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**Folder ID:** 1633229

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THE WORLD BANK

Washington, D.C.

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The World Bank

1818 H Street NW

Washington DC 20433

Telephone: 202-473-1000

Internet: [www.worldbank.org](http://www.worldbank.org)

**PUBLIC DISCLOSURE AUTHORIZED**

Clausen's: World Health Organization



The World Bank Group  
**Archives**



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Clausen Papers - World Health Organization [WHO] - Correspondence - Volume 1

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WBG Archives



533  
Téléphone Central/Exchange: 91 21 11  
Direct: 91 38 83

In reply please refer to: OCP/08/372/3 ICRD  
Priere de rappeler la référence:

Mr A.W. Clausen  
President  
The World Bank  
1818 H. Street, N.W.  
Washington D.C. 20433

25 May 1984

Dear Mr Clausen,

Just one year ago we exchanged correspondence regarding the preparation of a Long-Term Strategy for the Onchocerciasis Control Programme to assist with the funding of the third financial phase. I am pleased to report to you that this exercise is proceeding according to schedule.

Several options were drawn up for the future evolution of the Programme and considered by the Committee of Sponsoring Agencies. This resulted in the incorporation of the proposed Southern and Western extension areas being identified as the only possible strategy which will bring the Programme to a successful conclusion within a specified time, and enable responsibility for maintaining activities to be handed over to the Participating Governments just shortly after the originally designated 20-year duration of the Programme. Initial estimates indicate that, on this basis, the third financial phase will call for funding in excess of what was required for the second phase with a marked reduction in the fourth which will culminate in the demise of the Onchocerciasis Control Programme as such.

Fortunately, donors are aware that they are supporting a very successful Programme as now recorded in a Scientific Review, nearing completion, of the first 10 years of the Programme's operations. For example, in 90% of the original Programme area the vector has been kept under effective control and transmission interrupted. The prevalence and incidence of this disease have been drastically reduced. There are indications that the adult worm in the human host lives only about 10 years instead of the 15 originally predicted so that infection is already disappearing from large sections of the population. Over 3 million children born since the Programme was launched are without risk of contracting the disease. New insecticides are forthcoming and progress in drug development is most encouraging. River valleys have been made available for development and their resettlement is gaining momentum, spontaneous resettlement being six times that organized by the Governments. New villages are being established right on the river banks in areas where ten years ago the nearest villages were marked by distress, blindness and hunger.

While appreciating that the raising of the necessary financing is the responsibility of the Bank as fiscal agent, WHO is ready to cooperate with the Bank in this exercise. According to the schedule of activities jointly agreed by the Committee of Sponsoring Agencies, the Bank should present a funding strategy to it for consideration during the second quarter of 1984, as it is essential that the funding strategy matches the technical strategy to ensure the satisfactory evolution of the Programme towards the attainment of its objective. This is particularly relevant as alternative sources of financing may be tapped which have different policies as to their use. Also when approaches are being made to present and potential donors WHO will make its resources available to support the Bank in presenting the Programme's success to all concerned, it being especially opportune to build on this success during the current financial climate.

As the Programme enters its second ten years of operations, the new emphasis on socioeconomic development of the area requires support beyond what WHO can provide. The Programme having identified itself as a useful intercountry coordinating body for control activities, both donor and participating countries are looking to it to continue some similar functions in respect to socioeconomic development. Although such development is recognised as a national and not a regional responsibility, both parties view the Programme as a useful link and the Committee of Sponsoring Agencies in 1981 and 1983 saw the Economic Development Unit of the Programme as playing a desirable catalytic role. WHO, although executing agency, cannot be expected to assume responsibility for this except in the area of Public Health and the time has come for the other agencies, the Bank, FAO and UNDP, which are specialized in other aspects of development, to be more specifically involved. It would be appreciated, therefore, if you could indicate how best the role of the Bank in the Programme might be strengthened in this respect.

Yours sincerely,

  
H. Mahler, M.D.  
Director-General

THE WORLD BANK  
Washington, D. C. 20433  
U. S. A.

June 25, 1984

A. W. CLAUSEN  
President

Dr. Halfdan Mahler  
Director-General  
World Health Organization  
1211 Geneva 27  
Switzerland

Dear Dr. Mahler:

Thank you for your letter of May 25, 1984. It is a pleasure to hear of the progress that has been achieved in formulating a Long-Term Strategy for the conclusion of the Onchocerciasis Control Programme (OCP) since we last corresponded a year ago. The Bank considers the program to be a very successful collaborative humanitarian effort that is making an important contribution to the development of human resources in the West Africa region. I would like, therefore, to take this opportunity to congratulate you and your staff on the remarkable achievements of the program and on the work to date on the Long-Term Strategy (LTS).

We agree that the LTS correctly identifies control of the savannah species of the vector in the southern and western extension areas as the only feasible way of bringing OCP to a conclusion and of permitting the eventual devolution of maintenance activities to the beneficiary countries. As you know, it will be the process of ending the program and of turning over remaining maintenance activities to the beneficiary countries that will determine OCP's ultimate success. Hence, this process is of particular interest to the donor community, which is being asked to provide substantial financial support to OCP for a period of over two decades. It is therefore very important that, in completing the work on the LTS, careful attention be given to clearly identifying required maintenance activities that would continue after the program's termination and to establishing a process by which these activities can be successfully transferred to the beneficiary countries.

We greatly appreciate your offer of WHO's full cooperation in seeking funding for the next phase of the program and expect to be devoting considerable effort to this during the next 18 months. With respect to your inquiry concerning the funding strategy for Phase III, we would expect multilateral grants to be the primary source of funding for the third phase of the program as they were for the previous two. However, most major international donors are already contributing to the OCP trust fund. In the present constrained environment for international aid, we can hope at best for only small increments to the contributions of current donors and the addition, perhaps, of a few new donors. Therefore, realistically, we do not anticipate any significant increase in real terms in the multilateral grants that could be mobilized for the Onchocerciasis Trust Fund.

Two other additional possible sources of funds are currently being explored by Bank staff. These sources, although less flexible than multilateral funding, might have to be used to supplement the present sources of funding if these prove inadequate. The first source being investigated is the potential for funding by private foundations. This would probably be both a limited and less flexible form of financing since any such funds would probably have to be earmarked solely for research activities. Secondly, it might also be possible to fund selected program activities through parallel bilateral financing. However, we would recommend this course only as a last resort because of the administrative, operational, and financial problems to which it could lead.

Although the international community can be justifiably proud of the achievements of OCP, in the recent past various donors have expressed concerns about the following points: (a) the need for more accurate budgeting of OCP expenditures; (b) the need to hold the costs of Phase III of the program to a level that can be realistically funded; and (c) the need for adequate managerial and technical resources for OCP to implement the LTS.

The annual budgets requested by OCP for 1983 and 1984 substantially overestimated program requirements. In 1983, actual expenditure by OCP was \$6 million less than what had been budgeted for the year at OCP's request. Disbursements made so far in 1984 indicate that this year's expenditures have probably also been overbudgeted by \$4 to \$6 million. A substantial over estimate of expenditure on chemotherapy research has been an important cause of the overstatement of total budgetary requirements. It will be of critical importance for the success of fund raising activities that, starting with the 1985 budget, OCP budgets its expenditures as accurately as possible.

A second concern of the donor community is that, although 90% of the original program area is now virtually free of the vector, the operational costs of the program have not declined. In the absence of savings in the current operating areas, it is unclear how OCP will be able to carry out the proposed extensions without a drastic increase in total program costs. This escalation of costs is reflected in the current version of the LTS, which shows expenditures in constant dollars rising from \$116 million in Phase II to \$142 million in Phase III. As already mentioned, an increase in program expenditures in real terms of this magnitude would be difficult to finance. Hence, an active effort will be needed to find ways to reduce costs in order to both convince donors of the program's continued efficiency and to ensure that projected expenditures do not exceed available funding.

The success of OCP to date has been achieved in large part through the care taken in providing the program with strong management, including support from WHO headquarters, and very good technical staff. To cope with the extension of operations planned for Phase III, continued attention will need to be paid to providing necessary management and technical staffing.

June 25, 1984

The Bank will be happy to assist, as requested in your letter, the economic unit of OCP in evaluating the socioeconomic development now occurring in the onchocerciasis-freed areas. The Bank is ready to provide technical advice and help supervise consultants to be employed by OCP in the production of a report on socioeconomic development in the program area. On the basis of such a report, the impact of the control of onchocerciasis on development strategies and assistance programs could be assessed, and the Bank could subsequently advise beneficiary countries and other donors on how to take advantage of the opportunities created by onchocerciasis control.


In closing, I wish to express again my deep appreciation for the achievements of OCP in controlling the disease and in preparing a long-term strategy to guide future international efforts to a successful conclusion.

Sincerely,

A. W. Clausen  
President

Cleared with and cc: Messrs. Alisbah, North, Bianchi, Dailly,  
Liese

cc: Messrs. Thalwitz, Fuchs, de la Renaudiere, Eccles, O'Brien, Steeds,  
Isenman, Prost, Rogerson, Dailly (o/r)  
Ms. I. Husain, Kessides

  
JPDailly/DMattheisen:ma  
letter/ONCH01

July 16, 1985

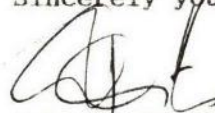
Dear Dr. Mahler:

Mr. Clausen has asked me to respond to your letter of June 27, 1985 enclosing the draft report on smoking and health.

This topic is of great interest to the Population, Health and Nutrition Department and to the Bank as a whole. We will be pleased to comment on the draft report and to provide additional information on Bank policy and practice in this area. Unfortunately, it will not be possible to provide this information by the end of July but we can promise a response by the October 1, 1985 deadline.

With kind regards.

Sincerely yours,



John D. North  
Director

Population, Health and Nutrition Department

Dr. Halfdan Mahler  
Director General  
World Health Organization  
1211 Geneva 27  
Switzerland

cc:  Mr. Southworth, Mr. L.P. Chatenay

ARMeasham/rmf

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OK*



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PAGE

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OFFICIAL DEPT/DIV  
ABBREVIATION

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(FOR CASHIER'S USE ONLY)

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1 OF 1

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UNISANTE, GENEVA, SWITZERLAND

4

FOR DR. H. MAHLER, DIRECTOR GENERAL.

