

HIV/AIDS, TB and Malaria Cluster

Highlights of HIV/AIDS, TB and Malaria Activities *Major recent achievements¹*



World Health Organization
Geneva
2003

¹ Further background information can be found in the report on communicable diseases, *Global defence against the infectious disease threat*, which highlights progress through early 2003. An updated progress report will be available in early 2005.

Highlights of HIV/AIDS, TB and Malaria Activities
Major recent achievements

- **HIV/AIDS (HIV)**

- Global Health Sector Strategy
 - Implementing the essential HIV/AIDS prevention and care package
 - Strategic Information
 - Achieving the 3x5 target

- **TUBERCULOSIS (STB)**

- TB strategy and operations and monitoring and evaluation
 - Stop TB Partnership
 - Global Drug Facility (GDF)

- **MALARIA (RBM)**

- Roll Back Malaria Department (RBM)
 - Malaria Strategy and Operations (MSO)
 - Malaria Monitoring and Evaluation Unit (MME)
 - RBM Partnership Secretariat

HIV/AIDS

Global HIV/AIDS health sector strategy

- The HIV Department has finalized the Global Health Sector Strategy (GHSS) for HIV/AIDS as requested in Resolution WHA53.14. The document has been endorsed by the World Health Assembly (WHA 56), after which it was published and widely disseminated to all Member States and other partners. The strategy aims to provide support to governments and health-sector policy-makers in assessing and strengthening the role of the health sector within current national responses to HIV/AIDS. It also specifies the various roles WHO will have to play in supporting the governments.
- The Department has developed an implementation framework for operationalizing GHSS at country level. A Health Sector Planning Guide is being developed to support country-level planning to facilitate its implementation. The Strategy is also informing the planning and implementation of the 3x5 initiative.

Implementing an essential HIV/AIDS prevention and care package

- During 2002 and 2003, WHO worked on developing and disseminating appropriate strategies for identified priority health sector interventions, with an initial focus on HIV testing and counselling; prevention of HIV infection in infants and young children (MTCT); harm reduction to prevent HIV associated with injecting drug users (IDUs); HIV prevention in the sex industry; reduction of unsafe sex in young people; and antiretroviral treatment for persons living with HIV/AIDS (ARV). Strategy and policy or guidance documents have been developed in these areas. These norms and standards are in the process

of being disseminated and promoted for use of Member countries through the WHO regional and country offices.

- The book *Community home-based care in resource-limited settings: a framework for action* was developed and published in April 2002.
- WHO initiated the development of strategic guidance to targeting interventions to where they are most needed and effective, and published tools, training materials and evidence reviews on HIV prevention among IDUs. Toolkits specific to other settings and to testing and counselling are under development.
- A number of case studies, documenting experiences with implementation of treatment, prevention and care interventions in Haiti, South Africa, Uganda and from the MTCT-Plus Initiative, were published in September 2003. These have been widely disseminated.
- In collaboration with the International AIDS Society (IAS) and working together with the Department of Communicable Disease Surveillance and Response, the Global HIV Drug Resistance Surveillance Network (HIVResNet) has been established. Five technical working groups have been set up for the preparation of guidelines and standards. Initial contacts with Latin American countries for the implementation of ARV resistance monitoring activities have been established.
- WHO actively participated in the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Working Groups for Proposal Guideline Development and the Procurement of AIDS, TB and Malaria related drugs and provided input to the development and review of proposal and procurement guidelines in 2002 and 2003.
- Participated in a multi-department initiative for the development of the Integrated Management of Adult Illnesses (IMAI) Guidelines.

Highlights of HIV/AIDS, TB and Malaria Activities

Major recent achievements

- Developed and published the full version of the Guideline document “Scaling up Antiretroviral Therapy in Resource-Limited Settings”. A summary version of this guideline document has since been published in 6 languages. A follow-up document titled “A Public Health Approach to Antiretroviral Treatment: Overcoming Constraints”, which provides perspectives and practice in Antiretroviral Treatment, was published in September 2003.
- 15 ECOWAS and 15 CARICOM countries started to use the WHO Guidelines on "Scaling up ARV Treatment" in their access to treatment programmes. In addition, countries such as Kenya, Malawi and Uganda as well many others used the above mentioned guidelines to formulate their national treatment policies.
- Produced and published on the web guidance materials on the “Key Elements for Public Health Response to HIV/AIDS Programming”.
- Through the Accelerated Access Initiative, WHO, working with UNAIDS and other partners, have facilitated a significant reduction – more than 90% in some cases – in the price of ARV drugs offered to all sub-Saharan African countries, reducing costs from about US\$ 10 000 per year to as low as US\$ 300 for some combinations.
- WHO (PAHO) brokered landmark negotiations, finalized in June 2003, between 10 Latin American countries and pharmaceutical companies for up to 72% reduction in the prices of ARVs and up to 60% reduction on the price of reactives used for the diagnosis of HIV.
- WHO technically assisted more than 20 countries in their preparation of HIV/AIDS proposals for GFATM.
- WHO supported and housed the secretariat of the International HIV Treatment Access Coalition (ITAC), a multi-stakeholder network of organizations committed to working in partnership to scale up ART.
- WHO supported the development of protocols for the comprehensive health sector response to HIV/AIDS, including the provision of ART, for the Ukraine. These protocols are now being used by the Commonwealth of the Independent States (CIS) countries for their HIV health sector planning.
- In the framework of the WHO/Italian Government and WHO/OPEC Fund Initiatives, 16 countries in Sub-Saharan Africa are being supported in their implementation of technical interventions in the areas of MTCT, VCT, Blood Safety, Surveillance and Care and Support.
- In the framework of the WHO/GTZ collaboration on capacity-building, regional centres of excellence were identified in Europe and Africa and are now being developed into ‘knowledge hubs’ with capacity-building functions in their subregions – covering issues of prevention, care and monitoring and evaluation.
- Through special funding made available by AusAID, 4 countries in Asia are being supported in their harm reduction programmes (strategy and tools development).
- An MTCT cost-effectiveness study and a draft document on prevention of MTCT have been completed. Others studies on partner notification, testing and counselling, and social marketing of condoms are in process.
- A basic set of care and support (C&S) indicators have been developed, in collaboration with UNAIDS, USAID, US Centers for Disease Control and Prevention (CDC), HRSA and FHI. The indicators were pilot tested in Kenya and Ethiopia and revised, and a working document on the C&S indicators developed during a meeting in Geneva held in collaboration with MSR and other partners.

Highlights of HIV/AIDS, TB and Malaria Activities

Major recent achievements

Strategic HIV/AIDS information

- An update of the Epi Fact Sheets was published in July 2002. In December 2002, a new HIV/AIDS Epidemic Update was prepared, jointly with two issues of the *Weekly Epidemiological Record*. These publications were widely disseminated.
- Surveillance tools and guidelines for Second Generation Surveillance have been published and sent to WHO Representatives and National AIDS Programmes. A CD-ROM was published with all materials. Others technical tools are under development.
- There was regional training for Second Generation Surveillance in Africa, Latin America and European regions.
- WHO led a summit on STI information and case management with international partners to agree on estimations methods.
- There was training in all 6 regions (12 workshops) to improve HIV/AIDS estimations. A software package was developed with partners and distributed to National AIDS Programmes.
- A Global Database, developed in collaboration with Global Atlas, for the basic HIV epidemiological indicators, was launched and is now operational.
- Several technical publications were published in relevant international journals.
- WHO has been leading the global efforts to improve HIV/AIDS information systems and has been promoting this conceptual framework and facilitating its implementation at country level. In July 2002, WHO convened a meeting with all the international partners to discuss technical issues; a common research and implementation agenda in HIV/AIDS, STI and behaviours was agreed upon.
- The Health Sector Response with the coverage of selected health services was published in July 2002, and presented at the Barcelona

International AIDS Conference. This information has provided the baseline to monitor targets that have been set up by WHO.

