



*WHO - Budget, 1980-1981*

Preparation of the Proposed Programme Budget for 1980-1981

GUIDELINES FOR PROGRAMME BUDGETING AT HEADQUARTERS



CONTENTS

	<u>Page</u>
1. GENERAL PRINCIPLES . . . . .	1
2. OVERVIEW OF PROGRAMME BUDGETING FOR 1980-1981 . . . . .	2
3. POLICY AND STRATEGY FOR GENERAL PROGRAMME REORIENTATION . . . . .	3
4. REORIENTATION OF SPECIFIC PROGRAMMES . . . . .	6
5. PROGRAMME BUDGETING IN THE MEDIUM-TERM PERSPECTIVE . . . . .	7
6. PROGRAMME CRITERIA AND APPROACHES . . . . .	9
7. NEW WHO PROGRAMME CLASSIFICATION STRUCTURE . . . . .	10
8. PRESENTATION OF PROGRAMMES - INPUT TO PROGRAMME MANAGEMENT INFORMATION SYSTEM PROFILES . . . . .	11
9. PRELIMINARY PROGRAMME PLANNING FIGURES AND CONSTRAINTS . . . . .	13
10. BUDGET SUBMISSION AND PREPARATION PROCESS . . . . .	14
11. PREPARATION OF THE GLOBAL PROGRAMME STATEMENT . . . . .	16
12. PROGRAMME BUDGET PREPARATION SCHEDULE FOR 1980-1981 . . . . .	17
ANNEX 1. WORLD HEALTH ASSEMBLY RESOLUTIONS WHA30.30 and WHA30.43 . . . . .	18
ANNEX 2. WHO PROGRAMME CLASSIFICATION STRUCTURE FOR 1980-1981 . . . . .	20
ANNEX 3. BUDGET SUBMISSION FORM FOR 1980-1981 . . . . .	24

1. GENERAL PRINCIPLES

1.1 The preparation of the WHO programme budget for 1980-1981 will take place within the context of a number of important new policies and developments in WHO:

(1) Main social target. The programme budget for 1980-1981 should contribute to the main social target of Member States and WHO which is "the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life" (WHA30.43).

(2) Reorientation towards technical cooperation. The programme budget for 1980-1981 should carry out the approved programme budget policy and strategy to enhance the coordinating role of WHO and within that approach to reorient all WHO programmes within

the conceptual definition of "socially relevant technical cooperation programmes, directed towards defined national health goals, that further national self-reliance and contribute directly and significantly to the improvement of the health status of the populations served" (WHA30.30).

(3) Sixth General Programme of Work. The programme budget for 1980-1981 should be developed "in accordance with the principles and criteria for the selection of programme activities as they appear in the General Programme of Work", recognizing that the Sixth General Programme of Work Covering the Specific Period 1978-1983 "provides an appropriate policy framework for the formulation of medium-term programmes and programme budgets within the period covered" (WHA15.39; WHA29.20).

(4) Medium-term programming. For those programme areas where medium-term programming has been undertaken in accordance with provisional WHO working guidelines (Ref. PWC/1/4), it should be possible to translate medium-term programmes into specific programme budget proposals for 1980-1981 (see PC/EB61/WP/4).

(5) Programme classification structure. Programme budget proposals for 1980-1981 should be prepared within the framework of the new WHO programme classification structure which has been revised to correspond more closely to the main areas of concern and health objectives set forth in the Sixth General Programme of Work (see Annex 2 attached).

(6) Biennial budget cycle. Both the programme and the budget for 1980-1981 should cover two fully integrated years in a single biennium, in accordance with the decision that "the programme budget of WHO shall cover a two-year period beginning with the biennium 1980-1981 and shall be reviewed and approved by the Health Assembly on a two-year basis" (WHA30.20).

(7) Information systems. The preparation of the programme budget proposals for global, interregional and headquarters activities for 1980-1981 should follow the new procedures required in the context of the new computer-assisted programme management and administration and finance information systems. Specific guidelines are provided in this document.

## 2. OVERVIEW OF PROGRAMME BUDGETING FOR 1980-1981

2.1 The programme budgeting process for 1980-1981 will be significantly different from that for prior years, and will form part of a longer-term programme reorientation and programming process which, if not fully developed for 1980-1981, should have an impact on the preparation of the WHO programme budget for 1982-1983. The following paragraphs provide a very brief overview of the programme budgeting process for 1980-1981, which is described in more detail in the subsequent sections of these guidelines.

2.2 Before any detailed programming begins, it is recommended that WHO staff at headquarters engage in a general review and discussion of the implications of the WHO programme budget policy and strategy for the development of technical cooperation. In order to learn by doing, each assistant director-general will select one programme for review and initial reorientation in accordance with the programme budget policy and strategy, and the results of this experience will be evaluated and communicated to regional directors and all concerned (see section 3).

2.3 Drawing on the experience gained in the first learning phase in paragraph 2.2 above, a process would be initiated for wider application of the programme and strategy to all programmes of WHO, leading to continuous, long-term process, utilizing medium-term programming, country health programming and evaluation, with the participation of Member States and all levels of WHO (see section 4).

2.4 In principle, biennial programme budgeting should be an elaboration of a medium-term programme developed by all levels of WHO in collaboration with Member States. In practice, only a few medium-term programmes will have been developed in time for the 1980-1981 programme

budget. In all other programmes, medium-term programming should be undertaken in 1978-1979, so as to form a basis for programme budgeting for 1982-1983 (see section 5).

2.5 It is not possible to determine, so far in advance, the exact output, status and benefits by March 1978 of the above-mentioned programme reorientation process. It should already help improve the programme budget proposals for 1980-1981, which must be submitted by 17 March 1978, and should lead to still more relevant programmes in 1980-1983.

2.6 When preparing specific programme budget proposals for 1980-1981, programme managers will want to make use of criteria implicit in the new programme budget policy and strategy as well as further criteria expressed in the Sixth General Programme of Work (see section 6).

2.7 For purposes of presentation of proposals for the programme budget in 1980-1981, a new programme classification structure will be used. The present programme classification structure will continue to be used for controlling the 1978-1979 programme budget (see section 7).

2.8 In view of the many programme development and information processes under way in WHO, an effort is being made to reduce the documentation requirements for budget submission for 1980-1981 to a bare minimum. No narrative statements will be required in support of specific projects or activities. Instead, programme managers will be expected to complete their ISP programme and project profiles (by 15 November 1977) and continually update them as required to reflect significant changes or new proposals, so that this information can be retrieved for review purposes as and when required (see section 8).

2.9 Budget unit will issue for each major programme or programme, as appropriate, a preliminary programme planning figure for 1980-1981; a list of planned reductions of posts; a summary of standard/average costs for certain categories of expenditure; and an electronic data processing cost figure. Programme managers must ensure that headquarters, global and interregional submissions remain within these constraints (see section 9).

2.10 As part of the computer-assisted Administration and Finance Information System, Budget unit will issue to each programme manager newly-designed budget submission forms, pre-printed with 1976-1977 and 1978-1979 baseline budgetary data, with open columns for 1980-1981 proposals of a budgetary nature. Budgetary proposals for 1980-1981 are to be completed by programme planners after consultation among unit chiefs, directors, and assistant directors-general, and returned to Budget unit by 17 March 1978 for input to the computer (see section 10).