5

MR. CLAUSEN HAS JUST RECEIVED URLET COR-E 17/180/2 AF ON CRITICAL

6

SITUATION AFRICA. MEANWHILE WE HAVE ACTED ON BASIS OF ADVANCE

7

COPY PROVIDED BANK'S REPRESENTATIVE AT UN AND ARRANGED SCHEDULE

8

FOR DR. PARTOW AND MRS. BRUGGEMANN AS FOLLOWS:

9

MONDAY, MARCH 4

10

1030 SHAHID JAVED BURKI, DIRECTOR, INTERNATIONAL RELATIONS DEPT.

11

1130 EDWARD V.K. JAYCOX, VICE PRESIDENT, EASTERN AFRICA REGIONAL

12

OFFICE

13

1300 LUNCHEON HOSTED BY MR. S. SHAHID HUSAIN

14

1530 S. SHAHID HUSAIN, VICE PRESIDENT, OPERATIONS POLICY

15

1700 WILFRIED P. THALWITZ, VICE PRESIDENT, WESTERN AFRICA

16

REGIONAL OFFICE

17

1745 XAVIER DE LA RENAUDIÈRE, DIRECTOR, SPECIAL OFFICE FOR

18

AFRICA

19

JOHN NORTH IS UNAVAILABLE MONDAY BUT WILL MEET WITH WHO OFFICIALS

20

WEDNESDAY, MARCH 6 AT 1000. STAFF HERE ALSO REVIEWING MAY 1976

21

JOINT MEMORANDUM IN ANTICIPATION DISCUSSION WITH YOUR STAFF.

22

GEORGE, ALEX SHAKOW, ACTING DIRECTOR, INTERNATIONAL RELATIONS

DEPARTMENT, INTBAFRAD

PINK AREA TO BE LEFT BLANK AT ALL TIMES

INFORMATION BELOW NOT TO BE TRANSMITTED

CLASS OF SERVICE:

TELEX

TELEX NO.:

27821

DATE:

2/27/85

SUBJECT:

WHO- Visit Dr. Partow

DRAFTED BY:

VJRiley/rd

EXTENSION:

74455

CLEARANCES AND COPY DISTRIBUTION:

cc: Messrs. Jaycox, Husain,  
Thalwitz, de la Renaudiere  
Burki

AUTHORIZED BY (Name and Signature):

V.J. Riley

DEPARTMENT:

IRD

SECTION BELOW FOR USE OF CABLE SECTION

CHECKED FOR DISPATCH



204  
Téléphone Central/Exchange: 91 21 11  
Direct: 91

In reply please refer to: COR-E17/180/2AF  
Prière de rappeler la référence:

Mr A. W. Clausen  
The President  
The World Bank  
1818 H. Street, N.W.  
Washington D.C., 20433  
Etats-Unis d'Amérique

15 February 1985

Dear Mr Clausen,

We have just completed another session of our Executive Board during which anxiety was expressed over WHO's contribution to the mitigation of the critical situation in Africa,

I explained to the Board, and I believe this was well understood, that WHO's role in direct emergency assistance is limited but that we have a major role in cooperating with affected countries in such a way that they not only extricate themselves from the immediate crisis but make genuine progress in terms of socio-economic development.

The new WHO Regional Director for Africa, Dr G. L. Monekosso, is now consolidating information concerning the health needs that form part of the development needs of these countries. At the global level I have designated Dr Farouk Partow, Assistant Director-General, to assist me in coordinating WHO's contribution regarding the African Crisis and to take the necessary measures to ensure that it goes beyond the immediate emergency relief operations.

WHO's contribution is indeed intended to strengthen the capacity of our Member States in order to ensure that their health strategies both support and are supported by other efforts towards the countries' overall socio-economic development. To this end, Dr Partow will endeavour to achieve meaningful cooperation between WHO and the World Bank as well as other UN agencies.

cc : Mr L. P. Chatenay, World Bank Representative to UN Organizations at Geneva

/...



TE

*Roy,  
Bwaki's office has already  
received a FAX of this letter  
& have mailed it to Hussen,  
Kath, Shalwitz, Joycox +  
de la Rivaudie. We are  
supposed to receive a copy  
of the FAX.*



Mr  
The  
The  
181  
Was  
Ets

Téléphone Central/Exchange: 91 21 11  
Direct: 91

202

in reply please refer to :  
COR-E17\180\2AF  
Prise de rappel la référence :

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cc : Mr L. P. Chatenay, World Bank Representative to UN Organizations at Geneva

...

Mr A. W. Clausen, The President, The World Bank  
COR-E17/180/2AF

15 February 1985

I am fully aware that the Bank is also concentrating on country by country action in response to the African Crisis with a view to "sustained development". With this in mind and beyond the African Crisis I should like Dr Partow to investigate further how WHO can combine its developmental efforts with those of the World Bank and discuss with your staff to what extent our joint memorandum of May 1976 on "World Bank/World Health Organisation Health Activities" has been overtaken by developments and whether we may eventually find a new expression for our joint collaboration.

I would therefore appreciate it if Dr Partow could meet with Mr Shahid Hussain, Vice President of Operations Policy and any other Bank official you would consider appropriate. I presume such a preliminary discussion on joint policy issues would also include Mr John D. North and Mr Shahid Javed Burki.

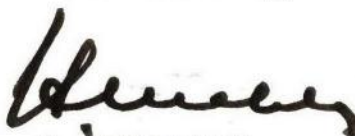
With respect to the African Crisis it would perhaps be useful if Dr Partow could meet Mr Xavier de la Renaudière and those responsible for your programmes in Western, Eastern and Southern Africa.

Dr Partow will be accompanied by Mrs Ingar Brüggemann who has recently been appointed as Director, Programme for External Coordination for Health and Social Development. They will be in Washington for the period of 4 - 6 March 1985, thus appointments could be foreseen during these three days whenever it is suitable.

I hope these discussions will not inconvenience your staff but - on the contrary - will help our Organizations to take our support to developing countries yet a step further.

With best regards.

Yours sincerely,



H. Mahler M.D.  
Director-General

RECEIVED

17 FEB 20 PM 8:17

OFFICE OF THE PRESIDENT

15 February 1985

Mr. A. W. Clausen, The President, The World Bank  
COR-EIV\180\2AF

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Yours sincerely,

H. Mahler M.D.  
Director-General

RECEIVED

1985 FEB 20 PM 6:17

OFFICE OF THE PRESIDENT

FORM NO. 75  
(6-83)

THE WORLD BANK/IFC

ROUTING SLIP		DATE:
		2/20/85
NAME		ROOM NO.
Messrs. S. Shahid Husain		E-1023
North		N-437
Burki		E-812
Thalwitz		A-313
Jaycox de la Renaudiere		B-1210 E-1204
APPROPRIATE DISPOSITION	NOTE AND RETURN	
APPROVAL	NOTE AND SEND ON	
CLEARANCE	PER OUR CONVERSATION	
COMMENT	PER YOUR REQUEST	
FOR ACTION	PREPARE REPLY	
<input checked="" type="checkbox"/> INFORMATION	RECOMMENDATION	
INITIAL	SIGNATURE	
NOTE AND FILE	URGENT	
REMARKS: Attached is an advance copy of a letter from Dr. Mahler of WHO to Mr. Clausen. It was provided by WHO to our representative in New York. You will note that meetings are requested March 4-6. My secretary will call regarding a schedule, once you've had a chance to read the letter. The WHO officials also will be calling on PAHO and the U.S. State Department.		
FROM: V. J. Riley	ROOM NO.: E-806	EXTENSION: 7-4455

WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTE

Téléphone Central/Exchange: 91 21 11

Direct: 91

Mr A. W. Clausen

The President

The World Bank

1818 H. Street, N.W.

Washington D.C., 20433

Etats-Unis d'Amérique

In reply please refer to:

COR-E17/180/2AF

Prière de rappeler la référence:

February 1985

Dear Mr Clausen,

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I explained to the Board, and I believe this was well understood, that WHO's role in direct emergency assistance is limited but that we have a major role in cooperating with affected countries in such a way that they not only extricate themselves from the immediate crisis but make genuine progress in terms of socio-economic development.

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cc : Mr L. P. Chatenay, World Bank Representative to UN Organizations at Geneva

Mr A. W. Clausen, The President, The World Bank  
COR-E17/180/2AF

February 1985

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With best regards.

Yours sincerely,

H. Mahler M.D.  
Director-General



# OFFICE MEMORANDUM

6-181  
DATE June 22, 1984

TO Mr. A.W. Clausen, President

FROM Mr. E. Stern, Senior Vice President, Operations *ES*  
Bilssel Alisban, Director, WAI and Acting Regional Vice President, WAN *BA*

EXTENSION 78051

SUBJECT Onchocerciasis Control Programme:  
Reply to Letter from Dr. Mahler, Director-General of WHO

Please find attached for your signature a letter to the Director-General of WHO, replying to his letter to you concerning the Onchocerciasis Control Programme (OCP). We have used this letter as a vehicle for raising with Dr. Mahler a number of important issues concerning the future of the OCP that we were planning to raise with him at an appropriate time.

LHinkle:ma

A W. CLAUSEN  
President

April 10, 1984

Dear Halfdan:

It was nice to see you in Bellagio and I'm sorry that commitments in Khartoum forced me to leave the meeting a little early. I understand there was an endorsement of an initial focus on India, Senegal and Colombia and that our four agencies will build a task force around Dr. Foege to monitor this and the questions of prioritizing immunological research globally. This seems to me a good start and I have asked John North to ensure the Bank works closely with WHO and the other agencies in following it up.

I am pleased to have taken part in what I believe will be seen as a very important joint initiative.

Warm regards.

Sincerely,



Dr. Halfdan Mahler  
Director General  
World Health Organization  
1211 Geneva 27, Switzerland

BC: J. North

March 30, 1983

Dear Dr. Mehler:

I much appreciate receiving your letter on the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, and the Resolution of the WHO Executive Board concerning the Special Programme.

Your suggestion that the Special Programme Standing Committee be requested to consider at its April 7 and 8 meeting the preparation of a statement on behalf of the co-sponsors as well as the Resolution of the WHO Executive Board has my full support. John North, Acting Director of the Bank's Population, Health and Nutrition Department, will represent the Bank at the April meeting, and he will be prepared to work closely with the other members of the Committee on this.

