WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA

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BUREAU REGIONAL DE L'AFRIQUE

ORGANIZAÇÃO MUNDIAL DE SAÚDE
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EXECUTIVE SUMMARY

1. Part One of this document is the consolidated global budget for WHO, and was prepared at headquarters with the participation of all regions. Part Two contains regional programme budget orientations for 2002-2003.

2. The Programme Budget 2002-2003, the first of the Tenth General Programme of Work, and incorporating the WHO Corporate Strategy will cover 35 Areas of Work across the Organization and, for the first time, both headquarters and regional offices will focus on the same corporate objectives in support of Member States.

3. Challenges in the Region during the period 2002-2003 will remain the control of the most serious diseases which constitute major threats to public health and the strengthening of health systems in the context of sustainable development. Special attention will be paid to health sector reform, the promotion of health and healthier environments and **poverty alleviation and reduction.**

4. Considering the magnitude and diversity of health problems in the Region, WHO resources will be concentrated on priority areas, in response to country needs and in accordance with the WHO Corporate Strategy. In order to ensure greater contribution by WHO to health in the Region, the Regional Office, in collaboration with Member States, will strengthen and improve the planning, monitoring and evaluation process so as to enhance effectiveness and efficiency in the health sector.

5. Part One of this document will be discussed by the Executive Board and the World Health Assembly in 2001. The Regional Committee is however requested to review it and make comments. Part Two will serve as a basis for further development of the regional plan for implementing the Programme Budget for 2002-2003 which will be submitted to the fifty-first session of the Regional Committee in 2001.

6. The fiftieth session of the Regional Committee is requested to (a) comment on the totality of the Proposed Programme Budget for 2002-2003, (b) consider Part Two which covers specific regional orientations and provide guidance for its implementation; and (c) provide orientations on the regional priorities for 2002-2003 and on the proposed expectations and broad strategies for each of the areas of work.

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REGIONAL DIRECTOR'S FOREWORD

This document represents the African Region's section of the WHO Strategic Programme Budget for 2002-2003. It takes into consideration the main orientations of the WHO Corporate Strategy as well as the Region's challenges and priorities.

The main priorities for the period 2000-2001 as defined by the forty-ninth session of the Regional Committee are the prevention and control of malaria, HIV/AIDS, tuberculosis and epidemic-prone diseases; management of the health aspects of complex emergencies; and improvement of maternal health and child survival, including the integrated management of childhood illness, immunization, health sector reform, health promotion and promotion of healthy environments in the broader context of poverty reduction and sustainable development. The Regional Committee is requested to define new priorities for the period 2002-2003.

Within the context of a zero growth nominal budget and in spite of the efforts made by the Director-General to reallocate additional resources to the African Region in application of resolution WHA 51.31 and of the internal reallocation of 10% of the Region's regular budget to priority programmes, budgetary resources remain very limited in view of the increasing demand from Member States for technical co-operation.

Greater effectiveness and efficiency in budget implementation is therefore essential if we are to bridge the gap between needs and resources during the period 2002-2003. This will be achieved through better planning, greater focus on a limited number of priorities, effective budget implementation and systematic monitoring and evaluation at both country and regional levels. Emphasis will also be placed on the mobilization of additional extrabudgetary resources for priority programmes and on ensuring better synergy and complementarity with other partners and stakeholders.

To that end, the Regional Office will continue to collaborate closely with and seek active support from Member States in the preparation, implementation, monitoring and evaluation of the programme budget and subsequent plans of action.

BACKGROUND

Since 1996, WHO General Programme Development and Management in the African Region has been based on the goal of "Health for All by the year 2000" which committed governments and WHO to the attainment by all people of the world of a level of health that would permit them to lead socially and economically productive lives. The Ninth General Programme of Work (1996-2001) provided the global policy framework and the WHO programme framework both of which place emphasis on support to countries in improving health status and health systems through the following four policy orientations: (a) integration of health and human development into public policies; (b) equitable access to health services; (c) promotion and protection of health; and (d) prevention and control of specific health problems. The regional *Policy Framework for Cooperation with Member States in the African Region* which was prepared in 1995 provided more specific regional orientations and strengthened the managerial capacity of the Regional Office in resource mobilization and management as well as the overall performance of regional health programmes. Significant achievements have been recorded in this regard.

WHO efforts are more focused on country and regional levels in the sense that the Organization's technical co-operation concentrates on clearly defined and limited priorities which reflect country needs. Working relations and coordination with WHO headquarters improved substantially and increased complementarity within the three levels of the Organization. Greater decentralization of some functions and delegation of authority by the Regional Director to divisional directors and WHO country representatives improved motivation and commitment of staff. Both measures also accelerated the timely implementation of technical cooperation activities in countries and led to higher rates of implementation of programme budgets. Regional policies, strategies and strategic plans of action aimed at providing countries with a frame of reference have been formulated and adopted in key health priority areas such as malaria, HIV/AIDS and tuberculosis control and prevention, integrated diseases surveillance, human resources for health, reproductive health, integrated management of childhood illness, mental health, emergency and humanitarian action, the expanded programme on immunization, and health-care technology.

In 1998, the WHO Director-General initiated wide-ranging reforms that were endorsed by the governing bodies and the Member States. These reforms went through a process of organizational development that resulted in the revision of core functions, the creation of new structures and the preparation of a WHO Corporate Strategy designed to guide the work of the Secretariat during the period 2002-2005. The Corporate Strategy is inspired by the vision and values of health for all and should enable WHO to make the greatest possible contribution to world health by virtue of its technical, intellectual and political leadership in health matters. The Corporate Strategy will be used as the Tenth General Programme of Work (10GPW) for the period 2002-2005, and will focus the technical work of the WHO Secretariat on four strategic areas: (a) reduction of excessive mortality, morbidity and disability, especially among poor and marginalized populations; (b) promotion of healthy lifestyles and reduction of environmental, economic, social and behavioural factors adversely affecting human health; (c) development of health systems that improve health outcomes, respond to people's legitimate demands and are financially feasible; and (d) development of an enabling policy and institutional environment in the health sector and promotion of an effective health dimension to social, economic, environmental and development policy.

In line with these reforms, the Regional Office for Africa was restructured and two new divisions were created, one for the control of noncommunicable diseases and the other for healthy environments and sustainable development.

The health situation in the Region benefited from a host of positive developments within and outside the health sector. The political process of democratization in most of the countries, institutional reforms, increasing subregional economic integration, poverty alleviation strategies, sector-wide approaches in health sector reforms, among other initiatives, have contributed positively to the health status of the people in the Region. Health and health-related issues are increasingly emphasized on political and development agendas and have thus gained more visibility at national and international levels. Governments are being increasingly requested by their constituencies and partners to develop a broad array of policies and programmes to deal with the wide spectrum of health problems.

In spite of these positive developments, morbidity and mortality associated with HIV/AIDS, malaria and tuberculosis are still unacceptably very high, particularly among pregnant women and the under-fives. Political instability and civil strife are still major constraints on health development. The health situation

has further been worsened by poor macroeconomic policies and poor economic performance, and both of these are undermining the already weak health systems.

Considering the magnitude and persistence of health problems in the Region and the need to concentrate resources on priority areas, the forty-ninth session of the Regional Committee, through resolution AFR/RC49/R7 on *Regional health-for-all policy for the 21st century: Agenda 2020* requested the Regional Director to include in the 2000-2001 Programme Budget the following regional priorities: malaria, HIV/AIDS and tuberculosis prevention and control, child survival, safe motherhood, response to complex emergencies and epidemics, mental health, health sector reform, health promotion and poverty alleviation and reduction.

The Regional Committee is requested to examine the abovementioned regional priorities for the period 2002-2003 in the light of the following global priority areas for 2002-2003: health systems, malaria, HIV/AIDS, tuberculosis, tobacco, maternal health, safe blood, mental health, cancer, cardiovascular diseases, diabetes and chronic respiratory diseases, food safety, investing in change in WHO; and in the light of the four strategic areas of the regional health-for-all policy for the 21st century, namely, (a) creating and managing enabling environments for health; (b) undertaking health system reform by drawing upon primary health care principles; (c) providing social support at family and community levels; and (d) creating the conditions that will enable women to participate and play a leadership role in health development. The regional priorities are health promotion; HIV/AIDS; malaria; tuberculosis; maternal health; child health; mental health; cancer, cardiovascular diseases; diabetes and chronic respiratory diseases; safe blood; strengthening of health systems; poverty and health; preparedness for and response to complex emergencies and epidemics.

The Programme Budget for 2002-2003, the first of the Tenth General Programme of Work and the WHO Corporate Strategy, will cover 35 areas of work across the Organization and, for the first time, will intensify the focus of headquarters and regional offices on the same corporate objectives in support of Member States. This is the "WHO Strategic Programme Budget" Part One of which will be submitted to the Regional Committee for comments. The Regional Committee is requested to examine the "Regional Orientations" on the Programme Budget and give advice that will guide the Regional Office in the preparation of the budget implementation plan to be submitted to the fifty-first session of the Regional Committee in the year 2001. All WHO Member States will have the opportunity to discuss and adopt the "WHO Strategic Programme Budget 2002-2003" at the Fifty-fourth World Health Assembly in 2001.

During the period 2002-2003, the Regional Office will implement the 10% shift from the overall budget to high priority areas of work and priority programmes and sustain or increase the flow of extrabudgetary funds, particularly to support regional priorities. The capacity to plan, monitor and evaluate regional and country programmes will continue to be strengthened for more transparency, greater accountability, efficiency and effectiveness, particularly at country level.

BUDGET SUMMARY TABLES

BUDGET SUMMARY TABLES

This programme budget is different from previous programme budgets in that it contains two Parts. Part One is the consolidated budget for WHO. All regions participated in its preparation. Part Two contains regional budget orientations. Furthermore, for the first time, the individual country budgets have not been included. These will be prepared after the World Health Assembly in May 2001 approves the global budget, which is contained in Part One.

The proposed budget for the biennium 2002-2003 for the African Region is projected to be US $439,612,000. Of this amount, US $186,472,000 will be from the regular budget and US $253,140,000 from extra-budgetary sources. The regular budget shows an increase of US $9,650,000. This is in accordance with resolution WHA51.31 passed by the World Health Assembly in May 1998 authorizing regional allocations to be based on the UNDP's human development index, with some modifications. The resolution further authorized that this method be used for 3 biennia with a maximum of 3% per bienium, commencing in 2000-2001.

However, for the 2002-2003 biennium, the Director General has decided to limit the shift from other regions for the biennium to 2% instead of the maximum of 3% provided for in the resolution. It will be recalled that the actual shift to the African Region in the current biennium came to US $19,409,000. The 2% increase (US$ 9 650 000) has been allocated to WHO global priority programmes.

Furthermore, at the regional level, these global priorities have benefited from a shift of 10% or US$6,453,000 from other programmes within the regional budget in accordance with the Director General's decision. Extra-budgetary funds are not confirmed. However, the amount of US $253,140,000 is based on actual results for 1998-1999 and the latest projections for 2000-2001.

This proposed programme budget has been prepared with the assumption that the Regional Office will operate from Brazzaville during 2002-2003. Consequently, there will be need for additional regular budget funds of US $15 million (for the full biennium) to cover the cost of installation of staff, and some additional expenses related to the commencement of operations there.

