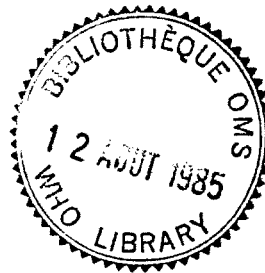




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Avec les services
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Publique

MANAGERIAL FRAMEWORK FOR OPTIMAL USE
OF WHO'S RESOURCES IN DIRECT SUPPORT OF MEMBER STATES

Geneva, March 1985

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1. INTRODUCTION

1.1 In resolution WHA33.17, on the "Study of the Organization's Structures in the Light of its Functions", the Thirty-third World Health Assembly (May 1980) requested the Director-General "to ensure the provision of timely, adequate and consistent Secretariat support to the Organization's Member States, individually and collectively".

1.2 Reviewing the implementation of the plan of action for giving effect to resolution WHA33.17, the Executive Board in resolution EB69.R10 (January 1982) requested the Director-General "to strengthen further WHO's technical cooperation with governments in support of national strategies for health for all" and "to keep under constant review the support provided by the Secretariat to Member States at all operational and policy levels, and the need for any further adaptation of the management of WHO's activities in countries and of the organizational structure and staffing of regional offices and headquarters, in order to ensure optimal support to Member States, and particularly to improve the effectiveness of the Organization's interaction with their governments, in their efforts to implement effectively their strategies as well as the regional and global strategies for health for all by the year 2000."

1.3 The present paper deals with ways of ensuring optimal use of WHO resources at country level, as well as with direct support to this from regional and global levels, including intercountry and interregional activities. The paper does not deal with the management of research conducted by individuals or institutions in countries.¹

1.4 It is necessary to develop in Member States and throughout the Secretariat a common understanding of the respective responsibilities of governments and the Secretariat, in countries, in regional offices and at headquarters, for the optimal use of WHO's resources in support of national strategies for health for all, and in line with health policies reflected in regional and global strategies and in the Seventh General Programme of Work. The word "resources" is used here in the wide sense of people, knowledge, technology and selective material support, as well as money. WHO resources should be used to support governments in building up their health systems in accordance with the Strategy for Health for All, with particular emphasis on sound infrastructures that deliver health programmes using appropriate technology. To this end, WHO resources should be used to provide Member States with valid information on health systems, research findings and technology. WHO resources should be used to improve the capacity of Member States to absorb and apply this information in the light of their specific circumstances. And WHO resources should be used to help mobilize national and international resources in support of the endeavours of developing countries in these fields².

1.5 The present paper outlines a managerial framework for ensuring optimal use of WHO's resources. However, any managerial system can only be as effective as the people who run it, and no managerial system alone can ensure the necessary attitudes and actions which are the key to optimal use of WHO. This will mean breaking any remaining psychological barriers between country, regional and global levels, which can be partly brought about by introducing freer communications.

2. GOVERNMENT AND WHO RESPONSIBILITY

2.1 If Health for All by the Year 2000 is to be attained in and by countries, the main issue at country level is how to ensure that governments carry out individually what they have agreed upon collectively in WHO, as well as to ensure that WHO supports them in this by insisting on the use of WHO resources within the country to this end. Such insistence is necessary particularly in view of the fact that WHO's resources in any given country usually represent only a tiny fraction of the national health budget and can therefore only be effective if used to support the mainstream of priority national health activities, and not as a marginal addition to the national health budget.

¹ See WHO Manual, Section XV.2.

² See also the Director-General's Introduction to the Proposed Programme Budget for 1984-1985, PB/84-85, pages xiii - xviii.

2.2 This Government responsibility implies that WHO's resources should be used only for activities that are consistent both with defined national policies and with the international health policies agreed upon collectively by the Member States in WHO. Where there is no defined national policy in the programme area concerned and the government is interested in having one, an important use of WHO's resources in the country is to cooperate with the government in developing such a policy. WHO resources should not be used for programme activities where there is no defined national policy and the government is not interested in developing one.

2.3 Where well-defined national policies exist, a crucial use of WHO's resources is to help the country translate those policies into national strategies for Health for All. An important resource to this end is the Global Strategy for Health for All by the Year 2000,¹ which indicates the main lines of action that governments should take in order to develop such a national strategy.

2.4 In order to develop and implement such a strategy, some form of planning and management process will have to be applied, and the development of this is a critical undertaking for which WHO resources can be usefully applied. Use can be made of the "Guiding Principles for the Managerial Process for National Health Development".²

2.5 In all countries, appropriate means of programme monitoring and evaluation are needed as part of the managerial process for national health development. If such capabilities are not fully operational, it is an entirely appropriate use of WHO's resources to support the monitoring and evaluation components of the overall managerial process. If national health programmes have been adequately planned and developed, then monitoring should mainly consist of a compliance analysis in terms of the stated objectives, targets, programme activities and uses of resources. Governments will wish to make use of the document on "Development of Indicators for Monitoring Progress Towards Health for All by the Year 2000",³ the Guiding Principles for "Health Programme Evaluation"⁴ as well as the "Common Framework for Monitoring Progress in Implementing Strategies for HFA/2000"⁵.

