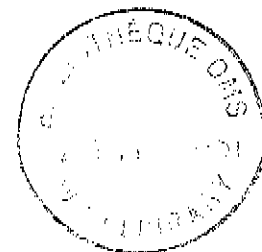




17 July 1981

ORIGINAL: ENGLISH

GUIDELINES FOR MEDIUM-TERM PROGRAMMING FOR THE  
 SEVENTH GENERAL PROGRAMME OF WORK FOR THE  
 SPECIFIC PERIOD 1984-1989 AND PROGRAMME  
 BUDGETING FOR THE FINANCIAL PERIOD 1984-1985



PROGRAMME BUDGETING OF WHO'S RESOURCES AT COUNTRY LEVEL

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1. INTRODUCTION

1.1 The present document is a supplement to the general guidelines for medium-term programming for the Seventh General Programme of Work for the Specific Period 1984-1989 and programme budgeting for the financial period 1984-1985.<sup>1</sup> As stated in the general guidelines, the Organization's medium-term programmes for 1984-1989 and related programme budget for 1984-1985 will be developed concurrently, on the basis of the Seventh General Programme of Work, in turn reflecting the policies and strategies for attainment of "Health for all by the year 2000".

1.2 Supplementary guidance for programme budgeting at country level is provided in the present document. Reference may also be made to the Director-General's address to the Thirty-fourth World Health Assembly on the "Contract for Health",<sup>2</sup> the report on "Development of Programme Budgeting and Management of WHO's Resources at Country Level",<sup>3</sup> and resolution WHA30.23, the text of which is reproduced in the Annex of the present document.

<sup>1</sup> Document MTP/PB/81/1.

<sup>2</sup> "Contract for Health", address by Dr H. Mahler, Director-General, in presenting his report for 1980 to the Thirty-fourth World Health Assembly, 5 May 1981, WHA34/DIV/4, paragraphs 14-16 on "The role of WHO in countries".

<sup>3</sup> Development of Programme Budgeting and Management of WHO's Resources at Country Level, WHO Official Records, No. 238 (1977), Annex 7.

## 2. UNIQUE ROLE OF WHO AT COUNTRY LEVEL

2.1 The role of WHO at country level is fundamentally different from that of other agencies, such as UNDP, UNICEF or other specialized agencies of the United Nations system providing technical cooperation at country level, since WHO has a special responsibility to support countries in coordinating international health work and in mobilizing and rationalizing external resources for health. It is the unique role of WHO to act as the international health partner of every Member State in its effort to attain, in the words of resolution WHA30.43, for all citizens by the year 2000, "a level of health that will permit them to lead a socially and economically productive life". This difference should be reflected in the way WHO's limited regular budget resources are planned and used at country level.

2.2 Every Member State has some kind of health plan and many have developed a national policy, strategy or plan of action for "health for all". If these are consistent with the principles of Alma-Ata and the policies and strategies adopted by Members collectively in the regional committees and Health Assembly, they will include the development of a sound health system infrastructure, the identification or generation of the appropriate technology to be delivered by it, and the necessary processes and mechanisms for promoting and supporting health system development and for generating and mobilizing the resources required. It is in the facilitation of this overall health system development, based on these collectively adopted policies and strategies, that WHO has a unique role to play. In addition, WHO provides technical cooperation support augmented by the far greater resources available from UNDP, UNFPA, UNICEF, (WFP, World Bank, NGOs and other external sources of multilateral and bilateral funds.

2.3 The WHO programme budget is a small, but potentially significant part of WHO's unique role in countries. It provides an opportunity not merely to support "worthwhile" activities, but more importantly to help put at the disposal of Member States the entire range of WHO capabilities and services at all organizational levels, including the promotion of technical cooperation among countries, and the transfer of technology, information and resources for health.

2.4 Accordingly, WHO's regular budget resources at country level should be used preferentially as a means of strengthening the country's own health development capability and absorption capacity, while drawing on everything WHO has to offer at all organizational levels. This implies the need for extensive flexibility in the planning and use of the WHO country planning figure as described in Sections 4 and 5 below.

