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WHO RESPONSE TO GLOBAL CHANGE

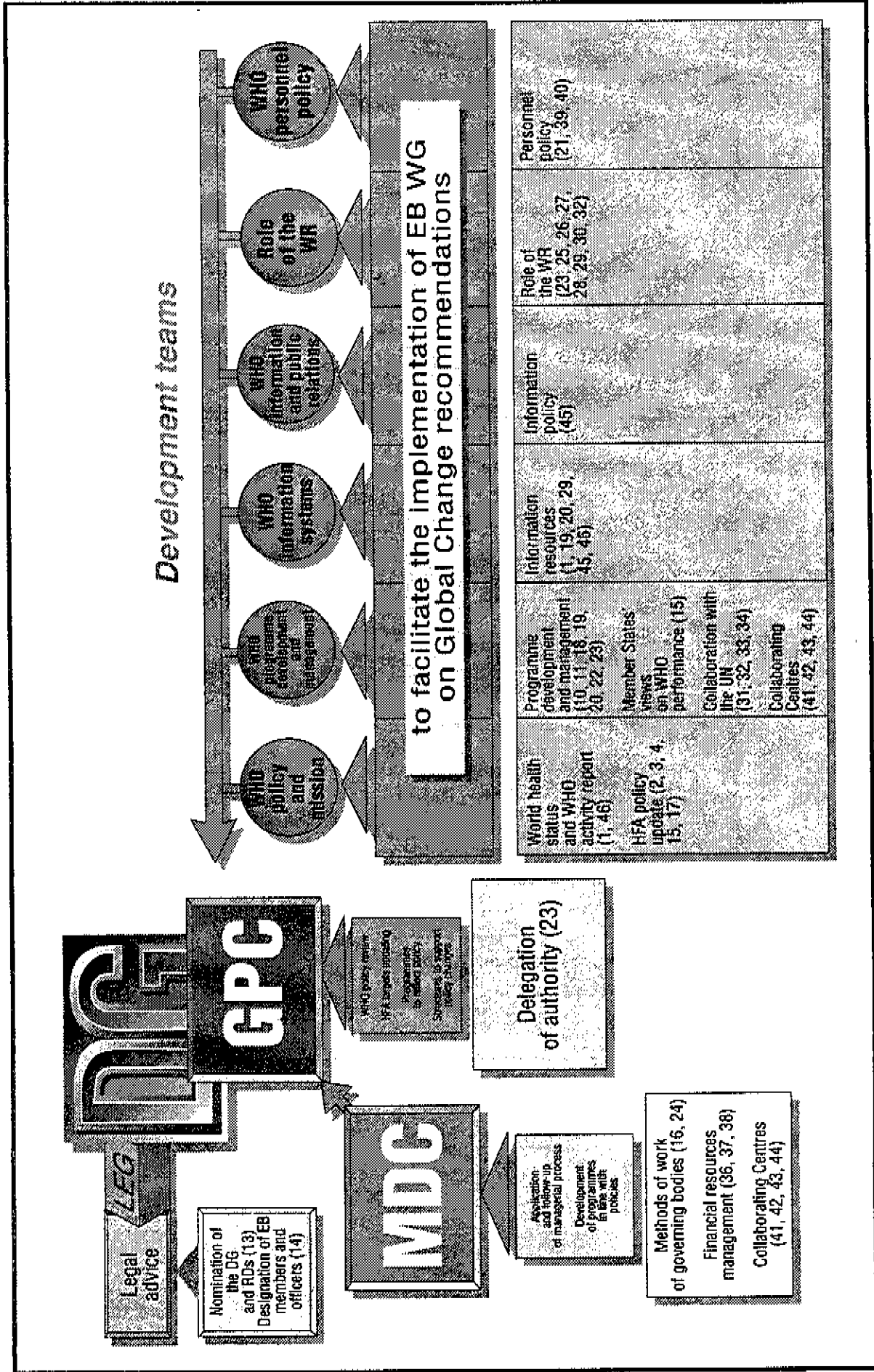
In 1993, the Executive Board Working Group on the WHO Response to Global Change produced its report, containing 47 recommendations. In the three years since 1993, work on all 47 recommendations has been completed and the implementation is on going. All levels of the Organization have been involved in the process, and some 600 staff members have participated. Furthermore, the scope of the reforms, including budgetary reforms, has been extended beyond the original recommendations. Document EB97/4 summarizes the process and its results. The attached documentation was originally intended to be annexed to the Executive Board document; yet in the interests of economy, it has been produced as an independent background document.

This document thus summarizes the steps taken by WHO to respond to the recommendations of the working group, to consolidate global change at all levels of the Organization and to ensure that reform in the future continues to be an integral and ongoing process within WHO. It has been prepared to augment the information contained in EB97/4, but also serves as a standalone summary. It contains:

- A chart showing the mechanisms set up to implement global change (Annex 1);
- A table showing how the Organization responded to each recommendation including implementation status, and an indication of future activities (Annex 2);
- A table of documents submitted to governing bodies and related resolutions and decisions adopted (Annex 3).