2.11 The final stage in the programme budgeting process will be the preparation of global programme statements. In addition to a brief summary of programme objectives and main thrusts or subprogrammes, global programme statements should clearly indicate how Member States and all levels of WHO are collaborating to reorient all the programmes of WHO towards increased social relevance and technical cooperation with and among countries. Global programme statements should be completed prior to 28 July 1978.

2.12 The sequential steps required in the programme budget preparation process, with suggested target dates, are indicated in section 12.

### 3. POLICY AND STRATEGY FOR GENERAL PROGRAMME REORIENTATION

3.1 Before beginning any programme budgeting process in WHO, it is essential to ensure that all WHO staff involved have a clear understanding of the new programme budget policy and strategy approved by the World Health Assembly in resolution WHA30.30. All staff should review the Director-General's "Policy and Strategy for the Development of Technical Cooperation", which has been published in WHO Official Records, No. 238, pages 181-206. Offprints of the policy and strategy paper as well as the recommendations of the Executive Board thereon, will be distributed widely in November 1977 for the convenience of WHO staff. It is recommended that WHO staff at headquarters engage in a general review and discussion of the implications of the WHO programme budget policy and strategy for the development of

technical cooperation. Even when WHO staff members agree on the overall WHO programme budget policy, it remains of vital importance to determine how to translate that policy into the reorientation of the workings and specific programmes of WHO.

3.2 In order to learn by doing, it is proposed as a first phase that each assistant director-general will first select one programme for review and initial reorientation in accordance with the programme budget policy and strategy. Together with directors, unit chiefs and programme staff, he will organize discussions and reviews of the selected programme in the light of the programme budget policy and strategy contained in Official Records, No. 238, and using any working materials thought suitable, such as the Sixth General Programme of Work, a Medium-Term Programme Statement, a programme budget statement, or an Information System programme profile.

3.3 This learning phase, prior to detailed programme budgeting, is a self-education process intended (1) to reach a common understanding of the policy to be applied in the reorientation of WHO programmes, and (2) to develop specific approaches and methods of reorienting programmes which can be shared with the regions and headquarters staff, and used by them in the longer-term process of reorienting all the programmes of WHO towards increased social relevance and benefit to populations served.

3.4 Upon completion of these initial discussions and reviews, each assistant director-general, accompanied by staff involved in the initial programme reorientation process, will present to the Headquarters Programme Committee the outcome of the discussion in terms of the main lines of programme reorientation, successful approaches and problems encountered. The results of this experience will be evaluated and be communicated to the Regional Directors and all concerned. The target date for the completion of this first learning phase is 16 December 1977.

3.5 The learning phase requires a thorough understanding of the programme budget policy and strategy, and in particular the guiding concept of "social relevance" embodied in the definition of technical cooperation:

"Technical cooperation means activities which have a high degree of social relevance for Member States in the sense that they are directed towards defined national health goals, and that they will contribute directly or significantly to the improvement of the health status of their populations through methods that they can apply now and at a cost they can afford now, and which conform to the principle and aim of developing national self-reliance in matters of health."

3.6 The Director-General's report on "Policy and Strategy for the Development of Technical Cooperation" contains a number of fundamental concepts about the role and functions of WHO leading to technical cooperation with and among countries (see WHO Official Records, No. 238, pages 182-186). These concepts are also reflected in resolutions WHA30.30 and WHA30.43 which are reproduced in Annex 1. The main concepts are listed below in a logical sequence:

- (1) The objective of WHO is the attainment by all peoples of the highest possible level of health.
- (2) Health is a basic human right and world-wide social goal; the main social target of WHO and governments in the coming decades should be the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.
- (3) The first function of WHO, in order to achieve this objective and social target, is to act as the directing and coordinating authority on international health work.
- (4) WHO is a technical and coordinating organization and not just an investment, funding or aid agency; Member States identify with WHO through their resolutions in the Regional Committees, Executive Board and World Health Assembly, determining health policies and doctrines in international health work.

- (5) The programme budget strategy approved by the World Health Assembly is to enhance the coordinating role of WHO and within that approach to reorient the work of the Organization towards increased, effective technical cooperation with and services to governments; thus the technical cooperation and coordination roles of WHO are mutually supportive.
- (6) The policy and strategy requires the continued development and orientation of all the activities of WHO towards increased social relevance and benefit to the populations served. This means that WHO must constantly seek the best ways of meeting the needs of the people, particularly in the developing countries.
- (7) In WHO the concept of technical cooperation means not only cooperation with but also the fostering of cooperation among countries themselves.
- (8) The cornerstone of WHO's approach to technical cooperation is the principle that cooperation, collaboration and intersectoral coordination for health and social development must begin in the countries themselves.
- (9) In the reorientation of the workings of WHO towards increased technical cooperation, it is the Member States themselves that must decide what is essentially relevant for them, what they want to achieve, and by what means they can achieve it.
- (10) In accordance with the new concept of technical cooperation Member States must make use of their Organization to define and achieve their social and health policy objectives, through health programmes that have been determined by countries' needs and that are aimed at promoting national self-reliance for health development. WHO's role in technical cooperation programmes is to support national health development.

3.7 It is evident from the concepts listed in paragraph 3.3 above, that the WHO programme budget policy and strategy has implications not only for the content of WHO programmes; but also for the process by which WHO develops its programmes in collaboration with Member States. If technical cooperation begins in the countries themselves, if Member States themselves are to decide what is essentially relevant for them, and if Member States are to make use of their Organization to achieve their objectives through health programmes which promote national self-reliance, it follows that programme planners sitting in Geneva, or any other global headquarters, cannot formulate world strategies and programmes in isolation from the national planning of Member States and from the WHO programming processes at regional level. One of the most important aspects of programme planning that programme managers at headquarters must consider is how countries and WHO regions will be brought into the programme development process.

3.8 The "Policy and Strategy for the Development of Technical Cooperation" contains proposals and suggestions for mechanisms and approaches to make the work of WHO more effective and efficient (see WHO Official Records, No. 238, pages 186-189). Thus, for example, programme managers and planners are expected to consider how in their programmes they can:

- (1) involve Member States in programme development;
- (2) involve nationals in all aspects of the work of WHO;
- (3) bring outside expertise effectively to bear on WHO programmes;
- (4) make more effective use of nongovernmental organizations;
- (5) make use of multidisciplinary programme development teams;
- (6) ensure intersectoral approaches to programme development;
- (7) plan TCDC approaches as part of the WHO programme.

3.9 The "Policy and Strategy for the Development of Technical Cooperation" identifies a number of global priorities of WHO, such as the development of the Primary Health Care approach to comprehensive health care, Tropical Disease Research and the Expanded Programme of Immunization. Priority in WHO programme reorientation should be in line with these global priorities. This means that certain other programmes should support these global priorities, as, for example, activities in Health Laboratory Technology supporting Primary Health Care or Immunization supporting Tropical Disease Research. The programme orientation

should also comply with the Sixth General Programme of Work, as outlined in WHO Official Records, No. 233, pages 63-109.