2.5 WHO's regular budget resources at country level, which may be significantly augmented by "extrabudgetary" resources, should be used for only the highest priority programmes and activities in support of national strategies for attainment of "Health for all by the year 2000". WHO technical cooperation programmes, activities and services for 1984-1989 should reflect the new emphasis of the Seventh General Programme of Work on health system infrastructure development, to help build up national health systems based on primary health care, and develop countrywide health programmes for delivery through those systems, in response to nationally defined needs and priorities.

2.6 Accordingly when comparing country programme proposals for 1984-1989 under the Seventh General Programme of Work with activities for 1978-1983 under the Sixth General Programme of Work, one would expect to see in most country situations an increasing emphasis on, and use of resources for, health system infrastructure development, particularly the strengthening of the managerial process for national health development, organization of health systems based on primary health care, and related health manpower development. It is also to be expected that in most countries there will be an increasing use of nationals to carry out WHO's work at country level, and increasing reliance on national execution of programmes and projects jointly developed with WHO.

2.7 The use of WHO's resources at country level should also reflect the role of WHO in helping the country to mobilize and coordinate external resources for health. Resolution WHA34.37 specifically requests the Director-General, and therefore the Organization at all levels, "to support developing countries as required in preparing proposals for external funding for health", and "to take appropriate measures for identifying external resource requirements in support of well-defined strategies for health for all, for matching available resources to such needs, for rationalizing the use of such resources, and for mobilizing additional resources if necessary".

### 3. EVALUATION OF COUNTRY PROGRAMME ORIENTATION

3.1 Medium-term programming for 1984-1989 and programme budgeting for 1984-1985 at country level will be initiated concurrently during 1981 and 1982, and should include a joint WHO/national evaluation of current country programme activities, taking into account the principles of relevance, progress, efficiency, effectiveness and impact as outlined in WHO "Guidelines for Health Programme Evaluation".<sup>1</sup>

3.2 WHO staff and national officials should consider whether the current WHO country activities are progressing as planned, are achieving the targets, and are responding to the greatest needs and priorities as defined by the country. At the same time, consideration should be given to terminating or phasing out activities that have met their objectives or that are of lesser priority, in order to free up resources for flexible use in the future.

3.3 Consideration should be given by WHO staff and national officials to how WHO's resources can be better and more flexibly applied, particularly in support of health system infrastructure development, in accordance with the new orientation of the Seventh General Programme of Work, and to better enable the country to make full use of WHO collaboration and support from all organizational levels to increase the country's health development capability and absorption capacity.

3.4 During the process of submission and review of country programmes, the results of these self-evaluations should be submitted, together with programme proposals to next-higher review levels. It is recommended that these submissions respond as succinctly as possible to the following key questions:

1. Briefly, what progress has been made to date towards attainment of the national health programme objectives and targets which the WHO country programme supports under the Sixth General Programme of Work (1978-1983)?

2. How will the main directions of WHO support to the country for 1984-1989, and consequently the programme budget proposals for 1984-1985 at country level, differ from the approach used in the Sixth General Programme of Work in the sense that they support the relevant objectives and targets of the Seventh General Programme of Work as well as the national policies, strategies and plans of action of the country?

### 4. PLANNING FOR AND USE OF COUNTRY PLANNING FIGURES

4.1 The Director-General will notify Regional Directors in July 1981 of the tentative regular budget allocation for 1984-1985 for each region.<sup>2</sup> Following consultations with countries, as well as consideration in regional committees as appropriate, Regional Directors will

<sup>1</sup> "Provisional Guidelines for Health Programme Evaluation", document HPC/DPE/78.1 (revised version will shortly be available as document MPWPD/81.2).

