



**World Health Organization
Communicable Diseases Cluster**

**Plan of Action 2000-2001
End-biennium Status**

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PART 1:

INTRODUCTION

Communicable diseases kill, maim and cause suffering to millions of people, especially the poor. Women and children are particularly vulnerable. One-third of the world's deaths are due to infectious diseases. Among some of the major threats, in terms of either mortality or morbidity, are tuberculosis, AIDS, malaria, cholera, lymphatic filariasis, dracunculiasis, dengue fever and intestinal parasitic diseases. Communicable diseases impede national and individual development and burden economies with a huge cost of treatment and control. Once thought to be under control in developed countries, infectious diseases are either re-appearing and/or being re-imported because of the ease of international travel and trade, while they remain a significant burden to developing countries. The control of communicable diseases is thus a global concern common to all countries. Meanwhile, against this background, the pace of new drug development is decreasing while resistance to existing antimicrobials is increasing, and this limits their usefulness in treating such infectious diseases as malaria, tuberculosis and meningitis.

The Communicable Diseases (CDS) Cluster ¹ has therefore an important role to play in the work of WHO². Its goal is to develop consensus on strategies and policies, to stimulate research and development, to create partnerships, and to foster actions essential to reducing the negative impact of communicable diseases on the health, social, and economic well-being of all people world-wide.

CDS priorities are:

- To reduce the negative impact of malaria and tuberculosis through global partnership.
- To continue to strengthen surveillance and monitoring of communicable disease problems of international health importance and effective response to these problems.
- To reduce the impact of other communicable diseases through intensified and routine prevention and control.
- To carry out research and development on new and improved disease control tools and to strengthen research capacity.

CDS has moved away from vertical disease programmes towards a functional approach which will facilitate the development of integrated approaches to disease control. Intra-cluster teams collaborate concerning each disease from the strategic research stage to control in the field, with feedback as necessary for further research when problems are identified.

CDS work is organized around four departments – Surveillance and Response, Control, Prevention and Eradication, the Special Programme for Research and Training in Tropical Diseases and Stop TB, together with the Roll Back Malaria Cabinet Project (see organigram attached as Annex 1).

¹ CDS encompasses the important activities of four former divisions – the Division of Control of Tropical Diseases (CTD), the Division of Emerging and other Communicable Diseases Surveillance and Control (EMC), the Global Tuberculosis Programme (GTB) and the Action Programme for the Elimination of Leprosy (LEP). The UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), the WHO Cabinet Project Roll Back Malaria (RBM), and some of the activities of the former Programme for the Prevention of Blindness and Deafness (PBD) and the Division of Food Safety (FOS) are also housed in the Cluster.

² Annex 2 shows the current WHO structure at headquarters.

PART 2: ROLL BACK MALARIA (RBM)

Summary of Budget 2000-2001, Income and Obligations

	<i>Budget 2000-2001</i>	<i>Income received during 2000-2001</i>	<i>Obligations as at 31.12.2001</i>
	US\$	US\$	US\$
DEPARTMENT SUMMARY			
Activities	51,417,350		35,253,000
Staff	7,758,650		8,731,000
TOTAL COST:	59,176,000	54,389,000	43,984,000

CDS Plan of Action 2000-2001, End of Biennium Update – RBM

<i>Product</i>	<i>Priority¹</i>	<i>Target(s)</i>	<i>Status²</i>	<i>Remarks</i>
				<p>the Global Fund to Fight AIDS, TB and Malaria (GFFATM). In addition, careful and strategic communications efforts have supported malaria control strategies to achieve success on issues such as DDT controversy, taxes and tariffs removal for net materials and insecticides.</p> <ul style="list-style-type: none"> - Collaboration between the Organization of African Unity (OAU) and WHO is established to monitor commitment made by African Heads of State at Abuja Summit on Roll Back Malaria. The central theme for Africa Malaria Day 2001 has been progress regarding the waiving of taxes and tariffs on insecticide treated materials. - An RBM web site has been developed to allow information sharing on a global scale which links other malaria organisations and interested parties and foundations to a growing information repository. The site allows communications and advocacy to be designed and produced to be circulated widely to malaria workers on a global scale.
Rapid dissemination of information and collaboration through comprehensive internet-based information system	H	<ul style="list-style-type: none"> - User-friendly internet site developed, launched and marketed - Linkages formed between various information systems and databases - Capacity developed within and outside WHO to contribute content to the information system 	1	
Mobilization of increased resources to support action to roll back malaria	H	<ul style="list-style-type: none"> - Significant increase achieved in the level of resources available for malaria-related activities worldwide (within and outside WHO) 	1	<ul style="list-style-type: none"> - Income levels for RBM Secretariat have increased between 98-99 biennium and 00-01 and overall expenditure for malaria related activities in WHO has increased. - RBM has been partially successful in changing the practice of getting contributions against a particular project, into selling the business plan of RBM, allowing more flexibility in the way RBM can apply it's resources, and to better support the process. - Malaria has been included in the Global Fund to Fight AIDS, Tuberculosis and Malaria. This opens the possibility for sustained external financing to reach the levels that will allow low-income countries to implement highly effective malaria control interventions.
Planned Cost: USD 15,698,250				
RBM: 2.2 Global, regional and country partnerships				
Appropriate working arrangements and forms of association for the partnership	M	<ul style="list-style-type: none"> - Appropriate forms of association with variety of partners agreed, developed and implemented - Forum for partnership executive group explored and/or established 	1	<ul style="list-style-type: none"> - As RBM reaches the implementation stage in countries, RBM is beginning to define a methodology to support the implementation of the country strategic plans by identifying specific funding sources, and developing a workplan for building resource mobilisation and financial management capacity in countries. Efforts to include focus on malaria within PRSPs has been successful in some countries and newer

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<i>Product</i>	<i>Priority¹</i>	<i>Target(s)</i>	<i>Status²</i>	<i>Remarks</i>
Map roles, comparative advantages and technical/financial resources of global partners	M	- Plan of work for global partners developed	2	<p>opportunities through the Global Fund are being fully explored; a channel for private sector resources has been created.</p> <p>- At the 3rd Global Partners meeting to Roll Back Malaria, partners called on the RBM Secretariat to assist countries in understanding and accessing potential global and regional partners and investors. This work was completed with the partners' survey. The information will be available on the RBM Website. This will allow countries to have a better idea of: (1) the role, comparative advantage and interest of each partner in RBM (2) partners mechanisms for delivering TA and financial support, (3) how best to initiate partnerships and communication with the relevant party (4) how partners investments and global priorities are changing overtime.</p>
Maintain strong relationship and open communication with partners	M	- Relationships and regular means of engagement developed - Annual Global Partners' Meeting held	1	<p>- Two global partners meetings were convened during the biennium, each furthering the concept of partnerships while at the same time providing it with fresh impetus. The 3rd Global Partners Meeting reached agreement on implementation arrangements and resolved to develop concerted interagency work plans by building on comparative advantages of different agencies. The meeting also reached consensus that country partnerships are the foundation for implementing RBM action in malaria endemic countries.</p> <p>- The Fourth Global Partnership Meeting to Roll Back Malaria was held at the World Bank in Washington, D.C. The 200 participants included government delegations from 21 malaria-affected countries covering every region of the world and including numerous ministers of health and finance, representatives of UN organizations, development banks, bilateral donors, foundations, industry, NGOs, research institutes and the media. The meeting aimed to further expand the capacity of the RBM Partnership to achieve the scale of action required to significantly reduce the global burden of malaria. The themes of the meeting recognized that to achieve the targets set by the Partnership we must increase the volume of actors and actions at country level. Presentations and discussion focused on how malaria-affected countries and their partners can mobilize action beyond malaria control programs, beyond the health sector and beyond the public sector.</p>

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<i>Product</i>	<i>Priority¹</i>	<i>Target(s)</i>	<i>Status²</i>	<i>Remarks</i>
Enable organizations from different – non public sector – constituencies to become active partners	M	- Mechanisms developed to bring in, and to keep engaged, private organizations, NGOs	1	<ul style="list-style-type: none"> - RBM has been successful in engaging a wide range of partners at all levels including the private sector. The private sector has become an important partner in RBM through financial, human and technical resources which have been mobilised and allocated to meet specific needs at global or country level. This has been facilitated by strong political, high level commitment to roll back malaria in many countries, particularly in Africa. This political commitment has been achieved because of the emphasis that RBM places on 'partnerships'. - Working links have been established with the private sector and other partners. So far, the globally active corporate sector has been mainly engaged. An attempt is also being made to clarify and strengthen the role of private sector retail distribution channels. - Partnerships with NGO's, in particular in complex emergency situations through the technical support network, have provided assistance in the development of country strategic plans in DRC, Liberia, Southern Sudan and Somalia. This approach will be expanded and consolidated further. The corporate sector involvement has been further developed globally and at country level for RBM partnership expansion and additional resources. An RBM secretariat staff position has been created in support of RBM action provided by NGO networks and private-for-profit providers.
Catalyze partnerships in countries and regions to become operational, effective and responsive to needs and demands	M	- Campaign undertaken to build, sustain and strengthen partnerships to roll back malaria	1	<ul style="list-style-type: none"> - During the current biennium, over twenty countries have been supported to conduct situation analysis and develop evidence based RBM strategic and implementation plans. Developed with partners in collaboration with malaria endemic country governments and their local partners, these Country Strategic Plans (CSPs) to roll back malaria are evidence-based and output-focused. By year-end 2001, close to one-third of African countries, representing almost half the population at risk, completed the inception phase of their strategic planning. - Resources are being mobilized at country level, through round table meetings, with AFRO support. Country partners have pledged resources to support the countries' strategies, but to date these do not come close to meeting the estimated resource gaps. These plans have been endorsed by all local partners and have received pledges from government and country health

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<i>Product</i>	<i>Priority¹</i>	<i>Target(s)</i>	<i>Status²</i>	<i>Remarks</i>
Promote development of societal movements leading to effective community action	M	- Social movements catalyzed at community, country, regional and global levels	3	<p>partners covering on average 26% of the required budget.</p> <ul style="list-style-type: none"> - RBM has also provided the building blocks for improving utilisation of existing resources; thus increasing efficiency. RBM is promoting outcome, rather than input-oriented implementation plans at country level and stimulates the creation of partner and financial management mechanisms. - While the RBM Secretariat did not fully develop this product, the World Bank as an RBM partner wrote case studies on the role of the schools in malaria control. Additionally, the RBM Complex Emergency team facilitated work to scale-up civil society participation through the European and American NGO fora, including the active involvement of FRCS and facilitating the SOS malaria action in the Sahel.
Build capacity for country and regional level action on catalyzing partnerships and societal movements in rolling back malaria	M	- Capacity enhanced to establish and manage partnerships and social movements	2	<ul style="list-style-type: none"> - RBM has strengthened health systems by using CSPs to promote IMCI and Reproductive Health Service delivery channels, by promoting Community Based Organizations (CBOs) such as community nurses. - IMCI and Reproductive Health Services are now two major RBM delivery channels, whereas prior to RBM IMCI and reproductive health services were not part of most National Malaria Control Programme (NMCP) action plans. Also, insecticide-treated bed-nets (ITNs) were not part of NMCP plans of action in a large number of countries in southern Africa, today the effectiveness of various ITN delivery channels (public, private, subsidised, free market) is on the agenda of many partners in these countries. - There is evidence that the extensive involvement of partners in RBM to date will provide for success of partnerships in the long-term.
Track, synthesize and share information on resources, products, and outcomes in countries and regions	H	- Intelligence database of information on action to roll back malaria always up to date and available	1	<ul style="list-style-type: none"> - Brokering of partner resource commitment to RBM action. The RBM planning process has resulted in a definite appraisal of Country Strategies and Resource Requirements in currently 12 countries (WHO/CDS/RBM/2001.34). It is expected that during 2003, an additional 8 countries will reach this stage of development. - The RBM secretariat assisted the Global Fund to fight AIDS, Tuberculosis and Malaria in developing working mechanisms in support of existing country processes.

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<i>Product</i>	<i>Priority¹</i>	<i>Target(s)</i>	<i>Status²</i>	<i>Remarks</i>
Seed funding to support partnership action in promising countries	M	- Potential resource gaps for stimulating partnership action at country level bridged	1	<ul style="list-style-type: none"> - A budget of \$8,000,000 was approved for 2001 to initiate the implementation process. - Recognizing that there would be a time-lag for partner resources to be mobilised into one agreed, costed plan of work, the RBM Cabinet Project provided these seed-corn funds to support the country partnerships. At the conclusion of country roundtable meetings, support was provided to address the immediate resource requirements. - A Refocus on Africa was initiated with a joint meeting held between AFRO and HQ. A joint plan of action was agreed to support the implementation of roll back malaria strategic plans in African Countries. - RBM recognized that the RBM Secretariat has resources and a mandate beyond the traditional WHO normative functions to get results in countries.
Planned Cost: USD 9,349,100				
RBM: 2.3 Capacity development and technical support				
Coordinate the establishment and updating of global and regional standards for community- and country-level action to roll back malaria	M	- Situation and strategic options reviewed, best practices agreed, standards developed based upon best practice, standards tested through operational research, and standards and guidance on their application disseminated	1	<ul style="list-style-type: none"> - Through provision of advice RBM has prioritized and communicated a clear set of technical strategies and has supported situation analyses, country strategic plans, drug policy development and access strategies for insecticide treated materials. - There has been a significant increase in collection and availability of data for drug resistance monitoring.
Support priority country-level actions necessary to roll back malaria	M	- Countries supported in response to requests, to continue priority activities that maintain essential capacity while moving toward a broader sectoral way of thinking and approach for malaria	1	<ul style="list-style-type: none"> - Many country plans now have a greater emphasis on human resource development which is recognized as a key to scaling up, and there is better recognition of the need for managerial, advocacy and other skills alongside technical skills. There is a shift in focus from training individuals to strengthening training institutions in country, building on existing institutions where possible.
Develop capacity at country level to enable national institutions to establish and modify standards	M	<ul style="list-style-type: none"> - Capacity enhanced of countries to plan, implement, supervise, monitor and evaluate malaria control activities within context of RBM - Strategic plan developed for malaria training and education to establish priorities and direction to build capacity within countries - Training tools and materials developed and disseminated 	<p>1</p> <p>1</p> <p>2</p>	<ul style="list-style-type: none"> - Almost all National Malaria Control Programme (NMCP) managers within the AFRO and EMRO regions, and many other central and district level staff, have been trained on 2-3 month courses on malaria control planning and management. - Technical and financial support has been provided for therapeutic efficacy testing of antimalarial drugs and review of

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<i>Product</i>	<i>Priority¹</i>	<i>Target(s)</i>	<i>Status²</i>	<i>Remarks</i>
Establish/maintain networks of experts to develop capacity at country level and among partners	M	- Informal networks formulated of experts on key issues/areas (complex emergencies, epidemics, home management, insecticide treated materials (ITMs)).	1	<ul style="list-style-type: none"> - drug policies. - Over 120 health personnel from 30 countries have been trained as trainers on malaria case management and follow-up after training, using adapted manuals developed in collaboration with IMCI. - Country teams and working groups are bringing a much wider range of skills to bear on malaria control than previously, reflecting the move away from regarding malaria as purely a technical problem - Technical Support Networks (TSNs) have raised the profile of malaria, and the original concept of a TSN has bred new networks with different functions. - Some TSNs are assisting in developing coherent RBM strategies. - Networks for technical support (not necessarily developed as RBM TSNs) at the regional and sub-regional levels have been particularly effective.
Planned Cost: USD 11,915,000				
RBM: 2.4 Intervention research and product development				
Define RBM strategic direction for research and development, in collaboration with the Special Programme for Research and Training in Tropical Diseases (TDR)	M	- Document prepared outlining the strategic approaches to address the R&D needs of RBM	1	<ul style="list-style-type: none"> - Since the inception of RBM, country level activities have increasingly engaged the research community as well as the disease control sector, bringing the necessary evidence to formulate policy and the expertise needed, such as, for situation analyses which preceded the preparation of country plans. - RBM also encouraged the national RBM programmes to define their operational research priorities. The internal review consistently reflected closer and effective ties between the research community and the control sector. - RBM has noticed a stronger evidence-based approach with more functional links between researchers and disease control staff than before. - TDR and RBM ensured that research results are changing global policies such as treatment policy including combination therapy, home management of malaria, and rapid diagnostic tests. TDR continues to build public health capacity and leadership for RBM. - working with TDR and Medicines for Malaria Venture (MMV)

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<i>Product</i>	<i>Priority¹</i>	<i>Target(s)</i>	<i>Status²</i>	<i>Remarks</i>
Identify knowledge gaps, tools and products for RBM at country level and define the needs for operational and strategic research and product development	M	<ul style="list-style-type: none"> - Effective linkages maintained between research and intervention at country level - Support given to countries to define operational research areas of local relevance - Research needs that require the development of generic intervention tools and methodologies identified - Human resource and institutional capacity for evidence-based actions in rolling back malaria developed 	<p>1</p> <p>1</p> <p>1</p> <p>2</p>	<p>to establish a pipeline for new antimalarial drugs and to reduce the price of present drugs;</p> <ul style="list-style-type: none"> - working with TDR and the Health Technology and Pharmaceuticals (HTP) to monitor and co-ordinate global efforts to develop a malaria vaccine. - RBM has been associated with an increased emphasis on research related to field operations and delivery of interventions. - RBM has been a pathfinder in strongly influencing and refocusing the TDR strategy to include implementation research, linking research and control at global and country levels. - Funds were provided by the RBM Secretariat to all the WHO Regional Offices to call for, and support proposals from endemic country researchers, some in collaboration with the malaria control programmes, for operational research to support RBM. - Many partners, such as bilateral agencies, development banks, UNICEF and NGOs, have begun investing in operational research on malaria at regional and country levels. - A new co-funded programme of research on health systems with a focus on malaria was begun by RBM in collaboration with the Alliance for Health Policy and Systems Research.
Link with partners to ensure that needs in rolling back malaria influence priority setting for research and development	M	<ul style="list-style-type: none"> - RBM advocated and adequately represented in major R&D fora - Consensus realized on WHO-wide research and product development agenda for rolling back malaria - Seed funding supplied to initiate and launch high priority RBM R&D 	<p>1</p> <p>1</p> <p>1</p>	<ul style="list-style-type: none"> - Global funds for malaria research and development have increased significantly since the launch of RBM, from an annual expenditure of about 84 million USD in 1994 (assessment by the Wellcome Trust) to around 200 million USD in 2001. - Funding for malaria vaccine research has quadrupled in the past 3 years. Much of this increased financing can be accounted for by investment in malaria by the Bill and Melinda Gates Foundation including: the Gates MVI and malaria R&D capacity building in Africa to the UK partnership; donation to John Hopkins University's Bloomberg School of Public Health; and an increase in the NIH malaria budget. This can be attributed, in part, to advocacy by RBM.
Translate research findings into policies and practices	M	<ul style="list-style-type: none"> - R&D products for rolling back malaria deployed 	<p>1</p>	<ul style="list-style-type: none"> - Many priority areas of research and development have received enhanced support from RBM working in close collaboration

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<i>Product</i>	<i>Priority¹</i>	<i>Target(s)</i>	<i>Status²</i>	<i>Remarks</i>
Planned Cost: USD 5,350,000				
RBM: 2.5 Scaling up action to roll back malaria				
Develop a medium term strategy to achieve better health outcomes from RBM action	M	<ul style="list-style-type: none"> - Options for refining malaria control strategies in the light of needs and experience defined - Better outcomes from RBM action through publicly-financed health sector explored (with emphasis on service integration and decentralization) 	1	<ul style="list-style-type: none"> - RBM has and will continue to review options for refining malaria control strategies in the light of needs and experiences and identifying better outcomes from RBM action through the publicly-financed health sector (with emphasis on service integration and decentralization).
Examine mechanisms to incorporate RBM operations within ongoing health sector reform (including financing options and links with TB, HIV actions)	M	<ul style="list-style-type: none"> - Evolution of roles of national malaria control programmes in improving outcomes effected - Means for financing effective RBM action and tracking the use of funds within health sector development identified - Inter-sectoral support for outcomes of RBM action obtained - Synergy among partners promoted and advocacy implemented for replicating successful model of RBM as an integral part of health development 	1	<ul style="list-style-type: none"> - In the context of the country planning process the RBM Secretariat has been pushing the role of national malaria control programmes (NMCP) to evolve in a way which will better facilitate improved outcomes. - The traditional role of the NMCP has been designed toward implementation of programmes, whereas progress can only be achieved more quickly if the NMCP sees itself as a "centre of excellence" for malaria control and catalyst at the national level for action. In 1998, malaria partners were sceptical about decentralisation and SWAs, currently they often support each other. The national RBM business plans reflect this changing role. - Means for financing effective RBM action and tracking use of funds within health sector development have been identified from multiple sources, though it is unclear whether the financing will be sufficient to catalyse action to the desired outcomes. Based on the work done on country strategies, there is an immediate need for estimated US\$ 500 million to support the first year of implementation. - RBM is developing a mainstream mechanism using HIPC and other debt-relief programmes managed through national Poverty Reduction Strategic Plans (PRSPs).

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<i>Product</i>	<i>Priority¹</i>	<i>Target(s)</i>	<i>Status²</i>	<i>Remarks</i>
Catalyze and support effective RBM action beyond the health sector	M	<ul style="list-style-type: none"> - Catalysis and support given to effective community-level outcomes of RBM action including civil society action - Information, education and communication (IEC) for community mobilization for malaria control undertaken - Options for intensifying effective RBM action through intersectoral action and private sector involvement examined 	<p>1</p> <p>2</p> <p>1</p>	<ul style="list-style-type: none"> - The World Bank/IMF led HIPC initiative has the potential to provide debt relief to many more countries, providing considerable opportunity to address malaria as a poverty issue as seen in Cameroon, Tanzania and Uganda where poverty reduction strategies have brought additional resources for malaria . Joint missions between global partners will help enable RBM plans. This should be supported by a full analysis of total resource needs for RBM to achieve its goals. - NGOs have a comparative advantage in their experience and established infrastructure to work directly with communities and RBM has been expanding capacity through developing partnerships with NGOs. One of the greatest challenges for successful collaboration between NGOs and governments has been effective communication and coordination of the efforts amongst NGOs and between NGOs and government. - RBM has recognized that the public sector cannot achieve the scale of action required on its own. Governments will benefit from exploring the full range of services that could be provided by the private sector. The private sector can contribute to national capacity to absorb and deploy resources efficiently and effectively. The "private sector" encompasses a diverse array of actors and services, from providers of health care services to drug sellers to producers of essential drugs and commodities. - In complement to expanding NGO and Private Sector work, RBM is encouraging government to shift its focus to ensuring that the services and products provided are of high quality, through provision of training and supervision, development of standards for quality services, and regulatory oversight.
Explore wider policy issues in relation to intensification of action to roll back malaria	M	<ul style="list-style-type: none"> - Wider policy issues – equity, gender – addressed in medium-term intensification of action in pursuit of outcomes - Operational strategies for incorporation into RBM action developed - Economic and policy science agenda established - Analysis of institutional and organizational issues carried out - Support given for policy dialogue and action plan development to reduce reliance on DDT within efforts to roll back malaria 	<p>2</p> <p>2</p> <p>1</p> <p>2</p> <p>1</p>	<ul style="list-style-type: none"> - RBM, working closely with economists and research institutions, has also established the causal relationship between malaria, poverty and economic development and the centrality of "the malaria problem" in both the formal and informal health sectors, particularly in Africa. - The Partnership, in particular with the publication of the London School over the past year, has increased appreciation for the economic costs of malaria and the benefits of existing interventions, which should influence priority setting within malaria-affected countries and by development assistance agencies.

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<i>Product</i>	<i>Priority¹</i>	<i>Target(s)</i>	<i>Status²</i>	<i>Remarks</i>
Planned Cost: USD 4,670,00				
RBM: 2.6				
Monitoring and evaluation				
Continue to coordinate monitoring activities through the established cross-WHO working group	M	- Regular consultations held with cross-WHO working group	1	<ul style="list-style-type: none"> - The WHO group for monitoring RBM was constituted to ensure coordination of WHO activities relating to monitoring of RBM and to establish and maintain a cross-WHO group on RBM monitoring but still working on an informal basis. The group oversees the development and implementation of a system for monitoring RBM progress and impact at country, regional and global level. Partners have been identified within the CDS cluster and other clusters as well, namely CAH, Health Mapping and the Massive Effort initiative representatives.
Reach final agreement on framework for monitoring RBM with all partners	M	- Framework agreed by all partners	1	<ul style="list-style-type: none"> - Following consultation with Regional Offices and main partners, the Global Framework for Monitoring Progress and Evaluating Outcomes and Impact was accepted by all the RBM partners and was published in September 2000 in English, French, and Portuguese and was widely disseminated at the regional and country levels. - Framework and guidelines for monitoring and evaluation were developed in AFRO and missions to discuss and finalize AFRO Framework and Guidelines for Monitoring and Evaluation in African region and to also participate in RBM/IMCI Task Force Meeting were undertaken. - Global indicators were presented and discussed to establish Framework and Guidelines for M&E with EURO, but consensus on indicators to be used in EURO not reached as yet.