Sincerely

(Signed) A. W. Clausen

Dr. Halfdan Mahler  
Director-General  
World Health Organization  
20, Avenue Appia  
1211 Geneva 27  
Switzerland

cleared with and cc: Mr. North

VJRiley/eb



MAR 24 1983

VJR

Téléphone Central/Exchange: 91 21 11  
Direct: 91 37 79

In reply please refer to : TDR/T16/372/2 (IBRD)  
Priere de rappeler la référence:

Mr A. W. Clausen  
President  
International Bank for Reconstruction  
and Development  
1818 H. Street, N.W.  
Washington, D.C. 20433  
United States of America

16 March 1983

Dear Mr Clausen,

UNDP/World Bank/WHO  
Special Programme for Research and Training in Tropical Diseases

Thank you very much for your letter dated 3 January 1983 concerning the Special Programme for Research and Training in Tropical Diseases. I am pleased that the World Bank shares our concern about the adequate funding of the Programme's activities and that you are prepared to work with Mr B. Morse, Administrator, United Nations Development Programme, and me to secure the necessary additional resources. We welcome your suggestion that the co-sponsors prepare a joint letter or statement for current and potential donors and I am sending a copy of your letter to Mr Morse to seek his views. *Copy attached*

The Report of the External Review Committee was also considered by the Programme Committee of the WHO Executive Board in October 1982 and subsequently transmitted to the Seventy-first Session of the Executive Board in January 1983. I am pleased to attach hereto, for your information, a copy of the Resolution passed by the Board and should like to draw your attention in particular to paragraph 5. I would propose that the Special Programme Standing Committee be requested to consider at its next meeting, to be held in Geneva on 7 and 8 April 1983, further action on both your proposal and the Resolution of the Executive Board. If you agree with this approach I should be grateful if you would draw it to the attention of the representative of the World Bank on the Standing Committee.

Thank you again for your interest and support to the Special Programme and I look forward to even closer collaboration between the Bank and WHO in the future.

With best regards,

Yours sincerely,

*[Handwritten signature]*  
H. Mahler, M.D.  
Director-General

cc: Mr John D. North, Acting Director, Population, Health and Nutrition  
Department, World Bank

ENCL: *[Handwritten]*

June 7, 1983

Dear Dr. Mahler,

Onchocerciasis Control Programme (OCP)

In Mr. Clausen's absence, I would like to thank you and Dr. Comlan A.A. Quenum for WHO's financial contribution for the second phase of the Onchocerciasis Control Programme announced in your letter of May 6th. The new funds will not only reduce the gap which still remains in the financing of the second phase of the programme but also will reassure the donor community, which is anxious to have additional co-financiers in its ranks, when the contribution is announced at the next meeting of the Joint Programme Committee (JPC).

I am pleased to confirm to you the Bank's continued collaboration with WHO in preparing a long-term strategy for the OCP. As you probably know from Dr. Samba, arrangements are already being made to provide the substantive support that he has requested in the development of this long-term strategy.

Yours sincerely,

(Signed) Ernest Stern

Ernest Stern  
Senior Vice President  
Operations



Dr. H. Mahler  
Director-General  
World Health Organization  
1211 Geneva 27 - Switzerland

cc: Dr. Comlan A.A. Quenum  
Regional Director of the  
African Regional Office - WHO  
"" Mr. A. Groenendijk, Director  
Division of Budget and Finance - WHO  
"" Dr. E. Samba, Programme Director, OCP

cc: Messrs. A.W. Clausen (o/r), A.D. Knox, S. Husain, M. Benjenk, S. Burki,  
B. Alisbah, J. North, J.P. Dailly, P. Chatenay (Geneva), Dr. Prost,  
Ms. I. Husain, Ms. Putz.

Cl. with & cc: Dr. B. Liese.

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Copy: M. Benjank  
June 6/83



World Health Organization

Director General's Office

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DG

Geneva, 1 June 1983

Dear Mr Clausen,

I was deeply touched by your kind letter of 20 May 1983 congratulating me on my reappointment for a third term of office as Director-General of the World Health Organization.

I am most appreciative of the sentiments you expressed and look forward to continuing the excellent cooperation between our two organizations in areas of common interest and to the pleasure of our personal contacts.

With kind regards,

Yours sincerely,

H. Mahler, M.D.  
Director-General

Mr A. W. Clausen  
President  
International Bank for Reconstruction  
and Development  
1818 H. Street, N.W.  
Washington D.C., 20433

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OFFICE OF THE PRESIDENT

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May 20, 1983

Dear Dr. Mahler:

I have just heard that the members of the World Health Organization have decided to reappoint you as Director General of the Organization for a third term.

Please accept my warmest congratulations. The decision is a clear indication of the confidence which governments have in your leadership and in the policies which WHO is promoting under your guidance.

I look forward to my further contacts with you in the pursuit of the necessary cooperation between The World Bank and the World Health Organization.

Sincerely,

A.W. Clausen

Dr. Halfdan Mahler  
Director-General  
World Health Organization  
20 avenue Appia  
1211 Geneva 27

cc: Mr. Clausen's office (2)  
cc: Mr. Burney

LPChatenay



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GENEVA, 19 MAY 1983

CHATENAY. YOU MAY WISH TO SEND A MESSAGE FROM HEADQUARTERS TO  
DR. MAHLER WHO HAS BEEN REAPPOINTED DIRGEN OF WHO DURING  
RECENTLY-CONCLUDED ASSEMBLY FOR THIRD FIVE-YEAR TERM BEGINNING  
JULY 1983, AND TO DR. GODWIN OLU PATRICK OBASI (NIGERIA), APPOINTED  
SECRETARY-GENERAL OF WORLD METEOROLOGICAL ORGANIZATION FOR  
FOUR-YEAR TERM BEGINNING JANUARY 1984. REGARDS, BURNEY/

WHO

NOTE

April 11, 1983

TO: Mr. A. W. Clausen  
THROUGH: Mr. E. Stern, SVPO   
FROM: X. de la Renaudiere 

Could you please sign the attached letter addressed to Dr. Mahler, Director General of WHO, stressing the importance given by the Bank to a credible long-term strategy for the Onchocerciasis Control Programme.

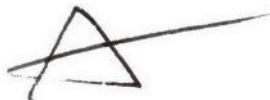


NOTE

April 11, 1983

TO: Mr. X. de la Renaudiere  
FROM: Bilsel Alisbah, WALDR

Could you please transmit the attached letter which we have cleared with Mrs. I. Husain and Mr. Messenger from PHN to Mr. Clausen for signature. It has been cleared in substance with the General Counsel of WHO and stresses the importance given by us to a long-term strategy for Onchocerciasis. Dr. Mahler, Director General of WHO suggested that we write it to support his own efforts in making resources available to the strategy project from within the WHO and particularly from WHO Africa region to which the Onchocerciasis Program reports.



THE WORLD BANK  
Washington, D. C. 20433  
U. S. A.

A. W. CLAUSEN  
President

April 11, 1983

Dear Dr. Mahler:

About a week ago, the new version of the Onchocerciasis film "Plague Upon The Land" was shown to the members of the Board of the World Bank and provided an opportunity for me to see in a very vivid way the achievements of the program to date. I wish to take this occasion to congratulate you personally and your staff on the outstanding results in controlling onchocerciasis in a large part of Western Africa.

The recent increase in the Bank's contribution as pledged at the Joint Programme Committee (JPC) in Bamako last December reflects our continuing support for this unique undertaking.

As you know the program now faces challenges far more complex than in the past, namely funding difficulties as well as technical issues which are likely to increase the cost of the program. In terms of funding, we do not foresee any serious problems in bridging the gap in the Second Phase ending in 1985. However, Phase III, as recommended by the JPC, is likely to witness the implementation of extensions of the program and consequently may require larger expenditures during what is likely to be a constrained international economic environment.

In this context, we fully support the decisions taken by the JPC to have the Onchocerciasis Control Programme (OCP) prepare a long-term strategy describing the options available to terminate the program successfully. I realize the magnitude and the complexities of the tasks required of OCP to formulate such a strategy before the beginning of Phase III and I have no doubt that you will make available the best possible staff resources in order to bring the needed long-term strategy to fruition.

On our side, we are ready to assist the program in the elaboration of the long-term strategy with our own staff resources and to help in devising new means of mobilizing the financing needed by the OCP.

Yours sincerely



Dr. H. T. Mahler  
Director General  
World Health Organization  
1211 Geneva 27  
Switzerland

Dr. H. T. Mahler  
Director General  
World Health Organization

April 11, 1983

- 2 -

cl. with and cc: Drs. Liese, Prost, Mr. Hinkle  
cc: Messrs. Stern, Knox, Alisbah, Dailly  
Ms. Putz

HPutz:ma



Mr. Clausen

COPY

The World Bank / 1818 H Street, N.W., Washington, D.C. 20433, U.S.A. • Telephone: (202) 393-6360 • Cables: INTBAFRAD

September 27, 1985

Dear Dr. Mahler:

Further to our letter of July 16, 1985, we are pleased to respond in detail to your letter to Mr. Clausen, reference E11/83/85 dated June 27, 1985.

First, we congratulate WHO on this important initiative regarding a major health problem. This department will be pleased to provide all possible support to the proposed plan of action.

Our comments follow on the draft paper, "The WHO Programme on Smoking and Health: background paper on the adverse health effects of tobacco use." The paper has many strengths. The introduction and sections 2-4 of the "Situation Analysis", were judged to be excellent. Similarly, sections 6 and 7 up to paragraph 116, were strong, in our view. We offer the following suggestions for strengthening other sections of the draft paper, and its overall impact.

First, both the summary and other sections of the paper refer to the health problems associated with smoking as a future health problem. For example, the first paragraph of the summary section states: "An additional major public health problem will shortly arise in the developing countries....." The paper presents clear evidence, however, that smoking already constitutes a major health problem in many developing countries. We suggest that more emphasis be given to smoking-relating diseases as an urgent, current problem, as well as one that will significantly worsen without vigorous action now.

Second, the arguments presented in section 5 regarding the negative effects of tobacco production, are in our view less persuasive than those linking smoking to health. Our colleagues in the Agriculture Department suggest that the case against smoking is stronger when dealt with purely on health grounds. We enclose their comments for your consideration as Annex 1.

Our third suggestion is to set forth a clear set of priorities in the "Future action and new strategies" section. We believe that policies that increase the price of cigarettes deserve particular emphasis. The main point, however, is that the draft paper does not suggest which actions should be given most weight.

Fourth, we suggest that section 8 on evaluation be strengthened, particularly by delineating a number of quantitative, measurable targets. In addition, we suggest that Tobacco Alert be used to disseminate important developments such as trends in smoking prevalence, disease incidence and prevalence, and tobacco production. An annual special edition of Tobacco Alert would be very useful, in our view.

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Several documents are enclosed to provide information on the World Bank's position on tobacco financing, smoking and health. Annex 2 is a draft paper recommending that the Bank should no longer finance tobacco production. This paper should not be cited without permission of the Bank. Annex 3 is the statement contributed by the Bank to the 1981 WHO Inter-Organizational Consultation on the WHO Smoking and Health Programme. And Annex 4 provides details of Bank lending for tobacco production in the last three years (Annex 2, Table 3, gives this information for the 1974-1982 period).