2.6 Government must assume responsibility for the work of WHO and use of WHO's resources in their country, particularly those resources provided from the WHO regular budget.⁶ This is not synonymous with "government execution" as used in United Nations system terminology, because what is involved is not the management by governments of UN system Projects, but the management by governments of various national health programmes, services and institutions that form part of their health system and that conform to policies they have agreed to in WHO, with WHO having a supportive, participatory role.

2.7 WHO's special involvement and the proper use of WHO's limited regular budget resources are aimed particularly at supporting countries to strengthen their planning and managerial capacities to develop and carry out their strategies, build up their infrastructures and implement their technical programmes. Existing arrangements based on the old-style, agency-provided "project" approach will have to be phased out as quickly as possible, and replaced by the developmental type of cooperation described above.

2.8 WHO will make every effort to assume this role vis-à-vis governments also whenever WHO is requested by multilateral financing institutions, such as UNDP, UNFPA, or UNEP, to act as "executing agency". WHO will make it clear to these institutions that what is involved are government programmes, that the government is responsible for them, and that WHO is ready to support the government in the manner described above. If WHO accepts the role of "executing agency" it will bear the responsibility for reporting on implementation to the financing institutions in the manner they require. To permit WHO to do so, it will require appropriate accounting to WHO by the government concerned. Existing projects financed by such institutions and for which WHO is "executing agency" must be reformulated in terms of such government responsibility as soon as possible.

¹ "Health for All" Series, No. 3.

² "Health for All" Series, No. 5.

³ "Health for All" Series, No. 4.

⁴ "Health for All" Series No. 6.

⁵ Document DGO/82.1.

⁶ The WHO regular budget refers to the assessed contributions of the Member States.

2.9 The above emphasizes the importance of joint government/WHO policy and programme reviews which will indicate whether existing programmes and proposed future directions conform to national and international policies and strategies for Health for All. They will at the same time reveal whether WHO's resources at country level are being properly used, and will lead to decision-making on the best future use of those resources.

2.10 Joint policy reviews will be undertaken with appropriate national bodies, including wherever possible representation not only from the health sector but also from other sectors concerned in order to involve a broad range of decision-makers. Thus, the reviews could take place with ministries of health and with other social and economic ministries concerned, with task forces set up by these ministries as well as with such bodies as health councils or consensus committees, which may be supported by national health development networks. The joint government/WHO review groups at country level, with the full involvement of the WPC/NWC, will call on regional office staff to provide technical or other support as and when required. Where there is no WPC/NWC in a country, periodic policy and programme reviews should be undertaken directly by the regional offices and the government concerned.

2.11 Joint programme reviews will reveal whether national programmes have been adequately planned and developed. If such national programming capability is fully realized, then programmes will be developed with clear objectives, targets, lines of action and necessary resource allocations. If the reviews reveal that national programmes have not been adequately planned and developed, then it would be an appropriate use of WHO's resources to support national efforts to initiate or strengthen national programme planning and development.

2.12 During such joint programme reviews it may be practical to "walk through" the WHO "classified list of programmes" contained in the Seventh General Programme of Work¹ as a kind of checklist, against which to consider whether key issues and concerns in public health have been dealt with by the national health programme, and whether or not the involvement of WHO is needed. Where such involvement is needed, the Seventh General Programme of Work should also form the basis for determining the nature of WHO's involvement and the consequent use to be made of its resources. It is especially important that all involved fully understand the basic concepts and relationships reflected in the broad categories of the Seventh General Programme of Work, namely: (1) direction, coordination and management; (2) health system infrastructure; (3) health science and technology; and (4) programme support (see Annex I). It is equally important to understand the basis for determining priorities for activities within programmes at all organizational levels (Annex II). This holds for all organizational levels and will therefore not be repeated in the sections on the role of regional offices and headquarters.

2.13 The Seventh General Programme of Work emphasizes the importance of health system infrastructure development for sustained, country-wide health care delivery. In countries where such an infrastructure is not in place, or is inadequate, corresponding priority should be given in the allocation of national resources and in the related use of WHO resources to the design and organization of a health system based on primary health care. One of the critical problems facing many countries today, and therefore one of the places where WHO resources could be expected to be most effectively used, is in finding out how to integrate into the health system all essentials of primary health care in a way that will have lasting effect and be accessible to all people, even in the remotest rural area and in poor urban communities. WHO resources could also be expected to be used for the promotion, design, testing and support of nation-wide health manpower development, including a wide range of training mechanisms.

2.14 During the programming process, attention should be paid to bringing to bear the necessary valid information, and generating and applying the kind of technology that is most appropriate for the country concerned. This means identifying and facilitating the research needed in the country or at international levels. Again, the classified list of science and technology programmes in the Seventh General Programme of Work provides a convenient checklist for reviewing the national programme and deciding whether or not WHO involvement or supporting resources are needed.

¹ "Health for All" Series, No. 8.