<sup>2</sup> WHO Official Records, No. 245 (1977), Appendix 2, "Allocation of Resources between Regions".

establish provisional country planning figures for 1984-1985, assigning a tentative regular budget guidance figure for each country, based on qualitative and quantitative considerations appropriate to each region. Central to these considerations is the policy of reallocation to countries and populations that are least developed, underserved, most deficient in terms of health, and therefore most in need. Global indicators may be useful in determining relative need.<sup>1</sup>

4.2 The WHO provisional country planning figures should not be regarded as "acquired property" for use as an expedient stop-gap for financing of miscellaneous, albeit "worthwhile", activities. The WHO provisional planning figure represents an order of magnitude for programme budgeting guidance only. WHO reserves the right flexibly to reprogramme and redeploy resources, not only within the country but also between countries and even between regions as required to ensure that WHO's limited regular budget resources are used in an optimal way in support of national, regional and global strategies, taking into account the availability of resources from other external sources.

4.3 The planning for and use of WHO's regular budget country planning figure should reflect, and facilitate the carrying out of, WHO's unique role at country level, as stressed in Section 2 above. Accordingly, WHO's regular budget resources at country level should be preferentially used as a means of drawing on everything WHO has to offer at all organizational levels to support and strengthen the country's own health system infrastructure and health development capability and absorption capacity. To do this, it is not necessary to plan the use of WHO's resources in detail in advance of the operating period. For purposes of preparation of the proposed WHO programme budget document, it is only necessary to work out the main lines of expected WHO involvement, and to allocate the WHO regular budget country planning figure to "programme" level.

4.4 Furthermore, it is not necessary to allocate the use of WHO's regular budget resources in detail even by the beginning of the financial period. To the contrary, it is recommended that a substantial portion of the WHO regular budget country planning figure not be committed in detail in advance, but rather remain in as flexible a form as possible to help the country at any time during the financial period to gain access to all possible forms of WHO collaboration and support at all organizational levels, and to strengthen the country's own capability for health development. When and how to use these flexible resources is a matter for joint determination by WHO and national officials during the operating period.

4.5 There are no hard and fast rules about the decision as to what types of support must be provided by WHO, since the situation will be different in each country. It may be decided to provide technical cooperation programmes, projects or other key inputs to priority national programmes.<sup>2</sup> In general it is to be expected in most countries that during 1984-1989 there will be increasing reliance on national execution of programmes and projects jointly developed by WHO and the country concerned. Use may be made as appropriate of national professionals, national short-term staff, consultants, or temporary advisers.<sup>3</sup> It may be desirable to make use of grants or contractual service agreements for specific pieces of research, training or other programme work.<sup>4</sup>

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<sup>1</sup> "Global Strategy for Health for All by the Year 2000", also Section VII, Monitoring and Evaluation, Global Indicators ("Health for All" Series, No. 3), Geneva, World Health Organization, 1981

<sup>2</sup> WHO Manual, Part X, currently under revision.

<sup>3</sup> WHO Manual, Part II, Sections 11-12.

<sup>4</sup> WHO Manual, Parts IV, Section 4, and VI, Section 7.

4.6 In addition to the above, use may be made of local cost subsidies, in accordance with the new policies and procedures contained in the WHO Manual,<sup>1</sup> where this would serve the purpose of strengthening the country's health development capacity and ability to participate more effectively in joint technical cooperation programmes at country level. Such local cost subsidies could include per diem supplementation or travel costs of national staff, assistance in defraying training costs, or provision of supplies and equipment. The payment of salary subsidies is exceptional, and should not exceed 25% of the national net salary. Local cost subsidies under the WHO regular budget in any one country should not exceed 10% of the country planning figure appearing in the budget, except as provided in the Manual, or as authorized in writing by the Regional Director and the Director-General. In addition local cost subsidies in any region should not exceed 6% of the regular budget regional allocation for the financial period.<sup>1</sup>

4.7 The great degree of flexibility encouraged in the planning and use of WHO country planning figures does not mean that the normal standards of accountability do not apply. To the contrary, WHO resources used at country level are subject to the normal standards of good management and accountability. They are also subject to the WHO standards of health programme evaluation. To ensure mutual understanding between the parties, the use of WHO resources should be specifically documented by some form of agreement, such as a plan of operations or exchange of letters, prior to commitment or release of funds. Where the government undertakes to execute the joint programme, project or activity, the terms of agreement should clearly state that fact, and the government in such case undertakes to apply and monitor the appropriate managerial procedures and accounting controls as accords with good management.