PROJECTED PROGRAMME BUDGET FOR THE AFRICAN REGION

Table 1: Summary Budget by Appropriation Section

Apprpriation		Total			Regular			Other Sources		
No.	Description	2000-2001	2002-2003	Increase (Decrease)	2000-2001	2002-2003	Increase (Decrease)	2000-2001	2002-2003	Increase (Decrease)
01	Communicable Diseases	102,699,000	110,178,000	7,479,000	5,199,000	5,678,000	479,000	97,500,000	104,500,000	7,000,000
02	Noncommunicable Diseases	2,410,000	5,158,000	2,748,000	1,910,000	3,158,000	1,248,000	500,000	2,000,000	1,500,000
03	Family and Community Health	43,084,000	47,548,000	4,464,000	6,527,000	8,864,000	2,337,000	36,557,000	38,684,000	2,127,000
04	Sustainable Development and Healthy Environment	5,705,000	5,261,000	(444,000)	5,460,000	4,993,000	(467,000)	245,000	268,000	23,000
05	Social Change and Mental Health	1,827,000	2,568,000	741,000	1,827,000	2,068,000	241,000	-	500,000	500,000
06	Health Technology and Pharmaceuticals	103,562,000	95,480,000	(8,082,000)	2,562,000	3,648,000	1,086,000	101,000,000	91,832,000	(9,168,000)
07	Evidence and Information for Policy	13,114,000	13,728,000	614,000	13,114,000	13,460,000	346,000	-	268,000	268,000
08	External Relations and Governing Bodies	5,854,000	5,441,000	(413,000)	4,650,000	3,979,000	(671,000)	1,204,000	1,462,000	258,000
09	General Management	26,918,000	31,545,000	4,627,000	21,374,000	19,377,000	(1,997,000)	5,544,000	12,168,000	6,624,000
10	Director-General, Regional Directors and Independent Functions	1,903,000	1,714,000	(189,000)	1,903,000	1,714,000	(189,000)	-	-	-
Total RO/ICP		**307,076,000**	**318,621,000**	**11,545,000**	**64,526,000**	**66,939,000**	**2,413,000**	**242,550,000**	**251,682,000**	**9,132,000**
11	Country Offices	113,754,000	120,991,000	7,237,000	112,296,000	119,533,000	7,237,000	1,458,000	1,458,000	-
Grand Total		**420,830,000**	**439,612,000**	**18,782,000**	**176,822,000**	**186,472,000**	**9,650,000**	**244,008,000**	**253,140,000**	**9,132,000**

PROJECTED PROGRAMME BUDGET FOR THE AFRICAN REGION

Table 2: Summary budget by Area of Work

Apprpriation		Total		Regular		Other Sources	
No.	Description	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
01.1	Communicable disease surveillance	5,728,000	4,795,000	1,728,000	1,795,000	4,000,000	3,000,000
01.2	Communicable disease prevention eradication and control	65,493,000	66,141,000	1,493,000	1,141,000	64,000,000	65,000,000
01.3	Research and Product Development for Communicable Diseases	422,000	380,000	422,000	380,000	-	-
01.4	Malaria	29,979,000	35,881,000	979,000	1,381,000	29,000,000	34,500,000
01.5	Tuberculosis	1,077,000	2,981,000	577,000	981,000	500,000	2,000,000
02.1	Integrated approach to surveillance, prevention and management of Noncommunicable diseases	1,810,000	3,457,000	1,810,000	2,457,000	-	1,000,000
02.2	Tobacco	600,000	1,701,000	100,000	701,000	500,000	1,000,000
03.1	Child and adolescent health	8,855,000	8,221,000	1,355,000	1,221,000	7,500,000	7,000,000
03.2	Research and Product Development for Reproductive Health	3,908,000	3,350,000	1,851,000	1,666,000	2,057,000	1,684,000
03.3	Making Preganacy Safer	-	2,098,000	-	2,098,000	-	-
03.4	Women's Health	982,000	862,000	982,000	862,000	-	-
03.5	HIV/AIDS	29,339,000	33,017,000	2,339,000	3,017,000	27,000,000	30,000,000
04.1	Sustainable development	1,313,000	1,450,000	1,313,000	1,182,000	-	268,000
04.2	Nutrition	1,025,000	682,000	780,000	682,000	245,000	-
04.3	Health and environment	2,505,000	2,254,000	2,505,000	2,254,000	-	-
04.4	Food Safety	56,000	150,000	56,000	150,000	-	-

PROJECTED PROGRAMME BUDGET FOR THE AFRICAN REGION

Table 2: Summary budget by Area of Work

Apprpriation		Total		Regular		Other Sources	
No.	Description	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
04.5	Emergency preparedness and response	806,000	725,000	806,000	725,000	-	-
05.1	Health Promotion	432,000	442,000	432,000	442,000	-	-
05.2	Disability/Injury Prevention and Rehabilitation	306,000	275,000	306,000	275,000	-	-
05.3	Mental Health and substance abuse	1,089,000	1,851,000	1,089,000	1,351,000	-	500,000
06.1	Essential medicines: Access quality and rational use	1,170,000	1,359,000	1,170,000	1,359,000	-	-
06.2	Immunisation and Vaccine Development	101,492,000	92,247,000	492,000	415,000	101,000,000	91,832,000
06.3	Blood Safety and Clinical Technology	900,000	1,874,000	900,000	1,874,000	-	-
07.1	Evidence for Health Policy	1,536,000	1,505,000	1,536,000	1,505,000	-	-
07.2	Health Information Management and Dissemination	4,143,000	3,727,000	4,143,000	3,727,000	-	-
07.3	Research policy and promotion	857,000	716,000	857,000	716,000		
07.4	Organization of Health Services	6,578,000	7,780,000	6,578,000	7,512,000	-	268,000
08.1	Governing Bodies	1,527,000	1,374,000	1,527,000	1,374,000		
08.2	Resource Mobilization and external cooperation and partnerships	4,327,000	4,067,000	3,123,000	2,605,000	1,204,000	1,462,000
09.1	Budget and Management Reform	467,000	557,000	467,000	557,000	-	-
09.2	Human Resources Development	3,176,000	4,133,000	2,713,000	2,442,000	463,000	1,691,000
09.3	Financial management	5,149,000	6,741,000	4,000,000	3,600,000	1,149,000	3,141,000
09.4	Informatics and Infrastructure Services	18,126,000	20,114,000	14,194,000	12,778,000	3,932,000	7,336,000

PROJECTED PROGRAMME BUDGET FOR THE AFRICAN REGION

Table 2: Summary budget by Area of Work

Apprpriation		Total		Regular		Other Sources	
No.	Description	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
10.1	Director-General's and Regional Director's Offices (including Audit, Oversight and Legal)	1,205,000	1,084,000	1,205,000	1,084,000	.	.
10.2	Director-General's and Regional Directors' Development programme and initiatives	698,000	630,000	698,000	630,000	.	.
Total RO/ICP		**307,076,000**	**318,621,000**	**64,526,000**	**66,939,000**	**242,550,000**	**251,682,000**
11	Country Offices	113,754,000	120,991,000	112,296,000	119,533,000	1,458,000	1,458,000
Grand Total		**420,830,000**	**439,612,000**	**176,822,000**	**186,472,000**	**244,008,000**	**253,140,000**

AREAS OF WORK AT THE REGIONAL OFFICE LEVEL

1. DIRECTOR-GENERAL'S AND REGIONAL DIRECTOR'S DEVELOPMENT PROGRAMMES

1.1 Director-General's and Regional Director's Offices (including Audit, Oversight and Legal) (10.1)

Situation analysis

The Regional Director continues to provide leadership in the implementation of the resolutions and priorities of the governing bodies and in guiding and managing the Regional Office and offices of WHO representatives at the country level.

Broad strategy

The main objective remains the eradication or control of diseases in the African Region and the enhancement of the well being of the people in the Region.

Proposed budget

Regular budget US$ 1 205 000. Other sources: US$ 0. Total: US$ 1 205 000.

1.2 Director-General's and Regional Director's Development Programme and Initiatives (Code 10.2)

Situation analysis

The Regional Director has in his disposal funds that can be used for development health activities in the countries.

The development Funds of the Regional Director serve as a contingency fund to respond to unforeseen needs and provide seed money for new initiatives.

Broad strategy

It is customary for the Regional Director during his visits to the countries to award small grants to projects that have demonstrated commitment of health self-help activities.

According to the resolution WHA52.20, a full account will be provided of the detailed use of the Development Programmes in the financial report of 2002-2003

Proposed budget

Regular budget: US$ 630,000. Other sources: US$ 0. Total: 630,000.

2. GENERAL PROGRAMME DEVELOPMENT AND MANAGEMENT

Successful implementation of the Programme Budget 2002-2003 will depend on effective orientation, coordination and support for the management of WHO programmes in the Region and on the optimal utilization of available resources. General Programme Development and Management comprises the six areas of work that follow.

2.1 Emergency Preparedness and Response (EHA, Code 04.5.01)

Situation analysis

Member States of the WHO African Region remain vulnerable to natural and man-made disasters. Armed conflicts and the rising tide of natural disasters (floods, drought, etc.) and industrial accidents are major public health concerns because of the resulting suffering, morbidity, mortality and destruction of health systems. Fortunately, advocacy for emergency preparedness and response in the area of natural and man-made disasters has become a reality thanks to various initiatives taken by organizations such as the OAU and SADC. Countries have embarked on national and international consultations in order to enlist the active participation of all sectors in disaster management. In line with the regional emergency and humanitarian action strategy, WHO has assumed a leadership role in the health aspects of disaster management. Disaster prevention, preparedness and mitigation are addressed with Member States and partners, and national capacity for the reduction of the health impact of disasters is increasingly being built.

In the area of emergency preparedness, at least 34 countries are formulating emergency health plans for the biennium 2000-2001 using the framework for implementation of the emergency preparedness and response programme at country level. Focal points for emergency preparedness and response have been designated or appointed within ministries of health in 30 countries. These focal points are supported by WHO country offices.

In the area of humanitarian assistance, WHO provides support in carrying out rapid assessments of the health situation and in preparing emergency programmes in affected countries. WHO response is coordinated at three levels: the country, the Regional Office and headquarters. Interventions are aimed at re-establishing essential functions of the health system.

Broad strategy

The emergency and humanitarian action strategy for the biennium 2002-2003 will be aimed at building strong community-based health programmes as a means of reducing vulnerability to disasters. It will be backed by committed national, subregional, regional and international partnerships. Promotion of health emergency preparedness will continue and integrated response linking emergency mitigation to long-term development will be strengthened.

The expected results are as follows:

(a) WHO leadership for health sector preparedness and response;
(b) Country support in order to address health priorities for populations at risk or affected by disasters;
(c) Enhancement of the capacity of Member States and health partners to prepare for and respond to emergencies;

Proposed budget

Regular budget: US$ 725,000. Other sources: US$ 0. Total: US$ 725,000.

2.2 Evidence for Health Policy (GPE, Code 07.1.01)

Situation analysis

The health sector of most of the countries in Africa are faced with the following problems: weak capacity in the planning, implementation, monitoring and evaluation of national health policies; limited national health budgets; the high cost of health care which is eroding health sector reform benefits; the limited capacity of health systems to meet user expectations, especially with regard to quality of care; non-availability of evidence to guide efforts at ensuring efficiency in health facilities; and poor remuneration and conditions of work, which result in low performance.

Some of the achievements made in the Region are strengthening of national health information systems and production of national health profiles, national health accounts and annual statistical reports. However, the capacity of Member States to generate and utilize evidence for health policy to guide their decisions is still limited. With growing awareness of the need to base policy and managerial decisions on evidence, there is increasing demand for research on epidemiology and health economics. WHO will therefore continue to produce the World Health Report, drawing on the contributions of the regional offices.

Even so, making evidence available to policy-makers and health care managers to enable them to address health problems and getting health policy-makers and health care managers take account of the available evidence for decision-making are the challenges facing the GPE Area of Work at the regional level.