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<i>Product</i>	<i>Priority¹</i>	<i>Target(s)</i>	<i>Status²</i>	<i>Remarks</i>
Finalize technical guidelines on monitoring methodology and specification of indicators	M	<ul style="list-style-type: none"> - Technical guidelines on monitoring methodology, including specification of indicators, finalized - Methods for community level monitoring developed and field-tested - Evaluation of IMCI and RBM through common indicators carried out 	2	<ul style="list-style-type: none"> - Framework and Guidelines for M&E in SEARO are ongoing. - A "Methodological Guide for monitoring and evaluation of the RBM initiative at country level" is in final stages of completion and will be submitted to the regional offices and main partners by December 2001. The Regional Bureau for Africa has prepared its own version, RBM initiative in the African Region: Monitoring and Evaluation Guidelines, AFRO 2000.
Develop plan for data collection/analysis, agree with partners and implement	M	<ul style="list-style-type: none"> - Plans and procedures for data collection and analysis developed and implemented - Global malaria situation reported - Field guide for assessment of malaria risk developed - Country databases for information on morbidity and mortality established - Sentinel sites supported in Africa to monitor malaria mortality rates and trends - Monitoring of country efforts to improve access to quality antimalarials supported 	2	<ul style="list-style-type: none"> - Plans and procedures for data collection and analysis, agreed upon with countries and partners, are being implemented. Collection and analysis of baseline data have started and sixteen countries from the AFRO region have completed the baseline. To implement these surveys, various partnerships and collaborations have been formed, these include: UNICEF (End of Decade Survey), Demographic Health Survey, Demographic Sentinel Sites (INDEPHT) and IMCI. National Programme Officers (NPOs) oversee the quality of monitoring methods and systems and it is necessary to improve their capacity. - Mapping of the global malaria situation has depended on good collaboration with the Health Mapping team at CSR. A joint action plan is being developed and RBM is funding a technical position in that team. The M&E team also participates in the development of the Global Atlas and will contribute in validating data to be integrated. - Monitoring and evaluation of RBM action at country level will be intensified, based on key outcome and impact indicators, to mobilize partnership and International Support to the populations in greatest need. Baseline surveys have been carried out in 25 countries. This will allow the tracking of progress towards improvement of health outcomes in countries where CSPs are made operational. - At regional level, implementation of Geographical Information System (GIS) is on going.

PART 3: STOB TB (STB)

Summary of Budget 2000-2001, Income and Obligations

	<i>Budget 2000-2001</i>	<i>Income received during 2000-2001</i>	<i>Obligations as at 31.12.2001</i>
	US\$	US\$	US\$
DEPARTMENT SUMMARY			
Activities	20,029,000		20,241,900
Staff	15,205,900		9,245,100
GRAND TOTAL	35,234,900	38,267,000	29,487,000

CDS Plan of Action 2000-2001, End of Biennium Update – STB

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
STB: 3.1 Framework for action to stop TB <i>(The following products were inadvertently omitted in the document Plan of Action 2000-2001)</i>		Planned Cost: USD 1,920,000		
Global Partnership Agreement (Amsterdam Declaration)	H	<ul style="list-style-type: none"> - Amsterdam Declaration presented and adopted at the Ministerial Conference on TB & Sustainable Development - World Health Assembly, May 2000 endorsed the Amsterdam Declaration and adopted a Resolution - National and regional Stop TB partnership developed 	<ul style="list-style-type: none"> 1 1 1 	<ul style="list-style-type: none"> - Extensive consultations with high-burden countries, various Stop TB partner-organizations - Increase of political commitment from MoH, finance, and development planning from 20 (80% of the global TB burden) - The resulting Amsterdam Declaration to Stop TB called upon international partners to take the following actions: <ul style="list-style-type: none"> - Develop and/or strengthen national development plans that incorporate health and TB control as essential components. - Build new international approaches towards ensuring universal access to drugs through efficient systems for procurement and distribution of TB drugs. - Accelerate basic and operational research for new tools-including diagnostics, drugs and vaccines. - Establish a Global Fund for tuberculosis to mobilize and invest new additional resources to support the above activities.
Governance mechanisms supporting the Global Partnership to Stop TB	H	<ul style="list-style-type: none"> - Meetings and visits with core-partners clarifying the terms of reference and support systems for the global partnership - Support to the Stop TB Working groups - Finalize consensus document on governance mechanisms - Organize and support Coordinating Board meetings and Stop TB Global Partners' Forum 	<ul style="list-style-type: none"> 1 1 2 1 	<ul style="list-style-type: none"> - Concepts & functions of the partnership clarified, including an Ad-hoc Partners' Forum held in July, New York in 2001 - Convened first meeting of the DOTS expansion group Cairo, November 2000, and support to other working-groups - Consultation-process with 140 partners - Upon finalization of the governance consensus, Board and Forum that took place in October 2001
Composite Stop TB Work plan	H	<ul style="list-style-type: none"> - Work plan for biennium approved by all partners; monitoring to ensure progress of plan implementation by end of 2000 - Consultative discussions to partner-organizations and national/regional counterparts 	<ul style="list-style-type: none"> 1 2 	<ul style="list-style-type: none"> - Collaboration with WHO tuberculosis team on country-visits assisting partner organizations, countries and regions - on-going though country visits and major events
Develop new partnerships to Stop TB	M	<ul style="list-style-type: none"> - Over 75 organizations joined the 2000 Global Partnership to Stop TB - Models and tools supporting partnership building 	<ul style="list-style-type: none"> 1 2 	<ul style="list-style-type: none"> - During the Amsterdam Conference, the partnership was widely expanded

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
STB: 3.2 Stop TB fund and Global Drug Facility (GDF)		Planned Cost: USD 2,350,000		
Position Papers	H	<ul style="list-style-type: none"> - Basic TB drug endowment fund position paper developed - Multi-Drug Resistance TB (MDR-TB) emergency response position paper developed - Three capacity building position papers addressing quality control, international procurement and national procurement capacities developed - Research agenda for new drug development produced - Fund management and governance structures developed 	<ul style="list-style-type: none"> 1 1 1 1 1 	<ul style="list-style-type: none"> - GDF prospectus was finalized beginning February 2001, by the core technical group - MDR-TB report presented at Amsterdam Conference on 24 March 2000, and Baltics assessment on MDR-TB took place in February 2000 - Various papers and concepts developed in collaboration with partners - Produced in collaboration with Global Alliance on TB Drug Development. - Both structures have been developed and finalized in February 2001 through various tele-conferences.
Consensus meetings for fund stakeholders	H	<ul style="list-style-type: none"> - Consensus meetings organized, including participation of representatives of 20 countries 	1	<ul style="list-style-type: none"> - Various consensus meetings on GDF, held in Bangkok (January 2000); Amsterdam (March 2000); New York (July 2000) and in Cairo (November 2000)
Donors meeting	H	<ul style="list-style-type: none"> - Meeting organized and held - Participation of delegates from high prevalence/low income countries 	<ul style="list-style-type: none"> 1 1 	<ul style="list-style-type: none"> - Initial discussions with individual donors - Involvement of the donors in preparation of the various background documents - Main donors' meeting was held in 2001
Private sector/partnership building	H	<ul style="list-style-type: none"> - Meeting advocacy plan developed - New partners from the corporate sector engaged in Stop TB - Mobilization of key opinion leaders in advocating for TB control and support of the Stop TB Global Drug Facility 	<ul style="list-style-type: none"> 1 1 	<ul style="list-style-type: none"> - Provide input to the World Economic Forum regional meetings where relevant. - Together with TBP and other relevant WHO Departments, prepared TB control guidelines. Together with labour and employers groups, prepared byproducts for use by CEOs and by managers and workers representatives in SMEs. Used launch of byproducts to create STB brand. Post-launch, introduced value-added services to further engage the corporate sector.
Public relations/media campaign	M	<ul style="list-style-type: none"> - Fund media strategy developed - Media engaged (global newspapers, CNN, BBC etc) - Donors meeting advocacy event held 	<ul style="list-style-type: none"> 1 1 1 	<ul style="list-style-type: none"> - Strategy developed and implemented in 2001 - GDF launched at World TB Day 2001 in Washington DC with large media-coverage
Global Drug Facility set up and administration	H	<ul style="list-style-type: none"> - Planning and evaluation for facility initiation carried out - Board of directors convened 	<ul style="list-style-type: none"> 1 1 	<ul style="list-style-type: none"> - Governance of GDF as part of the Stop TB Partnership Framework. - Memorandum of Understanding on GDF between Stop TB Coordinating Board and DG/WHO signed during Partners'

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
STB: 3.3 Communications and advocacy		Planned Cost: USD 1,620,000		Forum in October 2001
Quarterly Stop TB newsletters	H	- Stop TB newsletter published and distributed	1	- Each quarter Stop TB newsletters were produced by The International Union Against Tuberculosis and Lung Diseases (IUATLD); Issue 4 (summer'01) focused on TB/HIV and issue 5 (Dec'01) focused on DOTS Expansion
Stop TB 2001 report	H	- STB 2001 report produced and distributed	1	- TB and Human Rights report published for February 2001, and for dissemination in line with WTBD 2001
Expansion and maintenance of Stop TB website and e-networking	H	- Website upgraded and maintained	1	- Constantly updated. Web alert established and distributed to the Stop TB mailing-list
Media relations	H	- Electronic fora on key STB issues established and moderated	2	
		- Regional journalists training held	1	- Broadcast materials, including 5 videos and training guides were produced prior to the Amsterdam conference. Photo archive was established and updated on an ongoing basis.
		- Journalist TB guide and briefings produced	1	
		- Broadcast materials produced and archived	1	
		- Photo archive established and maintained	1	
Stop TB social mobilization and advocacy campaign	H	- Stop TB campaign field guide	1	- The guide was completed and distributed for WTBD 2000 and 2001
Increased advocacy for effective TB control	H	- Advocacy and social mobilization workshops held in conjunction with significant international meetings and conferences	1	- Two workshops were held in Nepal in April 2000 and in Conakry, Guinea in May 2000
STB: 3.4 Special events		Planned Cost: USD 2,660,000		
Ministerial conference on TB and sustainable development	H	- Conference organized	1	- The Conference, held in March 2000 in Amsterdam was a successful event.
		- Conference report disseminated	1	- The meeting report was disseminated in May 2000
		- Follow-up activities put into motion	2	- Follow-up meetings in countries/ regions, and global meetings
Follow-up at regional and country level	H	- Regional meetings held in all 6 WHO regions (AFRO, AMRO, EMRO, EURO, SEARO, WPRO)	1	- All regional meetings completed
		- Country meetings held (in selected high-burden countries)	1	- Country meetings were held in Nigeria, China, DR Congo, Kenya, Brazil
Global partners' forum 2001	H	- Forum planned and organized	1	- The First Stop TB Partners' Forum was held in October 2001, hosted by the World Bank
		- Forum held in spring 2001	2	- The report "Highlights of the Forum" was distributed in November 2001.
		- Forum evaluation completed	1	
World TB day activities	H	- Production and distribution of World TB day planning guide	1	- The World TB day planning guide was produced and distributed in 2000.
		- International media event for World TB Day 2001 organized	1	- Media event and materials finalized for World TB Day, 24 March 2001.
		- Information kit and materials for World TB Day 2001 prepared and distributed	1	

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
STB: 3.5 Support team staff and administrative costs		Planned Cost: USD 5,540,000		
STB/TBS: 3.6.1 Global work planning, strategy and policy <i>The following products under components 6-9 were previously under the Control, Prevention and Eradication Department (CPE), formerly Strategy development and monitoring for endemic bacterial and viral diseases (EBV).</i>		Planned Cost: USD 1,326,000		
Global TB control plan	H	- A framework for the Global DOTS Expansion Plan (GDEP) approved by all partners - Coordination plan of country support provided by different partners prepared and implemented - Missions to Regional Offices and countries carried out and reports presented	1 1 1	- Global DOTS Expansion Plan reviewed and updated by all partners and 22 HBCs. - Four Regional Offices have established inter-agency coordinating committees for tuberculosis
Update of DOTS programme status and strategy recommendations	H	- Status of national TB programmes (country profiles) updated with emphasis on the 22 with higher TB burden countries - Constraints and strategy recommendations on TB control for regions and countries identified	1 1	- Profile of each of the 22 high-burden countries updated, including key constraints and proposed solutions (description included in 2002 Global TB Control Report)
Guidelines for integrated programme monitoring for communicable diseases	M	- Summary indicators to monitor integrated activities in primary health care (health facility and district level) developed - consolidation with disease specific programmes included as examples - Printing as a restricted distribution document	1 2 1	- Document on indicators for integrated activities in final draft form - Printed as a restricted distribution WHO document
Improving quality of and access to TB drugs	M	- Fixed-drug combinations approved and in use by national programmes - Quality control network available and utilized - Reports on quality of drugs, guidelines produced	2	- Guidelines for assessing quality of drugs under development
Identification of needs and production of guidelines and tools	M	- Guidelines and norms produced or revised - Guidelines by country programmes adapted	1 1	- WHO recommendations "Involving private practitioners in TB control, issues, interventions and emerging policy framework" were printed and distributed to all Regional Offices - Tuberculosis Control in Prisons: A manual for Programme Managers. Printed and distributed to all Regional Offices - Guidelines for Drug Susceptibility Testing for Second-line Anti-tuberculosis Drugs for DOTS-Plus - Instructions for Applying to the Green Light Committee for Access to Second-line Anti-tuberculosis Drugs - Toman's Tuberculosis: Case detection, treatment and monitoring - Questions and Answers – second edition. A manuscript was sent for editing . The publication will be

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Translation, reproduction and distribution of documents (as required)	M	- As required	1	<ul style="list-style-type: none"> - finalized in 2002 - Revision/update of two other documents started: 1. Treatment of tuberculosis: Guidelines for National Programmes and 2. Tuberculosis Handbook - Tuberculosis Control in Prisons: A manual for Programme Managers. Translated into Spanish and Russian - Translation of "Tuberculose, manuel de l'étudiant en médecine" into English. - Translation and reproduction of various materials, (reports, guidelines manuals, etc) in different languages undertaken by the Regional Offices. - Staff management training on-going - Logistic support provided
Coordination and management	M		1	
STB/TBS: 3.6.2-7 Region Specific Support (African Region; American Region; Eastern Mediterranean Region; European Region; South East Asian Region; Western Pacific Region)		Planned Cost: USD 5,916,000		
National activities/programme support	H	- For each high burden country a detailed plan of action developed, including a financing plan, to expand DOTS nationwide	1	- All 22 high burden countries have developed or updated medium-term strategic plans for DOTS expansion
Country-specific human resources and tools development	H	<ul style="list-style-type: none"> - Organize a national tuberculosis programme managers meeting for each Region - Develop a five-year strategic plan in all Regions - Implement capacity strengthening to pilot new approaches to expand DOTS - Improve case detection and cure, implemented in five high burden countries 	<p>1</p> <p>2</p> <p>1</p> <p>1</p>	<ul style="list-style-type: none"> - 5 regions have organized a tuberculosis programme managers meeting during 2001 and all 6 plan to do the same in 2002 (EURO holds an NTP managers meeting once in 2 years) - Public/private mix projects are being developed in 5 places in 3 high-burden countries - 7 DOTS-Plus projects developed in 5 high-burden countries
STB/TBS: 3.6.8 Epidemiology and economics: optimal strategies for communicable disease control		Planned Cost: USD 680,000		
Global monitoring of tuberculosis control	H	- Analyze progress in world-wide TB control with improved quality of information	1	- Widely-disseminated annual report on "Global Tuberculosis Control" produced and finalized for 2000 and 2001.
Investigation of communicable disease control strategies	H	<ul style="list-style-type: none"> - Analyze each activity separately, leading to a report or publication by end 2000 or 2001 as appropriate - Reach consensus with external reviews on accuracy of analyses and models on TB interventions - Reach consensus on malaria indicators and surveillance system 	<p>1</p> <p>1</p> <p>1</p>	<ul style="list-style-type: none"> - Development of new methods for assessing impact of TB and malaria control; these methods were used to evaluate TB control in high-burden countries, and to devise better approaches to the management of drug-resistant TB

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
STB/TBS: 3.6.9 New strategy and policy development for control and prevention of communicable diseases		Planned Cost: USD 3,557,000		
Adult Lung Health Initiative (ALHI) and Sick Adult Initiative	H	<ul style="list-style-type: none"> - Elaborate clinical guidelines appropriate for district level use in developing countries - Develop training tools and management materials for adaptation and implementation of the guidelines at district level developed - Adapt and test generic guidelines in 3 countries 	<p>1</p> <p>1</p> <p>2</p>	<ul style="list-style-type: none"> - Evidence-based primary and secondary care guidelines targeting low- and middle-income countries were developed - Accompanying training tools have been developed and adapted training materials are being tested - Guideline adaptation process has been completed in Morocco and Nepal. South Africa and Chile will follow in spring 2002.
Pro-test and other TB/HIV operational research	H	<ul style="list-style-type: none"> - Four pro-test pilot projects implemented, two workshops to prepare proposals held - Plans for expansion of activities in the 4 countries (S. Africa, Malawi, Zambia and Uganda) developed - Technical assistance from WHO received by projects in Malawi and South Africa (not funded by WHO) - Development of guidelines for the Phased implementation of TB/HIV collaborative activities 	<p>1</p> <p>1</p> <p>1</p> <p>1</p>	<ul style="list-style-type: none"> - One workshop held, 11-15 March 2002, involving Kenya, Tanzania, Mozambique and Ethiopia. Proposals developed. Francophone workshop to follow - Technical assistance provided to all ProTEST sites. - Funds provided by STB for expansion of one site in Zambia (Chipata). For PMTCT-linked - to ProTEST - Guideline developed for phased implementation of collaborative TB and HIV
Community care of priority communicable diseases	H	<ul style="list-style-type: none"> - Policy guidelines produced and disseminated - Interventions scaled up in at least 2 countries 	<p>2</p> <p>1</p>	<ul style="list-style-type: none"> - Final "Lessons Learned" workshop held in Harare in September 2000. Guidelines at pre-publication stage. National Programme officers supported in 5 countries to provide technical input in scaling up intervention.
Private/public mix	H	<ul style="list-style-type: none"> - Paper providing a global assessment of the work conducted to date on the role of private practitioners in control activities (for TB and other communicable diseases) finalized. Recommendations for further work in this area made - Policy research strategy implemented and pilot projects exploring ways of involving private practitioners in TB control initiated - Variety of pilot projects implemented based on standard protocols and a global coordinating task force on DOTS strategy created 	<p>1</p> <p>1</p>	<ul style="list-style-type: none"> - Global assessment paper endorsed by a group of experts. The paper is being published. - Pilot project initiated in May 2001 in 4 sites with support from 'Alliance for health policy and system research'.
DOTS Plus for MDR-TB	H	<ul style="list-style-type: none"> - Variety of pilot projects implemented based on standard protocols and a global coordinating task force on DOTS strategy created 	<p>1</p>	<ul style="list-style-type: none"> - Pilot projects implemented. Second-line drugs provided by pharmaceutical companies at conditional price to pilot projects approved by the Green Light Committee on DOTS-Plus
Training/capacity building for tuberculosis (TB) and the Adult Lung Health Initiative (ALHI)	H H	<ul style="list-style-type: none"> - Comprehensive training framework for TB and the ALHI developed - District training module revised Primary health care worker manual developed 	<p>2</p> <p>2</p>	<ul style="list-style-type: none"> - Comprehensive training framework developed - Training material for Management of Tuberculosis at Health Centre Level being field tested; Material for district level being revised

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
	H H M H	<ul style="list-style-type: none"> - Laboratory manager module finalized and courses conducted - Public health school, medical school and nursing school initiatives - TB natural history slide set produced - Training modules for Adult Lung Health Initiative developed 	2 2 3 2	<ul style="list-style-type: none"> - Major revision to first drafts in the process - Material development for medical schools well under way, material for nursing schools progressing. - Material finalized and distributed - Validation study and field test delayed (change in field test site due to programmatic changes in country)
TB control in prisons	H		1	<ul style="list-style-type: none"> - Tuberculosis Control in Prisons: A manual for Programme Managers. Printed and distributed to all Regional Offices and translated into Russian and Spanish
TB control in industrialized countries	M	<ul style="list-style-type: none"> - framework document (effective TB control and elimination) - Policy recommendation in European countries further implemented 	1	<ul style="list-style-type: none"> - Framework on TB control and elimination submitted for publication
Gender and TB	M	<ul style="list-style-type: none"> - Strategy paper prepared on gender and TB outlining needs and methods to address them. Protocols to assess gender impact on TB diagnosis and treatment prepared and promoted 	1	<ul style="list-style-type: none"> - Strategy paper published, protocols prepared. Pilot projects to be implemented by TDR

PART 4: SURVEILLANCE AND RESPONSE (CSR)

Summary of Budget 2000-2001, Income and Obligations

	<i>Budget 2000-2001</i>	<i>Income received during 2000-2001</i>	<i>Obligations as at 31.12.2001</i>
	US\$	US\$	US\$

DEPARTMENT SUMMARY

Activities	33,654,118		13,370,550
Staff	13,329,770		12,814,198
GRAND TOTAL:	46,983,888	29,790,000	26,184,748

CDS Plan of Action 2000-2001, End of Biennium Update – CSR

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Planned Cost: USD 673,200				
CSR/DO: 4.1.1 Information management and dissemination				
CSR Web site	H	<ul style="list-style-type: none"> - Update information continuously. Review whole site 3x a year - All CSR web pages updated annually - All CSR information products accessible online 	<ul style="list-style-type: none"> 1 - CSR web site is updated, maintained and reviewed as planned 1 - Redesign of CSR web site started 1 - Additions have been made to the CSR web site that reflect the new CSR strategy of global health security: Global strategy for Containment of Antimicrobial resistance, Smallpox, anthrax, Intentional use of biological and chemical weapons, WHO/CSR Office in Lyon. Secure web site for Global outbreak alert and response network developed 	
Efficient and coherent system for the planning, production, dissemination and storage of CSR information materials	M	<ul style="list-style-type: none"> - Pages revamped to fit updated WHO/CDS web design - Status report on planned and produced information materials twice a year - List of all CSR information materials to be produced annually 	<ul style="list-style-type: none"> 2 - Information production chain project is not fully operational 2 - Planned and produced 35 documents (all accessible online) including 10 for Global Strategy; Strategy translated into Russian, Spanish, French (executive summary); 2 CD-ROMS; software (mid-2001) 1 - Working with CDS Information Resource Centre to track planning and production of materials 	
Advocacy materials to promote CSR activities	H	<ul style="list-style-type: none"> - List of CSR information materials available in CDS Information Resource Centre - Advocacy strategy developed - Compendium of CSR activities and departmental brochure produced - Presentation material produced 	<ul style="list-style-type: none"> 1 - Refined CSR advocacy strategy to incorporate all core competencies 1 - CSR info kit produced and distributed at 9 external meetings 1 - Produced video on Global health security, highlights for WHO/Lyon office; Developed fact sheets for anthrax, plague, (available on web) Botulism; Produced poster, graphic materials and compendium of CSR activities 	
Planned Cost: USD 425,300				
CSR/DO: 4.1.2 Programme planning and management				
Department direction and strategy	H	<ul style="list-style-type: none"> - Develop and review the departmental mission statement and objectives - Encourage staff participation and "buy-in" to departmental strategic direction through holding a departmental retreat 	<ul style="list-style-type: none"> 1 - Defined list of CSR core competencies; Created new teams to better work towards global health security 1 - CSR retreat held in August 2000 	
Departmental support and coordination	H	<ul style="list-style-type: none"> - Departmental accounts, budget and allotments managed - General departmental support needs met (mailing, photocopying etc.) - Regular staff meetings held 	<ul style="list-style-type: none"> 1 - Regular staff meetings held 1 - Support needs met 1 - Finance officer appointed 	
Planned Cost: 0				
CSR/DO: 4.1.3 Current International Health Regulations administration				
Administer the current International Health	H	<ul style="list-style-type: none"> - Notifications dealt with efficiently 	<ul style="list-style-type: none"> 1 - Notifications for cholera, plague and yellow fever according to 	

CDS Plan of Action 2000-2001, End of Biennium Update – CSR

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Regulations			2	current IHR continue until new IHR in place - A standardized system for current notifications is being explored
Diseases subject to the Regulations (notifications)	H	- Data published regularly in the WER	1	- Ongoing
Publication of amendments to "Ports designated in application of the IHR" in WER	H	- Published in the WER	2	- Updates on ports to be posted on web – 1 st half of 2002 (in addition to publication in WER)
Monthly update of officially reported cholera cases on the CSR web site	M	- Figures compiled each month in web-compatible format and published on the CSR website every month	2	- New database in development. Figures to be posted on web once new database is up and running
Planned Cost: USD 2,200,000				
Revision of International Health Regulations				
Development of (10) scientific concept papers by subproject teams	H	- Completion of 10 scientific concept papers by January 2001	2	- The syndromic notification approach was found to be unworkable and therefore the 'international health risk' concept and areas of work related to this approach were developed. Agreement to proceed in principle for core changes received in January 2001 Executive Board 107. - New approach for IHR (e.g. "real time") recommendations for Member States action - 35 Member States engaged to test both existing and proposed concepts - Technical requirements for international transport meeting held (October 2001) - Follow up with key stakeholders (IATA; ICAO; ACI) in January 2002 - Web board discussion group monitored and updated regularly - In view of delayed agreement to proceed, achievement of target was delayed and the target date for completion moved to April 2004. New targets have been defined.
First preliminary draft regulations by the secretariat	H	- First preliminary draft completed by the secretariat by Jan 2001	2	- To be completed by June 2002
First preliminary draft reviewed by subproject teams and collaborating Member States	H	- All comments received from subproject teams and collaborating Member States by April 2001	2	- Comments from subproject teams were received by collaborating Member States in April 2001 Composite draft to be completed by June 2002
Revised first draft by the secretariat	H	- All Member States to receive the first preliminary draft by May 2001	2	- MS to receive revised composite draft September 2002
First Preliminary edited draft regulations (with comments from Member States)	H	- Comments of Member States on the first Preliminary draft to be received by November 2001	2	- Comments from MS on composite draft to be received November 2002

