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GUIDELINES FOR PROGRAMME BUDGETING

Preparation of the proposed programme budget for 1982-1983

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WHO - budget, 1982-1983 Guides

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I. INTRODUCTION

1.1 The preparation of the WHO proposed programme budget for 1982-1983 takes place at a time of unprecedented change and reorientation in the Organization, as well as in the health development policies and practices of Member States. The guidance for preparation of the programme budget for 1982-1983 has to be sufficiently flexible to facilitate these changes and at the same time to provide enough specific detail for all WHO regions and organizational levels to contribute together to the production of a coherent programme budget for 1982-1983, to be reviewed by the WHO Regional Committees in August-October 1980, by the Executive Board in January 1981, and by the Thirty-fourth World Health Assembly in May 1981.

1.2 The present guidelines attempt to pull together in one reference document the many overall policies and principles that govern programme budgeting in WHO at this time. Foremost among these is that the development of the proposed programme budget for 1982-1983 must directly contribute to, and be an integral part of, the formulation and implementation of national policies, strategies and plans of action, as well as regional and global support strategies for "Health for all by the year 2000". Sections II and III of these guidelines accordingly set out in a highly "modular" form, and with appropriate references to original sources, certain general principles and policies, including appropriate priorities, criteria and approaches for programme budget development.

1.3 These guidelines do not attempt to set out any detailed methodological approach for programme budgeting at country level. Nevertheless, Section IV contains a review of the policies governing programme budgeting and management of WHO's resources at country level, and provides an outline of some practical steps to be taken. Programme budgeting is seen as part of a wider process of country consultation. Explanation is given on how regional allocations are established, emphasizing the need to keep the real growth of the WHO regular budget within the limits prescribed by the Thirty-second World Health Assembly. The programme budgeting process at headquarters is described in Section V, including the new budget submission form used in the computer-assisted AFI system. Some guidance is provided on country, regional and global programme statements, emphasizing the need to relate narrative texts to supporting budgetary tables, and showing how programmes relate to and support policies and strategies for "Health for all by the year 2000".

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1.4 A timetable summarizing action required, by whom and when, is presented in Section VI. Some readers may find it expeditious to refer directly to the timetable, and then refer back to relevant portions of the guidelines for further explanation.

II. GENERAL PRINCIPLES AND POLICIES FOR PROGRAMME BUDGET DEVELOPMENT

2.1 The development and preparation of the WHO programme budget for 1982-1983 will take place in the context of a number of important policies, principles and approved procedures for international health collaboration between and among WHO and Member States for national, regional and global health development.

Formulating strategies for health for all

2.2 The programme budget for 1982-1983 should be developed as part of the first step towards 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".[1] The Declaration of Alma-Ata asserted that "Primary health care is the key to attaining this target", and called on all governments to "formulate national policies, strategies and plans of action".[2] The Health Assembly, in endorsing the Declaration, invited all Member States "to consider the immediate use of the document entitled 'Formulating Strategies for Health for All by the Year 2000',[3] individually as a basis for formulating national policies, strategies and plans of action, and collectively as a basis for formulating regional and global strategies", and requested the Director-General "to take all the necessary technical and administrative measures required to promote, coordinate and support the formulation and implementation of national policies, strategies and plans of action and of regional and global strategies".[4] The central focus of WHO's resources and energies in 1982-1983 should be collaboration with countries to develop and implement national, regional and global strategies for "health for all".

Basic health doctrines

2.3 The programme budget for 1982-1983 should carry out the fundamental principle that health is an integral part of development. The programme budget should confirm and contribute to the realization of the basic health doctrines built up by Member States through their Health Assembly. "Among these are: the responsibility of governments for the health of their people; the right and duty of people individually and collectively to participate in the development of their health; the duty of governments and the health professions to provide the public with relevant information on health matters so that people can assume greater responsibility for their own health; individual, community and national self-determination and self-reliance in health matters; the interdependence of individuals, communities and countries based on their common concern for health; more equitable distribution of health resources within and among countries, including their preferential allocation to those in greatest social need so that the health system adequately covers all the population; emphasis on preventive measures well integrated with curative, rehabilitative and environmental measures; the pursuit of relevant biomedical and health services research and the speedy application of research findings; the application of appropriate technology through well-defined health programmes integrated into a country-wide health system, based on primary health care and incorporating the above concepts; the social orientation of health workers of all categories to serve people and their technical training to provide people with the services planned for them."[5]

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[1] Resolution WHA30.43.

[2] Declaration of Alma-Ata, Sections V and VIII.

[3] WHO document A32/8.

[4] Resolution WHA32.30.

[5] WHO document A32/8, paragraph 12.

Technical cooperation with and among countries

2.4 The programme budget for 1982-1983 should continue to carry out the approved programme budget policy and strategy to enhance the coordinating role of WHO and within that approach to orient all WHO's programmes in accordance with 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".[1] Technical cooperation with and among countries, particularly among developing countries themselves (TCDC) is vital. The Thirty-second World Health Assembly, "conscious of the urgent need of developing countries to mobilize all national and international resources towards the objectives of achieving the cherished goal of health for all by the year 2000," and "aware that technical cooperation among developing countries is an essential element in fostering individual and collective self-reliance on the part of the developing countries", endorsed the Buenos Aires Plan of Action for TCDC, and urged the Director-General "to work out proposals in the contemplated restructuring of WHO to reduce the inadequate and intolerably inequitable distribution of health resources throughout the world" inter alia by "establishing within existing budgetary provisions at the regional offices of WHO focal points for the promotion of technical cooperation in health matters among developing countries with special regard to the exchange of relevant information and for the support of such cooperation by developed countries".[2] The programme budget for 1982-1983 accordingly should provide for strengthening mechanisms and informations systems to support technical cooperation with and among countries.[3]

Programme budgeting at country level

2.5 The Health Assembly considered that "strategies and plans of action for attaining health for all by the year 2000 should be formulated first and foremost by the countries themselves".[4] In supporting these efforts, the WHO programme budget for 1982-1983 should be developed in accordance with the approved procedure for development of programme budgeting and 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 subequently be planned in detail and implemented in relation to overall programme objectives in close harmony with national health programme processes".[5] Programme budgeting in WHO is linked to the concept of the development of health programmes in countries by countries. If WHO's collaboration with countries' national programming processes is successful in helping to translate health policies and strategies into national plans of action and health development programmes, these efforts will contribute immediately and directly to the preparation of programme budget proposals at country level for 1982-1983 and will ultimately shape the WHO programme response at regional and global level. Steps involved in programme budgeting at country level are outlined in Section IV of this document.

Programming by objectives and budgeting by programmes

2.6 The programme budget for 1982-1983 should be developed in accordance with the principles of "programming by objectives and budgeting by programmes".[6] In WHO, the term "programme" is used to mean "an organized aggregate of activities directed towards the attainment of a defined objective of WHO" and "a programme budget is understood to be a budget which focuses

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[1] Resolution WHA30.30.

[2] Resolution WHA32.27.

[3] For examples of TCDC mechanisms, see WHO document A32/8.

[4] Resolution WHA32.30.

[5] Resolution WHA30.23.

[6] WHO Official Records, No. 212, 1975, Introduction, page 9, paragraph 1.

upon the work to be undertaken and the objectives sought through that work; it emphasizes the ends to be achieved and translates them into the costs required for their implementation".[1] This implies that there should be a close correlation between descriptive programme statements and supporting budgetary tables in the programme budget document.[2] Broad programme objectives are indicated in the Sixth General Programme of Work covering a Specific Period (1978-1983).