Broad strategy

The strategy will be to work with GPE/HQ, Regional Office divisions and WHO country offices to gather the necessary information for strengthening national health information systems and national capacity in epidemiology and health economics analyses and to mobilize resources to facilitate the achievement of the following expected results:

(a) Regional Health Report, with inputs from country health profiles, produced and disseminated;
(b) Country reports on national summary measures of population health[1] produced and disseminated;
(c) More vital statistics registration systems operational in the countries;
(d) Nationals of countries trained in economic evaluation, health facility efficiency analysis, economic viability analysis and summary measures of population health, so as to generate relevant evidence for health policy at country level;
(e) Reports on the cost-effectiveness of interventions related to regional and country priority areas produced and disseminated;
(f) Reports on the economic impact of priority diseases produced and disseminated;
(g) Reports of studies on the efficiency of public health facilities produced and disseminated;
(h) Meta-analysis of relevant findings of studies produced and disseminated to policy makers;
(i) Regional Office Website with links to country offices fully functional.

Proposed budget

Regular budget: US$ 1,505,000. Other sources: US$ 0. Total: US$ 1,505,000.

[1]Summary measures of population health are measures that combine information on mortality and non-fatal health outcomes to represent population health in a single number.

2.3 Research Policy and Promotion (RPC, Code 07.3.01)

Situation analysis

Health research plays a pivotal role in the production of reliable information that can orient the decision-making process with a view to enhancing the effectiveness and efficiency of health care delivery and financing in Member States. Adequate institutional capacity for research is therefore a prerequisite for improving the health status of the people. Although some efforts have been made to build or strengthen capacity in countries of the Region, institutional capacity for health research remains generally weak.

The problem of weak capacity is compounded by lack of well articulated national health research policies and priorities in Member States and by the inadequate use of research results in policy formulation and programme development. The scope of health policy research is limited, resulting in a weak link between policy and the evidence base.

Furthermore, most of the health research undertaken in the Region is externally funded and the potential of the private sector as a source of funding is generally untapped. Although there is a definite need for external and private sector funding for research, it is necessary to ensure that such funding is directed towards meeting national research needs.

The major challenge for the Regional Office will be to stimulate and coordinate research activities across technical areas of work such as Research and Product Development for Communicable Diseases (CRD), Research and Product Development for Reproductive Health (RHR), Health Information Management and Dissemination (IMD) and Evidence for Health Policy (GPE).

Broad strategy

The strategy is to link the development of research in the areas of disease prevention and control, reproductive health, health systems strengthening and policy development with implementation of the regional strategic health research plan. The expected results are as follows:

(a) Provision of support and advice on national research policy, resulting in national decision-making on research priorities;

(b) Creation of an enabling environment for health research in Member States, including the establishment of national health research management mechanisms, linking of researchers in universities and medical research institutions with policy-makers and communities, dissemination of research findings, promotion and advocacy, networking, etc.;

(c) Provision of support for the development of research projects in regional priority areas;

(d) WHO collaborating centres, other centres of excellence (including universities and national medical research institutes) and national and regional research networks will increasingly conduct research on national and regional priority research themes;

(e) Implementation of a regional database on research institutions, experts and research projects.

Proposed budget

Regular budget: US$ 716,000. Other sources: US$ 0. Total: US$ 716,000.

2.4 Governing Bodies (GBS, Code 08.1.01)

Situation analysis

The active participation of Member States of the African Region in debates on policies and strategies is commendable but can be further improved.

Efforts have been made to improve the capacity of the Programme Subcommittee to deal with both technical and managerial issues, thereby ensuring that the Regional Committee performs its functions more effectively. There has also been a marked improvement in the dissemination of information and documentation on the work of the Governing Bodies and in enlisting the full involvement of Member States.

Some success has been achieved in correlating the work of the global governing bodies by sychronizing, as much as possible, the agendas of the Executive Board, the World Health Assembly and the Regional Committee for Africa.

Broad strategy

The strategy for the period 2002-2003 is to further enhance the capacity of Member States to contribute effectively to the work of the Governing Bodies. Emphasis will be placed on the follow-up of Regional Committee resolutions and efforts will be made to avoid repeating the agenda items to be discussed in Regional Committee Sessions. Efforts will also be made to ensure that the Regional Committee focuses more attention on priority health matters and is more involved in the planning, monitoring and evaluation of the WHO regional programme.

The major expected results for this biennium are as follows:

(a) Increased preparedness of delegations from the African Region for effective participation in all the meetings of the Governing Bodies;

(b) Greater synchronization of the agendas of the Executive Board, the World Health Assembly and the Regional Committee for Africa;

(c) Enhanced performance of Regional Committee sessions and the corresponding Programme Sub-committee meetings;

(d) Greater increase in the input of African delegations and the Regional Office to the work of the Executive Board and the World Health Assembly;

(e) Improved relevance and correlation of the work of the Regional Office to reflect the policies and needs of Member States;

(f) Improved preparation, presentation and timely dispatch of documents for Programme Subcommittee and Regional Committee meetings.

Proposed budget

Regular Budget: US$ 1,374,000. Other Sources: US$ 0. Total: US$ 1,374,000.

2.5 Resource Mobilization and External Cooperation and Partnership (REC, Code 08.2.01)

Situation analysis

Significant progress has been made in recent years in improving the work of the Regional Office with and in countries. Much was also achieved in the delegation of authority for the management of human and financial resources, and the training of WHO representatives and country teams.

With the zero-growth nominal budget of the past decade, the Regional Office has relied increasingly on extra-budgetary resources. Extrabudgetary funds mobilized and utilized rose from US $33 million in 1994-1995 to US$180 million in 1998-1999 thanks to improved partnership and mobilization efforts.

Subregional capacity-building workshops for media practitioners have improved the quality and dissemination of health information. However, there is still a need to improve the capacity of existing public information structures to respond to this need.

Broad strategy

The capacity of country offices to respond better to country needs will be strengthened and appropriate mechanisms for WHO's work at country level established.

Resource mobilization capacity will be strengthened through improved negotiation skills, monitoring mechanisms, partnerships and intersectoral collaboration.

Production of quality health information will be expanded and access by the media to such sources of information improved. Media capacity to gather and disseminate health information will be strengthened and networking expanded. The expected results are as follows:

(a) WHO's country presence adapted to country needs;

(b) Improved leadership and management skills of WHO representatives and their teams;

(c) Support to country offices strengthened through Regional Programme Meetings and better follow-up of requests;

(d) Expanded partnerships for health development both at regional and country levels;

(e) Strengthened resource mobilization capacity at regional and country levels;

(f) Improved capacity of the media and information networks to produce and disseminate relevant health information;

(g) Higher quality of health information materials produced.

Proposed budget

Regular budget: US$ 2,605,000. Other sources: US$ 1,462,000. Total: US$ 4,067,000.

2.6 Budget and Management Reform (BMR, Code 09.1.01)

Situation analysis

There were significant achievements in the last biennium in the planning, monitoring and evaluation process. This led to marked improvement in the management of Regional Office programmes as reflected in the Regional Director's biennial report for 1998-1999. Eighty per cent of expected results on average were achieved during the 1998-1999 biennium. The expected results of the countries and Regional Office divisions were fully or partially achieved. Also, the budget implementation rate at both country and Regional Office levels was about 80%. The challenges facing WHO are to consolidate those achievements in the context of its limited resources in the Region and to address the following issues:

(a) Improvement of coordination in the planning process across all levels of the Organization, including continuity to offset the effects of staff mobility;

(b) Matching the WHO Corporate Strategy with national health policies and priorities;

(c) Strengthening WHO capacities for planning, programming and evaluation;

(d) Streamlining WHO technical support and making a difference in its action at country level.

Broad strategy

The priority of this Area of Work is to ensure more efficient and effective development and management of WHO regional programmes. The broad strategy will consist in improving the regional managerial process, with special focus on planning, programming, monitoring and evaluation, by (a) providing norms and standards and ensuring technical co-operation between WHO divisions and the countries; and (b) supporting the implementation of regional programmes and national policy. The following are the specific expected results and products:

(a) Consolidated regional Programme Budget documents for 2002-2003;

(b) Updated planning, monitoring and evaluation guidelines;

(c) Monitoring and evaluation indicators;

(d) Plan of Action for 2004-2005;

(e) Consolidated 2002-2003 bi-annual monitoring and mid-term review reports

(f) Consolidated evaluation report for the 2002-2003 biennium;

(g) Guidelines for the 2004-2005 Programme Budget.

Proposed budget

Regular budget: US$ 557,000. Other Sources: US$ 0. Total: US$ 557,000.

3. DIVISION OF PREVENTION AND CONTROL OF COMMUNICABLEDISEASES

This Division covers seven Areas of Work.

3.1 Communicable Disease Surveillance (CSR, Code 01.1.01)

Situation analysis

Communicable diseases are most prevalent in the African Region. The commonest ones are diarrhoeal diseases, HIV/AIDS, acute respiratory infections, malaria, tuberculosis and epidemic-prone diseases. Various factors, among which are deterioration of the environment and existing health systems, have stimulated the re-emergence of diseases which had already come under effective control. Existing national communicable disease surveillance systems often fail to provide information for the prompt detection of epidemics and for monitoring trends and assessing the impact of preventive and control interventions.

In agreement with Member States, the Regional Office has established epidemiological blocks based on geographical proximity and similarities in disease pattern. Intercountry teams based in the blocks provide technical support to Member States for strengthening disease surveillance, formulating epidemic preparedness and response plans and responding to major epidemics. The *Integrated Disease Surveillance Strategy* contained in document AFR/RC48/8 provides a basis for strengthening communicable disease surveillance and response.

Broad strategy

Support will be provided to Member States to strengthen their capacity to improve communicable disease surveillance and response. The results expected at the regional level are as follows:

(a) Regional integrated communicable disease surveillance strategy implemented in all Member States;

(b) National laboratory capacity strengthened;

(c) Laboratory networks established for confirmation and for characterization of pathogens, and for monitoring anti-microbial susceptibility;

(d) Effective communication system established for timely sharing of epidemiological information;

(e) A comprehensive database on priority communicable diseases established and maintained at the Regional Office and in all countries;

(f) An operational technical team maintained in all epidemiological blocks;

(g) National epidemic preparedness and response plans formulated and implemented in all countries.

Proposed budget

Regular budget: US$ 1,795,000. Other sources: US$ 3,000,000 Total: US$ 4,795,000

3.2 Communicable Diseases Prevention, Eradication and Control (CPC, Code 01.2.01)

Situation analysis

Communicable diseases remain some of the most important threats to, and take a heavy toll on, the health of the African people. The target diseases in this area of intervention are dracunculiaisis (to be eradicated), leprosy, onchocerciasis and lymphatic filariasis (to be eliminated), Buruli ulcer, schistosomiasis, trypanosomiasis, leishmaniosis and intestinal parasitosis. Very little documentation exists on the magnitude, distribution and socio-economic consequences of these diseases, excepting dracunculiasis, onchocerciasis and leprosy. Consequently and due to lack of resources, the control of these diseases, excepting dracunculiaisis, leprosy and onchocerciasis, has not been significant in countries of the African Region. Yet, there are efficacious medicines for combating these diseases. Regarding the diseases not yet targeted, the 2000-2001 Programme Budget has prioritized the strengthening of capacities in the area of situation analysis, development of plans of action, case management and surveillance.

The development of new broad partnerships offers us an opportunity to make significant progress in the control of the diseases. The partnerships involve the private sector (the pharmaceuticals industry and NGOs), international development organizations and the states, particularly the communities affected or at risk.