CDS Plan of Action 2000-2001, End of Biennium Update – CSR

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Regional conference on the IHR revision	M	- Consensus on directions indicated in first draft to be accomplished by Dec 2001	2	- Consensus on directions indicated in first draft to be accomplished November 2002-February 2003
Planned Cost: USD 320,000				
CSR/DO: 4.1.5 Epidemic preparedness and response				
Provision of efficient epidemic response in case of outbreaks	H	- To respond rapidly to requests for assistance	1	- Examples: - Ebola/Uganda - Congo Crimean Haemorrhagic Fever (CCHF)/Afghanistan - Meningococcal disease, Ethiopia, Somalia, Democratic Republic of Congo, Angola - Cholera, various countries in the African Region - Anthrax, the United States (response at HQ for information for MS and public) - Yellow Fever, Côte d'Ivoire - Ongoing
		- Maintain a limited amount of financial resources available for unexpected, urgent response activities	2	
Planned Cost: USD 369,000				
CSR/DO: 4.1.6 Smallpox eradication				
WHO Advisory Committee on Variola Virus Research	H	- Report of the first meeting of the Advisory Committee held in 1999 published - Meeting of the Advisory Committee held in 2001 - Annual reports prepared and presented to WHO governing bodies	1	- ACTIVITY TRANSFERRED TO GLOBAL OUTBREAK ALERT AND RESPONSE (GAR) - First meeting held in December 1999. Report published and presented to World Health Assembly 2000 - Second meeting held in February 2001. Report published and presented at WORLD HEALTH ASSEMBLY 2001 - Third meeting of the Advisory Committee held in December 2001. Report submitted to Executive Board in January 2002 - Visits made to CDC in Atlanta and to VECTOR in Russia
Scientific sub-committee to examine research proposals	H	- Group of experts to visit CDC in relation to biosafety - Site visits to CDC and "VECTOR" to monitor progress of research	1 1	
Planned Cost: USD 3,282,000				
CSR/DO: 4.1.7 WHO Office in Lyon, France				
Training programme for laboratory supervisory staff	H	- Intakes of trainees during 2000 – 2001	1	- WHO Office in Lyon opened February 2001 - First intake of trainees in April 2001 - Second training session of 1 st cohort (22 October – 9 November 2001) - First training session of 2 nd cohort (February 2002)
Programme to improve laboratory infrastructures in countries	H	- 10 laboratories per year provided with equipment, communications infrastructure and reagents	1	- Initially a five year plan of activity was developed. To date, all activities are on schedule - Development and dissemination of training materials on CD ROM
Support programme for training in	H	- International meetings based in Lyon	1	- 1st International Biosafety Meeting (October 2001);

CDS Plan of Action 2000-2001, End of Biennium Update – CSR

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
intervention epidemiology				International Training Course on African Trypanosomiasis (November 2001); Meeting with WHO/CSR Lyon partners (26 October 2001) - Ongoing
Support programme on outbreak response	H	- Laboratory course for field epidemiologists established - System for the procurement, storage and dispatch of emergency supplies established	1	- Activities ongoing in CSR Geneva
Information technology (IT) and logistics support unit	H	- IT environment established	1	- On target - Recruitment of IT officer
General operational support	H		1	- Recruitment of administrative support
Planned Cost: USD 1,500,000				
CSR/DO: 4.1.8				
Communicable disease control in complex emergencies				
<i>New activities started in September 2000, moved from CSR/ISR component 4.2.4</i>				
Developing a package of standards and tools for partner agencies on communicable disease control in emergencies	H	- Strategy for communicable diseases control in complex emergencies developed - Surveillance standards in emergencies - Communicable disease (CD) country profiles to tailor interventions to each country's needs - Manual on CD control in complex emergencies developed - 5 surveillance software developed using HealthMapper adapted for emergencies - Training materials for communicable disease control in acute and "chronic" emergencies - Training course on CD Surveillance and control in complex emergencies (with CSR Lyon office)	1	ACTIVITY NOW TRANSFERRED TO CPE
Providing field support to WHO field offices, NGOs and other partners	H	- Implementation of surveillance systems - Outbreak detection and response - Disease-specific control activities - Database of experts on our partners in the field - CD control programmes in 6 priority countries evaluated	1 1	- Projects being evaluated - All other activities on target
Planned Cost: USD 100,000				
CSR/ISR: 4.2.1				
Team management				
Management & coordination of Integrated Surveillance and Response (ISR) activities	H	- Cross-cutting activities carried out - Increased partnership achieved - Strategy refined - Activity/financial reports published	1 1 1 1	- All on target

CDS Plan of Action 2000-2001, End of Biennium Update – CSR

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Planned Cost: USD 3,217,850				
CSR/ISR: 4.2.2 GIS and multidisease (integrated) surveillance				
Coordinating country support to surveillance at the global level	H	- Functional coordination working groups in place	2	- Cross-cutting activity in progress
Strengthening country support to surveillance at the global level	H	- Strategy for support to country surveillance elaborated	2	- Activities ongoing
	H	- Strategic document published	2	- In progress – several articles written
Strengthening regional support to communicable disease surveillance	H	- Surveillance standards, guidelines and tools developed/updated/refined	1	- Assessment protocol published; French version of assessment in press
	H	- Regional strategy for surveillance elaborated	1	- Completed in targeted countries for 2000-2001, but an ongoing activity
	H	- Implementation of regional strategies supported	2	- Ongoing
	H	- Field tools adapted and field tested	2	- AFRO technical guidelines field tested; indicators for surveillance field tested in the African Region
	M	- Data management and communications strengthened at regional level in selected regions	1	- Completed for targeted regions and ongoing
Strengthening national surveillance systems using the integrated (multi-disease) approach	M	- Data analysis and interpretation strengthened at regional level	1	- Strengthened in the Eastern Mediterranean and African Regions
	H	- Regional and intercountry capacity strengthened in selected regions	2	- In progress for 7 countries in the African Region in collaboration with WHO/CSR Office in Lyon
	H	- Regional and intercountry training supported in selected regions	2	- Completed in African Region
	H	- Regional and intercountry sensitization meetings on integrated disease surveillance	2	- Completed in African Region
	H	- National assessments carried out in selected countries using standard surveillance protocol with plan of action elaborated	1	- National assessments completed in 30 countries (activity cancelled in North Korea); Plan of Action developed in 17 countries; Assessment planned in 8 other countries
	H	- Core surveillance activities in countries supported by the provision of standardized tools and guidelines	2	- Ongoing
	H	- Data management and communications strengthened in selected countries	2	- Ongoing in UNF countries
	H	- Data analysis and interpretation strengthened in selected countries	2	- Ongoing
	H	- WHO country offices strengthened in selected countries	1	- Completed
	H	- Training on Integrated Disease Surveillance (IDS) supported in selected countries	2	- Ongoing
Production and dissemination of annual surveillance reports	H	- Addition of age, sex and geographic variables in CSR databases - Improvements made to documentation of the quality of CSR surveillance data - Annual report produced and disseminated	1	- First report produced and disseminated; Second report on hold
Development and dissemination of analytical	M	- WHO document produced on method for analyzing data from multiple	1	- Manual completed for Leprosy, Guinea Worm,

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
methodology		sources. Manual written on the analysis of GIS data with specific examples of types of analysis that can be done using GIS with particular reference to HealthMap		Onchocerciasis, Trachoma and Malaria - Paper in press (Journal of Biostatistics & Epidemiology) - Further sources of funds are being sought, mainly for CSR diseases, cholera, meningitis, etc.
Development of methods for quality assurance of CSR surveillance data	M	- A methodology for assessing data quality developed	3	- On hold until further sources of funds are secured
Mapping of communities and health care	H	- With a focus on Africa and South-East Asia, HealthMap will provide technical assistance to those countries selected as priority by the HealthMap core partners: 19 new countries will begin operational mapping activities. - 28 countries will have updated databases - National intersectoral plans of action will be agreed upon and developed	1	- This project involves several clusters and programmes and is covered by these different programmes and partners; HealthMapper adapted for malaria (RBM) in EMRO, EURO, WPRO, South Africa Malaria Control Programme (SAMC), Mekong, Ethiopia, Zimbabwe, Tanzania - Database development and mapping extended to 10 additional countries
Support to disease specific programmes	H	- HealthMapper adapted for disease specific applications	1	- HealthMapper also adapted for Onchocerciasis (OCP, APOC), Guinea worm, schistosomiasis, lymphatic filariasis, trachoma and for monitoring (RBM), for supporting eradication and elimination programmes (Guinea worm, lymphatic filariasis, polio), for monitoring and evaluation of impact of IMCI, as a platform for integrated disease surveillance
		- Training carried out at country level in use of mapping for planning, management and decision-support	1	- Inter-regional training on HealthMapper was provided for Guinea worm (10 countries); lymphatic filariasis (7 countries); HealthMapper, Tunisia; malaria and IDS (10 countries – AFRO/SAMC)
		- Technical support activities conducted as planned.	1	- National training on HealthMapper for RBM (Ethiopia, Senegal/Mali; for disease surveillance in India (SEARO/HQ); in Egypt and Sudan (EMRO/HQ) Mapping and data management support provided to FCH/IMCI, UNAIDS, HIV/AIDS, HTP/Polio, EIP/Aging and health, CDS/Complex emergencies, CDS/Global Alert and response, CDS Eradication and Elimination, SDE/trachoma
Support to roll back malaria	H	- Network on mapping of malaria and health care operational and regular communications component established - Guidelines developed for use of GIS /spatial analysis in support of situation analyses - HealthMapper malaria module introduced - Information on malaria risk and health care coverage provided by the GIS and used by RBM partners at national, regional and global level - Training package reviewed	1	- HealthMapper malaria module completed. Being implemented with RBM. Database updated regularly.

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Support to multi-disease surveillance	M	<ul style="list-style-type: none"> - Regional strategy agreed upon by WHO/AFRO for use of GIS/mapping to support Integrated Disease Surveillance (IDS) - Technical support provided to WHO/AFRO for development of customized HealthMapper for IDS - Training module developed - Field test of training module on GIS for IDS done 	1	<ul style="list-style-type: none"> - All activities on target; Plan of Action developed with AFRO and SEARO (India), for implementation of HealthMapper as standard tool for data management and mapping for IDS
Support to national health information system (NHIS) development	L	<ul style="list-style-type: none"> - NHIS/GIS in selected districts/provinces of Mali and in Zimbabwe tested/evaluated - System extended to other districts/provinces - GIS interface for NHIS developed in at least 2 other countries (e.g. Swaziland, Benin, Togo) 	1 1 1	<ul style="list-style-type: none"> - Completed and under review in Kenya, Mali, Tanzania and Zimbabwe - Other activities on target - An interface between NHIS Mali (DESAMS) and HealthMapper developed and national and district level staff trained in GIS
Implementation of WHO/UNICEF regional monitoring system	M	<ul style="list-style-type: none"> - System implemented and operational at UNICEF Regional Office West and Central Africa - System implemented and operational at WHO AFRO - Plan developed for implementation and training at country level (WHO and UNICEF country offices) 	1	<ul style="list-style-type: none"> - Joint WHO/UNICEF common indicator tracking system for health and nutrition developed for Africa based on HealthMap technology. Plan of Action developed
Training	H	<ul style="list-style-type: none"> - Number of trained human resources at national and local levels increased - Strengthened network of trainers in GIS/mapping technologies - Standardized training materials refined and packaged - HealthMapper data manager/mapping tool refined 	1 1 1	<ul style="list-style-type: none"> - From 2000, over 500 public health professionals trained in over 50 countries - Training and trainers network developed with AFRO/EMRO/WPRO & EURO - Comprehensive GIS training package updated
Electronic atlases and data analyses	H	<ul style="list-style-type: none"> - Atlas of communicable and zoonotic diseases, and anti-infective drug resistance prepared - Global library of base maps maintained to facilitate support 	1	<ul style="list-style-type: none"> - Completed Version 1.0 of WHO Global Atlas of Infectious Diseases developed and updated and disseminated continuously
Strategic alliances and advocacy	H	<ul style="list-style-type: none"> - Collaborative agreements implemented with other partners (UNFPA, UNAIDS, FAO, UNEP) - Interagency partnerships reinforced (UNICEF, WHO and others) - Technical resource group network made operational 	1 1	<ul style="list-style-type: none"> - Agreements with UNFPA, UNAIDS, FAO, UNEP and UNESCO - Malaria consortium with Liverpool and London Schools of Tropical Medicine, the University of Grenoble and Lyon, and business partners
CSR/ISR: 4.2.3				
Training in surveillance and response				
Development of Integrated Surveillance and Response (ISR) and inter-cluster training strategy	H	<ul style="list-style-type: none"> - ISR training developed strategy by February 2000 - (Inter)cluster working group created by March 2000 - Inventory of existing training materials in surveillance and applied epidemiology (WHO-wide) completed by December 2000 - Inter-cluster training strategy developed and adopted by December 2000 	2 1 1	<ul style="list-style-type: none"> - Further sources of funds are being sought - Epidemiology training transferred to CSR Lyon office - Inventory complete
Support to development of regional training	H	<ul style="list-style-type: none"> - To be developed once AFRO/EURO plans are known 	1	<ul style="list-style-type: none"> - Addressed through the AFRO regional task force on Integrated

Planned Cost: USD 2,202,318

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
strategies				Disease Surveillance and now completed
Identification, development and field-testing of appropriate training materials	H	<ul style="list-style-type: none"> - Materials identified, developed and field-tested - Materials used by WHO and partners - Databank developed by December 2000 	<ul style="list-style-type: none"> 1 1 1 	<ul style="list-style-type: none"> - Materials have been identified, developed and field-tested - CD-ROM developed and distributed both internally and externally - Databank has been developed (detailed inventory on training materials on CDS shared drive)
Support to regional training activities and training activities at HQ	H	<ul style="list-style-type: none"> - At least one training course/region technically supported - Regular CDS seminar sessions conducted 	<ul style="list-style-type: none"> 1 1 	<ul style="list-style-type: none"> - SEARO training course supported - HQ seminar held as planned
Enhance collaboration with training programmes in field epidemiology through TEPHINET	H	<ul style="list-style-type: none"> - Training materials jointly developed/exchanged - WHO training activities regularly involving field epidemiology training programmes conducted 	<ul style="list-style-type: none"> 1 1 	<ul style="list-style-type: none"> - Direct support consistently provided from HQ - Scientific Conferences in Field Epidemiology in Amman, Jordan, 1-3 May 2001 and in Harare, Zimbabwe, 31 May – 5 June 2001 and to be held in Cusco-Urubamba, Peru, September 2001 - Workshops on Field Epidemiology held in Ottawa and Lima, April 2000 and Cairo, July 2000 - Training course held in Bogota, September 2000 - TEPHINET training seminar (EPIET) held in Annecy, France, November 2000 - International Journal of Field Epidemiology prepared and distributed among 50 TEPHINET members and partners - Detailed inventory of TEPHINET training materials have been completed and centralized (materials with TEPHINET)
Global Health Leadership Officers Programme	H	<ul style="list-style-type: none"> - Training materials developed and used for 3 short courses in applied epidemiology, prevention effectiveness and management in public health 	<ul style="list-style-type: none"> 1 	<ul style="list-style-type: none"> - Epidemiology Information course held 20-22 June 2000 - Workshop on Managing Negotiations for Health Development held 23-24 October 2000 - Professional Leader Workshop, Geneva, 18-20 June 2000 - First class of Officers graduated, 2nd class half-way through their training, and 3rd class selected - 1st cohort of GHLO has been trained and placed in various clusters throughout WHO
CSR/ISR: 4.2.4		Planned Cost:		
Epidemic surveillance and response		USD 2,054,500		
Coordination of international epidemic response	H	<ul style="list-style-type: none"> - Existence of functioning global partnership for coordinated epidemic response ensured - Meeting of global partners held - Global strategy for international response completed - Functional global database of partners and consultants established - WHO coordination of international response to outbreaks of 	<ul style="list-style-type: none"> 1 1 1 1 	<ul style="list-style-type: none"> - Global Outbreak Alert and Response Network initiated and formally recognized - First annual technical meeting of global partners held - Interim Technical Steering Group set up to advise WHO on strategic approach to alert and response - Guiding Principles for Coordination of Outbreak Alert and

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
		international importance achieved		<ul style="list-style-type: none"> - Response completed in collaboration with Network partners. - Communication protocol completed in collaboration with Network partners as a framework for sharing information on Outbreak Alert and Response - Outbreak Event Management System (EMS) developed to provide real-time information on outbreaks of international importance, to manage expert and institutional capacity, and manage logistic support and equipment - Coordination of international outbreak responses and support to Angola, Democratic Republic of Congo, Ethiopia, Pakistan, Somalia, the USA, Bangladesh, Uganda, Yemen, Saudi Arabia, Sierra Leone, Afghanistan - Technical advice and supplies provided to Member States on appropriate response to outbreaks on an on-going basis.
Strengthening epidemic preparedness and response at regional and national levels	H	<ul style="list-style-type: none"> - Epidemic preparedness and response plans formulated by all regions - Country epidemic preparedness and response plans developed - Sub-regional rapid response teams established 	1 2	<ul style="list-style-type: none"> - The deliberate release of anthrax in the United States has led countries to revise their national preparedness plans. WHO has been assisting countries and regions to upgrade and update their epidemic preparedness response plans with a new focus on response to biological and chemical preparedness - Plans in place in AFRO, SEARO, WPRO, EMRO - Sub-regional response teams established in 4 sub-regions in AFRO; 1 sub-regional surveillance project established in SEARO (Mekong Delta Basin surveillance project) and a further 1 planned
Communicable disease surveillance and response in complex emergencies	H	- <i>ACTIVITIES MOVED TO CSR/DO: 4.1.8: Communicable disease control in complex emergencies</i>	1	ACTIVITIES TRANSFERRED TO CPE
Improve information gathering	H	- Increased number of reports received from global monitoring networks	1	- Achieved – 40% increase from 1999
	H	- Reduced average time from receipt of report to contact with the field	1	- Achieved – reduced to < 24 hours
	H	- Reduced average time from receipt of report to verification	1	- Achieved – reduced to 3-5 days
	M	- Outbreak verification website established	1	- Global Outbreak Alert and Response Network website established
	H	- Hyperlink to GPHIN – Global monitoring network established	1	- Achieved
	H	- Three new connections to news wire networks made	1	- Achieved
Planned Cost: USD 862,500				
CSR/EDC: 4.3.1				
Global Influenza Surveillance				
Influenza surveillance and monitoring	H	- Epidemiology of influenza viruses analyzed globally	1	- Continuous publication of strain analysis in WER, FluNet and the Outbreak Verification List
		- Laboratories strengthened and assisted	1	- 5 year plan to strengthen influenza in China finalized

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Recommendations for influenza vaccine composition	H	<ul style="list-style-type: none"> - Outbreak investigation and management conducted - Influenza vaccine composition for the Northern and Southern hemisphere updated - Training/workshop of collaborating centres on vaccine strains held 	<p align="center">3</p> <p>1</p> <p>1</p>	<ul style="list-style-type: none"> - Outbreak investigation was not required - Reported in WER No. 41 2000 WER No. 8 2000 for the current season - September 2001: Southern hemisphere vaccine recommendation meeting conducted, pharmaceutical industry informed, reagents provided to international influenza centres and report published in WER (5 October 2001) completed. - Delayed because of insufficient funds - Delayed because of insufficient funds
Pandemic plan	H	<ul style="list-style-type: none"> - Pandemic plan translated into French and Spanish - Pandemic plan implemented, regional offices and national influenza centres visited 	<p>2</p> <p>2</p>	<ul style="list-style-type: none"> - Delayed because of insufficient funds - Delayed because of insufficient funds
Impact of influenza to public health	H	<ul style="list-style-type: none"> - Information on impact of influenza provided to public health authorities, particularly on mortality 	2	<ul style="list-style-type: none"> - Delayed because of insufficient funds
WHO consultation for public health recommendations for control of influenza	H	<ul style="list-style-type: none"> - Published document on recommendations to control influenza 	1	<ul style="list-style-type: none"> - Reports in WER 2000 and 2001
Guidebook on influenza surveillance	H	<ul style="list-style-type: none"> - Previous guidebook on influenza laboratory surveillance updated 	2	<ul style="list-style-type: none"> - Delayed because of insufficient funds now planned for November 2002
Planned Cost: USD 350,000				
CSR/EDC: 4.3.2 Viral hepatitis				
Devise methods for prevention of hepatitis	H	<ul style="list-style-type: none"> - Based on on-going WHO studies and reports from literature, national/regional plans designed for prevention of viral hepatitis 	2	<ul style="list-style-type: none"> - In progress; Meeting Cairo, January 2001; Published, Frank et al., Lancet; Lavanchy & McMahon Hepatitis C1 NIH series, Lavanchy & Gavinio, Canadian J gastroenterol
Evaluation of global impact	H	<ul style="list-style-type: none"> - Prevalence data updated and/or published for viral hepatitis A, C, D and E 	2	<ul style="list-style-type: none"> - In progress
Establish training/reference documents on viral hepatitis	H	<ul style="list-style-type: none"> - Training documents written and published available in hardcopy and electronically on the World Wide Web 	1	<ul style="list-style-type: none"> - Training documents <ul style="list-style-type: none"> - Hep E and D now posted on web - Hep B and C to be completed and posted in 2002
Evaluation of rapid diagnostic tests	H	<ul style="list-style-type: none"> - Consensus meeting organized on use of rapid diagnostic tests in relation with viral hepatitis 	1	<ul style="list-style-type: none"> - Completed
Strategy for distribution of antivirals	H	<ul style="list-style-type: none"> - Meeting organized to develop strategy 	1	<ul style="list-style-type: none"> - Completed
Planned Cost: USD 2,382,500				
CSR/EDC: 4.3.3 Global surveillance of HIV/AIDS and other sexually transmitted infections (STI)				
Global AIDS, HIV and STI surveillance databases and country epidemiological fact sheets	H	<ul style="list-style-type: none"> - HIV, AIDS and STI global, regional and country data will be collected, compiled, analyzed and disseminated, through printed materials and Internet, in collaboration with WHO regional offices and other collaborating centres and institutions - Regional HIV/AIDS databases developed and communications links with WHO HQ/UNAIDS established to facilitate regular information 	<p>1</p> <p>1</p>	<ul style="list-style-type: none"> - Ongoing activities - New approach to global HIV/AIDS database is being developed in collaboration with UNAIDS and HealthMap

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
		<p>exchange, consultations and the timely elaboration and dissemination of reports on HIV/AIDS</p> <ul style="list-style-type: none"> - Capacity within CDS/CSR for maintenance of regional databases and their integration into a global surveillance network will be strengthened - HIV/AIDS surveillance data and reports will be disseminated using a variety of means (WHO Web site, WER, scientific journals, reports, press releases) 	<p>1</p> <p>1</p>	<ul style="list-style-type: none"> - Position of database manager filled - Ongoing activity
Improved completeness and quality of HIV/AIDS surveillance data for planning, monitoring and estimating the burden of disease	H	<ul style="list-style-type: none"> - Technical and financial support provided to surveillance activities in selected countries to improve data collection, data quality and to expand the international coverage of HIV/AIDS surveillance - Interpretation of trend analyses, epidemic growth patterns and forecasting of AIDS impacts improved based on new methodologies and updated surveillance data - Information on antiretroviral resistance patterns collected, compiled and included in a global database - The functioning and the activities of the UNAIDS/WHO working group on Global HIV/AIDS/STI surveillance supported 	<p>1</p> <p>1</p> <p>1</p> <p>1</p>	<ul style="list-style-type: none"> - HQ support on assessment of HIV surveillance systems in countries of the sub-Region in collaboration with UNAIDS regional office, Lima, Peru; financial support to HIV surveillance activities to Ministry of Health Algeria through WHO Liaison Office, December 2001 - HQ support provided for national workshop on principles of 2nd generation HIV surveillance, Minsk, Belarus, October 2001 - Support from Regional Offices: financial support for case control study on HIV and visceral leishmania, Binhar, India; for STI prevalence study in Myanmar (support for other countries to follow); national consensus meeting on HIV/AIDS surveillance in Papua New Guinea, Philippines, Viet Nam, Cambodia, Malaysia, Laos - New software developed (EPP) - Report and plan of action of ARV resistance monitoring meeting held in Rome on 10-11 October 2000 now published
Second generation HIV surveillance guidelines, field manuals and training packages	H	<ul style="list-style-type: none"> - Operational guidelines and training modules for second generation HIV surveillance at country level (including HIV/AIDS reporting, sentinel surveillance, behavioural surveillance and STI surveillance) developed, field tested and evaluated in collaboration with external partners - Final second generation HIV surveillance package translated into major languages and promoted through regional and country seminars and workshops 	<p>1</p>	<ul style="list-style-type: none"> - Produced CD ROM; Published guidelines and training modules on HIV testing in surveillance
Global STI surveillance and reporting system, including development of estimates of burden of disease	H	<ul style="list-style-type: none"> - STI surveillance guidelines and training modules developed, field-tested and disseminated - STI prevalence surveys (syphilis, gonorrhoea and chlamydial infection) implemented in selected countries - Surveillance data on prevalence and incidence of STI collected, analyzed and disseminated. Global, regional and country estimates of 	<p>1</p> <p>1</p> <p>1</p>	<ul style="list-style-type: none"> - Produced draft guidelines on "HIV Surveillance in the general population" and effective use of surveillance data completed in 5 languages - Guidelines available in three languages - Report published on "Global STI burden" - Meeting being organized on STI estimates (February 2002)