#### 4. REORIENTATION OF SPECIFIC PROGRAMMES

4.1 The learning phase described in section 3 above, leading to a common understanding of the programme budget policy and strategy as well as sound approaches and methods reorienting programmes, will be followed in 1978 by a phase of wider application of the programme policy and strategy to all programmes of WHO, leading finally to a continuous, long-term process of programme development, utilizing medium-term programming, country health programming and programme evaluation, with the participation of Member States and all levels of WHO.

4.2 The dissemination to WHO staff at headquarters and in the regions of information on the results, experience gained, problems and approaches to solution resulting from the learning phase in November and December 1977 should lead to the initiation of similar or improved reorientation processes in all programme areas. If successful experiences in one programme area are to be applied to other programmes, consultations and dialogues among WHO staff must be held not only "vertically" within programmes, but "horizontally" between programmes. Thus during the second phase meetings will be organized in late January and early February 1978 among different directors, unit chiefs and others involved in programme development to (1) promote coordinated approaches to programme reorientation and (2) to share successful experiences between programmes.

4.3 In the second phase, WHO staff in all programme areas should be asking the questions: what are the specific implications of the programme budget policy and strategy for the programme, what are the main priorities and approaches for future programme development, what are the successful experiences of other programmes which can be applied, and how can the reorientation best be brought about? WHO staff at all levels should discuss and analyse their programmes with a view to determining what programmes are already being reoriented, and what further reorientation needs to be done, and by what means.

4.4 The "Policy and Strategy for the Development of Technical Cooperation" contains a number of proposals and suggestions for specific programme reorientations, in line with the programme budget strategy and the Sixth General Programme of Work (see WHO Official Records, No. 238, pages 189-195). WHO staff should review the sections concerning their own and related health programmes. WHO staff should carefully review the relevant sections of the WHO Sixth General Programme of Work Covering a Specific Period 1978-1983 (WHO Official Records, No. 233, pages 63-109) with attention to the statements of objectives, approaches, targets, and possible output indicators, interpreted in the light of the approved programme budget policy and strategy.

4.5 During February 1978, programme staff, unit chiefs, directors and assistant directors-general should review their programme of activities for 1978-1979 and formulate proposals for 1980-1981. At this stage, it will still not be possible to completely reprogramme all WHO activities in a given programme area, particularly in the absence of full national and regional participation through such longer-term development processes as country health programming, medium-term programming and programme evaluation. Nevertheless, it should be possible already to assess which programme activities in 1978-1979 continue to be of high priority in terms of the new programme budget policy, and which do not. This type of assessment in turn should affect the choice of global and interregional projects and headquarters activities to be proposed for continuation or introduction in 1980-1981.

4.6 The first milestone in this application phase will be 17 March 1978, which is the target date for submission of programme budget proposals for 1980-1981. The programme review and formulation discussions referred to in paragraph 4.5 should result in a better choice of global and interregional activities to be submitted by means of the new budget submission form (see section 10 of these guidelines), and, to the extent necessary, any significant changes in the programme or new proposals should be reflected in the continuously updated Information System profiles (see section 8). Thus, while it is not possible to determine this far in advance what will be the state of progress, exact output or precise

benefits by 17 March 1978 of these specific programme reorientation efforts, they should nevertheless already help improve the relevance of the programme budget proposals for 1980-1981, and should lead to even better programme budgeting for 1982-1983.

4.7 The second milestone will be 28 July 1978, which is the target date for completion of global programme statements (see section 11 of these guidelines). By this time, programme reorientation reviews and discussions should include inputs received from all regional offices in June 1978 in the form of regional programme statements. It is the responsibility of headquarters staff to assume a global perspective and to reflect in their global programme statements the reorientation of the programmes throughout the Organization, and not simply show what is being done at headquarters. The target date of 28 July 1978 is important in another respect: it is the date for submission to the HPC secretariat of contributions to the report on "Monitoring of Implementation of Programme Budget Policy and Strategy" due for presentation to the Programme Committee of the Executive Board in autumn 1978. This report will be a more comprehensive version of the "Monitoring" paper prepared in October 1977 (see document EB61/PC/WP/2). Contributions for each programme to the "Monitoring" report in July 1978 should not exceed 500 words in length, and should highlight the most recent developments in the reorientation of WHO programmes at all organizational levels. During August and September, all programme managers will be consulted and asked to help participate in the "Monitoring" report, which will be due for completion by 13 October 1978, which is also the date for the Director-General's final approval of the proposed programme budget for 1980-1981.

4.8 Following the learning phase and the application milestones described above, the programme reorientation process should become an integral part of country health programming, medium-term programming, and programme evaluation, which should serve as the basis for programme budgeting in WHO. Programme budgeting at country level should be based on country health programming or a similar national planning process (see Guidelines for Programme Budgeting at Country Level, document PB/77/1). The relationship between biennial programme budgeting and medium-term programming is examined in section 5 below.

## 5. PROGRAMME BUDGETING IN THE MEDIUM-TERM PERSPECTIVE

5.1 In principle, the WHO programme budget for 1980-1981 should be an elaboration of a two-year programme drawn from a six year medium-term programme, developed by all levels and regions of WHO in collaboration with Member States. Medium-term programmes should conform to the programme budget strategy for development of technical cooperation and to the Sixth General Programme of Work, taking into account long-term perspectives in health.

5.2 In practice, full-scale medium-term programming will not have taken place for all programme areas in time for the preparation of the programme budget for 1980-1981. In those programme areas where medium-term programming has taken place, it should be possible to translate the medium-term programme into specific programme proposals for 1980-1981. In those programme areas where medium-term programming has not taken place, programme managers will make arrangements for medium-term programming in 1978-1979 in accordance with the schedule for MTP development (see EB61/PC/WP/4, Annex II) so that programme budgeting for 1982-1983 will benefit from these efforts.

5.3 Programme planners will find it useful to review the programming process outlined in the document "Provisional Working Guidelines for Medium-Term Programming" (Ref: PWG/1/4, dated September 1976). This process which is under continuing development in WHO, illustrates the kind of information which could or should exist in many programme areas, and the type of planning approach which ought to ensure that biennial programme budget proposals conform to and indeed elaborate medium-term strategies and programmes in WHO. The medium-term programming process is summarized below, illustrating the ultimate translation of medium-term objectives and programmes into biennial programme budgets:

### 5.3.1 Situation analysis

Step 1: Collation of information. Critical information is selected from existing sources on past and present health programmes and on present and future health programmes. At global level the extent of specific health problems on a world-wide basis are aggregated from regional data, in turn reflecting country needs, problems and health plans. The global programme policy basis is drawn from resolutions of the World Health Assembly and Executive Board. Technical and substantive bases are drawn from technical reports, scientific reports, recommendations of scientific groups, study groups, expert committees or essential related documents.

Step 2: Analysis of the programme area. The information selected in Step 1 is analysed with a view to refinement of specific objectives, assessment of alternative hypotheses and approaches, as well as identification of constraints on WHO or Member States, by broad programme areas.