Broad strategy

Countries of the Region will receive sustained support to strengthen their capacities, especially through the expansion, creation or utilization of community-based structures for the effective control of the target diseases and the creation of conditions for reducing the adverse impact of the diseases. The expected results are as follows:

(a) Leprosy and dracunculiasis virtually eliminated in the African Region;

(b) Strategies (particularly community-based strategies) aimed at surveillance and control of the target diseases implemented.

Proposed budget

Regular budget: US$ 1,141,000. Other Sources: US$ 65,000,000. Total: US$ 66,141,000

3.3 Research and Product Development for Communicable Diseases (CRD, Code 01.3.01)

Situation analysis

Some progress has been made by the African Region in the last 25 years to rapidly build capacity for research and programme implementation, this mainly in parasitic diseases such as malaria, schistosomiasis and guinea worm. For the period 2000-2001, plans of action have emphasized capacity building for operational research. The collaboration with the Multilateral Initiative on Malaria (MIM) to strengthen research capacity in malaria is already bearing fruit in some countries. In addition, a focal person for research and product development has been identified within the Division of Prevention and Control of Communicable Diseases to facilitate interventions in this Area of Work. However, more still requires to be done as the capacity to carry out research remains weak in most countries. The burden of communicable diseases such as malaria, HIV/AIDS and tuberculosis is great, and causes untold losses of human and financial resources. Rising drug resistance and the weak capacity to assess it have created a situation where mortality and morbidity from communicable diseases remain unacceptably high. Investment in the development of new drugs and vaccines and in technologies to treat or prevent prevalent

communicable diseases in the Region remains grossly inadequate. The challenge therefore is to investigate new ways of using proven technologies and identify areas where traditional remedies could be adapted for use within current health structures.

Broad strategy

The strategy aims to contribute to the strengthening of research capability in the countries of the Region in order to create a research culture that responds to the needs of communicable disease control programmes and that promotes the use of traditional medicines, drugs and technologies for the control of communicable diseases. The expected results are as follows:

(a) Contribution to the strengthening of research and product development capability within countries;

(b) Action to convert research results into better coordinated action to reduce the burden of communicable diseases;

(c) Support to countries to develop new ways of utilizing current and new drugs, traditional medicines and technologies in disease prevention and control;

(d) Dissemination of research results in order to improve the implementation of communicable disease control programmes;

(e) Strengthened collaboration with industry in order to produce active compounds that may lead to the development of new drugs.

Proposed budget

Regular budget: US$ 380 000. Other sources: US$ 0. Total: US$ 380 000.

3.4 Malaria (MAL, Code 01.4.01)

Situation analysis

Malaria remains a disease of major public health concern in the WHO African Region where about 74% of the population live in highly endemic zones, 18% in epidemic-prone zones and only 7% in malaria-free or very low risk areas. Ninety per cent of the malaria cases and deaths worldwide occur in the African Region.

The regional strategy for malaria control was developed in 1991. In 1997 the OAU Heads of State and Government adopted the *Harare Declaration on Malaria Prevention* calling on Member States to intensify the fight against malaria. In July 1998 Roll Back Malaria (RBM) was launched as a global social movement. RBM in the African Region is therefore built on the foundations of the accelerated implementation of malaria control programmes in the Region from 1997 to 1998 and is a continuation of the African Initiative for Malaria Control in the 21st century (AIM) which was developed in April 1998.

Some of the challenges to malaria control in Africa are the increasing *Plasmodium falciparum* resistance to the commonly-used antimalarial drugs, against the background of a rural population that can hardly afford antimalarials; environmental change with increasing malaria epidemics; inadequate coverage of current control interventions which mainly target children and pregnant women; and lack of human, material and financial resources. Previous efforts to control the disease have been fragmented and lacked coordination at all levels. Malaria has a negative impact not only on health status but also on development. It slows down economic growth and human development. At the micro level, malaria contributes to poverty through its direct negative impact on households, while at the macro level, it diverts

a large share of public sector funds. An understanding of the economic implications of malaria is crucial as it will make malaria more attractive as an area of investment and enhance the efficient allocation of scarce resources among competing strategies.

Broad strategy

Roll Back Malaria in the African Region will emphasize the technical aspects as well as the building of partnerships at all levels. It will also emphasize fund-raising. Roll Bank Malaria will be implemented, will be multi-sectorally, and will involve governments, NGOs, the private sector, research institutions and, more importantly, families and communities. RBM will contribute to fund-raising and also benefit from the strengthening of health systems. Capacity building at all levels, with emphasis on the technical and managerial aspects, will be one of the ways in which RBM can contribute to the development of health systems. In addition, RBM should help improve services and quality of care, and address equity issues in its development and implementation. The expected results are as follows:

(a) Case management and prevention (including environmental aspects) and epidemics forecasting and control improved in countries of the Region;

(b) Mechanisms for promoting, managing and coordinating partnerships for malaria control activities established in endemic countries of the Region;

(c) Systems for early warning and early detection of malaria epidemics set up in the Sahel countries and improved in southern and East Africa;

(d) Database on malaria morbidity and mortality established at country and regional levels;

(e) National database on operational research on, and the economic analysis of, malaria accessible for use by countries;

(f) Framework for RBM implementation in the African Region made available to countries.

Proposed budget

Regular budget: US$ 1,381,000. Other sources: US$ 34,500,000. Total: US$ 35,881,000.

3.5 Tuberculosis (TUB Code 01.05.01)

Situation analysis

The regional Tuberculosis Control Programme was revived in the early 1990s to address the rapidly growing tuberculosis epidemic in the Region. A revised strategic plan for tuberculosis control was developed based on the DOTS strategy (Directly Observed Treatment Shortcourse). A five-year (1996–2000) regional strategic plan was developed in the mid-1990s. In this plan the Member States were grouped into four categories, based on the extent of DOTS coverage of their populations at risk. By the end of 1998, about 75% of the countries had begun implementing DOTS, but the treatment success rates were not very encouraging. For instance, the cure rate averaged 65% compared to a target of 85%. Furthermore, the sero-prevalence rate of HIV infection, the main driving force behind the recent upsurge in the incidence of tuberculosis, especially in the southern & eastern African subregions, has been increasing steadily. Multi-drug resistant tuberculosis, though generally low in the Region, is another slowly emerging challenge that needs close attention.

Among the constraints identified were low political commitment in several countries, poor accessibility of tuberculosis diagnostic and treatment facilities, including drugs, to the majority of the population in need. In the coming biennium, the Regional Office intends to support Member States to intensify their efforts to expand the coverage of DOTS.

Broad strategy

The overall goal is to support Member States to achieve a reduction in tuberculosis-related morbidity, mortality and transmission (including HIV-related tuberculosis). This will involve increasing advocacy and technical support to all Member States to expand their tuberculosis services, and intensifying advocacy activities by the Regional Office to mobilize the needed financial and material support to assist the countries. The expected results are as follows:

(a) DOTS coverage of Member States increased to at least 90%;

(b) Treatment success and case detection rates of the Member States increased by at least 50%;

(c) Human resource capacity in both technical and managerial aspects of the programme strengthened in the countries, sub-regions and the Regional Office;

(d) A comprehensive system for monitoring and evaluating the tuberculosis epidemic (including the impact of HIV/AIDS in the Region) made available;

(e) Support to countries to develop and implement plans of action aimed at controlling the dual epidemic of tuberculosis and HIV/AIDS;

(f) Support for the implementation of the "Stop Tuberculosis" initiative.

Proposed budget

Regular budget: US$ 981,000. Other sources: US$2,000,000. US$ 2,981,000

3.6 HIV/AIDS (HIV, Code 03.5.01)

Situation analysis

HIV continues to spread rapidly throughout the African Region. Prevalence among adults is above 10% in 15 countries and exceeds 20% in 8 central and southern African countries. HIV prevalence among adults ranges between 2% and 6% in most West African countries, although some of the more populous countries have higher rates. Approximately 1 million children below 5 years of age were HIV-positive in 1999, due to transmission from their mothers during pregnancy, labour and breast-feeding. Poverty, migration, risky sexual behaviours, and conflict-related population dislocations are some of the factors that have contributed to the epidemic.

Some countries have succeeded in containing or slowing down the spread of HIV through commitment at the highest political level, targeting of core transmission groups for prevention interventions, broad mobilization of religious and community leaders and support for community initiatives.

However, most national AIDS control programmes have faced the challenge of leading the health sector's action while mobilizing and supporting other sectors' responses to HIV/AIDS. The vertical national AIDS control programmes established in the late 1980's have not been converted to sustainable integrated programmes. This has resulted in low implementation capacity. International and national resources for HIV/AIDS have not increased as the epidemic has worsened. Access to key services for prevention and care remains poor. Anti-retroviral drugs are unaffordable for most countries. Interventions for the prevention of mother-to-child transmission have been initiated on a limited scale.

Broad strategy

WHO will support multisectoral national responses within the UNAIDS framework, in collaboration with other partners. Emphasis will be placed on advocacy and resource mobilization at international and country levels. Support will be provided for governments in their roles of partnership development, coordination, service delivery and monitoring. Networks of regional and national experts will be mobilized to provide technical support to country activities and guidelines and tools will be developed or updated for adaptation at country level. Partnerships with the private sector and regional and sub-regional development organizations will be pursued to widen the resource base. Mobilization of communities and support for local responses will be emphasized.

The strategic focus of the Regional Office will be on key interventions for prevention and care through integration, decentralization and partnerships. Evidence-based and cost-effective interventions will include the following: ensuring blood safety through screening and the rational use of blood products; prevention and treatment of sexually-transmitted infections; information, life-skills development and access to health services for adolescents; voluntary counselling and testing; prevention of mother-to-child transmission; provision of a continuum of care from home to health facility for the treatment of tuberculosis and other opportunistic infections. The expected results are as follows:

(a) Development of health components of national strategic plans, and implementation of key interventions;

(b) Enhanced capacity of the health sector and its partners to plan, implement and evaluate prevention and care interventions in countries;

(c) Strengthened partnerships among governments, NGOs, HIV/AIDS patients, the private sector and international partners for prevention and care;

(d) Wide dissemination and use of cost-effective tools for surveillance, research, monitoring and evaluation;

(e) Increased access to effective prophylaxis and care for opportunistic infections;

(f) Development and implementation of strategies at regional and national levels for improving access to antiretroviral drugs.

Proposed budget

Regular budget: US$ 3,017,000. Other sources: US$ 30,000,000. Total: US$ 33,017,000.

3.7 Immunization and Vaccines Development (IVD, Code 06.2.01)

Situation analysis

In the African Region, immunization has contributed to saving 2 million infants every year from childhood deaths and disabilities from vaccine-preventable diseases. Significant progress was made towards eventual polio eradication by the end of 1999. Whilst most countries in the Region have had high to excellent coverage during National Immunization Days (NIDs), wild poliovirus continues to circulate, primarily in West and central Africa. The achievement of the Expanded Programme on Immunization (EPI) initiative has been largely due to high-level political commitment, social mobilization at all levels and a fairly good level of funding. The efforts of Governments and partners to support EPI and its disease control and eradication goals have been remarkable while coordination of activities has been through the inter-agency coordination committees at country (ICC) and regional levels respectively.

Nevertheless, vaccine preventable diseases still constitute major causes of infant and childhood mortality and disability in the African Region. With 445,000 annual measles-related deaths in Africa, measles remains one of the leading causes of preventable public health problems in the Region. Neonatal tetanus (NNT) remains an important public health problem, being responsible for 10% to 30% of all infant deaths in many countries. The regional NNT mortality rate is estimated at 5 to 10 per 1,000 live births resulting in 110,000 deaths annually. Yellow fever has re-emerged as a major public health concern in Africa, with thirty-four countries at risk and about 30,000 deaths annually. Poor performance has been attributed to low immunization coverage (<20%) of the population at risk, delays in outbreak detection, poor laboratory confirmation and limited emergency preparedness, including lack of emergency vaccine supplies. The reasons for the low or stagnating routine EPI coverage include civil unrest, wars and political instability in many African countries; faulty decentralization and poor implementation of health sector reform, resulting in disrupted logistics, planning, and financial mechanisms; and declining quality standards in the management of EPI.