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
	M	STI burden developed - Collection, compilation and inclusion in a global database of information on gonococcal resistance patterns supported	1	- New database structure developed; Data available from several regions
Support HIV/AIDS/STI surveillance activities at regional and intercountry levels	M	- Regional HIV/AIDS/STI databases developed and maintained as part of the global network	1	- Ongoing. Linked to global database development
	M	- Regular epidemiological bulletins on HIV/AIDS/STI in the regions prepared and distributed	1	- Ongoing in all regions
	H	- Intercountry technical networks on HIV/AIDS/STI surveillance organized in collaboration with regional offices	1	- AFRO - 7 meetings; AMRO – 3 meetings; SEARO – 3 meetings; EMRO – 1 meeting; EURO – 3 meetings
Surveillance and monitoring of HIV/AIDS related infections	H	- Leishmania/HIV co-infections collected, analyzed and disseminated in collaboration with regional offices and the network of collaborating centres	1	- Ongoing
	H	- Global information on HIV and TB co-infections collected, analyzed and disseminated in collaboration with Regional Offices	2	- TB/HIV report being prepared in collaboration with CPE
Planned Cost: USD 3,215,500				
CSR/EDC: 4.3.4				
Cholera and other epidemic diarrhoeal disease prevention and control				
Sub-regional projects on cholera and other epidemic diarrhoeal diseases (EDD)	M	- Regional and national epidemic preparedness plans in place	2	- Under development
	M	- Number and size of outbreaks of EDD reduced	2	- Related to the disease and to socioeconomic factors – depending on affected country. A long term activity and results are not easy to achieve.
	H	- Case fatality ratio during outbreaks of EDD reduced	2	- At very initial stages – needs development
	M	- West African countries, Horn of Africa and Western Pacific Region: regional project on cholera and other epidemic diarrhoeal diseases in place	3	- Postponed due to lack of resources
	M	- Central Asia: control of typhoid and other epidemic diarrhoeal diseases	3	- Postponed
	L	- Southern Africa sub-regional initiative followed up	3	- Postponed
	M	- One other sub-regional initiative (e.g. in EMRO region) established		
Preparedness and response for epidemic diarrhoeal diseases	M	- Case fatality ratio (CFR) and size of outbreaks affecting refugees/displaced populations reduced	2	- Long term activity; depending on emergencies
	H	- Rapid response to diarrhoeal diseases outbreaks (link to CSR response coordination mechanism) achieved	2	- Ongoing
	L	- Rapid diagnostic test for cholera suitable in remote areas (cholera dip sticks) developed	3	- Technically not feasible
	H	- Criteria and requirement for use of oral cholera vaccine established	2	- In progress
Policy, information and dissemination	M	- Regular meetings with global cholera task force held	1	- One meeting at headquarters level and another in the regional office
	M	- Guidelines and videos available	1	- Videos providing guidelines exist
	H	- "Guidelines for cholera control" updated	1	
	H	- Cholera training video supplied and distributed	2	- Final draft completed, printing postponed

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
	H	- Manual for control of typhoid fever developed, field-tested, printed and distributed	1	- Very successful
Research on epidemic diarrhoeal disease	M	- Effectiveness studies carried out by WHO collaborating centres on newly developed vaccines for epidemic diseases followed up	3	- Postponed until funds can be found
	L	- Use of vaccination for controlling typhoid fever in Guangxi province, China evaluated	2	- In progress
			3	- Cancelled
Planned Cost: USD 32,500				
CSR/EDC: 4.3.5 Rickettsial diseases				
Support Member States in diagnosis and surveillance of rickettsial infections	H	- Provision of reference and diagnostic reagents to developing countries - Training workshop on laboratory diagnosis of rickettsial infections, Eastern Europe - Training workshop on laboratory diagnosis of rickettsial infections, AFRO - Development of guidelines on epidemiology, diagnosis, treatment and prevention and control of epidemic typhus - Assistance of countries in response to epidemic typhus	3	- Implementation of the training workshops and development of the guidelines are still planned but have been postponed until funding can be identified
Planned Cost: USD 353,000				
CSR/EDC: 4.3.6 Epidemic meningococcal disease				
International coordinating group on vaccine provision for epidemic meningitis control (ICG)	H	- Vaccine and other material made available to epidemic sites whenever needed at preferential prices. Partners action coordinated - Annual meeting of the ICG held - ICG Newsletter published - Technical meetings on response to epidemic meningitis (e.g. threshold for epidemic alert) held - Meetings with ICG partners & executive sub-group held	1	- Completed
Global monitoring and surveillance	M	- Global database on meningococcal disease collected, collated, distributed and made available on World Wide Web site	1	- Completed
Operational research guidance	M	- Global priorities for research on the best use of meningococcal vaccine identified/agreed by partners - Document on priorities for research finalized - Priorities agreed - Research project started implementation	1	- Completed
Strengthen national capacity for preparedness and response to epidemic meningococcal diseases	H	- Reference and diagnostic reagents to countries prone to epidemic diseases provided - Training of laboratory personnel in African, Eastern Mediterranean and South-East Asian selected countries (8-10 countries) provided - Transisolate media for collection and transport of infectious specimens provided - Inter-regional consultation to review WHO policy on preparedness &	1	- Meeting with ICG partners, Geneva, 2001
			2	- Updated figures for AFR and EMR not yet available
			2	- Not yet completed due to insufficient staff and financial resources
			2	- Same as above
			1	- Multi country W135 carriage study carried out. Results to be published July 2002.
			1	- Ongoing
			1	- Training of laboratory personnel in 7 countries in Francophone Africa, Eastern Mediterranean
			1	- Ongoing
			2	- Postponed due to insufficient human and financial resources

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Develop guidelines on case management, diagnosis and preventive and control measures	H	response to meningococcal diseases held	1	(now planned September 2002)
Worldwide monitoring of meningococcal strains and development of improved diagnostic tests	H	<ul style="list-style-type: none"> - Laboratory manual on diagnosis (French and Spanish) produced - Control of epidemic meningococcal disease (third edition) prepared - Data collected on meningococcal strains circulating in various geographical areas and epidemiological situations - Morbidity, mortality and trends of meningococcal disease collated and statistically analyzed 	3	<ul style="list-style-type: none"> - Activities ongoing - Postponed due to insufficient human and financial resources - Activities ongoing
Planned Cost: USD 42,000				
CSR/EDC: 4.3.7 Streptococcal Infections				
Strengthening streptococcal national laboratories	H	<ul style="list-style-type: none"> - Ten regional/sub-regional streptococcal reference laboratories available - Standard reference reagents available throughout the world upon the request of the national reference laboratories - Reference and diagnostic reagents provided to national streptococcal laboratories - External quality assurance programme for group A streptococci established - Consultation of WHO collaborating centres and national reference laboratories held - Training workshops conducted on streptococcal identification and typing for national laboratories in SEARO & WPRO held - Guidelines on invasive GAS infections developed 	3	<ul style="list-style-type: none"> - No activities ongoing <p><i>Discussions underway across clusters to outsource to a consultant</i></p>
Guidelines on diagnosis and case management of invasive streptococcal infections	H		3	<ul style="list-style-type: none"> - Guidelines written, no further activities on-going <p><i>Discussions underway across clusters to outsource to a consultant</i></p>
Up-to-date information and recommendations on streptococcal vaccine development	H	<ul style="list-style-type: none"> - Consultation on streptococcal vaccine development held - Consultation recommendations on the strategic plan for the developed and use of the vaccine reported 	3	<ul style="list-style-type: none"> - No funding identified for streptococcal vaccine development. - No activities on going. <p><i>Discussions underway across clusters to outsource to a consultant</i></p>
Planned Cost: USD 9,500				
CSR/EDC: 4.3.8 Legionellosis				
Support to and advice on national surveillance systems and control measures	H	<ul style="list-style-type: none"> - Data available on legionnaires disease morbidity and mortality and risk factors favouring its spread - Participation in the European surveillance scheme on travel-associated legionnaires disease - Guidance to Member States on the point sources of the infection and respective control measures - Guidelines on prevention and control of Legionellosis 	3	<ul style="list-style-type: none"> - 1st draft of guidelines produced - Other activities postponed due to insufficient human and financial resources
			2	<ul style="list-style-type: none"> - In development with SDE. To be finalized 2002

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
CSR/EDC: 4.3.9				
Plague				
Strengthen national capacity on surveillance and control of plague	H	<ul style="list-style-type: none"> - Reduction of human plague mortality - Data on human plague, both globally and nationally collected and analyzed (World Wide Web) - National surveillance systems providing reagents for sero-epidemiological surveys supported - Plague manual on epidemiology, surveillance and control produced (French and Russian) - WHO/CDC manual on laboratory diagnosis of plague produced - Guidance given to Member States on prevention and control of plague in plague natural foci and in the community - Training workshop on diagnosis, surveillance and control of plague for Asian countries (SEARO, WPRO) and Europe - Development and evaluation of Rapid diagnostic tests for detection of <i>Y. pestis</i> developed and evaluated 	2	<ul style="list-style-type: none"> - French edition of Plague manual produced. Funds yet to be identified for printing and for the editing, typesetting and printing of the Russian edition. Plague manual not yet available in Russian No funding yet identified to implement the planned training workshop
Strategic plan on prevention and control of human plague prepared	H	<ul style="list-style-type: none"> - Inter-regional meeting on plague as an antique disease at the beginning of the 3rd millennium (situation analysis on plague and forecasting available) 	2	<ul style="list-style-type: none"> - Meeting to be re-scheduled - Fact sheet developed and posted on WHO web site January 2002
CSR/EDC: 4.3.10				
Leishmaniasis control				
Strengthening of surveillance network for <i>Leishmania</i> /HIV co-infections	H	<ul style="list-style-type: none"> - New institutions incorporated in the network, to extend its geographical coverage - Regular collection, analysis, mapping and dissemination of epidemiological data through an electronic network "LeishNet" undertaken - Guidelines for diagnosis and treatment of co-infections developed, promoted and distributed - Voluntary counseling and testing (VCT) implemented in countries - Rapid assessment missions carried out when epidemics flare up and, in cases of visceral leishmaniasis, provision of basic supplies in order to reduce the mortality rate 	1	<ul style="list-style-type: none"> - 28 institutions are members of the surveillance network for Leishmaniasis/HIV co-infections; Produced report of IVth Joint Meeting of Leishmania/HIV co-infections (including recommendations tailored specifically to Burkina Faso and Ethiopia - "LeishNet" version 1.0 distributed early 2002
Strengthening response to epidemics	H	<ul style="list-style-type: none"> - Guidelines for diagnosis and treatment of co-infections developed, promoted and distributed - Voluntary counseling and testing (VCT) implemented in countries - Rapid assessment missions carried out when epidemics flare up and, in cases of visceral leishmaniasis, provision of basic supplies in order to reduce the mortality rate 	1	<ul style="list-style-type: none"> - Updating of guidelines completed, May 2001 - Ongoing activity - Support to leishmaniasis outbreak in Pakistan
Support to countries to improve diagnosis, treatment and vector control	H	<ul style="list-style-type: none"> - Reagents (K39 dipsticks) for diagnosis - First line drugs for treatment; and vector control tools (insecticide impregnated bednets) provided in the least developed countries - Impregnated bednets evaluated in Syria and Sudan 	1 1	<ul style="list-style-type: none"> - Dipsticks provided to Albania - Drug for visceral leishmaniasis sent to Brazil and for mucocutaneous leishmaniasis sent to Bolivia, first line drugs sent to Iraq

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Elaboration of training material (Film/Video, CD ROM)	M	- Audiovisual material produced to illustrate the epidemiology and control approaches in different epidemiological situations around the world - Video DVD and CD ROM as advocacy and training materials produced	3 3 3	- Bednet evaluation in Syria and Sudan cancelled - Video DVD and CD ROM shooting missions carried out in Brazil, Bolivia and Syria - On hold: pending availability of video production company who agreed to do produce the video
Planned Cost: USD 482,500				
CSR/EDC: 4.3.11 Human African trypanosomiasis surveillance and control				
Coordination network for control and sustainability of field activities	H H	- International, regional and national coordination meetings and workshops (national control programmes, NGO and donors) organized - Surveillance and control activities assessed, funded and technically supported	1 1	- International Scientific Council for Trypanosomiasis Research and Control meeting, October 2001; 2nd International Course on African Trypanosomoses, November 2001; Meeting of Central African Ministries of Health, November 2001 AFRO/HQ establishment of joint plan of action; Country visits and technical support to Cameroon, Chad, Democratic Republic of Congo, Equatorial Guinea, Gabon, Guinea
Enhance epidemiological surveillance system	H	- Surveillance office in Yaoundé (CDS/CSR) reinforced by a new senior medical officer - All endemic areas mapped - Data collection, analysis standardized - Epidemiological data included in GIS and available through electronic databases	1 2 2 1	- 1 medical officer appointed at HQ; 1 medical officer seconded by the French Government - In progress – these activities are now funded and under way in the Democratic Republic of Congo, Guinea, Kenya, Nigeria, Sudan, Tanzania - Ongoing activity - Ongoing in collaboration with HealthMap
Treatment and drug resistance network	H	- Availability and accessibility of specific drugs for sleeping sickness guaranteed - Centralized biological bank and clinical data on treatment and drug resistance implemented - New drugs for trypanosomiasis under active development - Standardized regimens for treatment established	1 1 2 1	- All drugs are free of charge - Ongoing - Development of new drug is under way - Ongoing
Inter-agency collaboration	M	- WHO participation in the Programme Against African Trypanosomiasis (PAAT) activities - International Scientific Council for Trypanosomiasis Research and Control meeting held by the end of 2001	1 1	- Completed – meeting held in October 2001. Creation of PATTEC (Pan African Tsetse and Trypanosomoses Eradication Campaign, launched October 2001) - Meeting held September 2001
Development of the information system	M	- Web information system developed - First international training course held - CD-ROM on trypanosomiasis distributed	1 1 1	- Ongoing - Training courses held in November 2000 and November 2001 - Mock-up distributed – final version in development

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Planned Cost: USD 25,500				
CSR/EDC: 4.3.12 Nosocomial infections				
Strengthen national capacity on infection control in health-care centres	M	- WHO guidelines on prevention and control of nosocomial infections produced - Two training workshops on hospital infection control held in EMRO, SEARO for 10-12 selected countries each	2	- Guidelines due for release 2 nd quarter 2002. No other activities ongoing
Planned Cost: USD 785,000				
CSR/EDC: 4.3.13 Viral haemorrhagic fevers and arbovirus infections surveillance & control				
Strengthened surveillance and reporting of viral haemorrhagic fevers	H	- Consensus meeting for case definition and reporting criteria for dengue held; internet-based surveillance system for dengue (DengueNet) developed and implemented - Guidelines developed for surveillance of selected viral haemorrhagic fevers (guidelines for dengue are a priority) - Training programmes conducted to improve surveillance for yellow fever (where possible in conjunction with other communicable diseases)	2 3 1	- Regional meeting (AMRO) to be held July 2002 - Sources of funds are being sought - Training programmes conducted in collaboration with HTP/VAB completed
Improved laboratory diagnosis of viral haemorrhagic fevers	M L H H M	- Reference and diagnostic reagents for Rift Valley fever, Crimean-Congo haemorrhagic fever, Lassa, dengue, filoviruses (Ebola and Marburg) and yellow fever produced - Simple field-based diagnostic tests for viral haemorrhagic fevers developed by providing funding to encourage development of model systems with appropriate formats. (Diagnosis of yellow fever is a priority) - Training workshops conducted for national laboratory staff: a. laboratory training for standardized techniques for diagnosis and characterizing dengue viruses; b. laboratory training for the diagnosis of yellow fever - Institutional laboratory strengthened capacity in selected countries (Kenya (KEMRI), Viet Nam)	2 3 2 1	- Produced reagents for yellow fever only - Sources of funds are being sought - Project is now funded and workshop is planned for 2nd quarter 2002 - Programme ongoing in KEMRI; equipment for Vietnam lab purchased in 2001
Strengthened epidemic preparedness for viral haemorrhagic fevers in selected regions	H H H H M	- Preparedness in AFRO strengthened a. Training for use of barrier nursing techniques conducted b. Protective clothing and equipment provided c. Workshop for Rift Valley fever held in AFRO countries (joint activity with EMRO) - Preparedness strengthened in EMRO – workshop for RVF in EMRO countries (joint activity with AFRO) held - Guidelines developed for epidemic preparedness and response for selected viral haemorrhagic fevers, yellow fever and dengue	3 1 3 3 3	- Sources of funds are being sought - Provided to AFRO - Sources of funds are being sought - Sources of funds are being sought - Sources of funds are being sought

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Develop necessary tools for global control of viral haemorrhagic fevers	H	<ul style="list-style-type: none"> - Tai Forest project studying the natural reservoirs of filoviruses (Ebola and Marburg) implemented - Japanese encephalitis/dengue vaccine steering committee (HTP/VAB and CDS/CSR) held - Information, including geographically referenced information, on communicable and zoonotic diseases and outbreaks analyzed and disseminated - Community-based dengue control programme in the Philippines established 	<p>2</p> <p>2</p> <p>3</p>	<ul style="list-style-type: none"> - Project completed in 2000 (final report is pending) - Joint activity with HTP/VAB. Under development by HTP/VAB - Sources of funds are being sought
Control programmes in selected countries	H	- Community-based dengue control programme in the Philippines established	1	- Project completed
Planned Cost: USD 400,000				
CSR/EDC: 4.3.14				
Strengthen laboratory capacity				
Strengthened global networks of centres and laboratories working with CDS for surveillance, control, research and training of communicable and zoonotic diseases	H	- Global searchable database of capabilities of the WHO collaborating centers (CCs) and specialized laboratories working with CDS assessed and further developed for information access on the Internet	1	- WHOCCNET is now on the web and further developed for implementation of remote data entry by countries
	H	- WHO CCs/labs assessed based on technical capabilities and activities and new centres identified based on technical and geographical gaps	1	- This process is ongoing and processes for new activities are being developed for CC usage. 2 new WHO CCs designated and 2 in the final stages of designation; 10 new proposals being developed; 10 WHO CCs redesignated and 10 to be redesignated. 10 WHO CCs terminated
	H	- Non-commercially available diagnostics reagents and standards produced by specialized centres and laboratories for selected diseases and distributed to centres and national laboratories in affected countries	1	- Diagnostic reagents produced and distributed for Japanese Encephalopathy (JE); Dengue 1, 2, 3, 4; West Nile, Kunjin, Ross River viruses; Yellow Fever (YF); other arboviruses; plague Rift Valley fever, Crimean-Congo haemorrhagic fever, tularemia
	M	- Quality assurance programmes implemented	1	- International external quality assurance programme implemented for WHO CCs, National Reference Laboratory for Group A Streptococci typing/sub-typing
Improved diagnostic laboratory capacity in Africa	H	<ul style="list-style-type: none"> - National assessments conducted - Laboratory training for diagnosis of other viral and bacterial diseases conducted - Laboratory reagents and supplies provided 	1	<ul style="list-style-type: none"> - 30 countries assessed (Integrated Disease Surveillance (IDS) programme and Lyon lab strengthening project and Viral Haemorrhagic Fever (VHF) - the specific strengthening activities including training are mentioned under these programmes) - First meeting of the working group for strengthening communicable disease laboratories in Africa held in 2000 jointly with disease specific and integrated disease surveillance and control cross-cluster programmes at WHO HQ, AFRO and EMRO, and the sub-regional West African epidemiological block programme.

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
			1	<ul style="list-style-type: none"> - Laboratory diagnostic reagents provided for 6 countries in Africa for the upcoming plague workshop and to take back to their countries for sero surveillance and sero diagnosis of Y. pestis. Twinning arrangement ongoing between KIT Netherlands (batch quality control) and University of Addis Ababa to sustain local production of diagnostic reagents for visceral leishmaniasis for use at the local diagnostic and treatment centre and for distribution to other countries in Africa.
Strengthened laboratory capacity in India	H	<ul style="list-style-type: none"> - Inventory and assessment of national laboratories conducted and laboratory network established 	1	<ul style="list-style-type: none"> - Laboratories assessed, report finalized; implementation of network is pending Planning for laboratory networks is being further developed at national level
	H	<ul style="list-style-type: none"> - Laboratory training for diagnosis of viral haemorrhagic fevers, rabies and other communicable diseases conducted 	1	<ul style="list-style-type: none"> - Training for VHF completed November 2000
	M	<ul style="list-style-type: none"> - Laboratory reagents and supplies provided 	2	<ul style="list-style-type: none"> - Must receive approval from national task force for surveillance
	H	<ul style="list-style-type: none"> - Laboratory quality control and proficiency programmes implemented 	2	<ul style="list-style-type: none"> - As above
Planned Cost: USD 117,000				
CSR/EDC: 4.3.15				
Biosafety				
Training manual on laboratory safety	H	<ul style="list-style-type: none"> - Revision and updating of contents completed - Print and electronic versions produced 	2	<ul style="list-style-type: none"> - To be published when funds are available
Laboratory safety manual, third edition	H	<ul style="list-style-type: none"> - Draft chapters prepared by the selected authors - Existing chapters that will be retained revised - Manual in press 	2	<ul style="list-style-type: none"> - To be published 2nd half 2002
International collaborative activities in biosafety	H	<ul style="list-style-type: none"> - Preparation of draft guidelines on transport to be reviewed by biosafety expert advisers - Guidelines published and disseminated including on Internet - Participation in meetings of the United Nations Committee of Experts on the Transport of Dangerous Goods (UNCETDG) - Participation in meetings organized by International Air Transport Association (IATA) & Hazardous Materials Advisory Council (HMAC) & American Biosafety Association (ABSA) on transport of infectious material - Meeting on transport of dangerous goods planned - Agreement for collaboration between WHO and Universal Postal Union (UPU) established - Participation in workshops organized by PAHO/AMRO 	1 1 1 1 1 1 1	<ul style="list-style-type: none"> - Ongoing activities - In progress - Ongoing - Ongoing - Meeting held, October 2001 - Agreement finalized
Meeting of the advisory group and workshop	M	<ul style="list-style-type: none"> - Meeting of the advisory group held - Collaboration with Polio Eradication Group 	1 3 1	<ul style="list-style-type: none"> - International Biosafety Meeting held, October 2001 - Postponed - Ongoing

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
CSR/APH: 4.4.1				
Team building and coordination of activities				
Team management and coordination	H	- Participation in coordination and scientific meetings - Supervision and implementation of Mediterranean Zoonoses Control Programme (MZCP) plan of work	1 1	- Participation of Animal and Food Related Public Health Risks (APH) staff in scientific meetings ongoing. Coordination of activities with other organizations ongoing. - Achieved in cooperation with Mediterranean Zoonoses Control Center (MZCC) Athens, Greece. Participation of MZCP Director in tripartite meeting
Planned Cost: USD 472,700				
CSR/APH: 4.4.2				
Strengthening of surveillance and response to specific zoonotic and foodborne diseases				
Data/information on avian influenza viruses prevalence available from China	H	- WHO Avian Influenza Network for Animal Influenza strengthened - Meeting June 2000 held in Hong Kong - Training course held in Harbin, China - Surveillance in Asia strengthened	1 1 1 1	- Training course Harbin completed 21-25 May 2001 - Meeting in Hong Kong held in May 2000 - Project established in China on pig and avian influenza surveillance
Improved leptospirosis surveillance in selected countries	M	- Guidelines finalized - LeptoNET as Internet database established	2 2	- Final draft being edited - Development of LeptoNET by WHO CC/Amsterdam in progress
Improved anthrax surveillance in selected countries	L	- Workshops on anthrax surveillance held in Eastern Europe and Africa	2	- No funds available but revision of guidelines is under way
Brucellosis control programme with Palestinian authorities	M	- Continued technical support given	3	- Project cancelled due to security concerns in the region
Global efforts in surveillance and outbreak response to foodborne diseases and antimicrobial resistance in foodborne bacteria	H	- Foodborne disease outbreaks included in WHO's epidemic intelligence/ outbreak response - Global networks of foodborne disease surveillance laboratories initiated - National capacities strengthened in laboratory based surveillance of foodborne diseases	1 1 1	- Global Salmonella network (GSS) up and running (404 members including 110 member institutions from 106 countries). 80 electronic discussion group messages were sent in 2000/2001. 113 laboratories from 67 countries participated in 2 cycles of Salmonella External Quality Assurance - Network of Networks initiative started in foodborne disease surveillance - Activities on target. Training courses on foodborne diseases held in Thailand (x3), Crete, Argentina (x2), Mexico and China. Training for Eastern Europe now planned for April 2002. From 2000-2001, 160 microbiologists were trained. WHO consultation on Monitoring of Antibiotic Usage in animals, September 2001. Recommendations developed. Guidelines for national implementation of Global Principles AMR in animals and food scheduled for autumn 2002
Non-human use of antimicrobials	H	- Training courses held in Thailand, Crete, Argentina, Eastern Europe,	2	- Training course in Eastern Europe cancelled as funds for

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
		Mexico - External quality assurance programme for salmonella laboratories established - "Global principles for the containment of antimicrobial resistance in food producing animals" issued - Guidelines for national surveillance of non-human use of antimicrobials issued	1 1 1	composite workplan with FOS not yet available (expected early 2001) - Meeting for the development of guidelines on usage surveillance will be prepared at WHO
Planned Cost: USD 336,000				
CSR/APH: 4.4.3 Rabies				
RABNET 3 Software on Web, extending country participation (<i>World Survey Rabies</i> 1999 and 2000 published)	M	- Further development of RABNET 3 - <i>World Survey of Rabies</i> 1999 and 2000 prepared and produced	1	- RABNET databank transferred to Global Atlas of Infectious Diseases. Rabies data collected and entered for 1999 and 2000
Increase human vaccine availability/affordability in rabies infected countries	H	- Current vaccine situation reviewed - Strategies for increasing human vaccine availability in countries in greatest need identified - Strategies tested in a highly endemic rabies country	3 1 3	- Inventory of human vaccine production discontinued. - Transfer project in Colombia completed; procedure for pre-qualification done for one commercial rabies vaccine – ongoing for others; discussions with private sector for selective pricing ongoing; current rabies vaccine situation analyzed in Thailand, Viet Nam, Nepal and Cambodia as well as India. - First strategic document developed. Advocacy document on “rabies in children” written. - WHO consultation on strategies for control and elimination of rabies in Asia held in July 2001. Report available. - Position paper in preparation. - Report on meeting on intra-dermal application of rabies vaccines issued - Task force and steering committee for rabies control in Asia established. First steering committee meeting held in New Delhi, December 2001 - Strategies for rabies control not tested as required funding not available
Develop new vaccine bait and delivery systems for dog and human rabies elimination in selected countries	H	- Field trials completed - Recipient countries identified and government collaboration secured	2	- Protocol for testing SAG2 oral vaccine developed. Site identified (State of Punjab, India). State clearance obtained. Trial awaiting national clearance.
Strengthening rabies diagnosis surveillance and control in SEARO, WPRO and AFRO	H	- Training in SEARO, WPRO, AFRO conducted - Provide reagents	3 2	- In SEAR and WPR planned international training course in rabies diagnosis in Vientiane was not held in 2000 due to lack of funds. National training workshop in the National Institute for Communicable Diseases (NICD), New Delhi, India was not held as NICD could not support. Now cancelled.