Implementation of recommendations on Global Change

WHO internal mechanisms



**IMPLEMENTATION OF THE 47 RECOMMENDATIONS OF THE
EXECUTIVE BOARD WORKING GROUP ON THE
WHO RESPONSE TO GLOBAL CHANGE**

SUMMARY OF RECOMMENDATIONS ⁽¹⁾	IMPLEMENTATION STATUS WITH EXECUTIVE BOARD/ WORLD HEALTH ASSEMBLY ENDORSEMENT ⁽²⁾	CONTINUATION/ FUTURE ACTIVITIES ⁽³⁾
<p>1. Make an annual assessment of world health status and needs, and recommend relevant WHO priorities for international health action to meet those needs. <i>See also recommendation 46.</i></p>	<p>Fully implemented. The first of a series of annual publications prepared in response to recommendations 1 and 46, "The World Health Report - Bridging the Gaps" was published on 2 May 1995. In the Western Pacific Region, the Regional Director presented "New Horizons in Health" in September 1994. In the Region of the Americas, health conditions are evaluated on an ongoing basis and published every four years.</p> <p style="text-align: right;">EB93(6), EB95.R5, WHA48.15</p>	<p>Annual assessment of the world health status will be continued, with emphasis on selected global health issues, with a publication each year. An analytical database will be established.</p>
<p>2. Analyze and define for the year 2000 the specific objectives and operational targets, measured through precise indicators, and mobilize appropriate resources to ensure attainment. This should make full use of resources and expertise in regions and countries.</p> <p>3. To the extent that targets will not be met by the year 2000, to propose alternative strategies and plans for intensified health programmes, with budgetary resources required to attain minimum goals, objectives and targets for the year 2005, 2010 or as appropriate.</p> <p>4. Study the feasibility of organizing international workshops or other forums to develop consensus for any adjustments or new directions in the strategy for health for all; stress health promotion and disease prevention and their implications for extending lifespan or disability-free years (e.g. through individual and community responsibility). <i>See also recommendation 17.</i></p>	<p>Director-General's report (EB95/1995/REC/1) was considered by the Forty-eighth World Health Assembly which requested the Director-General to elaborate a new global health policy and mission, and to report progress to the Forty-ninth World Health Assembly. The hub of the effort will focus on creating a sense of ownership of the new policy by Member States; thus a wide consultation, involving all those concerned in the implementation of the new policy will be organized. In the Region of the Americas, strategic orientations and programme priorities will improve the formulation of specific objectives and operational goals.</p> <p>As part of the above, new targets and indicators will be developed under the coordination of the Policy Action Coordination Team (PACT). Working groups have been created on: future health status and determinants; health policy in relation to health systems, health promotion and human resources; defining essential public health functions; and health technology for the future. The Regional Committee, South-East Asia, in 1995, affirmed that an extensive consultation process was required for renewing the health-for-all strategy. In the European Region, the Regional Committee, since 1984, has followed its decision to update the regional health-for-all policy and targets at regular intervals.</p>	<p>Consultation with Member States, United Nations agencies, nongovernmental organizations, etc. culminating in a new health-for-all policy; and an event in 1998, associated with the World Health Assembly and the 50th Anniversary of WHO, to obtain high level political endorsement of a health charter based on the new global health policy.</p> <p>Development of national policies and the WHO Tenth General Programme of Work based on the new policy.</p>

(1) According to summary in document A48/23.

(2) Including Regional Committees, Executive Board and World Health Assembly resolutions.

(3) Does not mean that the recommendations are not yet fully implemented.

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	<p>Simultaneously, the PACT will draw on all efforts presently undertaken by WHO on sectoral future health policies.</p> <p>Focal points being appointed in all regional offices to facilitate the consultation process and personalize contacts with countries. EM/RC40/15-E, EM/RC42/R.7, EB93(7), WHA48.16</p>	
<p>5. Submit to the 1994 World Health Assembly a proposed resolution authorizing the Executive Board, in coordination with the Director-General, to establish a routine procedure for prior review of all resolutions proposed to the World Health Assembly that have potential impact on the objectives, policy and orientations of WHO, or that have implications in terms of staffing, costs, budgetary resources and/or administrative support.</p>	<p>Fully implemented. Since January 1994 the Director-General ensures that resolutions proposed to the World Health Assembly are accompanied by the necessary background information, and that the text of the proposed resolutions includes provision for time limit, evaluation and reporting, as appropriate.</p> <p>In addition, the Programme Development Committee (PDC), in January 1996, will review a document proposing to end reporting requirements contained in resolutions which have outlived their usefulness. EB93.R1, WHA47.14</p>	<p>To be reviewed and the results reported to the Health Assembly in 1997.</p> <p>PDC to follow the subject in January 1996 and January 1997.</p>
<p>6. Consider and submit to the Board in January 1994 further proposals for improvements in the method of work of the World Health Assembly, to focus discussions on major policy, strategy and programme issues, make better use of audiovisual methods, and realize further economies in the duration and cost of the Health Assembly.</p>	<p>Much shorter and more focused documentation has facilitated the discussions and conclusions of the World Health Assembly and Executive Board. Audio-visual presentations whenever feasible.</p> <p>Work is ongoing to review methods of work of the Health Assembly. From the Forty-eighth World Health Assembly in May 1995, and on a trial basis, Technical Discussions have been replaced by a limited number of well organized technical briefings and by informal forums for dialogue. The Forty-eighth World Health Assembly approved a budgetary provision for a one week Health Assembly in non-budget years. The Executive Board will decide on the duration of future Health Assemblies.</p> <p>(See document EB97/31) EB94.R2, WHA48.17</p>	<p>Now an integral part of WHO's procedures.</p> <p>To be kept under continuous review.</p> <p>Executive Board to approve duration of 49th Health Assembly in January 1996.</p> <p>Change in periodicity of Health Assembly would require amendment to the WHO Constitution.</p>