#### 5. JOINT GOVERNMENT/WHO PROCESS FOR PROGRAMMING OF WHO'S RESOURCES

5.1 The process of programming WHO's resources at country level is a joint undertaking of WHO and the country concerned as equal partners. Although such programming is a continuous process, it is useful to indicate certain broad timeframes relating to significant phases of the programming process. Programming at country level in the medium-term perspective for 1984-1989, including the exchange of related background material, will be initiated concurrently with the current programme evaluation described in Section 3 above, during the period July-October 1981.

5.2 Following meetings of the regional committees in August-September 1981, Regional Directors will establish provisional country planning figures, as described in Section 4 above, and confirm them to Member States in September 1981. Joint programme budgeting by WHO and national officials for 1984-1985 will "begin" in October 1981 with the conclusion of the current programme evaluation described in Section 3 above, and will run concurrently with, and as an integral part of, programming in the medium-term perspective, through March 1982. Initial draft outlines of WHO country programmes for 1984-1989, with the provisional country planning figure for 1984-1985 broken down by programme in accordance with the "classified list of programmes" contained in the Seventh General Programme of Work, will be submitted in November for regional office review in December 1981.

5.3 Consultations between WHO and national authorities on revised proposals and country planning figures will continue in January 1982, leading to preparation of narrative country programme statements for 1984-1989 and supporting budgetary tables for 1984-1985 broken down by programme, in February 1982, to be submitted in March 1982 to regional offices for inclusion in the regional programme budget document. The form of presentation is discussed further in Section 6 below, and an indicative timetable is presented in Section 7.

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<sup>1</sup> WHO Manual, Part IV, Section 1, revised 1981.

5.4 Of particular relevance to effective programming at country level for 1984-1989 and programme budgeting for 1984-1989 will be the use of joint government/WHO programming mechanisms. Efforts should be made in all countries where appropriate, if they have not already done so, to set up national health development, planning or coordinating groups, councils, committees or equivalent mechanisms, among whose functions should be the joint programming, budgeting, monitoring, reprogramming and programme evaluation, as appropriate to each national situation. It is not possible to prescribe a single uniform mechanism of this nature applicable for all countries, since there are wide variations among different countries.

5.5 In many countries it may be desirable to envisage mechanisms at two levels: one a joint WHO/national working mechanism, and the other a national review mechanism. Thus it might prove desirable to establish a joint programming or working committee, with active leadership of the WPC and national officials, reporting from time to time to ministries of health and planning, and to a National Health Development Council or similar intersectoral, higher review body, as appropriate. The choice of mechanisms and review procedures will depend on the unique situation of each country.

5.6 Programme managers have at their disposal, as referenced in the footnotes below, a number of useful relevant guidelines and background documents relating to managerial processes,<sup>1</sup> medium-term programming,<sup>2,3</sup> programme budgeting,<sup>4,5,6</sup> evaluation,<sup>7</sup> and the Seventh General Programme of Work for the Specific Period 1984-1989.<sup>8</sup>

5.7 With regard to the purely procedural aspect of programme budgeting at country level, the programme budget for 1984-1985 will be developed in accordance with the concepts and procedures for the development of programme budgeting and management of WHO's resources at country level,<sup>6</sup> which were approved by the Thirtieth World Health Assembly (May 1977) in resolution WHA30.23.

5.8 The intention of this innovation, which was first applied to development of the WHO programme budget for 1980-1981, is to spare Member States the burden of complying with unnecessary procedural requirements merely for the purposes of preparing WHO's programme budget, and as a result, to encourage better harmonization of the WHO programme budgeting process at country level with the national programming process, thus ensuring the closest possible relationship of WHO technical cooperation to the national health programme.

5.9 Two practical effects of the WHO procedure for programme budgeting at country level are (a) to develop the WHO programme budget in terms of general programmes responding to nationally defined needs and priorities, and (b) to defer detailed project planning until nearer to, or during the operating period, in closer harmony with national health programming processes. For ready reference, the full text of resolution WHA30.23 is reproduced in the Annex of the present document. The related aspects of the form of presentation of country programmes are discussed in Section 6 below.

