



REPORT  
of the  
WHO MEDIUM-TERM PROGRAMMING WORKING GROUP  
MEETING IN MANILA, PHILIPPINES  
6-10 MARCH 1978



The Medium-Term Programming Working Group met in Manila from 6 to 10 March 1978 to develop further the Organization's medium-term programming methodology and to monitor the development of the Organization's medium-term programme.

As agreed in Washington the previous year, the methods for setting WHO's targets were further studied and the results of the discussions held in 1977 and 1978 incorporated in the medium-term programming guidelines.

The reorientation of WHO's programmes, made mandatory by Resolutions WHA29.48 and WHA30.30, was discussed, and particular emphasis was laid on the relationship with the medium-term programming efforts.

A progress report on the development of medium-term programmes in WHO covered both the discussions held at the Sixty-first session of the Executive Board and the future developments expected to take place up to the end of 1979, at which time the preparation of the Seventh General Programme of Work would mobilize most programming resources. In this perspective, members of the group were asked to give their full support to a study on long-term health trends regarding the strategies for attaining "health for all by the year 2000".

The links between country health programming and medium-term programming were studied as well as the use of the information system for programming.

In view of the recommendation of the Programme Committee of the Executive Board to distribute to Member States the working guidelines for WHO's medium-term programming, together with those for country health programming and health programme evaluation, these were updated during the meeting.

Methods for country consultation during the programming process were reviewed to ensure a better country-based approach to medium-term programming.

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## 1. Introduction

1.1 Dr F. J. Dy, Regional Director, WPRO, opened the meeting and expressed his pleasure that the Working Group had visited countries in the region and was meeting in the regional office.

1.2 Dr Ch'en Wen-chieh, Assistant Director-General, referred particularly to the importance of the participation of nationals at the meeting, pointing out that only by joint discussion could it be ensured that the final proposals resulting from the meeting would really be relevant to the countries' health needs. He also drew particular attention to the agenda item on the programme reorientation process, which had been requested from the Organization under the terms of resolution WHA30.30, and to the updating of the guidelines for medium-term programming.

## 2. Terms of reference and membership of the Medium-Term Programming Working Group (MTPWG)

In answer to a question raised by one of the members of the Group, it was pointed out that the terms of reference remained as they were when the Group had been established in May 1976. The Working Group comprised thirteen members, i.e. six directors of health services from regional offices, and one person representing each main area of the Sixth General Programme of Work, except for disease prevention and control, which had been divided into communicable diseases and non-communicable diseases. Some of the members present at this meeting were not members of the Working Group but had been invited because of the contributions they could make in specific agenda items.

## 3. Follow-up of discussion on targets (PWG/3/5)

3.1 The Group reviewed the conclusions reached on this subject at its second meeting in Washington.<sup>1</sup> There was general agreement that "targets are 'measurable' and quantifiable strategic aims towards which all activities are geared" and that WHO targets should be based on what Member States wished to achieve by the end of a certain programmed period, in cooperation with the Organization. This was stressed as an expression of the new type of technical cooperation being developed by the Organization, which should be "directed towards defined national health goals".

3.2 However, it was felt that, in addition to country-based targets, there should be other indicators whereby WHO input and activities geared towards the achievement of clearly defined country-based targets could be planned, monitored and evaluated. Agreement was reached that, in order to avoid any confusion, the latter could be called WHO output indicators to distinguish them from country-based targets.

3.3 The Group agreed that aims such as qualified statements expressing political will and aspirations like "health for all by the year 2000" or "water supply for everybody by 1990" might properly be called policy or political objectives and not targets.

3.4 Targets at country level were expected to be quantified and measurable though accuracy might not always be one of their attributes. They could express a "minimum" or "maximum" level or even an admissible "range". The Group was aware that in many Member States available information was hardly capable of providing the baseline and further data that were necessary to measure the achievement of targets or, in general, to evaluate the relationship between input and output.

3.5 Regional and sub-regional targets based on, and reflecting country targets, were also to be quantified but their accuracy would obviously be even less than those at country level. Global targets reflecting country and regional targets might not be readily quantifiable, if at all.

<sup>1</sup> Document PWG/2/12, page 5 and Annex IV and PWG/2/13, page 2.

3.6 The Group discussed in some detail the different categories of targets. It was felt that it might be more practical to set "coverage" or "service"-related targets than "problem-reduction", "disease-reduction" or "health-impact" oriented targets. Resource-oriented targets, expressing input, could not replace outcome oriented targets, whether the outcome was "coverage" or "health".