2.15 The best way to ensure that decision-making in respect of the use of WHO's resources at country level and the nature of WHO's technical cooperation reinforces the outcomes of the joint policy and programme reviews, is to carry out properly the process of programme budgeting that was approved by the Thirtieth World Health Assembly in 1977.¹ The WHO programme budgeting process is by definition a joint undertaking. It is designed to impose the fewest possible external procedural requirements on Member States, while emphasizing the close connection with the national programme budgeting process. It is a continuous process which: (a) reviews the current joint activities (e.g. for 1984); (b) works out in detail the activities and costs for the next year (e.g. for 1985); and (c) outlines the broad programme actions and resource allocations for the next biennial financial period (e.g. 1986-1987).

2.16 In many countries a practical joint mechanism for the above is the creation of high-level government/WHO coordinating committees, thus providing a continuing forum for discussing the use of WHO's resources, i.e. people, knowledge, technology, logistic and material support and budgetary funds, in support of national policies and programmes. These committees could also guide the formulation of the programmes resulting from these discussions and the elaboration of the practical issues of programme implementation, monitoring, evaluation and reprogramming, including any further WHO involvement if the government desires this. Such committees could avail themselves of planning units, selected institutions or even health development networks, to support them in the above. The forms that such mechanisms could take will vary in accordance with the situation in each country, but encouragement should be given to involve as appropriate representation from other ministries concerned in addition to the health ministry. It will be useful to share between countries and between WHO regions experiences with various kinds of coordinating mechanisms in different countries.

2.17 An important function of the joint government/WHO coordinating mechanism will be the monitoring and evaluation of the use of WHO's resources in the country. This will consist mainly of ensuring that WHO inputs have been efficiently delivered and effectively used in support of national efforts to develop national health programmes and to attain national programme targets and objectives. This implies joint monitoring of national efforts in which WHO is collaborating. It also involves monitoring the use being made of other external resources in support of these national programme activities.

2.18 Resources accountability will have to be strengthened to meet the country's own national needs, as well as to meet international standards of accountability acceptable to the collectivity of Member States of WHO, and necessary to earn the confidence of external partners contributing towards the national health development programme. Accountability to the Member States of WHO for the proper planning and use of WHO's resources in support of individual countries does entail the reporting of certain basic programme and financial information to the policy organs of WHO - the WHO regional committees, the Executive Board and the World Health Assembly - as further discussed in Section 3 below.

2.19 If the foregoing is to become a reality, ministries of health or analogous governmental authorities must assume their responsibility for coordinating the broad issues and actions involved in the common effort for Health for All by the Year 2000. WHO will work closely with ministries of health to get these messages across. WHO resources may be used to help strengthen the role of ministries of health or analogous authorities in this coordinating work. WHO will help ministries of health involve other sectors as necessary, and in federally organized countries involve the relevant authorities at state or provincial levels. This does not imply that the health ministry would assume direct administrative responsibility for all health activities necessary for health for all, but rather that the health ministry would become the focal point for coordinating these activities on behalf of the government, irrespective of the sector or executing agency by which they are carried out.

2.20 The kinds of existing agreements between WHO and Member States, describing the working relations between the parties, may require amendment or updating as appropriate to reflect the common commitment, basic approach and new framework for joint developmental action, with the government assuming the prime responsibility for the use of WHO's resources for national programme development and execution. The existing "Basic Agreements" between WHO and Governments are largely obsolete, and could be amended or updated only after a considerable

¹ Resolution WHA30.23.

period of time, taking into account all relevant political, legal and practical circumstances in each case. It is therefore proposed to rely mainly on memoranda of understanding. These memoranda, while still formally acknowledging the existing "Basic Agreements" which remain in force, will reflect the new type of joint working relationship between WHO and Member States described in this paper and in particular the new understanding of the Government's responsibility for the work of WHO in countries, and the proper use of WHO support and direct financial participation at country level. They can be supplemented when and if necessary by any more specific or detailed documentation that may be required, such as the scope and content of WHO's involvement in various national programmes and related agreed managerial guidelines.

2.21 After some experience has been gained in applying these new approaches, a small interdisciplinary group,¹ working in collaboration with interested regional office and headquarters staff, will see to what extent an illustrative model Memorandum of Understanding can be drafted for inclusion in the updated WHO Manual on this subject. The group will also examine what further supporting documentation has at times proved useful in the course of planning, implementation and monitoring, with a view to designing illustrative models for inclusion in the Manual, without imposing either unnecessary detail or excessive standardization on those involved in these new working relationships at country level.

2.22 Only at a later stage, and taking into account the experience gained in all of the foregoing, will consideration be given to designing a new "Model Basic Agreement between WHO and Governments".

3. ROLE OF WHO AND NATIONAL PROGRAMME COORDINATORS/REPRESENTATIVES

3.1 Where close consultations with the government lead to the decision to have a WHO Programme Coordinator (WPC) or National Programme Coordinator (NWC), the functions of the WPC/NWC will be to:

- (1) provide the government with information and explanations concerning the policies of the governing bodies of the Organization, including the regional and global Strategies for Health for All and principles of the Seventh General Programme of Work, with a view to ensuring that these policies will be taken fully into account in national policy and programme reviews;
- (2) support the government in the planning and further management of national health programmes, including the setting up of appropriate supportive health information systems;
- (3) collaborate with the government in identifying those national programmes in which WHO could profitably have more specific functions, and in the planning and further management of joint activities for their implementation;
- (4) help the government to identify and coordinate available or potentially available external resources for the implementation of approved national health programmes;

3.2 Formal authority will be delegated to the WPC or NWC to negotiate with the government WHO's cooperative programme activities in the country, in accordance with the policies adopted by the Member States collectively in the governing bodies of WHO, and in accordance with the Regional Director's directives on them. This will include negotiations with respect to programme formulation and subsequent modification and implementation related to WHO's resources at country level.