<sup>1</sup> The Managerial Process for WHO's Programme Development document MPWPD/81.1.

<sup>2</sup> Revision of the Provisional Working Guidelines for WHO's Medium-Term Programming, document PWG/3/15, Annex III (updated version will shortly be available as document MPWPD/81.3).

<sup>3</sup> Use of WHO Medium-term Programmes for Preparation of the Programme Budget at Country and Inter-Country Levels, MTP/PB/80.1.

<sup>4</sup> Guidelines for Programme Budgeting - Preparation of the Proposed Programme Budget for 1982-1983, PB/79/2.

<sup>5</sup> WHO Official Records, No. 212 (1975) Introduction, relating to the concept of "programming by objectives and budgeting by programmes".

<sup>6</sup> Development of Programme Budgeting and Management of WHO's Resources at Country Level, WHO Official Records, No. 238 (1977), Annex 7.

<sup>7</sup> Document HPC/DPE/78.1.

<sup>8</sup> Material for the Seventh General Programme of Work, document DGO/81.2 Rev.1.

## 6. PRESENTATION OF THE COUNTRY PROGRAMME

6.1 As explained in the general guidelines, document MTP/PB/81/1, the medium-term programmes for the Seventh General Programme of Work 1984-1989 and the proposed programme budget for the financial period 1984-1985, for the first time in WHO, will be summarized and published together in a single text in both the regional and global programme budget documents. The country programmes presented in the WHO regional programme documents should follow essentially the same approach.

6.2 Resolution WHA30.23 states that "technical cooperation programme proposals will be presented in regional programme budgets in the form of narrative country programme statements, supported by budgetary tables in which the country planning figures are broken down by programme so as to facilitate a programme-oriented review by the respective regional committees". This approach will be applied to the country programme presentation for 1984-1989 and proposed programme budget for 1984-1985.

6.3 It is recommended that country programme statements for the medium-term programme 1984-1989 and the proposed programme budget for 1984-1985 be presented in accordance with the following outline:

|  |
|--|
| COUNTRY  |
| <u>National Health Development Strategy</u>      |
| <u>Main Directions for WHO Support 1984-1989</u> |
| <u>WHO Support Foreseen for 1984-1985</u>        |

- Supporting budgetary table for 1984-1985

6.4 The first section of the narrative country programme statement on the National Health Development Strategy should succinctly outline the main features of the national long-term strategy for attainment of "health for all by the year 2000". It will be particularly useful in this section to mention major national targets adopted by the country, particularly any that relate to global indicators of progress towards the attainment of health for all, such as availability of primary health care, nutritional status, infant mortality or life expectancy.<sup>1</sup> It will also be useful to indicate the order of magnitude of resources required to carry out the strategy to the year 2000, and, if possible, to indicate the extent to which these resources can be met from internal sources and the extent to which transfer of external resources will be required.

6.5 The second section of the narrative country programme statement on the Main Directions for WHO support 1984-1989 should outline the main thrusts over the next six years of WHO facilitation of and support to national health development, including the main lines of action in support of national priorities, with an indication of time sequence to the extent this may be known. (In this connexion, it is to be noted that the WHO narrative programme statement represents a six-year "forward look" at joint WHO/national programme intentions, but this does not imply that the country's normal medium-term plan or national budget cycle have in any way to be adjusted to agree with the timeframes of WHO's medium-term programme for 1984-1989 or programme budget for 1984-1985.) The narrative statement should reflect the new emphasis of the Seventh General Programme of Work on national health system infrastructure development, including as appropriate the strengthening of the managerial process for national health development, organization of health systems based on primary health care, and related health manpower development. The statement should give an idea of the overall service and support to the country by WHO at all organizational levels, whether or not WHO financial inputs are directly involved, including the promotion of technical cooperation among countries and mobilization of external resources in support of the national strategy and plan of action for "Health for all".