### 5.3.2 Formulation of the programme

Step 3: Broad programming. Broad programme areas of Step 2 are directed into programmes or subprogrammes of manageable size, to select the activities to be carried out and distribute responsibility at various organizational levels.

Step 4: Detailed programming. More detailed plans of action are worked out at all organizational levels, describing methods and approaches, specific activities, as well as physical facilities and manpower required to carry out the programme, with attention to other factors noted below:

- (i) Resources. It should be possible to establish an order of magnitude of personnel and other resources required, to permit assessment of financial feasibility. (These will be replaced by more detailed cost estimates under Step 5 below.)
- (ii) Presentation. This should be brief. The WHO Information System "Profiles" provide a useful format (see ISD/77/4, Annex 4, and section 8 below).
- (iii) Evaluation. Targets and output indicators for evaluation should be built into programmes at the planning stage (see HPC/DPE/77/2).

### 5.3.3 Translation into programme budgets

Step 5: Programme budget proposals. Programme budgeting sets forth proposals for planned action during the two-year financial period for submission by the Director-General through the Executive Board, leading to approval by the World Health Assembly of a programme budget level composed of authorized "Appropriation Sections". The main thrusts are described in "global programme statements". At headquarters, proposals for global, interregional and headquarters activities are worked out in detail, including budgetary cost estimates for such categories or objects of expenditure as established posts, consultants, duty travel, and other expenses. These proposals are reviewed by the Headquarters Programme Committee, coordinated as necessary with the Global Programme Committee and approved by the Director-General for inclusion in the WHO Proposed Programme Budget for the biennium. (Details are provided in sections 9-10 below.)

5.4 The above outline illustrates how biennial programme budgeting ought to be part of the wider and longer-term planning process in WHO. Attention to these concepts will help improve programme budgeting for 1980-1981, although medium-term programming will not be fully utilized and developed in all programme areas until the Seventh General Programme of Work.

## 6. PROGRAMME CRITERIA AND APPROACHES

6.1 When preparing programme proposals for 1980-1981, the most important criteria are those relating to the social relevance of all WHO programmes. Accordingly, WHO technical cooperation activities should:

- (1) be directed towards defined national health goals;
- (2) contribute directly and significantly to the improvement of the health status of the population;
- (3) use methods that can be applied now and at a cost that can be afforded now; and
- (4) develop national self-reliance in matters of health.

6.2 In addition to the above criteria for technical cooperation, which were formulated since the approval of the Sixth General Programme of Work, it will be desirable to make use of the programme criteria contained in the Sixth General Programme of Work concerning selection of programme areas for WHO involvement, uses of resources and determination of organizational level for implementation:

### 6.2.1 Criteria for selection of programme areas for WHO involvement

- (a) The problem with which the programme area is concerned is clearly identified.
- (b) The underlying problem is of major importance in terms of public health, in view of its incidence, prevalence, distribution and severity; or in terms of its related adverse socio-cultural and economic implications.
- (c) There is a demonstrable potential for making progress towards the solution of the problem.
- (d) There is a strong rationale for WHO's involvement because the programme area is specifically mentioned in the Constitution, the General Programme of Work, or resolutions of the World Health Assembly, Executive Board and Regional Committees; the problem requires international collaboration for its solution; WHO's involvement could have a significant impact on the promotion of health; WHO's involvement will promote self-sustaining programme growth at national level; or, WHO's status as a specialized agency of the United Nations system requires collaboration with other agencies of the system for the solution of the problem.
- (e) WHO's non-involvement would have serious adverse health repercussions.

### 6.2.2 Resource criteria

- (a) The programme area may be successfully developed, and its activities maintained by Member States, after the termination of WHO's collaboration.
- (b) The programme area is likely to attract extrabudgetary funding whether to countries or to WHO and from bilateral, multilateral, or nongovernmental sources.

### 6.2.3 Criteria for determining organizational level or levels for implementation of programme activities

The following criteria are aimed at helping to determine at which organizational level or levels programmes activities should take place, bearing in mind, however, that (1) the ultimate relevance and impact of all WHO activities is to the health of the people at country level; (2) it is desirable that management and coordination be as close to the field operation as possible, and (3) all "levels" of WHO are mutually supportive parts of one organization.

(a) Interregional and headquarters activities are indicated if similar requirements have been identified in a number of regions following a rational process of programming; the pursuit of the activity as a collaborative effort of a number of regions is likely to contribute significantly to attaining the programme objectives; for reasons of economy the interregional framework is useful for pooling selected resources, e.g. for the provision of very highly skilled advisory services to regions; the activity encompasses global planning, management and evaluation; the activity is required for global health coordination and for central coordination with other international agencies; or the activity consists of technical support to regions and/or between regions and is intended to stimulate further regional activity in the programme area concerned.

(b) Intercountry and other regional activities are indicated if similar needs have been identified in a number of countries in the same region following a rational process of programming; the pursuit of the activity as a collaborative effort of a number of countries in the same region is likely to contribute significantly to attaining the programme objective; for reasons of economy the intercountry framework is useful for pooling selected resources, e.g. for the provision of highly skilled technical services to countries; the activity should be useful for eventual practical application at the country level; the activity encompasses regional planning, implementation and evaluation or is required for regional coordination; or the activity is an essential regional component of an interregional or global activity.

(c) Country activities should aim at solving problems of major public health importance in the country concerned, particularly those concerning underserved populations, and should result from a rational process of identifying countries' priority needs by such means as country health programming.

6.3 Programme planners will find it useful to consult the "List of Approaches" annexed to WHO's "Provisional Working Guidelines for Medium-Term Programming" (Ref: PWG/1/4 and Annexes, dated September 1976). These approaches range for example from development of concepts to participation in the formulation of international policies, international coordination of activities, collaboration with other organizations and institutions, exchange of information, development of standards, promotion of research, and development, adaptation and transfer of technical, scientific and managerial methods.

## 7. NEW WHO PROGRAMME CLASSIFICATION STRUCTURE

7.1 The proposed programme budget for 1980-1981 will be prepared and presented in accordance with a new WHO programme classification structure which has been worked out by a series of regional/headquarters working groups to bring the WHO programme classification structure more in line with the main areas of concern and the health objectives set forth in the Sixth General Programme of Work Covering the Specific Period 1978-1983.

7.2 The eight Appropriation Sections which will make up the Effective Working Budget for 1980-1981 are listed below:

- (1) Policy Organs;
- (2) General Programme Development, Management and Coordination;
- (3) Development of Comprehensive Health Services;
- (4) Disease Prevention and Control;
- (5) Promotion of Environmental Health;
- (6) Health Manpower Development;
- (7) Health Information;
- (8) General Services and Support Programmes.

7.3 The WHO programme classification structure follows the basic three-tier hierarchical structure and terminology of the common United Nations system, as illustrated below.

<u>Appropriation Section</u>	4	Development of Comprehensive Health Services
<u>Major Programme</u>	4.2	Family Health
<u>Programme</u>	4.2.2	Nutrition

7.4 Within a given programme, as for example, Nutrition, there may be further subdivisions or "sub-programmes", formal or otherwise, which represent main thrusts such as "National Food and Nutrition Policies", or "Measures Against Specific Nutritional Deficiencies" which, while being clearly identified in programme statements, do not form part of the formal programme classification structure for purposes of tabular budgetary presentation in the proposed programme budget document for 1980-1981. The term "Major Programme" provides a convenient means of aggregating programmes, but is not necessarily a measure of priority or importance in financial or programme terms.