- The HIV/AIDS Epidemiological Surveillance Update for the WHO African Region, 2002, was published in September 2003.

Achieving the three-by-five target

- WHO committed to the target of “three-by-five” (3x5): three million people living with HIV/AIDS in resource-constrained communities on ARV treatment by the end of 2005, towards the goal of universal access to treatment as a human right.
- At the UN General Assembly High-Level Meeting on HIV/AIDS on 22 September 2003, WHO declared the lack of access to HIV treatment a global health emergency. After years of intense debate, there is now a global consensus that effective ARV treatment can be delivered in resource-constrained settings, is affordable and should be made available immediately to all those in need.
- To make this ambitious but necessary vision a reality, WHO is developing a detailed strategy on how to achieve the 3x5 target, and will have it in place by World AIDS Day, 1 December 2003.
- On World AIDS Day, WHO will also publish simplified treatment guidelines, including recommended first- and second-line treatment regimens, in order to open up universal access to ARV therapy.
- At the countries' requests, WHO has already undertaken emergency assessment missions in Kenya, Malawi and Zambia to facilitate setting of national targets and scaling up plans to assist countries to establish management mechanisms and emergency response processes. Upcoming missions before end of 2003 include Burkina Faso, China, Côte d'Ivoire, Ethiopia, India, Nigeria, Ukraine and the United Republic of Tanzania. Deliverables will include an Implementation Plan for each country and identified further actions to be undertaken by

Highlights of HIV/AIDS, TB and Malaria Activities

Major recent achievements

WHO in support of the countries' efforts. Emergency response teams will be deployed to the most hard-hit countries to help accelerate country action plans and implementation in the very near future. WHO is also developing tools for facilitating the country missions and mobilizing partners to support ART scaling up in countries.

- Work on the development of uniform standards and simplified tools to track the progress and impact of ARV therapy scale-up, which will also include surveillance of drug resistance, are at an advanced stage and will be finalized during a meeting in Lusaka, Zambia, scheduled for 19–21 November.
- The HIV Department is developing a capacity-building plan for ART scale-up, which will include the roll-out of an emergency training programme for health sector and community-based service providers.
- The HIV/AIDS Department, working together with the Department of Essential Drugs and Medicines (EDM), is establishing an AIDS Drugs and Diagnostics Facility (ADDF) to assist countries to purchase quality-assured, best-priced drugs and diagnostics and monitoring technology.
- WHO is advocating the mobilization of sufficient resources to achieve the 3x5 target, and the closure of the annual global treatment funding deficit of US\$5 billion.

TUBERCULOSIS (STB)

TB strategy and operations and monitoring and evaluation

- As a result of support from Stop TB (STB), countries accelerated DOTS expansion activities – Democratic Republic of the Congo, India, Myanmar, Nigeria, the Philippines; 18 out of 22 high-burden countries (HBCs) have established country interagency coordinating committees, gathering all technical and financial partners who support TB control National Interagency Coordinating Committees (NICCs).
- A cost estimate of DOTS expansion activities in all HBCs was developed; the funding gap for 2001–2005 was identified (US\$ 300 million/year).
- Technical assistance was provided to countries applying to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM): TB applications from 41 countries (including 17 HBCs) and one inter-country proposal were approved; hence, additional funding will be available for DOTS expansion.
- Human resources: development of training materials and tools for management of training continued; training of training coordinators was carried out in HBCs through the Task Force Training of TB Coalition for Technical Assistance (TBCTA); technical support was provided to countries on management of human resources for TB control for identification of training needs and training planning.
- WHO continues as the secretariat of the three Working Groups under the Stop TB Partnership (DOTS Expansion, TB/HIV and DOTS Plus for MDR-TB). More than 200 individuals, institutions and countries are now members of each group.
- Joint TB/HIV activities, coordinated by WHO, have begun in the past year in Ethiopia, Kenya, Malawi, South Africa, Uganda, United Republic of Tanzania and Zambia, following publication of the WHO guidelines for implementing joint TB/HIV programme activities. Expansion to francophone and other, non-African, countries is under way. There has been progress in the development of regional frameworks for TB/HIV in the WHO European, South-East Asian and Western Pacific Regions.
- Multidrug-resistant TB (MDR-TB) – more countries have access to concessionally priced second-line drugs, including 3 HBCs (Peru, Philippines and the Russian Federation).
- To begin implementing the global strategy for involving private health care providers in DOTS implementation, demonstration projects were implemented in India, Kenya, the Philippines and Viet Nam. India and the Philippines now have national policies to involve private providers in DOTS implementation. Practical tools to help build collaboration with the private sector were developed. Regional strategy development and plans for implementing Private–Public Mix DOTS (PPM DOTS) in the African Region were assisted.
- The Practical Approach to Lung Health has been developed in countries, aimed at improving the quality of respiratory case management in order to improve TB case detection and the quality of TB diagnosis.
- A laboratory subgroup of the DOTS Expansion Working Group was established to strengthen the laboratory network in HBCs.
- TB in the workplace is being addressed – through collaboration with the corporate sector and the development of guidelines.

Highlights of HIV/AIDS, TB and Malaria Activities

Major recent achievements

- Several guides and recommendations were developed and/or updated (e.g. *Treatment of tuberculosis: guidelines for national TB programmes*, and *Recommendations on community contribution to TB care*).
- Global monitoring of WHA targets for TB control is ongoing, with participation from more than 85% of the world's countries/territories (including all HBCs).
- Annual reports (7 years, ongoing) were produced on the global TB situation, with reference to WHA targets.
- Additional monitoring targets for United Nations initiative Millennium Development Goals (MDGs) have been formed and assessed.
- Studies/analyses of data to assess progress in TB control have been carried out in selected countries.

Stop TB Partnership

- 2002 was an important year for building and consolidating the Stop TB Partnership: national and regional partnerships were built; DOTS expansion, TB/HIV, MDR-TB and new tools activities have been enhanced through the working groups; "TB and poverty" has evolved into a Network and featured as a World TB Day theme; links were built with the GFATM; information and communications activities were widely disseminated.
- The Stop TB Trust Fund was established at the World Bank and first deposits were made; World TB Day focused on patients – "DOTS cured me, it can cure you too"; the Stop TB Coordinating Board met in Brazil in April; social mobilization activities were started in India (Kerala) and Kenya.
- The Secretariat, based in WHO, has expanded and evolved into an effective team that serves as a model to other public health initiatives, supporting the Stop TB Coordinating Board in three areas of work – partnership, the Global TB Drug Facility, and advocacy and

communications. An evaluation of the Stop TB Partnership is currently being carried out and will be presented at the 2nd Stop TB Partners Forum, to be held in New Delhi on 4–5 December 2003.

Global Drug Facility (GDF)

- GDF support to countries has further emphasized the need to develop DOTS expansion plans, introduce policies based on the DOTS strategy and develop plans for improving drug management, and in several countries, has mobilized new partners to provide additional technical and financial assistance.
- A direct procurement mechanism has been established, enabling countries to use their own resources to procure drugs through the GDF, benefiting from the low prices and high quality gained by the GDF. The first countries to enter into negotiations to use this system have included Armenia, Georgia, Nepal, Nigeria and the Philippines.
- The GDF has set up a pre-qualification system with the collaboration of the WHO Department of Essential Drugs and Medicines Policy (EDM) to ensure that countries and agencies (including GDF) can identify quality-assured TB products.
- The GDF has set up a system to monitor countries that received drugs eight months previously.
- A stockpile of GDF products is being established to improve the ability of the GDF to respond rapidly to countries needing drugs urgently.
- A patient kit is being developed to enhance rational drug treatment.
- GDF underwent an external evaluation, carried out by McKinsey & Co., the findings of which were very positive.