<sup>1</sup> Global Strategy for Health for All by the Year 2000, section VII, Monitoring and Evaluation, Global Indicators ("Health for All" Series No. 3) Geneva, World Health Organization, 1981.

6.6 The third section of the narrative country programme statement on WHO Support Foreseen for 1984-1985 should briefly indicate the most important programme budget proposals for involvement of WHO in programmes and activities in 1984-1985, to the extent these may be known at this stage of programme development. Certain activities may be terminated, phased out or continued during the financial period. As stressed in Section 4 of the present document, the specific activities do not have to be identified and worked out in detail, and the WHO regular budget country planning figure does not have to be "used up" in specific proposals at this stage. Where regular budget funds are deliberately being kept in flexible readiness for future health development purposes, this may be stated in the narrative. It is only necessary in the supporting budgetary table to break down the country planning figure by programme, in accordance with the "classified list of programmes" in the Seventh General Programme of Work.<sup>1</sup> An effort should be made to explain in the narrative text the relationship between the orientation of the programme and the balance of resources shown in the supporting budgetary table - i.e. to relate the text to the figures. The narrative text could also mention significant sources of extrabudgetary support, such as UNDP, UNEFA etc. If the country programme is highly dependent on extrabudgetary support, and if there is a possibility such support might not be realized, the narrative statement should give an indication of what would be the implications for programme delivery if the anticipated extrabudgetary resources were not forthcoming.

## 7. TIMETABLE

7.1 The following timetable outlines 30 significant steps in the development, implementation and evaluation of the Medium-Term Programme for the Seventh General Programme of Work for 1984-1989 and the proposed programme budget at country level for the financial period 1984-1985. The target dates are indicative only, as the timeframes may differ between regions, and each Regional Director will establish the precise dates and procedures most appropriate for the region.

| ACTION REQUIRED  | ACTION TAKEN BY   | TARGET DATE         |
|--|---|---------------------|
| 1. Medium-term programming for 1984-1989 initiated concurrently with current country programme evaluation, as further elaborated below.  | WHO with national authorities, as further elaborated below  | July-October 1981   |
| 2. Exchange of background documents on national, regional and global strategies for Health/2000, CHP, PHC and other plans of action, 7GFW, and MPP/MTP/PB guidelines.  | WHO regional offices and WPC with national authorities  | July-August 1981    |
| 3. Review of national policies, strategies and medium-term plans of action, available resources, evaluation of current WHO programme relevance, and consideration of best forms of future WHO programme support. | WHO jointly with national authorities, using appropriate mechanisms such as National Health Development Council, Joint Coordinating or Planning Committee, or equivalent mechanism, with Health Ministry taking leadership role in health matters | July-September 1981 |

<sup>1</sup> "Material for the Seventh General Programme of Work", document DGO/81.2 Rev.1, Annex.

| ACTION REQUIRED  | ACTION TAKEN BY  | TARGET DATE                |
|--|--|----------------------------|
| 4. Discussion of policy issues in regional committees followed by issuance of regional programming guidance for 1984-1989 and order of magnitude of preliminary country planning figures for 1984-1985.      | Regional Director and Member States  | August-September 1981      |
| 5. Broad programming of WHO support action for 1984-1989, in line with the directions of the Seventh GPW and the priorities of the national health plan.   | WPC or Regional Adviser jointly with national authorities, using or reporting to the mechanisms indicated above  | September-October 1981     |
| 6. Medium-term programming continued concurrently with programme budgeting for 1984-1985, as further elaborated below.   | WHO with national authorities, using appropriate mechanisms  | October 1981-March 1982    |
| 7. Preparation of initial draft outlines of WHO country support programme for 1984-1989 with provisional country planning figure for 1984-1985 broken down by programme. (Project details are not required.) | WPC or Regional Adviser and WHO support staff jointly with national planners and health officials, working as a team, and using or reporting to the mechanisms indicated above | October-November 1981      |
| 8. Regional office review of draft outlines of WHO country support programme proposals for 1984-1989 and provisional country programme figures for 1984-1985.  | Meeting of WPCs, DFMs, and national planners with RD   | November-December 1981     |
| 9. Consultation on revised country programme proposals and provisional country programme figures.  | WPC or Regional Adviser jointly with Ministry of Health, national planners and using or reporting to mechanisms as appropriate   | December 1981-January 1982 |
| 10. Preparation of narrative country programme statements for 1984-1989 and supporting budgetary tables for 1984-1985 broken down by programme.  | WPC or Regional Adviser jointly with Health Ministry officials and national planning authorities, and with final approval of the Ministry of Health                            | January-February 1982      |