3.7 It was stated that less than perfect targets were also useful for orientation even if, for one reason or another, sufficient prior consultation was not possible and/or 100% achievement later proved not to be feasible.

3.8 Targets might also be of indicative character or of normative character. The latter would, for example provide general orientation at global level. Also, a view was expressed that some targets might be considered under certain circumstances as "mandatory".

3.9 To ensure maximum flexibility targets at all levels should be constantly reviewed so that they could be adapted to changing situations. This process should be based on feedback from implementation, and re-assessment of the situation. In the revision process, as well as in the implementation, there should be the same interaction among targets at different levels as in the process of definition. A view was also expressed that in certain well-defined cases rigidity might also be needed.

3.10 It was strongly emphasized that target-setting in WHO was a task for the appropriate governing bodies: in the case of the regions, for the regional committees, and globally, for the World Health Assembly, mainly through the approval of the General Programme of Work. However, the possibility of revision should always be maintained. Better quantified targets might be considered in the preparation of the Seventh General Programme of Work.

#### 4. Reorientation of WHO programmes, as a consequence of resolution WHA29.48 (PWG/3/6)

4.1 The Group discussed in some depth the historical background and reasons which had led the World Health Assembly to call on WHO to give full effect to resolutions WHA29.48 and WHA30.30, which urge that a realistic orientation in international health work be energetically pursued, in the light of the existing socio-economic crisis in the world, particularly in the health status of developing countries. The discussions focused on the approved criteria for technical cooperation, on the dynamism of the required reorientation process, and particularly on how best to meet the challenge of such reorientation on the part of Member States and the WHO Secretariat towards increased, purposeful and effective technical cooperation.

4.2 While it was recognized that the Organization was favoured by its decentralized structure, it had become urgent for the Organization as a whole to develop the required change in attitude towards technical cooperation as defined in the Sixth General Programme of Work, the above-mentioned Resolutions, and the new programme budget policy and strategy as outlined in Official Records No. 238. In its growth over the years, the Organization had developed some inertia, particularly in the interface between the divisions in headquarters, and between headquarters and the regional offices. Reorientation called for a more critical mobilization of available human and budgetary resources towards the level that mattered, namely the required interface at the country level, i.e. at the levels of decision in the Ministry of Health and of implementation of programmes and projects. The crucial role of the WR was recognized but much remained to help develop and support it further. The discussions on reorientation of programmes at country level highlighted several innovative approaches which had already been introduced in the regions and headquarters, all directed to a shift away from the previous assistance role and over-dependence on international staff towards national capability build-up, self-reliance and technical cooperation between developing countries.

4.3 The opinion was expressed that reorientation and medium-term programming were not only complementary but also synergistic processes. Reorientation without Medium-Term Programming would be ineffective, while Medium-Term Programming without reorientation would be irrelevant. MTP could be one of the most important tools for the reorientation process. In

this way it was a management tool to monitor progress and changes in programme reorientation, and for the latter to be monitored. What was required was a smooth on-going adjustment to situation and country needs, avoiding changes in spasmodic thrusts. While such an adjustment change started long before the passing of Resolution WHA29.48, the latter was certainly a milestone. The call for a revised policy and strategy was first reflected in clear terms in 1973 in the Director-General's paper on WHO's Mission.

4.4 Reorientation should therefore be continuous with continuous adjustments to country needs and full linkages with MTP and vice versa. Much guidance on reorientation was already obtained from the Governing Bodies' deliberations and those of the Director-General on WHO's Mission and his yearly statements at Regional Committees, all resulting in the present self-critical questioning on "how to get on" with programme reorientation. It was agreed that there was no rule of thumb; the best way was "learning by doing" and hence using different approaches and means. As one member of the MTPWG stressed, "we were searching for the proper means and the proper use". Reorientation would unavoidably imply a degree of traumatism in its path, and hence one needed to proceed firmly but carefully if the progressive movement was to be maintained.

5. Presentation of the discussion on medium-term programming at the Executive Board (PWG/3/7) and progress report on the development of medium-term programmes in WHO

5.1 Discussion on medium-term programming at the Executive Board

Medium-term programming was discussed by the Programme Committee of the Executive Board in November 1977, and its report presented to the Executive Board at its Sixty-first Session in January 1978. Summary Records EB61/SR/15, 16 and 17 summed up the discussion. The Board stressed that there should be more linkages between MTP and other management processes in WHO as well as in countries, particularly as regards country health programming, programme budgeting, information systems development and health programme evaluation which the Board would have preferred to have discussed in a single report with the linkages explained. The countries' role in medium-term programming should be emphasized and there was a need to stress the intersectoral aspect. Programme development and management processes would be discussed as a package by the Thirty-first World Health Assembly (agenda item 2.5).