Sixth General Programme of Work

2.7 Recognizing that the Sixth General Programme of Work covering a Specific Period (1978-1983) "provides an appropriate policy framework for the formulation of medium-term programmes and programme budgets within the period covered",[3] countries and WHO staff should develop WHO programme budget proposals for 1982-1983 in accordance with the Sixth General Programme of Work. The General Programme of Work has been published in the Official Records series[4] and in special offset form for convenience. It defines the major fields and directions for WHO programme activities, and outlines main objectives of WHO programmes and possible lines of approach for attaining those objectives. The broad programme objectives indicated in the Sixth General Programme of Work covering a Specific Period must be continuously refined and developed in consultation with Member States, taking a medium- and longer-term perspective towards "health for all", and building a base for developing the Seventh General Programme of Work. The programme budget for 1982-1983 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",[5] summarized in Section III of this document.

Programme classification structure

2.8 The presentation of the programme budget for 1982-1983 will follow basically the same programme classification structure used for the programme budget for 1980-1981,[6] which was based on the Sixth General Programme of Work covering a Specific Period (1978-1983), apart from possible minor changes which may be decided upon by the Director-General. (A new programme classification structure will be adopted on the basis of the Seventh General Programme of Work and will be applied to the programme budget for 1984-1985.) For the sake of harmonization of programme budget presentation, it is important that all regions and headquarters classify programme budget proposals under the programme classification structure in an essentially uniform way. The need for uniform application of the programme classification structure is discussed in Section IV, paragraph 4.26 and Section V, paragraph 5.7 of this document.

Medium-term programming

2.9 To the fullest extent possible, programme budget proposals for 1982-1983 should be planned as part of the WHO medium-term programmes being developed for Comprehensive Health Services, Communicable Diseases, Noncommunicable Diseases, Environmental Health, Mental Health, Health Manpower Development, Research Promotion and Development, and Programme Development and Support. These must be oriented within the overall policy and strategy of "Health for all by the year 2000". Medium-term programming is a process of (a) continuing elaboration of the General Programme of Work, (b) balancing resources within and between programmes, and (c) developing programme budgets which translate policies, strategies, plans and programmes into actions at national, regional and global levels. The relationship between medium-term programming is further considered in Section IV below, and in other WHO guidelines for programme development.

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[1] WHO Official Records, No. 201, 1972, Annex 7, pp. 56-57, paragraphs 11 and 19.

[2] See also paragraphs 4.23, 5.13, 5.23 and Annex I.

[3] Resolution WHA29.30.

[4] WHO Official Records, No. 233, 1976, Annex 7, pp. 63-109.

[5] Resolution WHA15.39.

[6] See WHO Official Records, No. 250, Annex 4, pp. 367-369.

Biennial programme budget

2.10 Programme budget proposals for 1982-1983 should be developed and presented on a fully integrated biennial basis, in accordance with the decision of the Health Assembly that "the programme budget of WHO shall cover a two-year period . . . and shall be reviewed and approved by the Health Assembly on a two-year basis".[1] Regional allocations and provisional country planning figures will be established on a biennial basis. The eventual detailed planning and implementation of programmes, projects and activities should, to the fullest extent possible, be carried out on a fully integrated biennial basis. Thus, allotments will be issued for 1982-1983 together, without distinction between individual years. This is consistent with the recommendations of the November 1977 meeting of Budget and Finance Officers which stated that "following programme-oriented planning, detailed intercountry and country project planning would be more practical when carried out for both years of the biennium . . . at least for projects beginning in (the first year)" and since regional allocations will be established for both years as a single figure, "allotments for the regular budget would be issued on a biennial basis".[2]

Unified managerial process for health development

2.11 The development of the programme budget for 1982-1983 will be greatly facilitated to the extent it can be based on "a unified managerial process for national health development, incorporating country health programming, national health programme budgeting and health programme evaluation, as well as adequate information support".[3] Programme budgeting at country level will be enhanced if the country concerned is well advanced in the development of national policies, strategies and plans of action, and if the country applies CHP or an equivalent systematic national planning process, supported by a well-developed national health information system, for translating policies and strategies into medium-term plans of action, programmes and national programme budgets. Not all countries are equally advanced in national programming capabilities. Therefore programme budgeting for 1982-1983 will have to make the best of whatever capabilities exist. Taking into account the overall strategies for attaining the goal of "Health for all by the year 2000", the WHO programme budget for 1982-1983 should implement the Sixth General Programme of Work and already lay a groundwork for the Seventh. Evaluation must be built into this process from the beginning, including appropriate criteria, indicators and targets, where feasible, to ensure relevance, progress, efficiency, effectiveness and impact of the health programmes of WHO and Member States.

Integrated programming process for health development

2.12 The programme budget for 1982-1983 should be the product of an integrated programming process, with Member States and all levels of WHO contributing to a unified programme of work. The Health Assembly has stressed in particular "the necessity of an integrated approach to the development of the Organization's programmes, all programme activities at all levels being mutually supportive and parts of a whole", as well as "the importance of programme planning being viewed as a joint endeavour in which national authorities, WHO representatives, regional committees, regional offices, the Executive Board, the World Health Assembly and WHO headquarters should all be involved". The Health Assembly urged that "the Organization's mechanism for the allocation and reallocation of resources, not only within programmes and regions, but also between programmes and regions, should comply with the principle of responding to integrated programme planning".[4] The full involvement of Directors of Programme Management in the regional offices, the Regional Programme Committees, the Headquarters Programme Committee and the Global Programme Committee in a closely coordinated programme

[1] Resolution WHA30.20.

[2] Document BFO/77/1.

[3] Resolution WHA31.43.

[4] Resolution WHA28.30.

review process should help ensure that programme budget proposals for 1982-1983 are developed in a coordinated manner. The appropriate roles of Member States and all levels of WHO are the subject of the "Study of WHO's Structures in the Light of its Functions".[1] The implications for programming in WHO and with Member States are further discussed in other WHO guidelines for programme development.

III. PROGRAMME PRIORITIES, CRITERIA AND APPROACHES

3.1 The programme budget for 1982-1983 is the first WHO programme budget to be prepared in the context of the development by Member States and WHO of national policies, strategies and plans of action and regional and global support strategies, initiating a 20-year effort to attain "Health for all by the year 2000". The programme budget for 1982-1983 is also the first WHO programme budget to be entirely developed since the International Conference on Primary Health Care in Alma-Ata. These two circumstances have critical implications for (a) the priorities of international health work, (b) the choice of supporting programme activities, and (c) the approaches to be taken at national, regional and global levels.

"Health for all by the year 2000"

3.2 The overriding consideration in developing the WHO programme budget for 1982-1983 is the launching of sustained efforts within and among all countries to reach "the main social target of governments and WHO in the coming decades", which the Thirtieth World Health Assembly stated to 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."[2]

3.3 As a basis for beginning work on programme budget proposals for 1982-1983, national and WHO planning staff should first review the document on "Formulating Strategies for Health for All by the Year 2000",[3] as well as all related policy guidance and pertinent resolutions of the WHO Regional Committees, Executive Board and World Health Assembly. The "Formulating Strategies" document sets forth basic principles and provides an overview of the long-term process of formulating national policies, strategies and plans of action, and regional and global support strategies. The "Formulating Strategies" document discusses the processes, mechanisms and changes required within and between countries and WHO in order to make the development and implementation of strategies and plans of action possible. The document discusses the role of WHO in countries and at regional and global levels, and thus provides a framework within which the Organization should plan its programme budget activities for 1982-1983 and the years to come.

Priorities of primary health care

3.4 Since primary health care is the "key"[4] to attaining "health for all", the programme budget for 1982-1983 should be shaped around the primary health care concept, and highest priority should be given to programme proposals which promote the primary health care approach and lead to primary health care for all. The main aspects of the concept are captured in the definition of primary health care adopted by the Alma-Ata Conference:

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[1] WHO document DGO/78.1.

[2] Resolution WHA30.43.

[3] WHO document A30/43.

[4] Declaration of Alma-Ata, Article V.

> Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally acceptable to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.[1]

3.5 The overall WHO programme budget for 1982-1983 should reflect the collective priorities of countries and give balanced support to the eight essential areas and content of primary health care, in accordance with the Declaration of Alma Ata[2] and the Recommendations of the International Conference on Primary Health Care.