Africa has the highest prevalence of vitamin A deficiency in the world. Vitamin A was given to children during NIDs in 34 countries during 1996-1999. In the African Region, the disease burden of Hepatitis B has been well established, as well as the high to very high (2%-8%) chronic carrier rate. Hepatitis B vaccination has only been included in routine EPI programmes of a few countries. The reasons for this include high vaccine cost, weak infrastructure of country programmes to take on new vaccines, low financing priority among donors, and inadequate appreciation of the risk of disease or the benefit of vaccination.

Broad strategy

To reach programme objectives, strategies will aim to strengthen partnerships and coordination at country level, drawing on the five-year strategic plan which contains the following objectives: continuing advocacy and social mobilization at all levels; maintaining basic skills in EPI through the systematic training of national EPI staff; improving cold chain equipment supply and training; implementing recommended injection safety policies and disease surveillance, including recourse to the laboratory for confirmation. The expected results are as follows:

(a) Preparation of five-year strategic plans by all countries to address the three main programme components (immunization system strengthening, accelerated disease control and innovations);

(b) Existence of inter-agency coordination committees chaired by high-level officers from the ministry of health and responsible for reviewing EPI plans and monitoring their implementation;

(c) Maintaining acute flaccid paralysis surveillance at certification standards in all countries;

(d) Achieving and maintaining a 90% reduction in measles mortality in central and West Africa and measles elimination in East and southern Africa;

(e) Introduction of yellow fever vaccine into routine EPI in more countries and prevention of outbreaks in the endemic countries;

(f) Introduction of the Hepatitis B vaccine in 20 countries and of Haemophilus Influenzae type B vaccine in countries within the context of GAVI initiative.

Proposed budget

Regular budget: US$ 415,000. Other sources: US$ 91,832,000. Total: US$ 92,247,000.

4 DIVISION OF PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

The Division covers seven areas of work.

4.1 Integrated Approach to Surveillance Prevention and Management of Noncommunicable Diseases (NCD, Code 02.1.01)

Situation analysis

In the African Region, noncommunicable diseases (NCDs) vary in magnitude from country to country. However, there is a rapid epidemiological transition of NCDs, making them a serious disease burden. Hypertension which is the most frequent and important risk factor for cardiovascular disease affects some 20 million people, whilst the prevalence of diabetes is between 1% and 5% and increasing. It is estimated that infectious agents cause 40% and 29% of cancers affecting men and women respectively. Many NCDs that pose public health problems have in common many risk factors such as tobacco consumption, obesity, high alcohol consumption, physical inactivity and environmental pollution and are amenable to preventive actions. Primary prevention has not been given adequate emphasis and optimal treatment is not universally available or affordable. Staff require reorientation and training to enable them to manage noncommunicable diseases.

Broad strategy

The strategy aims at strengthening the capacity of Member States to draw up policies and implement programmes for the prevention and control of NCDs using comprehensive multisectoral approaches to address the broad determinants. The expected results by the end of 2003 are as follows:

(a) Enhanced awareness about NCDs and their determinants among policy makers, health professionals and the general public;

(b) Formulation and implementation of comprehensive national policies on NCDs based on recommendations of regional strategies;

(c) Core health staff trained in the surveillance, monitoring and evaluation of NCD activities;

(d) Early detection and case management interventions for NCD prevention and control developed and integrated within the primary health care;

(e) Support to countries and specialized institutions to carry out community surveys and research programmes on NCDs;

(f) Best practices documented and disseminated.

Proposed budget

Regular budget: US$ 2,457,000. Other sources: US$ 1,000,000. Total US$ 3,457,000.

4.2 Tobacco (TOB, Code 02.2.01)

Situation analysis

The African Region is witnessing a rapid increase in tobacco consumption, particularly among youths and women. This is because there is no comprehensive tobacco control legislation and no regulations in

most countries of the Region. Tobacco companies are intensifying their promotion strategies in the African Region in view of the heavy constraining pressures they are subjected to in the developed countries.

Some countries of the African Region are major tobacco producers in the world. Understandably, these countries are reluctant to embark upon comprehensive tobacco control, fearing that this may seriously affect their national economies. There is therefore a need to advocate viable alternatives for these countries to enable them to shift from the tobacco business to other viable lines of economic production.

Broad strategy

Non-smokers need to be protected and those smokers who wish to quit must be helped to do so. This will require a realistic evaluation of the population of smokers and the existing national capacity to successfully address the problem. The Tobacco-Free Initiative launched by the WHO Director-General in 1998 and the Framework Convention on Tobacco Control (FCTC) will provide an opportunity and a framework for achieving the stated goals.

The results expected by the end of 2003 are as follows:

(a) Improved baseline data and country profiles established;

(b) Comprehensive national policies drawn up;

(c) Activities towards comprehensive national legislation initiated;

(d) Support provided for the ratification of the Framework Convention and the adaptation of national legislation to the Convention;

(e) Support provided to the countries for counselling smokers and for promoting of quit-smoking programmes.

Proposed budget

Regular budget: US$ 701,000. Other sources: US$ 1,000,000. Total: US$1,701,000.

4.3 Nutrition (NUT Code 04.2.04)

Situation analysis

Nutrition deficiencies are the main nutrition problem in the African Region. Over 30% of under-five mortality is caused directly or indirectly by malnutrition. Iodine deficiency which affects all age groups in the endemic areas is the cause of many disorders including mental retardation. At the global level, Africa is probably the Region where vitamin A deficiency and iron deficiency anaemia are most widespread. Many immunization programmes in the Region now include vitamin A supplementation.

For years, the countries have thus embarked on the prevention, reduction and elimination of various forms of malnutrition by developing national policies and implementing national plans of action on nutrition. WHO, in collaboration with UNICEF and FAO in particular, provides support for the following: (i) promotion and protection of good practices in feeding the baby and the young child; (ii) micronutrient deficiency control; (iii) the management of nutrition problems during emergencies; (iv) monitoring and evaluation of the nutrition situation; (v) operational research.

The progress made in improving the nutritional status of the population varies from country to country and much remains to be done to consolidate achievements.

Broad strategy

There is a need to pursue and strengthen support to the countries in the aforementioned areas. The results expected in the year 2003 are as follows:

(a) Policies drawn up and national plans of action on nutrition strengthened in all the countries;

(b) The Baby-friendly Hospital initiative expanded and backed by the adoption of a national code of marketing of breastmilk substitutes;

(c) Widespread use of iodized salt as a long-term strategy for iodine deficiency control;

(d) National strategies for vitamin A deficiency control and iron deficiency control adopted and applied;

(e) Nutrition situation monitoring and evaluation systems established;

(f) Multidisciplinary teams trained in the management of nutrition problems during emergencies in countries at risk;

(g) National institutions given operational research support in order to solve nutrition problems.

Proposed budget

Regular budget: US$ 682,000. Other sources: US$ 0. Total: US$ 682,000.

4.4 Food Safety (FOS, Code 04.4.01)

Situation analysis

Food safety data from countries of the African Region are still scanty and do not faithfully reflect the actual reality. However, the high incidence and prevalence of diarrhoeal diseases among newborns and young children (up to 70% of diarrhoea cases result from the intake of contaminated foods) are an indication that the food hygiene situation is alarming. In addition to the illness and death that they cause, food-borne diarrheal diseases also cause malnutrition which seriously hampers the growth of babies and children and weakens their resistance to disease.

Although the inadequacy or lack of surveillance facilities in many of the countries hinders the assessment of the direct impact on health of chemical contamination, outbreaks of acute food poisoning are often reported in the Region.

The problem of the sale of foods in public places is particularly alarming given the low level of public hygiene, lack of relevant laws in this area and the limited facilities for controlling the quality of food, including imported foods. Over and above their major impact on health, food-borne diseases are putting a heavy social and economic burden on the countries of the Region.

Broad strategy

Food safety considerations will be built into the various health systems and programmes. The results expected by the end of 2003 are as follows:

(a) Surveillance of food-borne diseases integrated into national epidemiological surveillance systems;

(b) Measures implemented to ensure the safety of food sold in public places;

(c) Consumer education programmes on food hygiene developed and disseminated;

(d) Health workers and sanitary inspectors trained in food hygiene and food safety.

Proposed budget

Regular budge: US$ 150,000. Other sources: US$ 0. Total: 150,000

4.5 Health Promotion (HPR, Code 05.1.01)

Situation analysis

In the African Region, factors that are closely linked contribute to shifts and increases in the disease burden and prevent people from enjoying optimal health. The major determinants of health include poverty, low levels of education, misleading media messages conveyed especially through advertising and inadequacy of relevant services such as education.

Low literacy and poverty reduce access to available health services. Mass media messages that create false impressions of sophistication encourage unhealthy lifestyles. Environmental degradation, deforestation, floods, droughts as well as social and armed conflicts reduce the positive impact of health interventions. Many countries have established mechanisms for implementing health education as well as information, and education programmes. Implementation of the "settings approach" to health promotion has been supported in several countries with a focus on schools as a tool for improving health.

Broad strategy

The strategy will be to assist the countries to consolidate participatory and interactive health promotion approaches. This will involve improving health literacy, social policies and health-promoting actions. The "settings approach" to health promotion will be extended to the workplace and health facilities. The health promotion component of priority programmes in the Region will be strengthened.

The results expected by the end of 2003 are as follows:

(a) Enhanced technical capacity to plan, implement and evaluate comprehensive health promotion interventions;

(b) Improved capacity to collect, analyse, document and disseminate information on effective health promotion interventions;

(c) Health promotion partnerships between communities and the health sector as well as among academic, training and development institutions formed or enhanced;

(d) Further mobilization of non-health sectors and players, particularly education and industry, in order to intensify their involvement in health promotion;

(e) "Health-Promoting Schools Initiative" (HPSI), "Health-Promoting Work Place" (HPWP) and "Health-Promoting Health Facility" models introduced;

(f) Priority programmes of the WHO Regional Office assisted to strengthen the health education and health promotion components at both the country and regional levels.

Proposed budget

Regular budget: US$ 442,000. Other sources: US$ 0. Total: US$ 442,000.

4.6 Disability and injury Prevention And Rehabilitation (DPR Code 05.2.01)

Situation analysis

Disability is a major public health problem in Africa where the number of affected people is currently estimated at 40 million. Seventy-five percent of these are living in rural areas where medical and social welfare services are either inadequate or nonexistent. Considering the high population growth rate in the Region and the increase in risk factors, the number of people with disability can be expected to reach 140 million by the year 2020.

The main causes of physical and sensorial disability are: some communicable diseases that are highly prevalent; lack of antenatal care; traumas due to domestic, industrial and traffic accidents; chronic somatic and mental conditions; and blinding diseases. Antipersonnel mines which pose serious concerns in many countries are also a major cause of disability in the Region.

Within the framework of health for all, based on primary health care, which was adopted and is being implemented by countries of the Region, disability prevention and rehabilitation are distinct areas of equal importance. Yet, many countries have not given the deserved priority to the programmes designed to tackle them.