7.5 For reasons of budgetary convenience, provision is made under certain major programmes for "Programme Planning and General Activities" to include the costs of the offices of directors or other general activities at headquarters or in the regions which do not lend themselves to being allocated to any other single programme within the major programme. "Programme Planning and General Activities" will be shown in budgetary tables where it is necessary to present such costs. For purely programmatic (non-budgetary) presentations, "Programme Planning and General Activities" will not always have to be shown. To facilitate this flexibility, the numbering of "Programme Planning and General Activities" always terminates with a zero, as illustrated below:

### 3.2 Family Health

- 3.2.0 Programme Planning and General Activities
- 3.2.1 Maternal and Child Health
- 3.2.2 Nutrition
- 3.2.3 Special Programme on Research and Training in Human Reproduction
- 3.2.4 Health Education

7.6 The complete WHO programme classification structure as presented in Information Circular No. IC/77/107, dated 1 November 1977, is reproduced in Annex 2.

7.7 While the new WHO programme classification structure will be used as the basis for 1980-1981 provisional programme planning figures (see section 9 below), and for 1980-1981 budgetary submissions (see section 10 below), the old WHO programme classification structure on which the programme budget for 1978-1979 was based will continue to be used for controlling expenditures in 1978-1979. Starting 1 January 1978 the new programme classification structure will be used for the internal reporting system (See section 8 immediately below). The differences between these two classification structures will be monitored by a "look-up table" in the WHO information system. When the proposed programme budget for 1980-1981 is consolidated in the second half of 1978, the comparative budgetary data for 1976-1977 and for 1978-1979 will be recast in the form of the new programme classification structure for 1980-1981, in order to facilitate comparison of those years with the proposed programme budget for 1980-1981.

## 8. PRESENTATION OF PROGRAMMES - INPUT TO PROGRAMME MANAGEMENT INFORMATION SYSTEM PROFILES

8.1 In recent years, programme managers and planners at headquarters have been requested, as part of the programme budget submission process, and in order to put individual activity proposals in their wider programme context, to prepare a number of programme budget forms and tables, summarizing major programmes, subprogrammes, projects and activities. These forms included description of objectives and expected outputs, indications of priority (A, B, C or "Core" and "Complementary"), sequence of activities with justification for each, as well as budgetary estimates.

8.2 For the preparation of the proposed programme budget for 1980-1981 all of the above descriptive forms and submission tables have been abolished. This has been possible for

essentially two reasons: (1) many of the budgetary aspects of the programme budget for 1980-1981 have already been defined by the approved programme budget policy and strategy for the development of technical cooperation (1978-1981) as well as by the objectives of the Sixth General Programme of Work (1978-1983); and (2) Programme Management Information Systems Development in WHO has reached the stage where it can be used for the first time in connexion with the preparation of a WHO programme budget.

8.3 As noted under Step 4, detailed programming, in paragraph 5.3.2 above, the new WHO Information System "Profiles" provide a useful format for summarizing programmes and projects. In simplified form, the "Profiles" also provide a convenient format for summarizing proposed new projects or new headquarters activities. The main elements contained in such a Profile are listed below:

- (1) Policy basis. Short references to policy and strategy basis, resolutions of the World Health Assembly, Executive Board or Regional Committees.
- (2) Problem definition. State the general and specific health or health-related problems for which solutions are sought.
- (3) Objectives and targets. State long-, medium-, or short-term objectives and targets, if possible related to approaches and future evaluation (elements 4 and 9 below).
- (4) Description of programme/project. List approaches to meet objectives and targets, and main components (including activities such as research, preparation of standards, official meetings, or training).
- (5) Monitoring and control. Indicate budgetary resource requirements, staff, supplies, etc., and any "milestone/checkpoint". (This information is picked up by computer from the AF system described in section 10 below.)
- (6) Participating persons, groups or institutions. Indicate actual or potential collaborating partners in the programme or activity.
- (7) Essential reports, documents and publications. Give reference to essential documentation.
- (8) Related programmes/projects. List WHO or other programmes or projects and nature of relationship.
- (9) Evaluation. State the criteria for use in selecting or eventually evaluating the programme or activity; briefly assess progress to date and difficulties encountered; and propose appropriate future action, or modification of objectives, targets, approaches, or human and financial resources.

8.4 Regional programme profile contributions will be received at headquarters during October 1977 for consolidation and preparation of global programme profiles by 15 November 1977. In addition, sufficient information on projects will be centrally stored in Geneva in order to permit retrieval of a one-page summary of every project in WHO. The programme and project profile information system will be in operation on a trial basis in time for the sixty-first session of the Executive Board in January 1978.

8.5 The programme and project profile information system will also be used to facilitate programme reviews at director, assistant-director-general, Headquarters Programme Committee, Global Programme Committee, and Director-General levels, for purposes of preparation of the programme budget for 1980-1981. Programme and project profiles should be kept continuously up to date reflecting the latest status of programmes in terms of objectives, activities and evaluation criteria. It will be desirable to ensure that changes resulting from initial programme reorientation and reprogramming for 1980-1981, are reflected in the profiles to ensure their usefulness to the Director-General, the Headquarters Programme Committee and others in connexion with the review of the proposed programme budget for 1980-1981.

8.6 With regard to any new project or activity proposed for 1980-1981, including expert committees, study groups, and scientific groups, it is recommended that a brief description of the proposal be added to the profile system, with a clear indication that it is a proposal. For example:

"PROPOSED: Expert Committee on Drug Dependence".

8.7 For purposes of review of programme budget proposals for 1980-1981, every supervisory level, including the Headquarters Programme Committee, will be able at any time during the proposed programme budget preparation year, to call for the relevant programme profile as well as for one-page summaries of all related projects if needed. If more information is desired about a specific global or interregional project, the full profile can be promptly made available. A list of projects for which summaries and profiles are available will be issued to facilitate retrieval of desired information. Thus the ISP profile system will provide considerable advantages in rationalizing the programme budget review process and greatly reducing the programme budget submission workload of programme managers, planners and unit staff.

8.8 As noted in section 7 above, starting 1 January 1978 the new programme classification shown in Annex 2 will be used in the WHO programme information system for purposes of internal reporting and structuring of programme and project profiles, although the current programme classification structure will continue to be used for the revision and budgetary control of the 1978-1979 programme budget.

8.9 A "look-up table" will be used to cross-reference the two programme classification structures. Profile information on programme or project proposals in areas affected by the change between the two programme classification structures will be cross-referenced in such a way that information users can call for information on the basis of either the new or the old classification structure, as required.

## 9. PRELIMINARY PROGRAMME PLANNING FIGURES AND CONSTRAINTS

9.1 The approved "Policy and Strategy for the Development of Technical Cooperation" contains concrete proposals with clear budgetary and financial implications (see Official Records, No. 238, pages 197-205). Specifically, the strategy calls for a phased reduction of established posts and activities, particularly at headquarters, to permit a shift of resources towards increased technical cooperation activities "in real terms" so that the proportion of the regular programme budget being devoted to technical cooperation, measured within the 1977 budget level and at 1977 costs, will reach 60% by the end of the 1980-1981 biennium.