Highlights of HIV/AIDS, TB and Malaria Activities
Major recent achievements

TB/HIV

- Through TB/HIV policy development, country support, resource mobilization and political advocacy, increased joint ownership across TB and HIV/AIDS programmes in sub-Saharan Africa, Asia, central America (including the Caribbean) and Eastern Europe of coordinated policies and interventions.
- Scale up of care and prevention services following publication of WHO Global TB/HIV interim policy document. Use of the interim policy document as a basis for preparation of a resolution to be presented at the 2004 World Health Assembly.
- Technical assistance provided to countries in establishing national TB/HIV coordinating committees and identifying ways for TB programmes to contribute to reach the 3 million patients on ARVs by 2005 target.

MALARIA (RBM)

- In 2002, the external evaluation of Roll Back Malaria highlighted the need (1) to accelerate action to control malaria at country level and (2) for a more effective RBM Partnership governance structure.
- In response, RBM established a Partnership Board to coordinate the work of the Partners and evaluate Partnership activities and their impact at country level. The roles and responsibilities of the Partnership Secretariat were clarified and distinguished from those of the RBM technical units and Working Groups were established to strengthen global consensus on strategies to scale up country-level activities. These include ITNs, Monitoring and Evaluation, Malaria in Pregnancy, Case Management, Communication, and Finance and Resource Mobilization.
- In July 2003, WHO modified its overall internal structure to improve efficiency and respond to global health imperatives. The Roll Back Malaria Department (RBM) is located within the new HIV/AIDS, Tuberculosis and Malaria (HTM) cluster under ADG Dr Jack Chow. RBM includes Malaria Strategy and Operations (MSO), Malaria Monitoring and Evaluation (MME), and the RBM Partnership Secretariat (PS).

Roll Back Malaria Department (RBM)

- The MSO and MME units focus on the identification of cost-effective interventions to reduce mortality and morbidity, capacity development in countries, and global malaria surveillance and monitoring and evaluation of control. The Partnership Secretariat aims to foster better coordination, advocacy and capacity-building among partners, thus

helping to scale up malaria interventions at country level to achieve the Abuja Targets and longer-term goals.

- **Collaboration with GFATM.** RBM collaborates closely with GFATM and supports countries in their preparation of GFATM proposals, and the implementation and monitoring of activities using funds received.
- **Essential antimalarial commodities.** RBM is working with partners, including GFATM, to identify country needs for commodities, improve demand forecasting and support more efficient procurement.

Malaria Strategy and Operations (MSO)

- **Insecticide-treated nets and malaria vector control.** Consensus-building on the ITN strategic framework on scaling up access to ITNs, adopted in 2002, remains a priority area of work. Large-scale field trials of the acceptability of the first long-lasting insecticidal nets recommended by WHO are almost completed. A business plan jointly funded by WHO, UNICEF and the Rockefeller Foundation is being developed for the large-scale production of long-lasting insecticidal nets in Africa.
- **Improving access to prompt and effective treatment.** In response to the increasing problem of antimalarial drug resistance, RBM has promoted WHO Expert recommendations for combination therapies, preferably those containing artemisinins (ACTs) in response to the increasing problem of resistance to chloroquine and sulfadoxine-pyrimethamine.
- Support was given to countries such as Burundi, Gabon, Myanmar, Peru, United Republic of Tanzania (Zanzibar) and Zambia to initiate the process of reviewing antimalarial treatment policies. All changed

Highlights of HIV/AIDS, TB and Malaria Activities

Major recent achievements

first-line treatment policy to artemisinin-based combination therapy (ACT).

- Pre-qualification of artemisinin-based antimalarial products, in collaboration with other United Nations agencies, was launched with the “Pilot Procurement, Quality and Sourcing Project”. This project is expected to result in a list of manufacturers, which should help countries to purchase quality-assured drugs.
- Reviews of the safety of artemisinin products in pregnancy and multi-centre studies on the safety of artemether–lumefantrine (Coartem®) in infants were completed. Pharmacovigilance systems are being set up in five countries for new antimalarial treatments.
- Support is being given to scale up community/home-based management of fever in several countries including Ethiopia, Ghana, Madagascar, Nigeria, Uganda and Zambia, as a means of improving access to effective treatment.
- ***Malaria in infants and pregnant women.*** A Strategic Framework for Malaria Control during Pregnancy for the WHO Africa Region has been developed, and a coalition of six countries in eastern and southern Africa, bringing together national reproductive health and malaria control programmes to introduce effective malaria control in pregnancy, has been established. Other countries, including Nigeria, are currently engaged in policy-level discussions to introduce similar approaches. The Malaria Action Coalition was established in 2002, and will provide support to countries implementing malaria in pregnancy programmes.
- RBM has played a central coordinating role in the establishment of the Intermittent Preventive Treatment in infants (IPTi) Consortium. The Consortium, which comprises research institutions in Africa, Europe, and the USA, together with WHO and UNICEF, has been awarded US\$ 28 million by the Bill and Melinda Gates Foundation for further

research into this promising strategy against malaria and anaemia in infants.

- ***Technical support and capacity development.*** Countries experiencing malaria epidemics and complex emergencies remain priority areas of work. The development of cross-sectoral malaria early warning systems (MEWS) is gaining momentum in epidemic-prone African countries. Human resources for malaria control are being developed through courses such as the international training course on malaria control planning for the Africa Region, held annually in Cameroon (French), Ethiopia (English), and Mozambique (Portuguese). It is planned to give more emphasis in the future to capacity development for implementation at district level.

Malaria Monitoring and Evaluation Unit (MME)

- A global malaria database has been established that contains up-to-date information on malaria burden of disease and RBM intervention coverage indicators.
- ***Africa Malaria Report 2003.*** A report outlining the status of malaria control in Africa, including the latest information on malaria burden and intervention coverage from sample surveys, was published jointly by UNICEF/WHO on Africa Malaria Day, 25 April 2003. Copies can be obtained from the CDS Information Resource Centre at cdsdoc@who.int.

Highlights of HIV/AIDS, TB and Malaria Activities
Major recent achievements

RBM Partnership Secretariat

- **Coordinated country support.** A “multi-strategy country focus approach” was adopted by the RBM Partnership in March 2003 to enable targeted support corresponding to country readiness to roll back the disease. So far, 14 countries representing 60% of the population at risk have been placed in Category One, i.e. have been identified as ready to implement malaria control on a national scale and as having high potential for reaching the Abuja Targets. The RBM Partnership Secretariat is working with these countries to agree on critical steps for making maximum progress towards the Abuja Targets by 2005 and for developing individually tailored country support packages for 2003–2005. This methodology has been termed "REAPING" (Roll Back Malaria Essential Actions, Products, Investments, Gaps) and involves (a) a comprehensive desk analysis of country objectives, activities, achievements, resources and gaps with regard to scaling up malaria control strategies and (b) a consultation between the RBM Global Partnership and RBM implementing partners at country level to agree on the support package for each country.
- Structures to facilitate these activities have been put into place: Subregional networks for East and West Africa have been established and Country Programme Advisers (CPAs) are to be deployed in the region.
- **Workplan and Strategic Orientations.** In March 2003, the RBM Partnership Board approved a workplan for the Secretariat focusing on scaling up country-level malaria interventions. The Secretariat has commissioned a strategic orientations document outlining strategies and approaches for scaling up during 2004–2008, which is currently undergoing review by all RBM stakeholders.
- **Working Groups.** The six thematic working groups are moving forward with the development of strategic frameworks, workplans, budgets and task force formation, and will report regularly to the RBM Partnership Board on activities and progress.
- **Global Events and Advocacy.** RBM/PS supported country activities for Africa Malaria Day 2003 (“Roll Back Malaria, Protect Women and Children”) with advocacy and promotional materials, and RBM partners achieved high visibility for malaria by organizing simultaneous events in Nairobi, London and Washington, DC, where the WHO/UNICEF Africa Malaria Report was launched, producing significant international and regional media commentary and coverage. Planning is under way for Africa Malaria Day 2004 and for the 5th RBM Global Partners’ Forum.