Finally, this Department is leading an inter-departmental working group that seeks to define further the Bank's policy on tobacco production, smoking and health.

We would be pleased to provide additional information if this is desired and we look forward to receiving a copy of the final report.

With best wishes for continued success in this important endeavor.

Sincerely yours,

Emmerich M. Schebeck  
Acting Director  
Population, Health and Nutrition Department

Attachments

Dr. Halfdan Mahler  
Director General  
World Health Organization  
1211 Geneva 27  
Switzerland

cc: Messrs. A.W. Clausen, S.S. Husain (OPSVP), J.A. Lee (PPDES),  
G.E. Schuh (AGRDR), M. Selowsky (OPSVP), J.D. North (PHNDR) (o/r)

ARMeasham:aer



THE WORLD BANK/INTERNATIONAL FINANCE CORPORATION

## OFFICE MEMORANDUM

DATE August 29, 1985

TO Mr. Anthony Measham, Health Adviser, PHNDR

FROM D. C. Pickering, Acting Director, AGR

EXTENSION 61751

SUBJECT WHO Draft Paper on Smoking and Health

1. AGR has reviewed the above draft paper on smoking and health as requested by John North, Director, PHNDR in his memo of July 16, 1985. Our comments and suggestions are given below.

2. General. The adverse health effects of smoking and using tobacco in other ways are powerful and compelling reasons against using it. The inclusion of peripheral, tendentious arguments, linking tobacco growing to desertification, deforestation and soil depletion, tend to divert attention from the central human health argument.

3. In our judgement, the report lacks balance, and, in a number of instances, it is unclear and tends to reach unwarranted conclusions where reference is made to the tobacco crop. In this regard attention is drawn to paras 48, 53, 55, 57, 60 and 61. For example, the choice of timber for tobacco drying is governed largely by costs and other fuels will tend to be used if they are more economical. Although deforestation may in some cases be related to the use of timber for tobacco curing, it stretches the argument to assume that tobacco growing will automatically have a major effect on either deforestation or desertification. To make this argument stick one would have to show for each location that the timber in question would not be used if tobacco were not grown, or, more important that using timber for tobacco curing inevitably causes deforestation. Where deforestation is occurring, attention to forest management e.g. tree planting, could well be more beneficial from the standpoint of protecting the forest than trying to discourage farmers from growing tobacco.

4. The soil degradation argument is also somewhat misleading. While tobacco may remove more plant nutrients than some other crops (ref. para 55) this does not mean that soil fertility depletion necessarily follows. Soil fertility depletion or build-up depends on three interrelated factors:

- (i) the removal of nutrients in the total crop;
- (ii) the addition of nutrients as fertilizer or manure; and
- (iii) the release of soil nutrients because of weathering.

It is not clear if Table 9 refers to depletion of soil nutrients - or, as would appear more likely, to the removal of soil nutrients in the crop? It is almost impossible to construct a generalized table on the effect of the tobacco crop on soil nutrient depletion because data on the factors mentioned are generally not available. However, since tobacco is a profitable commercial crop it is usually better fertilized and managed than many others and therefore its relative effect on soil fertility can be quite favorable.

5. Even if Table 9 refers to nutrient removal by the crop it is still misleading, because it does not refer to the total nutrients removed but only to the nutrients removed in one ton of the crop. To estimate removal of nutrients per ha, the amount of each nutrient removed per ton of crop must be multiplied by the yield (tons/ha). This has not been done in constructing Table 9. Furthermore in the case of cereals and tuber crops like cassava, straw and leaves as well as grain and tubers must be taken into account. Many common crops remove more N, P<sub>2</sub>O<sub>5</sub>, and K<sub>2</sub>O than tobacco if the total crop is taken into consideration. This, for example, is true for maize silage, potatoes, cassava and wheat, if K<sub>2</sub>O is excluded in the case of wheat (Attachment I).

6. Tobacco Financing by the Bank: The Bank's position on financing tobacco was presented in a statement at the Inter-organizational Consultation on the WHO Smoking and Health Programme in 1981 (Attachment 2). As far as I am aware, nothing has happened in the meantime to alter the position as expressed in the 1981 statement which can be summarized as follows:

- (i) tobacco financing is of very minor importance in Bank programs;
- (ii) member governments are free to seek Bank financing for any project which they consider appropriate including tobacco production and processing;
- (iii) if a government's request for tobacco financing meets the Bank's lending criteria and if there is no alternative crop capable of providing comparable returns to the beneficiaries and the economy, the Bank will provide the finance requested; nevertheless
- (iv) the Bank does not seek opportunities to finance tobacco.

7. Recommendations on the Bank's Response to Dr. Mahler's request for comments and his queries on Tobacco Financing: We strongly recommend that the WHO report should concentrate on health effects and omit reference to such issues as desertification, deforestation and soil

-3-

depletion. These issues are contentious and their treatment lacks a degree of rigour normally associated with reports that purport to present scientific and experimental findings and conclusions. We also recommend that WHO should be briefed on the Bank's position on tobacco financing as outlined in para 6 and in Attachment 2.

8. I shall be happy to discuss the paper with you at your convenience.

cc: Messrs. Schuh, Coulter, Russell (AGR);  
North, Warford, Barnum, Hall (PHN)  
Lee, Goodland (PPDES)

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**ATTACHMENT I**

**Estimate of Soil Nutrients Removed by Six Common Crops (kg/ha)**

Crop	Yield (tons/ha)	Nitrogen (N)	Phosphate (P <sub>2</sub> O <sub>5</sub> )	Potash (K <sub>2</sub> O)
Tobacco <u>1/</u>	2 (-) <u>2/</u>	48 (44.8) <u>2/</u>	16 (28.8) <u>2/</u>	66 (92.8) <u>2/</u>
Maize silage <u>3/</u>	30	134	48	132
Wheat (grain only)	4	80	36	20
Potatoes (tubers only)	20	76	25	130
Cassava				
(tubers only) <u>4/</u>	20	32	6.5	--
(leaves) <u>4/</u>	20	122	41.0	-
Cassava total crop yielding tubers	20	-	-	150 <u>5/</u>

1/ Source-Chemical Composition, CRC Handbook Vol. 11.

2/ ( ) Calculated from WHO Report Table 9.

3/ Source-Chemical Composition, NAS Nutrient Requirements of Dairy Cattle (1978).

4/ Source-Chemical Composition, Tropical Feeds (FAO 1981).

5/ Rough estimate.

WORLD BANK TOBACCO FINANCING: THE ENVIRONMENTAL/HEALTH CASE:  
BACKGROUND FOR POLICY FORMULATION 1/

The true "wealth of nations" is  
the health of the individuals.

--Irving Fisher

1. Introduction. Tobacco production creates a particularly difficult dilemma for the World Bank and for developing countries. On the one hand, tobacco projects may be highly profitable for small farmers, for modern plantations and for member governments. Tobacco generates significant foreign exchange, as well as increasing rural employment. Tobacco projects can also satisfy local demand and displace expensive imports. Tobacco is the most profitable crop for some regions and on small areas per family. On the other hand, the damage to public health and to the environment, in the long-term, may substantially outweigh the benefits. This paper outlines the dilemma, presents mitigatory measures and proposes that a policy is needed. Some policy options are also suggested. Only the environmental and health considerations are addressed in this paper. Major economic aspects are only mentioned, as they are well accepted and better amplified by economic policy makers.

2. Economic Importance of Tobacco. Leaf tobacco is now grown in all countries, except those in northern Europe, and is probably the most widely grown non-food crop. An estimated 5.66 million metric tons of leaves (farm sales weight) will be produced in 1982, valued at \$12.7 billion. The foreign exchange earned from leaf exports is economically significant to some developing countries (Tables 1 and 2). Although most tobacco is consumed in

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1/ Office of Environmental and Scientific Affairs, Projects Policy Department. W0020/0087W/C2404. June, 1984.

Table 1: Tobacco in Some Developing Countries

Leaf Production (Rank, 1980)	Country (over 10,000MT)	Leaf Production (1,000 MT, 1980)	Area Harvested (1000 ha, 1980)	Unmanufactured Exports	
				Quantity (MT)	Value (\$1000)
1.	P. Rep. China	920	708	33,000	74,100
2.	Brazil*	410	309	143,555	290,036
3.	India	400	450	73,179	150,867
4.	Turkey	230	260	83,727	233,742
5.	Zimbabwe	114	62	92,951	182,749
6.	Greece*	113	91	69,633	213,560
7.	Korea Rep.	92	46	33,648	83,977
8.	Thailand	86	152	39,562	66,371
9.	Indonesia	82	165	28,339	58,848
10.	Pakistan*	78	50	370	763
11.	Mexico	72	51	24,168	48,325
12.	Argentina	64	53	17,402	30,000
13.	Philippines*	60	75	20,369	28,819
14.	Malawi*	58	85	63,090	129,445
15.	Yugoslavia*	56	58	24,953	84,063
16.	Burma	55	62	-	-
17.	Colombia	52	36	15,000	24,837
18.	Dominican Rep.	49	30	20,907	33,328
19.	Bangladesh	44	50	-	-
20.	Romania	40	50	8,000	20,000
21.	Spain	30	17	7,490	10,707
22.	Viet Nam	22	28	-	-
23.	Venezuela	21	16	320	323
24.	Tanzania*	18	36	10,000	29,000
25.	Iran	15	13	-	-
26.	Paraguay*	14	12	14,858	10,142
27.	Nigeria	13	31	-	-
28.	Syria	13	13	2,200	7,500
29.	Portugal	12	6	-	-
30.	Iraq	11	12	-	-
	World	5,386	4,285	1,369,126	3,859,465

Sources: FAO, 1981 and USDA, 1982; \* = assisted by the World Bank since 1974.

Table 2: Value of Tobacco Exports as % of Merchandise Exports

<u>Rank</u>	<u>Country</u>	<u>Percent</u>
1	Malawi	55.6
2	Zimbabwe	15.3
3	Turkey	10.3
4	Greece	5.54
5	Tanzania	5.54
6	Dominican Rep.	4.05
7	Paraguay	3.32
8	India	2.16
9	Brazil	1.90
10	Thailand	1.26
11	Yugoslavia	1.24

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Sources: Unmanufactured export tobacco value from FAO (1981); merchandise exports from World Development Report (1981); only developing countries with over 1% of their merchandise exports as tobacco are included.

the countries where it is produced, about one quarter (28% in 1981 and \$3.8 billion in 1980) enters international trade. Raw tobacco accounts for 1.5% of total world agricultural exports. Although 55% of leaf exports originate in developing countries, those countries have a very small share in tobacco manufactures. Leaf exports account for 10% of Turkey's exports, for example, and over 55% of Malawi's -- a large 8% of its GNP. Muller (1978) calculates that 4.7% of the Philippine Governments revenue accrues from tobacco taxes alone. Since leaf production remains overwhelmingly labor-intensive, tobacco generates much employment. Tobacco is a source of revenue in most countries, where government taxes exceed the sale value received by the farmers. Fiscal charges may account for between 30% and 50% of the retail price. Since cigarettes are relatively price inelastic, historic price increases have not yet been sufficient to decrease long-term consumption. Therefore, tobacco production greatly and directly benefits producers (sales and jobs), governments (revenues, employment) and manufacturers, whereas the costs are less direct, delayed and widely spread (Sections 5-12).