3.3 The main process under which the WPC/NWC will conduct negotiations leading to decision making concerning the use of WHO's resources in the country will be the flexible and continuing process of programme budgeting WHO's resources at the country level, with final responsibility in the hands of the government. The main lines of that joint programme budgeting process are outlined below.

¹ See Information Circular No. IC/82/5.

3.4 More than two years prior to the biennial financial period and within the Director-General's allocation to the region, the Regional Director will have established "provisional country planning figures" in respect of WHO's regular budget resources allocated to country level. Based on the joint policy and programme reviews described in Section 2 above, including current national programme monitoring and evaluation, together with assessment of the relevance and effectiveness of WHO participation, and using the classified list of programmes of the Seventh General Programme of Work as a checklist, the joint government/WHO coordinating committee, or similar mechanisms, will outline the national programmes where WHO involvement would be most useful, excluding the programmes where WHO involvement would not be needed. They would indicate the kind of WHO involvement envisaged, not in terms of detailed "objects of expenditure", but in terms of programme contribution, such as, for example, participation in organizing community health schemes, in the training of trainers, or in the development of country-wide programmes in specific programme areas using appropriate technology for delivery through primary health care and the immediate referral level.

3.5 One of the responsibilities of the WPC/NWC will be to draft on behalf of the government the agreed WHO programme budget proposals for the country concerned. To indicate the planned future involvement of WHO and use of WHO's resources in the country in the WHO Proposed Programme Budget document, it will be necessary only to outline in the "narrative country statement" the main directions for national health development, and the nature and scope of WHO's involvement and use of resources in relation to the health objectives, targets and scope of those national health programmes. The supporting budgetary tables will show broad WHO resource allocations by programme in accordance with the classified list of programmes of the Seventh General Programme of Work. For purposes of preparing the WHO proposed programme budget two years ahead of the financial period, it will not be necessary to provide details of the activities proposed or their detailed cost estimates, nor will it be necessary to analyse such costs by "category of expenditure".

3.6 To present properly in the Proposed Programme Budget document the involvement of WHO in national health programmes and the related use of WHO's resources, it is necessary to have a clear understanding of the Seventh General Programme of Work, particularly the meaning of the main categories of the classified list of programmes. For example, if WHO is participating in national programmes for delivery of the essentials of primary health care through the health infrastructure, including the prevention, control and treatment of malaria, the WHO involvement would be reflected under the "Organization of Health Services Based on Primary Health Care". However, if WHO's involvement is related to the design of a nation-wide strategy to control malaria, including the identification of the most appropriate anti-malaria technology and related malaria research, then such involvement would appear under the programme for "Malaria Control" in the Proposed Programme Budget document.

3.7 The WPC or NWC will ensure that all proposals for joint activities meet the criteria for determining the organizational level for implementation of programme activities as set forth in the Seventh General Programme of Work. As stated in the Seventh General Programme of Work, these criteria are:

Country activities should aim at solving problems of major public health importance in the country concerned, particularly those of underprivileged and high-risk populations, and should result from a rational identification by countries of their priority needs through an appropriate managerial process. They should give rise to the establishment and sustained implementation of country-wide health programmes.¹

See also paragraph 2.2 above which specifies the criterion of joint consistency with national health policies and policies agreed upon collectively in WHO, as well as paragraphs 2.13-2.14 above which deal with the nature of such country-wide programmes as defined in the Seventh General Programme of Work, such as health infrastructure and science and technology programmes.

¹ "Health for All" Series No. 8, paragraph 70(a).

3.8 The country's proposed WHO programme budget, once worked out jointly by the government and the WPC/NWC, will be submitted to the Regional Director for his approval. Once the Regional Director has given his approval, the country programme is not subject to hierarchical control by staff at any other level of WHO, or to the vertical imposition of programme activities from regional and global levels. Regional office staff will be expected to provide technical guidance and support to the country programme at the request of the WPC/NWC on behalf of the government, and headquarters will also be expected to do so at the request of the regional office. This applies both to initial programme budget preparation and to flexible reprogramming up to and during the operating period. The delegation of authority to the WPC/NWC includes the right and duty, together with the national health authorities concerned, to screen technical proposals made to the government by other levels of WHO, as well as to negotiate with those who proposed them in order to ensure their appropriateness for the country and to reject the proposals if necessary.

3.9 After the WHO proposed programme budget for each country has been prepared for submission to regional committees, in those programmes in which WHO is actively involved the joint programming process will continue to reinforce national efforts to refine programme objectives, targets, main lines of action, sources of funding and specific activities in increasing detail. The kinds of related WHO support action will become increasingly well-defined, leading to agreement on the specific nature and level of WHO's participation in the national programmes and activities concerned.