**Details on planned activities in 2004–2005,
an extract from the
WHO Proposed Programme Budget
2004–2005**

II

STRATEGIC ORIENTATIONS 2004-2005 BY AREA OF WORK

HIV/AIDS

ISSUES AND CHALLENGES

Over 20 years after the first clinical cases were reported, HIV/AIDS is the leading cause of death in sub-Saharan Africa and the fourth worldwide. By 2002, an estimated 60 million people had been infected with HIV, 95% of them in developing countries, and over 20 million people have died. Africa remains hardest hit, with 2.3 million AIDS deaths in 2001 and prevalence rates exceeding 30% in several parts of southern Africa. Eastern Europe, however, and especially the Russian Federation, is experiencing the fastest growing epidemic, accompanied by high rates of sexually transmitted infections and injecting drug use among young people. In Asia and the Pacific, where over seven million people have already been infected, relatively low national HIV prevalence rates mask immature localized epidemics, which have the potential to expand horrifically in the world's most populous countries. Even in high-income countries, rising infection rates suggest that advances in treatment and care have not been matched consistently by progress in prevention. The increasingly apparent overlap between commercial sex work and injecting drug use is fuelling transmission of HIV in some parts of the world. In many developing countries, most new infections occur in young adults, especially young women. About one-third of those currently living with HIV/AIDS are aged 15-24 years; most do not know they are infected. Many millions more know nothing or too little about HIV to protect themselves.

Because HIV continues to affect disproportionately the most vulnerable in society and perpetuates a cycle of poverty that is crippling national and regional development, improved epidemiological and behavioural surveillance, together with approaches that promote human rights, contribute to gender equity, and strengthen community capabilities, remain essential. Interventions directed at vulnerable populations and those with higher-risk behaviour, as well as at the broader population, can lower infection rates in specific groups and reduce the risk of extensive spread of HIV. Examples have been seen, for example among injecting drug users in central Europe and among men with high-risk behaviour in Cambodia. In Uganda, HIV prevalence in pregnant women has fallen eight years in a row, illustrating how sustained political commitment, community mobilization, strategic partnerships with clearly identified roles and adequate resources can bring even a rampant HIV/AIDS epidemic under control.

The world has recently shown new resolve to meet the challenge of expanding the scale and reach of successful approaches, and to develop a vaccine against HIV. The United Nations Millennium Summit in 2000 and the General Assembly special session on HIV/AIDS in 2001 set new targets in national and international accountability in the fight against the epidemic and its drivers. The creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria and decisions by the pharmaceutical industry to lower drug prices offer the first real hopes that health systems can be strengthened to expand greatly proven prevention interventions against HIV and sexually transmitted infections and care for people infected or with AIDS, including voluntary counselling and testing, treatment of opportunistic infections and highly active antiretroviral therapy.

GOAL

To have halted and begun to reverse the spread of HIV/AIDS by 2015. *(In line with corresponding Millennium Development Goal.)*

WHO OBJECTIVE(S)

To support the implementation, integration and intensification of essential health sector interventions against HIV/AIDS in countries and communities.

Indicator

- Increase in the number of targeted countries demonstrating competence and capability across the health sector to tackle HIV/AIDS.

STRATEGIC APPROACHES

Focus on important health sector interventions in prevention, treatment and care; collection and dissemination of evidence to support interventions and stimulation of the conduct and application of research; provision to countries of evidence-based tools and normative guidance

EXPECTED RESULTS

INDICATORS

- Normative guidance developed and provided to countries to enhance essential HIV prevention, treatment, care and support services and interventions

- Number of targeted countries using and/or adapting WHO tools on management of HIV and related conditions including tuberculosis and sexually transmitted infections, and on the procurement, manufacture, regulation and appropriate use of HIV-related drugs and diagnostics

- More comprehensive and reliable national and global mechanisms for HIV surveillance, monitoring and evaluation formulated or in place

- Number of targeted countries that conduct surveillance studies in identified priority populations, including surveillance of behaviour and antiretroviral resistance patterns
- Number of evidence-based reviews to support strategies

- Dynamic and relevant global agenda and innovative partnerships stimulated for research, including vaccine and microbicide development and operations research

- Number of research initiatives strengthened through WHO mechanisms

- HIV/AIDS advocacy and strategic planning enhanced through the promotion and development of multisectoral partnerships

- Number of countries incorporating recommendations of the global health sector strategy into national plans
- Number of strategic collaborations and partnerships supported by WHO

- Countries supported to build national capabilities and technical expertise for improving health system responses to HIV/AIDS and sexually transmitted infections, including planning, resource allocation, delivery and evaluation of services and interventions

- Number of targeted countries building health-sector competences in HIV/AIDS, including uptake of WHO normative tools and resources
- Number of countries accessing Global Fund to Fight AIDS, Tuberculosis and Malaria and/or other donor support with WHO technical assistance

RESOURCES (US\$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		16 325	120 000	136 325
TOTAL 2004-2005		18 796	140 000	158 796
level at which estimated percentage spent	country	36%	50%	48%
	regional	36%	30%	31%
	global	28%	20%	21%

As an Organization-wide priority, **HIV/AIDS** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature of those efforts.

Areas of work	Nature of contribution
Communicable disease prevention, eradication and control	Formulation and implementation of the HIV/tuberculosis strategy: review of evidence on disease interactions; surveillance of antiretroviral resistance
Mental health and substance abuse	Partnerships, strategies and research on HIV/AIDS, harm reduction and substance use
Child and adolescent health	Capacity building in reproductive health needs of adolescents; increase in safer sex
Research and programme development in reproductive health	Integration with family planning; guides on HIV management in a maternity setting, including use of microbicides and condoms
Women's health	Centrally positioning gender issues in national HIV strategies and programmes
Essential medicines: access, quality and rational use	Integration of AIDS drugs into WHO essential medicines list; collection of data on sources and antiretroviral drug prices; pre-qualification of antiretroviral drug manufacturers; procurement, manufacture, regulation and appropriate use of HIV-related drugs and diagnostics
Immunization and vaccine development	Innovation in HIV/AIDS vaccine development and preparedness
Making pregnancy safer	HIV testing; prevention of mother-to-child transmission of HIV
Organization of health services	Expansion of health-sector capacity
Blood safety and clinical technology	Blood and injection safety; diagnostics
Director-General, Regional Directors and independent functions	Incorporating a human rights perspective into health sector responses to HIV/AIDS

TUBERCULOSIS

ISSUES AND CHALLENGES

Despite recent progress in tuberculosis control, eight million new cases occur every year causing two million deaths worldwide. Directly observed treatment, short-course (DOTS) is a widely proven and highly cost-effective control strategy. Although 148 countries had introduced DOTS by 2000, only 27% of all tuberculosis patients were being so treated, despite the cost of the standard drug regimen having fallen to as little as US\$ 10. Many small- to medium-sized countries are achieving global control targets (70% detection of infectious cases and 85% treatment success by 2005), but most populous countries with high burdens of tuberculosis are not, because they either adopted the strategy only recently or have been slow to expand it. A common reason for slow progress is lack of political commitment and/or resources. In addition, weak primary care systems and lack of involvement of all care providers, governmental and nongovernmental, in tuberculosis control activities are considerable obstacles to the penetration of DOTS at all levels. Furthermore, the HIV/AIDS epidemic, economic and social disruption in many poor countries, and the emergence of multidrug-resistant tuberculosis have undermined tuberculosis control. In countries with high prevalence of HIV, the number of tuberculosis cases has tripled or quadrupled in the past 15 years. Drug resistance is now a serious problem in several countries, with prevalence of multidrug-resistant tuberculosis over 3% in some.