3. World Bank Tobacco Investments. The Bank invested US\$611 million (non-adjusted) in seventeen projects in eleven countries between 1974 and 1982, accounting for an incremental tobacco production of 38,100 metric tons (Table 3). These figures (including Table 3) are indicative only. They overstate since not all of the project costs here listed can be attributed to tobacco. They understate since small amounts of tobacco are grown in rural development and other projects not cited. Five of the Bank's six regions are involved; West Africa being the exception. The projects occur in countries ranging from the second biggest tobacco producer in the developing world (Brazil), to producers of only small amounts of tobacco (Yemen, Swaziland). Incremental production per year shows little trend in the list supplied by PAB (Table 3), with a high of 13,700 MT in 1972, a second highest of 6,200 MT in 1982, and with no project in 1976.

4. Elasticity of Demand. To the major supply-side benefits mentioned are added benefits perceived by users: mild but transient pleasure. Even suppression of hunger now is being questioned. However, since tobacco is a habit-forming (or addictive) narcotic drug, most smokers are unable to smoke cigarettes in a controlled non-dependent manner. Hence the high inelasticity of demand in rich countries. Tobacco is more likely to be equated in smokers' expenditure decisions with such necessities as food and shelter, rather than with luxury items (Shepherd, 1975). More than 1% of disposable personal income is spent on tobacco products in the U.S. and expenditures on tobacco products rise every year, now exceeding \$29 billion (USDA 1984).

5. Recognition of Health Damage. The health hazards of tobacco were contended almost from its first use (King James I 'counterblaste' of 1604



Table 3: World Bank Investments in Tobacco  
(FY 1974-1982)

Country	Project	Year Loan Approved	Total Project Cost (US\$ million)	Bank/IDA Lending	Incremental Tobacco Production (1,000 MT)
Greece	Yannitsa Irrigation	1974	72.7	30.0	4.1
Yugoslavia	Macedonia Agriculture II	1977	59.4	24.0	0.8
Yugoslavia	Agricultural Credit II	1976	75.0	231.0	0.5
Yugoslavia	Macedonia Irrigation	1979	188.8	82.0	2.6
Yugoslavia	Agricultural Credit III	1980	316.0	86.0	1.4
Yemen Arab Republic	Agriculture Tihama II	1978	39.5	10.5	0.5
Tunisia	Northwest Region	1980	61.5	24.0	1.3
Malawi	Lilongwe III Rural Development	1975	12.0	8.5	1.8
Malawi	National Rural Development	1979	66.0	22.0	4.4
Swaziland	Agriculture I	1977	17.1	4.0	0.5
Tanzania	Tobacco Handling	1978	20.7	14.0	4.5
Brazil	Minas Gerais Development I	1977	139.0	42.0	2.1
Brazil	Integrated Rural Development VI Sergipe	1979	76.0	26.0	1.3
Paraguay	Caazapa Area Development	1982	54.3	31.0	2.6
Paraguay	Eje Norte Rural Development	1982	40.5	22.4	3.6
Philippines	Irrigation V	1977	107.2	50.0	0.7
Pakistan	Scarp Mardan (Phase I)	1979	150.0	60.0	5.4
11 countries	17 projects	9 yrs.	165.17	611.4	38.1

Source: PAB Lending File: 1982 (reproduced as supplied by PAB; note caveat in para 3).

is often cited) and suspicion grew thereafter. All forms of tobacco -- even snuff -- have now been found to be harmful, but tobacco consumed as cigarettes is more hazardous than other forms. Cigarette smoking is relatively recent. It became widespread only from the 1920-1940 period, at different rates in different countries and in men earlier than in women. Now a high (ca. 85%) and rising proportion of world tobacco production is consumed as cigarettes (EIU 1980). Many serious health effects of smoking are not immediate. A latency period separates cause and effect: in the case of cancers, on the order of two decades or more. This latency is shorter in the case of non-cancerous diseases, such as heart disease and stroke, and even shorter in pregnancy (spontaneous abortion) and in damage to infants.

6. Health Effects of Smoking. Surprising as it may seem to those following the unfolding smoking/health evidence in recent years, apparently many people remain unconvinced of the damage caused by smoking. Greater weight to satisfying immediate 'needs' is assigned to smoking, rather than avoiding potential, long-term health damage. Consumption of anything in excess even foods (sugar, meat) or oxygen will, by definition, damage health. Tobacco is not in this class because it is not a food; the threshold for damage is low; the risk of damage is proportional to consumption and is cumulative; consumption is addictive; and health damage accrues to the consumer, family, neighbors, fetuses and children. The following paragraph therefore outlines current assessment.

7. At least for children over 5, WHO (1975) states:

"Smoking-related diseases are such important causes of disability and premature deaths in developing countries that the control of cigarette smoking could do more to improve health and prolong life in these countries than any single action in the whole field of preventive medicine."

Tobacco contributes more heavily to the number of cancer deaths than any other known single substance. The 'suggestion' of a cigarette-smoking/lung cancer link of the 1920s became a 'confirmed association' in the 1950s, and is now a 'causal relation' according to the U.S. Surgeon General's Report of 1964. Since that time, thousands of studies have confirmed and refined the understanding of smoking-related effects. Lung cancer is the most frequent cancer caused by tobacco smoking, but smoking is also associated with cancer in many other parts of the body. The 1982 U.S.A. Surgeon General's report states that cigarette smoking "has been implicated as a cause of cancer of the larynx, oral cavity, esophagus and is associated with cancer of the urinary bladder, kidney and pancreas". Even this litany may not include all sites affected by smoking. Effects on cardiovascular disease and strokes are even more widespread results of cigarette smoking than are cancers. Smoking increases both the risk of acquiring influenza A and its severity (Kark, et al. 1982). Chronic bronchitis, emphysema and adverse effects on pregnancy also are serious smoking-related public health problems.

8. Adverse effects on pregnancy and, most importantly, on infant mortality (e.g. increased rate of spontaneous abortions), a major public health concern worldwide and an indicator of the overall health of a nation, are caused by cigarette smoking. Fourteen percent of all preterm deaths are attributed to maternal smoking in the US (Surgeon General 1979). Low birthweight is one of the leading contributors to infant mortality. Pregnant smokers give birth to babies of lower birthweights than do nonsmokers. Some researchers argue that low birthweight babies born to smoking mothers have somewhat higher survival rates than infants

of the same birthweight whose mothers do not smoke. Whether or not this is the case, the overall effect is increased infant mortality, because the shift to lower birthweight dominates this phenomenon (Terrin and Meyer 1981). Women may not yet be smoking in large enough numbers in many developing countries for an increase in infant mortality from smoking to be apparent. There is reason to believe, however, that smoking rates among females are following the rising rates in males as they have done in developed countries. Cognitive skills may be delayed in eleven-year olds of smoking mothers according to Socol et al. (1982), and pulmonary function is impaired in children of maternal smokers (Tager et al. 1983)

9. Low tar and nicotine cigarettes, as yet generally unavailable in most developing countries, are reputed in developed countries to be "less risky" alternatives to unfiltered or conventionally filtered brands. Development of lower tar and nicotine cigarettes began in earnest after the 1966 USA Surgeon General's report stated that such cigarettes would likely be less harmful than those then available. The 1981 Surgeon General's report on smoking which focussed on "the changing cigarette" concludes:

Smoking cigarettes with lower yields of 'tar' and nicotine reduces the risk of lung cancer and, to some extent, improves the smoker's chance for longer life, provided there is no compensatory increase in the amount smoked. However, the benefits are minimal in comparison with giving up cigarettes entirely.

This report also found that compensatory behavior - increasing the number of cigarettes smoked and inhaling more deeply - may negate any benefit

derived from smoking low tar /low nicotine cigarettes. In fact, the number of cigarettes smoked may be more important than their tar, carbon monoxide and nicotine content, partly due to the presence of radioactivity in cigarette smoke (NEJM, 1982; Kaufman, 1983). The radiation dose received by a 1.5 pack a day smoker is the equivalent of 300 chest X-rays a year. A still unresolved question about such cigarettes is the possibility of new risks being introduced through changes in design, filtering mechanisms, tobacco ingredients or additives.

10. Lung cancer risks may be reduced somewhat by switching to low tar and possibly to low nicotine cigarettes. But for cardiovascular disease deaths, which is the largest component of excess mortality due to smoking, there is no evidence at present of a reduction in risk. Evidence of less severe risk also is lacking for the other major health effects of smoking, notably chronic obstructive lung disease and effects on pregnancy.

11. Many developing countries lack well established vital statistics systems, making it difficult if not impossible to detect tobacco related increases in mortality for the overall population. However, various studies using subgroups of the population in Indonesia, Papua New Guinea, China, Hong Kong, India, South Africa, Soviet Union, Zimbabwe and Cuba (eg: Sutnick and Gunawan, 1982; Scrimgeour and Jolley, 1983; Dutta-Choudhuri, et al. 1959; Gelfand, et al. 1968; Cooper, 1982; Lancet, 1984) all reveal the link between smoking and disease. No population is known to be 'immune' from the adverse health effects of tobacco.

12. The threat of an epidemic of smoking related illness and death in developing countries is serious now and increasing: approximately one million people die prematurely each year from diseases from smoking. Aggressive promotion and consumption of cigarettes is on sharp ascent in the developing world (Nath, 1984). Recent restraints on cigarette promotion in developed countries are said

to make manufacturers seek markets in developing countries where such restraints are lacking. In Africa, for instance, the per capita cigarette consumption has increased by 33% over the last 10 years (Anderson, 1981). Cigarette smoking doubled between 1967 and 1976 in Libya and Ethiopia. Furthermore, evidence is accumulating that tar levels of cigarettes sold in developing countries may be twice the levels in the same brands sold in developed countries. Without resolute action WHO (1979) warns that "...smoking diseases will appear...before communicable diseases and malnutrition have been controlled."