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<p>7. Identify clearly in Executive Board documents, in an appropriate form, the issues that require the advice, guidance or decision of the Board, confirmed by vote when necessary.</p>	<p>Fully implemented. Systematic inclusion of a final section to this effect in all Health Assembly and Executive Board documents. A new format for documents was developed in the Western Pacific Region, and the Region of the Americas supports this approach.</p>	<p>Integral part of WHO procedures, and to be kept under review by the secretariat.</p>
<p>8. Ensure that Executive Board discussions genuinely focus on, and reach clear conclusions and decisions with respect to all issues concerning health policy, technical, budgetary and financial aspects or other overall supervisory or advisory functions.</p>	<p>The Executive Board at its Ninety-third session, approved a new presentation for documents which included a reduction in length, and clearer identification of the issues requiring advice, guidance and decisions of the Board.</p>	<p>Executive Board to review methods of work of the Health Assembly in January 1996. (document EB97/32)</p>
<p>9. Prepare summary records that are more succinct, with less reporting of various statements made during discussions, and more focus on conclusions and decisions reached, in addition to the resolutions and decisions formally adopted by the Executive Board.</p>	<p>In 1995 there was a 20% reduction in the length of summary records. In order to shift resources from governing bodies to priority areas, an overall ceiling on numbers of pages of documentation per session has been set. EB93(9)</p>	
<p>10. Establish subgroups or committees to meet during, and as part of, the Executive Board sessions each year, to review and evaluate a number of specific programmes, giving attention to interrelated elements of programme policy, priority, targets, plans, budgets, and other available resources including technology. Past performance, outputs and expected outcomes would be evaluated. The temporary subgroups should recommend actions to be taken, including tradeoffs within available resources, and report back to the plenary Executive Board which alone can take the final decision.</p>	<p>Fully implemented. Executive Board subgroups were set up in January 1994, and undertook the first review and evaluation of programmes. Further programmes were reviewed in January 1995 and reviews are planned to cover all programmes over three years, i.e. by January 1996. After the completion of a full cycle of reviews, the Executive Board in January 1996 will decide whether to pursue the reviews and in which fashion. (See document EB97/12) EB93(8), EB96(12)</p>	<p>Follow-up in accordance with decision of Executive Board in January 1996.</p>
<p>11. Use the subgroups mentioned above, or establish dedicated subgroups as appropriate, to advise the Executive Board on "cross-programme" issues such as administration and finance.</p>	<p>Fully implemented. The Administration, Budget and Finance Committee (ABFC) of the Executive Board was set up in 1994. EB93.R13, EB94(5), EB96(5), EB96(11), WHA47.7</p>	<p>In January 1996 the ABFC will consider how its work will be evaluated. (document EBABFC3/3)</p>

SUMMARY OF RECOMMENDATIONS	IMPLEMENTATION STATUS WITH EXECUTIVE BOARD/ WORLD HEALTH ASSEMBLY ENDORSEMENT	CONTINUATION/ FUTURE ACTIVITIES
<p>12. Reconsider the need for, and the terms of reference of, the Programme Committee of the Executive Board; consider a change in the timing of post-Assembly sessions of the Board, and the plan of work of the Programme Committee to better match the work of the Board and its subgroups.</p>	<p>Fully implemented. The Programme Development Committee (PDC) of the Executive Board was set up in 1994 to replace the Executive Board Programme Committee. It meets immediately prior to the Executive Board meeting in January each year.</p> <p>EB93.R13, EB94(3), EB94(4), WHA47.6, EB96(4), EB96(11)</p>	<p>In January 1996 the PDC will consider how its work will be evaluated.</p> <p><i>(document EBPDC2/5)</i></p>
<p>13. Form a special ad-hoc subcommittee of the Executive Board to consider options for nomination and terms of office of the Director-General and Regional Directors, including the use of search committees and report thereon to the Executive Board in January 1994.</p>	<p>The Executive Board decided to establish an ad hoc group to consider options for nomination, including possible use of a search process, and terms of office of the Director-General. The group will report to the Board at its Ninety-seventh session in January 1996.</p> <p><i>(See document EB97/11)</i></p> <p>EM/R/C40/15-E, EB95(1)</p>	<p>To be considered by the Executive Board in January 1996. Regional Directors' component of the recommendation still to be implemented.</p>
<p>14. Establish a small working group to recommend how to: improve ways in which the Board members are designated; improve the selection procedures for the officers of the Board; and achieve more active involvement of all members throughout the year in the work of the Organization. Specifically, the working group should consider the possibility of designating a chairman-elect from among the officers of the Board, one year in advance of formal election under Rule 12, and the continued involvement of the outgoing chairman the following year, to permit a team approach at each session of the Board. The working group should also consider ways and means to improve communication and participation among the Chairman, Board members and the Director-General throughout the year, and to keep all Board members informed of the involvement of individual Board members in the work of WHO. The Working Group should report to the Board by January 1994.</p>	<p>A small working group met under the direction of the Chairman of the Ninety-third Executive Board and reported to the Executive Board in January 1994. The Executive Board decided that in selecting the Chairman, the Board give particular attention to qualifications, competence and cumulative experience. With regard to designation of Board members, it requested the Director-General to emphasise to Member States entitled to designate a person to serve on the Board, the need to designate persons who are technically qualified in the field of health, recalling, in this respect, the provision of Article 24 of the WHO Constitution. The Executive Board is regularly informed of the involvement of individual Board members in the work of WHO.</p> <p>EB93(12)</p>	<p>Improved communication maintained and to be pursued.</p>

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<p>15. Conduct from time to time surveys of Member States' opinions and perceptions of the relevance, functioning, efficiency and effectiveness of the work of WHO at all organizational levels.</p>	<p>The Executive Board, at its Ninety-fifth session, recommended that the opinion of Member States on the work of WHO be surveyed through the continuous consultation mechanisms set up in all regions and through mechanisms established for coordination and consultation with governing bodies, namely, the PDC and the ABFC; and that other means be found to survey from time to time the opinion of Member States on specific aspects of WHO's work.</p> <p>The consultation process underway to renew the health-for-all strategy will include an assessment of Member States and others opinions and perceptions of WHO's functions, efficiency and effectiveness with a view to review its mission. In the South-East Asia Region, there will be dialogue with national officials at country level meetings and at the Regional Committee.</p> <p style="text-align: right;">EB95(2)</p>	<p>Integral part of WHO's management process. Will be pursued after the consultation mentioned below.</p> <p>In progress.</p>
<p>16. Request the Regional Committees to study their own method of work with a view to harmonizing their actions with the work of the regional office, other regions, the Executive Board and the World Health Assembly and report thereon to the Executive Board in January 1995.</p>	<p>The Executive Board decided to review the method of work of regional committees in three to four years, i.e. 1998-1999, recommending that Member States should include Executive Board members in their delegations to regional committees. The Regional Committee/Africa noted the correlation between the work of the Regional Committee, the Executive Board and World Health Assembly in relation to items on their respective agendas.</p> <p style="text-align: right;">EB95(2), Report of 45th Session of Regional Committee/Africa</p>	<p>Executive Board to review in 1998-1999.</p>
<p>17. Consider the establishment of a policy development team, utilizing current staff to orient the long-term vision, policy direction and programme priorities for the health sector and WHO. <i>See also recommendations 2, 3 and 4 above.</i></p>	<p>The Global Policy Council (GPC) was established at the highest management level of WHO to oversee policy, direction and programme priorities. A Development Team on WHO Policy and Mission, utilizing staff from all levels of the Organization, was set up with the remit of reorienting long-term vision and policy direction.</p> <p>A small unit within the Division of Development of Policy, Programme and Evaluation was set up at WHO headquarters in response to WHA48.16 to coordinate the elaboration of the new global health policy, which will involve a critical assessment of health sector priorities and the role of WHO.</p> <p style="text-align: right;">EB93(7), WHA48.16</p>	<p>Integral part of WHO management process.</p> <p>In progress.</p>