3.10 All WHO involvement in national programmes along the lines indicated above constitutes direct support to countries. However, for the sake of financial accounting the involvement of WHO could take two main forms: (1) "direct financial cooperation" in national programmes, and (2) provision of "international services" which contribute to national programmes. "Direct financial cooperation" is a resources participation in defined national programmes in which WHO's resources are used to support the government in attaining defined health objectives, targets and outputs. It is not a "give-away" of resources, and WHO and the government retain their shared, vital interest in the progress and performance of the specific activities agreed upon. Where WHO's resources are to be used for "direct financial cooperation" in government activities, the government will assume its responsibility for budgetary control and accounting for the use of such resources, and will report to WHO in terms of performance of programme activities that are utilizing such resources. Where WHO's resources will be used for the provision of "international services", for which WHO has the accounting responsibility, details must be worked out by the WPC/NWC with greater specificity, including the "category of expenditure", and transmitted to regional offices to enable them to know the support services they will be expected to provide.

3.11 Thus, the rate of development of the specificity of WHO's participation and the use of WHO's resources at country level is not so dependent on WHO's programme budget cycle as it is on the national programme budget cycle of which it is an integral part. Programme details will accordingly be worked out as appropriate nearer to, or during, the operating period, in closer harmony with the national health programming process.¹ The continuous programme budget review process at country level, with the help of the regional office as and when required, will ensure constant refinement and re-programming as necessary, and afford a continuing opportunity to monitor the use of WHO resources at country level in relation to national programme objectives and targets, as well as the rate of expenditure in relation to the rate of national programme delivery.

3.12 The actual disbursement and control of WHO funds at country level will follow a combination of two basic patterns:

- (1) Direct financial cooperation in government programme activities as agreed between WHO and the government. WHO resources are used to support carefully worked out national programme activities with clearly designed objectives, targets and outputs. WHO shares the costs of financing and the government or its designated agency effects the necessary payments for specific inputs, as reflected in an agreed plan of work, exchange of letters or other document. (See also paragraphs 2.20-2.22 above.) At the request of the WPC or NWC on behalf of the government, funds will be released by the WHO regional office to the officially designated government agency or programme accounts

¹ See resolution WHA30.23.

(not to individuals) which are subject to accounting controls that meet both the national requirements and international standards of accountability for the use of the collective resources of the WHO Member States. In appropriate circumstances, it is recommended that WHO release an initial "working capital advance", while subsequent releases are scheduled to receipt of returns evidencing performance and related expenditures, certified to and by the WPC/NWC or joint government/WHO management mechanisms established for this purpose. Governments certify receipt of funds for the intended purposes. National accounting controls must be established, or be sufficiently in place, if necessary with WHO support, so that the needs of the government itself and of the joint government/WHO coordinating committee to monitor progress and proper use of funds can be met. WHO requires that sound accounting controls are applied to the use of WHO's direct financial participation resources, but does not require reporting to WHO by "WHO's objects of expenditure". What WHO does require is sound evidence that these funds have been used for the intended purpose, and that this can be measured, for example, by programme output or the degree of target-achievement. However, WHO reserves the right to audit in certain circumstances the use of these funds by audit trails, just as the use of WHO's resources at country level for international services is open to examination by its Member States.¹

(2) International services provided by WHO at the express request of the government, as detailed in an agreed plan of work, exchange of letters or other document. This might include provision of internationally recruited staff, consultants, fellowships abroad, supplies, meetings and other activities abroad which will continue to be controlled, and expenditures incurred by regional offices in accordance with existing financial and administrative rules, regulations and practices in WHO. Regional offices will keep the WPC/NWC informed of allocations, obligations, expenditures and remaining balances to facilitate managerial control at country level. The regional office will also release funds or make working capital advances to governments (in accordance with (1) above), providing timely financial reports to the WPC/NWC on such transfers or advances, and will transfer funds or replenish imprest accounts of the WPC/NWC as may be required. Detailed accounting will in this case be performed by the WHO regional office, while the WPC/NWC office may provide a simplified resources management function on behalf of the joint government/WHO coordinating mechanism, keeping track, for example, of the authorized staff position and related salaries, the number of man days of temporary staff, consultant months and funds for travel, supplies and equipment, etc., in terms of "earmarked" intentions, "obligations" for firm commitments, actual expenditures, and resources remaining available.

3.13 The WPC or NWC will be accountable for WHO's activities in the country both to the government through the Minister of Health, and to WHO as a whole as represented by the governing bodies, the Director-General as chief technical and administrative officer of the Organization, and the Regional Director as the alter ego of the Director-General in the Region. This implies that only the Director-General and the Regional Director, or the staff member acting for him in his absence, may give WPCs/NWCs instructions and modify or countermand their decisions if necessary. The Director-General would normally do so through the Regional Director concerned. As part of this accountability it may become necessary for the WPC or NWC firmly but correctly to refuse certain requests for joint activities that appear to be out of tune with the national HFA strategy or with the proper role and function of WHO. Such action is implicitly authorized by resolution WHA33.17, which requested the Director-General and Regional Directors "to act on behalf of the collectivity of Member States in responding favourably to government requests only if these are in conformity with the Organization's policy".² In such a circumstance, the WPC or NWC may find it desirable not only to point out the deviation from policy to those concerned, but if the government insists also to refer the matter to the Regional Director for direct guidance and inform the government accordingly. If a relevant substitute can be found in the same or related programme area, so much the better.