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Update WHO Guidelines on prevention and control of rabies	L	- Issue Guidelines	3	<ul style="list-style-type: none"> - In AFR joint SEARG/WHO (South Eastern African Rabies Group) meeting for rabies control South-Eastern Africa was held in Lilongwe, Malawi. - Reagents provided upon request on an ongoing basis by our WHO/CC and Onderstepoort laboratory in South Africa - No staff time nor financial resources available for an update. Document prepared on rabies outbreak control
Planned Cost: USD 366,900				
CSR/APH: 4.4.4 Public health surveillance and response to threats posed by biological weapons				
Information package – BTWC	H	- Information distributed for internal WHO parties and Member States	1	<ul style="list-style-type: none"> - Report of the DG to the Executive Board (EB107/5) included information on the BTWC - A paper is planned to be published in a peer review journal - Web page developed in response to MS requests for guidance after 11 September - On hold
International Cooperative Initiative – Article X of BTWC	H	- Project proposal drafted and promoted	3	- On hold
Linkages with military health care systems	H	- Project proposal finalized	2	<ul style="list-style-type: none"> - Secondment from US DoD in place. Strategy for implementation of activities being developed.
<i>Health Aspects of Chemical and Biological Weapons - 1970 – Revision</i>	H	- Publication reviewed and published	1	<ul style="list-style-type: none"> - Final draft distributed to all 70 contributors for their comments. Pre-publication draft distributed November 2001
Field Manual and Facilitator Guide 'Public Health Preparedness and response to intentional epidemic threats'	H	- Project proposal finalized, resources mobilized and activities implemented	2	<ul style="list-style-type: none"> - Feasibility study completed, first 6 months were supported by Swiss Disaster Relief SDR (July-December 2000). Project now underway.
Planned Cost: USD 100,000				
Other animal and food related public health risks				
Standardize international surveillance and monitoring of zoonoses	M	- WHO/OECD guidelines on international surveillance of adverse microbiological events related to xenotransplantation developed	1	<ul style="list-style-type: none"> - OECD/WHO meeting on International Surveillance of Xenotransplantation held. Guidelines published and distributed as of October 2001 - Establishment of WHO/CC on International Surveillance of Xenogenic event being discussed in USA. Necessary documentation prepared
Support and training for monkeypox surveillance and control in affected areas	H	<ul style="list-style-type: none"> - Monkeypox surveillance manual revised - Training at sub- regional level on new methods for monkeypox detection and response conducted - National training courses at local level in affected African countries 	<p>2</p> <p>1</p> <p>1</p>	<ul style="list-style-type: none"> - A Surveillance manual for the Democratic Republic of Congo was done in collaboration with Ministry of Health and WHO Office in DRC - Reactivation of monkeypox surveillance in Democratic Republic of Congo.

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Cost-benefit/cost-effectiveness model to assess burden of zoonotic diseases	H	- Model implemented in Mongolia - Articles in peer review journals - Consensus meeting on models	1 1 3	- Investigation of various outbreaks of Monkeypox in 2001 (laboratory confirmed) with MSF, the Ministry of Health and the WHO Office. - Research/investigation in Lodja, Kasai Oriental Province - 1 training course carried out in Lodja, Kasai Oriental Province - Improvement of the network of laboratories working on monkeypox overseas - Samples collected during 1998-2001 period have been tested - Model implemented in Mongolia; policy workshop held, June 2001 - Article submitted for review, June 2001 - Consensus meeting cancelled due to insufficient funds
Support national zoonoses surveillance and control programme	M	- Implement programme of work	1	- Santini/Daborn advisory visit to Uganda on zoonotic TB, 4-17 February 2001 - Other support ongoing.
Planned Cost: USD 474,720				
CSR/APH: 4.4.6				
Epidemiology of human and animal TSEs				
Expanded WHO human and animal surveillance system	H	- TSE reference laboratories established - Consultations in EMRO and EURO held - Meeting of surveillance team held - Proposal submitted - Surveillance system established and reporting	1 1 1 1 1	- Reference centres ongoing, funds from EC (as below). - 15 May: WHO Consultation on revision of case definition for v-CJD (published case definition) meeting report pre-press (available as draft) - June 11-14: Joint WHO/FAO/OIE Technical Consultation on BSE: Public health, animal health and trade. Report produced and available on web. Print copy being prepared by OIE - EC award of 800 000 Euros for surveillance of CJD in countries of Central and Eastern Europe (and China) SEEC-CJD. Submitted an extension to include a further 7 countries (15 Feb)
GPHIN upgrade to include human and animal TSEs	M H	- Summary report and recommendations published - Meeting of steering group held	3 3	- Cancelled - Cancelled
WHO plan for response to first v-CJD, BSE case	H	- Recommendations completed and promulgated	1	- Meeting held July 2001 - Meeting held in December 2000
WHO network of reference centres - TSE diagnosis and surveillance in human and animals	M H H	- Needs assessments made of reference centres through site visits - Contracts established with network of TSE laboratory reference centres - Create registry of TSE surveillance systems and acquire data for health maps	3 3 3	- Cancelled - Cancelled - Cancelled

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
<p align="center">Planned Cost: USD 3,261,000</p>				
<p>CSR/DRS: 4.5.1 Strengthen national capacity to detect, monitor and respond to anti-infective drug resistance</p>				
National policies for drug-resistance surveillance and containment operative	H	<ul style="list-style-type: none"> - Prototype national containment strategy document developed (through global strategy activity; see also component 4.5.2) - Assistance provided to regional offices and countries to formulate and implement resistance containment policies 	<p>1</p> <p>1</p>	<ul style="list-style-type: none"> - Document on antimicrobial drug resistance surveillance in draft on web and included in Global Strategy CD ROM - Support provided to WPRO for assessment and guidance in accordance with Global Strategy for antimicrobial drug resistance surveillance systems
National systems for drug resistance surveillance operative	H	<ul style="list-style-type: none"> - Drug-resistance surveillance systems assessed in 6 countries - WHO/IUATLD global project on resistance surveillance in TB extended to further 6 'high burden' countries/intra-country regions - Updated software for resistance surveillance released - Use of TB drug resistance surveillance data assessed in selected countries 	<p>1</p> <p>2</p> <p>1</p> <p>2</p>	<ul style="list-style-type: none"> - TB drug resistance on target - Software on target - Assessment of surveillance systems; tool tested in 4 South East Asian countries - Implementation of anti-TB drug resistance survey being carried out in Kazakhstan, Malawi, Zimbabwe, Ethiopia, Lebanon, Jordan, Algeria, 2 Oblasts in Russian Federation (Orel Ivanovo)
Laboratory quality assurance (EQA) programmes for diagnosis and drug-resistance detection operative	M	<ul style="list-style-type: none"> - Sustainable mechanism for EQA for antibacterial resistance identified - International reference EQA network for drug resistant-TB supported - International reference EQA network for laboratory detection of DR-malaria developed - Maintenance of EQA-scheme with national salmonella reference laboratories (managed by CSR/APH) 	<p>1</p> <p>2</p> <p>2</p> <p>1</p>	<ul style="list-style-type: none"> - On target for TB and Salmonella - Investigating shipping of strains for quality assurance in collaboration with biosafety team (anti-TB drug resistance) - Setting up of new centre for production of plates for WHO in vitro susceptibility test kit, Penang, Malaysia (anti-malarial drug resistance) - 113 laboratories from 67 countries participated in 2 cycles of salmonella EQA
Personnel trained in drug resistance detection and surveillance	M	<ul style="list-style-type: none"> - Partnerships developed to assist national training activities to achieve sustainability - Training activities for detection and analysis for drug resistance-TB developed - Regional training centres for drug resistant-malaria identified - Training courses conducted on salmonella identification and antimicrobial resistance surveillance in WHO Regions supported (managed by CSR/APH) 	<p>1</p> <p>1</p> <p>1</p> <p>1</p>	<ul style="list-style-type: none"> - Ongoing - WHO/CSR Office in Lyon providing on going assistance in drug resistant-malaria and drug resistant-TB training to achieve targets 2 & 3 - Establishment of new centre in Penang, Malaysia for anti-malarial drug resistance - WHO consultation on Monitoring of Antibiotic Usage in animals, September 2001. Recommendations developed

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Planned Cost: USD 2,400,000				
CSR/DRS: 4.5.2 Strengthen and coordinate global efforts to assess, contain and reduce impact of drug resistance				
Global databases for drug resistance data and surveillance networks accessible on WWW	H	<ul style="list-style-type: none"> - WHO Antimicrobial Resistance (AR) InfoBank prototype evaluated and further developed - Model database to link antimicrobial usage and resistance developed - Database and data input for drug resistant-TB on ARInfoBank platform initiated - Global database on antimalarial drug resistance and national malaria treatment guidelines established - Global salmonella surveillance database of antimicrobial resistance testing & surveillance extended (managed by CSR/APH) 	<p>2</p> <p>3</p> <p>2</p> <p>3</p> <p>3</p>	<ul style="list-style-type: none"> - The information on antimicrobial resistance surveillance networks and resistance data collected through ARInfoBank was analyzed and an evaluation report will soon be submitted for publication - Cancelled - Links with Global Atlas (component 4.2.2) under development; this will serve to achieve target 3 - Database has been set up. Data updated regularly - Discontinued – working directly with Global Atlas for Infectious Diseases
Information and advocacy on drug-resistance available and accessible	H	<ul style="list-style-type: none"> - Advocacy materials and information on drug resistance surveillance and containment prepared - Second global report on anti-TB drug resistant completed and distributed - Global overview of resistance in gonorrhoea released - Reviews on antimicrobial use in horticulture and aquaculture and impact on human health completed (managed by CSR/APH) 	<p>1</p> <p>1</p> <p>2</p> <p>1</p>	<ul style="list-style-type: none"> - Produced and disseminated a revised fact sheet, Q & A, slide sets on problems and trends in antimicrobial resistance slide sets on the Global Strategy for antimicrobial resistance surveillance - Review of the 2nd report completed and distributed (TB) - Data collection on 3rd global report on anti-TB drug resistance is under way (data analysis in progress; data analysis planned for October 2002). Draft should be ready for distribution 1st quarter 2003 - Guidelines for surveillance of drug resistance in TB – final draft completed and in press - Final version of anti-TB drug resistance TB4 software (windows) under way (data being entered and analyzed). - Gonorrhoea review delayed - Reviews of antimicrobial use in horticulture and aquaculture delayed due to lack of appropriate technical expertise
Global strategy, policies and guidelines for antimicrobial resistance surveillance and containment	H	<ul style="list-style-type: none"> - Global strategy for containment of antimicrobial resistance completed - Epidemiological guidelines for drug resistance surveillance completed/updated - Methodology for international monitoring of anti-malarial drug resistance meeting and report completed - Principles for containment of resistance from antimicrobial use in animals prepared (managed by CSR/APH) - Recommendations for surveillance of non-human antimicrobial usage patterns prepared (managed by CSR/APH) 	<p>1</p> <p>2</p> <p>1</p> <p>2</p>	<ul style="list-style-type: none"> - Global Strategy completed and available in English. The Spanish translation is under way. An electronic version exists in Russian. Executive Summary available in French, Spanish, Russian and English. Launched on 11 September. 7 accompanying technical reviews released at time of launch. - Produced CD ROM with above mentioned documents as well as other materials and software relevant to antimicrobial resistance. - Epidemiological guidelines for antimicrobial drug resistance

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
		<ul style="list-style-type: none"> - WHO scientific working group on public health consequences of reducing antimicrobial use in livestock meeting and report completed (managed by CSR/APH) 		<ul style="list-style-type: none"> surveillance available in draft. Final version to be available soon. - Updated WHONET software - Practical Guide to the Prevention of Hospital Acquired Infections completely revised. Publication under way. - Discontinued
Drug resistance knowledge gaps filled by research and modelling	L	<ul style="list-style-type: none"> - Applications of mathematical modelling to containment of drug resistance reviewed - Markers for drug resistant-malaria surveillance evaluated 	3	<ul style="list-style-type: none"> - Visit of sentinel sites implemented in Azerbaijan for surveillance of efficacy of chloroquine for treatment of P. vivax (2-8 August 2001)
		<ul style="list-style-type: none"> - Amplifier effect in TB resistance study initiated - Use of drug combinations in containment of drug resistance-malaria evaluated (with TDR) 	2	<ul style="list-style-type: none"> - Participation at workshop on antimalarial treatment policy for Central Africa in Yaoundé, Cameroon to update status of antimalarial drug resistance in the region and agree o terms of reference for a Central African Network for Monitoring Antimalarial Treatment (14-17 August 2001)
		<ul style="list-style-type: none"> - Knowledge gaps and research needs in resistance containment document published 	2	<ul style="list-style-type: none"> - Organized consultation on Monitoring resistance to antimalarial drugs (3-5 December 2001)
			1	

PART 5: CONTROL, PREVENTION AND ERADICATION (CPE)

Summary of Budget 2000-2001, Income and Obligations

	<i>Budget 2000-2001</i>	<i>Income received during 2000-2001</i>	<i>Obligations as at 31.12.2001</i>
	US\$	US\$	US\$
DEPARTMENT SUMMARY			
Activities	44,920,000		17,077,000
Staff	11,942,500		8,016,000
GRAND TOTAL	56,862,500	29,782,000	25,093,000

* Figures do not include activities carried out by SMT but funded by Roll Back Malaria

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
CPE/DO: 5.1.1 Policy, strategy and coordination Advocacy, communications and development of new strategies		Planned Cost: USD 400,000		
	H	- Strategies for communicable diseases developed and promoted - Partnerships for relevant communicable diseases promoted or created - Consistent advocacy materials for communicable diseases promoted and disseminated	1	- Completed and promotion is under way. - Ongoing - Advocacy brochures, documents and reports developed and being disseminated
Strengthening of management and coordination activities for the prevention, control and eradication of communicable diseases	H	- Collaboration and activities between and across HQ, the regions, other clusters and initiatives, and with relevant partners increased - Sound management structure and staff development	1	- Continued process - Ongoing
CPE/CEE: 5.2.1 Policy, strategy and coordination Elimination and eradication policies and strategies developed and promoted		Planned Cost: USD 2,654,000		
	H	- Strategic planning meetings involving all relevant partners organized to develop an integrated approach for eradication and elimination of targeted diseases	1	- Achieved the goal of Eliminating Leprosy (WHA 44.9) at the global level at the end of the year 2000. - Technical Advisory Group (TAG) for Leprosy elimination; first meeting held in May 2000, Geneva, and second meeting in February 2001 in New Delhi.
	H	- Technical and policy guidelines developed in consultation with various international and national experts	1	- Meeting of Global Alliance for the Elimination of Leprosy (GAEL): first meeting January 2001, New Delhi.
	M	- Advisory group meetings and technical review meetings held to monitor progress and to provide recommendations for improving the outcome of elimination and eradication strategies	1	- Consultative meeting on Capacity Building for Leprosy Elimination: May 2000, Geneva - Elimination: May 2000, Geneva - Meeting on Monitoring and Evaluation of Leprosy Elimination: May 2000, Geneva and February 2001, New Delhi. - Consultative meeting on IEC for Leprosy Elimination: September 2001, Geneva. - Meetings to coordinate National Plans for Leprosy Elimination: Ethiopia (February 2000), Mozambique (May 2000), Angola (May 2000), Myanmar (September 2000), Nepal (September 2000) and India (July 2001). - Consultative meeting on Development and Implementation of MDT over the last 25 years: June 2001, Geneva. - Technical Advisory Group (TAG) for Global Alliance to Eliminate Lymphatic Filariasis (LF) constituted; first meeting held in May 2000 followed by the second meeting in February 2001
				- Global Programme Review Group (LFG) reviewed and approved country plans of action (March, May and September 2000) - The process of regionalization of the PRG progressed on

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Coordination promoted and partnerships established	H M	- Meetings conducted aimed at strengthening partnerships and improving coordination between countries, international organizations and other UN agencies - National programme review meetings held in collaboration with the Regions to monitor the implementation of programmes at country level	1 1	schedule with the establishment of all Regional PRGs, the first meeting of AMRO (August 2001), AFR (Oct. 2001) and EMR (December 2001) were held. - Dracunculiasis (Guinea worm): National Programme Managers Meeting in Lomé, Togo, 26-29 March 2001 - Dracunculiasis Sub-regional and Cross-border meetings for technical coordination - Dracunculiasis review meeting for French speaking endemic countries in Cotonou, Benin, in 29 – 31 October 2001. - Retreat on Guinea worm activity planning (Geneva) in January 2002 - LF Programme 'official launch' and Terms of Reference (TOR) established for the Global Alliance (January 2000, London) - LF Global Alliance 1st meeting (May 2000, Spain) - Joint committee established for LF with Mectizan Expert Committee for coordination of drugs to LF and onchocerciasis programmes in Africa (March 2000) - Joint meetings of LF and onchocerciasis programmes for developing integration strategy (June, October and December 2000)
Elimination and eradication advocated and resource mobilization conducted	H	- Advocacy meetings with various partners/donors held to mobilize resources for core activities - Information materials produced to promote elimination and eradication activities and to help in mobilization of resources - Communication strategies developed to promote global awareness for diseases targeted for elimination and eradication	1 1 1	- Gates Grant for LF developed by the Global Alliance (September 2000); successfully funded (November 2000) - Meetings with Japan to ensure LF's inclusion in Hashimoto Initiative (April and September 2000) - LF website redesigned to become the website for the Global Alliance to Eliminate Lymphatic Filariasis - Advocacy materials to promote LF elimination for different audiences developed and adapted to national need
Management and administration for elimination and eradication activities at global level				
CPE/CEE: 5.2.2 Intensified country support		Planned Cost:		
Training/capacity building	M M H	- Training courses provided to improve the capacity of various health workers at the peripheral level for eradication and elimination activities - Effectiveness of the training evaluated - National capacity strengthened in using the geographic information	1 2 1	- Training of supervisor and village health workers on surveillance and case management for Guinea worm in Yemen and Kenya. - Training materials for health personnel and drug distributors developed. Training courses for LF programme managers &

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
	H	<p>system as a tool for effective management of the elimination or eradication programmes</p> <ul style="list-style-type: none"> - Training activities for Buruli ulcer implemented in 4 selected countries 	1	<p>health workers held (Egypt, February and May 2000; Togo, September and December 2000)</p> <ul style="list-style-type: none"> - Training course for GIS and LF mapping (Burkina Faso, March 2000) followed by a workshop for final data analysis and programme planning in March 2001 for Benin, Burkina Faso, Ghana, and Togo. - 1st International Training Course in LF Disability Management was held in Brazil, May 2000, and in India February 2001. - Distribution of training materials: "Guide to Eliminate Leprosy" first edition (2000) published and translated into 28 local languages and distributed to all endemic countries. - Capacity building of general health care workers was carried out under special campaigns in India, Myanmar, Nepal, Sudan (South), Somalia and Ethiopia. - Report on the Leprosy Elimination Campaigns for the years 1999 and 2000 published. - Training materials aimed at improving diagnosis, treatment and documentation of Buruli ulcer cases have been finalized. - Training activities at district level began 2001 in Benin, Côte d'Ivoire, Ghana, Guinea and Togo. - Training course for Guinea worm data managers on Healthmapper (Lomé, 26-29 March 2001.) - Training course for Guinea worm data managers on Healthmapper (Cotonou, 29 – 31 October 2001) - Workshops on mapping in additional African countries held in Dakar (August 2001), and Nairobi (October 2001). - Mapping workshop for the Mekong-plus group of countries held in January 2001 in Bangkok, Thailand. - 2nd International Training Course in LF Disability Management (Pondicherry, India, January 2001) - Training workshops for trainers of drug distributors (Zanzibar, August 2001) - Training workshop for medical doctors and senior nurses (Zanzibar, August 2001) - SEARO/WPRO International training workshop for LF programme managers (Kuala Lumpur, Malaysia, October 2001) - Training materials for programme managers, drug distributors and health personnel field tested and revised accordingly

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Social mobilization	H	- Social mobilization strategies to support eradication and elimination activities for communities in endemic countries developed	1	<ul style="list-style-type: none"> - Development / production / distribution of Information, Education and Communications material on Guinea worm - Advocacy/social mobilization workshop held with TDR (India, July 2000) - Social mobilization programmes for LF elimination supported (Egypt, September 2000; Togo, December 2000) - Development, production, country adaptation, field testing and distribution of IEC material on LF elimination - Supported the Ministry of Health in India in organizing a national workshop on social mobilization for elimination of Lymphatic Filariasis in May 2001. - Technical support provided to India and Zanzibar to plan for social mobilization in PELF.
Establish surveillance systems	M	- Establishment of an integrated community-based surveillance system to ensure regular and timely flow of information in endemic countries supported	1	<ul style="list-style-type: none"> - Strategy for surveillance established by Technical Advisory Group (TAG) (May 2000) and set forth in Programme Managers Guidelines (October 2000)
Supply of multidrug therapy (leprosy), ivermectin and albendazole (lymphatic filariasis), and other logistic support	H	<ul style="list-style-type: none"> - Standard treatment provided for leprosy patients and to population at risk of filariasis, free of charge in all targeted endemic countries - Drug supply logistics monitored - Drug procurements coordinated and the quality of drugs monitored at the time of shipment as well as at the health centre levels 	1	<ul style="list-style-type: none"> - Free supply of multi-drug therapy (MDT) drugs to 80 endemic countries, amounting to over 16 million blister packs. - Independent quality control measures to ensure high quality of MDT drugs supplied by WHO. - Diethylcarbamazine citrate (DEC) for LF: quality standards set (videoconference, March 2000); new standardization assay developed (December 2000); quality testing of available DEC tablets (May 2000); 'pre-qualification' of one manufacturer (June 2000) - DEC procured for countries through WHO (140 million tablets) - Mechanisms for coordinating albendazole and ivermectin shipments established (September 2000) - 44 million tablets of albendazole and 22 million tablets of ivermectin provided to National Programmes through free supplies from GlaxoSmithKline and Merck.
Field operations implemented for the interruption of transmission	H	<ul style="list-style-type: none"> - Technical and logistic assistance provided for important field activities including special campaigns for morbidity control for filariasis patients and trans-border activities in top endemic countries - For Buruli ulcer: support continued, the progress monitored of 4 WHO and 2 NGO pilot "demonstration" projects in Côte d'Ivoire and Ghana: one research activity supported 	1	<ul style="list-style-type: none"> - Direct technical assistance to LF programmes in Egypt, Comoros, Togo, Uganda, Kenya, Burkina Faso, Benin, India, Madagascar, Guyana, Indonesia, and Malaysia. - Achieved the goal of elimination at the national level in nine countries during 2000-2001 (Cameroun, Chad, Ethiopia, Gabon, Gambia, Mali, Sierra Leone, Indonesia and Papua New Guinea).

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Operational support provided to regions	M	- In collaboration with the various regions for detailed plans for eradication and elimination of targeted diseases developed and supported	1	<ul style="list-style-type: none"> - Supported the intensification of key elimination activities in Angola, Brazil, Central African Republic, Ethiopia, Guinea, India, Madagascar, Mozambique, Myanmar, and Nepal. - Collaborated with the Government of India and the World Bank in developing the second phase of the World Bank's support for 2000-2003. - Field visits carried out in India, Brazil, Myanmar, Nepal, Madagascar, Indonesia, Mozambique and Sudan to observe elimination activities at the primary health care centers. - Direct technical assistance for Guinea worm to Yemen, Chad, Kenya, Sudan, Uganda and Senegal. - Pilot projects took place to explore community participation in the early detection and prompt referral of suspected Buruli ulcer patients for treatment. - Regional Leprosy elimination plans jointly developed and funded in AFRO, AMRO, EMRO, SEARO and WPRO. - Regional LF elimination plans of countries developed and supported at meetings in SEARO (February 2000), EMRO (April 2000) and AMRO (August 2000) and at sub-Regional meetings in AFRO (March 2000) & WPRO (September 2000)
CPE/CEE: 5.2.3 Analysis, monitoring and evaluation		Planned Cost: USD 2,705,000		
Global and national monitoring and evaluation	H	- The progress made at global and country levels monitored and evaluated	1	- Leprosy Elimination Monitoring (LEM) exercise carried out in Tocantins State of Brazil (2000), Paraguay (2000), Bangladesh (2001), Amazonas and Acre States of Brazil (2001), Nigeria (2001), Cameroon (2001), Liberia (2001), Mali (2001) and Tanzania (2001).
	H	- Monitoring and evaluation meetings at regional and country levels organized	1	
	M	- Special exercises to collect additional information and validate routine information carried out	2	- Annual statistics and analysis on the situation of leprosy at the global, regional and country levels published for 2000 and 2001.
	M	- Tools to assess programme impact developed and field tested in endemic countries	2	- Status Report for Elimination of Leprosy for the years 2000 and 2001 published. - Special exercise to validate LF mapping carried out in Burkina Faso and Ghana (December 2000) - Strengthening surveillance of Guinea worm in countries with zero case reporting (for future certification and to prevent re-introduction of infection) - National Programmes for LF being maintained through annual reporting.