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<p>18. Strengthen and develop, with the Regional Directors, an improved policy planning and analysis capability/system to recommend clear priorities for programme objectives, targets and budgets. These priorities should be coordinated at all levels of the Organization and reported to the Executive Board (or the Programme Committee if it is retained) on an annual basis.</p>	<p>The GPC mentioned above and the Management Development Committee (MDC) oversee policy planning and analysis, set objectives, targets and budgets and coordinate activities at all levels; report to the Executive Board or the PDC on the most important subjects.</p> <p>The Executive Board conducts programme reviews, and reviews priorities in the strategic budgeting process; and advises on priorities through the PDC and ABFC.</p> <p>EB93(7), EB93(10), EB95.R4, EB96(12), WHA47.8, WHA48.25</p>	<p>Integral part of WHO management process.</p> <p>On-going.</p>
<p>19. Propose and implement appropriate management and communication systems, particularly with the Regional Directors, to achieve the designated objectives and targets according to the priorities identified. Such management and communications systems should be served by the management information systems for effective and efficient policy implementation.</p> <p>20. Provide a detailed analysis of the current status, capability, compatibility, plans and programmes of existing management information systems throughout the Organization (headquarters, regional and country levels). The Director-General should develop alternate plans for a WHO worldwide system which could be implemented within variable time frames, e.g. within 3, 5 and/or 10 years.</p>	<p>Fully implemented. The GPC and MDC were set up in 1993. The management process for WHO was reviewed and improved during the period 1993 to date, to facilitate effective and efficient policy implementation at all levels, under the aegis of the GPC and MDC.</p> <p>The worldwide WHO Management Information System (MIS) is currently in development; the first function, the Activity Management System (AMS), became operational in November 1995, and is used to plan and manage activities to achieve designated objectives and targets across the whole Organization. In the Region of the Americas, the AMPES system facilitates programming, budgeting and evaluation.</p> <p>The Executive Board reviewed interim reports on progress in January and May 1994. In May 1995, the Board requested rapid implementation of the MIS system. The first element of the MIS, the AMS, became operational in November 1995.</p> <p>EB93(11), EB95(3), EB96(3), EB96(12)</p>	<p>On-going.</p> <p>Continuing development with full implementation in 1997.</p>

SUMMARY OF RECOMMENDATIONS	IMPLEMENTATION STATUS WITH EXECUTIVE BOARD/ WORLD HEALTH ASSEMBLY ENDORSEMENT	CONTINUATION/ FUTURE ACTIVITIES
<p>21. Review the effectiveness of current WHO procedures and criteria utilized at headquarters, regional office and country levels for the development of appropriate staffing patterns and the selection and recruitment of staff. See also <i>recommendations 22, 39 and 40.</i></p> <p>22. Review the practices of providing technical consultation for the Organization and identify changes needed in the provision and utilization of technical experts.</p>	<p>Recommendations of the Development Team on WHO's Personnel Policy will be presented to the Executive Board in January 1996. In the South-East Asia Region, the staffing pattern is kept under constant review, and there has been a restructuring of programmes to bring the Regional Office into line with the Ninth General Programme of Work classification.</p> <p>(See document <i>EB97/7</i>)</p>	<p>Review by Executive Board in January 1996 and subsequent implementation of approved recommendations.</p>
<p>23. Review the current delegation of authority between headquarters and regional offices and introduce appropriate changes in the light of experience and current needs, and report on progress to the Executive Board by January 1994.</p>	<p>First preliminary report made to the Executive Board in January 1994. In the meantime, the subject is being discussed in the GPC. Proposals for appropriate changes in delegation of authority will be made once the Board has approved the Development Teams' reports on the Role of WHO Country Offices, and WHO's Personnel Policy, and after a review of WHO's mission (see also <i>recommendations 2, 3 and 4, plus WHA48.16</i>).</p>	
<p>24. Include as part of the Executive Board's working agenda, on a regular basis, meetings with Regional Directors to review strategies and progress on key operational and management issues.</p>	<p>Fully implemented. The Executive Board agreed that Regional Directors' reports to the Board should include strategies and progress on key operational and management issues on a regular basis and should group related issues on developments in the regions and focus on strategies and progress on significant operational and management issues.</p> <p>EB93(10)</p>	<p>To be continued.</p>