¹ The specific modalities for reporting of "direct financial cooperation" will be worked out by a small group and after approval by the Director-General will be included in the relevant sections of the WHO Manual.

² WHA33.17, operative paragraph 5.

3.14 If properly implemented, the above new system of programme budget control and financial accountability should not burden the WPC/NWC or require additional manpower resources for that office, since the responsibility for management of and accountability for the use of WHO's resources at country level is being shifted increasingly towards the government concerned or its officially designated agencies accountable to WHO. Any new procedures for budgeting and accounting aspects should be kept as simple and streamlined as possible.

3.15 Appropriate briefing, reorientation and learning by doing as well as policy, technical administrative and financial support, will be arranged for WPCs, NWCs, their office staff and field personnel in the country.

4. ROLE OF REGIONAL OFFICES

4.1 In order to maximize the effect of WHO action at country level, it is necessary to examine how regional offices can best fulfil their main technical cooperation function, to ensure that governments and WPCs/NWCs receive the support they require, and that they get it as speedily as possible. Since what is needed, in the way of technical, administrative and financial support, has been worked out through joint policy and programme reviews, the question is how will these be provided promptly, efficiently and effectively.

4.2 The new approach to programme budgeting and management of WHO's resources at country level, recognizing the prime responsibility of the government itself, means a profound change in the way support is provided from regional office level. WHO programme budgets at country level are understood to be an integral part of the national health development programme and not simply extensions of regional programmes. Under the new approach there would be no imposition of vertical programmes on countries, because all programme proposals would be screened at national level during the joint programme reviews. To ensure a coordinated response by regional offices and headquarters, "country support review mechanisms" could be established in the regional offices.

4.3 Experiments are under way in several WHO regional offices with the use of "country support review mechanisms" for groups of countries. The purpose of these mechanisms is: (1) to support the joint government/WHO mechanisms; (2) to review programme proposals to the regional director from governments or from any level of the Organization; and (3) to ensure the coordinated support to countries by providing a coherent response to countries' needs. The "country support review mechanisms" will engage in support to the WPC/NWC and government in: comprehensive reviews of the country's situation and needs; policy analysis; formulation, implementation, monitoring and evaluation of strategies for health for all; development of the national health system, bringing science and technology to bear on health development; and cooperative planning of programmes in which WHO is involved and proper use of WHO's resources to this end.

4.4 The "country support review mechanisms" are not meant to be structural or bureaucratic levels or clearing-houses interposed between countries and the regional office. They are an active response mechanism at regional office level, dealing with the substance of WHO's cooperation, the focus being on individual countries' needs, rather than separate WHO programmes. It goes without saying that any periodic review of the country situation held in the regional office would take place with the WPC/NWC and government officials of the country concerned.

4.5 It is recommended that a "country support review mechanism" should consist of a designated "focal point" and a flexible "multidisciplinary support team". The "focal point" should consist of a senior officer, responsible to the Regional Director and responding to the WPC/NWC acting for the joint government/WHO mechanism. The "multidisciplinary teams" will not be fixed teams with static membership; their composition will be responsive to the particular country concerned and the particular skills, technology or experience required in each case including administration and finance as necessary.

4.6 The "country support review mechanisms" will assemble and coordinate the concerted support action of all technical, administrative and financial capabilities at the disposal of the regional office in support of countries at their request. This requires a review and redefinition of the work of regional advisers and other technical staff of the regional office, freeing them from as much bureaucratic work as possible (whether imposed by current

practices in the regions or by headquarters), so that they may fulfil the much more important and satisfying role of providing technical advice and support to countries at the request of the government or WPC/NWC. Also, administration and finance staff will be taking a more active role in providing services to countries, effecting transfers upon requests, and monitoring administrative, budgetary and financial aspects of WHO support.

4.7 "Country support review mechanisms" will help ensure that intercountry and regional activities provided by the WHO regional offices increasingly relate to, and directly or indirectly support health development action in countries, provided such activities meet the criteria for determining the organizational level for implementation as set forth in the Seventh General Programme of Work:

Intercountry and regional activities are indicated if: similar needs have been identified by a number of countries in the same region following a rational process of programming or a common awareness of joint problems; the pursuit of the activity as a cooperative effort of a number of countries in the same region is likely to contribute significantly to attaining the programme objective; countries practising TCDC/ECDC, whether developing countries cooperating among themselves, developed countries doing so, or developed countries cooperating with developing countries, have requested WHO to facilitate or support such cooperation; for reasons of economy the intercountry framework is useful for pooling selected national resources, e.g. for the provision of highly skilled technical services to countries; the activity encompasses regional planning, management and evaluation or is required for regional coordination; or the activity is an essential regional component of an interregional or global activity.¹

In the course of their work, "country support review mechanisms" will identify issues and consider modes of action that conform to the above criteria for inter-country and regional activities.