13. Tobacco production and consumption have an economic ("opportunity") cost: use of tobacco adversely affects human health significantly in at least two additional ways. In low-income families, although relatively less money is spent on cigarettes, even this decreases potential expenditures on food. Smokers worldwide spend between \$85 billion and \$100 billion annually to buy four trillion cigarettes - more than 1,000 for each man, woman and child (Eckholm, 1978). Moreover, when land or labor is scarce, land and labor used for tobacco cultivation reduces that available for food production. To the extent that cash earned from tobacco sales is likely to be less applied to buying food, the nutritional state of the poor will decline. Reduced local food production may lead to higher prices, which will penalize even non-smoking families.

14. Tobacco, especially in processed form, that is profitably exported from a developing country generates valuable foreign exchange with little or no damage to the exporting country's health. However, since most tobacco is consumed in the country of origin, the benefits are reduced by the costs of damaged health. It

may be argued that smokers are a self-selecting group exercising personal choice which does not affect others. This is not the case on two counts. First, in most countries, the costs of impaired health of the smoker are borne more by the society as well as by the government and taxpayers, and less by smokers. Second, much smoking occurs in the presence of others who may not be able to restrict their involuntary or "passive smoking" (inhalation of smoke-polluted air), which can adversely affect their health (Shephard 1982).

15. Soil Degradation. Tobacco requires either fertile soils or regular inputs of commercial fertilizer. However, most tropical soils are characterized by low nutrient content, particularly by deficiency in phosphorus, often nitrogen, sometimes potassium. Tobacco production therefore depends on commercial fertilizer prices which (especially nitrogen) are rising so sharply that already they are out of reach of most farmers. Furthermore, tobacco depletes soil nutrients at a much higher rate than many other crops, thus rapidly decreasing the life of the soil (Table 4). An alternative to dependence on commercial fertilizer is to exhaust soil fertility in one or two years, then to deforest for a new plot.

Table 4: Depletion of Soil Nutrients by Tobacco and Other Crops  
(loss in Kg/ha)

<u>Removal of one ton per ha</u>	<u>Nitrogen N</u>	<u>Phosphorus P<sub>2</sub>O<sub>5</sub></u>	<u>Potassium K<sub>2</sub>O</u>
Tobacco	22.4	14.4	46.4
Coffee	15.0	2.5	19.5
Maize	9.8	1.9	6.7
Cassava	2.2	0.4	1.9

Source: Van Wambeke, 1975.

16. Biocides. Although biocide application depends on the crop, tobacco is one of the heaviest recipients of biocides. Vast quantities of biocides (pesticides and herbicides) are used on tobacco crops virtually throughout its seven to eight month growing season. Most of these biocides are toxic, some carcinogenic, to the user and can contaminate village water supplies. Most western governments either ban or severely restrict the use of the obsolete persistent organochlorine biocides, such as aldrin, which is widely supplied by the international tobacco monopoly in Kenya for example (Madeley, 1982). Warnings are printed in two of Kenya's 15 languages (Swahili and English). Even if the user can read and understand the warnings, it is not easy to 'avoid contaminating rivers', nor even to 'wash with soap and water after use'. Most users have never seen a physician, and certainly are not able to consult one 'immediately' as advised by the label.

17. Deforestation, Desertification and Energy. Although much tobacco is sun-cured, where wood is used then curing is highly energy intensive, accounting for 10-15% of the product price in the case of Thailand (Schramm and Munasinghe, 1981). The Economist Intelligence Unit (1980) estimates that "80% of timber generated fuel is wasted" in tobacco curing. Depletion of forest resources and any desertification related to tobacco (or any other crop) production should routinely be factored into cost/benefit analysis. Shortage of fuelwood is one of the major limiting factors in the expansion of tobacco production in some countries (except for air dried, burley and sun-cured tobaccos). For every 300 cigarettes made in the developing world, one tree is burned (WHO, 1980; Muller, 1978); for every acre of flue-cured Virginia-type tobacco grown in developing countries,



one acre of woodland is burned. In Malawi, firewood for tobacco curing on private farms was taken from communal tribal land: cutting and burning of all wooded areas is expected within 8 years. Pakistan alone annually consumes 1.5 million cubic meters of wood for tobacco curing. About 8,000 ha of forest in Ilocos, Philippines, are consumed annually for curing.

18. In 1977, the Director of the United Nations Environmental Program warned that the shortage of firewood was rapidly becoming the poor person's energy crisis. Deforestation in arid areas in Africa where tobacco is frequently cultivated contributes to the massive problem of accelerating desertification. The use of wood for curing competes with its use for cooking, warmth, and construction. The relationship among tobacco curing, fuel-wood shortages, deforestation and other environmental degradation is becoming increasingly clear. The environmental impact of tobacco production can be clearly seen in Tanzania where the tobacco industry is one of the main exploiters of forests on a regional and national level. Depletion of forest reserves is most advanced in the traditional tobacco-growing areas (where farmers now have to haul firewood over long distances) such as Tabora and Iringa. Tobacco cultivation is concentrated in regions where the typical vegetation consists of open miombo woodlands, which, after clearing, take about 30 to 50 years to regenerate. Clear fellings, exposing the soils to the heavy rains and insolation, lead to loss of organic matter, destruction of soil structure and resulting erosion, if no counter measures are taken. About 600,000 m<sup>3</sup> of fuelwood are consumed annually for curing tobacco in the miombo regions of Tanzania. Some 40,000 ha of eucalyptus plantations producing at m<sup>3</sup>/ha/year would be needed to supply this demand. The distance

between curing barns and tree stands becomes farther each year, increasing the time and effort spent on wood hauling. Malawi, already vulnerably dependent on international tobacco price fluctuations, may have its general economic development constrained by shortages of fuelwood. Malawi's fuelwood consumption has long and greatly exceeded production, forest depletion continues, while fuelwood price rises are making wood-cured tobacco less competitive. An annual woodlot planting rate of 50 ha per village may be optimistic. Although some projects with a woodlot component for tobacco curing are said to provide adequate fuel, many if not most such projects find this difficult (cf. Skutsch, 1983).

Global fuel-wood requirements for flue-curing tobacco contribute substantially to the serious and intensifying problem of deforestation in developing countries. WHO estimates that 12% of the trees cut each year go for tobacco curing (Frankel, 1983). Table 5 estimates the magnitude of these effects and shows that current tobacco production depletes natural forest by 2.5 million hectares annually, hence is not sustainable. Sustainable tobacco projects would need 17.5 million hectares of fuel-wood plantations. The US\$15 billion cost of such plantations should be factored into the cost-benefit analysis of tobacco projects (option 3). Pilot scale solar driers cut operating costs by 75%, increase yields by 20% (because of more precise and even temperature control) and the product commands a higher price as grade quality is improved (UN, 1984).

Table 5: Deforestation for Tobacco Curing

<u>Number</u>	<u>Item</u>	<u>Estimate</u>	<u>Units</u>
1.	Annual world tobacco production	5.66	million tons
2.	Annual world flue-cured tobacco using wood	2.50	million tons
3.	Wood requirement to cure one ton of tobacco	70	cubic meters
4.	Annual wood harvested for tobacco curing (#2 X #3)	175	million cubic meters
5.	Area of woodland equivalent consumed annually (#4/#3)	2.5	million hectares
6.	Hypothetical sustained-yield fuel-wood plantations needed to provide #4	17.5	million hectares
7.	Direct cost of hypothetical plantation needs	15	billion \$US

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Notes on table 5: These are very approximate only. 2) firewood or charcoal. 4) Most tobacco is grown in seasonal woodland vegetation types, where 70 m<sup>3</sup> is a reasonable estimate of the total stock per hectare. As the annual increment is only 1-2 m<sup>3</sup> the total stock is depleted. 6) Intensively managed fast-growing fuelwood plantations can produce about 10 m<sup>3</sup> per hectare per year on a sustained-yield basis.

19. Economic/Equity Considerations. Tobacco proponents, aware of the health impacts of increased tobacco production, and, to a certain extent, of the relationship between curing fuel demands and deforestation, have justified tobacco production on the grounds that the crop is a source of much needed foreign exchange. However, a major UNCTAD (1978) study contradicts this position. UNCTAD concludes that countries reliant on tobacco for any substantial portion of their foreign exchange are economically vulnerable to the corporations which purchase 85-90% of the tobacco produced in the developing world. In both developing and developed countries, seven large tobacco corporations together effectively control every stage from leaf production to the manufacture and distribution of tobacco products worldwide. Consequently, the price of tobacco is determined less by forces operating in a freely competitive market (demand and supply), and more by the fiat of administered prices.

20. In such an 'economic framework of collusion among oligopolists', UNCTAD (1978) concludes that developing countries are totally at the margin in the marketing decision process. Developing countries supply 55% of world leaf tobacco through foreign oligopoly-controlled marketing channels; their own processed exports are minimal; they have little influence in the design, output and innovation of machinery; their aggregate receipts from the tobacco industry are based, almost exclusively, on the demand response and marketing decisions determined, in the short, medium, and long run, by the tobacco corporations.

21. Alternative Crops. Clearly these will vary greatly with the region. As oil prices continue to rise, curing costs increase and synthetic fibers become less competitive with natural fibers. Cotton may therefore become more economic

in India and Greece, for example. Soya brings a higher return than tobacco in Brazil and the Dominican Republic. Maize competes with tobacco in Zambia, groundnuts and maize in Tanzania, and fruit and grains in Turkey. Increasing labor costs and rural exodus are making less labor-intensive crops more competitive. Increases in fertilizer and biocide prices may reduce tobacco yields in favor of less demanding crops. Diversification out of tobacco to alternative crops forms policy option 5.

22. Policy Options. So far this paper presents the case that the Bank needs a tobacco policy. Tobacco causes more U.S. deaths and health damage than any other substance, and greatly more than those caused by auto accidents and excessive alcohol consumption. This section (23-25) notes the areas in which the Bank could formulate policy. The paper concludes with five specific but unequal options for policy that the Bank may want to consider: (1) decrease consumption, (2) mitigate deforestation, (3) expand economic analysis, (4) trend away from tobacco production, and (5) research diversification out of tobacco.