| ACTION REQUIRED   | ACTION TAKEN BY   | TARGET DATE  |
|---|---|--|
| 11. Review of current regional programme evaluation and preparation of regional programme proposals in accordance with regional strategies to give best support to country programmes.  | DPMs, Regional Advisers, and regional office staff in consultation with DSP, and reporting to RD. May involve participation of WPCs in some instances | February-March 1982                                  |
| 12. Submission of final draft narrative country programme statements and budgetary tables to regional office for inclusion in the regional programme budget document.   | WPC or Regional Adviser to DPM and RD for review and initial approval   | March 1982   |
| 13. Consolidation and final RD's approval of proposed regional programme budget including narrative country programme statements and supporting budgetary tables.   | Regional Director   | April-May 1982                                       |
| 14. Submission of proposed regional programme budgets to headquarters for consolidation in the Director-General's programme budget (excluding country programme statements and tables), and production and distribution of proposed regional programme budget document. | Regional Directors to DG and BUD, and regional programme budget document distribution to all Member States  | June 1982  |
| 15. Consideration of regional programme for 1984-1989 and proposed regional programme budget for 1984-1985, including proposed country programmes.  | Regional committees   | August-September 1982                                |
| 16. Preparation and distribution of the consolidated document on the medium-term programme for 1984-1989 and proposed programme budget for the financial period 1984-1985.  | Director-General  | October-1 December 1982                              |
| 17. Review of the programme for 1984-1985 and proposed programme budget for 1984-1985   | Seventy-first session of the Executive Board  | January 1983   |
| 18. Approval of the appropriation resolution and related programme and programme budget for 1984-1985.  | Thirty-sixth World Health Assembly  | May 1983   |
| 19. Continued, more detailed programming of WHO support action for 1984-1985, identifying key WHO inputs to national health programmes and projects.  | WPC or Regional Adviser and WHO field staff, national counterparts and national planners working as a team  | From March 1982 onwards through the operating period |

| ACTION REQUIRED  | ACTION TAKEN BY  | TARGET DATE   |
|--|--|---|
| 20. Preliminary costing of WHO inputs within budgetary allocations for country programmes, including continuing and new activities.  | WPC or RO, using appropriate standard costs and reasonable cost expectations for 1984-1985   | March 1982 onwards  |
| 21. Regional Office review of detailed programmes and budgetary changes for 1984-1985, if any.   | Meeting of WPCs, DPMS, and national planners with RD   | December 1982   |
| 22. Detailed plans of operation or work for country programmes, projects and activities, specifying respective inputs of WHO, national government and participants, in accordance with WHO Manual. | WPC (or Regional Adviser) WHO field staff and national counterparts working as a team  | Prior to operational implementation and authority to spend                            |
| 23. Implementation of the Seventh General Programme of Work for 1984-1989 and the programme budget for the financial period 1984-1985.   | All concerned  | 1 January 1984-31 December 1985   |
| 24. Issuance of allotments for authority to spend during biennium 1984-1985. Part of the WHO regular budget country planning figure may be reserved for flexible use during the financial period.  | BUD/HQ for global/HQ programmes and DSP/regional offices for regional programmes   | Prior to incurring obligations in 1984-1985   |
| 25. Evaluation of effectiveness of WHO country programmes in support of national health efforts for national health development.   | WPC or Regional Adviser jointly with national authorities using National Health Development Council or equivalent mechanism as appropriate                                       | Meeting September 1983 and on an annual, biennial or quarterly basis during 1984-1985 |
| 26. Continued, more detailed monitoring and evaluation of progress and efficiency of WHO support to national health programmes.  | WPC or Regional Adviser with national authorities, and using Joint Planning Evaluation or Performance Monitoring Group, as appropriate, reporting to NHDC and Ministry of Health | Meetings on a monthly or quarterly basis during 1984-1985                             |
| 27. Reprogramming and budgetary changes, leading to allotment revision, as required.   | Same as above, reporting to NHDC and Health Ministry, with WPC transmitting change request to RO for allotment action in accordance with rules and procedures.                   | When necessary during 1984-1985   |