5.2 Progress report on the development of medium-term programmes in WHO

5.2.1 Comprehensive health services (CHS)

5.2.1.1 The start-up meeting would be held in Brazzaville 3-7 April 1978, and regional offices and headquarters were in the process of preparing background and position papers. The main purpose was to clarify how to proceed with the elaboration of the CHS medium-term programme, taking into account the number of programme sectors involved in this area of the Sixth General Programme of Work. It was considered that the subject was perhaps too comprehensive for the preparation of a global programme and that it might be useful to divide the programme during the preparation phases, although the group acknowledged the necessity to present a comprehensive programme to the Programme Committee of the Executive Board.

5.2.1.2 There was a consensus that this medium-term programme posed a challenge to the whole idea of medium-term programming because of its complexity and the necessary links with other programmes and in particular with those which would provide "substance" to health services such as communicable and non-communicable diseases.

5.2.2 Disease prevention and control

5.2.2.1 A first consultation had been held in December 1977 for communicable diseases at which time it had been possible to map the approach to be used in this medium-term programme. Detailed plans for the process were yet to be made. The next meeting would be held in EMRO in October 1978. Meanwhile, the programme profiles had been studied and used to prepare initial documentation.

5.2.2.2 With respect to non-communicable diseases, the variety of subjects included did not allow for a Shiraz-type start-up meeting. Only two meetings were therefore envisaged in addition to which other methods of consultation would be used, i.e. seminars and other meetings. The priority areas were oral health (almost completed), cardiovascular diseases (second drafts of which were coming in from regions for review and further discussion with Governments), cancer and occupational health (a new approach was now taking shape based on an inventory of country situations and needs). For the rest of non-communicable diseases the medium-term programme was somewhat delayed.

#### 5.2.3 Health manpower development

The medium-term programme for health manpower development, although completed, should be reviewed and updated at regular intervals as agreed previously. The Group was given an account of the follow-up envisaged for this programme.

#### 5.2.4 Environmental health

The start-up meeting had taken place in August 1977 and regional contributions were being prepared. The second meeting was to be held in New Delhi from 17-21 July 1978.

#### 5.2.5 Research promotion and development

There was an agreement that this medium-term programme might be delayed but that a start should be made in conjunction with the next meeting of the ACMR to clarify needs and the distribution of work throughout the Organization. The matter would be discussed by Dr Minners with regional offices following the meeting of the Medium-Term Programming Working Group.

#### 5.2.6 Programme development and support

The question was raised as to the feasibility of combining the many elements into one medium-term programme and it was decided that it was not necessary to present a global medium-term programme under this major area of concern at the present time, as the components were so disparate. Programmes within "programme development and support" could, however, proceed with detailed medium-term programming as is being done for country health programming.

### 5.3 General discussion on medium-term programming

5.3.1 It was emphasized that medium-term programming was an important management tool and, with respect to programme development and implementation, it facilitated the exchange of information and communications. The Group was reminded, however, that the schedule for medium-term programming as established during the meeting in Washington in 1977 implied that the programmes in preparation would not influence the programme budget directly for 1978-1979. Similarly, time was running out with respect to the programme budget for 1980-1981. The Group was also made aware that preparations for the Seventh General Programme of Work would commence in late 1979 and consequently the question was raised as to whether it would not be more practical to develop medium-term programmes concurrently with General Programmes of Work, in particular during the elaboration of the Seventh General Programme of Work.

5.3.2 On the other hand, the Group recognized that a new procedure for programme budgeting at the country level, beginning with the preparation of the programme budget for 1980-1981, had been instituted. Only lump sum allocations for major programmes were made during Spring 1978 while detailed plans for the use of these resources and for individual WHO activities would be

worked out during the latter part of 1978 and finalized in 1979. Thus, medium-term programmes being elaborated during 1978 and part of 1979 would indeed be relevant to the biennium 1980-1981, provided that the two processes were properly linked.

5.3.3 It was underlined that one of the greatest values of MTP was to enable Member States and the Secretariat to translate the Sixth General Programme of Work into more operational terms to help focus on priorities, particularly at the country and regional levels and to provoke political decisions on such priorities. It was pointed out again that the Sixth General Programme of Work did not establish such priorities.

5.3.4 Some members favoured the "learning by doing" approach since this would provide the Organization with additional experience and would prepare the ground for the more general application of medium-term programming under the Seventh General Programme of Work. Consequently, it was felt that medium-term programming under the Sixth General Programme of Work might not be needed for all subjects but should be pursued mainly for those of highest priority. Medium-term programming for other subjects might be initiated subsequently in connexion with the Seventh General Programme of Work.