Broad strategy

WHO will pursue and strengthen its support to the countries for strengthening national capacity to draw up, implement and evaluate community-based prevention and rehabilitation programmes with a view to reducing the incidence of disability and improving the quality of life of disabled people. The results expected by the end of 2003 are as follows:

(a) Increased awareness, on the part of decision makers and the general public, of disability prevention and rehabilitation in all countries of the Region;

(b) Strengthened collaboration with major health programmes to ensure effective integration of disability prevention measures. The programmes are prevention and control of communicable diseases; maternal and child health; accident prevention; and prevention and control of blinding diseases;

(c) Strong partnership for the management of problems caused by antipersonnel mines;

(d) Disability management and community-based rehabilitation policies and programmes formulated and implemented;

(e) Disability data collection and dissemination systems established or strengthened;

(f) Operational research on physical and sensorial disability promoted.

Proposed budget

Regular budget: US$ 275,000. Other sources: US$ 0. Total: US$ 275,000.

4.7 Mental Health and Substance Abuse (MNH Code 05.3.01)

Situation analysis

The African Region is beset by numerous mental and neurological disorders that are a major cause of disability. The situation is made worse by the social handicap brought about by the stigma attached to these disorders. Problems related to alcoholism, tobacco use and drug abuse in the Region are becoming an increasing public health concern.

Factors that decisively compound psycho-social problems in the African Region include extreme poverty, high prevalence of communicable diseases including HIV infection, natural disasters, wars and other forms of violence and social disruption. The *Regional Strategy for Mental Health* adopted by the WHO Regional Committee at its forty-ninth session is expected to contribute to the development of national programmes in Member States with the involvement of all partners and stakeholders.

Broad strategy

The strategy in this Area of Work is aimed at strengthening national capacity to design, implement, monitor and evaluate programmes to prevent mental and neurological disorders as well as substance abuse and to improve the mental health status of the people. The recommendations of the *Regional Strategy for Mental Health* as contained in document AFR/RC49/9 will be used in this respect. The results expected by the end of 2003 are as follows:

(a) National mental health and substance abuse policies and programmes developed or evaluated;

(b) Cost-effective interventions to prevent mental and neurological disorders and control substance abuse supported, focusing on vulnerable and high risk groups and encouraging the involvement of partners and the use of the community-based approach;

(c) Epidemiological data and other information needed for decision-making, for developing interventions and for measuring the burden attributable to mental problems and substance abuse, produced and made accessible to the countries.

Proposed budget

Regular budget: US$ 1,351,000. Other sources: US$ 500,000. Total: US$ 1,851,000.

5. DIVISION OF FAMILY AND REPRODUCTIVE HEALTH

This Division covers four areas of work

5.1 Child and Adolescent Health (CAH, Code 03.1.01)

Situation analysis

Infant and under-five mortality rates remain high in the African Region, with acute respiratory infections, diarrhoea, malaria, measles and underlying malnutrition causing up to 70% of childhood deaths. HIV/AIDS is increasingly contributing to childhood mortality through mother-to-child transmission and to morbidity and mortality in young people. There is concern that fear of transmission of HIV may lead to a decline in breastfeeding among HIV-negative mothers and consequently to higher rates of malnutrition in young children. Protective and promotive measures are important throughout childhood and adolescence in order to ensure healthy adults. Healthy lifestyles are usually promoted through schools. Unfortunately, many children in the Region do not attend school for social and economic reasons or because of armed conflicts. These out-of-school adolescents and children are at greater risk of abuse, neglect and violence and may indulge in substance abuse.

Broad strategy

The Integrated Management of Childhood Illness (IMCI) strategy is still the main intervention for the reduction of morbidity and mortality in children under five years. Resolution AFR/RC49/R4 calls upon Member States to include IMCI in their national health policies and plans in order to accelerate its implementation. Intensive technical and financial support will continue to be given to the eleven countries that contribute to more than 80% of the childhood mortality in the Region. The strategy for adolescent health will concentrate on psycho-social development, adolescent health and development, strengthening the health services to meet the needs of adolescents and youth and creating a supportive environment for adolescents within the family, the school and the community. The expected results are as follows:

(a) Quality of care of children improved through implementation of IMCI in the countries of the Region, with nationwide coverage in all the target countries;

(b) Effective partnerships forged for child health at national, district and community levels;

(c) Impact of IMCI implementation measured and results disseminated and used;

(d) Countries assisted to develop and adopt strategies for adolescent health to create a supportive environment for adolescents;

(e) Countries assisted to develop and strengthen interventions for the reduction of risk, morbidity and mortality among adolescents.

Horizontal interaction between AFRO structures and Area of Work

IMCI falls under DDC in AFRO and CAH under DRH. The two Divisions will collaborate to meet the set objectives, particularly with respect to infant feeding.

Proposed budget

Regular budget: US$ 1,221,000. Other Sources: US$ 7,000,000. Total: US$ 8,221,000.

5.2 Research and Programme Development in Reproductive Health (RHR, Code 03.2.01)

Situation analysis

In adopting the programme of action of the International Conference on Population and Development (ICPD, Cairo 1994), the governments of African countries committed themselves to meeting the basic needs of their peoples in the areas of sexuality and childbirth. Accordingly, many countries of the Region tried to implement the new concept of reproductive health centred on the needs and development of individuals throughout their life cycle.

Despite some remarkable project initiatives often undertaken on an *ad hoc* basis, the concept of comprehensive reproductive health care is generally misunderstood and incompletely implemented in many countries. The following are the components of this comprehensive care: safe motherhood with a view to reducing maternal mortality and morbidity; family planning information and services; prevention and management of sterility; prevention and management of the complications of abortion; prevention and management of genital infections, including HIV/AIDS infection; and management of noninfectious diseases of the genitals. Be that as it may, the services provided to the populations are still inadequate in many countries of the Region.

Against this background, the Regional Committee adopted a regional reproductive health strategy which the Member States are using as a frame of reference for the formulation and updating of comprehensive reproductive health programmes and should contribute to the reduction of maternal and perinatal morbidity and mortality.

Research on how best to improve reproductive health care and respond better to the needs of the general public has been piecemeal.

Broad strategy

The strategy in this Area of Work will be based on the identification of priorities by the countries themselves according to their self-determined needs; the definition and implementation of effective and affordable interventions; and the provision of support for preliminary research on the development of comprehensive reproductive health programmes. This will require resource mobilization and judicious allocation at the operational level.

The expected results to be pursued in collaboration with the other partners are as follows:

(a) Identification of priority problems in order to determine aspects of reproductive health on which research should focus;

(b) Operational research findings utilized for cost-effective interventions in the area of reproductive health care;

(c) Technical support provided to the countries for developing and implementing affordable interventions at the district level;

(d) Capacity of the countries strengthened to improve access by women, men and adolescents to reproductive health care.

Proposed budget

Regular Budget: US$ 1,666,000. Other Sources: US$ 1,684,000. Total: US$ 3,350,000.

5.3 Making Pregnancy Safer (MPS, Code 03.3.01)

Situation analysis

Maternal deaths in the African Region are the highest in the world. They average 940 per 100 000 live births *(World Health Report, 1999)* with variations among countries and between areas in the same country. Forty-two per cent of deliveries are attended to by skilled staff *(Coverage of maternity care, 1996)*. Studies in Africa have shown that the use of trained traditional birth attendants without adequate skilled manpower support would not reduce women's risk of dying during childbirth. However, traditional birth attendants can contribute to reducing newborn deaths and disabilities and to providing assistance to women during delivery. Unwanted pregnancies, particularly among adolescents, often result in unsafe abortions which account for 10%-40% of maternal deaths *(Regional Strategy for Reproductive Health, 1997)*. It is estimated that more than 75% of the direct causes of maternal deaths can be prevented through appropriate, effective and timely interventions.

Morbidity associated with pregnancy is high in the Region and more than 20% of morbidity cases require referral to the appropriate level of care. Just as significant is the large number of women who survive the complications of pregnancy but, for the rest of their life are struck with disability from injuries sustained during childbirth. Anaemia occurs in more than 60% of pregnancy cases in most countries. To a large extent, services for the prevention and repair of genital fistula and for providing psychosocial support to the affected women are inadequate.

The safe motherhood programme which covers Making Pregnancy Safer (MPS) in the African Region of WHO is one of the priority areas that the forty-ninth session of the WHO Regional Committee selected for the African Region for the coming years. The MPS initiative builds on the lessons learnt from ten years of implementing Safe Motherhood programmes in the Region and focuses on issues surrounding pregnancy.

Broad strategy

WHO will assist the countries to develop national strategies based on the *Regional Strategy for Reproductive Health* as contained in document AFR/RC47/8 adopted by Member States at the forty-seventh session of the Regional Committee.

Making Pregnancy Safer is a health sector strategy which will strengthen the capacity of the countries to reduce the risks associated with pregnancy by providing adequate information, a supportive environment and appropriate health care. The following expected results are to be pursued in collaboration with other development partners:

(a) Technical assistance provided to countries in developing, implementing and monitoring co-ordinated policies, strategies and plans at national and district levels for the reduction of maternal and perinatal mortality and morbidity;

(b) Support provided to countries to identify and implement cost-effective interventions to improve the quality and accessibility of maternal and perinatal care;

(c) Action-oriented reviews on maternal and perinatal deaths used at community levels to improve and monitor progress in maternal and neonatal health status;

(d) Standard indicators as well as monitoring and evaluation tools agreed upon and adapted to country needs.

Proposed budget

Regular budget: US$ 2,098,000. Other sources: US$ 0. Total: US$ 2,098,000.

5.4 Women's Health and Development (WMH, Code 03.4.01)

Situation analysis

Resolution AFR/RC39/R9 of the Regional Committee noted the adverse effects of some traditional and cultural practices such as female genital mutilation, early marriage, nutritional taboos and other maternal and child health practices. Subsequently in resolution AFR/RC43/R3, the Regional Committee acknowledged the central role played by women in the Region in undertaking health care responsibilities for family members as well as in the socioeconomic development of the Region. One of the strategic directions of the proposed *Regional Health-For-All policy for the 21st century* is the creation of conditions that will enable women to participate and play a leadership role in health development. Of particular importance, given the worsening HIV/AIDS epidemic, is the caring role played by women who are already overburdened with domestic responsibilities and are without minimal social support and resources.

Women hardly have the time and the means to gain access to and utilise health services when they are unwell, let alone obtain information that will help them to lead healthy lives. This situation is exacerbated by the high rate of illiteracy among women. The impact of poverty on health is most strongly felt in the African Region where, in most countries, women constitute the poorest of the poor. Lack of understanding of the implications of gender roles and gender relations and the root causes of gender-based violence all hinder progress in addressing several of these issues. That is why the Regional Office has been mandated to take appropriate measures to support Member States in formulating policies and implementing plans to improve the health and social status of women throughout their life cycle.

Broad strategy

A comprehensive, multisectoral and multidisciplinary approach to the promotion and protection of women's health will be adopted, using functional literacy and income generation as entry points for health, in order to produce the following expected results:

(a) Advocacy for functional literacy and income generation accelerated in order to reduce the impact of poverty on women's health;

(b) Policies and plans formulated and implemented in the broader context of elimination of all forms of violence against women and in combating social and cultural practices and behaviours prejudicial to the well-being of women, men and children;

(c) Information generated through research and other means to inform programme direction as well as monitor and evaluate progress in women's health and supportive national health policies as well as international conventions.

Proposed budget

Regular budget: US$ 862,000. Other sources: US$ 0. Total: US$ 862,000.

6. DIVISION OF HEALTHY ENVIRONMENTS AND SUSTAINABLE DEVELOPMENT

This Division covers two areas of work.

6.1 Sustainable Development (HSD, Code 04.1.01)

Situation analysis

Health development and trends in health systems in Africa are taking unexpected directions. The capacity of national systems to provide lasting solutions to health problems will largely depend on how some key factors evolve over time. Two of them appear to be crucial because they amplify the effects of other factors and direct the course of future health development. They are:

(a) the capacity to provide essential health care for all; and
(b) the capacity to alleviate extreme poverty.