> Primary health care includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; promotion of mental health; and provision of essential drugs.[3]

3.6 National and WHO programme planners, when developing the programme budget for 1982-1983, should make use of the report of the International Conference on Primary Health Care, bearing in mind the conclusion of the Conference that "In this context the joint WHO/UNICEF Report on Primary Health Care constitutes a solid basis for the further development and operation of primary health care throughout the world".[4] Programme statements for 1982-1983 should clearly show how the proposed programme relates to and supports primary health care.

Intersectoral implications of health and development

3.7 One of the fundamental principles underlying the strategy of "health for all", as well as the concept of primary health care, is that health is an integral part of overall development:

> "Since health development both contributes to and results from social and economic development, health policies ideally should form part of overall developmental policies, thus reflecting the social and economic goals of the government and the people."[5]

[1] Declaration of Alma-Ata, Article VI.

[2] Declaration of Alma-Ata, Article VII.

[3] Recommendation 5 of the International Conference on Primary Health Care.

[4] Declaration of Alma-Ata, Article IX.

[5] WHO document A32/8, Section II, Basic Principles, paragraph 11.

3.8 The process of developing health strategies and plans of action within, with and among countries, leading to the development of national programme budgets and the preparation of the WHO programme budget for 1982-1983 should therefore, to the greatest extent possible, involve all relevant sectors. National and WHO planners should refer to the "Formulating Strategies" document for possible mechanisms to encourage multisectoral approaches to planning and coordinating health development at national, regional and global levels.

Criteria of social relevance of WHO programmes

3.9 When developing the programme budget for 1982-1983, the most important criteria for all WHO technical cooperation programmes are those relating to the concept of social relevance. In accordance with the "Policy and Strategy for the Development of Technical Cooperation"[1] and the Health Assembly resolution on "Programme Budget Policy",[2] WHO technical cooperation activities should:

(a) be directed towards defined national health goals;

(b) contribute directly and significantly to the improvement of the health status of the population;

(c) use methods that can be applied now and at a cost that can be afforded now; and

(d) develop national self-reliance in matters of health.

Mechanisms for more effective technical cooperation

3.10 When developing proposals for the programme budget for 1982-1983, planners should consider the suggested mechanisms and approaches contained in the "Policy and Strategy" document to make the work of WHO more efficient and effective. These relate to:

(a) Greater involvement of Member States in WHO programme development at all levels.

(b) Greater involvement of nationals in all aspects of the work of WHO.

(c) Bringing outside expertise effectively to bear on WHO programmes.

(d) Developing intersectoral approaches and mechanisms, such as national health advisory councils to support national health development in countries.

(e) Developing national centres and international networks of centres for health development.

(f) Harmonizing country health programming, programme budgeting, evaluation and information systems in support of the overall health development process in countries and in WHO.

(g) Planning for the full use of external resources, technical cooperation, bilateral and multilateral contribution, including non-governmental organizations, in support of international health work.

(h) Planning for TCDC approaches as part of the WHO programme.

[1] WHO Official Records, No. 238, Appendix I, page 185, paragraph 2.6.1.

[2] Resolution WHA30.30.

Criteria for selection of programme areas for WHO involvement

3.11 The programme budget for 1982-1983 should be developed in accordance with the programme criteria contained in the Sixth General Programme of Work covering a Specific Period (1978-1983),[1] concerning selection of programme areas for WHO involvement, uses of resources and determination of organizational level for implementation which are outlined below.

3.12 Programme budget proposals for 1982-1983 should be among those already identified, at least in general terms, in national health programmes, developed through country health programming or equivalent national process, in the national strategies and plans of action or regional and global support strategy for "health for all", or in the WHO medium-term programme, to the extent such programmes have been elaborated. Full account must be taken of the need to reorient all of WHO's technical cooperation activities to give maximum support to the formulation and implementation of policies, strategies and plans of action for "Health for all by the year 2000". Subject to these overriding considerations, the Sixth General Programme of Work contains certain useful 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 sociocultural 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.[2]

Resource criteria for use of the regular budget

3.13 In view of the limited resources available from the WHO regular budget, care must be exercised in deciding where and for what purposes to use the WHO regular budget. WHO regular budget resources should be used only if one of the following resource criteria is clearly met:

[1] WHO Official Records, No. 233, 1976, Annex 7, pp. 80-81.

[2] WHO Official Records, No. 233, 1976, page 80.

(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.[1]

3.14 The criteria listed below aim at helping to determine at which organizational level or levels programme activities should take place. In this connexion, attention should be paid to developments in the "Study of WHO's Structure in the Light of its Functions",[2] and to the arrangements being made for WHO support to national, regional and global strategies for "Health for all by the year 2000".

Criteria for activities at country level

3.15 As a general rule, WHO technical cooperation activities for 1982-1983 should be those that are included in, or that directly support, the national programme budget and the national plan of action for "Health for all by the year 2000". They should support the development of countrywide health programmes which are socially relevant to those most in need. They should conform to the following basic principle governing the selection of activities at country level:

Country activities should aim at solving problems of major public health importance in the country concerned, particularly those of underserved populations, and should result from a rational process of identifying countries' priority needs by such means as country health programming.[1]

Criteria for intercountry and other regional activities

3.16 At intercountry and regional levels, particular emphasis should be placed in the programme budget for 1982-1983 on ways of promoting and utilizing technical cooperation among countries themselves, particularly among developing countries (TCDC). WHO intercountry and regional activities should be designed to support national and regional strategies for "Health for all by the year 2000". The following criteria should be considered when deciding on intercountry and regional activities to promote technical cooperation among countries and support national and regional strategies:

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.[1]

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[1] WHO Official Records, No. 233, 1976, page 80.

[2] WHO document DGO/78.1.

Criteria for interregional and global activities

3.17 All interregional and global programmes, carried under the responsibility of headquarters or a regional office have to be completely reviewed and reoriented in the light of the need to formulate global strategies, and provide support to national strategies and plans of action as well as regional and global strategies for "Health for all by the year 2000". Subject to new overriding policies regarding the role and function of the Organization at regional office and global levels, the following are some further criteria for consideration:

> Interregional and global 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 cooperation with and or between regions and is intended to stimulate further regional activity in the programme area concerned.[1]

Programme approaches

3.18 New approaches are required to meet the goal of "Health for all by the year 2000". These are being elaborated in connexion with the study on the structure and function of WHO and the Seventh General Programme of Work. Programme planners will find it useful to consult the "List of Approaches" annexed to WHO's "Provisional Working Guidelines for Medium-Term Programming".[2] 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.

IV. PROGRAMME BUDGETING AT COUNTRY AND REGIONAL LEVELS

4.1 The WHO programme budgeting process begins and ends in countries. This is a reflection of the fact that policies, strategies and action programmes are to be formulated first and foremost by the countries themselves, and "health for all" is ultimately to be attained by all peoples within countries. Programme budgeting at country level is an integral part of the single, wider and continuing process of WHO consultation with countries to develop (a) national long-term strategies for health development, (b) national medium-term plans of action, (c) national programme budgets, (d) regional and (e) global support strategies, (f) the Seventh General Programme of Work, (g) WHO medium-term programmes, and (h) WHO programme budgets. Thus, country consultations are not undertaken for biennial programme budget preparation purposes alone, without taking into account these wider perspectives. The unified, continuing process of consultation and collaboration with and support to countries is further discussed in other WHO guidelines for programme development.

4.2 Programme budgeting at country level is the primary and joint responsibility of the national authorities concerned, the WHO Programme Coordinator in the country, the regional office and the Regional Committee. The needs and plans at country level move upwards through

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[1] WHO Official Records, No. 233, 1976, page 81.