The global movement to Stop TB now has over 200 partners, including organizations in countries with a high burden of disease, bilateral and multilateral agencies, nongovernmental organizations, academic institutions and the private sector. The Washington Commitment to Stop TB (2001) endorsed the need for rapid expansion of DOTS to reach the global targets by 2005 and the goals set by the G8 group of countries in Okinawa, Japan (50% reduction of mortality and prevalence by 2010). The Global Plan to Stop TB, launched in 2001, sets out the actions to be undertaken to reach these goals. The Global TB Drug Facility, also launched in 2001, has already provided free drugs to 40 countries.

New strategies are needed to tackle the epidemic of tuberculosis starting with engagement of all governmental services providing care and expanding to involve communities and nongovernmental organizations as well as private practitioners in national control programmes. Respiratory care in peripheral health services needs to be strengthened. The UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases is coordinating research efforts into new tools for the control of tuberculosis.

The contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria are rapidly and substantially increasing the resources available in countries to tackle those diseases. WHO together with partners will continue to collaborate closely with the Fund and countries at national, regional and global levels to ensure effective use of these new resources.

GOAL

Countries to reach the global control targets by 2005 and to sustain this achievement in order to halve the prevalence and death rates associated with tuberculosis by 2015. (*Millennium Development Goal: By 2015 "halt and begin to reverse the incidence of... other major diseases".*)

WHO OBJECTIVE(S)

To strengthen technical and financial support to countries, based on the global DOTS expansion plan; to increase access to high-quality drugs through the Global TB Drug Facility; to facilitate Stop TB partnership operations; to accelerate the development of specific interventions, strategies and policies for DOTS expansion, dual tuberculosis/HIV infection, multidrug-resistant tuberculosis, and increased involvement of communities, local nongovernmental organizations, private practitioners and primary care workers; to lead global surveillance, monitoring and evaluation; and to promote, and act as a catalyst for, research on new diagnostics, drugs and vaccines.

Indicators

- DOTS implementation rates and global DOTS coverage
- Global case detection and cure rates
- Global financial resources available for tuberculosis control activities

STRATEGIC APPROACHES

Expansion of DOTS coverage throughout all countries through the global DOTS expansion plan; global advocacy and national mobilization campaigns to sustain political commitment and identify resources for tuberculosis control through the Global Stop TB Partnership; implementation of innovative approaches, creation of new policies and strategies to deal with joint tuberculosis/HIV infection and multidrug-resistant tuberculosis, and involvement of all care providers in tuberculosis control activities

EXPECTED RESULTS

INDICATORS

- Global DOTS expansion plan maintained and expanded, underpinned by the Global Plan to Stop TB, comprising shared goals and values

- Global case detection and cure rates

- National partnerships in the form of country coordination mechanisms operational, supporting implementation of long-term national plans to expand DOTS

- Proportion of high-burden and other targeted countries, especially those with lowest incomes, reaching global targets

- Global TB Drug Facility maintained, with expanded access to treatment and cure

- Number of additional patients treated with support from the Global TB Drug Facility

- Political commitment sustained and mobilization of adequate resources ensured through nurturing of the Stop TB partnership and effective communication of the concept, strategy and progress of the Global Plan to Stop TB

- Proportion of countries with agreed national strategy for stopping tuberculosis with supporting advocacy
- International financial resources available for tuberculosis control activities
- Number of additional partners for tuberculosis control

- Global surveillance and evaluation systems maintained and expanded to monitor progress towards global targets, specific resource allocations for tuberculosis control, and impact of control efforts

- Proportion of countries submitting accurate annual surveillance, monitoring and financial reports for inclusion in the annual global report on tuberculosis control

- New policies and strategies to tackle multidrug resistance and to improve tuberculosis control in countries with high HIV prevalence formulated

- Proportion of targeted countries implementing combined interventions between national tuberculosis and AIDS control programmes
- Proportion of targeted countries implementing DOTS revised to cope with multidrug-resistant disease
- Proportion of all countries surveying drug resistance

- New policies and strategies formulated to increase case detection and cure rates through engagement of all governmental care providers, local nongovernmental organizations, community care workers and private practitioners, as well as through integrated respiratory care at primary level

- Proportion of targeted countries able to expand tuberculosis care in all governmental services and through local nongovernmental organizations operating in the poorest areas
- Proportion of targeted countries implementing private-public mix and community care interventions
- Proportion of targeted countries (with adequate health systems) implementing integrated respiratory care at primary level

RESOURCES (US\$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		10 288	100 000	110 288
TOTAL 2004-2005		12 544	158 000	170 544
Level at which estimated percentage spent	country	45%	25%	26%
	regional	33%	20%	21%
	global	22%	55%	53%

As an Organization-wide priority, **Tuberculosis** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature of those efforts.

Areas of work	Nature of contribution
Communicable disease surveillance	Interventions for containment and surveillance of tuberculosis; international regulatory action
Communicable disease prevention, eradication and control	Specification of new technologies and tools to control and eradicate tuberculosis
Research and product development for communicable diseases	Technical information, guidelines, mobilization of resources for research and product development
Mental health and substance abuse	Tools to assess need of vulnerable groups exposed to risk of tuberculosis
Child and adolescent health	Identification of physical and social factors that protect adolescents from tuberculosis
Women's health	Tools for assuring that health care systems address the needs of impoverished and neglected women
Sustainable development	Promotion of better health as a means of reducing poverty; urban and rural development that furthers elimination of tuberculosis
Emergency preparedness and response	Temporary interventions, including tuberculosis programmes in emergencies or disasters
Essential medicines: access, quality and rational use	Access to affordable and efficient therapeutic drugs
Immunization and vaccine development	Promotion of tuberculosis vaccine development
WHO's presence in countries	Technical support to Member States for expanding DOTS
HIV/AIDS	Collaborative tuberculosis/HIV programme activities to improve general health care services and access to care for people living with HIV/AIDS
Surveillance, prevention and management of noncommunicable diseases	Preparation of guidelines on syndromic approach to lung disease
Tobacco	Training of health care workers in counselling on tobacco cessation

MALARIA

ISSUES AND CHALLENGES

Malaria causes 300-500 million cases of acute illness with more than a million deaths each year, and contributes to an ever-widening gap in prosperity between endemic countries and the malaria-free world. Some 90% of the burden is in sub-Saharan Africa, where the “malaria growth penalty” may be as high as 1.3% of economic growth per annum, and the disease is a major cause of poor child development. Annually, 24 million pregnancies in Africa are put at risk through malaria, yet few pregnant women have access to effective interventions. Primarily, it affects impoverished, disadvantaged communities: almost 60% of all malarial deaths are concentrated in the poorest 20% of the world’s population, the highest association of any disease with poverty. Even though the greatest burden lies in Africa, other parts of the world are facing significant challenges to control the disease and need continued support from WHO. Despite inadequate monitoring systems, few signs indicate a decrease in the burden of disease due to malaria. Resistance to formerly effective treatment is increasing, and the proportion of cases due to *Plasmodium falciparum*, which causes the most deadly form of the disease, is on the rise globally.