9.2 In order to ensure compliance with the programme budget strategy for 1978-1981 in budgetary and financial terms, it will be necessary for Budget unit to issue for each major programme or programme depending on the programmes concerned, a "preliminary programme planning figure" for 1980-1981, which already takes into account the planned reduction of regular budget posts or other headquarters, global and interregional activities for 1980-1981. These preliminary figures will be based on 1978-1979 costs, since this will be the basis for the preliminary costing of all programme budget submissions for 1980-1981 (see paragraph 9.4 and section 10 below).

9.3 Budget unit will issue for each programme a list of planned post reductions in 1980-1981. (The listing of a post for reduction does not necessarily mean that the incumbent is being terminated; this is a separate process governed by the rules for reduction in force.) Programme managers are expected to implement all planned post reductions in their programme budget proposals for 1980-1981; however, changes may be made between different posts or activities in limited circumstances only after consultation with Budget unit.

9.4 In view of the possibilities for change indicated in paragraph 9.3 above, as well as the need to stay within preliminary programme planning budgetary limits, programme managers will be informed of the costs of different categories of expenditure to be used for 1980-1981 proposals. Accordingly, Budget unit will issue standard/average costs to be used for each grade of staff, consultants and meetings, so that programme managers can determine for themselves that their proposals are within preliminary planning limits. To provide comparability between budgeting information for 1980-1981 and budgetary information for 1978-1979, the standard/average costs for 1980-1981 used in the preliminary programming will be the same as those used for 1978-1979. These proposals will be re-costed at a later date by Budget unit, using the computer-assisted AF system (see section 10).

9.5 In addition to the above preliminary planning figures, post constraints and standard/average costs, Budget unit will advise programme managers who are at present consumers of electronic data processing (EDP) services of their respective shares of EDP costs for 1980-1981 based on their shares for 1978-1979. Programme managers will be asked, in consultation with ISP/EDP unit, to indicate whether the EDP services planning figure will be sufficient for 1980-1981. If the EDP services planning figure is considered sufficient, it will be included in the ISP/EDP budget, earmarked for the user unit or programme. If the EDP services figure is considered too high, it will be reduced to a realistic level, but the difference in amount will not be added to the programme manager's preliminary planning figure referred to in paragraph 9.2 above. If the EDP services planning figure is considered insufficient, or if EDP services are required for the first time in 1980-1981, the costs of such additional services have to be accommodated within the preliminary planning figure, to be included in the ISP/EDP budget, earmarked for the user unit or programme.

9.6 Programme managers should submit their proposed EDP services planning figures to EDP unit by 1 March 1978, so they can be reviewed by EDP and forwarded to Budget unit by 17 March 1978.

9.7 Programme managers wishing to make use of EDP services in 1980-1981 should be aware that they cannot be assured of having EDP services at their disposal unless budgetary provision is made therefor. If unforeseen EDP requirements arise in excess of the EDP services budgeted for 1980-1981, user units will be required to provide funds for such services from their operating programme budgets in 1980-1981. ISP/EDP unit will continue to provide technical reviews of EDP applications, but not as part of the budgetary submission process for 1980-1981. During 1980-1981, ISP/EDP unit will monitor EDP services usage, and will advise programme managers in advance of the danger of exceeding their EDP services figure.

## 10. BUDGET SUBMISSION AND PREPARATION PROCESS

10.1 In past years, programme managers and planners were required to submit detailed budgetary submission forms and summary tables for review by unit chiefs, directors, assistant directors-general, Headquarters Programme Committee and the Director-General. All these forms and tables have been done away with for 1980-1981. Instead, Budget unit will issue to each programme manager in December 1977 newly created budget submission forms designed to be processed by the computer-assisted Administration and Finance Information System. The budget forms will be pre-printed with basic information identifying ongoing headquarters, global and interregional activities included in the 1978-1979 budget. The budget forms will also be pre-printed with baseline budgetary data for 1976-1977 and 1978-1979, with open columns for the inclusion of proposals for 1980-1981 which have budgetary implications, as well as for 1982-1983 to be used at the optional discretion of the programme manager.

10.2 The new budget submission form will be pre-encoded with a reference number, a code for office (headquarters) type of project (global or interregional), appropriation section (e.g. Development of Comprehensive Health Services), programme (e.g. Family Health - Nutrition), project number and fund code (e.g. Regular Budget). A fund status (e.g. funds approved) will be indicated in the case of extrabudgetary funding. Further coding is available to classify by subprogramme, related programme or special purpose. The computer-produced form will show the unit or project title, the starting and completion dates of activities, any funding organization, any related programme areas, type of activity (e.g. research, training

or other) or, if relevant, type of meeting (e.g. expert committee, study group, scientific group, etc.). Space is provided for the name of the project manager or responsible officer, and any brief remarks he would wish to have stored in the AF information system in connexion with the budgetary proposal.

10.3 The pre-printed budget form will include a five-digit post number, grade, and functional title for every graded post in the headquarters unit or project. Space is provided to show the starting and/or completion date (month/year) for any graded post which is not being budgeted for the entire 1980-1981 period. The country of assignment will be shown for staff of interregional projects.

10.4 All categories or objects of expenditure other than posts (e.g. consultants, duty travel, subcontracts, supplies, etc., as required by Budget) for 1978-1979 will be pre-printed on the budget form, identified by the standard WHO/CCAQ expenditure code (see WHO Manual, Part IV, Section 4, Annex A), and by a separate code if required by UNDP or United Nations funding agency which may have requirements which differ from those of the WHO regular budget.

10.5 The approved budgetary provisions for 1976-1977 will be shown on the pre-printed budget forms; these figures are not subject to change. Budgetary provisions for 1978-1979 which will also be shown may not be increased, but with the approval of Budget they may be changed by deletion, transfer, or substitution. The standard/average costs for 1978/1979, to be used for 1980-1981 proposals, will appear on the budget form. They will also be issued separately by Budget unit to programme managers as indicated in paragraph 9.4 above.

10.6 All the budgetary data mentioned in paragraphs 10.3 to 10.6 above will already be pre-printed on the budget form for all existing units, projects and activities. If the programme manager wishes to indicate the continuation of these activities unchanged in 1980-1981, he has only to write in essentially the same budgetary information in the 1980-1981 column as already appears in the 1978-1979 column, and return the submission form to Budget unit.

10.7 If the programme manager wishes to change or add to a programme budget proposal for 1980-1981, he has only to introduce the change or addition in the 1980-1981 column. If the programme manager wishes to propose an entirely new project, for which no pre-printed budget form exists, he will have to fill in a blank budget form, making use of other pre-printed budget forms as a model. Budget unit will issue detailed instructions for completion of the budget submission form. A copy of the budget submission form is reproduced in Annex 3.