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<p>25. Evaluate current and planned country health programmes and determine the profile of skills and qualifications required to select highly qualified WHO Representatives.</p> <p>26. Develop appropriate procedures for ensuring career development of the WHO Representatives through initial and periodic training and by rotation of WHO Representatives (between regions and headquarters) in the light of the Organization's current needs.</p> <p>27. Direct the Regional Directors and the WHO Representatives to provide leadership in intersectoral coordination among the United Nations agencies and between major donors, and report to the January 1994 session of the Executive Board on the results.</p> <p>28. Review, update and standardize the delegations of authority, the country office administrative/management and operating procedures, and the basic operating resources for WHO Representative offices throughout the Organization and report to the January 1994 session of the Executive Board on the results.</p>	<p>The revised report of the Development Team on the Role of WHO Country Offices will be presented to the Executive Board in January 1996, which covers recommendations 25, 26, 27, 28, 29 and 30.</p> <p>(See document EB97/5)</p> <p>Regional Committee, Western Pacific, at its 44th Session, strongly endorsed the view that WHO Representatives be supported with clear, concise and unambiguous programme and policy information.</p>	<p>Implementation of recommendations approved by the Executive Board in 1996.</p>
<p>29. Review the role of the WHO Representative and recommend appropriate measures to strengthen the integration of the work of the WHO Representative into the policy and strategy development of the Organization. In addition, the Director-General should take advantage of low-cost improvements in communication technologies, such as CD ROMS and integration with electronically keyed national libraries (of medicine and others), to improve access to information for the WHO Representative. See also recommendation 25 above.</p>	<p>WHO Representatives can use the WHO Documentation Module initiated and implemented by the Office of Library and Health Literature Services at WHO headquarters. It enables them to access the WHOLIS bibliographical database and use a simple methodology for organizing their collection of WHO-generated publications and documents for rapid and easy retrieval of technical and policy information. Bi-annual meetings of WHO Representatives are held in the Western Pacific Region to ensure that WHO Representatives are fully involved in the policy and strategy development of the Organization.</p>	<p>On-going.</p>

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30. Inquire among Member States their interest in having alternate forms of WHO representation within their countries. <i>See also recommendation 25 above.</i>	In addition to the report of the Development Team on the Role of WHO Country Offices, the consultation on the renewal of the health-for-all policy may bring some new light to this issue.	To be followed up.
31. Ensure that the Organization be active in its response to the structural and operating reforms taking place in the United Nations and its programmes. WHO should develop concept papers or action papers to facilitate the adoption of procedures, within the United Nations system, which further interagency cooperation and collaboration in the resolution of health and development problems.	The WHO Task Force on Health in Development was established in 1993 to identify issues which can bring health objectives to the forefront of current development strategies and economic policies. Policy and technical relationships have been enhanced with major organizations and bodies of the United Nations system. The Director-General and WHO staff actively participate in the Administrative Committee on Coordination (ACC), chaired by the Secretary-General of the United Nations, and its subsidiary organs, as well as in interagency task forces.	To be followed up as part of the reform of the United Nations system.
32. Engage in discussions with appropriate elements of United Nations leadership to ensure optimal use of United Nations "unified offices" with United Nations specialized agency coordinators (not only UNDP coordinators). The newly-designed system, under the overall coordination of UNDP, could provide clear leadership of the "UN country-team" by the specialized United Nations agencies in their areas of expertise, e.g. WHO on health matters.	"Unified Offices" have been superseded by "field offices of the United Nations Development System", under the leadership of the Resident Coordinator. Guidelines for common action at country level have been drawn to the attention of all WHO Representatives. The present experience developed by UNAIDS will give interesting information on the possibility of these country teams and will guide further implementation of this recommendation. The 43rd Regional Committee/Africa recommended that closer collaboration be fostered among the various organizations to optimize the use of resources of the UN system as a whole.	Will be reviewed in three to four years.
33. Take appropriate measures to present appropriate information and recommendations to the UN/donor agencies responsible for development projects to include disease surveillance, prevention, and control as an integral component of each development project, programme intervention or targeted service for specific geographical areas.	All activities with United Nations/donor agencies stress the importance of the health aspects of development including disease surveillance, prevention and control.	Issue will be further pursued in the context of renewal of the health-for-all strategy.

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<p>34. Engage in dialogue with the United Nations secretariat to study means for reducing differences in regions and operating procedures among United Nations agencies.</p>	<p>Operating procedures (e.g. standardization of accounting procedures) are under constant review in inter-agency bodies; question of regional structure differences will need to be looked at in the context of WHO Constitution review. (See document <i>EB97/9</i>)</p>	<p>To be kept under review. Executive Board to consider in January 1996.</p>
<p>35. Assign an Executive Board member to sit on the management committee of each major extrabudgetary funded programme (generally consisting only of donors), to facilitate coordination and compatibility of policies, decisions and priorities with those of the World Health Assembly/Executive Board.</p>	<p>An analysis of the membership of management committees of the major extrabudgetary funded programmes that held meetings in 1994 shows that one or more Board members, or their alternates, were present. The Board, in discussing this recommendation, decided to examine the feasibility of assigning the follow-up of one or more programmes to each Executive Board member and this will be considered in January 1996. (See document <i>EB97/2</i>)</p>	<p>Executive Board to consider in January 1996.</p>
<p>36. Seek approval from the World Health Assembly to have the authority to assess appropriate overhead rates, up to 35% for extrabudgetary programmes.</p>	<p>The Executive Board considered this issue in January 1994. It was agreed that for the time being, the standard programme support cost rate of 13% should be maintained.</p>	<p>To be kept under review.</p>
<p>37. Establish a pledging system to secure additional funds for priority regular budget programmes including those dealing with normative functions.</p>	<p>Informal consultations with the donor community are continuing but the concept of undesignated pledges is not finding support although designated pledges for certain priority programmes are continuing.</p>	<p>To be kept under review.</p>
<p>38. Noting that the regional and country allocations are based mainly on allocations for previous years, establish budgeting systems/mechanisms to derive the greatest benefit from the process of budgeting by objectives/targets and to facilitate the achievement of priorities and to provide for periodic adjustments of these priorities in accordance with changing health needs.</p>	<p>This was discussed by the Executive Board in May 1995, when it was agreed that regional allocations would be discussed at regional committee meetings in 1995. The Executive Board will reconsider the issue in January 1996. In the meantime, the MDC and GPC are keeping the issue under review. The Regional Committee/Africa, proposed criteria and formulae for the determination of country budget allocations. (See document <i>EB97/8</i>)</p>	<p>To be reviewed by Executive Board in January 1996. Revised criteria to be used in determining country allocations for the 1998/99 budget (African Region).</p>