[2] WHO document PWG/1/4 and Annexes, dated September 1976.

the Organization helping to shape the WHO programme response at regional and global levels. The nature of the country health programming and budgeting process, the management of WHO resources at country level, and the step-by-step development and review procedure are indicated below.

Country health programming and budgeting process

4.3 Programme budgeting at country level should be part of a wider national health development process which includes the formulation of national health policies, strategies, and plans of action, which are then translated into increasingly more detailed programmes, first in the medium term and then in accordance with the national annual or biennial budget cycle (programme budgeting) for legislative approval and subsequent implementation, monitoring and evaluation. These phases form a continuum, and are "iterative" in the sense that subsequent phases of planning, programming, implementation and evaluation continually influence and redirect earlier phases of planning, policy making and strategic analysis.

4.4 Planning for "Health for all by the year 2000" is an essentially political process. The fundamental aspects of the health policy and the strategic approach are already defined by the political decision and policy of "health for all". Its objectives include better and more equitable coverage by the essential components of primary health care, the reallocation of resources to those who are most in need, intersectoral approaches to health promotion, community participation, international interdependence and technical cooperation with full respect for self-reliance and self-determination and a number of other health doctrines and overall social development policies reflected in Sections II and III above. In addition, the political, organizational, administrative, social and economic realities and practices differ widely between different countries. Consequently, there is probably no single detailed methodological approach which is applicable to all countries to carry out the process described in general terms in paragraph 4.3 above.

4.5 The WHO "Guidelines for Country Health Programming" (CHP) are being revised in order to encompass more fully the national health development process, including formulation of policies, strategies and plans of action for "health for all", as well as the later phases of detailed programming including programme budgeting, leaving sufficient flexibility to permit optimal adaptation to widely differing circumstances in different countries. These guidelines emphasize that programme budgeting and reallocation of resources based on "health for all" and using CHP should be undertaken by the responsible authorities and agencies, not only in the health sector, but also in agriculture, interior, public works, environment, transport, industry, labour, defence and other sectors, as they may relate to health. No set of guidelines can by themselves ensure effective programming at country level. It is the continuing programming process within countries and the consultation and dialogue between countries and WHO that really counts. The successful translation of country health programmes and national health plans into national programme budgets will also depend on how effectively other sectors were brought into the programming process.

4.6 If in a given country (a) the process of formulating national policies, strategies and plans of action for "Health for all by the year 2000" is well advanced, and (b) full-scale country health programming or equivalent systematic national planning process is taking place, providing a medium-term perspective for health development extending at least through 1983, this should provide a natural basis for development of socially relevant health programmes and the national health programme budget, of which the proposed WHO technical cooperation programme at country level for 1982-1983 should be an integral supporting part.

4.7 If no country health programming (CHP) or equivalent planning effort is being carried out in the country, then biennial programme budgeting at country level will be more difficult. It is recommended in this case that an effort be made, within existing resources and time constraints, to carry out jointly with the national health authorities, a "mini-CHP" collaborative planning effort, making use of the new CHP guidelines, appropriately shortened, modified and adapted to formulate national health development programmes within which the WHO role can be defined.

4.8 Although budgeting "follows" programming, it is nevertheless an important part of the process since it provides the means for legislative approval of the resources required for the national health programme, and it provides a direct measure of compliance with the policies of "social relevance" and reallocation of resources to those who are most in need. The WHO programme budgeting process at country level should follow the national programming process as closely as possible, and avoid imposing programming steps or detailed budgeting requirements earlier than, or out of phase with, the national programme budgeting cycle.

4.9 The degree of detail required at any given stage of the national programming process and the method of preparing budgetary cost estimates for national programming purposes will necessarily vary by country. As indicated further below, it is by no means necessary that countries apply WHO budgetary procedures, but only that country requirements related to WHO resources be capable of being expressed as broad country planning figures broken down by programmes for purposes of presentation in the WHO regional programme budget. In general, it is not necessary to build up the budget from a precise addition of detailed items of expenditure. What is more important is that the proposed approach effectively carries out the national policy, strategy and plan of action.

Programme budgeting and management of WHO's resources at country level

4.10 The programme budget for 1982-1983 will be the second WHO biennial programme budget to be developed in accordance with the new concepts and procedures set forth in the report of the Director-General on "Development of Programme Budgeting and Management of WHO's Resources at Country Level".[1] The intention of this innovation is to better harmonize WHO programme budgeting process at country level with the national programming process. Two practical effects of the new 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 the operating period, in closer harmony with national health programming processes.

4.11 The new concepts and procedures for development of programme budgeting and management of WHO's resources at country level were approved by the Thirtieth World Health Assembly in resolution WHA30.23, which is reproduced below:

> (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;
>
> (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;

[1] Resolution WHA30.23.

> (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.[1]

Step-by-step development and review procedure

4.12 The following is an illustrative outline of essential steps in the development and the review of the WHO programme budget for 1982-1983 at country and regional levels. Each region will modify the step-by-step procedure in accordance with the situation in each region and as agreed with the Member States, provided the regional approach fits in with the global time-frame.

Step 1: After the Thirty-second World Health Assembly, the Director-General gives programme guidance and notifies tentative regional allocations for 1982-1983 to each Regional Director.

Step 2: General programme guidance and provisional country planning figures will be discussed with and communicated to WHO Programme Coordinators and planners in each region by the Regional Directors in the autumn of 1979.

Step 3: Formal programme planning with Member States will be carried out in the early part of 1980, as part of the continuing country consultation process, in order to identify the programmes for WHO cooperation in 1982-1983, which most directly promote and support the national policies, strategies and plans of action for "health for all" which will be under preparation at the same time. This is the most critical step in the programme budgeting process.

Step 4: WHO Programme Coordinators and Directors of Programme Management of the various regions will meet in the spring of 1980 to review country programme statements and programme planning figures for inclusion in the regional programme budget documents.

Step 5: Directors of Programme Management of the regions will meet with the Headquarters Programme Committee in the spring of 1980 to improve the correlation of programme budget activities between regions and all organizational levels especially inter-country and interregional activities, and including the uniform application of the WHO programme classification structure.

Step 6: The Global Programme Committee will meet after the Thirty-third World Health Assembly in 1980 for a brief review of progress towards the coordinated development of the proposed programme budget for 1982-1983.

Step 7: Regional Directors will finalize, produce and distribute the regional programme budget document, and will send copies or drafts thereof to headquarters by 4 July 1980.

Step 8: The proposed regional programmes will be reviewed by the respective Regional Committees in late summer or early autumn of 1980, and the Committees' recommendations will be transmitted to the Director-General for consolidation in the proposed programme budget.

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[1] Resolution WHA30.23.

Step 9: The Director-General's proposed programme budget for 1982-1983 will be reviewed by the Executive Board in January 1981 and transmitted, together with the recommendations of the Board, to the World Health Assembly for review and approval in May 1981, at the same time as those bodies are reviewing the global strategy for "Health for all by the year 2000".

Step 10: Detailed plans of operation or work for country activities for 1982-1983 will be developed during 1980-1981. For some activities that begin only in late 1982 or in 1983, such detailed plans of operation or work may have to be completed in the course of the first year of the biennium 1982-1983.

Step 11: Country programme details for 1982-1983 will be reviewed at the spring 1981 meeting of WHO Programme Coordinators and Directors of Regional Programme Management with the Regional Director with special attention given to the conformity of the country programmes with WHO and national health policies, needs and strategies, and to any related significant changes in the programme or approaches for 1982-1983.

Step 12: Significant programme changes which have occurred since approval of the WHO programme budget for 1982-1983 will be reported to Regional Committees in late summer or early autumn 1981.[1]

Step 13: The biennium 1982-1983 begins 1 January 1982 and ends 31 December 1983. Allocations and allotments for 1982-1983 will be issued on a fully integrated biennial basis, without distinction between individual years.

