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Washington, D.C.

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Washington DC 20433

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WHO -

January 1986
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1103511

R1992-053 Other #. 5 Box # 20149B

World Health Organization [WHO] - January 1986

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4.8.86

Ms. Vivien Ponniah
UNFPA


Dear Ms. Ponniah,

Per our conversation today, please find enclosed the following:

1. A recent loan/credit disbursement table. As we discussed, the figures therein are not for disclosure/publication.
2. A draft "Donor Profile" prepared by WHO. I haven't had an opportunity to check its accuracy, but thought you might find it of use. Note the separation, on page 5, of "health lending"; we do not think it is useful to make such separations, nor are we confident of the validity of the numbers, a point which we intend to raise with WHO.

I hope these items are of use.

Regards,



David Hodgkinson



Téléphone Central/Exchange: 91 21 11

Direct: 91

In reply please refer to: HRM

Prière de rappeler la référence:

Mr John D. North

Director

Population, Health and Nutrition Department

The World Bank

1818 H Street N.W.

Washington D.C. 20433

16 March 1987

Dear Mr North,

In an effort to sustain and strengthen its informed liaison with donor agencies, WHO's Programme for External Coordination, and particularly the unit for Health Resources Mobilization, has been collecting and analysing information on the policies, structure and practices of the principal donor partners of WHO. Much of the information has been gathered from documents you have provided directly to us, supplemented by material available from organizations such as the OECD and UNDP. We have compiled the data and information most relevant to WHO into "Donor Profiles" for our own internal use. Profiles on 15 agencies have now been prepared and have been printed in DRAFT form.

The Profiles are intended to facilitate closer cooperation of WHO with the donor community, in the interest of supporting efforts directed to attaining national and international health objectives through bilateral and multilateral cooperation. Attention is focused on the health sector in developing countries, and on the role of WHO in supporting the priority activities of these countries. For the moment, distribution of the draft Profiles has been confined to WHO headquarters and Regional Office staff to invite their comments and corrections. Final distribution will include WHO country representatives for their dialogue with Member States.

... Enclosed is a copy of the draft Donor Profile pertaining to your agency. Please note that this was drawn up when details on 1985 were not fully available to us, and the figures and policy positions which applied to 1986 were not fully known.

We would like to request that you and your colleagues review this draft from the point of accuracy on policy and detail, so that our next printing could have the benefit of your endorsement. If possible, we would like to have your reply by the end of April 1987.

... ENCL.

Mr John D. North
Washington D.C. 20433

16 March 1987

We should be grateful if you could include, in your reply to us, any documentation, including figures on your development assistance (both multilateral and bilateral), that would help us to make the Profile more relevant.

It goes without saying that we will provide you with a copy of the full "Donor Profiles" as soon as they are finalized.

We would also like to take this opportunity to ask if your agency would wish WHO to publicly release information on major contributions you make to WHO. We have begun to make plans for giving somewhat greater visibility to our contributing partners, in the belief that this would be useful and desirable from the viewpoint of both contributors and WHO. If you agree in principle, we will be in touch with you further on the form this might take.

We look forward to hearing from you in due course and take this opportunity to thank you in advance for your cooperation in this respect.

Yours sincerely,

With best regards, Ingar

Ingar Brüggemann
Director

Programme for External Coordination

DONOR PROFILE

WORLD BANK

1. **Official name**

The World Bank
1818 H Street N.W.
Washington, D.C. 20433
United States of America

President: Mr Barber Conable

Telephone: (202) 477-1234
Facsimile: (202) 4778164

Telex: 440098
Cable: INTBAFRAD WASHINGTON

DC

Working level contact:

Mr John D. North, Director
Population, Health and Nutrition Department

2. **Geneva mission**

The World Bank Representative to United Nations Organizations
The World Bank - ITC Building
54 rue de Montbrillant
P.O. Box 104
1211 Geneve 20

Telephone: 332120
Facsimile: 332617

Telex: IBRD CH 28883
Cable: -

Working level contact:

Mr W. Siebeck, World Bank Representative

3. **Official correspondence**

Mailing addresses and procedures for submission of proposals, reports and meeting invitations, including appropriate copies to be sent, can be obtained from Health Resources Mobilization unit (HRM), WHO headquarters.

4. **Organizational Structure**

The expression "The World Bank" means both the International Bank for Reconstruction and Development (IBRD) and its affiliate, the International Development Association (IDA). The IBRD has a second affiliate, the International Finance Corporation (IFC). A Board of Executive Directors is responsible for approving all loans.

The IBRD, established in 1945, is owned by the governments of 148 countries. The IBRD, whose capital is subscribed by its member countries, finances its lending operations primarily from its own borrowings in the world capital markets. A substantial contribution to the IBRD's resources also comes from its retained earnings and the flow of repayments on its loans.

The IDA, established in 1960, provides assistance primarily in the poorer developing countries and on terms that would bear less heavily on their balance of payments than IBRD loans. Assistance is concentrated on countries with annual per capita gross national product of less than US\$ 791 (in 1983 dollars). More than 50 countries are eligible under this criterion. Membership in IDA is open to all members of the IBRD, and 133 of them have joined to date. The funds used by IDA, called credits to distinguish them from IBRD loans, come mostly in the form of subscriptions, general replenishments from IDA's more industrialized members, and transfers from the net earnings of the IBRD.

The IFC, established in 1956, assists the economic development of less-developed countries by promoting growth in the private sector of their economies and by helping to mobilize domestic and foreign capital for this purpose. Membership in the IBRD is a prerequisite for membership in the IFC, which totals 127 countries.

Bank operations are divided into six geographical regions, and offices are maintained in many countries for comprehensive, intersectoral coordination. While the Bank is essentially a centralized institution, regional offices are maintained in Paris, Tokyo, Nairobi, Abidjan and Bangkok, as well as their liaison offices in New York and Geneva; their functions are coordination and representational and not operational.

Within the Bank, servicing both IBRD and IDA lending, is the Population, Health and Nutrition Department (PHN). PHN has a staff of over 90 professionals, and carries both policy and operational functions (unlike other sectoral departments which have primarily a policy role, with operational functions resting with the departments dealing with country programmes and projects). At the same time, PHN maintains close working relations with country programmes and project divisions. PHN has a Director's Office and 4 Divisions: the Policy and Research Division and three operating divisions: Division 1 for South Asia and East Africa; Division 2 for East Asia, Pacific and West Africa; and Division 3 for Latin America, Caribbean and EMENA (Europe, Middle East and North Africa).

An important activity of the Bank is carried out through its Economic Development Institute (EDI). The function of EDI is to provide training courses and seminars, including the development of training materials, for senior and middle-level officials in development policy issues. Emphasis is placed on national economic management, sectoral policies, public enterprise and projects. Most of the training activities take place in the developing countries themselves, usually carried out jointly with local training institutions, and Africa has been a major recipient of this effort. Health, population issues, water and sanitation have been the subject of a number of seminars.

5. Official development aid policies, levels and trends

5.1 Overall policy

The common objective of the World Bank institutions is to help raise standards of living in developing countries by channelling financial resources from developed countries to the developing world; the loans of IBRD are directed toward developing countries at more-advanced stages of economic and social growth, while IDA credits are concentrated on the very poor countries.

While the Bank has traditionally financed all kinds of capital infrastructure such as roads and railways, telecommunications and ports and power facilities, its development strategy also places emphasis on investments that can directly affect the well-being of the masses of poor people of developing countries by making them more productive and by integrating them as active partners in the development process. In recent years, there has been increased lending for energy development. In 1980, the Bank inaugurated a programme of structural-adjustment lending, supporting specific policy change and institutional reforms designed to achieve a more efficient use of resources, and thereby: (a) contribute to a more sustainable balance of payments in the medium and long term and to the maintenance of growth in the face of severe constraints; and (b) lay the basis for regaining momentum for future growth.

IBRD loans generally have a grace period of five years and are repayable over twenty years or less. The average interest rate is based on the cost of the Bank's pool of borrowing, and on outstanding loans on 1 July 1986, the lending rate was 8.23 per cent.

The terms of IDA credits are 'soft', with a fifty-year maturity, including a ten-year grace period, and no interest, though there is an annual 0.75 per cent service charge and a 0.50 per cent commitment charge.

For fiscal year 1986 (fiscal year 1 July 1985 to 30 June 1986), IBRD loans were committed for US\$ 13 179 million for 131 loans in 41 borrowing countries (in 1981 = US\$ 8 809 million; in 1983 = US\$ 11 138 million), and IDA had established credits for US\$ 3 140 million in 37 borrowing countries (in 1981 = US\$ 3 482 million; in 1983 = US\$ 3 341 million). The largest IBRD borrowers are India, Brazil and Indonesia; IDA was most active in India, China and Bangladesh.

Because the Bank is a lending institution with its own internal operating budget and a lending budget for development cooperation, it does not give money directly to multilateral agencies, but enters into tripartite cooperative arrangements in appropriate situations.

A Special Facility for sub-Saharan Africa initiated in July 1985, provided credits on IDA terms amounting to US\$ 782 million to 15 countries during fiscal 1986.

5.2 Health and population policy

In 1970, the Bank began its first lending to population and related activities (mainly in Kenya), and in 1980 began lending directly to health-related activities in 15 countries (and formed its PHN Department). IBRD and IDA lending to this sector has reached US\$ 243 million in 1984, US\$ 191 million in 1985 and US\$ 419.5 million in 1986 in 19 loans and credits (in percentage of total lending, 1.6 per cent in 1984, 1.3 per cent in 1985 and 2.1 per cent in 1986).

The Bank has been the largest lender for health since 1983; loans or credits now total some US\$ 200 million every year. Only USA and Japan provide as much development assistance to health, but mainly as grants.

Over time, PHN has moved way from a very strong rural primary health care focus towards increasing attention to areas such as health costs and financing, pharmaceuticals and urban health systems, including hospitals. Health projects

have common features: almost all have a strong rural focus; most seek to extend basic health service coverage; all include a human resource development component; most include substantial effort to strengthen FP services; all support health facilities development, mainly at PHC level; most include elements directed at improving nutritional status and strengthening pharmaceuticals development; cost recovery for drugs or services is in a good number; several include water supply/sanitation and tropical disease control.

Loans to the social/health sector make sense if they reduce the dependence on commercial borrowing (which is at usually double the rate of IBRD borrowing), and if they are coupled with loans to the productive sectors. Health lending per se is considered crucial to overall development support.