4.8 Staffing reviews and organizational re-structuring may be required in each regional office. Regional advisers and other technical staff will have to allot their time in accordance with countries' needs as defined through the "country support review mechanisms". It may be useful to prepare and update time charts, showing when regional office staff are available and when their time has been committed to support countries. Pools of experts or resource persons will be established, composed of national and WHO personnel who can be placed "on call" for prompt response to urgent and often unforeseen country needs, whether these be of a technical, administrative or financial nature. The change in approach to multi-disciplinary reviews, decision-making, execution and monitoring related to the programme budgeting and use of WHO's resources at country level requires a new, close cooperation between the Director of Programme Management (DPM) and Director of Support Programmes (DSP) of the regional office. Henceforth the two "sides" have to work much more closely together than ever before, since the nature of WHO response to country level requests will increasingly contain mutually related technical and administrative services to countries.

4.9 The proposals contained in this document for reorienting and strengthening WHO support to countries do not necessarily envisage changes in the way regional offices budget, account for, and control intercountry and regional activities. However, the Administration and Finance Information (AFI) systems in regions will have to be re-designed so that they provide the necessary timely AFI information support to country level, as distinguished from the more conventional budgetary control and management of externally delivered "projects", typical of past years throughout the UN system. The new AFI system, as well as the Directors of Support Programmes (DSP) and Budget and Finance Officers (BFO) and other financial and administrative staff, will have to be able to perform the functions and provide the services required by the two ways of controlling WHO resources at country level as follows:

¹ "Health for All" Series No. 8, paragraph 70(b).

Interregional and global activities are indicated if: similar requirements have been identified by a number of countries in different regions following a rational process of programming; the activity consists of facilitating or supporting technical cooperation among countries in different regions, and its pursuit is likely to contribute significantly to attaining the programme objectives; for reasons of economy the interregional framework is useful for pooling selected resources, e.g. for the provision of highly specialized and scarce advisory services to regions; the activity encompasses global planning, management and evaluation; the activity is required for global health coordination and for central coordination with other international agencies.¹

5.4 It follows that the initiatives for headquarters support, that - in fact - require interregional activities should come from the regional offices. This does not preclude headquarters staff suggesting such activities on the basis of information available to them, but as stressed in section 4 above, the regional offices should react in the light of the needs of the countries in their region.

5.5 All headquarters staff have to understand these functions and criteria relating to their work, and must fulfil their roles of stimulating ideas and providing support, and not confuse these roles with authority to impose programme activities or bureaucratic work on regional offices, or to engage in country activities without agreement of the regional offices (Regional Directors or "country support review mechanisms" concerned) and the WPC/NWC on behalf of the government/WHO mechanism in the country. As noted in paragraph 1.3, contractual technical services agreements for research are a separate category not specifically dealt with in this paper. However, staff and in particular headquarters staff, will have to accept that countries will be identifying their specific health research needs, using appropriate procedures, such as the managerial process for national health development in the country, and appropriate mechanisms such as the joint policy reviews described in Section 2 above. Proper account will have to be taken of these identified needs when they arise.

5.6 In view of the substantial delegation of authority in programme budgeting, finance and administrative matters from headquarters level to the regions which has already taken place, it is not expected that the new approach to programme budgeting and use of WHO resources at the country level, and related regional office and global support, will have significant implications for administrative, budgetary or financial procedures at headquarters. However, administration, finance and information systems support staff at headquarters will have to be ready, within available time and resources, to assist regional offices in setting up AFI systems and using cost-effective data processing and information management techniques. This will in turn facilitate regional office AFI support to the programme budgeting for proper use of WHO's resources in countries.

5.7 The new approaches will be fully discussed by all headquarters staff. Appropriate briefing, reorientation and learning by doing will be required so that all staff fully understand their role and functions. The organizational structure will be brought into line as closely as possible with the classified list of programmes for the Seventh General Programme of Work.

6. PROGRAMME BUDGET PRESENTATION

6.1 The new approach to programme budgeting and use of WHO's resources does not imply any change in the system of regional allocations by the Director-General. However, as regards possible future presentation of the proposed programme budget, there may be significant modification of the present form. Country level narrative statements could describe the main directions for national health development, and the nature and scope of WHO's involvement and use of resources in relation to the health objectives, targets and scope of

¹ "Health for All" Series No. 8, paragraph 70(c).

the national health programmes concerned. The regional level narrative programme statement for submission to regional committees could then analytically review the country situation for the region, showing in addition how the regional and intercountry activities support the country level. Thus, for a given programme of the classified list of the Seventh General Programme of Work, the narrative regional statement would explain that certain countries were following a certain approach with defined support needs, and therefore WHO support was being provided in a certain way.

6.2 This would make it possible at global level for the global programme narrative statements to make a synthesis of the approaches being used by countries worldwide, the support being provided by WHO within countries and by intercountry and regional activities, the support needed and being provided by global and interregional activities, and the gaps in research, technology, information, and material and financial resources, with overall budgetary implications at all three levels. Thus the new process and form of presentation at country and regional levels will affect the global programme statements and supporting budgetary tables that go to the Executive Board and World Health Assembly. The new form of presentation will thus show the work of WHO much more in terms of implementation of the national, regional and global Strategies for Health for All.