Roll Back Malaria, initiated in 1998 as a Cabinet Project to promote a global partnership with the goal of halving the malaria burden by 2010, has evolved into the Roll Back Malaria partnership and the separate Malaria control department, which is responsible for WHO’s normative role in international malaria control and supports the partnership in malaria-control planning, implementation, monitoring and evaluation. The partnership, whose secretariat is hosted by WHO so that its members can continue to nurture innovation, increase coverage of effective interventions and sustain awareness, brings together interested parties such as governments of malaria-endemic countries, donors, the private sector and civil society in order that they may pool their relative advantages in a common strategy.

The political will to roll back malaria is strong. The development goals of the United Nations Millennium Summit include combating malaria as one of the global targets for 2015 and 2001-2010 has been declared the “Decade to Roll Back Malaria in Developing Countries, Particularly in Africa”.

The Roll Back Malaria partnership has set the stage for massively expanded action against malaria. It has supported many African countries to develop evidence-based strategic plans, an approach that is designed to increase access to high-quality cost-effective interventions, while promoting operational research and the development of new tools. The creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria represents a good opportunity to make these plans operational and scale up proven strategic approaches to roll back malaria.

GOAL

To halve the burden of malaria by 2010 and to reduce it further by 2015. (*Millennium Development Goal: By 2015 “halt and begin to reverse the incidence of malaria ...”*)

WHO OBJECTIVE(S)

To encourage and support the scale up of effective action to roll back malaria and to facilitate operations of the Roll Back Malaria partnership.

Indicators

- Malaria prevalence rate and malaria-related death rate in children under five
- Proportion of children under five in malaria-risk areas using effective malaria prevention (primarily insecticide-treated nets) and proportion having access to appropriate treatment
- Level of financial resources available to support scaling up malaria control and prevention strategies

STRATEGIC APPROACHES

In areas endemic for malaria, substantially increased use of combination of prevention, particularly for young children and pregnant women, primarily with insecticide-treated nets, prompt access to treatment and intermittent preventive treatment in pregnancy, and prediction and appropriate response to epidemics. Global advocacy and national mobilization campaigns to sustain political commitment and identify resources for malaria control through the Roll Back Malaria partnership

EXPECTED RESULTS

INDICATORS

- National authorities able to scale up cost-effective and sustainable malaria-control measures, as part of or closely linked to health systems development

- Proportion of malaria-affected countries: that have functional partnerships for Roll Back Malaria; that have substantially reduced (>25%) malaria burden in the most vulnerable groups since 1998; implementing antimalarial treatment policies based on evidence, both in public and private sectors; in which over 80% of patients receive effective treatment within 24 hours of onset of symptoms; and that have increased use of insecticide-treated nets to reach the target coverage of 60% among vulnerable groups

- Mechanism established that empowers communities, particularly the poorest, to take appropriate action to increase and sustain control of malaria

- Proportion of malaria-affected countries in which most endemic districts and most poorest such districts have people aware of how malaria can be controlled, and responsibilities and accountabilities for supporting control that are defined and communicated, and a system in place for monitoring whether these are fulfilled

- A system for routine monitoring of malaria and control measures established in all countries endemic for malaria

- Proportion of malaria-affected countries that have a system of monitoring and evaluation of rolling back malaria in place, and reporting at least yearly on progress and outcomes

- Both global advocacy on the importance of malaria and efforts to increase resources available for its control supported

- Magnitude of increase in overall resources available to roll back malaria
- Proportion of malaria-affected countries with approved proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria

- Technical standards established for malaria control and provision of technical support to countries ensured

- Number of countries that have received a technical support mission or consultancy
- Number of countries having adopted recommendations of consultancies
- For each technical guideline, the number of members of the main target audience at country level who use it

- High-priority research and development areas supported, including combination treatment, diagnostic tests, treated nets with longer-lasting insecticidal activity, and intermittent preventive treatment, and results incorporated into national plans

- Increase in the global investments in research and development for rolling back malaria
- Number of new tools and strategies validated through applied research
- Number of countries incorporating results of research and development into national plans

- Capacity developed within countries for policy-making, programme management, and social mobilization

- Proportion of malaria-affected countries with technical capacity to implement plan to roll back malaria
- Proportion of malaria-affected countries with effective financial planning and monitoring mechanisms to support implementation of national plan

RESOURCES (US\$ thousand)

		Regular budget	Other sources	All funds
TOTAL 2002-2003		15 767	110 000	125 767
TOTAL 2004-2005		17 936	128 000	145 936
level at which estimated percentage spent	country	41%	35%	36%
	regional	24%	40%	38%
	global	35%	25%	26%

As an Organization-wide priority, **Malaria** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the nature of those efforts.

Areas of work	Nature of contribution
Communicable disease surveillance	Mapping of data and risk factors of malaria, monitoring of drug resistance
Communicable disease prevention, eradication and control	Strategies and guidelines for vector control and management; development of long-lasting insecticide-treated nets; strategy for capacity development
Health promotion	Social marketing and advocacy of malaria prevention and treatment
Research and product development for communicable diseases	Support and encouragement of research to develop new interventions and products, including genetically modified mosquitos and an effective vaccine
Child and adolescent health	Linking of malaria prevention and control to integrated management of childhood illness
Research and programme development in reproductive health	Strategies and guidelines for prevention and management of malaria during pregnancy
Making pregnancy safer	Incorporation of malaria prevention into maternal health care
Sustainable development	Linking of malaria control with poverty reduction and human development
Health and environment	Evaluation of environmental impact of pesticide and insecticide use; identification of alternatives to pesticidal control of vectors
Emergency preparedness and response	Integration of malaria control in humanitarian action in complex emergencies
Essential medicines: access, quality and rational use	Equitable access to good-quality antimalarial agents
Evidence for health policy	Disease burden statistics to provide evidence for defining strategy and the baseline for monitoring and evaluating impact
Organization of health services	Integration of Roll Back Malaria into health sector development and reform
Resource mobilization, and external cooperation and partnerships	Innovative approaches or strategies to resource mobilization and partnership building for malaria prevention and control
WHO's presence in countries	Inclusion of Roll Back Malaria in WHO country cooperation strategy
Immunization and vaccine development	Development of ways of linking malaria control measures to expanded programmes of immunization

ANNEXES

DETAILED ALLOCATION BY AREA OF WORK AND OFFICE (REGULAR

Area of work	Regular							
	Africa		The Americas		South-East Asia		Europe	
	Country	Regional	Country	Regional	Country	Regional	Country	Regional
Communicable disease surveillance	5 506	1 852	352	1 150	2 137	819	286	359
Communicable disease prevention, eradication and control	3 293	1 177	4 344	4 031	1 350	342	0	52
Research and product development for communicable diseases	215	392	0	0	110	26	0	0
Malaria	2 088	1 167	44	513	2 089	726	104	52
Tuberculosis	1 591	1 012	0	456	1 625	394	351	854
Subtotal: Communicable diseases	12 693	5 600	4 740	6 150	7 311	2 307	741	1 317
Surveillance, prevention and management of noncommunicable diseases	2 552	2 534	1 465	545	3 234	394	535	872
Tobacco	262	723	0	412	1 984	446	258	493
Health promotion	4 990	714	1 709	493	1 587	345	291	484
Injuries and disabilities	208	284	0	0	1 003	366	42	52
Mental health and substance abuse	1 458	1 393	108	1 584	1 375	404	641	833
Subtotal: Noncommunicable diseases and mental health	9 470	5 648	3 282	3 034	9 183	1 955	1 767	2 734
Child and adolescent health	3 131	1 259	39	593	2 187	819	219	545
Research and programme development in reproductive health	1 495	1 718	1 648	0	654	51	104	0
Making pregnancy safer	3 148	2 164	0	316	2 545	537	272	575
Women's health	560	889	37	0	370	342	21	52
HIV/AIDS	3 046	3 112	108	518	2 035	727	207	1 163
Subtotal: Family and community health	11 380	9 142	1 832	1 427	7 791	2 476	823	2 335
Sustainable development	2 065	1 684	1 025	794	1 196	778	143	635
Nutrition	1 930	962	73	1 154	584	342	75	493
Health and environment	4 491	2 325	4 787	1 795	4 191	1 052	292	2 789
Food safety	1 336	413	465	477	970	306	79	462
Emergency preparedness and response	2 151	1 264	0	0	1 095	342	83	505
Subtotal: Sustainable development and healthy environments	11 973	6 648	6 350	4 220	8 036	2 820	672	4 884
Essential medicines: access, quality and rational use	2 245	1 659	402	265	2 840	445	247	493
Immunization and vaccine development	1 597	428	332	1 380	1 362	457	165	596
Blood safety and clinical technology	1 286	1 932	49	636	1 261	481	68	340
Subtotal: Health technology and pharmaceuticals	5 128	4 019	783	2 281	5 463	1 383	480	1 429