Lending in area of population has devolved from concern about relationship between population and development. Population growth has often neutralized growth in per capita income, savings, educational opportunities and human resource development. It has contributed to the current rates of infant and maternal mortality. The policy recognizes the need for education of women, as well as the need for acceptance of family planning at policy and family levels. The clear trend is for sub-Saharan African projects to have an important focus on population/family planning, for example, in Burkina Faso, Ivory Coast, Zimbabwe and Rwanda. The ability to lend for health clearly has been an important factor in facilitating the population policy dialogue.

Priorities are always chosen by the borrowing government.

5.3 Food and nutrition policy

There are frequent nutritional and food security elements in Bank lending programmes, and these are receiving increasing attention in health sector work. However, the Bank recognizes that it has been less successful in addressing malnutrition (due to lack of government interest and capability, or due to desire to keep projects simple).

5.4 Drinking water and sanitation policy

The Bank plays an active role in International Drinking Water Supply and Sanitation Decade (IDWSSD) activities, participating in the 12-member Steering Committee for Cooperative Action. The Bank, through its lending programme, provides about one-third of the annual estimated US\$ 2 000 million invested in water and sanitation programmes in developing countries. With UNDP it carries on research in lower-cost approaches in water supply and sanitation technologies, working now with 35 countries at a level of US\$ 7 million annually.

5.5 Emergency aid policy

In 1983, the Bank initiated its Special Action Programme (SAP), designed to increase assistance to countries that were making efforts to cope with the exceptionally difficult economic environment brought on by a global recession. This was not extended beyond its two-year mandate, but elements have been included in the Bank's regular programme. The Bank also, in close contact with the OEOA, contributed a total of US\$ 5 million in grant aid to the World Food Programme to help transport urgently needed food supplies to drought-stricken states in sub-Saharan Africa.

6. Geographical distribution

Operational activities are divided into 6 regions (lending in millions US dollars for IBRD loans and IDA credits):

a. Eastern and Southern Africa:

total lending: 1984: IBRD \$ 445.2; IDA \$ 741.4
1985: IBRD \$ 74.5; IDA \$ 711.5
1986: IBRD \$ 198.1; IDA \$ 717.8

health lending: 1984: \$ 13.8; 1985: \$ 3.5; 1986: \$ 10.8

Borrowing countries: Botswana, Burundi, Comoros, Djibouti, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Rwanda, Seychelles, Somalia, Sudan, Swaziland, Tanzania, Uganda, Zaire, Zambia, Zimbabwe.

b. Western Africa:

total lending 1984: IBRD \$ 710.2; IDA \$ 471.5
1985: IBRD \$ 419.1; IDA \$ 392.2
1986: IBRD \$ 703.1; IDA \$ 427.5

health lending: 1984: \$ 16.7; 1985: \$ 60.6; 1986: \$ 70.3

Borrowing countries: Benin, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Congo, Cote d'Ivoire, Equatorial Guinea, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Togo.

c. East Asia and Pacific

total lending 1984: IBRD \$ 2 873.0; IDA \$ 429.0
1985: IBRD \$ 2 654.3; IDA \$ 446.3
1986: IBRD \$ 3 101.8; IDA \$ 463.4

health lending: 1984: \$ 85.0; 1985: \$ 85.0; 1986: \$ 113.4

Borrowing countries: China, Indonesia, Korea (Republic of), Laos, Malaysia, Papua New Guinea, Philippines, Solomon Islands, Thailand, Vanuatu, Western Samoa.

d. South Asia

total lending 1984: IBRD \$ 1 865.0; IDA \$ 1 835.6
1985: IBRD \$ 2 169.0; IDA \$ 1 390.1
1986: IBRD \$ 2 216.2; IDA \$ 1 414.8

health lending: 1984: \$ 70.0; 1985: \$ -; 1986: \$ 129.0

Borrowing countries: Bangladesh, Bhutan, Burma, India, Maldives, Nepal, Pakistan, Sri Lanka.

e. Europe, Middle East, North Africa:

total lending: 1984: IBRD \$ 3 052.4; IDA \$ 73.4
1985: IBRD \$ 2 387.1; IDA \$ 42.1
1986: IBRD \$ 2 258.4; IDA \$ 46.4

health lending: 1984: \$ -; 1985: \$ 41.9; 1986: \$ -

Borrowing countries: Algeria, Cyprus, Egypt, Hungary, Jordan, Morocco, Oman, Portugal, Syria, Tunisia, Turkey, Yemen Arab Republic, Democratic Yemen, Yugoslavia.

f. Latin America and the Caribbean:

total lending: 1984: IBRD \$ 3 001.5; IDA \$ 24.1
1985: IBRD \$ 3 654.3; IDA \$ 45.9
1986: IBRD \$ 4 701.2; IDA \$ 70.0

health lending: 1984: \$ 57.5; 1985: \$ -; 1986: \$ 96.0

Borrowing countries: Argentina, Barbados, Belize, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, St Vincent, Uruguay.

7. Channels of aid

7.1 Aid through multilateral channels

The Bank is an important partner in interagency cooperation in the UN system, and participates in many UN activities. It is implementing Agency for certain UN projects. It has a particularly close working partnership with UNDP as the two agencies play a major role in being the lead agencies for donor coordination for developing countries, particularly in the follow-up of the Substantial New Programme of Action (SNPA) for the 1980s for the Least Developed Countries. The Bank plays the dominant role for those countries which choose to have their donor coordination supported through the Bank-supported Consultative Group process (as opposed to the UNDP-supported Round Table process).

With WHO, there is a close partnership. There are meetings on collaboration with WHO at the global, regional and country level. The Bank is co-sponsor with WHO and UNDP of the Special Programme for Research and Training in Tropical Diseases (TDR), serving on its Joint Coordinating Board and on the Standing Committee, as well as on technical committees. The Bank serves as fiscal agent for the Onchocerciasis Control Programme (OCP), receiving and managing all contributions to that programme. The Bank also plays an active role in the Programme for the Control of Diarrhoeal Diseases and in the Special Programme of Research, Training and Development in Human Reproduction (HRP). It works closely with WHO and other agencies on the ACC Subcommittee on Nutrition (SCN).

While the Bank cannot lend to WHO for its own programmes, it is a key partner in the carrying out of sector studies and in the pursuit of its lending programme in the health field, with a tripartite cooperation as the principal means of assuring coherence and synergism. The Bank depends on liaison with the WHO Representative and the Ministry of Health in the preparation of projects and for following their implementation. There is particular interest now in cooperation with the effort to strengthen district health systems based on primary health care, a point where Bank lending may be particularly appropriate for countries.

One exception to the rule of the Bank's function as a lending institution is its direct contributions to certain "special programmes" of the UN system. These include for 1985 grants of US\$ 2.5 million to each of WHO's programmes TDR and OCP. For 1986, TDR received US\$ 3.0 million, calculated at the rate of 12 per cent of the total annual contributions to that programme. The other exceptions are to similar special programmes of FAO, UNEP, WFP and the Programme for sub-Saharan Africa.

7.2 Aid through bilateral channels

All Bank lending is on a multi-bilateral basis, direct to borrowing countries, with the countries then assuring the management of the funds and credit available. Technical assistance is also available for assistance in national economic management and in meeting other institutional development objectives. Further assistance to the preparatory phase of project agreements is available through a Project Preparation Facility (PPF) given to borrowing countries; this is largely for preparation of project proposals for financing by other donors as well as preparatory work on the Bank agreements. It is extended on a grant basis, reimbursement only required if a Bank-financed project results within 5 years from the date the PPF advance is approved.

Regular technical assistance comprises about 9 per cent of Bank lending. This may include contractual services with other development agencies such as WHO to provide technical assistance with Bank funds through arrangements with borrowing governments.

7.3 Aid through non-governmental organizations (NGOs)

The Bank has steadily increased its interaction with NGOs at the international and local level. It has consulted with locally active NGOs in a number of missions for sector review and project preparation. It has sponsored and taken part in a number of meetings to enhance the role of this group of organizations increasingly important in the field of development cooperation. The Bank cannot fund NGOs directly, but financing arrangements exist to support locally-active NGOs and community organizations with Bank funds through agreed arrangements with the borrowing government.

8. The programming process

The project cycle of the Bank (for both IBRD loans and IDA credits) is a rather long but deliberate process leading up to the signing of a project agreement between the Bank and the borrowing country.

- a. Sector work - Following a request for assistance, Bank missions visit the country to examine the needs, and particularly to review the situation in sectors that are the potential targets for financing by the Bank. Sector reports are prepared which review the situation, the constraints operating, the resources, as well as the policies and the priorities of the government in that sector. On the basis of these reports, discussions are held with the government to reach a consensus on issues and how to deal with them. This takes 6-12 months.
- b. Project identification Phase - Further missions work with the government to identify a concrete investment programme and the elements of that programme. This is the closing phase of the sector review and sets the stage for project preparation.
- c. Project Preparation Phase - Work is carried out jointly with the government and other participating agencies to programme the various elements of a project. This will take another 12-24 months.
- d. Project Appraisal Mission - This mission is crucial in that it reviews the result of the preparatory phase, and ascertains if the project is ready for investment. An interval report is presented on the findings of this mission, and, if the project is ready, the government is invited for negotiations.
- e. Presentation of the Project to the World Bank Board of Executive Directors - This is the body which decides to proceed with any loan or credit, and a final decision will be taken.
- f. Signing of the Project Agreement - Signature by the government launches the investment, which is generally in the form of a 5-7 year programme, although not invariably so. The time lapse from the Project Appraisal Mission to signing and implementation is usually 1 year.

g. Implementation

h. Evaluation

9. Other departments contributing to health

There are a number of departments of the Bank that also touch on health-related affairs. They include Agriculture and Rural Development, Education and Training, Water Supply and Urban Development, and the regional departments.

9.1 Role of national health ministry

In its contact with a borrowing country, the Bank is normally in dialogue with the Ministries of Planning and Finance. Where the planning and execution of projects in the population, health and nutrition area are concerned, direct contact and working relations are established with the Ministry of Health.

FORM NO. 75
(6-83)

THE WORLD BANK, INC

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9/17/86

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Bescheard is participating in meeting
& 'Coordination of Agencies
Collaborating in Malaria
Control' in Geneva
from Oct 21-23. It
is expected to attend
this meeting as well.

Please advise.