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Regional and country planning and evaluation	M	- Annual review of progress and periodic evaluations at national and sub-national levels conducted specific, donor-funded projects monitored	1	- Annual review meeting of progress in WPRO sub-region (PacELF, September 2000) - Verification missions and country reports (Guinea worm) on Guinea, Guinea Bissau, Liberia, Sierra Leone and Gambia
Certification	H	- Initiatives carried out to certify eradication and elimination of targeted diseases (dracunculiasis and lymphatic filariasis).	1	- Meeting to define criteria for certifying onchocerciasis elimination, schistosomiasis elimination and leprosy elimination held.
	H	- Criteria developed for the certification of diseases targeted for eradication and elimination and participation in international certification meetings	1	- A sub-group of the Technical Advisory Group has initiated work on this topic.
	L / M	- International Commission for Certification of Lymphatic Filariasis Elimination set up	2	
CPE/CEE: 5.2.4		Planned Cost:		
Operational research		USD 929,800		
Operational research to support strategies for dracunculiasis eradication	M	- Human dracunculiasis infection of animal origin investigated	1	
	M	- Nomadic and semi-nomadic population surveillance systems defined	3	- Lack of funds
	L	- Impact and constraints of temephos use assessed	3	
	L	- Filter-straws designed and evaluated	3	
Research to enhance knowledge on disease burden, support strategies for filariasis elimination and determination of criteria for certification of elimination	M	- Support studies carried out to define the extent and burden of filariasis in children	1	- Completed
	M	- Cost efficiency studies supported	3	- Other partners to pursue these targets.
	L	- Studies on the socio-economic impact and return on investment of PELF supported	3	- Other partners to pursue these targets.
	M	- Operational research is going on between the teams of CPE and of TDR	1	- Listed research is on track and progress is made on all. CPE is collaborating with TDR with costs covered by TDR.
	H	- Long-term studies of transmission interruption; long-term efficacy studies of 1- and 2- drug single-dose treatments; and yearly single-dose interventions on intestinal parasites continued	1	
	M	- Pharmacokinetic study of the 2-drug albendazole + ivermectin and albendazole + DEC regimens initiated	3	- Other partners to pursue these targets.
	M	- Studies to define reversibility of pathology initiated	3	- Other partners to pursue these targets.
	M	- Studies of albendazole regimens optimal for curing infections in individuals initiated	1	- Ongoing
	L	- Studies to define optimal techniques of 2-drug mass treatment delivery to reach at-risk population continued or initiated	1	- Ongoing
	M	- Predictive models for elimination efforts utilized more broadly	1	- Meeting held to refine predictive model for operational programmes (June 2000)
	L	- Sociological studies supported to identify barriers to acceptance of drug treatment	1	- Ongoing

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
	L	- Studies on the use of DNA probes for determining infection in vector populations supported	3	- Canceled
Research to support strategies for leprosy elimination	L	- Basic research on Mycobacterium leprae supported - THEMYC and IMMYC meetings of TDR participated in - Simulation model for leprosy (SIMLEP) validated - Special studies carried out on leprosy incidence Planned Cost: USD 300,000	2	- All research agenda under discussion with TDR and The Technical Advisory Group - Ongoing clinical trials in Guinea, India, Myanmar and Senegal - Multicentric trial in 8 countries
CPE/PVC: 5.3.1 Global partnership for helminth control				
Implementing "Scaling up worm control: reducing the public health impact of schistosomiasis and soil-transmitted helminth infections"	H	- Global strategy at regional level adapted - Implementation in 5 countries in each region initiated - Partners for Parasite Control (PPC) launched	1 1 1	- Completed - Completed - Field activities initiated in 19 countries in collaboration with WFP.
CPE/PVC: 5.3.2 Standards, guidelines and strategies for schistosomiasis and intestinal parasites				
Book on "Planning, implementing and monitoring helminth control programmes in school age population"	H	- Book printed in 2000	2	- Text edited and ready to be printed.
International Conference on Controlling Disease due to Helminth Infections, Bali, 20-24 February 2000	H	- Meeting and report completed - Current state of knowledge and control of the four main soil-transmitted helminths assessed and shared - Effort needed to reduce the burden of disease due to these infections sustained	1 1 1	- Conference was held in Bali - Completed - Ongoing
Meeting on Development of Criteria for Certification of Elimination of Schistosomiasis (London, April 2000)	H	- Criteria for the elimination of schistosomiasis established	1	- Conference was held in London; report printed and distributed.
Expert Committee on Control of Schistosomiasis and Soil-transmitted Helminthiasis, June 2001	H	- Expert committee meeting held	1	- Meeting held; report ready for printing.
Dissemination of scientific results Management and coordination	H H	- Scientific publications produced	1 1	- More than 10 publications submitted to international journals - Clear structure in place and process still continues
CPE/PVC: 5.3.3 Country support				
Technical assistance to selected countries	H H H H	- Angola: data collected and plan of action prepared and financially supported - Benin - Botswana, Islamic Republic of Iran, Morocco - Burkina Faso: data collected and plan of action prepared and financially supported	1 1 1 1	- Completed - Completed - Schistosomiasis control activities reviewed - Completed

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
	H	- Central African Republic: data collected and plan of action prepared and financially supported	1	- Completed
	H	- Chad: data collected and plan of action prepared and financially supported	1	- Completed
	H	- China: assistance provided to World Bank funded control project	1	- Completed
	H	- Côte d'Ivoire: schistosomiasis control activities initiated	1	- Training for programme managers conducted
	H	- Egypt: fascioliasis and schistosomiasis control activities supported	1	- In collaboration with the Italian Cooperation and University of Valencia
	H	- Gambia: data collected and plan of action prepared and financially supported	1	- Completed
	H	- Ghana, Sao Tome and Principe, Uganda: operational research programme initiated	1	- Initiated in Uganda, postponed in Ghana and Sao Tomé
	H	- Guinea-Conakry: support given to World Bank financed country activities	1	- Completed
	H	- Kenya: assistance provided designing an intervention project for the control of schistosomiasis. Financial support provided	1	- Completed
	H	- Laos: opistorchiasis and schistosomiasis control activities supported	1	- In collaboration with German Pharma Health Fund (GPHF)
	H	- Mali: data collected and plan of action prepared and financially supported	1	- Completed
	H	- Malawi: operational research programme initiated. Financial support provided.	1	- Completed
	H	- Mauritania: district referral system reinforced and school health programme started	1	- Completed
	H	- Mozambique: data collected and plan of action prepared and financially supported.	1	- Completed
	H	- Myanmar: data collection and development of plan of action.	3	- Contacts have been made; activities postponed until June 2002 in view of school calendar.
	M	- Namibia: plan of action developed	3	- Plan of action developed with WHO technical support financed by Luxembourg
	H	- Nepal: school health programme expanded over the present WFP area	1	- Completed
	L	- Nigeria: assistance provided to pilot school health programmes	3	- Lack of Funds
	H	- Senegal: implementation of schistosomiasis and soil-transmitted helminth control monitored	1	- Completed
	H	- South Africa: intestinal parasites and schistosomiasis control activities supported	1	- Expansion at country level planned by the Ministry of Health
	M	- Sri Lanka : intestinal parasite control activities reviewed	1	- Completed
	H	- Tanzania: data collected and plan of action prepared and financially supported	1	- Completed
	H	- Uganda	1	- Completed

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
	H	- Viet Nam: model programme implemented	1	- Focal point soil transmitted helminths appointed by WPRO
	L	- Yemen: assistance provided to national control programme	2	- Lack of funds for this activity
	H	- Zanzibar: on-going helminth control and research activities	1	- Ongoing
	H	- Zambia: data collected and plan of action prepared and financially supported.	1	- Completed
	L	- Zimbabwe: JICA supported control programme reviewed	2	- Completed
Video on data collection - drug distribution	M	- Training video available end 2001	2	- Produced. Duplication and distribution postponed to 2002.
Development, production and distribution of health education material to be used in schools	M	- Draft prepared and pre-tested to take place in 2000	2	- Lack of human resources
Increase the number of external collaborators	H	- Materials to be made available in 2001	2	- Developed; printing and distribution postponed to 2002.
	H	- A number of new external collaborators trained and available for country support	1	- Training course for francophone countries conducted; anglophone countries scheduled in early 2002.
CPE/PVC: 5.3.4 Evidence to support schistosomiasis and intestinal parasite control strategies		Planned Cost: USD 210,000		
Morbidity of soil-transmitted nematode infections	H	- Protocol prepared; material procured; intervention; data analysis all completed by end 2001	1	- Completed. 2 articles accepted for publication.
Morbidity of schistosomiasis	H	- Paper on attributable morbidity and mortality reviewed and published papers on the impact of control in Brazil, China, Egypt, Philippines published	1	- Completed. 2 articles accepted for publication.
CPE/PVC: 5.3.5 Vector control: dengue, malaria		Planned Cost: USD 279,745		
Standards, guidelines and strategies to support prevention and control of dengue/dengue haemorrhagic fever(DHF)	H	- Standards, guidelines and strategies in support of regional and country programmes for prevention and control of dengue/DHF developed	1	- Guidelines on entomological evaluation of space spraying developed and published.
Country support and training for dengue prevention and control	H	- Direct technical guidance and support for national programme strengthening provided in selected priority countries in accordance with global and regional dengue strategies	1	- Guidelines on country programme reviews drafted.
Technical support and training in vector control	H	- Resource network of expertise and capacity building in vector control developed functional database in place, training courses completed	1	- Technical support provided to Cambodia, Malaysia and Viet Nam.
				- National programme review completed, Indonesia.
				<i>Note: Carried out in collaboration with Social Mobilization and Training (SMT) and Roll Back Malaria (RBM)</i>
				- Promotional brochure on dengue developed and printed.
				- Development of guidelines on behaviour change for dengue prevention and control initiated.
Global monitoring and management of insecticide resistance in vectors	H	- Follow up of resistance monitoring networks, mapping of resistance, updating of testing procedures and informal consultation on resistance management	1	- African Network for Insecticide Resistance monitoring has been launched.
				- Network project for resistance monitoring in South East Asia funded by EU
				- Updating of testing procedures postponed
				- Informal consultation on resistance management postponed
				- Collaboration with IRAC (Insecticide Resistance Action

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Guidelines and standards for the use of insecticide treated materials in malaria vector control.	H	- Environmental safety assessment of insecticide treated nets (ITNs), development of long lasting treated nets, development of indicators for monitoring and evaluating ITN programmes, development of specifications for netting materials	1	<p>Committee) initiated and a manual on resistance management principles for public health under joint preparation</p> <ul style="list-style-type: none"> - Interim specifications for netting materials have been developed; new specifications for materials other than polyester are under development; and the designation of a WHO Collaborating Center is to be initiated. - Draft guidelines for treatment and use of mosquito nets in Africa have been produced, field tested, and are under final revision. Final printing expected mid-2002. - A preliminary assessment of the potential environmental impact of pyrethroids treated nets has been completed and a model has been developed. Complementary field investigations are ongoing, and a partnership with USAID is to be developed. - Development of tests for rapid detection of pyrethroids on nets in the field: a new tool has been developed, and field testing is on-going in Africa in collaboration with the London School and with the Swiss Tropical Institute. - Development of long lasting treated mosquito nets: Of six products currently being developed, one has been recommended by WHO, one is under WHOPEs evaluation, and four will soon be submitted for evaluation. WHO has had the leading role in the development of this new tool, and is fostering partnerships for technology transfer and local production. - For the development of indicators for monitoring and evaluating ITN programmes, please see the activities described under Roll Back Malaria. - Development of long lasting treated materials for emergency situations: A long lasting treated tarpaulin and a long lasting treated blanket have been developed. Phase I testing in the lab has been completed, and Phase II testing in the field is on-going. Phase III testing in the field is in preparation (protocols, site visits, involvement of partners and participation of John Hopkins University.
CPE/PVC: 5.3.6 WHOPEs		Planned Cost: USD 655,255		
Alternative pesticides and application methodologies	H	- Planned laboratory and field evaluations in 12 countries completed. - 4 th WHOPEs Working Group meeting convened	1 1	- Completed - Completed

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Policy, guidelines and standards for pesticide use in public health		<ul style="list-style-type: none"> - 5th WHOPE Working Group meeting convened - Report of WHOPE evaluation of 7 public health pesticide products published and disseminated 	1 1	- Completed - Completed
	H	- WHO specifications for 54 pesticide products updated/ revised.	1	- Completed
	H	- WHO interim specifications for 2 mosquito larvicides and 2 insect repellents developed and published.	1	- Completed
	H	- MOU on joint cooperation with FAO on development of pesticide specifications is signed and implementation of elements of MOU initiated.	1	- Ongoing activity
	H	- The first phase of study on "On-site assay of insecticide deposits on impregnated bednets"	1	- Completed
	H	- Document "Insecticides for indoor residual spraying for malaria control ..." published and distributed	1	- Completed
	H	- "Manual for indoor residual spraying" published and distributed	1	- Completed
	H	- Document on field testing and evaluation of insecticides for Chagas vector control published and disseminated	1	- Completed
	H	- WHO guidelines for purchase of public health pesticides revised and published	1	- Completed
	H	- WHOPE position paper on repellents and toxicants for personal protection published and disseminated	1	- Completed
	H	- WHOPE position document on challenges of Chagas control in America published and disseminated	1	- Completed
	H	- First draft of the document "Space spray application of insecticides for vector and public health pest control" available for internal and external review	2	- Scheduled for mid-2002
	H	- The first draft of the document "Decision making criteria and procedures for judicious use of insecticides" published and disseminated.	2	- Scheduled for mid-2002
	H	- The first report on pesticide usage by Member states published and disseminated	2	- Scheduled for first quarter 2002
	H	- Second meeting of Global Collaboration for Development of Pesticides for Public Health (GCDPP) convened and report of the meeting published and distributed	1	- Completed
	H	- Meeting with interested parties on development of alternative insecticides convened and report published and disseminated	1	- Completed
H	- MoU with LSHTM/Gates Malaria Programme has been established and implementation of elements of MoU initiated	1	- On-going activity	
H	- Revised WHO fact sheet on public health pyrethroid insecticides are published	2	- Scheduled for mid-2002	

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Former 5.4 CPE/ EBV Strategy development and monitoring for endemic bacterial and viral diseases (EBV)		<i>With the exception of The Global Buruli Initiative (GBUI), products under the former EBV components 5.3.1 – 5.3.9 have been transferred to Stop TB – see STB/TBS 3.6.1 – 3.6.9. The GBUI activities remain in CPE under component 5.2.2.</i>		
CPE/SMT: 5.5.1 Training for communicable diseases control, prevention and eradication		Planned Cost: * USD 1,232,000		* Actual cost of component is \$2,867,000 but a large part of this is budgeted under RBM.
Capacity development for rolling back malaria	H	- Strategic plan for malaria training/ education developed; ITN- and case-management training packages available training materials and interactive learning tools on the RBM website published electronically - Training materials developed for RBM technical networks	1	- Strategic plan for RBM capacity building developed in consultation with partners and widely disseminated - Underway
Training for other communicable diseases	H	- DHF case-management training package developed, training modules for vector control developed	1	- Comprehensive vector control training modules finalized during 2 nd regional course in India
Translation, duplication and dissemination of training materials and technical guides	H	- Training materials and technical documents available in languages appropriate to different regions/ countries	1	- Training modules translated into French and Portuguese for RBM courses in Africa.
International training courses	H	- 4 international courses on Planning Malaria Control conducted	1	- 3 international courses conducted for Anglophone, Francophone and Lusophone African countries
	H	- 1 regional course on comprehensive vector control conducted	1	- Completed
	M	- Workshops on leadership/management for programme managers conducted and resource networks established	3	- Not held due to lack of funds
CPE/SMT: 5.5.2 Social mobilization for communicable diseases		Planned Cost: USD 2,025,000		
Social mobilization tools development	H	- Practical guide on social mobilization developed and disseminated	1	- Not developed due to lack of funds
	M	- Practical health education guide produced	3	- A global technical network of social mobilization experts established
	H	- Database of experts and inventory of available tools established	1	
Social mobilization for rolling back malaria	M	- Appropriate tools and interventions for community mobilization designed, implemented and evaluated in demonstration projects - School-based malaria prevention project completed	3	- Not carried out due to lack of funds
	H		1	- School-based health education tools developed and field tested for malaria and Buruli Ulcer
Social mobilization for control, eradication and elimination of communicable diseases	H	- Strategies designed, implemented and evaluated in demonstration projects - Social mobilization for leprosy elimination implemented in 5 countries	1	- Social mobilization strategies designed and at initial implementation stages for dengue in Malaysia and for lymphatic filariasis in India - Social mobilization activities for leprosy under way in two countries

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
CPE/SMT: 5.5.3 Communications for communicable diseases control, prevention and eradication Message and tool development		Planned Cost: USD 940,000		
	H	- Strategy and interventions designed and implemented - Increased awareness of CPE's activities	1	- Supported planning and implementation of the Winterthur Health Advocacy forum - Ongoing advocacy work to support activities in scaling up worm control, dengue, and leprosy
Develop media campaigns and marketing tools on behalf of CPE particularly targeting eradication/elimination programmes	H	- As necessary	1	- CPE brochures developed; support provided to CPE's advocacy work
CDS Infectious Diseases Report 2000	H	- Document published and available on the web	1	- Document published and available on the Web
CPE/SMT: 5.5.4 Management coordination – administration Administration				
	H	- Facilities and resources to work effectively available	1	- Completed

PART 6: RESEARCH AND PRODUCT DEVELOPMENT FOR COMMUNICABLE DISEASES (TDR)

Summary of Budget 2000-2001, Income and Obligations

	<i>Budget 2000-2001</i>	<i>Income received during 2000-2001</i>	<i>Obligations as at 31.12.2001</i>
	US\$	US\$	US\$

DEPARTMENT SUMMARY

Activities	67,254,000		52,151,301
Staff	14,884,000		10,301,958
GRAND TOTAL:	82,138,000	59,498,000	62,453,259

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
TDR: 6.1 Technical and administrative bodies				
TDR: 6.1.1 Joint Coordinating Board (JCB)		Planned Cost: - JCB (23) 2000 - JCB (24) 2001	1	- JCB (23) held in June 2000 - JCB (24) to be held in June 2001
TDR: 6.1.2 Standing Committee		Planned Cost: - Standing Committees 2000 and 2001	1	- Standing Committee (67) held in New York, April 2000 - Standing Committee (68) held in Washington DC, February 2001 - Standing Committee (69) held in Geneva in May 2001 - Standing Committee (70) held in New York, November 2001
TDR: 6.1.3 Scientific and Technical Advisory Committee		Planned Cost: - STAC 2000 and 2001	1	- STAC held in Feb-March 2000 and in February 2001
TDR: 6.1.4 Scientific and Technical Reviews		Planned Cost: - Scientific Working Groups on TB and Dengue at HQ	1	- Scientific Working Group on TB held in February 2000 - Scientific Working Group on Dengue held in April 2000
TDR: 6.1.5 Programme Report		Planned Cost: - Print run of Parasitology Today editorial 1999-2000 - Biennial TDR programme report 2001-2002	1	- Achieved in December 2000 - To be completed in 2003
TDR: 6.1.6 Fundraising		Planned Cost:		- Printing of TDR strategy document & various small fundraising activities completed in 2001
TDR: 6.2 General activities and Research and Development				
Operational support for meetings, duty travel, consultants	H	- Steering committee meetings, review and priority - Prioritization and support for project and product activities established and executed - Meetings to strengthen investigators activities and encourage capacity building conducted	1	- TDR strategy annual staff retreat 2000

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
TDR: 6.2.1 Directors Initiative Fund (DIF) Innovative & promising research opportunities pursued		Planned Cost: USD 1,265,000		
	H	- TDR and Steering Committee/Task Force responding quickly and flexibly to promising research groups with small amounts of seed funding	1	- 10 projects funded by the Director's Initiative Fund in 2000
High quality research proposals from developing countries	H	- Individuals and groups with research potential and/or innovative research proposals supported to develop and submit complete research capability strengthening or research and development proposals	1	- 7 Project Development Grants awarded by the Director's Initiative Fund in 2000
Operational support for meetings, duty travel, consultants and supplies/equipment/services	H	- TDR publication requirements met - TDR strategy meetings held - Duty travel carried out related to TB/dengue	1	- African Trypanosomiasis Scientific Working Group convening June 2001 - Printing of TDR 'final report' series - Printing of TDR Strategic Plan 2000-2005
TDR: 6.2.2 Immunology of leprosy (IMMYC) Improved skin test for specific detection based on synthetic peptides particular to <i>M. leprae</i>		Planned Cost: USD 650,000		
	H	- Sufficient number of antigenic peptides identified, that are specifically recognized by <i>M. leprae</i> infected individuals and cover the whole spectrum of HLA haplotypes found in endemic populations - GMP production of a set of specific peptides for use in phase I clinical trials	1	- Timely implementation - GMP peptides tested in vitro - Results indicated that 2 nd generation peptides will be required for specificity.
Prediction/prevention of reactions and/or nerve damage	H	- Terminate/analyze the following studies: - TNF-mediated tissue damage in leprosy and interindividual susceptibility linked to risk of reaction - Determinants of leprosy reactions and progressive nerve damage - Role of cytolytic T lymphocytes in leprosy (and tuberculosis) - Retrospective case control study on risk factors for leprosy reactions - Molecular markers of <i>M. leprae</i> /Schwann cell interactions - Immunopathogenesis of T cell-mediated Schwann cell damage in leprosy	2	- 3 very successful studies were finalized and final reports published - Remaining studies have been completed and published
TDR: 6.2.3 Chemotherapy of leprosy (THEMYC) New improved multidrug regimens for treatment		Planned Cost: USD 440,000		
	M	- Continuation and completion of ongoing multicentre field trials; if proved safe and effective, these will provide alternative therapeutic regimens for patients with special needs, including management of drug-resistant cases.	1	- Follow-up of about 3500 patients will continue. Results expected mid-2004 - On track
Research priority setting for leprosy based on leprosy control needs	H	- Agreement on a set of research priorities as the outcome of the work of an external advisory group as well as an internal WHO/CDS working group	1	- Research priorities agreed by TAG in 2001
Operational support for meetings, duty travel	M	- Chemotherapy of mycobacterial diseases (THEMYC) Steering	3	- Review done by post/e-mail due to limited number of

CDS Plan of Action 2000-2001, Mid-Biennium Update – TDR

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
		<p>Committee meetings; - Visit to laboratory sites for skin test initiative and field sites for ofloxacin trial</p> <p>Planned Cost: USD 750,000</p>	1	<p>projects - Visits to endemic countries completed</p>
<p>TDR/IDE: 6.3 Intervention development and evaluation (IDE) IDE operational support for meetings, duty travel, consultants</p>	H	<p>- Steering committee meetings, review and priority setting meetings conducted - Prioritization and support for project and product activities established and executed - Meetings to strengthen investigators activities and encourage capacity building conducted</p> <p>Planned Cost: USD 8,600,000</p>	1	<p>- Timely implementation</p>
<p>TDR/IDE Operations: 6.3.1 – 6.3.6; 6.3.8; 6.3.9 TDR/IDE: 6.3.1 Severe malaria</p> <p>Through large-scale field trials, the role and benefit of early administration of rectal artesunate in inhibiting the evolution of disease to severe and fatal outcomes will be quantified and the operational benefit to the community of rectal artesunate assessed in order to calculate the cost per person protected and per death prevented</p>	H	<p>- 4 clinical trials of rectal artesunate completed, with metanalysis</p>	1	<p>- 4 clinical trials ongoing in Bangladesh, Ghana, Nigeria and Tanzania</p>
<p>The most cost effective delivery mechanisms of providing iron supplementation and preventing severe anaemia in infants in areas of high, intense malaria transmission will be investigated and the protective efficacy/effectiveness of providing iron supplementation and intermittent chemotherapy to infants, through routine delivery mechanisms reaching infants quantified</p>	M	<p>- 1-2 countries will be funded for iron supplementation trials</p>	1	<p>- Studies funded in Ghana, Kenya and Tanzania. Results from Tanzania published in Lancet, Vol 357, No 9267, 12 May 2001 - Trials ongoing in Ghana and Kenya</p>