Poverty affects mostly women and children and has been identified both as a main determinant of ill-health and a major obstacle to sustainable health development in the African Region.

A long-term approach to sustainable health development incorporating poverty reduction should be implemented by Member States. By so doing, it might be possible to prevent setbacks in health development. UNDP has developed methodologies for national long-term planning in Africa and the Regional Office is adapting them for the health sector. These methodologies will enable health authorities to pay more attention to the linkage between poverty, health, globalization and socioeconomic development and to allocate more resources for health and related sectors so as to contribute to reducing poverty and enhancing equitable socioeconomic development, including health development.

Broad strategy

The broad strategy for attaining the objective of sustainable development involves the following activities: intensifying advocacy at the highest level possible for considering health as an objective and a means for further development, thereby incorporating health aspects into national development policies and plans; collaborating with countries and development partners to ensure that national poverty reduction strategies, which include a pro-poor health component, are developed, implemented and monitored; building capacity for long-term health development among the Member States in order to consolidate this approach and ensure continuous health development even in case of unexpected changes.

The expected results are as follows:

(a) Evidence produced on the relationships between health interventions and poverty reduction;

(b) Countries supported in the implementation of activities addressing poverty, health and gender perspectives;

(c) National capacities for long-term health development strengthened;

(d) Long-term health planning processes implemented by the countries.

Proposed budget

Regular budget: US$ 1,182,000. Other sources: US $ 268,000. Total: US $ 1,450,000.

6.2 Health and Environment (PHE, Code 04.3.01)

Situation analysis

The African Region faces several environmental health threats arising from rapid urbanization, rapid demographic growth, climatic changes, unsustainable management of natural resources, industrialization, rising use of energy and chemicals, natural and manmade disasters and increase in the flow of refugees.

Despite the commendable efforts of many governments and external support agencies in the past decades, some 450 million people in Africa still lack access to safe water supply while 490 million people are without adequate sanitation. Inadequate shelter, overcrowding, contaminated food, indoor air pollution are by far the greatest environmental health threats to poor households and communities in the rural areas and peri-urban slums. The pollution of scarce water resources and contamination of soils by industrial, municipal and agricultural wastes containing toxic and hazardous chemicals and the rampant spread of disease vectors have created a condition for very high cost of water treatment and vector control.

Infectious diseases linked to poor environmental conditions kill one out of every five children in Africa. Diarrhoea and acute respiratory infections are two of the top killers of children. Cholera is endemic in at least a dozen of the countries in the Region. In 1999, a total of 187,775 cases of cholera with 7831 deaths were reported, representing a case fatality rate of 4%.

In order to address the above problems and challenges, there is a need for strong political commitment for policy development to strengthen environmental health control measures in all countries of the Region. The need to build partnership is crucial and the recent memorandum of understanding between WHO and UNEP is most welcome.

Broad Strategy

The Regional Office will join forces with international, regional, national and local bodies and institutions in supporting Member States to accelerate actions for reducing the adverse effects of the environment on health in the Region. Emphasis will be placed on environmental and occupational health legislation and policy, and countries will be advised on the creation of supportive environments for health. The four priorities will be:

(a) water and sanitation (including the Africa 2000 Initiative) and Participatory Hygiene and Sanitation Transformation;

(b) environmental risk assessment, including hazards mapping;

(c) occupational health; and

(d) healthy cities.

The following are the expected results:

(a) Political commitment to intersectoral action on health and environment maintained to address priority environmental health issues;

(b) Environmental health situation analysis carried out by all Member States, including assessment of health in work places;

(c) National environmental health policies reviewed or formulated and action plans prepared for systematic implementation;

(d) Capacity of responsible national and local institutions enhanced to assess the environmental health impact of development projects and to implement environmental health action plans;

(e) Harmonized environmental health standards, rules and regulations developed for use by Member States;

(f) Information management including dissemination of information on best practices in environmental management put in place;

(g) Co-operation and networking with appropriate national, regional and international scientific bodies and partners intensified in the areas of healthy environments and sustainable development.

Proposed budget

Regular budget: US$ 2,254,000. Other sources: US$ 0. Total: US$ 2,254,000.

7. DIVISION OF HEALTH SYSTEMS AND SERVICES DEVELOPMENT

This Division covers the following three areas of work.

7.1 Essential Drugs and Medicines Policy (EDM, Code 06.1.01)

Situation analysis

In 1997, it was estimated that in 20 countries of the Region (43%), less than 50% of the population had access to essential drugs. Regular access to life-saving drugs is therefore limited and the situation is even worse concerning access to new drugs for priority health problems like HIV/AIDS. Poor drug quality, irrational drug use, the negative impact of global trade agreements on access to drugs and insufficient resources are challenges to national health authorities. Traditional medicine systems are also not sufficiently integrated into national health systems, although up to 80% of the population in the countries of the Region use traditional medicines.

Over the last two decades, however, many countries adopted national drug policies which are being implemented to varying degrees. Other initiatives include collaboration between countries in joint bulk purchasing of essential drugs, harmonization of drug regulatory procedures, local production of essential drugs and training in good manufacturing practices within the context of the Intensified Essential Drugs Programme.

The Bamako Initiative has been implemented in collaboration with UNICEF in several countries. This has made essential drugs more accessible to disadvantaged populations. Partnerships have also been forged with UNIDO and the private sector, particularly in the area of local production of essential drugs. Some countries have included traditional medicines in their essential drug lists and are supporting the bulk production of traditional medicines and their distribution within the national health care delivery system.

WHO's global mission in the area of essential drugs is to contribute to life-saving and health improvement by ensuring that essential drugs which offer great potential are available, affordable, safe and properly used by millions of people in the Region.

Broad strategy

In pursuance of this global mission, the Regional Office will work with the countries, the private sector and other stakeholders in resolving policy, quality, access and rational drug use issues in an integrated manner within the context of the Intensified Essential Drugs Programme and the regional strategy on traditional medicine.

The Regional Office will also provide advice to countries on the implications of international trade agreements such as TRIPS (Trade-Related Aspects of Intellectual Property Rights); on how the agreements can affect the implementation of their national drug policies; and on measures they need to take to ensure compliance with their pharmaceutical laws. The following are the expected results from these interventions:

(a) Support for the development and implementation of national drug policies;

(b) Support for strengthening national drug regulatory authorities to enable them to effectively carry out their work;

(c) Strengthening of drug supply systems;

(d) Development and use of tools and guidelines for capacity building and monitoring of rational use of essential drugs;

(e) Support for development of traditional medicine policies and their implementation.

Proposed budget

Regular budget: US$ 1,359,000. Other sources: US$ 0. Total: US$ 1,359,000.

7.2 Blood Safety and Clinical Technology (BCT, Code 06.3.01)

Situation analysis

Equitable access to good quality health care is still a great challenge for many countries in the African Region. Blood transfusion has been a neglected area in many developing countries. Lack of policies and regulation, inadequate organization of blood transfusion services, shortage of funds and inadequate qualified personnel are all hampering access to safe blood in most of the Member States of the WHO African Region. Consequently, many patients are at risk due to lack of blood for use in cases of emergency or continue to be infected through transfusion of blood that has not been screened.

In 1994, the Regional Committee, in resolution AFR/RC44/R15, urged the Regional Director to strengthen WHO activities in health technology assessment and management; to reinforce WHO's support to Member States in developing and implementing health technology policies and plans, and in providing training and information support. In 1999, the Regional Committee adopted a health technology policy in the African Region. In spite of efforts made so far, clinical technology in Africa continues to suffer from lack of standardization, inadequate training of users, and poor maintenance of equipment. All this has led to a high breakdown rate such that at any given time more than 50% of diagnostic and curative equipment in hospitals is not functional.

Quality of care improvement and quality management in order to ensure reliable diagnostic services and the safety of blood is now perceived by many African countries as a means of enhancing the efficiency and effectiveness of national health services. Unfortunately, implementation of quality assurance programmes is still far from adequate in the Region.

The priorities of the blood safety and clinical technology programme remain the procurement of safe blood and improvement of quality of care in Member States by utilizing appropriate technologies that are scientifically tested, economically affordable and socially acceptable.

Broad strategy

The strategic priority of this Area of Work is to improve access by the population to good quality health care by reinforcing the capacity of Member States to develop and implement health technology, quality of care and blood safety programmes. The expected results are as follows:

(a) Development of a regional blood safety strategy for adoption by Member States, and provision of support to countries to update and implement national blood safety policies;

(b) Formulation and implementation of appropriate health technology policies in the countries;

(c) Adoption and implementation of quality assurance programmes for health technologies and blood safety in the countries;

(d) Provision to all Member States of norms and standards for health technologies, blood and blood products.

Proposed budget

Regular budget: US$ 1,874,000. Other sources: US$ 0. Total: US$ 1,874,000.

7.3 Organisation of Health Services (OSD, Code 07.4.01)

Situation analysis

Over the past two decades, health systems development has been guided by the Health-For-All policy which is based on the principles and values of primary health care. WHO has supported this policy in requesting countries and this has led to some improvements in health outcomes and significant development of health care delivery systems at the peripheral levels of those countries.

The Bamako Initiative contributed to the success of this policy by making essential drugs and essential health care packages available, developing innovative financing schemes, empowering the community and improving management skills at district level. Even though progress has been slowed down by the economic crisis of the 1980s and the HIV/AIDS epidemic, Member States have maintained their commitment to health for all.

Health systems development in the countries of the African Region is influenced by various factors, namely prevailing political contexts, high illiteracy rates, widespread poverty, heavy external debt, undue budget reductions in health and other development sectors.

Access to quality health care by the population is estimated at less than 20%, and access to health services between the rich and the poor and by urban and rural areas is unequal. In addition, financial problems leading to unfair health system financing have been aggravated by ineffective mechanisms for resource generation, allocation, budgeting and management. Meanwhile, most health systems are increasingly dependent on external funding, and households are having to meet their huge health expenditures from their own incomes.

To address this situation, countries did embark on health sector reforms in order to make health systems more responsive to the legitimate expectations of the people. The health sector reforms have had a number of objectives, namely: guaranteeing equity of access to health services and care to all citizens; improving the quality and effectiveness of health services; controlling increases in health expenditures and ensuring the efficient management of available resources; and increasing the degree of satisfaction of users and health personnel. Faced with such objectives, the scarcity of staff, their poor distribution, the absence of continuing training and of quality assurance mechanisms, and the low productivity and morale of the staff are urgent problems requiring solutions if the reforms are to succeed.

Broad Strategy

In this context, health systems development will attempt to address a number of major challenges such as changes in health systems and services delivery leading to more affordable health care for the poorest people; greater responsiveness to population needs and expectations; reducing health inequalities; innovative health financing schemes leading to more equitable financing and expansion of prepayment funding mechanisms (such as social security) to marginalized population groups; use of evidence to justify health policy decisions; monitoring the performance of health systems; advocacy and support for sound policies, plans and management procedures; changing education and practice in order to optimise the use of human resources for health.

The Regional Office will support countries to undertake their health systems functions which are provision of care, fair financing, stewardship and resource generation in ways that ensure equitable access to quality services which are acceptable and affordable. This Area of work will aim to achieve the following expected results:

(a) Guidelines, tools and methodologies for the health sector reform process developed for use by all countries;

(b) Guidelines and tools developed for the measurement of health system performance and countries supported to assess the performance of their national health system and to use the results to improve performance;

(c) Increased contribution and commitment of different partners and stakeholders to the improvement of the health system through advocacy, information sharing and better coordination at regional and country levels;

(d) All countries supported to strengthen their institutional capacity to produce and use evidence for decision making, planning, implementing and monitoring health system functions.