6.3 The feasibility will be studied of implementing the new, analytical approach to the preparation and presentation of the proposed programme budget throughout the whole organization for the 1986-1987 financial period. However, if this is not feasible a trial test of such a presentation at regional level could be undertaken, in at least two regions, using the current 1984-85 programme and the initial proposed programme for 1986-87. In the light of the lessons learned from this trial, the new presentation could be officially applied in all regions and used for preparation at global level of the new-type Proposed Programme Budget document for 1988-89.

6.4 The form of presentation of the Financial Report prepared following the financial period should not be significantly affected by the new programme budgeting, use of WHO resources and presentation of the Proposed Programme Budget. The programme implementation part of the Financial Report will continue to follow the basic framework of the Proposed Programme Budget based on the Seventh General Programme of Work. The analysis of categories of expenditure contained in the WHO Financial Report will reflect the "direct financial cooperation" category. Financial accounting of expenditures against budget would have been carried out taking into account the dual approach involving "direct financial cooperation" at country level, properly executed and controlled by the government and certified in programme terms by the joint coordinating mechanisms, and reported to WHO; and "international services" provided, controlled and certified by the WHO Secretariat. These approaches will be fully defined in the WHO Financial Rules. Accounting for expenditures against budget will be continued in accordance with WHO Financial rules and regulations, and will continue to be subject to verification by the WHO Internal and External Auditors.

7. MONITORING THE IMPLEMENTATION

To ensure that all the modifications in the functions and structures of WHO are taking place at country, regional and global levels, a process of monitoring and collective learning will be introduced at all levels, beginning with each and every responsible officer, and involving appropriate groups in the country and regional offices, the Regional Directors and Assistant Directors-General, the Headquarters and Global Programme Committees, and ending with the Director-General himself.

- The joint government/WHO coordination mechanism at country level will be expected to monitor performance within the country;
- In each regional office the Regional Director will define the most appropriate means and mechanisms for monitoring this process and for collective learning;
- At headquarters the Assistant Directors-General and HFC will define the means of doing likewise; and
- The whole organization-wide implementation will be monitored by the Global Programme Committee, the process ending with the Director-General himself, who is accountable to the Health Assembly.

ANNEX I

BROAD INTER-LINKED CATEGORIES OF WHO PROGRAMMES
UNDER THE SEVENTH GENERAL PROGRAMME OF WORK¹

1. Direction, coordination and management is concerned with formulation of the policy of WHO, and the promotion of this policy among Member States and in international political, social and economic fora, as well as the development, coordination and management of the Organization's general programme.
2. Health system infrastructure aims at establishing comprehensive health systems based on primary health care and the related political, administrative and social reforms, including a high degree of community involvement. It deals with:
 - the establishment, progressive strengthening, organization and operational management of health system infrastructures, including the related manpower, through the systematic application of a well-defined managerial process and related health system research, and on the basis of the most valid available information;
 - the delivery of well-defined countrywide health programmes;
 - the absorption and application of appropriate technologies that form part of these programmes; and
 - the social control of the health system and the technology used in it.
3. Health science and technology, as an association of methods, techniques, equipment and supplies, together with the research required to develop them, constitutes the content of a health system. Health science and technology programmes deal with:
 - the identification of technologies that are already appropriate for delivery by the health system infrastructures;
 - the research required to adapt or develop technologies that are not yet appropriate for delivery;
 - the transfer of appropriate technologies;
 - the search for social and behavioural alternatives to technical measures; and
 - the related aspects of social control of health science and technology.
4. Programme support deals with informational, organizational, financial, administrative and material support.

¹ Seventh General Programme of Work (1984-1989) published in "Health for All" Series No. 8, paragraphs 103, 104, 106 and 108.

ANNEX II

DETERMINATION OF PRIORITIES FOR WHO ACTIVITIES
UNDER THE SEVENTH GENERAL PROGRAMME OF WORK¹

Priority activities within the Programme will result from careful analysis with countries of their needs in support of their strategies for health for all by the year 2000, translating these needs into WHO's response under each of the WHO programmes concerned; such priorities will also result from careful selection of the approaches to be used, individually or in combination as appropriate, for each programme, with a view to ensuring that all programmes do in fact support the progressive development by countries of comprehensive health systems based on primary health care. In addition, the selected criteria presented in the Seventh General Programme of Work will be applied to identify programme areas for WHO involvement, to determine the organizational level or levels for implementation of programme activities and to select the most appropriate types and sources of resources for financing programme activities. The proper application of these criteria should go far to determine the ultimate priority activities of the Organization, particularly during the sequentially linked processes of medium-term programming and programme budgeting. However, in the final analysis, the setting of priorities among the different components of the programme, and the nature and extent of WHO's involvement, will depend on the priorities fixed by the Member States themselves. At the country level, the setting of priorities among the different programmes is a national decision which governments normally take after considering the country's epidemiological, environmental and socioeconomic conditions and the state of development of their health system, taking into account what is practicable for them, through methods that are readily available and at a cost they can afford. At the regional and global levels an important role in setting these priorities is played by the regional committees, the Executive Board and the Health Assembly.

¹ Seventh General Programme of Work (1984-1989) published in "Health for All" Series No. 8, paragraph 122.