CDS Plan of Action 2000-2001, Mid-Biennium Update – TDR

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
TDR/IDE: 6.3.2 Home management of malaria				
TDR/IDE: 6.3.3 Research on drug resistance & drug policies Early appropriate treatment studies on potential behavioural chart in order to increase the extent of early and appropriate (a) care for childhood uncomplicated fever episodes (b) referral for severe illness. Efforts include: unit dose blister packaging and appropriate labelling of drugs, providing appropriate information and identification and support to referral channels for severely ill children	H	- 4 exploratory studies on unit dosed packaging completed in Burkina Faso, Ghana, Nigeria, and Uganda - 2-3 studies in improving referral practices initiated	1	- Timely implementation - Studies completed in Ghana, Burkina Faso, Nigeria - Uganda study nearing completion
Cohesive research on drug resistant <i>P. falciparum</i> malaria to provide a package of tools for formulating drug policy and develop a sound strategy for overcoming drug resistance including: (i) defining the extent of the problem of drug resistant <i>P. falciparum</i> ; (ii) optimizing drug treatment to ensure high clinical efficacy and tolerability; and (iii) developing evidence-based drug policies	H	- 11 currently ongoing randomized controlled trials to assess the efficacy, safety and practical use of combinations of oral artesunate with standard antimalarial drugs completed - Studies initiated in 4-5 countries to evaluate the impact of introducing combinations on the development of drug resistance and malaria transmission	1	- Timely implementation. Trial ongoing in several countries, among them Burkina Faso, the Gambia, Gabon, Uganda and Tanzania - Studies ongoing in Mozambique, South Africa, Tanzania, Cambodia and South America
TDR/IDE: 6.3.4 Filariais intervention research The main challenge is to deliver treatment to endemic communities, and to maintain a sufficiently high treatment coverage to achieve control/elimination. Research on cost-effective and appropriate drug delivery strategies remains a top priority for both filariasis and for lymphatic filariasis elimination, and the development of simple and appropriate methods for monitoring and evaluation	H	- Multi-country study (MCS) on Community Directed Treatment (ComDT) of lymphatic filariasis (LF) (completed in Africa and India) - Follow-up studies on drug delivery for LF elimination: (i) upscaling of Community Directed Treatment Health Systems (ComDT/HS) in Africa, (ii) optimal approaches to HS/Com in India, (iii) drug delivery in urban areas - Studies on optimal integration of ComDT in the health system and with other disease control programmes - MCS study on sustainability of ComDT after cessation of APOC support - MCS on advocacy strategies to ensure sustained demand and supply of drugs and political/health system support - Modeling effect of treatment on filariasis transmission; studies to assess trends in transmission and infection levels during mass	1	- All targets timely implemented

CDS Plan of Action 2000-2001, Mid-Biennium Update – TDR

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
TDR/IDE: 6.3.5 Intervention research on Chagas disease				
Chagas disease exists only on the American continent current research efforts aim to support applied entomological and epidemiological research of direct relevance to the control of non-domiciliated triatomine species in the northern part of South America and in Central America	H	<ul style="list-style-type: none"> - treatment, and research to define criteria for filariasis elimination - MCS on community-based management systems for lymphedema + ADL - Tools for monitoring and application developed and improved - Methods for community self-monitoring developed and tested - Mapping methods for lymphatic filariasis improved - RAP for Loa loa infection and quantification of risks and benefit of Mectizan treatment in Loa loa areas developed and field tested 	1	<ul style="list-style-type: none"> - Timely progress
TDR/IDE: 6.3.6 Intervention Research on African Trypanosomiasis				
African trypanosomiasis is endemic in 21 countries in Africa. Its control is based on case detection, treatment of infected persons and vector control. Surveillance is important in epidemiological monitoring	H	<ul style="list-style-type: none"> - 4 studies on distribution of non-domestic vectors completed in El Salvador, Guatemala, Peru and Mexico - 3 studies on mobility of non-domestic vectors completed in Colombia, Honduras and Guatemala - 7 studies on impact of vector control completed in Colombia, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Mexico 	2	<ul style="list-style-type: none"> - Uganda progressing in a timely manner. - RDC delayed because of civil unrest.
In addition the efficacy of different treatment regimens is being assessed	H	<ul style="list-style-type: none"> - 1 clinical trial using shorter regimens of pentamidine (3 vs 7 injections of pentamidine) completed in the Democratic Republic of Congo 	2	
TDR/IDE: 6.3.7 Special Initiative on Rectal Artesunate				
	H	Planned Cost: USD 6,500,000		
TDR/IDE: 6.3.8 Tuberculosis (T)				
Long-acting treatment for TB	H	<ul style="list-style-type: none"> - Study sites for fixed dose combination trials identified and trials initiated in 1-2 sites 	3	<ul style="list-style-type: none"> - Insufficient Funding
TDR/IDE: 6.3.9 Insecticide Treated Bednets				
Sustainable strategies for access to insecticide treated bednets developed	L	<ul style="list-style-type: none"> - The efficiency of insecticide-impregnated bednets in reducing mortality in Africa tested using technical support provided to a 	2	<ul style="list-style-type: none"> - Activity requires control implementation, expected in 2002

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
		USAID funded study in Kenya - Acceptability studies initiated within current or proposed bednet interventions		
TDR/PRD: 6.4 Product research and development (PRD) PRD operational support for meetings, duty travel, consultants		Planned Cost: USD 2,750,000		
	H	- Meetings will include: - monthly meetings of the R&D Committee to overview development portfolio - annual meetings of the Drug Discovery Research (DDR), and Development (DRD) steering committees (SC) to decide on proposals to be funded - at least one meeting of each Product Development Team (PDT) to manage development activities - Contributions to SWGs on dengue and natural products to decide future policy and strategy	1	- DDR SC meeting held in March 2001 - VDR SC meeting held in June 2001 - PDT meetings held throughout the year 2001
TDR/PRD Operations: 6.4.1 – 6.4.5		Planned Cost: USD 14,450,000		
TDR/PRD: 6.4.1 Drug discovery research Non-filaria drug candidate identified and accepted for development by PRD R&D Committee				
	H	- Submission to the R&D Committee of a proposal for the immediate development of one of: - a synthetic endoperoxide for the treatment of malaria, - a phosphatidylcholine uptake inhibitor for the treatment of malaria - the plant natural product, PX6518, for the treatment of leishmaniasis - SCH 56592 for the treatment of chronic Chagas disease	1	- Discussions on-going re clinical studies in chronic Chagas Disease with SCH 56592 - Plant product PX6518 discontinued due to technical issues
Onchocerciasis/lymphatic filariasis drug candidate identified and accepted for development by PRD R&D Committee	H	- Submission to the R&D Committee of a development proposal for the immediate development of moxidectin for the treatment of onchocerciasis	1	- Initial development being carried out for TDR/PRD by Wyeth
TDR/PRD: 6.4.2 Vaccine discovery research (VDR) One vaccine candidate identified and accepted for development by PRD R&D Committee				
	H	- Submission to the R&D Committee of a development proposal for one of: - vaccine candidate EBA-175 for prevention of P. falciparum malaria - vaccine candidate MSP-1.19 for the prevention of P. falciparum	1	- All 3 candidates are now in early development as candidate antimalarial vaccines.

CDS Plan of Action 2000-2001, Mid-Biennium Update – TDR

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
		malaria - vaccine candidate MSP-1.42 for the prevention of P. falciparum malaria		
TDR/PRD: 6.4.3 Diagnostics discovery research				
Diagnostic candidate for TB identified and accepted for development by PRD R&D Committee	H	- Submission to the R&D Committee of a development proposal for one of: - luciferase TB susceptibility - TB phage detection	1	- Steady progress
TDR/PRD: 6.4.4 Sexually transmitted diseases diagnostic initiative				
Near-patient diagnostic test for chlamydia and gonorrhea using specimens collected by the patient or non-invasively	H	- Two assays completing field trials	1	- Steady progress
Sensitive diagnostic tests for syphilis suitable for congenital disease control initiatives	H	- GCP-capable field sites for STI diagnostic trials	1	- Steady progress
TDR/PRD: 6.4.5 Product development				
Development of portfolio of development candidates at research/ development interface	H	- Portfolio to include at least 4 of: - megalox for African trypanosomiasis - fosmidomycin for malaria - Lapdap/artesunate for malaria - artemether for schistosomiasis - SERA-r fragment for malaria - RAP-1 and -2 DNA vaccines for malaria - CSP 102 synthetic for malaria	1	- Fosmidomycin, lapdap/artesunate and CSP 102 now in active development. - SEAR and RAP-1/RAP-2 projects terminated
3 drug regulatory submissions/approvals	H	- Regulatory submission/approval or the equivalent of 3 of: - oral albendazole combinations for lymphatic filariasis - artemotil im for the treatment of severe malaria - artesunate ir for the treatment of malaria - miltefosine oral for the treatment of visceral leishmaniasis - Lapdap oral for the treatment of uncomplicated malaria	1	- Artemotil approval obtained. Lapdap & miltefosine pivotal phase 3s complete, paving way for regulatory submission.
3 vaccine candidates having reached development for 'proof of principle' molecules with potential for good efficacy, acceptable toxicity and likely affordability for vaccination of people against selected TDR	H	- Results of 'proof of principle' studies available for 3 of the following: - ALM+BCG id for Old World leishmaniasis - ALA+BCG id for New World leishmaniasis - MLM im for New World Leishmaniasis - ALA/alum+BCG id for visceral leishmaniasis	1	- SPF66 & QS21 work closed – too toxic. All others in progress.

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
diseases		<ul style="list-style-type: none"> - RTS,S+SBAS2 im for malaria - SPf66+QS21 for malaria - AMA-1+Montanide ISA720 for malaria - ShGST for schistosomiasis 		
Development of new TB diagnostics that are simple, rapid in use, inexpensive, sensitive and specific enough to be cost-effective versus existing tools	H	- Premature – new activity	1	- US\$ 10 million raised from Gates Foundation to support this work over 5 years
International standards of good practice (GAP, GMP, GLP, GCP); packages of activities to enable persons involved in new tool development to review continuously and upgrade if necessary the quality of their work and that of their collaborators	H	<ul style="list-style-type: none"> - all clinical studies to GCP - movement towards attaining laboratory work to GLP when appropriate - initiation of work in the GAP and GMP areas 	1	- Excellent progress in 2000
Effective management, administration & coordination of PRD; package of activities to provide an appropriate environment for product R&D, lightly guide product discovery research, strictly monitor product development and deal effectively with line management of staff	H	- Completion of product	1	- Scientific and financial planning and monitoring in good shape.
TDR/STR: 6.5 Basic and strategic research (STR)		Planned Cost: USD 600,000		
STR operational support for meetings, duty travel, consultants	H	<ul style="list-style-type: none"> - 3 steering committee meetings (SC) held each year to review and set priority for effective approaches in acquisition of new knowledge in tropical diseases in TDR portfolio including Malaria, TB and African Trypanosomiasis - Prioritization and support for project and product activities established and executed - Meetings to strengthen investigators activities and encourage capacity building conducted - Network of expert advisory community maintained 	1	<ul style="list-style-type: none"> - Committee met to identify priorities and guide decisions on project areas in order to capitalize on scientific opportunities. - 1 SC held in June 2000, 2 SC in October 2000, 1 working group on genome to Drugs and Diagnostics met in November 2001. 1 SC held in June 2001 and 2 SC in September 2001 - All other activities on target
TDR/STR Operations: 6.5.1 – 6.5.3		Planned Cost: USD 7,675,000		
Pathogenesis and Applied genomics				
Candidate genes for drug development using genomic data from activities on filaria,	H	- Genomic libraries (DNA, cDNA, BAC, YAC, Pl, cosmid) for genome sequencing and mapping in five parasites (filaria, schistosoma,	1	- The sequencing of genome in pathogens provides a unique opportunity for identification of potential aspects of

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
schistosoma, <i>Leishmania</i> , <i>Trypanosoma cruzi</i> , <i>T. brucei</i> supported by TDR and malaria parasites supported by other agencies for discovery of targets for new drugs against infectious diseases		Leishmania, Trypanosoma cruzi, T. brucei) prepared and genome networks supported - Different strategies for sequencing (EST, chromosome by chromosome, direct high throughput) implemented in collaboration with interested institutions - Genetic and physical mapping supported		pathogens that can be targets for new drugs. - Activities ongoing
Candidate genes for vaccine development evaluating DNA sequences and products of expression in filaria, schistosoma, <i>Leishmania</i> , <i>Trypanosoma cruzi</i> , <i>T. brucei</i> and malaria for potential targets in developing vaccines against parasitic diseases	H	- Genomic data accumulated with all results made available in public domain databases - Factors regulating Th1/Th2 CD4+ T cell polarization and IgE induction in human malaria due to P. falciparum identified - Mechanisms of cell-mediated immunity to malaria including human immune responses against P. falciparum established	1	- Availability and utilization of genome data on pathogens provides a unique opportunity for identification of potential aspects of pathogen that can be targets for new drugs and diagnostics useful in meeting challenges of tropical neglected diseases - Activities ongoing
Candidate genes for diagnostic development applying DNA technology in identification of unique components of pathogens useful for developing diagnostic tools	H	- Role of schistosome secretory/excretory egg-derived glycan antigens on granuloma formation identified - Techniques for gene knockouts and phenotype characterization initiated - Application of microarray technology and differential screen for virulent/avirulent pathogens initiated	1	- New DNA technology now provides potential for identification of genes and targets of disease-producing pathogens useful in diagnostics and to promote effort against the diseases - A Working Group to provide utilization to be constituted
Support for functional genome website databases and bioinformatic tools	H	- Computation biology (bioinformatics) training courses organized for scientists - Culture of application of bioinformatics in the search for, and functional analysis of, newly discovered genes established - Centres for development and application of computational biology in studies and training in endemic countries strengthened and linkages established with developed country centres	1	- Acquisition of expertise in bio informatics is essential for endemic countries scientists to take advantage of wealth of data produced by international genome sequencing projects for developing new diagnostics and drugs. - 2 training courses organized in collaboration with NIAID-US and MR4 in September 2000 and May 2001 - A one month bioinformatics workshop for trainers from endemic countries organized in collaboration with FIOCRUZ, Brazil, Boroughs Welcome Trust Fund USA and MR4 in May/June 2001
Identification of pathogenic and protective host responses involved in TDR diseases using mechanisms of host immunity and diseases progression including human immune responses to malaria, cytokine effects and immune effects in trypanosomiasis, and activities in intermediate hosts	H	- Factors regulating Th1/Th2 CD4+ T cell polarization and IgE induction in human malaria due to P. falciparum determined - Role of the sandfly salivary peptide maxadilan in the establishment of L. major infection elucidated - Effect of TLTF and INF γ on the central nervous system in T. brucei infection and mechanisms of trypanosome lysis determined - S. mansoni mRNA expression profile during early and late stages of development in the snail intermediate host determined	1	- This is timely in taking advantage of all the new data being revealed from applied genomics and functional studies in order to understand host/pathogen interactions
Elucidation of host and infectious agent signalling biochemical pathways necessary for	H	- Identification of enzymes useful for interference with cellular signalling in parasites completed	1	- The potential to develop a new drug to overcome vesicular transporters and drug resistance is enhanced by the results of

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
parasites or virus growth and life cycle in host as potential targets for new drugs and vaccines		<ul style="list-style-type: none"> - Cysteine proteases and pathogenesis in leishmaniasis documented - Effect of TLTF and INFγ on the central nervous system in <i>T. brucei</i> infection and mechanisms of trypanosome lysis determined - Role of CDI-restricted NK T cells in functional immunity against various parasites - Characterization and function of vesicular protein transporters inside erythrocytes infected with <i>P. falciparum</i> established 		the studies
Definition of parasite/bacterial/viral gene regulation mechanisms operating in TDR diseases using pathways and mechanisms involved in parasites virulence and acquisition of resistance to drugs	H	<ul style="list-style-type: none"> - Virulence factors in <i>L. major</i> amastigotes investigated and reported - Existence of prenylated proteins and the enzymes which catalyze isoprenylation in <i>T. brucei</i> evaluated - Structure of <i>T. cruzi</i> trans-sialidase determined - Effect of disruption of the <i>T. cruzi</i> calreticulin-encoding gene on synthesis, folding, processing and lysosomal accumulation of cysteine proteinase (cruzipain) investigated - Principles, mechanism of GPI bioactivity and characterization of the GPI respiration process in trypanosomes established 	1	<ul style="list-style-type: none"> - The studies are providing better understanding of pathogenesis of Chagas disease
Establishment of novel research model systems for establishing potential drug, vaccine, and diagnostic targets for TDR diseases	H	<ul style="list-style-type: none"> - Development and validation of a SCID mouse model for the production of standardized amounts of <i>P. falciparum</i> parasites completed - Development of a rabbit model useful for testing angiogenic <i>O. volvulus</i> homologues which can induce neovascularization without ocular damage completed 	1	<ul style="list-style-type: none"> - The development and availability of models are essential as first step in evaluating new tools and interventions. - The SCID mouse provides a potential tool for evaluating drugs and vaccines in early studies for malaria - New projects to be developed for using genomics in developing novel models
TDR/STR: 6.5.2 Molecular entomology				
Identification of genes responsible for disrupting parasite or virus development through understanding molecular basis of mosquitoes' resistance to parasites or virus development	H	<ul style="list-style-type: none"> - Targets amenable for disruption of parasite/ virus growth and development in midgut, haemolymph and salivary glands of mosquitoes identified 	1	<ul style="list-style-type: none"> - This is an important opportunity to take advantage of the molecular biology of the vector pathogen relationship in control of malaria
Development of molecular tools for genetic transformation within anopheles mosquito	H	<ul style="list-style-type: none"> - Integration of genetic, cytogenetic and molecular maps using the BAC library supported - Functional analysis of the genome initiated - Improvement of methods for introducing DNA into embryos achieved - Germ-line transformation initiated 	1	<ul style="list-style-type: none"> - The potential for a transformed mosquito has increased with the project's success in September 2001.
Development of methods to promote the spread of selected genes in wild malarial mosquito populations	H	<ul style="list-style-type: none"> - Genomic markers discovered and used for field population genetic studies of wild Anopheles and Aedes mosquitoes - The effective population size of the mosquitoes determined - Relationship and gene flow between mosquito species and geographic 	1	<ul style="list-style-type: none"> - The successful development and deployment of a transformed mosquito promises an effective vector control and better understanding of the vector in malaria transmission

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Support and coordination of Anopheles genome sequencing and mapping project	H	<ul style="list-style-type: none"> areas determined - Network for Anopheles Gambia mosquitoes genome project formed and supported 	1	<ul style="list-style-type: none"> - TDR accepted role of coordination of a Network with aim of sequencing the Vector of Malaria which commenced in March 2001 in collaboration with international experts and funding from USA and French Government
TDR/STR: 6.5.3 Strategic, social, economic and behavioural research (SEB)				
Recommendations for direction and priority setting, scientific working group	H	<ul style="list-style-type: none"> - SEB vision and strategy document drafted with prioritized research agenda for 2000-2003; Steering Committee formed 	1	<ul style="list-style-type: none"> - Strategy document completed - Scientific Working Group (SWG) held in June 2000 - 1st steering committee was held in September 2000 - 2nd steering committee meeting held in June 2001.
Guidelines for identifying and addressing gender issues in communicable disease control	H	<ul style="list-style-type: none"> - 5 studies to investigate sex and gender differences in TB control completed; TB-specific guidelines and scientific articles drafted - 3 gender studies on other diseases funded and in progress 	1	<ul style="list-style-type: none"> - 3 gender studies under way - Writing workshop took place in May 2001 - 18 studies completed, report writing in progress. - Special issue of scientific journal "Health Policy and Planning" (16(2)2001) published
Comparative studies on health sector reform	H	<ul style="list-style-type: none"> - Results from the studies funded in 1996-1997 published - The 18 studies funded in 1998 on equity and health sector reform completed - Technical support to finalize the studies and writing publishable articles provided - Articles submitted for publication 	1	<ul style="list-style-type: none"> - 16 studies selected and funded - Design workshop taking place in March 2001 - All studies underway
Evidence of the opportunities and threats of health sector reforms 2000 and financing schemes for public health efforts to reduce the burden of infectious [TDR] diseases	H	<ul style="list-style-type: none"> - 15-20 studies funded and completed - Technical support provided - Policy and strategy guidelines drafted 	1	<ul style="list-style-type: none"> - Meeting convened, requests for proposals advertised in two new priority areas. - 8 studies underway
One or more new priority research themes for 2000-2003	H	<ul style="list-style-type: none"> - SEB steering committee convened; first request for proposals advertised and new projects funded - 8 studies of 2001 batch completed 	1	<ul style="list-style-type: none"> - 6 studies underway
Studies on inequalities of access to prevention, therapy and information regarding infectious diseases	H	<ul style="list-style-type: none"> - 6 studies of 2001 batch completed 		
Studies on impact of changing social, economic, political and civic structures on health of vulnerable population	H	<ul style="list-style-type: none"> - Review commissioned and published 		<ul style="list-style-type: none"> - Review on 'Ethical , Legal, and Social implications of genetically modified vectors' published in special topics in Social, Economic and Behavior Research
Review of, and guidelines for ethics of biotechnology transfers and community based health research	H			

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
TDR/RCS: 6.6 Research capability strengthening (RCS) RCS operational support for meetings, duty travel, consultants		Planned Cost: USD 386,000		
	H	- Meeting of the research strengthening group (RSG) for review progress reports, renewal request and new applications held - Review and recommendations of Research Training Grants - In-depth review of RCS activities initiated after JCB approval - Technical advice provided and followed-up for the field implementation of RCS projects - RCS impact at individual, institution and country levels evaluated	1	- RSG meetings held in Geneva in February 2000 and February 2001. Support to 104 projects in 42 countries - In depth review of new RCS activities ongoing. Indicators of capacity building developed. Questionnaires sent to over 1,000 trainees and parties. - Draft RCS strategy concept developed
Multilateral Initiative on Malaria (MIM) Operational support meetings, duty travel, consultants Project follow-up and field implementation Investigators meeting and meeting of the MIM/TDR Task Force	H	- MIM Principle Investigators (PIs) meeting for project follow-up held in Harare, March 2001 - MIM/TDR Task Force meeting held in Africa - Site visits to ongoing projects completed - Tutorial guideline for epidemiological research completed - Standard protocol to evaluate antimalarial resistance completed	1	- Field projects organized as networks in different scientific areas addressing R&D priority areas. - MIM Principle Investigators (PIs) and TDR task force (TF) meetings held in Ouagadougou in March 2000 and Harare in March 2001. Support to 23 projects in 40 countries
TDR/RCS Operations: 6.6.1 – 6.6.3		Planned Cost: USD 12,124,000		
TDR/RCS: 6.6.1 Research training grants (RTG) Potential researchers and scientists trained and supported				
	H	- Human resources trained in bio-medical sciences (molecular biology, immunology, etc) to conduct competitive research in tropical disease - Human resources trained in social sciences (including health economics) actively involved in activities to implement research results into policy - Increased number of individuals formally trained in epidemiology and public health available to support relevant research in support to control operations - Clinical research expertise available to participate in the development of new intervention tools	1	- Shifting focus to national and regional training with short-term attendance overseas. - 160 trainees under training, covering a range of disciplines from basic to applied field research, including social sciences
Promote RCS activities within and in support of R&D projects. Support to individual and group training within the units: intervention development and evaluation (IDE) and strategic research (STR). Support technology transfer activities in the unit of product research and development (R&D)	H	- Opportunities for training DEC scientists promoted within funded projects - Selected technology transfer initiatives in drug and vaccine development promoted	1	- Target training with the pharmaceutical industries and R&D Projects

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
TDR/RCS: 6.6.2 Re-entry grants (REG) Support re-entry of newly trained researchers to home institutes	H	- High quality research proposals/ investigators selected and funded for a re-entry grant - Enabling environment and career development established for past trainees	1	- Re-integration of newly trained researchers in high priority areas. 10/15 new grants a year - Support over 2 years
TDR/RCS: 6.6.3 Research capability strengthening grants Institutions and research groups developed and sustained through identifying, promoting and supporting linkages, partnerships and networks between research groups, and to transfer technologies to endemic countries for the development of tropical disease control tools	H	- Research capacity of investigators and control institutions in endemic countries further developed - Basic and product development projects supported in advanced disease endemic countries - Applied field research/control-related research and infrastructure development promoted in LDCs - Increased participation of DECs in the global R&D agenda	1	- Activity targeted to least developed countries (LDCs) to develop core group of scientists and strengthen institutions - New strategies and programme grants established for long term institutional support.
Support selected priority initiatives to open opportunities for research training, scientific career initiation, networking and enabling environment for research in developing countries	H	- Small grants programmes in EURO and AMRO in developed countries - MSc Programmes in Africa and China further supported - Selected training workshop on research methodology completed - Individuals and institutions updated on principles and standards of GCP, GLP, GMP - Internet/e-mail access and communication improved Networking of TDR scientists over e-mailing list continued	1	- Capacity building activities around national needs and research gaps identified at country level. - Control-related projects and target training
TDR/RCS: 6.6.4 Malaria research capability strengthening (MIM) Partnerships and research groups established for RCS malaria in Africa	H	Planned Cost: USD 5,000,000 - Strategies for rapid mapping, preventing, retarding and reversing drug resistance developed and established in 6 African research centres - Two projects (one in East and one in West Africa) focused on parasite diversity and its relationship with immune response, resistance, transmission, infection and disease patterns - Study on parasite-vector-host factors involved in severe disease and malaria in pregnancy in Ghana progressed - A network on vector biology, insecticide resistance and population genetics established to develop effective control tools in Southern and Western Africa - A methodology for improving home management of malaria developed and evaluated in Nigeria	1	- Major infrastructure initiative with contributions from several donors – focus on multi-center collaboration around targeted R&D areas. - Network of 6 drug resistance projects under development - Standard protocols for malaria mortality evaluation being tested - Data collection and analysis in progress - Network on vector biology established.