Step 14: WHO Programme Coordinators and Directors of Regional Programme Management will meet in the spring of 1982 to evaluate ongoing country programme activities for 1982-1983, and review proposals for the programme budget for 1984-1985.

Step 15: The World Health Assembly will hold in May 1982 a brief review of significant changes in the programme budget for 1982-1983, based on reports of the Executive Board and the Director-General drawing on information provided by the regions, pursuant to resolution WHA28.69.

Step 16: The World Health Assembly will hold in May 1983 a brief review of the Director-General's report on significant developments during 1982.

Step 17: The World Health Assembly will hold in May 1984 a full review of the Director-General's report on the work of WHO for the entire 1982-1983 biennium.

Tentative regional allocations

4.13 As indicated in Step 1 of the programme budget development and review process outlined above, the Director-General will notify Regional Directors in June 1979 of the tentative regular budget allocation for each region. The allocation of resources between regions is based on a wide range of factors and considerations reviewed in an Executive Board working paper on "Allocation of Resources between Regions".[2] Tentative regional allocations will be made on a fully integrated biennial basis and within the overall authority granted by the Thirty-second World Health Assembly which decided that "the regular programme budget for 1982-1983 should be developed within a budgetary level that will provide for a real increase of up to 4% for the biennium, in addition to reasonably estimated cost increases, the underlying factors and assumptions of which should be made explicit".[3] Real increases in

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[1] The form of this report for 1982-1983 will probably be similar to that for 1980-1981 as indicated in the "Guidelines for Preparation of Reports on Changes in the Programme Budget", see document PB/79/1.

[2] WHO Official Records, No. 245, Appendix 2, page 48.

[3] Resolution WHA32.29.

regional allocations should be used to facilitate reallocation of resources between countries as indicated in connexion with the establishment of provisional country planning figures described in paragraph 4.16 below.

4.14 The regional allocation for 1982-1983 will consist of an absolute ceiling, and within that ceiling a maximum real increase limit, established in such a way that the total real increase for the Organization as a whole does not exceed the rate of 4% for the biennium. The regional allocation for 1982-1983 will therefore consist of a maximum real increase and an absolute ceiling which covers real plus cost increases. Regional programme budget proposals should not provide for a real increase in excess of the regional maximum real increase limit even if such a real increase added to reasonably estimated cost increases could be accommodated within the overall ceiling of the regional allocation. Conversely, if the proposed real increase is within the real increase limit but the addition of reasonably estimated cost increases would result in the regional programme budget proposals exceeding the overall ceiling of the regional allocation, there will be no choice but to reduce the proposed real increase by as much as is required to accommodate both the real increase and the cost increase within the tentative regional allocation.

4.15 At the same time as the Director-General notifies the Regional Directors of the regional allocations, Budget at headquarters will ask regional offices to send to Geneva by November 1979 their tentative estimated cost factors and cost assumptions for 1982-1983, relating to staff costs, consultants, common services and other major expenditures, as well as to rates of exchange of major regional currencies which might be adopted for purposes of budgetary calculations for 1982-1983, to facilitate global cost analysis and review of regional allocation ceilings.

Provisional country planning figures

4.16 As indicated in Step 2 of the programme budget development and review process outlined above, in the autumn of 1979, Regional Directors will establish "provisional country planning figures", on a fully integrated biennial basis for 1982-1983, assigning a tentative regular budget guidance figure for each country, based on qualitative and quantitative considerations appropriate to each region. Central to these considerations must be the policy of reallocation to countries and populations that are least developed, underserved, most deficient in health terms, and therefore most in need. The real increase in regional allocations, mentioned in paragraph 4.13 above, can be used to facilitate reallocation of resources between countries. The range of possible methods of allocation of resources to countries includes allocation (i) on the basis of a formula using criteria that are as objective and quantitative as possible, and applying the formula mainly to the allocation of real increase in regular budget resources available for 1982-1983, cooperation, without cutting back on the current resources available for technical cooperation with any one country, (ii) on the basis of the UNDP's indicative planning figures (although it should be pointed out that these UNDP figures are at present based almost entirely on the factors of population and per capita gross national product, with only very slight weighting being accorded to certain supplementary social criteria), or (iii) on a more or less subjective basis, not ignoring, however, such indicators of the level of health, development, national and international resources and needs as may be readily available or the special needs of the least developed among the developing countries. Some Regional Committees have discussed the methods of allocation among countries in their respective regions and have established guiding principles or criteria for this purpose.

4.17 The WHO provisional planning figures should not be regarded as synonymous with, for example, the UNDP indicative planning figures (IPFs) which are frequently regarded as being "owned" by the country in question. The WHO provisional planning figures represent only an order of magnitude for programme budgeting guidance only. In addition, WHO reserves the right to flexibly reprogramme and redeploy resources, not only within the country but also between countries and even between regions, as may be required.

Country programme statements

4.18 The results of the collaborative, rational process of country health planning, whether based on full-scale country health programming or a "mini-CHP" process as mentioned above, should be reflected in the country health programme statement for inclusion in the draft regional programme budget document for 1982-1983. This statement should be developed in close collaboration with government officials. It is suggested that the main theme of country programme statements for 1982-1983 should be the national health development strategy for "health for all" and the proposed WHO technical cooperation programme as part of, and in support of, the national strategy. It may be helpful to present the country programme statement in two parts:

I. National Health Development Strategy for Health for All.

II. Technical Cooperation Programme for Health Development.

4.19 The first part of the country programme statement indicated above should summarize the main lines of the national policy and strategy for "health for all" plus the broad lines of the national health development plan. It would be appropriate to indicate major national health and related social objectives and targets. Space limitations will not permit repetition of much statistical data, which should therefore be used sparingly and selectively. It is more important that the country programme statement provides an adequate overview of the national health development strategy for health for all. This includes significant political, legislative, administrative, organizational and financial actions or reforms, as well as intersectoral involvement and community participation in the health development process.

4.20 The technical cooperation components of health programmes should be described, outlining the approaches WHO is taking or proposes to take as an integral part of and contribution to the national health development strategy, whether or not WHO financial inputs are directly involved. For example, the WHO input to a nutrition programme might be in the form of information transfer with no visible financial implications. The country programme statement (Step 4 in the step-by-step development and review procedure outlined above) need not detail existing or proposed individual projects, particularly as the detailed project planning stage (Step 10 of the procedure) will not yet have been reached. If a particularly important collaborative undertaking has been planned, and if space exists, then, of course, it will be permissible to mention it in the country programme statement. However, the country narrative statement should above all be a programme-oriented statement.

4.21 Intersectoral implications of technical cooperation programmes should be indicated. If important efforts for technical cooperation among developing countries (TCDC) are being made in health, this should be mentioned. Only significant external or extrabudgetary participation should be mentioned, bearing in mind the purpose served by country programme statements in the Regional Committee review of the draft regional programme budget for 1982-1983. The narrative country programme statement texts should explain the relationship between the country programme proposals and the supporting budgetary tables, as illustrated in Annex I.

Regional programme statements

4.22 It is recommended that regional programme statements for 1982-1983 outline the broad lines of action of the regional strategies for "Health for all by the year 2000" including biomedical and health services research. Regional programme statements should show how regional programmes relate to the concepts of "health for all", priority attention to those most in need, social relevance, technical cooperation among countries, and the other overall policies referred to in Sections II and III above. It should be shown how regional strategies and programmes support national policies, strategies and plans of action.

4.23 Regional programme statements, in addition to being reviewed by the WHO Regional Committees, provide the basis for preparation of global programme statements, which are reviewed by the Executive Board and the Health Assembly, using regional programme budget documents for additional background reference. This underlines the importance of the quality

and a reasonable degree of comparability among regional programme statements and programme budget presentations. In recent years, the WHO Regional Committees, Executive Board and Health Assembly have expressed a clear desire to see budgetary implications reflected in narrative texts. For this reason, when preparing country and regional programme statements for 1982-1983, an extra special effort should be made to explain in the narrative texts the relationship between the proposed programme and the supporting budgetary tables, including intercountry programmes. Significant increases or decreases in country programme allocations between 1980-1981 and 1982-1983, or shifts of resources between different programmes, or significant changes in estimates or transfers of resources between the regular budget and various extrabudgetary sources of funds should be explained. Of particular importance in the light of the policy of "health for all" is the explanation of shifts reflecting a more fundamental reallocation of resources to programmes serving populations which are most underserved and most in need. Annex I contains illustrations of what is meant by relating narrative texts and budgetary tables.