Proposed budget

Regular budget: US$ 7,512,000. Other sources: US$ 268,000. Total: US$ 7,780,000.

8. DIVISION OF ADMINISTRATION AND FINANCE

The Division of Administration and Finance covers four areas of work.

8.1 Health Information Management and Dissemination (IMD, Code 07.2.01)

Situation analysis

This Area of Work supports the work of the Governing Bodies and the technical programmes of the Regional Office. It also supplies Member States, health workers, WHO partners and the general public with valid and up-to-date scientific, technical and biomedical documentation.

A lot has been done in this area in recent years to fulfil this mission and to improve the production, content and presentation of Regional Office documentation. Major problems, however, remain notably in the area of publications where specialized staff have not been available for the last fifteen years.

Where technical or scientific documentation on health is available, it is often not known or is in competition with other media (TV, radio, the Internet, etc.).

Furthermore, there are still large sections of the population in many countries whose information needs cannot be met with documentation in the official languages. This problem needs to be addressed.

Finally, scientific knowledge in print generated in the African Region has hitherto not been given the global exposure it deserves. The *African Index Medicus* is tackling this problem.

Broad strategy

The strategy will be to upgrade capacity in publications by improving the content and presentation of scientific and technical health and biomedical documentation and to make it accessible to Member States, their partners, health workers and the general public.

The expected results are:

(a) Management and dissemination (including the use of modern electronic media) of WHO and other scientific and technical documentation continuously improved;

(b) Capacity of Member States to respond to requests for information and literature searches developed;

(c) Activities of the *African Index Medicus* pursued and intensified.

Horizontal interaction within the Regional Office Structure

This Area of Work is shared by three divisions: Administration and Finance, Programme Management and Health Systems Development.

Proposed budget

Regular budget: US$ 3,727,000. Other sources: US$ 0. Total: US$ 3,727,000.

8.2 Human Resources (HRS, Code 09.2.01)

Situation analysis

The biggest challenge faced by this Area of Work, which deals with 46 countries and approximately 1500 fixed and short-term staff in the Region, is to cope with the volume of requests for personnel services such as establishment of posts, recruitment of staff, issuance of contracts, administration of benefits and entitlements and other areas of the personnel function. With the increase in funding for the African Region, both in terms of the regular budget and extrabudgetary resources, it is expected that the demands on the Unit will increase even further as additional staff are recruited. The Unit will need to ensure that it has appropriate staffing levels and strength, that its functions are sufficiently automated and that some activities are decentralized in order to cope with the increased workload.

Following the increased devolution of personnel functions from headquarters, there will be greater autonomy in the functioning of the Unit. The Unit will thus have greater decision-making ability and will need to take initiative in personnel issues, including policy matters, which previously were within the jurisdiction of headquarters.

Issues that deserve particular attention relate to the overall conditions of service for both fixed and short-term staff and the need to ensure gender balance and compliance with geographical distribution criteria in the recruitment of staff. Since the success of the Organization depends largely on its staff, issues affecting the well-being of staff will also need to be given priority consideration in order to ensure a well motivated, committed and versatile workforce.

Broad strategy

The strategy will aim to develop modern personnel systems and practices in order to better serve the needs of the Region in a more proactive and responsive manner and to promote the well-being of staff in order to improve their effectiveness in the Organization. The expected results are as follows:

(a) Development of modern personnel management systems;

(b) Improved level of service provided to the technical programmes through adequate staffing and automation of personnel functions and activities;

(c) Increased representation of women in the Region and of staff from unrepresented or underrepresented countries;

(d) Development and implementation of new human resources policies and practices;

(e) Improvement in the well-being of staff through staff training and development, career progression, rotation, reorientation of skills and competencies and the provision of a proper work environment;

(f) Development, implementation and monitoring of service standards;

(g) Greater decentralization of personnel functions to divisions and country offices.

Proposed budget

Regular budget: US$ 2,442,000. Other Sources: US$ 1,691,000. Total: US$ 4,133,000.

8.3 Financial Management (FNS, Code 09.3.01)

Situation analysis

The Regional Office is responsible for all the financial activities of the Region, including those of the offices in the 46 countries. This is done in a semi-automated manner. In the Regional Office the accounting records are prepared using the software developed by headquarters, which facilitates automated budget preparation, implementation and monitoring. Even so, most of the information needed is processed manually. Given the volume of work in the Region, this greatly affects the timely availability of financial information for decision making.

At the country level, the WHO country offices use a software developed in the Region for bookkeeping purposes. Unlike the Regional Office's system, this system is only currently being used for budget implementation. Ideally, the system should be used also for monitoring the implementation of activities at country level. Plans are however under way to expand its capabilities. A key challenge is to equip the Regional Office to provide an on-line interactive integrated financial system to all the countries and divisions in the Region. This idea is now being seriously explored at the global level.

Financial Management also has responsibility for accountability with regard to funds for programme implementation and for ensuring that the funds are spent in accordance with the procedures and regulations of the Organization. Recent audits at country level continue to show some weaknesses, although the last year saw a marked improvement. In this regard, this Area of Work, in collaboration with other units in the Division of Administration and Finance, have started holding regular training sessions for administrative officers in the country offices.

Recently, Financial Management embarked on a process of devolution of certain functions to the countries. This essentially means that some functions that were performed in the Regional Office are now carried out in the country offices. This process has greatly enhanced the implementation of activities at country level and its expansion both to country level and Regional Office divisions is envisaged.

Broad strategy

The goal of this Area of Work continues to be "to provide appropriate and timely financial support to the programme managers". This includes the devolution to the country office and Regional Office divisions of some functions such as the issue of stickers. This should allow the programmes greater flexibility. Other functions, where appropriate, will be devolved in 2002-2003. Some of the expected results for 2002-2003 are as follows:

(a) Assistance in the preparation of the Programme Budget for 2004-2005;

(b) Provision of timely and appropriate financial information to the countries, programmes and donors to facilitate the smooth implementation and monitoring of programme activities;

(c) Improvement in the quality of financial returns from the country offices;

(d) Improvement in the quality of financial and administrative support to the divisions, through training of country office staff;

(e) Devolution of certain functions to the country offices and Regional Office divisions.

Proposed budget

Regular budget: US$ 3,600,000. Other Sources: US$ 3,141,000. Total: US$ 6,741,000.

8.4 Informatics and infrastructure services (IIS, Code 09.4.01)

Situation analysis

The main challenge in this Area of Work is to provide timely logistical, relevant and cost effective technological support to both administrative and technical activities;

In the area of Information Technology, there are a number of systems running and ongoing developments such as the Activity Management System (AMS), the Regional Office Administration and Finance Information System (RO/AFI), the AFRO Country Office Management Package etc.

Considerable improvements have been made to link the Regional Office with WHO country offices by email. A Global Private Network has linked headquarter and regional offices under a contract that will considerably reduce telecommunication costs;

Broad strategy

The Region will continue to develop appropriate software and maintain existing systems, while collaborating with headquarters and other regional offices in developing global programmes.

In the area of supplies management, work commenced in 2000 for a new global procurement system that will allow access to more competitive prices in procurement. The Region therefore will continue to secure and deliver medical supplies and equipment at the best possible prices, including for emergency and humanitarian aid.

Further efforts will be made to effect economies in travel costs as well as in maintenance and operating expenses at the Regional Office.

Expected results

(a) Fully automated programme management information systems at the Regional Office and in country offices;

(b) Coordinated information technology support at all levels in the Region, including improved communications;

(c) Lower priced group procurement of supplies and equipment, from the streamlining of WHO's global procurement services;

(d) Cost efficient ways of maintaining Regional Office operational services.

Proposed Budget

Regular budget: US$ 12,778,000. Other sources: US$ 7,336,000. Total: US$ 20,114,000.

COUNTRY PLANNING FIGURES

INDICATIVE COUNTRY PLANNING BUDGET FIGURES

The Country allocations for 2002-2003 programme budget will be given after the World Health Assembly has approved the global WHO budget (Part I) in May 2001. However, tentative figures have been provided for easy reference in this document, with the understanding that the final figures may be different.

The tentative allocation for the African Region shows an increase of US $ 7,237,000 over the 2000-2001 programme budget. These funds are primarily the result of resolution WHA 51.31. It is expected that these extra funds will go into global priority programmes for 2002-2003.

PROJECTED PROGRAMME BUDGET FOR THE AFRICAN REGION

Table 3: Tentative Country Allocations

Country	Allocation in US $		Increase
	2000-2001	2002-2003	(Decrease)
Algeria	1,820,000.00	1,870,000	50000
Angola	2,752,000.00	3,135,000	383000
Benin	2,347,000.00	2,447,000	100,000
Botswana	1,951,000.00	2,001,000	50,000
Burkina Faso	2,627,000.00	2,927,000	300,000
Burundi	2,794,000.00	2,894,000	100,000
Cameroon	2,189,000.00	2,239,000	50,000
Cape Verde	2,034,000.00	2,084,000	50,000
Central African Republic	2,649,000.00	2,699,000	50,000
Chad	2,789,000.00	2,989,000	200,000
Comoros	2,370,000.00	2,420,000	50,000
Congo	2,147,000.00	2,247,000	100,000
Cote d'Ivoire	1,856,000.00	2,256,000	400,000
Democratic Republic of Congo	2,906,000.00	3,206,000	300,000
Equatorial Guinea	1,511,000.00	1,561,000	50,000
Eritrea	2,045,000.00	2,245,000	200,000
Ethiopia	4,126,000.00	4,526,000	400,000
Gabon	1,688,000.00	1,738,000	50,000
Gambia	1,979,000.00	2,029,000	50,000
Ghana	2,143,000.00	2,245,000	102,000
Guinea	2,700,000.00	2,900,000	200,000
Guinea-Bissau	2,251,000.00	2,308,000	57,000
Kenya	2,386,000.00	2,586,000	200,000
Lesotho	2,398,000.00	2,454,000	56,000
Liberia	2,624,000.00	2,724,000	100,000

PROJECTED PROGRAMME BUDGET FOR THE AFRICAN REGION

Table 3: Tentative Country Allocations

Country	Allocations in US $		Increase (Decrease)
	2000-2001	2002-2003	
Madagascar	2,232,000.00	2,532,000	300,000
Malawi	2,385,000.00	2,685,000	300,000
Mali	3,032,000.00	3,153,000	121,000
Mauritania	2,453,000.00	2,553,000	100,000
Mauritius	1,559,000.00	1,609,000	50,000
Mozambique	2,749,000.00	3,149,000	400,000
Namibia	2,003,000.00	2,103,000	100,000
Niger	3,078,000.00	3,178,000	100,000
Nigeria	3,855,000.00	4,255,000	400,000
Reunion	196,000.00	196,000	-
Rwanda	2,985,000.00	3,085,000	100,000
Saint Helena	144,000.00	144,000	-
Sao Tome & Principe	1,762,000.00	1,812,000	50,000
Senegal	2,350,000.00	2,450,000	100,000
Seychelles	1,422,000.00	1,522,000	100,000
Sierra Leone	2,192,000.00	2,492,000	300,000
South Africa	3,683,000.00	3,733,000	50,000
Swaziland	1,977,000.00	2,077,000	100,000
Togo	2,206,000.00	2,324,000	118,000
Uganda	2,594,000.00	2,894,000	300,000
United Republic of Tanzania	2,494,000.00	2,894,000	400,000
Zambia	2,947,000.00	2,997,000	50,000
Zimbabwe	2,916,000.00	2,966,000	50,000
Totals	**112,296,000**	**119,533,000**	**7,237,000**