BUDGET) AND TOTAL ESTIMATE FOR OTHER SOURCES, 2004-2005 (US\$ THOUSAND)

Budget								Other sources	Grand total
Eastern Mediterranean		Western Pacific		Subtotal		Global	Total		
Country	Regional	Country	Regional	Country	Regional				
1 895	461	1 369	895	11 545	5 536	10 108	27 189	55 000	82 189
808	670	971	205	10 766	6 477	7 623	24 866	103 000	127 866
0	0	0	0	325	418	2 936	3 679	100 000	103 679
1 650	660	1 375	1 206	7 350	4 324	6 262	17 936	128 000	145 936
1 235	447	834	1 027	5 636	4 190	2 718	12 544	158 000	170 544
5 588	2 238	4 549	3 333	35 622	20 945	29 647	86 214	544 000	630 214
1 251	495	1 445	966	10 482	5 806	8 071	24 359	23 000	47 359
296	430	480	545	3 280	3 049	4 034	10 363	27 000	37 363
1 432	722	872	446	10 881	3 204	3 183	17 268	32 000	49 268
304	368	335	134	1 892	1 204	2 232	5 328	13 000	18 328
558	486	685	578	4 825	5 278	4 795	14 898	19 000	33 898
3 841	2 501	3 817	2 669	31 360	18 541	22 315	72 216	114 000	186 216
1 219	399	612	561	7 407	4 176	4 853	16 436	64 000	80 436
0	59	55	54	3 956	1 882	3 573	9 411	58 000	67 411
812	598	401	666	7 178	4 856	1 657	13 691	26 000	39 691
36	304	0	41	1 024	1 628	1 597	4 249	11 000	15 249
811	584	521	686	6 728	6 790	5 278	18 796	140 000	158 796
2 878	1 944	1 589	2 008	26 293	19 332	16 958	62 583	299 000	361 583
3 117	524	0	0	7 546	4 415	3 423	15 384	11 000	26 384
178	269	233	293	3 073	3 513	3 301	9 887	16 000	25 887
2 802	1 568	1 827	2 215	18 390	11 744	11 299	41 433	39 000	80 433
407	383	521	378	3 778	2 419	3 611	9 808	11 000	20 808
721	273	28	111	4 078	2 495	1 759	8 332	63 000	71 332
7 225	3 017	2 609	2 997	36 865	24 586	23 393	84 844	140 000	224 844
1 242	533	1 044	864	8 020	4 259	7 379	19 658	34 000	53 658
1 194	463	707	975	5 357	4 299	7 621	17 277	419 000	436 277
1 552	675	770	242	4 986	4 306	5 375	14 667	8 000	22 667
3 988	1 671	2 521	2 081	18 363	12 864	20 375	51 602	461 000	512 602

DETAILED ALLOCATION BY AREA OF WORK AND OFFICE (REGULAR

Area of work	Regular							
	Africa		The Americas		South-East Asia		Europe	
	Country	Regional	Country	Regional	Country	Regional	Country	Regional
Evidence for health policy	717	1 552	2 899	1 419	1 655	1 222	574	3 897
Health information management and dissemination	305	3 793	0	2 229	97	913	73	4 946
Research policy and promotion	211	738	0	414	823	497	0	299
Organization of health services	21 287	7 748	12 369	4 607	13 191	2 939	1 563	3 016
<u>Subtotal: Evidence and information for policy</u>	22 520	13 831	15 268	8 669	15 766	5 571	2 210	12 158
Governing bodies	0	1 417	0	289	0	308	0	676
Resource mobilization, and external cooperation and partnerships	409	2 074	0	1 184	814	371	580	545
<u>Subtotal: External relations and governing bodies</u>	409	3 491	0	1 473	814	679	580	1 221
Programme planning, monitoring and evaluation	0	832	0	0	391	849	0	1 369
Human resources development	0	2 519	0	659	0	737	0	2 340
Budget and financial management	0	3 713	0	1 666	0	872	0	1 575
Infrastructure and informatics services	0	13 283	0	2 785	0	2 978	0	8 968
<u>Subtotal: General management</u>	0	20 347	0	5 110	391	5 436	0	14 252
Director-General, Regional Directors and independent functions	0	1 768	0	795	0	1 434	0	1 232
<u>Subtotal: Director-General, Regional Directors and independent functions</u>	0	1 768	0	795	0	1 434	0	1 232
WHO's presence in countries	52 953	1 129	9 985	0	17 414	0	6 650	810
<u>Subtotal: WHO's presence in countries</u>	52 953	1 129	9 985	0	17 414	0	6 650	810
<u>TOTAL: Substantive areas of work</u>	126 526	71 623	42 240	33 159	72 169	24 061	13 923	42 372
Exchange rate hedging	0	0	0	0	0	0	0	0
Real Estate Fund	0	0	0	0	0	0	0	0
Information Technology Fund	0	0	0	0	0	0	0	0
Security Fund	0	0	0	0	0	0	0	0
<u>Subtotal: Miscellaneous</u>	0	0	0	0	0	0	0	0
Grand total	126 526	71 623	42 240	33 159	72 169	24 061	13 923	42 372
Regional totals	198 149		75 399		96 230		56 295	

BUDGET) AND TOTAL ESTIMATE FOR OTHER SOURCES, 2004-2005 (US\$ THOUSAND) (continued)

Budget								Other sources	Grand total
Eastern Mediterranean		Western Pacific		Subtotal		Global	Total		
Country	Regional	Country	Regional	Country	Regional				
995	988	467	905	7 307	9 983	13 968	31 258	53 000	84 258
684	1 390	10	1 690	1 169	14 961	13 661	29 791	20 000	49 791
1 401	467	60	263	2 495	2 678	4 393	9 566	10 000	19 566
12 979	5 909	12 336	3 712	73 725	27 931	9 654	111 310	55 000	166 310
16 059	8 754	12 873	6 570	84 696	55 553	41 676	181 925	138 000	319 925
0	238	0	479	0	3 407	19 263	22 670	3 000	25 670
201	768	1 040	1 835	3 044	6 777	13 317	23 138	11 000	34 138
201	1 006	1 040	2 314	3 044	10 184	32 580	45 808	14 000	59 808
0	712	0	273	391	4 035	2 666	7 092	2 000	9 092
0	1 083	0	806	0	8 144	8 918	17 062	20 000	37 062
0	1 383	0	1 190	0	10 399	12 830	23 229	26 000	49 229
0	5 535	0	6 329	0	39 878	57 562	97 440	63 000	160 440
0	8 713	0	8 598	391	62 456	81 976	144 823	111 000	255 823
0	2 647	0	1 976	0	9 852	12 676	22 528	4 000	26 528
0	2 647	0	1 976	0	9 852	12 676	22 528	4 000	26 528
12 418	0	12 418	154	111 838	2 093	1 001	114 932	37 000	151 932
12 418	0	12 418	154	111 838	2 093	1 001	114 932	37 000	151 932
52 198	32 491	41 416	32 700	348 472	236 406	282 597	867 475	1 862 000	2 729 475
0	0	0	0	0	0	15 000	15 000	5 000	20 000
0	0	0	0	0	0	6 000	6 000	0	6 000
0	0	0	0	0	0	10 000	10 000	25 000	35 000
0	0	0	0	0	0	3 000	3 000	6 000	9 000
0	0	0	0	0	0	34 000	34 000	36 000	70 000
52 198	32 491	41 416	32 700	348 472	236 406	316 597	901 475	1 898 000	2 799 475
84 689		74 116							