Supporting budgetary table

4.24 Resolution WHA30.23 on the development of programme budgeting and management of WHO's resources at country level, 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". Individual country and intercountry projects will not be shown in the programme budget document for 1982-1983. The form of presentation of country programme budget tables for 1982-1983 will be essentially the same as for 1980-1981. Thus, the main features of the supporting budgetary tables are:

(1) the country planning figure is broken down by programme, consistent with the WHO programme classification structure. (Individual projects and subprogrammes are not included in the budgetary tables); and

(2) the budgetary estimates are presented in two columns, each representing fully merged two-year budget estimates for: 1980-1981; and proposals for 1982-1983 for all sources of funds.

4.25 The breakdown of the country planning figure may be shown in round estimates by programme. Detailed estimates to the last dollar are neither desired nor possible under the new programme budgeting procedure at country level. It is recommended that staff charged with the preparation of the programme budget should put themselves in the shoes of Regional Committee delegates, anticipate questions likely to be addressed to the Regional Director on the budgetary aspects of the proposals, and be sure that the major budgetary issues are adequately reflected in the covering written text. Regional Committee delegates frequently ask why there are noticeable upward or downward trends in regular budgetary and extrabudgetary resources shown under different programmes. They need to know to what extent shifts of resources reflect (a) changes in policies and priorities, (b) changes in approach or type of activity, (c) initiation of new activities or discontinuations of old activities, or (d) the influence of other factors, such as, for example, the unreliability of estimating extra-budgetary resources so far in advance of the operating period or major cost increases and decreases including exchange rate fluctuations. (See Annex I.)

4.26 Since many of these questions are also repeated in the Executive Board and Health Assembly, and since regional programme budgets are the basis for preparation of global programme statements, as indicated in paragraphs 4.23 and 4.25, a reasonable degree of comparability and uniformity among regional programme budgets is important. One of the most serious sources of criticism in the Executive Board and Health Assembly in recent years has been the different approaches which different regions have sometimes taken to classification of various types of programme activities under the WHO "uniform" programme classification structure. These discrepancies have been cited by Board members and Health Assembly delegates, and Regional Directors have been called upon at rather short notice to explain and

reconcile the regional budgetary figures and the programme activities with the WHO programme classification structure. This will be the subject of special guidance from Secretary, HPC and Budget at headquarters to all regional offices. In addition, as shown in Step 5 of the step-by-step development and review procedure in paragraph 4.12 above, the Directors of Regional Programme Management will meet in the spring of 1980 to improve the correlation of programme budget activities between regions and all organizational levels, including uniform application of the WHO programme classification structure.

V. PROGRAMME BUDGETING AT HEADQUARTERS

5.1 All WHO programmes and modes of action at headquarters have to be reviewed and reoriented in accordance with the new policy and strategy for "Health for all by the year 2000". This means phasing out many planned or ongoing individual activities in 1980-1981, and carefully controlling the use of WHO staff, consultants, duty travel, documentation, meetings, services, grants, subcontracts and other resources, so that human energy and resources can be redirected as required and better devoted to actions which directly relate to and support the formulation and implementation of national, regional and global strategies for "Health for all by the year 2000". Human and other resources have to be carefully controlled and coordinated at headquarters and with the regional offices so that WHO can respond in an effective, coordinated way to needs at national, regional and country level. Headquarters modes of actions in 1980-1981 and in 1982-1983 will be largely defined by the global strategy for "Health for all by the year 2000", by the development of the Seventh General Programme of Work and related medium-term programmes, and the "Study of WHO's Structures in the Light of its Functions".[1] All staff must be committed to and involved in this process.

5.2 Many headquarters, global and interregional activities have already been defined, or are being defined, through medium-term programming in Comprehensive Health Services, Communicable Diseases, Noncommunicable Diseases, Environmental Health, Mental Health and Health Manpower Development. These programmes have to be kept under review and adapted as required to support the national, regional and global strategies for "Health for all by the year 2000". WHO's "vertical" programme structure at headquarters has to be "horizontally" coordinated, giving the necessary technical support to regional strategies for health delivery through national comprehensive health systems. The development of medium-term programmes and programme budgets at global level therefore depend in the first instance on the needs and priorities defined at national and regional levels. The initial formulation of global strategies for "Health for all by the year 2000" will be concurrent with, and must give primary direction to, the preparation of headquarters, global and interregional programme budget proposals for 1982-1983.

Preliminary programme planning figures and cost estimates

5.3 Because of the necessity of keeping the real growth of the WHO regular budget within the limits prescribed by the World Health Assembly,[2] and of ensuring that sufficient resources are available in all programme areas and at all organizational levels, the Director-General will establish and Budget will issue in November 1979 a "preliminary programme planning figure" for each major programme.

5.4 Budget will also inform programme managers at headquarters of the standard/average costs to be used for each grade of staff, consultants and meetings proposed for 1982-1983, based on 1980-1981 costs. At a later date, Budget will recost all proposals on the basis of 1982-1983 costs. The reason for requesting preliminary programming for 1982-1983 on the basis of 1980-1981 costs is to provide comparability in real terms between the proposed programme budget for 1982-1983 and the approved programme budget for 1980-1981. This will ensure compliance with the real growth limit set by the Health Assembly for the Organization as a whole.

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[1] WHO document DGO/78.1.

[2] Resolution WHA32.29.

5.5 The development of the programme budget for 1982-1983 should be first and foremost a programme-oriented process. Headquarters Programme Committee review is intended to be primarily a programme review and only secondarily a budget review, necessitated by the need to keep within an overall regular budget ceiling. It is suggested that programme managers and planners initially plan their total integrated programmes, making use of all sources of funds, in terms of required actions for the development of global programmes and strategies, without limitation to the regular budget preliminary planning figures. As a second step, planners should then identify the basic infrastructure and essential actions which are most needed and which are to be financed within the regular budget preliminary planning figure. Other requirements, programme activities and proposals should be formulated in such a way as to facilitate funding from extrabudgetary resources, to the fullest extent possible. Finally, if there are still some high priority proposed actions which are unsuitable for extrabudgetary funding, but would exceed the regular budget preliminary planning figure, they may be prepared in memoranda form, with clear justification and budgetary estimate attached, to the Assistant Director-General concerned, with a copy to Budget. In view of the uncertainty in 1979 and 1980 as to all the specific actions that will be required in 1982-1983, particularly in response to "Health for all by the year 2000", it is permissible for programme managers to budget some of their resources under a broad global project, provided the objectives are well defined. Proposals for staff posts, however, have to be shown in detail.

5.6 The "vertical" programme structure at headquarters and the corresponding appropriation sections and budgetary allotment and control system should not be a bar to the development of "joint" or "horizontal" activities among different programmes or divisions. It is suggested that in all programme areas at headquarters collaborative programme reviews be held within and between programmes in connexion with the preparation of proposals for the programme budget for 1982-1983. In addition, programme managers in different divisions are encouraged to co-sponsor activities, agreeing on the sharing of responsibility, manpower and resources, as required. Each programme manager should then show his respective portion of the estimated costs among the proposals within his preliminary programme planning figure, with appropriate cross-reference to the collaborating programme. If programme managers work together in the manner described above, the budgetary system should not by itself constrain "horizontal" action.