Thanks,

Keiper

WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTE

BL/R
RB
WHO: TDR
file

Téléphone Central/Exchange: 91 21 11
Direct: 91 3806

In reply please refer to : TDR/T16/83/SER/2
Prière de rappeler la référence:

Dr Bernhard Liese
Population, Health and Nutrition
Department
The World Bank
1818 H Street, N.W.
Washington, D.C. 20433

8 SEP 1986

Dear Dr Liese,

Fifteenth Meeting of the Steering Committee on
Social and Economic Research (SER)
27-31 October 1986, Geneva

On behalf of the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, I am pleased to invite you to participate as an observer in the above meeting.

At this meeting there will be a considerable number of final reports to review as well as progress reports and proposals. Therefore, in order to ensure efficient review, each member of the Steering Committee is being sent copies of all final reports. Please try to read these prior to the Steering Committee meeting. Two Committee members and the disease-specific reviewers will be asked to read each report in depth. Copies of progress reports and new and revised proposals will be sent only to two people for review in order to facilitate the review procedure.

Time will be devoted to reviewing results of the meetings held over the summer (SEAMEO/TROPMED, cost-effectiveness, social research, economics issues).

A special session will be held to discuss evaluation of the SER activities in light of the forthcoming in-depth review.

Background documentation will be sent to you as soon as it is available.

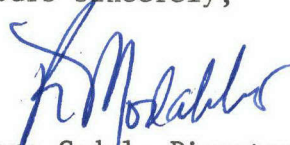

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cc: RD, AMRO, attn. Dr F. Lopez-Antuñano, HPT

It is understood that the World Bank will be covering the costs of your participation in this meeting. Please let us know if you wish accommodation to be arranged for you. Please note that you will be responsible for obtaining visas or any vaccinations which may be required.

I look forward to receiving your reply at your earliest convenience and to your participation in this meeting.

Yours sincerely,

Tore Godal, Director
Special Programme for Research and
Training in Tropical Diseases



Téléphone Central/Exchange: 91 21 11
Direct: 91 3741

In reply please refer to : MAP/M2/87/17
Priere de rappeler la référence:

Dr B.H. Liese
Population, Health and Nutrition Dept.
The World Bank
1818 H. Street, N.W.
Washington, D.C. 20433

11 November 1986

Dear Dr Liese, 7/2/3/86

Coordination Meeting of Agencies Collaborating in Malaria Control
Geneva, 21-23 October 1986

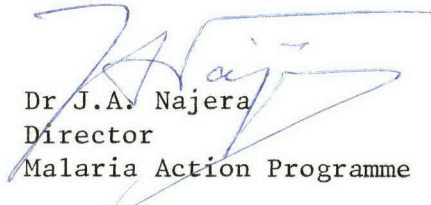
Further to your participation in the above meeting, I have pleasure in forwarding, as promised, a note on the proceedings. Should you have any comments or amendments to propose we would be very pleased to receive them in due course.

I would like to express our appreciation of your important contribution to the discussions during the meeting as well as our thanks for your advice on recent developments in programmes supported by the World Bank.

We look forward to further exploring with you ways of improving the support for malaria control and its coordination.

With best wishes.

Yours sincerely,


Dr J.A. Najera
Director
Malaria Action Programme

ENCL: as stated

- Mrs. I. BRUGGEMANN, Director, Programme for External Coordination
- Dr A. DAVIS, Director, Parasitic Diseases Programme, Geneva
- * Dr T. GODAL, Director, UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
- DR R. SLOOFF, Director, Division of Vector Biology and Control, Geneva
- Dr P. BEALES, Chief, Programming and Training, Malaria Action Programme, Geneva
- Dr S. GORIUP, UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, Geneva
- Dr N. GRATZ, Division of Vector Biology and Control, Geneva
- Dr S. KINGMA, Chief, Health Resources Mobilization, Programme for External Coordination Geneva
- Dr L. MOLINEAUX, Officer-in-Charge, Epidemiological Methodology and Evaluation, Malaria Action Programme, Geneva
- Dr W. WERNSDORFER, Chief, Research and Technical Intelligence, Malaria Action Programme, Geneva
- Mr B. WICKLAND, Health Resources Mobilization, Programme for External Coordination Geneva

OBSERVER

INTER-AMERICAN DEVELOPMENT BANK

Mr Luis ROTAECHÉ, Special Field Office in Europe

*unable to participate, represented by Dr S. Goriup



WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE

COORDINATION MEETING OF AGENCIES
COLLABORATING IN MALARIA CONTROL

Geneva, 21 - 23 October 1986

LIST OF WORKING PAPERS AND BACKGROUND DOCUMENTS

Agenda item
reference

- MAL/COORD.86.1
Draft Agenda
- MAL/COORD.86.2
Annotated Agenda
- MAL/COORD.86.3
List of Participants
- 1 MAL/COORD.86.4 (1) - working paper
International Cooperation in support of programmes
against malaria - an historical perspective
- 1 MAL/COORD.86.4 (2) - working paper
Malaria Control - Some aspects of its cost and financing
- 1 World Malaria Situation 1984 - reprint from World Health
Statistics Quarterly, 39 (1986)
- 2 WHO Expert Committee on Malaria: Eighteenth Report
Technical Reports Series No. 735
- 3 Immediate needs for multilateral support for malaria action -
Working paper MAL/COORD.86.8
- 4 MAL/COORD.86.5 - working paper
The Global Coordination of Manpower Development for Malaria Control
- 5 MAL/COORD.86.6 - working paper
Collaborating Agencies' Policies in relation to support for
Malaria Programmes in Developing Countries
- 6 MAL/COORD.86.7 - working paper
Coordination among Agencies collaborating in support of Malaria Control

Geneva, 21 - 23 October 1986

SUMMARY NOTE ON THE MEETING

1. INTRODUCTION

A meeting of agencies collaborating with WHO and its member countries in the control of malaria was held at the WHO Headquarters in Geneva from 21 to 23 October, 1986. It was attended by 25 participants and one observer from 18 agencies or organizations. The annotated agenda, list of participants and a list of working documents that were made available to the participants are attached. The purpose of the meeting was to strengthen the technical coordination between the collaborating agencies and WHO for a more rational use of the multilateral and bilateral support being provided for malaria control. An indication was provided of the needs for multilateral activities which would further strengthen coordination.

2. CONDUCT OF THE MEETING

The meeting was opened by Dr H. Mahler, Director-General of the World Health Organization, who stressed that malaria continues to be a major development obstacle to the social and economic progress of the affected countries. The effective control of the disease requires a number of specific technologies within a single country which have to be selectively applied. This calls for strengthened epidemiological expertise and sound management and implementation. The framework for such an approach to malaria control was elaborated by the 18th Expert Committee on Malaria in 1985. The report was provided as the key background document to this meeting to guide the discussion.

MAP.10.11.86

3. WORLD MALARIA SITUATION

Recent trends indicate intensified malaria transmission in many areas with a continued spread of specific problems such as parasite resistance to antimalaria drugs. Most areas of high malaria endemicity, including most of tropical Africa, have a serious scarcity of manpower and financial resources to cope with the malaria problem. The cost of control measures and their application is increasing, whilst such efforts are becoming less effective. Attempts to estimate a global expenditure on malaria control resulted in a reported figure of some US \$500 million per year. However this is certainly an underestimation and the figure could easily be doubled. It is clear that there is a need for a better estimate of expenditure for malaria control, but more important is the need for a greater effort to improve the effectiveness of current expenditures by reorientation of the strategy, improved management and technical guidance. It is important to note that 92% of all expenditures for malaria are provided by the governments of developing countries themselves.

4. PRESENT APPROACH TO MALARIA CONTROL

Malaria control is defined as the management of malaria to a level at which it no longer constitutes a major public health problem and will permit progressive social and economic development.

In order to place the malaria action programme in the context of WHO activities it was stressed that the general programme of work of WHO centres on two main pillars: health systems infrastructure development based on primary health care and the development of health science and technology in support of this infrastructure. One of the main thrusts is to strengthen the health infrastructure to deliver well defined country-wide health programmes and to absorb and apply appropriate technologies being developed. The World Health Assembly in resolution WHA38.24 in 1985 asked countries and WHO to develop malaria control as an integral part of national health systems based on primary health care.

The approach to malaria control calls for the design of local strategies and the development and implementation of sustainable and appropriate interventions relevant to the local situation. This can only be

achieved by optimization of the health services resources, mobilization of intersectoral cooperation and the participation, to the extent possible, of affected communities. Sustained progress can only be achieved when antimalaria activities are incorporated in the process of health and socioeconomic development.

National strategies for malaria control as part of primary health care will need to be developed, implemented and evaluated and should include the following:

- (a) Total coverage for the diagnosis and treatment of malaria at the periphery and health education for the promotion of individual and community protection.
- (b) Appropriate referral systems for severe cases and treatment failures.
- (c) Epidemiological services for identifying the main malaria problems, for guiding antimalaria activities, and for the prevention or early detection and control of epidemics.
- (d) Selective application of organized vector control measures in areas of high endemicity particularly in socioeconomic development areas.
- (e) Particular attention to the impact of agricultural, urban and village development projects on the endemicity of malaria.
- (f) Intersectoral research and development with a view to ensuring optimal use of available technology by the health infrastructure.

5. IMPLICATIONS OF THE PRESENT APPROACH

The discussion during the meeting highlighted that the emphasis of the present approach is on the design and implementation of affordable and sustainable interventions appropriate to local situations. This will require strengthening the health services and their malaria programmes, particularly in the areas of technical competence and the management of resources. It was stressed that in order to achieve this end, it will be necessary to give far greater attention to:

(a) Training

One of the problems repeatedly identified by malarious countries is the shortage, at all levels of the health care system, of staff with an appropriate knowledge of malaria and its control. The implementation of the malaria control approach mentioned above requires both a reorientation of the measures to combat the malaria problems as well as a mobilization of resources from the general health services. This has created the need for significant changes in the areas of manpower development. Training and retraining are required for these changes, and the content and scope will be different for personnel working at different levels of the health services system.

At the same time there have been a number of important changes in the approaches and techniques for training. Basic and refresher training in malaria control at different levels of the health services should adequately prepare health workers to analyse the malaria problem, to plan, execute and evaluate interventions and to be able to respond to different malaria situations occurring, or emerging, in different areas. To achieve this WHO has promoted the development of specific training courses, the increased use of workshops and seminars for staff reorientation, the development of training modules and the documentation of case studies. WHO, in collaboration with some of the agencies has progressed to some extent in this direction, but more manpower and financial resources are still required to develop these approaches and to produce the necessary supporting training materials in sufficient quantities as soon as possible.