23. Decreasing Tobacco Consumption

Tobacco-related damage can be mitigated by decreases in tobacco consumption, a route followed in Europe and North America. Forceful health risk communications in an informed and literate society, combined with price and other disincentives apparently can reduce consumption, both by increasing quitting, and by deterring starts. Decreasing consumption is worthwhile because quitting readily reduces further health risks. For these reasons, the World Health Organization, some governments and the Bank (PHN) are finding it economically worthwhile to invest in anti-smoking activities. Paradoxically, such investments still are vastly outweighed by tobacco price supports in the U.S. for example. Mitigatory options to reduce consumption, detailed by Roemer (1982) are outlined

as policy option 1 below. The effectiveness of education campaigns in reducing health and fire damage is commensurate with the literacy and communicativeness of the society, and probably more effective in towns than in rural areas. "Despite more than 20 years of anti-smoking campaigns, smoking remains the single, largest preventable cause of ill health and premature death in the industrialized world and is being exported rapidly to the Third World." (Jacobson, 1983). PHN commendably proposes to follow this route - to decrease demand. The Bank is inconsistent - and imprudent - if we simultaneously invest in supply too.

24. Production Aspects

The dilemma, however, remains. Should the Bank continue to promote tobacco by investing scarce resources in tobacco production? It may be argued that other Bank-assisted products also can be misused. Surely the Bank should not cease investing in grain because some is distilled to alcohol, which also can damage health when consumed over a threshold? We assume, correctly, that practically all grain benefits as food and little harms as alcohol; whereas no forms of tobacco benefit the consumer (but see para. 4). All tobacco consumption can harm the consumer, cohabitants, neighbors, and fetuses, as well as the society in general. This ranks tobacco in an incomparable class from those essential or beneficial products which are capable of being abused.

Similarly, there is a chance that if the Bank withdraws from financing small farmer tobacco production, then in any related increase by multinationals, less benefits would accrue to the small farmer. This is offset to the extent multinationals assist the small farmers as outgrowers (which is more normal than plantation tobacco) and a higher proportion of multinational tobacco is exported than enters domestic markets.

25. Risks for the Bank in Production

Efforts to decrease consumption clearly merit reinforcement as PHN plans to do. By itself, this is inadequate on three counts. First, in any future investment in tobacco now its unavoidable health damage is known, the Bank must be prepared to enter the arena of moral judgement. The tradeoff between foreign exchange and health damage imposes a moral choice and accountability, if not some measure of semi-legal liability, even though the substance is "legal". Second, most tobacco produced by our Part II members is consumed in the country of origin. Developing countries now consume 52% of all tobacco and this proportion is rising (Jacobson, 1983). Bank support for local production thus tempts by lower prices. Higher prices from imports or from decreased local production would reduce smoking starts and probably consumption by all but the richest. Third, simultaneous financing both the production and reduction of consumption of the same substance by the same institution impairs efficient use of resources. This could suggest imprudence and inconsistency in the world's leading development institution, which would not help Part II members, nor our credibility with Part I members. Clearly, the Bank would not try to dictate what crops are grown by our members. With such a "profitable" (sensu stricto) product, should the lender of last resort displace the private sector? Equally, though, we would be better advised to support less damaging crops than tobacco. This is proposed in policy options 4 and 5.

26. Policy Option 1: Decrease Consumption

The first policy option seeks to decrease tobacco consumption. Measures to decrease consumption include:

- a) Education in households, in primary schools and during pregnancy of the health hazards of cigarettes, partly because children of smokers are more likely to smoke than their non-smoking parent cohorts.

b) Anti-smoking campaigns; (the United Kingdom spends \$160 million p.a. advertising cigarettes) warning of risks; ban on promotion; restriction to smoking in private; assistance to quit smoking; discourage cigarette smoking more than pipe and cigar smoking which are somewhat less harmful.

c) Encourage national bans on smoking. Legislation and other strategies to control smoking is amplified by Roemer (1982), WHO (1983), and RCP (1983).

d) Preferential insurance rates commensurate with increased health costs; increased taxation commensurate with decreased productivity, shortened taxable life and increased health costs. Smoking related disease treatment could be paid for from cigarette taxes.

e) Decrease tar levels; improve filtration; label and equate content with risk, although carbon monoxide levels remain unaffected. Nicotine-impregnated synthetic tobaccos are being developed.

Although cigarette consumption represents dependence (addiction), the tobacco industry deliberately invests in major campaigns to manipulate women towards association of cigarette smoking with emancipation, freedom, and independence. Women are fast gaining equality with men in cigarette-induced deaths, and girls are overtaking boys in taking up smoking.

27. Policy Option 2: Mitigation of Deforestation

The second policy option seeks to strengthen fuelwood components and promote alternatives.

a) Since most fuelwood is transported on people's heads, improved transport would increase haulage efficiency.

b) Decreasing the distance between the supply of wood (e.g. forest) and the demand (e.g. curing barn) and to a lesser extent the tobacco field further improves efficiency. Routine inclusion of fuelwood lots and firebreaks, fuelwood hedges and mobile barns would mitigate deforestation while improving the project.



c) Replace fuelwood with alternate fuels. Encourage the use of tobacco varieties capable of being air or sun dried. Promote solar convection curing systems and simple solar dryers.

d) A longer term solution is reforestation and establishment of fuelwood lots which are already promoted by the Bank. However, efforts to attach fuelwood components to tobacco projects are not always successful because of frequent loss of fuelwood stands to fire and inadequate incentives for villagers. At present there is no easy solution to the fuelwood and deforestation problem raised by tobacco curing. There is, therefore, scope for invigorated attention to fuelwood components in general.

28. Policy Option 3: Expanded Analysis

This policy option would seek to expand cost/benefit analysis to include effects on human health, social factors, and on the environment as outlined above. User productivity impairment, added health expenses, loss of life and property in smoking-related fires also should be incorporated in the cost stream. Although complete data for such analysis is not available, shadow pricing and other techniques, combined with available data would improve current CB analysis. This would show tobacco production is less economic than under present analyses.

29. Policy Option 4: Transition from Tobacco Production

Until the damage to human health from tobacco can be avoided, the World Bank should phase out of investing in its production. The Bank can increase investments in other products commensurate with a withdrawal from tobacco production. Tobacco projects and those with major tobacco components merit phasing out before minor tobacco production in mixed agriculture and rural development projects. Refraining from naming tobacco in candidate crop lists and

Bank documents, but conniving at its subsequent cultivation in the interim, while hypocritical, may ease difficult transitions. In spite of fungibility, the Bank could set an example thereby.

30. Policy Option 5: Diversification Research

The transition to these new policies should be mitigated in full by support for alternatives to tobacco production. Foreign exchange earnings will be especially important. Increased Bank attention to the key - diversification out of tobacco - would help solve this dilemma. Since diversification frequently will be site specific and not necessarily widely replicable, it must be researched. Bank policy could include support for such research, which is both appropriate and pressing. Bank-assisted research projects, technical assistance, and inclusion in appropriate projects of a component to assess alternatives to tobacco appear feasible options.

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Statement by the World Bank at the Inter-Organizational  
Consultation on the WHO Smoking and Health Programme,  
Geneva, 9-10 February, 1981

by  
Donald C. Pickering, Assistant Director, General Agriculture,  
Agriculture and Rural Development Department

Lending by the World Bank and the International Development Association (IDA) for agriculture and rural development has increased from about US\$1.0 billion in FY74 to US\$3.5 billion in FY80, and from 21% to about one-third of total Bank lending<sup>1/</sup> in the same period. About 80 such projects are financed each year in some 40 member countries. At the present time between 450 and 500 agriculture and rural development projects are under implementation with Bank funds since most are designed to have a five to six year disbursement period.

The emphasis in rural sector lending in recent years has centered on seeking to increase the productivity of the less productive members of rural populations. Typically this has taken the form of increasing opportunities for crop and livestock production by small farmers with a heavy emphasis on developing food crops. This has been achieved by removing constraints including lack of inputs, e.g., water, seeds, fertilizer, services, e.g., extension, training, research, marketing, and infrastructure, e.g., roads, storage, processing, together with the development of institutions geared to meet the needs of rural people.

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<sup>1/</sup> i.e., World Bank plus IDA. Further references to the Bank include both agencies.

Projects generally have been designed to promote production to meet subsistence needs and thereafter to stimulate the production of surplusses of food crops or others in order that cash incomes may be increased.

An indication of the relative importance of different crop groups financed by the Bank is provided by estimated incremental production effects at full development from the 85 projects financed in FY80. In round terms these were:

- a) Cereal crops : 3.4 Bn tons
- b) Oilcrops and other food crops : 2.5 Bn tons
- c) Nonfood crops including forest products : 6.0 Bn tons.

Tobacco featured in group c) in the amount of 1,400 tons, 0.02% of this group, or 0.01% of total estimated incremental crop production.

I quote these figures, which are typical of the lending pattern, to illustrate the miniscule importance, in production terms, of tobacco in Bank programs. In previous years, estimated incremental tobacco production promoted by Bank financed projects has varied somewhat, but, as far as I have been able to ascertain, it has never exceeded one quarter of one percent of the non food crop group or 0.13% of total estimated incremental production. It may be, due to the fungibility of credit for example, that some funds provided in Bank supported projects have gone to finance tobacco production. But again the amounts involved are so small that they have not been picked up in the project monitoring process.



-3-

These results are hardly surprising. The World Bank is, after all, the lender of last resort in developing countries. Tobacco is an economically attractive crop to smallholders, and typically, because demand and producer prices are comparatively high, such financing and services as are required are provided by commercial banks and/or national or multinational tobacco organizations.

The selection of projects for financing by the World Bank is based on a number of considerations. These include an assessment of creditworthiness, national and sector policies, and development opportunities. Projects are financed if, in addition to favorable judgments on the foregoing, the investment proposals are considered to be in line with the overall policy recommendations for the sector. They must also be judged technically, financially, economically and socially viable.

Member governments are, of course, free to seek Bank financing for any project which they consider appropriate. Consequently, it is not inconceivable that, at some future time, as in the past, the Bank may be approached by a borrower country government with a request to finance a tobacco production or processing project. If such a request meets the criteria referred to above, and if there is no alternative crop capable of providing comparable returns to the beneficiaries and the economy, the Bank would, in my view, find it very difficult to refuse to provide the finance requested. This does not mean that the Bank seeks opportunities to finance tobacco; the very small volume of past lending and the apparent absence of projects in the forward pipeline testifies to this. But, on the other hand, we are conscious of the importance of providing opportunities for impoverished small scale producers to raise their incomes, and as long as there is no international embargo on producing tobacco, we will continue to do so, subject to the conditions referred to above.

## OFFICE MEMORANDUM

DATE September 16, 1985

TO Mr. Anthony R. Measham, Acting Director, PHN

FROM Dennis Casley, Chief, AGRME

EXTENSION 60077

SUBJECT WHO Draft Paper on Smoking and Health

1. Due to his absence on mission, Don Pickering has asked me to reply to your memo of September 11 requesting an update on Bank lending for tobacco production. You state that you have the figures up to FY82; the table below provides you with the necessary information up to and including FY85.

