123 100	104 300	111 700
9.4		Health of the Elderly	143 500	111 500	80 000	137 400
9.Y		Unemployment, Poverty and Health	-	-	81 400	120 500

Programme number and title		1982-83 approved programme		1984-85 proposed programme	
		Regular budget	Other sources	Regular budget	Other sources
		$	$	$	$
10.1	Psychosocial Factors and Mental Health[e]	89 000	177 800	89 000	101 400
10.2	Prevention of Alcohol Abuse[f]	30 000	52 600	85 000	75 000
11.1	International Drinking-Water Supply and Sanitation Decade	72 000	40 800	141 800	220 000
11.2	Environmental Health in Rural and Urban Development and Housing	134 600	69 500	95 000	74 000
11.3 (a)	Control of Environmental Health Hazards	80 000	146 400	90 000	667 000
(b)	Chemical Safety Programme	50 000	892 300	131 100	1 001 400
12.1	Clinical, Laboratory and Radiological Technology	110 100	80 700	129 000	217 000
12.2-3(a)	Drug Policies and Management	60 000	302 800	92 800	244 500
(b)	Abuse of Psychoactive Drugs[g]	-	-	85 000	75 000
12.5	Disability Prevention and Rehabilitation	-	-	80 000	60 000
13.1 6-11	Expanded Programme on Immunization and Bacterial, Viral and Mycotic Diseases and Zoonoses	140 000	228 500	142 000	153 400
13.2-5	Malaria and Other Parasitic Diseases	281 000	295 800	381 000	225 200
13.15	Cancer	120 400	92 000	99 000	187 100
13.16-17	Cardiovascular and Other Noncommunicable Diseases	96 000	193 000	120 000	203 200
14. (a)	Health Literature Services	-	-	18 200	12 800
(b)	Publications	240 000	-	285 000	40 000
	TOTAL	3 844 900	5 277 000	5 016 300	6 761 700

[a] Does include standard objective "n" (i.e. cost of staff, advisory structure, etc.)

[b] Previously shown as Programme 3.2(b)

[c] Includes Circumpolar health previously shown under Programme 9X

[d] Previously shown as part of Programme 10.2 Prevention and Control of Alcoholism, Drug Abuse .

[e] Previously shown as Programme 10.3 Mental Health

[f] Programmes referring to Drug Abuse and Smoking transferred to Programmes 12.2-3(b) and 8Y re

[g] Programme 12.2-3 Drug Policies and Management subdivided to include Abuse of Psychoactive Dr shown under Programme 10.2 Prevention and Control of Alcohol, Drug Abuse and Smoking

Table 3

ANALYSIS OF THE DISTRIBUTION OF THE PROPOSED 1984-85 PROGRAMME BUDGET
AS COMPARED WITH 1982-83

Programme number and title			1984-85			Percentage Increase (Decrease) over 1982-83		1984-85 % Distribution		1984-85 Ranking order	
			Regular budget	Other sources	Total estimates	Regular budget	Total estimates	Regular budget	Total estimates	Regular budget	Total estimates
			$	$	$	%	%	%	%		
2.2		Regional Directors' Development Programme	120 000	-	120 000	0.00	0.00	2.39	1.02	15	40
2.3	(a)	General Programme Development	240 000	-	240 000	197.77	197.77	4.78	2.04	3	20
	(b)	Programme Support	150 000	-	150 000	(16.67)	(16.67)	2.99	1.27	7	38
	(c)	Information Systems Programme[a]	98 500	62 700	161 200	(45.88)	(37.81)	1.96	1.37	23	34
2.4		External Coordination for Health and Social Development	44 200	71 200	115 400	1 005.00	1 680.00	0.88	0.98	41	41
3.1		Health Situation and Trend Assessment	167 800	96 000	263 800	24.30	10.10	3.35	2.24	4	18
3.2	(a)	Health Planning and Evaluation	144 600	56 900	201 500	98.08	74.61	2.88	1.71	9	27
	(c)	Health Economics	75 400	80 000	155 400	25.67	55.40	1.50	1.32	37	37
3.3	(a)	Model Health Care and Quality Assurance	61 000	147 300	208 300	32.03	34.91	1.22	1.77	40	26
	(b)	Nursing	153 700	187 700	341 400	(9.37)	(4.48)	3.06	2.90	6	7
3.4		Health Legislation	64 500	35 000	99 500	76.71	47.41	1.29	0.85	39	42
4.	(a)	Lay, Community and Alternative Health Care	95 400	117 000	212 400	New	New	1.90	1.80	24	25
	(b)	Primary Health Care[b]	141 000	140 000	281 000	(7.66)	17.92	2.81	2.39	12	16
	(c)	Hospitals and Other Health Institutions	79 000	168 200	247 200	New	New	1.58	2.10	36	19
5.		Health Manpower Development	147 500	154 600	302 100	(31 71)	(10.09)	2.94	2.56	8	13
6.		Public Education and Information for Health	115 000	164 700	279 700	(3.85)	40.41	2.29	2.37	18	17
7.		Research Promotion and Development	165 000	66 100	231 100	(21.24)	(35.75)	3.29	1.96	5	21
8.1		Nutrition and Food Safety	112 100	220 500	332 600	13.69	33.84	2.24	2.82	19	10
8.2		Oral Health	80 000	100 200	180 200	142.42	186.03	1.60	1.53	33	32
8.3		Accident Prevention	92 500	243 400	335 900	2.89	67.70	1.85	2.85	26	9
8.X		Health Promotion	73 500	110 000	183 500	New	New	1.47	1.56	38	31
8.Y		Smoking[c]	110 000	110 000	220 000	1 000.00	347.15	2.19	1.87	20	22
9.1	(a)	Maternal and Child Health	115 500	79 600	195 100	5.48	(2.01)	2.30	1.66	17	29
	(b)	Sexuality and Family Planning	40 500	424 000	464 500	305.00	(55.10)	0.81	3.94	42	4
9.3		Workers' Health	104 300	111 700	216 000	66.61	16.32	2.08	1.83	21	24
9.4		Health of the Elderly	80 000	137 400	217 400	(44.25)	(14.75)	1.60	1.85	34	23
9.Y		Unemployment, Poverty and Health	81 400	120 500	201 900	New	New	1.62	1.71	32	28