Many agencies are supporting training activities of various kinds on a bilateral and multilateral basis. There is a need for agencies and recipient countries to inform WHO what they are doing at the periphery, district and central levels if WHO is to fulfill one of its roles of coordinating training at the intercountry and regional levels. This information is needed for the development of a training strategy and appropriate guidance. WHO should make use of the potential that exists among non-governmental organizations, such as associations of institutes of tropical medicine and public health and other bodies for information and expertise.

(b) Readjustment of programmes

Programmes need to be readjusted and the antimalaria functions and resources appropriately distributed to different areas and levels of the health system in keeping with progressive social and economic development and development of the health infrastructure. The necessary readjustment should include:

- = at the national level, the development of a core group who will provide technical guidance to the health services in the early recognition of problems and possible solutions. Expertise is needed in such areas as malariology, entomology, vector control, clinical malaria, epidemiology and operational research methodology.
- At the district or intermediate levels of the health system the health services personnel must have a knowledge of malaria adequate enough to enable them to plan and direct malaria control activities within their areas of assigned responsibility.
- At the periphery or community level the health workers need to be adequately trained to diagnose and treat malaria cases, to teach individual and collective protection against malaria and the proper use of the health services and to recognise and report abnormal epidemiological situations in the community.
- At all levels orientation is needed to ensure that epidemiological information is interpreted appropriately and in good time and is used as a guide for action.

6. PRESENT SITUATION OF EXTERNAL SUPPORT

Although the information available is far from complete and often presents problems of comparability, as mentioned previously most of the present global expenditure (approximately 92%) on malaria control is borne by the affected countries. The total bilateral contribution represents about 6.5% of this expenditure, and the international and multilateral support the remaining 1.5%.

It is estimated that the average national expenditure on malaria control represents about 2 - 4% of the national health budgets, which in turn rarely exceed 5% of the GNP of affected countries.

External contributions to development were estimated in 1981 to be in the order of US \$37 000 million per year of which 10.5% were devoted to health and only 0.6% to malaria control.

As a result of the deterioration of the malaria situation and the increased cost of control activities countries are incurring increasing expenditures on malaria control and this is now being reflected in increased demands for bilateral assistance.

7. NEED FOR A JOINT NEW EFFORT

Agencies have made, and are making, important contributions to malaria control efforts in the form of bilateral support and in support of research. For this purpose general mechanisms of coordination have been used, but in some instances improved technical coordination could lead to an optimisation of resources. WHO could be the vehicle facilitating this kind of coordination. Coordination at interagency, regional and global levels could be facilitated by consultation and informal meetings, and by agencies and recipient countries routinely providing information on their activities at country, regional and central levels.

The implementation of the present approaches to malaria control requires special studies in health services research and a "research and development" approach to the planning, execution, evaluation and utilization of the results of these research efforts. An appropriate coordination of this process is essential not only at the country but also at the intercountry, regional and global levels, in order to improve the acquisition, documentation and rapid distribution of information on new experiences.

Improved coordination is also required, as already expressed, in the field of training and programme support. Coordination at country level is the responsibility of the country and the agencies concerned, but some countries may require support and technical collaboration so as to improve their ability to exercise this responsibility. WHO has collaborated with various agencies in conducting joint planning and evaluation through missions and meetings.

8. FOLLOW UP ACTION REQUIRED

The application of the present approach to malaria control requires WHO technical support and its coordinating role for developing the epidemiological competence, reorientation of programmes, manpower development and research, and development. WHO and UNICEF are preparing a Joint Statement outlining the agreed policies and approaches for guidance.

WHO considers that, in order to perform these functions, external agency support is required, not only bilateral, but also multilateral, for the regional and global activities. The capacity for action of the WHO malaria programme at the global level, including the necessary supportive action for the countries, depends to a large extent on extrabudgetary funds in the form of unspecified contributions to the Malaria Special Account in the WHO Voluntary Fund for Health Promotion.

In view of the greatly increased responsibilities associated with the development of the present approach, WHO must improve its capacity to deal with these new functions at the intercountry and global levels beyond its present means; it is considered that this could be achieved by contributions to the Malaria Special Account in the order of US \$750 000 per year.

Furthermore the new approaches to malaria control will require health systems research and support for this could be achieved by a coordinated programme of predominantly bilateral funding; the purpose of this would be to enable countries to undertake programme readjustments and the evaluation and documentation of the new experiences as a guide for other countries or areas.

To facilitate agency coordination of their possible collaboration in this effort, the World Health Organization will:

- (a) prepare a short "operational" paper on malaria control;
- (b) follow up with interested agencies the planning of concrete actions in such areas as training, programme support and research and development.



COORDINATION MEETING OF AGENCIES
COLLABORATING IN MALARIA CONTROL

Geneva, 21 to 23 October 1986

DRAFT AGENDA

1. Review of the global malaria situation
2. Programme strategy
3. Basic requirements for international support
4. Global coordination of training
5. Policies of collaborating agencies as they affect malaria programming
6. Collaboration and coordination of international cooperation
7. Any other matters

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COORDINATION MEETING OF AGENCIES
COLLABORATING IN MALARIA CONTROL

Geneva, 21 to 23 October 1986

ANNOTATED AGENDA

1. Review of the global malaria situation

An overview of the global malaria situation will be provided. Nearly half of the world's population (2 266 million) now live in areas where antimalaria activities are carried out, of which 2209 million are in areas with a malaria incidence greater than 1 in 10 000. This epidemiological picture will be supplemented with a review of progress and the principal administrative, organizational and financial constraints.

Background documentation will include a historical review prepared mainly for those who may not be familiar with the global programme and the worldwide situation of malaria. A third background paper will review current administrative and economic issues.

2. Programme strategy

In the context of primary health care, within which the control of endemic disease is a major component, and in the context of specific technological and administrative requirements, the meeting will be apprised of the outcome of the Eighteenth Expert Committee on Malaria, which met in Geneva in September 1985. This Committee produced guiding principles for countries to review their approaches to malaria control in the context of primary health care with respect to attainability of objectives and targets and feasibility of sustaining achievements. Particular emphasis is placed on planning at the relevant operational level, the adequacy of infrastructure and the need to ensure the necessary competence to guide health services in the study of the malaria problem and in the planning and implementation of its control.

Background documentation will consist of the Eighteenth Report of the Expert Committee on Malaria.

3. Basic requirements for international support

The agenda will review the major components of international support which is required to implement global programmes during the coming decade. Reorientation of many national programmes from vertical activities to integrated primary health care calls for the most careful attention to complex factors determining the distribution and intensity of the disease, in order to avoid waste and to prevent loss of programme accomplishments. Training of a new generation of broadly skilled malariologists and other programme specialists is given special attention in a separate agenda item. However, the declining number of existing highly experienced malaria specialists must be mobilized effectively. Discussions will be invited on mechanisms to retain and utilize the pool of expertise, to strengthen the sharing of national expertise through Technical Cooperation Among Developing Countries (TCDC), to improve technical information exchange, to accelerate programme development and to coordinate research.

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4. Global coordination of training

While training is an essential component of the strategy, the agenda item emphasizes the special attention to be paid to (1) training needs, (2) reorientation of existing human resources and (3) mechanisms of coordination at global, regional and subregional levels for optimal utilization of resources. A background paper will be provided.

5. Policies of collaborating agencies as they affect malaria programming

Approximately 20 international organizations are now actively cooperating with malaria endemic countries, WHO or with each other, in support of country, training and research activities. A background paper will review current policies as a basis for exploring improving understanding between collaborating agencies and global programme requirements.

6. Collaboration and coordination of international cooperation

The wide variation in technical, administrative and financial requirements at all levels in the global effort, call for greatly improved means to achieve coordination. A background paper will review some of the current and proposed mechanisms to facilitate and improve malaria action.

= = =

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WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE

COORDINATION MEETING OF AGENCIES
COLLABORATING IN MALARIA CONTROL

Geneva, 21 - 23 October 1986

LIST OF WORKING PAPERS AND BACKGROUND DOCUMENTS

Agenda item
reference

- MAL/COORD.86.1
Draft Agenda
- MAL/COORD.86.2
Annotated Agenda
- MAL/COORD.86.3
List of Participants
- 1 MAL/COORD.86.4 (1) - working paper
International Cooperation in support of programmes
against malaria - an historical perspective
- 1 MAL/COORD.86.4 (2) - working paper
Malaria Control - Some aspects of its cost and financing
- 1 World Malaria Situation 1984 - reprint from World Health
Statistics Quarterly, 39 (1986)
- 2 WHO Expert Committee on Malaria: Eighteenth Report
Technical Reports Series No. 735
- 3 Immediate needs for multilateral support for malaria action -
Working paper MAL/COORD.86.8
- 4 MAL/COORD.86.5 - working paper
The Global Coordination of Manpower Development for Malaria Control
- 5 MAL/COORD.86.6 - working paper
Collaborating Agencies' Policies in relation to support for
Malaria Programmes in Developing Countries
- 6 MAL/COORD.86.7 - working paper
Coordination among Agencies collaborating in support of Malaria Control

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WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE

MAL/COORD.86.3.Rev.1

COORDINATION MEETING OF AGENCIES
COLLABORATING IN MALARIA CONTROL

Geneva, 21-23 October 1986

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UNITED NATIONS ENVIRONMENT PROGRAMME (UNEP)

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UNICEF

Ms. M. NEWMAN-BLACK. UNICEF. office for Europe, Geneva

THE WORLD BANK

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Dr J.A. NAJERA, Director, Malaria Action Programme, Geneva (Secretary)



Record Removal Notice

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Correspondents / Participants Dr. J. Barzelatto, Director, Special Programme of Research, Development and Research training in Human Reproduction to John D. North, Director, Population Health and Nutrition Department				
Subject / Title Symposium in Improving the Safety Requirements for Contraceptive Steroids- WHO Account				
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CITY AND COUNTRY: Geneva, Switzerland
FOR ATTENTION OF: Mr. Wolfgang E. Siebeck, Special Representative

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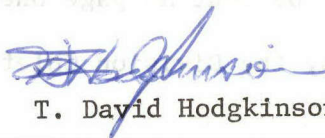
SUBJECT: Briefing Material for John North (Director, PHN) in Discussions with WHO on 24 June 1986

Grateful you pass attached info to Mr. North in preparation for his discussions with Dr. E. Lauridsen of WHO Essential Drug Programme on 24th.

Mr. North is staying at Hotel des Bergues (tel 315050), room 309.