ALLOCATION FOR THE REGULAR BUDGET AND ESTIMATE FOR OTHER

Area of work	Regular budget				% increase/ (decrease)
	2002-2003		2004-2005		
		%		%	
Communicable disease surveillance	27 026	3.2	27 189	3.1	1
Communicable disease prevention, eradication and control	32 792	3.9	24 866	2.9	(24)
Research and product development for communicable diseases	4 589	0.5	3 679	0.4	(20)
Malaria	15 767	1.9	17 936	2.1	14
Tuberculosis	10 288	1.2	12 544	1.4	22
Surveillance, prevention and management of noncommunicable diseases	23 088	2.7	24 359	2.8	6
Tobacco	9 024	1.1	10 363	1.2	15
Health promotion	17 874	2.1	17 268	2.0	(3)
Injuries and disabilities	5 973	0.7	5 328	0.6	(11)
Mental health and substance abuse	15 718	1.9	14 898	1.7	(5)
Child and adolescent health	14 929	1.8	16 436	1.9	10
Research and programme development in reproductive health	11 205	1.3	9 411	1.1	(16)
Making pregnancy safer	12 572	1.5	13 691	1.6	9
Women's health	4 847	0.6	4 249	0.5	(12)
HIV/AIDS	16 325	1.9	18 796	2.2	15
Sustainable development	15 824	1.9	15 384	1.8	(3)
Nutrition	9 424	1.1	9 887	1.1	5
Health and environment	40 792	4.8	41 433	4.8	2
Food safety	8 009	1.0	9 808	1.1	22
Emergency preparedness and response	7 978	0.9	8 332	1.0	4
Essential medicines: access, quality and rational use	19 434	2.3	19 658	2.3	1
Immunization and vaccine development	19 424	2.3	17 277	2.0	(11)
Blood safety and clinical technology	15 118	1.8	14 667	1.7	(3)
Evidence for health policy	29 509	3.5	31 258	3.6	6
Health information management and dissemination	31 829	3.8	29 791	3.4	(6)
Research policy and promotion	9 380	1.1	9 566	1.1	2
Organization of health services	113 133	13.4	111 310	12.8	(2)
Governing bodies	21 439	2.5	22 670	2.6	6
Resource mobilization, and external cooperation and partnerships	25 550	3.0	23 138	2.7	(9)
Programme planning, monitoring and evaluation	7 338	0.9	7 092	0.8	(3)
Human resources development	15 678	1.9	17 062	2.0	9
Budget and financial management	23 318	2.8	23 229	2.7	0
Infrastructure and informatics services	93 531	11.1	97 440	11.2	4
Director-General, Regional Directors and independent functions	21 528	2.6	22 528	2.6	5
WHO's presence in countries	92 401	11.0	114 932	13.2	24
SUBTOTAL	842 654	100	867 475	100	3
Exchange rate hedging	10 000		15 000		50
Real Estate Fund	3 000		6 000		100
Information Technology Fund	0		10 000		N/A
Security Fund	0		3 000		N/A
TOTAL	855 654		901 475		5

N/A = Not applicable

SOURCES BY AREA OF WORK FOR 2002-2003 AND 2004-2005 (US\$ THOUSAND)

Other sources					Total budget				
2002-2003		2004-2005		% increase/ (decrease)	2002-2003		2004-2005		% increase/ (decrease)
	%		%			%		%	
57 000	4.1	55 000	3.0	(4)	84 026	3.8	82 189	3.0	(2)
122 000	8.8	103 000	5.5	(16)	154 792	7.0	127 866	4.7	(17)
84 500	6.1	100 000	5.4	18	89 089	4.0	103 679	3.8	16
110 000	8.0	128 000	6.9	16	125 767	5.7	145 936	5.3	16
100 000	7.2	158 000	8.5	58	110 288	5.0	170 544	6.2	55
7 000	0.5	23 000	1.2	229	30 088	1.4	47 359	1.7	57
19 500	1.4	27 000	1.5	38	28 524	1.3	37 363	1.4	31
28 000	2.0	32 000	1.7	14	45 874	2.1	49 268	1.8	7
8 500	0.6	13 000	0.7	53	14 473	0.7	18 328	0.7	27
17 000	1.2	19 000	1.0	12	32 718	1.5	33 898	1.2	4
64 000	4.6	64 000	3.4	0	78 929	3.6	80 436	2.9	2
61 000	4.4	58 000	3.1	(5)	72 205	3.2	67 411	2.5	(7)
31 500	2.3	26 000	1.4	(17)	44 072	2.0	39 691	1.5	(10)
12 000	0.9	11 000	0.6	(8)	16 847	0.8	15 249	0.6	(9)
120 000	8.7	140 000	7.5	17	136 325	6.1	158 796	5.8	16
9 500	0.7	11 000	0.6	16	25 324	1.1	26 384	1.0	4
7 500	0.5	16 000	0.9	113	16 924	0.8	25 887	0.9	53
28 000	2.0	39 000	2.1	39	68 792	3.1	80 433	2.9	17
5 000	0.4	11 000	0.6	120	13 009	0.6	20 808	0.8	60
43 000	3.1	63 000	3.4	47	50 978	2.3	71 332	2.6	40
31 000	2.2	34 000	1.8	10	50 434	2.3	53 658	2.0	6
171 000	12.4	419 000	22.5	145	190 424	8.6	436 277	16.0	129
15 500	1.1	8 000	0.4	(48)	30 618	1.4	22 667	0.8	(26)
21 000	1.5	53 000	2.8	152	50 509	2.3	84 258	3.1	67
16 000	1.2	20 000	1.1	25	47 829	2.2	49 791	1.8	4
5 000	0.4	10 000	0.5	100	14 380	0.6	19 566	0.7	36
22 500	1.6	55 000	3.0	144	135 633	6.1	166 310	6.1	23
1 000	0.1	3 000	0.2	200	22 439	1.0	25 670	0.9	14
12 000	0.9	11 000	0.6	(8)	37 550	1.7	34 138	1.3	(9)
1 000	0.1	2 000	0.1	100	8 338	0.4	9 092	0.3	9
6 000	0.4	20 000	1.1	233	21 678	1.0	37 062	1.4	71
15 000	1.1	26 000	1.4	73	38 318	1.7	49 229	1.8	28
40 000	2.9	63 000	3.4	58	133 531	6.0	160 440	5.9	20
3 500	0.3	4 000	0.2	14	25 028	1.1	26 528	1.0	6
0	0	37 000	2.0	N/A	92 401	4.2	151 932	5.6	64
1 380 500	100	1 862 000	100	35	2 223 154	100	2 729 475	100	23
0		5 000		N/A	10 000		20 000		100
0		0		N/A	3 000		6 000		100
0		25 000		N/A	0		35 000		N/A
0		6 000		N/A	0		9 000		N/A
1 380 500¹		1 898 000		37	2 236 154		2 799 475		25

¹ The total for Other sources in 2002-2003 includes US\$ 85 million (or 6.3%) that were shown for country-level activities not attributed to specific areas of work in document PB/2002-2003.