10.8 As already emphasized in paragraphs 9.4 above, programme managers must ensure that their final budgetary proposals for 1980-1981 are within their preliminary programme planning figures, and obey the post constraints indicated in section 9 above. Any proposals which exceed those limits must be submitted separately, and in writing, to the Assistant Director-General, with an information copy to Budget unit clearly indicating that the proposals are in excess of the preliminary programme planning figure. Cost over-runs will not be accepted by the AF system.

10.9 It is expected that programme planners, programme managers, unit chiefs, directors, and assistant directors-general will collaborate in finalizing their programme budget proposals for 1980-1981, so that only one set of proposals is returned to Budget unit by 17 March 1978, for input to the computerized AF system. Any budgetary analysis, summary tables, or recostings at 1980-1981 costs needed by the Director-General, the Headquarters Programme Committee or others will be produced thereafter by the computerized AF system. This computer facility will thus provide very substantial work savings for programme managers, planners and unit staff, as compared with the programme budget submission requirements in prior years.

## 11. PREPARATION OF THE GLOBAL PROGRAMME STATEMENT

11.1 The last phase of staff participation in development of the proposed programme budget document for 1980-1981 is the preparation of global programme statements. Regional programme statements will be received in Geneva during June 1978. The target date for completion of global programme statements is 28 July 1978.

11.2 Global programme statements are required for every major programme and programme, as was the case in WHO Official Records, No. 236. However, the content of programme narratives should be significantly different in the proposed programme budget document for 1980-1981. Global programme statements should not be headquarters oriented. They should reflect the main thrusts of the work of the entire Organization.

11.3 The length of major programme statements should not exceed 1000 words. Programme statements may be somewhat longer, in the order of 1000 to 1500 words, but should never exceed 2000 words. This is an absolute limit imposed by the space limitations of the proposed programme budget document.

11.4 The structure of the global programme statements for 1980-1981 should consist of two main parts:

- (1) Objectives;
- (2) Cooperation with and among countries.

This complements the structure of the country programme statements for 1980-1981 which consist of two parts: (1) National Health Development Strategy and (2) Technical Cooperation Programmes for Health (see PB/77/1).

11.5 The statement of objectives should be as brief as possible, preferably drawn from the high-level objectives of the Sixth General Programme of Work and/or the ISP global programme profiles, suitably adapted, if necessary, in the light of the new programme budget policy and strategy. The statement of objectives should be less than 200 words.

11.6 The second part of the global programme statement on cooperation with and among countries should be written in a clear, narrative form, and should essentially respond to these three questions.<sup>1</sup>

- (1) How is the WHO programme being reoriented in accordance with the concept of social relevance and benefit to countries and their populations?
- (2) What are the main programme thrusts, priorities and subprogramme areas?
- (3) How are Member States involved in WHO programme development and in development of TCDC approaches among countries?

11.7 Specific activities may be mentioned as illustrative examples of the above approaches to cooperation with and among countries, but space will not permit a comprehensive listing of activities proposed for 1980-1981. Such detail will be found in other tables and sources, including the ISP project information profiles. The part on cooperation with and among countries should be of such a length that the global programme statement taken as a whole does not exceed the word limits indicated in paragraph 11.3.

---

<sup>1</sup> It is not intended that these three questions should actually be stated in the global programme statement, but only that the statement should respond to these questions.

11.8 Global programme statements should be reviewed with and approved by directors and assistant directors-general during July and submitted not later than 28 July 1978 to the HPC secretariat. Global programme statements will be checked and edited by HBI, and included in the consolidated draft programme budget document due 29 September 1978.

11.9 After final approval by the Director-General, the proposed programme budget document for 1980-1981 will be printed and distributed by 1 December 1978.

## 12. PROGRAMME BUDGET PREPARATION SCHEDULE FOR 1980-1981

12.1 The preceding guidelines for preparation of the programme budget for 1980-1981 emphasize the close links between programme budgeting and other programme developments in WHO, including programme budget policy and strategy for reorientation of the work of WHO, the Sixth General Programme of Work, medium-term programming and evaluation, including country health programming, and information systems development including administration and finance information systems.

12.2 While WHO staff and programme planners and managers at all levels will have to work out their own detailed schedules and targets for programme budget development, an overall programme budget preparation schedule is suggested below, with target dates for latest possible completion of each phase.

Action related to programme budgeting	Target date
1. General discussions of programme budget policy and strategy	18 November 1977
2. Budget issues preliminary programme planning figures	30 November 1977
3. Report to HPC on reorientation of selected programmes	16 December 1977
4. Budget issues budget submission forms with instructions	30 December 1977
5. Review of programme proposals by unit chiefs, directors, assistant directors-general	10 March 1978
6. Return of budget submission forms for input to computer	<u>17 March 1978</u>
7. Preliminary programme budget review by HPC	21 April 1978
8. Preliminary review of programme budget by Director-General	28 April 1978
9. Reprogramming as required	26 May 1978
10. Discussion by the Global Programme Committee	9 June 1978
11. Completion of global programme statements and contributions to monitoring of programme budget strategy	<u>28 July 1978</u>
12. Preparation of the consolidated programme budget document	29 September 1978
13. Director-General's final approval of the programme budget	13 October 1978
14. Distribution of the programme budget document	1 December 1978
15. Programme budget review by the Executive Board	January 1979
16. Programme budget approved by the World Health Assembly	May 1979
17. Start of implementation of the programme budget for 1980-1981	1 January 1980

12.3 The programming procedures for 1980-1981 outlined above represent the further development of programme budgeting in WHO, based on the concept of "programming by objectives and budgeting by programmes". These efforts should lead to further improvements in programme budgeting for 1982-1983.

WORLD HEALTH ASSEMBLY RESOLUTIONS WHA30.30 AND WHA30.43

THIRTIETH WORLD HEALTH ASSEMBLY

WHA30.30

16 May 1977

PROGRAMME BUDGET POLICY

The Thirtieth World Health Assembly,

Recalling resolutions WHA28.75 and WHA28.76 on technical cooperation with developing countries, and in particular resolution WHA29.48, which requests the Director-General to reorient the working of the Organization with a view to ensuring that allocations of the regular programme budget reach the level of at least 60% in real terms towards technical cooperation and provision of services by 1980;

Stressing the critical role, for the achievement of the ultimate health objectives of WHO, of socially relevant technical cooperation programmes, directed towards defined national health goals, that further national self-reliance and contribute directly and significantly to the improvement of the health status of the population served;

Emphasizing the need for Member States to collaborate to increase the effectiveness of technical cooperation and to make better use of WHO;

Having considered the report of the Director-General on policy and strategy for the development of technical cooperation<sup>1</sup> and the recommendations of the Executive Board thereon,<sup>2</sup> and in particular new trends in programme development and implementation in WHO and the proposed reorientation of the programme budget for 1978-1979 as well as the implications for 1980-1981 and later years;

Noting the phased reduction of posts and of certain establishment and other costs, including the phasing out of projects that have outlived their utility, in order to make substantial resources available for new and expanded programmes of technical cooperation during 1978-1981;

1. APPROVES the programme budget strategy proposed by the Director-General to enhance the coordinating role of WHO and within that approach to reorient the work of the Organization towards increased, effective technical cooperation with and services to governments;
2. AFFIRMS that the proposed strategy provides a basis for full response to the programme budget policy directives of resolutions WHA28.75, WHA28.76 and WHA29.48;
3. REQUESTS the Executive Board to continue in its future reviews of programme budgets to pay special attention to the reorientation of programme budget policy necessary to give full effect to resolutions WHA28.75, WHA28.76 and WHA29.48;

<sup>1</sup> WHO Official Records, No. 238, 1977, Part II, Appendix 1, Annex I (p. 181).