Many thanks. David Hodgkinson

cc:



Transmission Authorized by: T. David Hodgkinson, Assistant to Director, PHN

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950/2

THE WORLD BANK/INTERNATIONAL FINANCE CORPORATION
OFFICE MEMORANDUM

DATE: June 23, 1986

TO: Mr. John D. North, PHNDR

FROM: David Hodgkinson ~~DH~~

EXTENSION: 61568

SUBJECT: Additional Briefing Papers for WHO Pharmaceutical Donors Meeting


Further to our telephone conversation this morning, please find attached Division 2's briefing paper, as well as an expanded note re East Africa. Hope this brings you fully up to date for the meeting.

OFFICE MEMORANDUM

950/3

DATE : June 19, 1986

TO : Mr. D. Hodgkinson, PHNDR

FROM : Dennis Makar  Acting Chief, PHND2

EXT. : 61598

SUBJECT : Cofinancing of Pharmaceutical Components in Proposed PHN
Projects in West Africa and East Asia

1. Per your request, we have compiled information on projects proposed by our division which are likely to include pharmaceutical components, and where assistance from the WHO/DAP in Geneva would be helpful. The attached annex summarizes this information in tabular form. As you will note, proposed projects in East Asia have not been included as they are not likely to have major pharmaceutical components.

NSirur:abf

950/4

ANNEX

West Africa Region - Proposed Projects with Pharmaceutical Components

<u>COUNTRY</u>	<u>PROPOSED PROJECT</u> <u>FY/Loan Amt.</u>	<u>DESCRIPTION</u>
Benin	Pop/Health	The project is expected to assist in population policy development and improve financial planning and management (including resource allocation) in the public health sector. It will include a pharmaceutical component focussed on development of an essential drugs program, covering adoption of an essential drugs list, training of health workers, and improved procurement and distribution practices. Technical assistance from WHO/DAP in these areas would be helpful during both the project preparation and implementation stages.
Guinea	Pop/Health FY87/\$8.0m	The project is designed to strengthen rural health (including family planning) services delivery, addressing both access and quality issues through promotion of an appropriate primary health care strategy in 5 districts. While the pharmaceutical component of the project relates only to the five districts (provision of initial need supply of drugs and development of a revolving fund) it will build on present WHO/DAP assistance to the government in developing a nation-wide essential drugs program and reorganizing PHARMAGUINEE. As such, collaboration of WHO/DAP in preparing the project-specific pharmaceutical component is essential.
Guinea Bissau	Health FY88S/\$3.0m	The project would help develop a national health strategy and plan of action; improve planning and management capacity of the MOPH; assist with data collection; and rehabilitate the regional hospital. It would complement efforts already initiated by WHO/DAP in the area of drug supply, assisting the government to further improve drug selection procurement and management practices, and by providing supplementary funds for purchase of needed drugs. Technical assistance from WHO/DAP would thus be critical to preparation (and perhaps implementation) of the proposed project.

950/5

- 3 -

<u>COUNTRY</u>	<u>PROPOSED PROJECT</u> <u>FY/Loan Amt.</u>	<u>DESCRIPTION</u>
Niger	Health II FY89S/\$25.0m	The project would focus on improving the health status of mothers and children through strengthening of sector institutions and better delivery of maternal and child health (including family planning) services at all levels of the system. The project is likely to include a pharmaceutical component designed to improve selection, procurement, distribution, management and use of drug supplies. Collaboration of WHO/DAP both in developing the pharmaceutical component and (if possible) cofinancing the project would be helpful.
Nigeria	Imo Health and Population FY88/\$50.0m	WHO/DAP, under the PPF, is scheduled to organize a four-person team, which will include MSH staff, to visit Imo State in September 1986. The team would assist in preparation of both an essential drugs program and an associated revolving fund. In most regards, the exercise would be along the same lines as that carried out in April on behalf of Sokoto State.
Nigeria	3rd & 4th State-Level Health & Pop. Projects FY90S/FY90R/\$100.0m	While it is premature to have any specific arrangements as project identification has not yet taken place, based on preliminary discussions with candidate states and WHO/DAP, it appears likely that there will be a need for WHO/DAP inputs during project preparation in most other states as well.
Nigeria	Sokoto Health Project Effective FY86/\$34.0m	WHO/DAP has a continuing relationship with the Federal Ministry of Health to assist in development of a National Essential Drugs Programme as overall framework for state-level programs. This effort may lead to free-standing essential drugs project, which is currently under discussion within the Bank.

950/6

Pharmaceutical Components in PHNDI Projects

ETHIOPIA

A PPF study is underway to identify the components for the proposed pharmaceutical component. The likely components are:

- a) Pharmaceutical logistics: upgrading storage facilities at central stores and building storage facilities at the Regional level and provision of equipment.
- b) Upgrading the existing manufacturing facilities.
- c) To identify if there is a need for a second manufacturing unit.
- d) The project will involve technical assistance in pharmaceutical logistics and manufacturing.
- e) The local WHO office in Addis Ababa is kept fully informed of the progress and have been given copies of the initiating project brief and Aide-memoire.
- f) Technical assistance during project implementation will be required, nature and scope of which needs to be determined.

SRI LANKA

1. A PPF study is expected to start in July-August 1986 to assess the present logistic situation in respect of drugs and FP supplies, transport and equipment procurement and maintenance. GOSL has identified local consulting firm to undertake the study.
2. The local WHO office has been fully involved in the discussions and knows about Bank activities.
3. The study is likely to be completed by December 1986. At that stage, the exact composition of the project component will be clear.
4. The component is likely to include:
 - a) building storage facilities at divisional level;
 - b) upgrading storage facilities at teaching hospitals;
 - c) technical assistance for procurement and inventory control and management;
 - d) technical assistance in physician training in proper prescribing practices; and
 - e) upgrading the pharmacists' training.

950/7

- 2 -

MALAWI

The position is already known to WHO. WHO is cofinancing the pharmaceutical component.

ZAMBIA

There is nothing to add to the information already provided.

LESOTHO

In existing health and population project, Bank is already supporting upgrading of NDSO storage capacities. WHO is supporting the upgrading of the antibiotic manufacturing operations at the existing factory. WHO is also involved in assisting in preparing an essential drugs list which was one of the conditions of the project. However, due to slow implementation of WHO inputs the preparation of the essential drugs list has been delayed by one year.

The World Bank

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

1818 H Street, N.W.
Washington, D.C. 20433
U.S.A.

(202) 477-1234
Cable Address: INTBAFRAD
Cable Address: INDEVAS

June 3, 1986

Dr. E. Lauridsen
Programme Manager
Action Programme on Essential Drugs
World Health Organization
1211 Geneva 27-Switzerland

Dear Ernst,

Thank you very much for your letter of May 23 summarizing the main points discussed during your recent visit to this Department. I share your view that cooperation between DAP and PHN can be extended and deepened, provided of course that appropriate organizational arrangements are in place.

Since PHN is organized along divisional lines, I believe that the PHN division chiefs are the appropriate focus for operational cooperation with DAP. They are responsible for formulating their respective work programs, including mission scheduling. Accordingly, I have requested that they advise you as early as possible regarding specific requests for DAP assistance.

With respect to DAP assistance in identifying pharmaceutical consultants, we very much appreciate your offer of such assistance and will let you know as soon as specific needs arise.

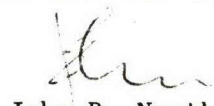
Thank you for offering to provide informal comments on the proposed Pharmaceuticals Policy Paper. Due to the recent secondment of Ms. Karen Hall to Malawi, the paper remains in a preliminary stage and has yet to be fully circulated within the Bank for review. Nevertheless, we would very much appreciate your informal comments on what has been prepared to date and have enclosed a draft for your review. Given that the paper is still in an early draft, we would appreciate your restricting its distribution within DAP as much as possible.

With regard to the proposed UNICEF/WHO drug procurement fund, we look forward to receiving the draft operating procedures for informal review and comment.

On the subject of cofinancing, I have moved forward slightly a planned trip to Geneva so as to participate in the June 24th meeting of pharmaceutical donors. We hope that this meeting will enable us to inform potential cofinanciers about planned PHN projects with pharmaceutical components.

Once again, many thanks for your letter. I look forward to seeing you in Geneva later this month.

Yours sincerely,



John D. North
Director

Population, Health & Nutrition Department

cc: Mr. Denning
Ms. Husain
Mr. Schebeck
Ms. Birdsall
Dr. Measham
Mr. Hodgkinson



Téléphone Central/Exchange: 91 21 11
Direct: 91 3562

In reply please refer to: (World Bank)
Prière de rappeler la référence:

Mr John North, Director
Population, Health and Nutrition Dpt
World Bank
1818 H Street, N.W.
Washington, D.C. 20433

23 May 1986

Dear John,

It was a pleasure to meet with Mr Emmerich Schebeck and your staff during the recent visit of myself and Ms Foster to Washington. We are pleased with the way the cooperation between the World Bank PHN Department and the Action Programme on Essential Drugs (DAP) is developing. As you know, Mr Gerald Moore of our staff has been involved with Kenya, Sierra Leone, and Nigeria health projects, and Ms Foster will be travelling to Malawi next month with a Bank mission. Following our meeting with your staff, I am optimistic that this cooperation can be extended and deepened.

I am sure that you have now been fully briefed on the points we discussed during that meeting, so I will only summarize some of the more important issues.

1. We agreed that DAP and the Bank would exchange lists of priority countries to see how much overlap there was, and how much more scope there could be for working together.
2. We agreed as well that coordination would be improved through the naming of a person or persons in the Bank who would channel correspondence to and from DAP. In particular, it was agreed that copies of information on drug matters would be sent to DAP in Geneva, in addition to being sent to the regional offices and to the WHO Programme Coordinators in each country.
3. DAP requested that the Bank endeavor to provide longer advanced notice of need for DAP staff travel and other input, and to coordinate with DAP management insofar as possible.
4. The Bank staff explained the workings of the "trust funds" for consultants fees and in some cases per diems for work on Bank projects for nationals of Canada, Switzerland, Italy, and Ireland, and that in some cases, these trust funds could be drawn on for consultants suggested by DAP. In the case of such consultants, DAP would provide the name and CV of the proposed consultant to the Bank, who would then proceed with the hiring of the consultant. DAP would also be willing to provide the names of specialized consultants of any nationality upon request from the Bank.
5. With regard to the "drug policy paper" under preparation in the Bank, it was agreed that a copy would be sent for informal DAP comment as soon as possible.

.../...

EL/SF/mt

Mr John North
Washington

Page 2

23.5.86

(World Bank)

We feel that our informal comments would be more useful to the Bank than would an official response.