| ACTION REQUIRED   | ACTION TAKEN BY   | TARGET DATE    |
|---|---|----------------|
| 28. Biennial review and evaluation of 1984-1985 programmes in terms of impact on health and relevance to future national health policies, strategies and plans of action. | WPC or Regional Adviser jointly with national authorities, using National Health Development Council or Joint Coordinating Committee, or equivalent mechanism, as appropriate | September 1985 |
| 29. Review of implementation of the Seventh General Programme of Work for 1984-1989.  | Seventy-seventh session of the Executive Board  | January 1986   |
| 30. Final review of implementation of the Seventh General Programme of Work for 1984-1989 and the work of WHO for the biennium 1984-1985.                                 | Thirty-ninth World Health Assembly  | May 1986       |

12 May 1977

DEVELOPMENT OF PROGRAMME BUDGETING AND  
MANAGEMENT OF WHO'S RESOURCES AT COUNTRY LEVEL

The Thirtieth World Health Assembly,

Recalling resolution WHA25.23, which adopted for WHO a form of programme budget presentation based on the principles of a programme-oriented approach to planning, budgeting and management;

Recognizing the desirability of extending the principles of such programme budgeting to the planning, development and presentation of technical cooperation programmes with governments and to the management of WHO's resources at country level;

Emphasizing the need for close collaboration between WHO and Member States in the development of well-defined country health programmes within which individual projects and activities can subsequently be planned in detail and implemented in relation to overall programme objectives and in close harmony with national health programme processes;

Recognizing the importance of effective planning, implementation, reporting, accounting and evaluation of individual projects which form the basis of programmes of the World Health Organization in accordance with the principles of programme budgeting;

Realizing also the problems of preparing in advance an accurate and realistic list of projects supported by the Organization during the biennial budget cycle, by the time that programme budget is approved;

Having considered the report of the Director-General on development of programme budgeting and management of WHO's resources at country level, along with the relevant resolutions of the regional committees, and the recommendations of the Executive Board thereon;

1. ADOPTS the programme budgeting procedures and the form of budget presentation outlined in the report, whereby:

(1) in the early stages of the programme budget process, WHO and national authorities will collaborate in identifying and developing priority programmes for cooperation, directed towards attaining national health goals defined in country health programmes, and expressed in terms of a general programme rather than in the form of individual projects or detailed activities;

(2) technical cooperation programme proposals will be presented in regional programme budgets in the form of narrative country programme statements, supported by budgetary tables in which the country planning figures are broken down by programme so as to facilitate a programme-oriented review by the respective regional committees; this information on country programmes will no longer be republished as an information annex to the Director-General's proposed programme budget, provided that such regional material is available to delegates to the Health Assembly and members of the Board in connexion with review and approval of the WHO programme budget;

Annex

(3) detailed plans of operation or work, and budgetary estimates for individual projects and activities planned within defined health programmes, will be developed at a later stage, closer to and as a part of programme implementation at country level;

(4) adequate information on the implementation and completion of programmes and projects as well as information on their progress, efficiency, and effectiveness, will be made available to the delegates to the Health Assembly and members of the Executive Board in the context of the evaluation system under incremental development in WHO;

2. REQUESTS the Director-General to put the new programme budgeting procedure into effect for the forthcoming programme budget cycle, and to introduce the corresponding form of budget presentation in the proposed programme budget for 1980 and 1981.

Tenth plenary meeting, 12 May 1977  
A30/VR/10

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