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<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
		<ul style="list-style-type: none"> - Potential antimalarial extracts from natural products screened in Kenya and Nigeria identified - Impact of rice cultivation on malaria transmission completed - GIS system of malaria morbidity developed in five countries; maps produced in CD Rom - A continental network on malaria mortality/demographic surveillance established to support RBM operations <p>Planned Cost: USD 1,125,000</p>		
TDR/RCS: 6.6.5 Training in immunology				
Advanced training courses on the applications of immunology, vaccinology and biotechnology for the control of communicable diseases for professionals from developing countries	H	<ul style="list-style-type: none"> - One course held in English for 18 participants (7 and a half weeks) from developing countries in 2000 and 2001 in WHO Collaborating Center: International Research Training Center (IRTC) - One course held in French for 15 participants (7 and a half weeks) from Francophone developing countries in 2001, (May/June) in WHO/IRTC organized, coordinated, implemented and evaluated 	1	<ul style="list-style-type: none"> - Course in English held in WHO/IRTC in Lausanne in September 2000 and May 2001. Traditional course target to public health related research.
Refresher immunology training course on the application of immunology, vaccinology and biotechnology to the control of communicable diseases for professionals from developing countries in a region	H	<ul style="list-style-type: none"> - One course held in Maputo, Mozambique in 2000 (Nov/Dec) for 20 participants from Mozambique and neighbouring countries - Technology manual for the participants; master and adapt relevant technologies prepared - 10 months long-term project by participants in the above courses in WHO/IRTC in 2000 and 2001 	1	<ul style="list-style-type: none"> - Course in Maputo held - Other activities on target
Follow up of trainees	H	<ul style="list-style-type: none"> - Updated technical information provided on a continuous basis - Networking among trainees stimulated 	1	<ul style="list-style-type: none"> - Ongoing activities
Immunology operational support for meetings, duty travel and consultants	H		1	
TDR/PPM: 6.7 Programme Management				
TDR/PPM: 6.7.1 Communications				
Effective communication of what TDR is about. Ensuring a focused message is presented to the outside world.	H	<ul style="list-style-type: none"> - Take advantage of new media to ensure a wider coverage of communication, notably the internet. <p>Planned Cost: USD 260,000</p>	1	<ul style="list-style-type: none"> - TDR website is up and running and continually being improved for the benefit of the scientific community.
TDR/PPM: 6.7.2 Operational support				
Provide the technical units with appropriate equipment and other support to run their operations effectively. Pay costs of central administration and MSU	M	<ul style="list-style-type: none"> - Ensure that costs are minimized by regular review and monitoring <p>Planned Cost: USD 3,481,000</p>	1	<ul style="list-style-type: none"> - An ongoing administrative activity of TDR

PART 7: INFORMATION MANAGEMENT AND OTHER ISSUES

Summary of Budget 2000-2001, Income and Obligations

	<i>Budget</i> 2000-2001	<i>Income received during</i> 2000-2001	<i>Obligations as at</i> 31.12.2001
	US\$	US\$	US\$
7.1 Office of the Executive Director, including the Management Support Unit (MSU)			
Activities	2,058,800		1,465,000
Staff	8,350,315		6,492,000
TOTAL COST	10,409,115	10,697,000	7,957,000
7.2 Advocacy Team			
Now consolidated under 7.1 Office of the Executive Director, including the Management Support Unit (MSU)			
7.3 WHO Mediterranean Centre (WMC)			
Activities	4,379,420		98,353
Fixed term staff	260,000		*
TOTAL COST	4,639,420	404,000	98,353

* Staff cost charged to the SDE Cluster

CDS Plan of Action 2000-2001, End of Biennium Update – MSU, ADV & WMC

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
7.1 Office of the Executive Director, including the Management Support Unit (MSU) Human resources		Planned Cost: USD 1,558,800		
		- to provide CDS staff and managers with comprehensive human resources services and advice - to provide CDS with personnel administration services and transactions - to provide CDS employees with counseling	1 1 1	- All activities ongoing - Expert management advice and services provided to cluster - Counselling services provided to all staff members
Planning, budget and finance:	H H H	- to ensure streamlined administrative processes - to assist departments in the finalization of workplans, budget and financial reports - financial control, monitoring and reporting	1 1 1	- Tracked donor contributions - Administrative procedures for budget and finance prepared - Workplan 2000-2001 completed along with strategic budget for 2002-2003 - Monitored budget implementation - Financial report prepared for MIP and donors - Reviewed and cleared donor proposals - Restructured cluster Voluntary Fund for Health Promotion - All activities ongoing
Communication:		- to publish the Weekly Epidemiological Record and the annual International Travel and Health - to maintain the CDS information resource center - to provide advisory services in all aspects of the production of CDS information material - to ensure its quality control - to promote the technical activities of CDS through its information products		
External relations:		- to support coordinated approaches to donors, CDS fundraising documents and inter-cluster documents - to gather maximum information on partner policies, opportunities and contacts - to organize and coordinate the CDS sessions of WHO Meetings of Interested Parties	1 1 1	- All activities ongoing - All activities ongoing - Meetings of Interested Parties took place June 2000 and June 2001
Information technology services:		- to provide IT support to the cluster - to facilitate and conduct IT application or product development - to coordinate activities with other clusters, central services, and with partner agencies	1 1 1	- All activities ongoing - 2002 project workload identified - All activities ongoing

CDS Plan of Action 2000-2001, End of Biennium Update – MSU, ADV & WMC

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
7.2 Advocacy Team		Planned Cost: USD 500,000		
Advocacy	H	<ul style="list-style-type: none"> - to provide strategic advocacy guidance to priority CDS initiatives – particularly RBM, STB, but also CSR and Social Mobilization and Training (SMT) - to develop persuasive messages on infectious diseases to engage the interest of policy makers and potential partners - to develop clear and powerful advocacy documents to present the case for a massive effort for the wider and wiser use of available tools to fight infectious diseases - to ensure extensive media coverage on CDS priority initiatives – particularly concerning Roll Back Malaria, Stop Tuberculosis and the Infectious Disease Report - to assist in building a network of partnerships that can advocate for the control of diseases of poverty 	<ul style="list-style-type: none"> 1 1 1 1 1 	<ul style="list-style-type: none"> - Supported planning and implementation of Winterthur Health Advocacy Forum - Organized a Massive Effort campaign to increase awareness of malaria, TB and HIV/AIDS - Facilitated the production of the Infectious Diseases Report in 2001 - Completed

CDS Plan of Action 2000-2001, End of Biennium Update – MSU, ADV & WMC

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
7.3 WHO Mediterranean Centre Capacity building in field epidemiology, immunization leadership and applied informatics with inter-university network in Mediterranean area (in support of WHO Lyon Office and in partnership with foundations) Follow-up by end 2001	H M L H (M)	- Partner institutions identified - Development of course material and coaching arrangements - Hardware purchased and installed for inter-university network - Course by early 2001	2	- Workshop on data quality and estimation of vaccine coverage held: February 2001. Joint WHO/UNICEF report to the UN Secretary General submitted - Partnership with Lyon Pole status quo. - Joint proposal on operational research to ensure injection safety in three countries developed and submitted for funding ("Focus") - Course took place end 2001 in collaboration with EMRO
International inter-university diploma course in Health Risk Management targeted at health sector managers	M	- Organize and hold course by mid 2001 - Course review process and report writing	2	- Course took place end 2001 in collaboration with EMRO
A functional Mediterranean network on surveillance and control of tuberculosis and multi-drug resistance	M	- Workshop to standardize protocols of primary drug resistance of tuberculosis (7 countries, 4 participants by country: national programme manager, national bacteriologist, epidemiologist, clinician) in Tunis. - A newsletter (electronic and paper) once/twice a year publishing tuberculosis control and surveillance data of 5 to 8 countries - Laboratory, clinical, epidemiological and health systems procedures standardized - Pilot test of sub-national prevalence surveys to assess primary resistance to anti-tuberculosis drugs. - Consolidation, analysis and dissemination of the data in five countries	2	- Workshop held in Algiers, July 2001. - Workshop to take place in September 2002, Algiers. - First Newsletter published and distributed to 5 countries - In process - Collaboration with Institut Pasteur Algiers developed - Workshop held jointly with EMRO and AFRO in September 2001 in WMC, Tunis. Report ready, follow-up in process
Establishment and pilot test of a prototype node of a "Health Grid" in Tunis for improved surveillance and response	H L	- Workshop to improve university curriculum for tuberculosis control - Hardware for the network - Partnership with Tunisia, CERN, Liverpool University, EC and other partners consolidated - Development of satellite communication and four data servers with basic infrastructure support - Standardization of procedures and training in 6 sites	2	- One proposal for funding submitted and rejected, second proposal being prepared. Partnership being strengthened. - Initial equipment purchased, negotiations with Tunisian Government under way.
Draft module developed on syndromic community-based surveillance of essential priority conditions for field-test	L	- Situation analysis completed - Partnership and network for 6-10 field test sites (communities) established - Procedures for data collection, consolidation, analysis, field-back and response standardized - Support for health system's response promoted and advocated at national, provincial and community level - Feasibility study in one pilot site initiated	2	- Cross-border areas community-based surveillance proposal in the Horn of Africa is developed. - Protocol for mapping distribution channels of health commodities and drugs at district level developed to support countries to access the Global Fund and monitor their own progress

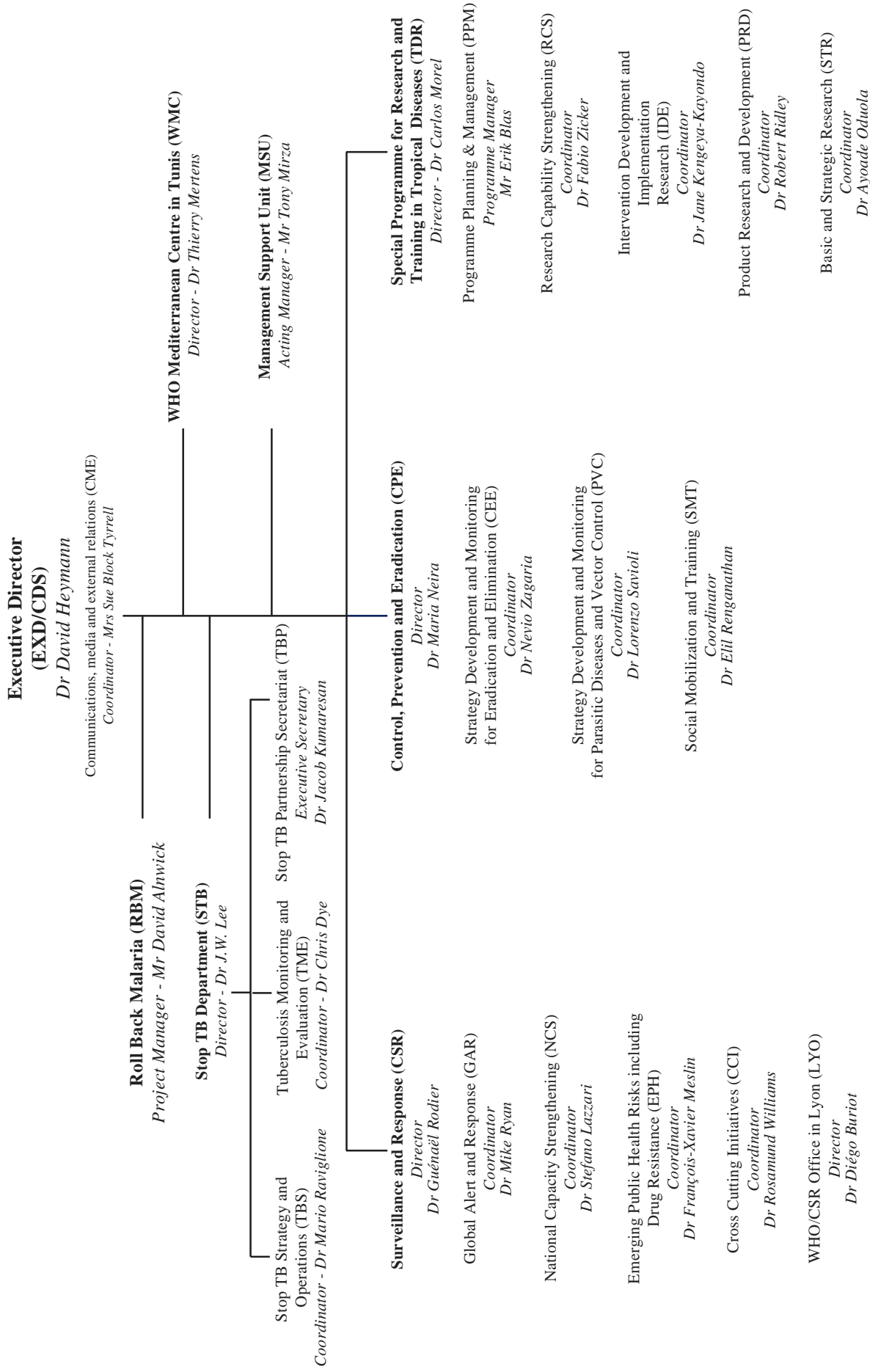
CDS Plan of Action 2000-2001, End of Biennium Update – MSU, ADV & WMC

<i>Product</i>	<i>Priority</i>	<i>Target(s)</i>	<i>Status</i>	<i>Remarks</i>
Action-research, intervention design and monitoring indicators in human development and behavioural changes implemented Risk and resource mapping field-tested in one region. Improved advocacy on priority problems initiated	L H M	<ul style="list-style-type: none"> - On the basis of the experience gathered by the Centre in 1999 and 2000, health and social indicators developed of progress in human development at local level for field testing in different countries - Follow-up of risk mapping and action-research on school failure in Gafsa Governorate, Tunisia. - Workshops on social mobilization for TB and HIV control in the Mediterranean and West Africa (end 2001) 	2 1	<ul style="list-style-type: none"> - Partnership with Anti Poverty Partnership Initiative (APPI, UNDP) being strengthened for review of lessons learned. - Proposal to develop an international initiative and debate on “open services” under discussion with donors. - Health Resource Map of Gafsa Province using Geographical Information Systems finalized. Development of, and support to action plan following qualitative research on school failure in preparation with UNICEF, Fonds de Solidarité nationale(FSN), 3 ministries and Governorate.
Collaborative action-research on methods to encourage behavioural changes among youth for communicable and non- communicable diseases (including HIV, malaria, tobacco, food and chemical safety)	M	<ul style="list-style-type: none"> - Research carried out 	2	<ul style="list-style-type: none"> - Proposal on chemical safety finalized and submitted to donors.
Monitoring of the implementation of the international partnership against AIDS in Africa initiated at country level	M	<ul style="list-style-type: none"> - In collaboration with the partnership and UNAIDS, countries for monitoring identified - Procedures and methods developed in collaboration with local institutions - Monitoring initiated by 2001 	2	<ul style="list-style-type: none"> - Technical supervision of translation of monitoring and evaluation guide at WMC completed - Partnership with UNAIDS to develop a network in West Africa for the evaluation of AIDS programmes.
Development of new partnerships and network platform Strengthening of management	H	<ul style="list-style-type: none"> - Production and dissemination of advocacy materials, network establishment, telecommunications, translation - Briefing in Geneva, one retreat per year - Supplies of the Centre ensured regularly 	1	<ul style="list-style-type: none"> - Improved definition of mission for the Centre. Regular voluntary contributions commitment obtained from at least two different services and partnership with WHO/HTP/HQ secured. - Production of advocacy materials/Web site. - Management of the Centre strengthened.

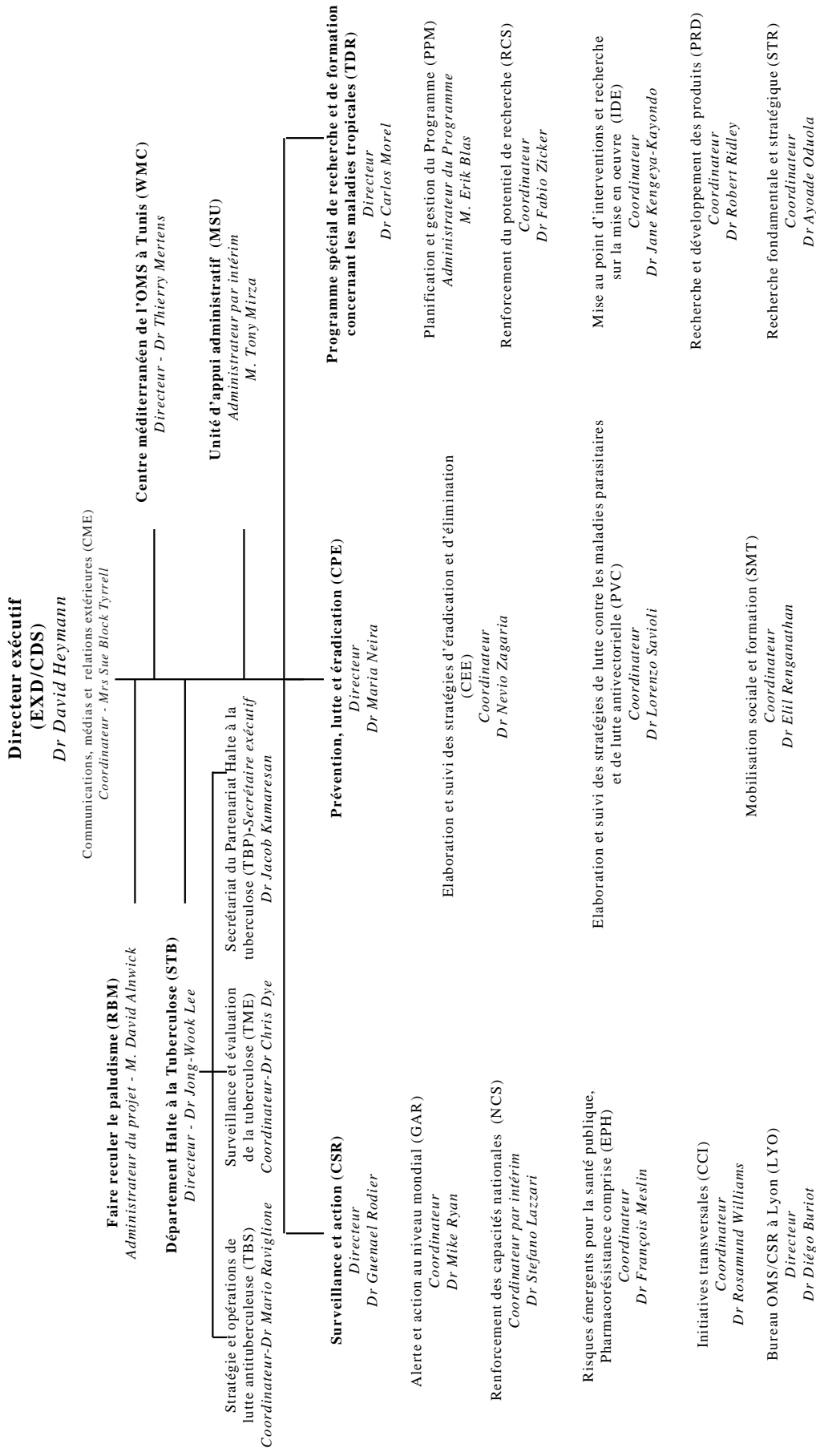
Table 1: Summary Table - Workplan Costs, 2000-2001

<i>Department</i>	<i>Short Term Staff</i>	<i>Fixed Term Staff</i>	<i>Activities</i>	<i>Total</i>
2. Stop TB Initiative	2,768,000	2,772,000	8,550,000	14,090,000
3. Roll Back Malaria	3,788,950	1,793,700	51,417,350	57,000,000
4. Surveillance and Response (CSR)	8,502,380	10,341,600	28,139,908	46,983,888
4.1 Director's Office Lyon Pole	2,354,000 0	818,000 2,218,000	3,987,500 3,282,000	7,159,500 5,500,000
4.2 Integrated Surveillance and Response (ISR)	3,428,000	2,098,500	4,146,668	9,673,168
4.3 Epidemic Diseases Control (EDC)	1,023,000	3,027,500	9,379,000	13,429,500
4.4 Animal and Food Related Public Health Risks (APH)	556,380	1,299,500	2,824,740	4,680,620
4.5 Anti-infective Drug Resistance Surveillance and Containment (DRS)	1,141,000	880,100	4,520,000	6,541,100
5. Control, Prevention and Eradication (CPE)	6,367,264	17,417,197	55,949,000	79,733,461
5.1 Director's Office	0	2,765,800	400,000	3,165,800
5.2 Strategy Development and Monitoring for Eradication and Elimination (CEE)	933,000	5,729,000	37,600,000	44,262,000
5.3 Strategy Development and Monitoring for Parasitic Diseases and Vector Control (PVC)	593,500	1,574,180	2,273,000	4,440,680
5.4 Strategy Development and Monitoring for Endemic Bacterial and Viral Diseases (EBV)	3,045,512	6,620,417	11,479,000	21,144,929
5.5 Social Mobilization and Training (SMT)	1,795,252	727,800	4,197,000	6,720,052
6. Research and Development (including TDR) (CRD)* approved programme budget				82,138,000
6.1 Technical and administrative bodies				598,000
6.2 General activities research and development				2,735,000
6.3 Intervention Development and Evaluation (IDE)				11,956,000
6.4 Product Research and Development (PRD)				20,543,000
6.5 Basic and Strategic Research (STR)				10,787,000
6.6 Research Capability Strengthening (RCS)				20,456,000
6.7 Programme management				6,838,000
Others				8,225,000
7. Office of the Executive Director, including the Management Support Unit and Advocacy Team	747,715	7,600,600	2,058,800	10,407,115
7.1 Office of the Executive Director, including the Management Support Unit	641,200	7,274,600	1,558,800	9,474,600
7.2 Advocacy Team	106,515	326,000	500,000	932,515
8. WHO Mediterranean Centre (WMC)	550,800	260,000	3,828,620	4,639,420

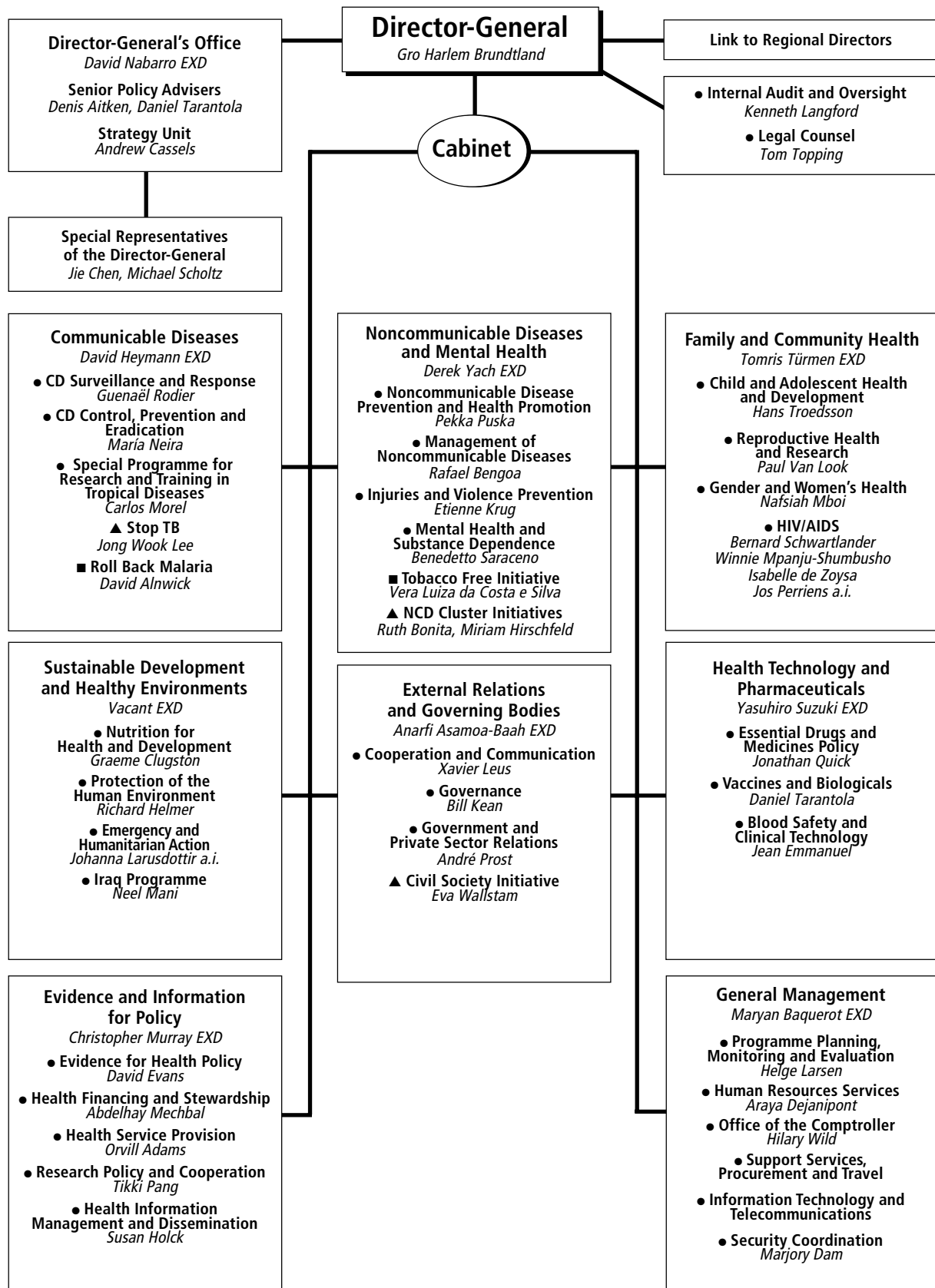
WHO Programme on Communicable Diseases as of 1st June 2002



Groupe de l'OMS sur les maladies transmissibles au 1er juin 2002



WHO structure at Headquarters



● Departments ▲ Cluster Initiative ■ Cabinet Projects

Structure de l'OMS au Siège