AFR/RC45/R2, WHA48.26

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<p>39. Improve the personnel procedures to ensure: technical competence as the primary basis for the selection and recruitment of long- and short-term staff; the design and implementation of appropriate career development and continuing education programmes; and the development of a staff rotation system between headquarters and regions. The Director-General should assess the impact of the geographic distribution of posts on the quality of staff. <i>See recommendations 21 and 25 above.</i></p>	<p>Report of the Development Team on WHO's Personnel Policy to be reviewed by the Executive Board in January 1996. <i>(See document EB97/7)</i></p>	<p>Implementation of recommendations approved by the Executive Board in January 1996.</p>
<p>40. Draw to the attention of the World Health Assembly the impact on the quality of staff and on the ability of the Organization to perform its mandated functions due to politically motivated appointments made by the Secretariat as a result of pressures by Member States. <i>See recommendation 21 above.</i></p>	<p>Report of the Development Team on WHO's Personnel Policy to be reviewed by the Executive Board in January 1996. <i>(See document EB97/7)</i></p>	<p>To be reviewed by the Executive Board in January 1996.</p>
<p>41. With a view to ensuring the best possible use of all resources available to the health sector, review and update existing guidelines and procedures related to WHO collaborating centres and their participation in research initiatives for the Organization. In particular, the review should focus on ways to facilitate, in a cumulative manner, the coordination of research efforts by the worldwide network of collaborating centres to achieve health for all targets and other priority health initiatives.</p>	<p>The Development Team on WHO Programme Development and Management recommended that centres be designated for a flexible duration, other centres of excellence be recognized, a better regional balance between centres be established and that complexity of management of collaborating centres be reduced. Work in progress has been accelerated, after the discussion at the Executive Board in May 1995, to produce a research information database within the MIS to facilitate the coordination of research efforts and to simplify the instructions relating to the identification, selection and redesignation of WHO collaborating centres. The South-East Asia Region has conducted a review of collaborating centres to ensure they were optimally used. EM/RC41/15-E, EB96(12)</p>	<p>In progress.</p>
<p>42. Require every programme to include a budgetary item for conducting basic science or operational research activities as part of its institutional development process to achieve technical excellence.</p>	<p>Fully implemented. All major programmes include a budgetary item for either basic science or operational research activities in the 1996-97 programme budget, with the exception of those programmes which deal with management and administrative matters.</p>	<p>Integral part of WHO programme management and development.</p>

SUMMARY OF RECOMMENDATIONS	IMPLEMENTATION STATUS WITH EXECUTIVE BOARD/ WORLD HEALTH ASSEMBLY ENDORSEMENT	CONTINUATION/ FUTURE ACTIVITIES
43. Establish a small group to determine, with the Director-General, ways to expand the use of the collaborating centres. A special focus should be given to the implementation of priority health research and PHC/HFA initiatives.	Fully implemented as part of the work of the Development Team on WHO Programme Development and Management. Selected collaborating centres will also have a key role in the development of the renewed health-for-all policy. Their role is also being increased as part of the budgetary reform.	Integral part of WHO procedures.
44. Develop annual plans with each collaborating centre to facilitate the implementation of appropriate international health work, and the evaluation of the capability of the centre to maintain its special designation.	Prior to designation, collaborating centres prepare a plan of work for a four-year period; in addition, annual plans of action will, from 1996 onwards, be closely linked to the annual WHO plans of action.	Integral part of WHO procedures.
45. Develop WHO's capability to make greater use of modern communication techniques and methods, particularly mass media tools, to introduce health promotion and disease prevention concepts.	The report of the Development Team on the WHO Communications and Public Relations Policy was endorsed by the Executive Board in January 1995. It cannot be fully implemented due to budget cuts. EB95(10)	Integral part of WHO procedures.
46. Issue an annual publication which reports on the Organization's efforts and programmes for improving the world health situation. The report should be similar to UNICEF's "The State of the World's Children" in target audience and promotional context. See <i>recommendation 1 above</i> .	Fully implemented.	WHO outcomes will be linked to findings from annual global assessments (see <i>recommendation 1</i>).
47. Devise means for the Executive Board to monitor the work and continue activities, including the potential contribution from the current Executive Board Working Group members.	Fully implemented. The PDC of the Executive Board has the remit of following the process of reforms, and assisting in the process of programme development in WHO. EB93.R13	Integral part of the work of governing bodies.

**REPORTING TO GOVERNING BODIES ON WHO RESPONSE TO GLOBAL CHANGE
AND RELATED DECISIONS AND RESOLUTIONS**

WORLD HEALTH ASSEMBLY EXECUTIVE BOARD REGIONAL COMMITTEE	DOCUMENTS	DECISIONS / RESOLUTIONS
EB89 - January 1992		EB89(19) Working group of the Executive Board on the WHO response to global change
EB90 - May 1992	EB90/4 Working Group on the WHO response to global change	EB90(3) Report of the working group of the Executive Board on the WHO response to global change
EB91 - January 1993	EB91/19 Preliminary report of the Executive Board Working Group on the WHO response to global change	EB91.R22 Staff participation in the WHO response to global change
WHA46 - May 1993		WHA46.16 WHO response to global change WHA46.35 Budgetary reform
EB92 - May 1993	EB92/4 Report of the Executive Board Working Group on the WHO response to global change	EB92.R2 Report of the Executive Board Working Group on the WHO response to Global Change
The Americas - June/July 1993	CE111 Resolutions and other actions of the Forty-sixth World Health Assembly of interest to the PAHO Executive Committee - WHO response to global change	
RC - Africa - September 1993	AFR/RC43/14 Report on WHO response to global change	
	AFR/RC43/14 Add.1 Report on WHO response to global change - Report of the Regional Director	
RC - The Americas - September/October 1993	CD37/21 Report of the Executive Board Working Group on the WHO response to global change	
	CD37 Resolutions and other actions of the Forty-sixth World Health Assembly of interest to the PAHO Executive Committee - WHO response to global change	