5.7 The need for a common approach among all regions to the classification of activities under the WHO programme classification structure, referred to in paragraphs 2.8 and 4.26 above, applies equally to headquarters classification of interregional and global activities. Care must be taken to ensure consistent approaches, and it is for this reason that the Headquarters Programme Committee will meet in the spring of 1980 with Directors of Programme Management of the regions to improve the correlation of programme budget activities between regions and all organizational levels, including uniform application of the WHO programme classification structure. This meeting should help to initiate new ways of working and providing mutual support between regional offices and headquarters.

5.8 It is important that headquarters global and interregional proposals should be based on, and respond to, needs defined by the regional programmes. There should be, therefore, a continuing interchange of ideas, proposals, responses and joint decisions between programme managers in the regions and at headquarters before global and headquarters submissions are made to the Headquarters Programme Committee. No interregional projects should be proposed by headquarters programme managers without full prior consultation with the regions involved, and the proposals submitted to the Headquarters Programme Committee should reflect the views of regional offices as to the relevance of the proposed interregional activities. In this connexion, the meeting of Directors of Programme Management of the regions with HPC in the spring of 1980 will review interregional proposals and their correlation with intercountry programme proposals for 1982-1983. In addition, the Global Programme Committee will meet in June 1980 for an overview of the proposed programme budget for 1982-1983.

Budgeting for electronic data processing costs

5.9 The policy and procedure regarding the budgeting of electronic data processing costs among user programmes in 1982-1983 will be essentially the same as that applied to 1980-1981. Budget will advise programme managers who are at present consumers of electronic data processing (EDP) services of their respective shares of EDP costs for 1982-1983, based on their shares for 1980-1981.

5.10 Programme managers will be asked, in consultation with ISP/EDP unit, to indicate whether the EDP services planning figure will be sufficient for 1982-1983. 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, and the difference in amount will be added to the programme manager's preliminary planning figure referred to in paragraph 5.3 above. If the EDP services planning figure is considered insufficient, or if EDP services are required for the first time in 1982-1983, 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. Programme managers should submit their proposed EDP services planning figures to EDP unit by 15 February 1980, so they can be reviewed by EDP, returned by EDP to the programme manager, and forwarded by the programme manager to Budget by 29 February 1980.

5.11 Programme managers wishing to make use of EDP services in 1982-1983 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 1982-1983, user units will be required to provide funds for such services from their operating programme budgets in 1982-1983. ISP/EDP unit will continue to provide technical reviews of EDP applications, but not as part of the budgetary submission process for 1982-1983. During 1982-1983, ISP/EDP unit will monitor EDP services usage, and will advise programme managers in advance of the danger of exceeding their EDP services figure.

Development and submission of programme budget proposals

5.12 In view of the importance of consultation with the regions prior to the formulation of global and interregional proposals, as mentioned in paragraph 5.8 above, programme managers should begin immediately in the summer of 1979 to communicate with Regional Directors and Directors of Programme Management in the Regions to ensure that global and interregional proposals respond to and support national and regional strategies, and that full advantage is taken of opportunities for the development of joint programmes and projects. Following these consultations, programme budget proposals should be developed at headquarters through a process of collaborative planning within and between programmes. Initial proposals will be reviewed with Unit Chiefs and Directors in December 1979 - January 1980 and submitted to the responsible Assistant Director-General by 22 February 1980. Programme proposals will be submitted to Secretary HPC by 29 February 1980, and supporting budget forms will be returned to Budget unit by the same date.

5.13 Programme proposals should be prepared in memorandum form, providing an overview of the main programme thrusts and priorities for implementing strategies for "Health for all". Programme objectives should be clearly stated and accompanied by an overall plan of action (without, however, requiring a detailed timetable of activities at this stage). Major headquarters, global and interregional activities proposed for 1982-1983 should be indicated. The text should explain the relationship between the proposed headquarters programme and the supporting budgetary tables. Attention should be given not only to the regular budget but also to programme activities envisaged for extrabudgetary funding. In particular, it is important to show how regular budget and extrabudgetary proposals at headquarters relate to regional and global strategies, since this information will be essential to the joint review of intercountry, regional, interregional and global programme proposals by HPC and Directors of Programme Management of the Regions in April 1980. (See item 14 of the Timetable contained in Section VI below.)

5.14 The narrative text of the headquarters programme submission memorandum, describing the programme objectives and overall plan of action, should be drafted with a view to eventual preparation of the global programme statement (see paragraphs 5.21-5.24 below). It is suggested that the programme submission memorandum for each programme be kept to three to five pages in length. The programme memorandum may be accompanied by annexes of selected, relevant material, if necessary. The HPC Secretariat will issue more detailed instructions on the development and form of presentation of programme proposals. The method of preparation of the budgetary submission form, necessary to develop the supporting budgetary tables, is described in paragraphs 5.15-5.20 below.

Budget submission form and preparation process

5.15 In November 1979, Budget unit will issue to each programme manager a budget submission form for 1982-1983, which is based with slight modification on the one for 1980-1981, and is designed to be processed by the computer-assisted Administration and Finance Information System. The budget forms are preprinted with basic information identifying ongoing headquarters, global and interregional activities included in the 1980-1981 budget. The budget forms also have open columns for the inclusion of proposals for 1982-1983 which have budgetary implications.

5.16 The budget submission form is 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) is indicated in the case of extrabudgetary funding. Further coding is available to classify by subprogramme, related programme or special purpose. The computer-produced form shows 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.

5.17 The preprinted budget form includes 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 1982-1983 period. The country of assignment is shown for staff of interregional projects. All categories or objects of expenditure other than posts (e.g. consultants, duty travel, subcontracts, supplies, etc., as required by Budget) for 1980-1981 are preprinted 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.

5.18 The approved budgetary provisions for 1980-1981 are shown on the preprinted budget forms. These figures for the regular budget are not subject to amendment. For extrabudgetary funds, amendments may be made by the programme manager in the light of changes in information regarding availability of funds. The budget submission form already contains budgetary information on all existing units, programmes, projects and activities. If the programme manager wishes to indicate the continuation of these activities unchanged in 1982-1983, he has only to write in essentially the same budgetary information in the 1982-1983 column as already appears in the 1980-1981 column, and return the submission form to Budget. If the programme manager wishes to change or add to a programme budget proposal for 1982-1983, he has only to introduce the change or addition in the 1982-1983 column. If the programme manager wishes to propose an entirely new project, for which no preprinted budget form exists, he will have to fill in a blank budget form, making use of other preprinted budget forms as a model. Budget will issue detailed instructions for completion of the budget submission form.

5.19 As already mentioned in paragraph 5.5 above, programme managers must ensure that their final budgetary proposals for 1982-1983 are within their preliminary programme planning figures. Any proposals which exceed those limits must be submitted separately, and in writing, to the Assistant Director-General, with an information copy to Budget, clearly indicating that the proposals are in excess of the preliminary programme planning figure.

5.20 It is expected that programme planners, programme managers, unit chiefs, directors, and assistant directors-general will collaborate in finalizing their programme budget proposals for 1982-1983, to reach full agreement on the set of proposals to be returned to Budget by 29 February 1980, for input to the computerized AF system. Any budgetary analysis, summary tables, or recostings at 1982-1983 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.

Preparation of the global programme statement

5.21 The last phase of staff participation in development of the proposed programme budget document for 1982-1983 is the preparation of draft global programme statements by the relevant programme manager at headquarters, on the basis of regional programme statements, global programme proposals, and overall knowledge of WHO activities worldwide and support actions at national, regional and global levels. Regional programme statements will be received in Geneva during June 1980. The target date for completion of draft global programme statements by programme managers is 18 July 1980. The global programme statement will be finalized by the HPC Secretariat in consultation with the programme managers at headquarters.