Expected Incremental Production of Tobacco in Bank Lending:  
FY83-85

<u>Year</u>	<u>No. of Projects with Tobacco Production</u>	<u>Incremental Production '000M Tons</u>
FY83	7	15
FY84	3	3
FY85	2	54

As you will see, the statement made by Don in Geneva in 1981 is still true. In either lending or production terms, tobacco is of miniscule importance in Bank programs. For the years in question the estimated incremental production of cereals, for example, has been approximately 6 million metric tons per annum, plus considerable production of roots, tubers, vegetables etc.

2. The figure for FY85 is higher than recent annual figures. This is totally due to one project, the very large Narmada Irrigation project in India. Even within this project, tobacco is not one of the leading crops in terms of incremental production gains expected.

4. There is no indication that this pattern will change in the next few years; namely, that some incremental production of tobacco is occasionally forecast in projects that have, however, other primary production targets.

cc: Messrs. Schuh, Pickering (with incoming memo), Coulter, Le-Si/Mrs. Khushalani

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OFFICIAL DEPT. DIV  
ABBREVIATION

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(FOR CASHIER'S USE ONLY)

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**PHN/DR**

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START  
HERE

UNISANTE, GENEVA, SWITZERLAND

FOR DR. HALFDAN MAHLER. THANK YOU FOR YOUR TELEX NUMBER 25545.

I AM PLEASED TO ACCEDE TO YOUR REQUEST TO RELEASE DR. MICHEL JANCLOES ABOUT DECEMBER ONE THIS YEAR TO TAKE UP A POST IN HEALTH FOR ALL STRATEGY COORDINATION IN GENEVA. WE ARE GRATEFUL YOUR WILLINGNESS TO MAKE HIS SERVICES AVAILABLE TO US NEXT SPRING AND HOPE THAT AGREEMENT CAN BE REACHED AT THE APPROPRIATE STAFF LEVEL ON TIMING AND DURATION. OUR CURRENT PLANS FOR COMPLETING THE ASSIGNMENTS ON WHICH HE IS NOW ENGAGED ENVISAGE HIS RELEASE FOR UP TO EIGHT WEEKS IN MARCH AND APRIL. REGARDS. A.W. CLAUSEN, PRESIDENT, THE WORLD BANK.

END  
OF  
TEXT

PINK AREA TO BE LEFT BLANK AT ALL TIMES

INFORMATION BELOW NOT TO BE TRANSMITTED

CLASS OF SERVICE	TELEX	TELEX NO.	27821	DATE	10/29/85
SUBJECT:	Dr. Michel Jancloes		DRAFTER BY	JDNorth/rmf	
CLEARANCES AND COPY DISTRIBUTION:			AUTHORIZED BY (Name and Signature):	EXTENSION:	
Mr. North/Ms. Bak, PHN			A.W. Clausen	61571	
Mr. Riley, IRDTA			DEPARTMENT:	Office of the President	
Ms. Husain, PHND2			SECTION BELOW FOR USE OF CABLE SECTION		
Mr. Minahan, PMDT1			CHECKED FOR DISPATCH		

1233

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EXC  
REF : TCP1 NET

JMS0163 ZK0547 JN 11/09102 OUT 11/09105

27821V OMS CH  
25545 FOR CLAUSEN HONOUR INFORM YOU HAVE SELECTED  
DR MICHEL JANCLOES PUBLIC HEALTH SPECIALIST  
POPULATION HEALTH AND NUTRITION DEPARTMENT FOR  
POST MEDICAL OFFICER PEEFIVE HEALTH FOR ALL STRATEGY  
COORDINATION GENEVA STOP GRATEFUL YOUR CONCURRENCE  
HIS RELEASE EFFECTIVE 1 DECEMBER 1985 TO TAKE UP  
HIS DUTIES STOP WORLD HEALTH ORGANIZATION WOULD  
MAKE HIS SERVICES AVAILABLE TO WORLD BANK FOR  
PERIOD UP TO SIX WEEKS IN FEBRUARY/MARCH 1986 TO  
COMPLETE CERTAIN FIELD ACTIVITIES  
MAHLER UNISANTE GENEVA  
11/10/85 1304 GMT

27821V OMS CH

=10120655

=10121329

ALT RTD FROM:EXCM

NNNN

OCT 12 1985

cc: Mr. Benjenk, Mrs. Boskey  
Mr. Clausen's office (2) Re Log No. 5250 ✓

JEvans/ LPChatenay/sh

January 3, 1983

Dear Dr. Mahler:

UNDP/World Bank/WHO  
Special Programme for Research and Training in Tropical Diseases


I was very pleased to receive the copy of the report of the Fifth Meeting of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases. The conclusions of the quinquennial review committee of the Special Programme are particularly gratifying. WHO as executing agency deserves special credit for the record of achievement to date.

Looking to the future we share WHO's concern that funds available are inadequate to meet the needs of the Program. I concur with your suggestion that any effort to secure necessary additional resources should be done conjointly rather than separately by the cosponsoring agencies. This might take the form of a letter from the cosponsors to potential donors stating the case and providing an opportunity for follow-up by a representative of one of the agencies. At the same time it would be wise to review the unmet financial needs of the Onchocerciasis Control Programme in which we have a common interest and which provides financial support for chemotherapy development which is executed through the Special Programme.

If this approach meets with your approval and has the support of UNDP the next step might be to ask our representatives to the Special Programme to prepare a statement on behalf of the cosponsors. In the current financial circumstances the donor community will expect a convincing presentation of the need and justification for greater financial support.

I congratulate WHO on the success of the Special Programme and express our satisfaction in being associated as a cosponsor.

Sincerely,

  
A.W. Clausen

Dr. Halfdan Mahler  
Director-General  
World Health Organization  
1211 Geneva 27

Cleared in subst. & cc: Mr. Evans



5250

Téléphone Central/Exchange: 91 21 11  
Direct: 91 37 79

In reply please refer to: TDR/T16/87/18(82)  
Prière de rappeler la référence:

Mr A.W. Clausen  
President  
International Bank for Reconstruction  
and Development  
1818 H. Street, N.W.  
Washington, D.C. 20433  
United States of America

25 November 1982

Dear Mr Clausen,

UNDP/World Bank/WHO  
Special Programme for Research and Training in Tropical Diseases

... I have pleasure in sending you herewith, for your information, a copy of the Report of the Fifth Meeting of the Joint Coordinating Board (JCB) of the Special Programme for Research and Training in Tropical Diseases (TDR), held in Geneva on 30 June and 1 July 1982. Dr J. Evans, Director, Population, Health and Nutrition Department, represented the World Bank at the meeting and his active participation in the discussions was very much appreciated. I should like to mention that we are very sorry that Dr Evans will be leaving the World Bank. His valuable contributions to the work of the Special Programme will be greatly missed.

The main item for consideration by the Fifth Meeting of the Board was the Quinquennial Review of the Special Programme, which had been carried out for the Board by the External Review Committee (ERC). I should like to draw your attention to section 8 of the report of JCB(5) which refers to the discussions on the Quinquennial Review. It gives me great pleasure to inform you that the Board was pleased with the ERC report and expressed its appreciation to the External Review Committee members for their objective and valuable assessment of the Special Programme, which will guide the Board and the Programme in the future. The main conclusions of the Quinquennial Review, accepted by the Board, are the following:

- the rationale of the Special Programme and its two objectives remain valid;
- the Programme is relevant, well launched and of major significance, and has already had an important impact on both developing and developed countries;

cc: Dr John Evans, Director, Population, Health and Nutrition Department,  
World Bank, Washington, D.C.  
Dr J. Hamilton, Population, Health and Nutrition Department, World Bank,  
Washington, D.C.

... ENCL: As stated

TDR/T16/87/18(82)

25 November 1982

- there should be no change at present in the six diseases included in the Programme; and
- the management structure and the network approach used by the Programme are sound.

Details of the specific recommendations made by the External Review Committee are included in the matrix in section 8(ii) of the JCB report. You will note from page 13, that the Board referred the recommendation to assist with fund raising for the Programme to the heads of the co-sponsoring agencies. We know, of course, that the problem of fund raising is not unique to either WHO or the TDR Programme but I have agreed to assist whenever possible and within the context of WHO's total programme. You will see from sections 9.3 and 9.4 and Table 1 of the JCB(5) report, that present estimates of funds available to TDR during the current biennium (1982-1983) fall approximately US\$ 6 million short of the maximum budget approved by the Fourth Meeting of the Joint Coordinating Board. We hope that such a large shortfall will not actually occur and are actively seeking additional contributions. I am sure that Dr Evans will give you any further details on the financing of the Programme, should you require them.

I am very happy that the Special Programme has been given such a strong endorsement by the Joint Coordinating Board and I believe that TDR is a credit to the work of all three co-sponsoring agencies. I look forward to significant progress by the Programme over the next quinquennium and I feel there is both need and justification for greater financial support from the donor community. I hope very much that you will join with me personally in attempting to secure the necessary additional resources, and I should like to take this opportunity to express to you once again my sincere thanks for your continuing support as a co-sponsor in this vital endeavour.

With best regards,

Yours sincerely,



H. Mahler, M.D.  
Director-General



File

Original to Mrs Boskey  
7/16

Téléphone Central/Exchange: 91 21 11  
Direct: 91 3371

H9/370/14

In reply please refer to :

Priere de rappeler la référence :

Mr A. W. Clausen  
President  
International Bank for Reconstruction  
and Development  
1818 H. Street, N.W.  
Washington D.C., 20433  
Etats-Unis d'Amérique

4 August 1982

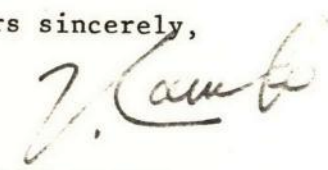
Dear Mr Clausen,

I should like to express my appreciation to the Bank for making Dr K. Kanagaratnam available for the second overall assessment of the WHO Special Programme of Research, Development, and Research Training in Human Reproduction.

Dr Kanagaratnam has had long acquaintance with the Programme and was a member of the group that carried out the 1978 assessment. I was therefore glad that he accepted to act as Chairman to the 1982 group. He devoted great energy to this rather complex task and brought it to a successful conclusion.

The assessment report will be discussed by the Advisory Group to the Programme at the end of September and will subsequently be mailed to participants in the Meeting of Agencies Interested in the Programme, together with my comments and those of the Advisory Group. I will send you a copy of it then.

Yours sincerely,



H. Mahler, M.D.  
Director-General

cc: Dr K. Kanagaratnam, Senior Adviser, Health and Nutrition Department,  
International Bank for Reconstruction and Development, Washington D.C., 20433