5.3.5 The Working Group stressed the important role of medium-term programming in the mobilization of human, material and financial resources for programmes at country, regional and global levels. Medium-term programmes had to consider how human energy could be used in innovative ways, within the concepts of community participation and national self-reliance without necessarily requiring additional or external financial resources.

5.3.6 Medium-term programming was seen as an important means of promoting technical cooperation among countries and mobilizing bilateral and multilateral participation and resources for programmes, even if these resources did not pass through the financial account of WHO. (A good example of this was WHO's efforts to mobilize billions of dollars for the community water supply decade 1980-1990.) It was recognized that medium-term programming could be used effectively to attract additional extrabudgetary resources to WHO's integrated international health programmes. (For example, the use of a small amount of WHO regular budget resources for tropical diseases research could generate multiples of these resources in a medium-term perspective.)

5.3.7 Finally, the medium-term programme could be useful in leading to reallocation of regular budget resources between programmes and appropriation sections of WHO, to reflect the new priorities and new approaches determined through the medium-term programming process.

5.3.8 The conclusions reached could be summarized as follows:

- There was a need to continue the formulation of medium-term programmes and current efforts must be maintained.
- It was important to be selective in line with priorities and it would be desirable to develop a methodology for setting such priorities and to use these priorities for budget allocation.
- Efforts should be made to give particular attention to the implementation of medium-term programmes at the country level.
- In the further elaboration of medium-term programmes, it was important to keep the number of meetings to a minimum and to give careful consideration to time allocations for the process.

#### 5.4 Revised timetable for medium-term programming

In view of the discussion summarized in paragraphs 5.2 and 5.3, the timetable for the elaboration of medium-term programmes was revised and is attached as Annex II.

6. Long-term perspectives (EB61/15 (PWG/3/8) and EB61/SR/15, point 3, replacing PWG/3/9)

6.1 A first study on this subject had been started in 1974 in the form of a questionnaire, but the replies received from Member States had been disappointing. The subject was discussed at the Programme Committee of the Executive Board and it was decided that a more action-oriented study should be initiated, the terms of which were described in EB61/R30. The timing was also indicated in the resolution. The first draft of the study would be presented to the Programme Committee of the Executive Board in Autumn 1978. The final draft would be considered by the Programme Committee of the Executive Board in Autumn 1980 for consideration by the Executive Board in January 1981.

6.2 The study was intended to serve three purposes:

- (a) to outline the strategy for the realization of "health for all by the year 2000";
- (b) to assist in the preparation of WHO's submission to the United Nations Third Development Decade for 1980-1990;
- (c) to assist in the preparation of the Seventh General Programme of Work which should be presented to the Executive Board in January 1982.

The assistance of the regions was requested in the formulation of this study.

7. Translation of medium-term programmes into programme budgets (PWG/3/10)

7.1 It was felt that the inclusion of this item on the agenda for this meeting was premature. The Working Group needed to have before it draft guidelines for the translation of medium-term programmes into programme budgets before any useful discussion could take place. The preparation of summary guidelines had also been requested by the Executive Board at its Sixty-first Session.

7.2 The Working Group, however, recognized that the effectiveness of future WHO biennial programme budgets would depend on the quality of medium-term programmes. Ideally, future programme budgeting in WHO would be a form of detailed biennial reprogramming within medium-term programmes.

7.3 It was therefore decided that the item should be placed on the agenda of the fourth meeting of the MTPWG in 1979.

8. Information for medium-term programming

8.1 The organization of the information systems development was briefly described to the Working Group and it was pointed out that it had concentrated thus far on the development of information systems for programme management and especially for the WHO internal reporting system. This system was based on a series of "profiles" prepared at country level for general country background purposes and for programme areas in which WHO was collaborating at country, regional and global levels. The profiles were "user-oriented". The original profile was prepared at the level of its greatest utility and brought up to date twice each year. The profiles were multipurpose instruments. One of the major uses was for planning and programming at all three levels. Another was the preparation of formal annual reports by the Director-General and the regional directors.

8.2 Country profiles could well serve as a basis for MTP at the country level and also for country health programming. The country profile might also serve as a briefing document on the health situation in a given country.

8.3 The use of profiles in the Western Pacific Region was then described to the Working Group. Programme profiles had been prepared on the basis of the Sixth General Programme of Work. Quantifiable targets had been established after consultation with countries. The

profiles had been quite useful in the preparation of proposals for country activities and it was also planned to use them for monitoring.