WORLD HEALTH ASSEMBLY EXECUTIVE BOARD REGIONAL COMMITTEE	DOCUMENTS	DECISIONS / RESOLUTIONS
RC - Eastern Mediterranean - September 1993	EM/RC40/3 Report of the Executive Board Working Group on the WHO response to global change	EM/RC40/R.4 Report of the Executive Board Working Group on the WHO response to global change
RC - Europe - September 1993	EUR/RC43/6 Matters arising out of decisions and resolutions of the World Health Assembly and the Executive Board including reforms in WHO - Part II WHO response to global change.	EUR/RC43/R4 Report of the Executive Board Working Group on the WHO response to Global Change
RC - South-East Asia - September 1993	SEA/RC46/10 WHO response to global change - Report of the Executive Board Working Group	SEA/RC46/R6 WHO response to Global Change
RC - Western Pacific - September 1993	SEA/RC46/Inf.8 WHO response to global change - Report of the Programme Committee of the Executive Board	WPR/RC44.R10 WHO response to Global Change
The Americas - December 1993	WPR/RC44/18 Report of the Programme Committee of the Executive Board SPP21 Implications for PAHO of the report of the Executive Board Working Group on the WHO response to global change	

WORLD HEALTH ASSEMBLY EXECUTIVE BOARD REGIONAL COMMITTEE	DOCUMENTS	DECISIONS / RESOLUTIONS
EB93 - January 1994	EB93/11	EB93(6)
	The WHO response to global change - Report of the Programme Committee of the Executive Board	WHO response to global change: world health status and WHO activity report
	Add.1	EB93(7)
	WHO response to global change - World health status and WHO activity report (implementation of recommendations 1 and 46) - Report by the Director-General	WHO response to global change: health-for-all policy update
	Add.2	EB93(8)
	WHO response to global change - Health-for-all policy update (Implementation of recommendations 2, 3 and 4) - Report by the Director-General	WHO response to global change: programme review by subgroups of the Executive Board
	Add.3	EB93(9)
	WHO response to global change - World Health Assembly resolutions (Implementation of recommendation 5) - Report by the Director-General	WHO response to global change: methods of work of the Executive Board
	Add.4	EB93(10)
	WHO response to global change - Methods of work of the World Health Assembly (Implementation of recommendation 6) - Report by the Director-General	WHO response to global change: reporting on regional matters
	Add.5	EB93(11)
	WHO response to global change - Methods of work of the Executive Board (Implementation of recommendations 7, 8 and 9) - Report by the Director-General	WHO response to global change: information resources
	Add.6	EB93(12)
	WHO response to global change - Programme development and management (Implementation of recommendations 10, 11, 12 and 24) - Report by the Director-General	WHO response to global change: designation of Executive Board members and selection of officers
	Add.7	EB93.R1
	WHO response to global change - Nomination of the Director-General and Regional Directors (Implementation of recommendation 13) - Report by the Director-General	WHO response to global change: Health Assembly resolutions
		EB93.R13
		WHO response to global change: committees of the Executive Board

WORLD HEALTH ASSEMBLY EXECUTIVE BOARD REGIONAL COMMITTEE	DOCUMENTS	DECISIONS / RESOLUTIONS
WHA47 - May 1994	<p>A47/16 WHO response to global change. Progress report by the Director-General</p> <p>A47/17 Budgetary reform. Report by the Director-General</p> <p>A47/33 WHO response to global change. Implementation of the special report of the External Auditor. Report by the Director-General</p> <p>A47/INF.DOC./6 WHO response to global change</p>	<p>WHA47.6 WHO response to global change: Programme Development Committee</p> <p>WHA47.7 Budgetary reform: Administration, Budget and Finance Committee</p> <p>WHA47.8 Budgetary reform</p> <p>WHA47.14 WHO response to global change: Health Assembly resolutions</p>
EB94 - May 1994	<p>EB94/4 WHO response to global change - Committees of the Executive Board - Report by the Director-General</p> <p>EB94/5 WHO response to global change - WHO worldwide management information system - Progress report by the Director-General</p> <p>EB94/6 Establishment of subgroups for programme reviews at the ninety-fifth session of the Executive Board</p> <p>EB94/8 Technical Discussions at the Forty-ninth World Health Assembly (1996) - Report by the Director-General</p>	<p>EB94(3) Methods and plans of work of the Programme Development Committee, the Administration, Budget and Finance Committee and the subgroups for programme reviews</p> <p>EB94(4) Membership of the Programme Development Committee of the Executive Board</p> <p>EB94(5) Membership of the Administration, Budget and Finance Committee of the Executive Board</p> <p>EB94.R2 Technical Discussions</p>
The Americas - June 1994	CE113 Resolutions and other actions of the Forty-seventh World Health Assembly of interest to the PAHO Executive Committee	
RC - South East Asia - August 1994	<p>SEA/RC47/18 WHO response to global change - progress report</p> <p>SEA/RC47/19 WHO response to global change - method of work of the Regional Committee</p>	SEA/RC47/R5 WHO response to global change