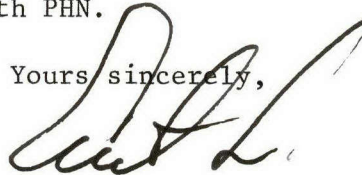
6. With regard to the UNICEF/WHO procurement fund being established, it was agreed that Bank staff would informally review the operating procedures, etc. These are currently being reviewed and discussed at UNICEF headquarters; we will forward them to you as soon as possible.

7. DAP expressed willingness to work with the Bank in finding cofinancing for drug components of PHN projects, and it was agreed that we would improve the exchange of information for this purpose. In particular, it was hoped that the Bank could send a representative to a meeting of DAP's interested donor partners on 24 June 1986, to be held at WHO headquarters in Geneva, at which time we will attempt to match donors with projects, and to generate additional financing for essential drug programmes.

I hope that this faithfully reflects the discussions we had with your staff.

We look forward to further cooperation with PHN.

Yours sincerely,




Dr E. Lauridsen
Programme Manager
Action Programme on Essential Drugs

THE WORLD BANK/INTERNATIONAL FINANCE CORPORATION
OFFICE MEMORANDUM

DATE: May 8, 1986

TO: Distribution

FROM: David Hodgkinson 

EXTENSION: 61568

SUBJECT: Summary of Discussions with Staff from the WHO Essential Drug Programme

1. On March 3, 1986 PHN managers met with Dr. Ernst Lauridsen and Ms. Susan Foster of WHO's Action Programme on Essential Drugs (DAP) to discuss inter-agency cooperation.
2. Dr. Lauridsen informed the participants that, based on the recent pharmaceuticals meeting in Nairobi, it appears likely that DAP's budget and staff will be doubled or even tripled in the near future. At present, there are about 10 DAP staff in Geneva with expertise in the following areas:
 - Drug needs assessment and costing (using epidemiological data);
 - Prescriber training;
 - Drug legislation and policy;
 - Quality control; and
 - Procurement and logistics.
3. The DAP representatives indicated that it would be useful if PHN could nominate a staffmember to coordinate operational cooperation between the two agencies. Mr. Schebeck replied that PHN would be willing to nominate such an individual and that this matter would be brought to Mr. North's attention on his return from mission.
4. Dr. Lauridsen inquired about the status of the pharmaceuticals policy paper and offered DAP assistance in reviewing the paper on an informal basis. Mr. McGreevey replied that the paper was still in a very preliminary stage, but that we would be circulating it to DAP for comments in due course.
5. The participants briefly discussed the status of the proposed drug procurement fund, a revolving credit facility to be administered by WHO and UNICEF (through the UNICEF procurement subsidiary known as UNIPAC). It is hoped that the fund will be operational in July, with initial capitalization of about \$3.0 million. Countries using the fund will be able to pay for pharmaceuticals on delivery (rather than in advance as is normally the case). In addition, the fund will accept partial payment in local currency, thus reducing foreign exchange expenditures. The DAP representatives promised to keep PHN advised as details regarding operation of the fund are finalized.
6. Dr. Lauridsen indicated that DAP has played an important role in mobilizing cofinancing for pharmaceutical programs. He believes that DAP

could assist PHN in this area and invited the Department to send a representative to Geneva for a meeting of pharmaceutical donors scheduled for June 24, 1986. We agreed to respond to this invitation as soon as a PHN DAP coordinator has been named (following Mr. North's return).

cc: Mr. North (o/r), Dr. Measham, Mr. Berg, Dr. Sai, Mr. Schebeck, Mr. Cuca, Ms. Husain, Mr. Mahar, Mr. Denning, Mrs. Maraviglia, Mr. Kumar, Ms Birdsall, Mr. McGreevey, Mr. Paqueo.

The World Bank

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

1818 H Street, N.W.
Washington, D.C. 20433
U.S.A.

(202) 477-1234
Cable Address: INTBAFRAD
Cable Address: INDEVAS

March 18, 1986

Dr. E. Lauridsen
Programme Manager
Action Programme on Essential Drugs
World Health Organization
1211 Geneva 27
Switzerland

Dear Ernst,

Many thanks for your recent letter concerning collaboration between the Bank and WHO's Action Programme on Essential Drugs and Vaccines. I share your hope that this collaboration will continue and expand.

To assess future demand for DAP services, we circulated your letter to our three operational divisions and asked them to indicate the countries and projects in which there is significant scope for cooperation. The replies which were received indicate that Sub-Saharan Africa continues to offer good potential for collaborative efforts. We are, of course, already working with DAP in Lesotho and are anticipating WHO cofinancing of the new Malawi Family Health Project pharmaceutical component. An active dialogue is also taking place with DAP staff concerning PHN activities in Ghana, Guinea-Bissau and Nigeria. In addition, we received expressions of interest with respect to possible DAP support in Sierra Leone and Niger.

Given the diversity of ongoing and proposed cooperation, I support your view that increased advance planning is necessary. To achieve this, I have asked that each PHN Division Chief take steps to ensure that WHO/DAP receives the maximum possible early warning regarding proposed PHN missions.

With respect to cooperation in countries where the DAP budget is limited, I have directed that our project officers seek to explore alternative funding arrangements. In Nigeria, for example, I believe that steps are being taken to ensure that most future DAP inputs are paid from Project Preparation Facilities or other project funds.

I understand that you will be visiting Washington in the near future. If that is indeed the case, I would appreciate your letting me know the approximate dates so that we might fix a convenient time to discuss these matters in greater detail.

With best personal regards.

Sincerely yours,

John D. North
Director

Population, Health & Nutrition Department

cc: Dr. Measham
Mr. Denning
Ms. Maraviglia
Ms. Husain
Mr. Mahar
Mr. Schebeck
Mr. Cuca

DC's to give list by March 6th

WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTE

JDU
NB
KLH

Téléphone Central/Exchange: 91 21 11
Direct: 91 3518/3519

Mr J. North
Director
Population, Health and Nutrition
Department
World Bank
1818 H Street, N.W. Washington,
D.C. 20433

DH
R. de...
Jy/6

In reply please refer to: E19/370/1
Prière de rappeler la référence: (WB; All.)

Dear John,

14 January 1986

Collaboration between the World Bank and WHO's Action Programme on Essential Drugs and Vaccines

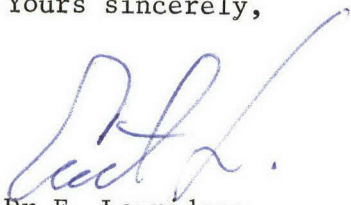
Collaboration between your department and the Action Programme on Essential Drugs has been developed over the last few years: we hope that this will continue and expand. We understand that the examples which have been set by the joint work on Mali, Kenya, Sierra Leone and Nigeria, in particular, will soon be followed by work in other countries. We recently discussed with Ms Nancy Birdsall the possibilities of joint research into essential drugs issues and this too appears promising: we will stay in touch with her division.

As this cooperation develops and expands, it would be most useful for our planning and coordination efforts to know in advance of Bank missions for which our assistance would be requested. We would then be able to plan for the availability of appropriate staff. Perhaps you could review the needs for DAP staff input with your divisional managers and let us know approximate dates, number of staff weeks needed and other details.

We are obliged to set our priorities well in advance and to budget accordingly. Our unallocated funds are limited and as a result we have little leeway to respond to requests for countries not designated as high priority according to our criteria. The result is that we often have difficulty finding funds to cover expenditures on consultants, travel and so on with which to answer requests by the World Bank. We would be pleased if some mechanism could be found for the Bank to cover our expenditures for Bank project assistance in those countries for which our budget is limited.

I look forward to hearing from you soon.

Yours sincerely,


Dr E. Lauridsen
Programme Manager
Action Programme on Essential Drugs

ROUTING SLIP		DATE: 3.17.86
NAME		ROOM NO.
Mr North		P. Coy 1
all		3/17
Re: Cooperation w/ WHO		
<u>Essential Drug Program</u>		
APPROPRIATE DISPOSITION	NOTE AND RETURN	
APPROVAL	NOTE AND SEND ON	
<input checked="" type="checkbox"/> CLEARANCE	PER OUR CONVERSATION	
COMMENT	PER YOUR REQUEST	
FOR ACTION	PREPARE REPLY	
INFORMATION	RECOMMENDATION	
INITIAL	SIGNATURE	
NOTE AND FILE	URGENT	
REMARKS:		
<p>1. Incoming letter from Lawidsen is attached, as are divisional submissions.</p> <p>2. Karen Hall reviewed the proposed draft</p>		
FROM: David	ROOM NO.:	EXTENSION:


Div 1

THE WORLD BANK/INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

Date: March 4, 1986

To: Mr. Stephen M. Denning, Chief, PHND1

From: Ved Kumar, PHND1 

Extension: 60189

Subject: Collaboration with WHO's Action Program on Essential Drugs and Vaccines

WHO DAP Unit is involved in the following Division 1 projects:

1. Lesotho - Preparation of National Drug List. This list was to be completed and submitted to the Bank by December 31, 1985, however, due to delay in arrival of WHO-DAP team, the work is behind schedule. The team may be visiting Lesotho this month, and the drug list may be completed by September 31, 1986.

2. Malawi. WHO is expected to cofinance the pharmaceutical component of the Second Family Health Project, especially in the area of drug quality control, training and technical assistance. WHO team may participate in the forthcoming post appraisal mission.

Presently there are no other Division 1 projects where WHO-DAP assistance would be needed. The WHO offer of support is welcome and wherever feasible, should be utilized; however before making any departmentwise commitments, it may be useful to know:

(a) The current professional staff strength of the DAP Unit. I understand the present strength is only three members;

(b) DAP Unit's present level of commitments for essential drugs program for various WHO regions and other bilateral donors.

It is likely that the unit may be overextending its capacity to provide assistance to donors, which may not fit in with the Bank's tight project preparation schedules.