5.22 Global programme statements are required for every major programme and programme, as was the case in WHO Official Records No. 250. However, the content of programme narratives should be geared to the formulation and implementation of global strategies in support of regional strategies and national strategies and plans of action for "Health for all by the year 2000". The global programme statements should reflect the reorientation of the health development work of WHO and Member States in accordance with the concepts of "health for all", primary health care, priority attention to those most in need, social relevance, technical cooperation among countries, and the other overall policies and strategies referred to in Sections II and III of these guidelines and original sources cross-referenced there. Global programmes should contain a synthesis of regional strategies, and show the global response and broad lines of action required at global level. The quality of global programme statements is extremely important since they serve as the primary basis for proposed programme review by the Executive Board and Health Assembly. In addition, they provide the basis for the Director-General's programme-oriented Introduction to the programme budget document.

5.23 In preparing the global programme statements for 1982-1983, an extra special effort should be made to explain in the narrative texts the relationship between the proposed programme and the supporting budgetary tables, taking into account relevant information contained in the regional programme statements and supporting regional budgetary tables. Significant increases or decreases in budgetary allocations between 1980-1981 and 1982-1983, or shifts of resources between different programmes, or significant changes in estimates or transfers of resources between the regular budget and various extrabudgetary sources of funds should be explained. Of particular importance in the light of the policy of "health for all" is the explanation of shifts reflecting a more fundamental reallocation of resources to programmes serving populations which are most underserved and most in need. (See Annex I.)

5.24 The Headquarters Programme Committee will issue more detailed guidance on the content of global programme statements, as well as their form of presentation, including length and structure.

5.25 Global programme statements should be reviewed with and approved by directors and assistant directors-general during July and submitted not later than 18 July 1980 to the HPC Secretariat. Global programme statements will be checked and edited by HBI, and included in the consolidated draft programme budget document due 28 September 1980.

5.26 After final approval by the Director-General, the proposed programme budget document for 1982-1983 will be printed and distributed by 1 December 1980.

VI. TIMETABLE

6.1 The following timetable outlines the main actions for preparation of the WHO programme budget for 1982-1983 at country, regional and global levels. Each region will modify its own procedure in accordance with the regional situation and commitments to Member States, provided the regional approach fits in with the global timetable.

ACTION REQUIRED	ACTION TAKEN BY	DATE
1. Resolution on tentative budgetary projections for 1982-1983.	Thirty-second World Health Assembly	May 1979
2. Tentative allocations for each region and headquarters.	Director-General	June 1979
3. Guidelines for programme budgeting.	Director-General	July 1979
4. Regional programme guidance and communication of provisional country planning figures.	Regional Directors	September-October 1979
5. Programme planning at country level, as part of strategies for "health for all", Seventh GWP, MTP, CHP and related processes.	WHO and national authorities	Continuous process 1979-1983
6. Review of development and form of presentation of the proposed WHO programme budget for 1982-1983, and report to EB65.	Programme Committee of the Executive Board	November 1979
7. Issuance of preliminary planning figures for major programmes at headquarters, budget submission forms and programme budget instructions.	Director-General and Budget/headquarters	November 1979
8. Review of report of EB/PC on form of presentation and guidelines for the WHO programme budget 1982-1983.	Sixty-fifth session of the Executive Board	January 1980
9. Review of country programme proposals, country programme statements and country planning figures for inclusion in regional programme budget.	Meeting of DPMs, WPCs, and national planners	February-March 1980
10. Initial preparation of draft regional and global programme proposals.	WPC, RO staff and headquarters staff	January-March 1980
11. Review and approval of headquarters, interregional and global initial proposals.	Unit chiefs, directors and ADsG	To ADsG by 22 February 1980

ACTION REQUIRED	ACTION TAKEN BY	DATE
12. Submission of headquarters programme proposals to HPC and return of budget submission forms to Budget for input to computer system.	Headquarters programme managers	29 February 1980
13. Preliminary review of the headquarters, interregional and global programme budget.	Headquarters Programme Committee	8-11 April 1980
14. Correlation of intercountry, interregional, regional and global programme proposals, including uniform application of programme classification structure.	Meeting of DPMs with HPC	14-18 April 1980
15. Preliminary review of the proposed programme budget and HPC report on correlation of programmes at all organizational levels and regions.	Director-General	Late April 1980
16. Review of progress towards national, regional and global strategies, including implications for programme budgeting.	Thirty-third World Health Assembly	May 1980
17. Overview of the proposed programme budget, and regional and global programme budget proposals for 1982-1983.	Global Programme Committee	June 1980
18. Submission to headquarters of proposed regional programme budgets, programme statements, budgetary estimates and inputs to global programme statements; production and distribution of proposed regional programme budget document.	Regional Directors and DPMs	4 July 1980
19. Final recommendations to the DG on headquarters, global and interregional programme budget proposals.	Headquarters Programme Committee	June-July 1980
20. Submission of draft global programme statements to HPC Secretariat.	Programme managers, directors and ADsG	18 July 1980
21. Completion of global programme statements.	HPC Secretariat	8 August 1980
22. Review of regional proposed programme budgets for 1982-1983 in the light of regional strategies for "Health for all by the year 2000".	Regional Committees	August-October 1980
23. Preparation of the programme budget document.	Budget, HPC Secretariat and HBI	September 1980
24. Director-General's final approval of the proposed WHO programme budget for 1982-1983.	Director-General	October 1980
25. Distribution of the WHO programme budget document.	PGS/DST	1 December 1980

ACTION REQUIRED	ACTION TAKEN BY	DATE
26. Programme budget review by the Executive Board.	Sixty-seventh session of the Executive Board	January 1981
27. Programme budget approval by the Health Assembly in the light of global strategies for "Health for all by the year 2000".	Thirty-fourth World Health Assembly	May 1981

ANNEX I

EXCERPT FROM A HYPOTHETICAL MODEL PROGRAMME STATEMENT
SHOWING RELATIONSHIP BETWEEN PROGRAMME PROPOSALS AND
SUPPORTING BUDGETARY TABLE

Communicable Disease Prevention and Control

During 1982-1983 WHO's efforts will be concentrated on the development and implementation of the communicable disease prevention and control component of national strategies and plans of action, and the related regional support strategy for "Health for all by the year 2000". WHO will continue to be involved in strengthening epidemiological services and in coordinating the exchange of information on the communicable disease situation; however, the budgetary requirements will be increasingly bourne by national and extrabudgetary sources. As reflected in the supporting budgetary table shown below, the final smallpox eradication case finding operations are being terminated in 1980-1981, releasing staff posts and financial resources for redeployment to the Expanded Programme on Immunization in 1982-1983. The Special Programme for Research and Training in Tropical Diseases is being accelerated in 1982-1983 in cooperation with the World Bank and UNDP. The extrabudgetary resources contribution to the programme shown in the budgetary table below is necessarily understated, reflecting the difficulty of obtaining inter-agency commitments and of anticipating voluntary contributions so far in advance of the operating period 1982-1983. The net increase in the regular budget for 1982-1983 as compared with 1980-1981 is $ 50 000 or 14%, and is mainly attributable to the development in 1982-1983 of an entirely new programme for the Prevention of Blindness, using low-cost appropriate health technology for preventable blindness, and encouraging a shift of priority attention and re-allocation of resources to vulnerable groups in underserved geographical areas.

Major Programme/Programme	1980-1981			1982-1983		
	Regular Budget	Other Sources	Total	Regular Budget	Other Sources	Total
4.1 Communicable Disease Prevention and Control						
4.1.1 Epidemiological Surveillance	100 000	50 000	150 000	50 000	100 000	150 000
4.1.4 Smallpox Eradication	100 000	250 000	350 000	-	-	-
4.1.5 Expanded Programme on Immunization	50 000	100 000	150 000	150 000	350 000	500 000
4.1.6 Special Programme for Research and Training in Tropical Diseases	100 000	200 000	300 000	100 000	50 000	150 000
4.1.7 Prevention of Blindness	-	-	-	100 000	50 000	150 000
Total	350 000	600 000	950 000	400 000	550 000	950 000