<sup>2</sup> WHO Official Records, No. 238, 1977, Part II, Chapter I (p. 114).

4. REQUESTS the Director-General to continue to develop and orient all the activities of WHO towards increased social relevance and benefit to the populations served;
5. URGES Member States to collaborate and make full use of their Organization for the international promotion of increased, effective technical cooperation in the field of health.

Twelfth plenary meeting, 16 May 1977  
A30/VR/12

THIRTIETH WORLD HEALTH ASSEMBLY

WHA30.43

19 May 1977

#### TECHNICAL COOPERATION

The Thirtieth World Health Assembly,

Faced with the magnitude of health problems and the inadequate and intolerably inequitable distribution of health resources throughout the world today;

Considering that health is a basic human right and a world-wide social goal, and that it is essential to the satisfaction of basic human needs and the quality of life;

Reaffirming that the ultimate constitutional objective of the World Health Organization is the attainment by all peoples of the highest possible level of health; and

Recalling resolutions WHA28.75, WHA28.76 and WHA29.48 on the principles governing technical cooperation with developing countries;

1. DECIDES that the main social target of governments and WHO in the coming decades should be the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;
2. CALLS UPON all countries urgently to collaborate in the achievement of this goal through the development of corresponding health policies and programmes at the national, regional and interregional level and the generation, mobilization and transfer of resources for health, so that they become more equitably distributed particularly among developing countries; and
3. REQUESTS the Executive Board and the Director-General to pursue the reorientation of the work of WHO for the development of technical cooperation and transfer of resources for health in accordance with one of the Organization's most important functions as the directing and coordinating authority in international health work.

Fourteenth plenary meeting, 19 May 1977  
A30/VR/14

PROGRAMME CLASSIFICATION STRUCTURE

1. POLICY ORGANS
  - 1.1 World Health Assembly
  - 1.2 Executive Board
  - 1.3 Regional Committees
  
2. GENERAL PROGRAMME DEVELOPMENT, MANAGEMENT AND COORDINATION
  - 2.1 Executive Management<sup>1</sup>
  - 2.2 General Programme Development and Management
    - 2.2.1 General Programme Development<sup>2</sup>
    - 2.2.2 Country Health Programming<sup>3</sup>
    - 2.2.3 Information Systems Programme
  - 2.3 External Coordination for Health and Socio-Economic Development
    - 2.3.0 Programme Planning and General Activities
    - 2.3.1 Collaboration with the United Nations System and Other Organizations
    - 2.3.2 Collaboration with Multilateral and Bilateral Programmes
    - 2.3.3 Emergency Relief Operations
  - 2.4 Research Promotion and Development
  - 2.5 Director-General's and Regional Directors' Development Programmes

---

<sup>1</sup> Director-General, Assistant Directors-General, Regional Directors.

<sup>2</sup> Long-Term Planning, Medium-Term Programming, Evaluation, Directors of Health Services' offices.

<sup>3</sup> Including WHO Representatives.

3. DEVELOPMENT OF COMPREHENSIVE HEALTH SERVICES

3.1 Health Services' Development

- 3.1.0 Programme Planning and General Activities
- 3.1.1 Health Services' Planning and Management<sup>1</sup>
- 3.1.2 Primary Health Care<sup>2</sup>
- 3.1.3 Workers' Health
- 3.1.4 Care of the Aged, Disability Prevention and Rehabilitation
- 3.1.5 Appropriate Technology for Health<sup>3</sup>
- 3.1.6 Health Services' Research

3.2 Family Health

- 3.2.0 Programme Planning and General Activities
- 3.2.1 Maternal and Child Health
- 3.2.2 Nutrition
- 3.2.3 Special Programme of Research, Development and Research Training in Human Reproduction
- 3.2.4 Health Education

3.3 Mental Health

3.4 Prophylactic, Diagnostic and Therapeutic Substances

- 3.4.0 Programme Planning and General Activities
- 3.4.1 Drug Policies and Management
- 3.4.2 Pharmaceuticals and Biologicals

---

<sup>1</sup> Including Coordination of National Health Institutions; Organization of Medical Care; Diagnostic and Therapeutic Services; Economics and Financing of Health Services; National Health Service Information Support.

<sup>2</sup> Including Community Development and Participation

<sup>3</sup> Including Laboratory and Radiological Technology

4. DISEASE PREVENTION AND CONTROL

4.1 Communicable Disease Prevention and Control

- 4.1.0 Programme Planning and General Activities
- 4.1.1 Epidemiological Surveillance
- 4.1.2 Malaria and Other Parasitic Diseases
- 4.1.3 Bacterial, Viral and Mycotic Diseases<sup>1</sup>
- 4.1.4 Smallpox Eradication
- 4.1.5 Expanded Programme on Immunization
- 4.1.6 Special Programme for Research and Training  
in Tropical Diseases
- 4.1.7 Prevention of Blindness
- 4.1.8 Vector Biology and Control

4.2 Noncommunicable Disease Prevention and Control

- 4.2.0 Programme Planning and General Activities
- 4.2.1 Cancer
- 4.2.2 Cardiovascular Diseases
- 4.2.3 Oral Health
- 4.2.4 Other Noncommunicable Diseases
- 4.2.5 Immunology

5. PROMOTION OF ENVIRONMENTAL HEALTH

5.1 Promotion of Environmental Health

- 5.1.0 Programme Planning and General Activities
- 5.1.1 Environmental Health Planning and Management
- 5.1.2 Basic Sanitary Measures
- 5.1.3 Recognition and Control of Environmental Hazards
- 5.1.4 Food Safety

6. HEALTH MANPOWER DEVELOPMENT

6.1 Health Manpower Development

- 6.1.0 Programme Planning and General Activities
- 6.1.1 Health Manpower Planning and Management
- 6.1.2 Promotion of Training
- 6.1.3 Educational Development and Support

---

<sup>1</sup> Including Zoonoses

7. HEALTH INFORMATION

7.1 Health Information

- 7.1.0 Programme Planning and General Activities
- 7.1.1 Health Statistics
- 7.1.2 WHO Publications and Documents
- 7.1.3 Health Legislation
- 7.1.4 Health Literature Services
- 7.1.5 Health Information of the Public

8. GENERAL SERVICES AND SUPPORT PROGRAMMES

8.1 General Services and Support Programmes

- 8.1.0 Programme Planning and General Activities
- 8.1.1 Staff Development and Training
- 8.1.2 Personnel
- 8.1.3 Supplies
- 8.1.4 Conference, Office and Building Services
- 8.1.5 Budget
- 8.1.6 Finance and Accounts
- 8.1.7 Internal Audit Services
- 8.1.8 Legal Services