In case WHO-DAP unit has to hire consultants to provide support for the Bank projects, it might be better that we hire consultants directly instead of paying 15% service charge to WHO.

cc: Mrs. Nydia Maraviglia, PHND1

VKumar:erb

Div 2

ROUTING SLIP		DATE:	2/28/86
NAME		ROOM NO.	
PHND2 Officers			
RE: Collaboration with WHO's Action			
Program on Essential Drugs & Vaccines			
APPROPRIATE DISPOSITION	NOTE AND RETURN		
APPROVAL	NOTE AND SEND ON		
CLEARANCE	PER OUR CONVERSATION		
COMMENT	PER YOUR REQUEST		
FOR ACTION	PREPARE REPLY		
INFORMATION	RECOMMENDATION		
INITIAL	SIGNATURE		
NOTE AND FILE	URGENT		
REMARKS:			
May I have your comments please by cob March 4, 1986.			
Thank you.			
FROM:	ROOM NO.:	EXTENSION:	
DMahar			

SIERRA LEONE :

373786

WHO assistance will be most
useful for S/L particularly, for
preparation of tender documents and
processing of procurement documents
for essential ^{drugs} during May - June '86
for about 2 weeks. If this trip cannot
be accommodated within DAP/WHO budget, WHO
may consider using WHO country T/A budget for S/L.
NIE

THE WORLD BANK/INTERNATIONAL FINANCE CORPORATION
OFFICE MEMORANDUM

2/20/86

February 20, 1986

*Circ, to PDS
for comments.
DM*

TO: Messrs. Schebeck, ~~Mahar~~, Denning, Ms. Birdsall
FROM: David Hodgkinson ~~DH~~
SUBJECT: Collaboration with WHO's Action Program on Essential
Drugs and Vaccines

As agreed at today's management meeting, kindly send me a list of your requirements for WHO support by c.o.b., Wednesday, March 5, 1986.

For your information, a copy of Dr. Lauridsen's incoming letter is attached.

cc: Mr. North, Ms. Hall

Attachment

TDH:ck

Mar 4, 1986

*To: Dennis
From: Bruce
Re: Ghana + G.B. - WHO*

We are ~~collaboration~~ⁱⁿ communication with Gerald Moore re: above countries. Moore + Co. have just completed study in Ghana which will likely have an impact on the Bank's recently-approved project. In G.B., WHO (with UNICEF and Italy) have just approved continued funding of an essential drug program.

More will be here on 26/27 at which time we expect to identify specific areas of collaboration, including possible

*Sum WHO-
of A*

ROUTING SLIP		DATE:	2/28/86
NAME		ROOM NO.	
PHND2 Officers			
RE: Collaboration with WHO's Action Program on Essential Drugs & Vaccines			
APPROPRIATE DISPOSITION	NOTE AND RETURN		
APPROVAL	NOTE AND SEND ON		
CLEARANCE	PER OUR CONVERSATION		
COMMENT	PER YOUR REQUEST		
FOR ACTION	PREPARE REPLY		
INFORMATION	RECOMMENDATION		
INITIAL	SIGNATURE		
NOTE AND FILE	URGENT		
REMARKS: May I have your comments please by cob March 4, 1986. Thank you.			
FROM:	ROOM NO.:	EXTENSION:	
DMahar			

Mr. Mahar

Dennis,

We did explore the need for WHO assistance in Liberia during the appraisal of the proposed population and health project and determined that none would be required. USAID is already committed to providing the necessary support regarding essential drugs over the next 3 years.

Jack Kisa 3/4/86

ROUTING SLIP		DATE: 2/28/86
NAME		ROOM NO.
PHND2 Officers		
RE: Collaboration with WHO's Action Program on Essential Drugs & Vaccines		
APPROPRIATE DISPOSITION	NOTE AND RETURN	
APPROVAL	NOTE AND SEND ON	
CLEARANCE	PER OUR CONVERSATION	
COMMENT	PER YOUR REQUEST	
FOR ACTION	PREPARE REPLY	
INFORMATION	RECOMMENDATION	
INITIAL	SIGNATURE	
NOTE AND FILE	URGENT	
REMARKS: May I have your comments please by cob March 4, 1986. Thank you.		
FROM: DMahar	ROOM NO.:	EXTENSION:

DR

1/Mar/86

Dennis:

As you're probably aware we have a fairly extensive involvement with DAP in Nigeria, which they had neglected until Gerald Moore joined us last year on mission. Many of their future inputs are expected to be paid out of Projects & PPFs. A joint work programme for next 1 1/2 yrs. might look like the following:

State	In-pat	Dates	Proposed Funding
1) Sokoto	4-person design mission (with NSH)	April '86 (3 wks)	SHP + USAID grant
2) Imo	"	June '86 (3 wks)	Imo PPF
3) Fed-level	TA to Essential Drugs Task Force (nature not fully defined)	July - Dec. '86 (level of effort not known)	SHP (Part B)
4a) 3rd (4th) States	4-person or ID Mission	~ Aug '86 (~ 5 days)	WHO
6) 4th "	4-person design mission (with NSH)	Spring of '87 (3 wks)	PPF

Dave

ROUTING SLIP		DATE: 2/28/86
NAME		ROOM NO.
PHND2 Officers		
RE: Collaboration with WHO's Action Program on Essential Drugs & Vaccines		
APPROPRIATE DISPOSITION	NOTE AND RETURN	
APPROVAL	NOTE AND SEND ON	
CLEARANCE	PER OUR CONVERSATION	
COMMENT	PER YOUR REQUEST	
FOR ACTION	PREPARE REPLY	
INFORMATION	RECOMMENDATION	
INITIAL	SIGNATURE	
NOTE AND FILE	URGENT	
REMARKS: May I have your comments please by cob March 4, 1986. Thank you.		
FROM: DMahar	ROOM NO.:	EXTENSION:

*Dennis:
Niger has
recently drawn up a
essential drugs list
and
submit an
eligible for support
Project's special fund. Call
with WHO in this regard. At
successful, we are unable to
a calendar for such
Dennis*

OFFICE MEMORANDUM

DATE: March 5, 1986

TO: Mr. Dennis Mahar, Acting Chief, PHND2

FROM: Mr. Michael Azefor, PHND2

SUBJECT: Collaboration with WHO on Essential Drugs and Vaccines Program

1. With reference to our operations in Guinea, WHO collaboration was sought during sector review missions but either because of lack of clarity about the modus operandi or because of WHO preference to go it alone with the MOPH that initial collaboration was not sustained. WHO has promised Guinea assistance in areas including the choice of an essential drugs list and has sent a consultant to Conakry to draft such a list. However, the report of the consultant has not been made available to us.

2. We would pursue the matter during project preparation and would certainly collaborate with WHO and UNICEF in this area.

February 21, 1986

Dr. E. Lauridsen
Programme Manager
Action Programme on Essential Drugs
World Health Organization
1211 Geneva 27
SWITZERLAND

Dear Ernst:

Always a pleasure to receive news from Geneva. I would be delighted to respond to your request for a paper for publication in the World Health Forum on the economically rational use of drugs, encompassing the issues I raised at the Nairobi Conference. Given the extemporaneous nature of those remarks, the transcript you offered would be most helpful.

Pursuant to our phone conversation this week, I am enclosing for your confidential use the detailed description and projected costs of the drug production and supply component of Malawi health project recently prepared by the Government and appraised by the World Bank. As mentioned, the local WHO office has already pledged \$177,400 in technical assistance support to this component, the total cost of which, including contingencies, is expected to be about \$800,000. The key elements of this component, namely strengthening Malawi drug regulatory and supply management capability via manpower training, establishment of a quality control laboratory, and institution of a monitoring and evaluation system, are entirely consistent with your Programme's objectives as reaffirmed at the Nairobi meeting. The other two elements -- extension of the Central Medical Stores in Lilongwe and renovation of eight drug depots -- are viewed as critical to improving public pharmaceuticals supply storage and distribution.

Your agreement to further explore the possibility of your Programme's financing the remaining portions of this component, beyond the technical assistance, is much appreciated. We would be happy to provide any additional information needed. The official Departmental contact for this project is Dr. V. Jagdish; he can be reached on (202) 676-0187.

Anticipating a favorable response. Will look forward to seeing you in our new home in Malawi soon. With warm regards.

Sincerely,

Karen Lashman Hall

Karen Lashman Hall
Senior Economist

Population, Health & Nutrition Department

Attachment

cleared with and cc: N. Maraviglia
V. Jagdish

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PAGE 1 OF 1

OFFICIAL DEPT/DIV ABBREVIATION PHNDR

MESSAGE NUMBER

TEST NUMBER (FOR CASHIER'S USE ONLY)

START HERE

UNISANTE, GENEVA, SWITZERLAND. FOR MRS. BRUGGEMANN. WOULD GREATLY APPRECIATE YOUR ASSISTANCE IN ARRANGING APPOINTMENTS FOR PLANNED APRIL VISIT WHO HEADQUARTERS. PLAN ARRIVAL TUESDAY APRIL 15 AND DEPARTURE WEDNESDAY APRIL 23. WILL ATTEND AIDS DONOR CONFERENCE APRIL 21-22 AND HOPING MEET FAMILY HEALTH GROUP APRIL 18 FOR DISCUSSIONS MATERNAL MORTALITY CONFERENCE, PREFERABLY MORNING THAT DAY. GRATEFUL IF YOU COULD ARRANGE MEETINGS APRIL 16 AND 17 AND AFTERNOON APRIL 18 WITH AAA) HEALTH MANPOWER DIVISION REGARDING PHYSICIAN EDUCATION AND TRAINING BBB) STRENGTHENING HEALTH SERVICES DIVISION, INCLUDING DR. TARIMO IF POSSIBLE CCC) HEALTH FOR ALL STRATEGY GROUP, INCLUDING DR. JANCLOES IF POSSIBLE DDD) HEALTH FINANCING GROUP EEE) ESSENTIAL DRUGS PROGRAMME FFF) WATER AND SANITATION DIVISION AND GGG) ANY OTHER SUGGESTIONS YOU MIGHT HAVE. MANY THANKS AND KIND REGARDS, MEASHAM, INTBAFRAD, WASHINGTON.