WORLD HEALTH ASSEMBLY EXECUTIVE BOARD REGIONAL COMMITTEE	DOCUMENTS	DECISIONS / RESOLUTIONS
RC - Africa - September 1994	AFR/RC44/10 Agendas of the ninety-fifth session of the Executive Board and Forty-eighth World Health Assembly: regional implications: Report of the Regional Director	AFR/RC44(8) Agendas of the ninety-fifth session of the Executive Board and Forty-eighth World Health Assembly: regional implications: Report of the Regional Director
RC - Eastern Mediterranean - September 1994	AFR/RC44/11 Method of work and duration of World Health Assembly - Report of the Director-General	AFR/RC44(9) Method of work and duration of the Forty-eighth World Health Assembly
RC - Europe - September 1994	EM/RC41/9 WHO response to global change	EM/RC41/R.15 WHO response to global change
RC - Western Pacific - September 1994	EUR/RC44/7 Matters arising out of decisions and resolutions of the World Health Assembly and the Executive Board, including reforms in WHO	WPR/RC45.R10 WHO response to global change
EB95 - January 1995	<p>EB95/12, Corr. 1 WHO response to global change - Progress report by the Director-General</p> <p>EB95/13 Budgetary reform</p> <p>EB95/14, Corr.1 Programme budgeting in WHO and prioritization of activities - Report by the Director-General</p> <p>EB95/15 Renewing the health-for-all strategy - Report by the Director-General</p> <p>EB95/16 WHO communications and public relations policy - Report by the Director-General</p>	<p>EB95(1) WHO response to global change: nomination of Director-General</p> <p>EB95(2) WHO response to global change: progress reports on implementation of recommendations</p> <p>EB95(3) Development of a WHO worldwide management information system</p> <p>EB95(10) WHO communications and public relations policy</p> <p>EB95.R4 Budgetary reform</p> <p>EB95.R5 WHO response to global change - Renewing the health-for-all strategy</p>

WORLD HEALTH ASSEMBLY EXECUTIVE BOARD REGIONAL COMMITTEE	DOCUMENTS	DECISIONS / RESOLUTIONS
EB95 - January 1995 (continued)	<p>EB95/17 Development of a WHO worldwide management information system - Interim report by the Director-General</p> <p>EB95/19 Programme Development Committee of the Executive Board - Report on the first meeting</p> <p>EB95/20 Administration, Budget and Finance Committee of the Executive Board - Report on the first meeting</p> <p>EB95/INF.DOC./4 General programme development and management - Orientation document for programme review</p>	
The Americas - April 1995	SPP24 Brief report on the renewal of the call for Health-for All	
WHA48 - May 1995	<p>A48/3 World Health Report 1995: Summary</p> <p>A48/16 Budgetary reform. Note by the Director-General</p> <p>A48/17 + Report of the Executive Board to the World Health Assembly on the proposed programme budget for the financial period on the proposed programme budget for the financial period 1996-1997 and response by the Director-General</p> <p>Corr.1, Corr.2, Add.1</p> <p>A48/23 WHO response to global change. Progress report by the Director-General</p> <p>A48/24 Renewing the health-for-all strategy. Report by the Director-General</p>	<p>WHA48(8) Review of the World Health Report 1995, incorporating the Director-General's report on the work of WHO</p> <p>WHA48.14 WHO response to global change: Review of the Constitution of the World Health Organization</p> <p>WHA48.15 WHO response to global change</p> <p>WHA48.16 WHO response to global change: Renewing the health-for-all strategy</p> <p>WHA48.17 WHO response to global change: Technical discussions</p>

WORLD HEALTH ASSEMBLY EXECUTIVE BOARD REGIONAL COMMITTEE	DOCUMENTS	DECISIONS / RESOLUTIONS
WHA48 - May 1995 (continued)	<p>A48/INF.DOC./7 Proposed programme budget for the financial period 1996-1997. Heading 2.4: WHO publications and documents</p> <p>A48/INF.DOC./10 The world health report - bridging the gap</p>	<p>WHA48.25 Consolidating budgetary reform</p> <p>WHA48.26 Reorientation of allocations</p> <p>WHA48.32 Appropriation resolution for the financial period 1996-1997</p>
EB96 - May 1995	<p>EB96/5 WHO response to global change - Programme development and management. Report of the Development Team</p> <p>EB96/6 Development of a WHO worldwide management information system. Report by the Director-General</p> <p>EB96/7 WHO response to global change - The role of WHO country offices. Report of the Development Team</p> <p>EB96/8 Regional allocations. Report by the Director-General</p> <p>EB96/9 Committees of the Executive Board. coordination of work. Report by the Director-General</p>	<p>EB96(3) Development of a WHO worldwide management information system</p> <p>EB96(4) Membership of the Programme Development Committee of the Executive Board</p> <p>EB96(5) Membership of the Administration, Budget and Finance Committee of the Executive Board</p> <p>EB96(11) Committees of the Executive Board: coordination of work</p> <p>EB96(12) WHO response to global change: Programme development and management (report of the development team)</p>
The Americas - June 1995	CE116 Brief report on the renewal of the call for Health-for-All	

WORLD HEALTH ASSEMBLY EXECUTIVE BOARD REGIONAL COMMITTEE	DOCUMENTS	DECISIONS / RESOLUTIONS
RC - Africa - September 1995	AFR/RC45/7 AFR/RC45/8 AFR/RC45/9	AFR/RC45(9) AFR/RC45(10)
RC - The Americas - September 1995	CD38/23	
RC - Eastern Mediterranean - September 1995	EM/RC42/3, Add.1 & Add.2	
RC - Europe - September 1995	EUR/RC45/5 EUR/RC45/Inf. Doc./1	
RC - South-East Asia - September 1995	SEA/RC48/8 SEA/RC48/13 SEA/RC48/17	SEA/RC48/R1 SEA/RC48/R7
RC - Western Pacific - September 1995	WPR/RC46/11	WPR/RC46.R10 WPR/RC46.R11

WORLD HEALTH ASSEMBLY EXECUTIVE BOARD REGIONAL COMMITTEE	DOCUMENTS	DECISIONS / RESOLUTIONS
EB97 - January 1996	EB97/4 Implementation of recommendations on WHO response to global change EB97/5 Role of WHO country offices EB97/6 Renewing the health-for-all strategy EB97/7 and Add.1 Personnel policy EB97/8 Budgetary reform, including reorientation of allocations EB97/9 Review of the Constitution of the World Health Organization EB97/10 Reassignment of Member States to regions EB97/11 Report of the Ad Hoc Group EB97/12 Review and evaluation of specific programmes	