Programme number and title		1984-85			Percentage Increase (Decrease) over 1982-83		1984-85 % Distribution		1984-85 Ranking order	
		Regular budget $	Other sources $	Total estimates $	Regular budget %	Total estimates %	Regular budget %	Total estimates %	Regular budget	Total estimates
10.1	Psychosocial Factors and Mental Health[d]	89 000	101 400	190 400	0.00	(28.64)	1.77	1.62	29	30
10.2	Prevention of Alcohol Abuse[e]	85 000	75 000	160 000	183.33	93.70	1.69	1.36	31	35
11.1	International Drinking-Water Supply and Sanitation Decade	141 800	220 000	361 800	96.94	220.74	2.83	3.07	10	5
11.2	Environmental Health in Rural and Urban Development and Housing	95 000	74 000	169 000	(29.42)	(17.20)	1.89	1.43	25	33
11.3 (a)	Control of Environmental Health Hazards	90 000	667 000	757 000	12.50	234.36	1.79	6.43	28	2
(b)	Chemical Safety Programme	131 100	1 001 400	1 132 500	162.20	20.18	2.61	9.62	13	1
12.1	Clinical, Laboratory and Radiological Technology	129 000	217 000	346 000	17.17	81.34	2.57	2.94	14	6
12.2-3(a)	Drug Policies and Management	92 800	244 500	337 300	54.67	(7.03)	1.85	2.86	27	8
(b)	Abuse of Psychoactive Drugs[f]	85 000	75 000	160 000	New	New	1.70	1.36	30	36
12.5	Disability Prevention and Rehabilitation	80 000	60 000	140 000	New	New	1.60	1.19	35	39
13.1 6-11	Expanded Programme on Immunization and Bacterial, Viral and Mycotic Diseases and Zoonoses	142 000	153 400	295 400	1.43	(19.84)	2.83	2.51	11	14
13.2-5	Malaria and Other Parasitic Diseases	381 000	225 200	606 200	35.59	5.10	7.60	5.15	1	3
13.15	Cancer	99 000	187 100	286 100	(17.77)	34.70	1.97	2.43	22	15
13.16-17	Cardiovascular and Other Noncommunicable Diseases	120 000	203 200	3 232 200	25 00	11.83	2.39	2.74	16	12
14. (a)	Health Literature Services	18 200	12 800	31 000	New	New	0.36	0.26	43	43
(b)	Publications	285 000	40 000	325 000	18.75	35.42	2.00	2.76	2	11
	TOTAL	5 016 300	6 761 700	11 778 000			100.00%	100.00%		

[a] Previously shown as Programme 3.2(b)

[b] Includes Circumpolar health previously shown under Programme 9X

[c] Previously shown as part of Programme 10.2 Prevention and Control of Alcoholism, Drug Abuse and Smoking

[d] Previously shown as Programme 10.3 Mental Health

[e] Programmes referring to Drug Abuse and Smoking transferred to Programmes 12.2-3(b) and 8Y respectively

[f] Programme 12.2-3 Drug Policies and Management subdivided to include Abuse of Psychoactive Drugs previously shown under Programme 10.2 Prevention and Control of Alcohol, Drug Abuse and Smoking

Table 4

COUNTRY PROGRAMMES

SUMMARY OF SERVICES AND ASSISTANCE TO GOVERNMENTS

REGULAR BUDGET

Country	1982-1983	1984-85
Albania	27 600	31 700
Algeria	330 000	379 500
Austria	20 700	23 800
Belgium	17 200	19 800
Bulgaria	77 000	88 500
Czechoslovakia	20 700	23 800
Denmark	17 200	19 800
Finland	17 200	19 800
France	23 000	26 400
German Democratic Republic	25 300	29 100
Germany, Federal Republic of	23 000	26 400
Greece	25 300	29 100
Hungary	30 000	34 500
Iceland	17 200	19 800
Ireland	20 700	23 800
Italy	25 300	29 100
Luxembourg	12 600	14 500
Malta	20 700	23 800
Monaco	2 500	2 900
Morocco	385 000	442 700
Netherlands	20 700	23 800
Norway	17 200	19 800
Poland	38 000	43 700
Portugal	60 000	69 000
Romania	38 000	43 700
San Marino	2 500	2 900
Spain	25 300	29 100
Sweden	17 200	19 800
Switzerland	17 200	19 800
Turkey	440 000	506 000
Union of Soviet Socialist Republics	50 600	58 200
United Kingdom of Great Britain and Northern Ireland	23 000	26 400
Yugoslavia	31 000	35 600
Subtotal	1 918 900	2 206 600
Programme support to country projects	-	93 500
Total country programme	1 918 900	2 300 100

Fig. 7 Country projects (in US$1000)