END OF TEXT

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INFORMATION BELOW NOT TO BE TRANSMITTED

CLASS OF SERVICE	Cable	TELEX NO.:	DATE:	3/14/86
SUBJECT:	Meetings	DRAFTED BY:	ARMeasham/aer	EXTENSION:
CLEARANCES AND COPY DISTRIBUTION:		AUTHORIZED BY (Name and Signature):		
cc: Mr. North, Mr. Hodgkinson, Dr. Sai, Mr. Berg, Mr. McGreevey, Mr. Cuca, Mr. Denning, Mr. Mahar, Ms. Bak, Ms. McDonald, Mr. Siebeck (Resrep, UN Geneva).		Anthony R. Measham		
		DEPARTMENT:		
		PHNDR		
SECTION BELOW FOR USE OF CABLE SECTION				
CHECKED FOR DISPATCH				

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OFFICIAL DEPT DIV
ABBREVIATION

MESSAGE NUMBER

TEST NUMBER
FOR CASHIER'S USE ONLY

1 OF 1

PHND2

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START
HERE

UNISANTE, GENEVA
FOR DR. ERNST LAURIDSEN, PROGRAMME MANAGER, ACTION PROGRAMME ON
ESSENTIAL DRUGS. RE PROPOSED VISIT OF GERALD MOORE TO WORLD
BANK. DURING 26 FEBRUARY PHONE CONVERSATION BETWEEN MOORE AND
BRUCE CARLSON AND ME, IT WAS PROPOSED THAT MOORE VISIT WORLD BANK
ON WEDNESDAY AND THURSDAY, 26 AND 27 MARCH, TO DISCUSS GHANA,
NIGERIA, AND OTHER COUNTRIES, ESPECIALLY IN AFRICA, WHERE
COLLABORATIVE EFFORTS ARE OR MIGHT BE UNDERTAKEN. THIS IS TO
CONFIRM THAT MOORE VISIT FOR THOSE TWO DAYS WOULD BE QUITE
WELCOME. OUR DIVISIONAL MANAGEMENT WOULD LIKE TO HOLD STAFF
MEETING WITH MR. MOORE, AFTER WHICH HE COULD MEET WITH
INDIVIDUAL STAFF MEMBERS TO DISCUSS SPECIFIC COUNTRIES. I
INVITED MSH TO SEND SOMEBODY FROM BOSTON FOR DISCUSSIONS ON
UPCOMING JOINT EFFORTS IN NIGERIA, BUT CONFERENCE THERE MAY
PREVENT THEIR PARTICIPATION. PLEASE ASK MOORE TO PHONE ME UPON
HIS RETURN TO GENEVA IN ORDER TO CONFIRM PROPOSED ARRANGEMENTS,
AFTER WHICH I CAN ARRANGE HIS SCHEDULE. THANKS AND REGARDS, DAVE
RADEL, PHND2. INTBAFRAD, WASHINGTON, D.C.

END
TEXT

Telex

27821 OMS

3-3-86

DR
David Radel, pl

61601

Dennis Mahar, Acting Chief, PHND2

PHN

cc: Dr. Measham, PHNDR; Ms. Husain,
Mr. Brown, Mr. Carlson, Mr. Khan,
Mr. Kisa, Dr. Scheyer, PHND2

Page

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ABBREVIATION

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1 OF 4

PHND2

FOR ERNST LAURIDSEN, WORLD HEALTH ORGANIZATION, GENEVA, WITH COPIES FOR MRS. KHADIJAT MOJIDI, WORLD BANK, LAGOS, AND DR. JONATHAN QUICK, MANAGEMENT SCIENCES FOR HEALTH, BOSTON. RE UPCOMING MISSIONS TO ASSIST SOKOTO AND IMO STATES, NIGERIA IN DESIGNING ESSENTIAL DRUGS PROGRAMMES. OUTLINED BELOW IS OUR UNDERSTANDING OF KEY MATTERS DISCUSSED EARLIER WITH GERALD MOORE AND CONFIRMED DURING YOUR AND MY 11 FEBRUARY TELEPHONE CONVERSATION: (1) WE AGREED SOUND BASIS FOR WHO/BANK/GOVERNMENT OF NIGERIA COLLABORATION IN DEVELOPMENT OF ESSENTIAL DRUGS PROGRAMME(S) ESTABLISHED DURING JOINT MISSION IN NOVEMBER. (2) WHO WILL CONTINUE TO ASSUME LEAD IN ORGANIZING MISSIONS IN RESPONSE TO REQUESTS FROM STATES, BUT MSH WILL BE UTILIZED AS A MAJOR SOURCE OF TECHNICAL RESOURCE PERSONS, ESPECIALLY WITH REGARD TO DRUG REVOLVING FUNDS. (3) SPECIFICALLY, THE FIRST MISSION WILL BE MOUNTED DURING THREE-WEEK PERIOD FROM ABOUT 14 APRIL TO 3 MAY 1986. (4) IT IS HIGHLY LIKELY THAT THIS MISSION WILL BE TO SOKOTO STATE, WHOSE BANK LOAN FOR THE SOKOTO HEALTH PROJECT BECAME EFFECTIVE LAST MONTH, WHEREAS FORMAL REQUEST FOR PROJECT PREPARATION FACILITY (PPF) ADVANCE FOR IMO NOT YET SUBMITTED TO BANK BY FEDERAL GOVERNMENT. MOREOVER, SOKOTO HAS ALREADY SUBMITTED REQUEST TO WHO TO ORGANIZE CONSULTING TEAM.

END
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INFORMATION BELOW NOT TO BE TRANSMITTED

TELEX

21174

2-14-86

David Radel: *[Signature]*

61601

cc: Mr. Brown, Mr. Kisa, Dr. Scheyer,
Mr. Over (o/r), Ms. Sirur (o/r),
PHND2; Dr. Measham, PHNDR;
Ms. Hall, PHNPR; Ms. Mehra, WA1NI
DF: Nigeria-SHP/Imo Project

Dennis Mahar, Acting Chief, PHND2

PHN

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WORLD BANK OUTGOING MESSAGE FORM (Table, Telex)
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(5) FOR THIS MISSION, MSH IS ABLE TO PROVIDE TWO KEY MEMBERS, DR. QUICK AND A SPECIALIST IN DRUG REVOLVING FUND OPERATION AND MANAGEMENT. YOU AGREED TO CONFIRM THIS WITH MSH AND WORK OUT ADMINISTRATIVE ARRANGEMENTS BETWEEN WHO AND MSH. IN ADDITION, YOU WILL BE FOLLOWING UP ON ARRANGEMENTS INITIATED BY MOORE TO OBTAIN SERVICES OF LOGISTICS SPECIALIST, WHO HAS UNDERTAKEN FREQUENTLY SIMILAR WORK FOR WHO. MOORE WOULD BE FOURTH MEMBER OF TEAM. (DR. WALKER'S PARTICIPATION, WHICH MOORE HAS TRYING TO ARRANGE, WOULD THEREFORE NOT BE REQUIRED FOR THIS MISSION.)

(6) WHO HAS AGREED TO FINANCE UP-FRONT FULL COST OF MISSION. BASED ON INVOICE FROM WHO UPON COMPLETION OF WORK, SOKOTO (AND SIMILARLY IMO) WOULD THEN REQUEST DIRECT PAYMENT FROM BANK TO WHO, WHICH, OF COURSE, WOULD BE IN HARD CURRENCY. (7) SUCH AN ARRANGEMENT WOULD ALSO REQUIRE, HOWEVER, THAT WHO AND THE INVOLVED STATE HAVE EXCHANGED IN ADVANCE LETTERS, REPRESENTING, IN EFFECT, A CONTRACTUAL AGREEMENT. INCLUDED SHOULD BE COST ESTIMATES, STATEMENT OF CONSULTING TEAM COMPOSITION IN TERMS OF NUMBERS AND DISCIPLINES, LENGTH OF TEAM'S VISIT, AND NATURE OF PRODUCT/SERVICES. (8) IF MOORE DRAWS THIS UP IN LAGOS, AS YOU PROPOSED, MRS. MOJIDI, WHO HAS DELAYED HER TRIP TO SOKOTO TO MEET WITH HIM, COULD HAND CARRY LETTER TO SOKOTO ON 19 FEBRUARY.

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DATE 2-14-86

David Radel: pl

61601

Dennis Mahar, Acting Chief, PHND2

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(9) YOU PROPOSED TENTATIVELY, AS PART OF WHO'S OWN CONTRIBUTION, TO ARRANGE FOR SOME OR ALL OF TEAM TO VISIT IMO STATE BRIEFLY BEFORE OR AFTER SOKOTO MISSION TO REVIEW EFFORT TO DATE AND TO SET NEXT STEPS INTO MOTION PENDING RETURN OF TEAM ASAP THEREAFTER. SUCH AN ARRANGEMENT SOUNDS VERY CONSTRUCTIVE. PLEASE LET US KNOW AS SOON AS MORE DETAILS ARE WORKED OUT WITH TEAM MEMBERS SO THAT WE CAN CONFIRM THIS WITH IMO OFFICIALS. PRELIMINARY WORK BY IMO ESSENTIAL DRUGS TASK FORCE NOW AVAILABLE, AND MRS. MOJIDI CAN SHARE COPY WITH MOORE. (10) YOU AGREED THAT DURING YOUR DISCUSSIONS WITH MSH AND OTHER POTENTIAL CONSULTANTS, YOU WILL ARRANGE FOR RECONSTITUTED TEAM (WITH SUBSTITUTIONS AS REQUIRED) TO RETURN TO IMO FOR FULL THREE-WEEK ASSIGNMENT, PRESUMABLY ASAP AFTER WORLD HEALTH ASSEMBLY AND MSH COURSE, WHICH RUNS THROUGH 6 JUNE. THIS IS HIGH PRIORITY AS APPRAISAL OF ENTIRE IMO HEALTH AND POPULATION PROJECT MUST AWAIT PREPARATION OF THIS ESSENTIAL COMPONENT. (11) THIRD FRONT FOR POSSIBLE JOINT ACTION IN NEAR FUTURE IS FEDERAL LEVEL, WHICH MOORE AND MOJIDI SHOULD DISCUSS WITH FEDERAL MINISTRY OF HEALTH. FUNDS FOR TA AND STUDIES ON NATIONAL ISSUES RELATED TO ESSENTIAL DRUGS (E.G., ALLOCATION OF IMPORT LICENSES AND FOREIGN EXCHANGE) ARE AVAILABLE IN PRINCIPLE THROUGH FEDERAL-LEVEL ELEMENT OF SOKOTO HEALTH

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Dennis Mahar, Acting Chief, PHND2

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WORLD BANK OUTGOING MESSAGE FORM Cable, Telex
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PROJECT (PART B), BUT PROPOSAL EXPECTED FROM FMOH NOT YET IN
HAND. (12) COPY OF THIS CABLE BEING TELEXED TO MOJIDI AS
BACKGROUND FOR HER DISCUSSIONS WITH MOORE AND WHO RESIDENT
REPRESENTATIVE. THANKS AND REGARDS, DAVE RADEL, INTBAFRAD,
WASHINGTON, D.C.

END
OF
TEXT

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TELEX

DATE 2-14-86

DR

David Radel: pl

61601

cc: Mr. Brown, Mr. Kisa, Dr. Scheyer,
Mr. Over (o/r), Ms. Sirur (o/r),
PHND2; Dr. Measham, PHNDR;
Ms. Hall, PHNPR; Ms. Mehra, WA1NI
DF: Nigeria-SHP/Imo Project

APPROVED BY: Dennis Mahar, Acting Chief, PHND2

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