8.4 The Working Group had before it a WPRO oral health medium-term programme which served as an example of the use to which the material contained in the programme profiles could be put.

8.5 There was a discussion on the global programme profiles. Inadequacies in these global profiles were more likely to be attributable to careless or faulty preparation than to defects in the system. The Working Group agreed that global programme profiles at this stage appeared not too suitable for MTP.

8.6 It was pointed out that, in addition to their other advantages, profiles provided a way of identifying missing information needed for programming or evaluation. It was felt that the "cross-referencing" capability between programme profiles in different fields was weak. This was a major problem, yet to be solved.

8.7 The real costs of profiles were discussed. They did not appear to be prohibitive. The staff time needed for the initial preparation was appreciable, but maintenance, through a procedure of "reporting by exception", should be quite reasonable.

8.8 It was agreed that profiles should be useful at the evaluation stage of medium-term programmes. The evaluation process was under consideration at the present time.

9. Country health programming (CHP) and medium-term programming (PWG/3/11)

9.1 It was pointed out that country health programming was essentially a national process to assess a country's health problems, to identify areas which could be changed and to formulate priority programmes aimed at bringing about such change. Some 23 countries had initiated country health programming and another 16 had contacted WHO for collaboration in this area. Other countries, particularly in the Americas, had adopted a planning process which, although not referred to as country health programming, was based on similar principles. The CHP process, however, required an infrastructure in countries for planning, programming and implementation. CHP would provide a good information basis for MTP once it had been developed in more countries, particularly when CHP had been followed by programme formulation. It was stressed, however, that in preparing the Organization's medium-term programme, regional and global priorities had to be identified. These priorities would reflect the totality of health problems in countries and would thus not necessarily be completely identical with the priorities of individual countries identified by the CHP process. However, the importance of priorities identified by CHP could not be over-emphasized.

10. Updating of the methodology for medium-term programming (revision of the guidelines)  
(PWG/3/12)

10.1 The revised provisional guidelines as presented were discussed by the Working Group and further amendments made as shown in Annex III to this report.

10.2 During the discussion particular emphasis was laid on the setting of targets, the role of medium-term programming in the mobilization of financial and human resources and the need to insist on coordination between programmes.

11. Role of the Working Group in the implementation and monitoring of medium-term programmes; programming and implementation process including internal coordination and technical cooperation between regional offices; relations between TCDC and medium-term programming

(PWG/3/13)

11.1 As some of the members had proposed additions to the terms of reference of the MTPWG, it was agreed that this item should be placed on the agenda of the next meeting of the Working Group. This on the clear understanding that proposed additions would have to be approved by the HPC for recommendation to the Director-General.

11.2 The relations between TCDC and MTP were briefly discussed. In the course of the discussion it was made clear that TCDC could influence both the formulation and implementation of MTP. The Group therefore recommended that the spirit and mechanisms of TCDC should not be lost sight of in the elaboration and implementation of medium-term programmes.

12. Methods for country consultation during the programming process and the implementation of medium-term programmes

12.1 As MTP was so relevant to country needs, the Group agreed unanimously that countries must be consulted and be more involved in the process of MTP formulation.

12.2 In general, the Group endorsed the approach to this problem as outlined in working paper PWG/3/14 which had subsequently been revised (Annex IV). The most important point seemed to be continuous dialogue among all echelons of WHO and between WHO and national authorities. It was stressed that this dialogue should cover multisectoral aspects and involve interagency viewpoints both national and international.

12.3 The Group agreed that the role played by the WR in these country consultations was important. As the Organization's main coordinator in its collaborative programmes at country level, the WR was expected to participate in existing coordination mechanisms to ensure effective programme delivery.

12.4 The Group agreed that country visits constituted an important method of country consultation, but felt that visits of WHO staff members to countries should form part of the routine system of programme development and monitoring. It did not seem realistic or desirable to arrange country visits specially to prepare the medium-term programme. The findings and the conclusions from visits should be seen as a consolidated output synthesized from the observations and notes of the various staff members from regional offices, as well as from HQ, and not confined to those of the regional advisers concerned.

12.5 Examples of other methods of country consultation were also mentioned. The most usual and effective way was through various technical or professional groups as distinct from through regional committees or their programme sub-committees.

12.6 Finally, it was stated that country consultations were vital to the development of MTP and were the basis of collection of important and useful data for MTP. It was stressed that country consultation should constitute an integral part of WHO's programme development and monitoring and should not be carried out in a fragmented ad hoc manner; it also should not encroach upon national sovereignty.

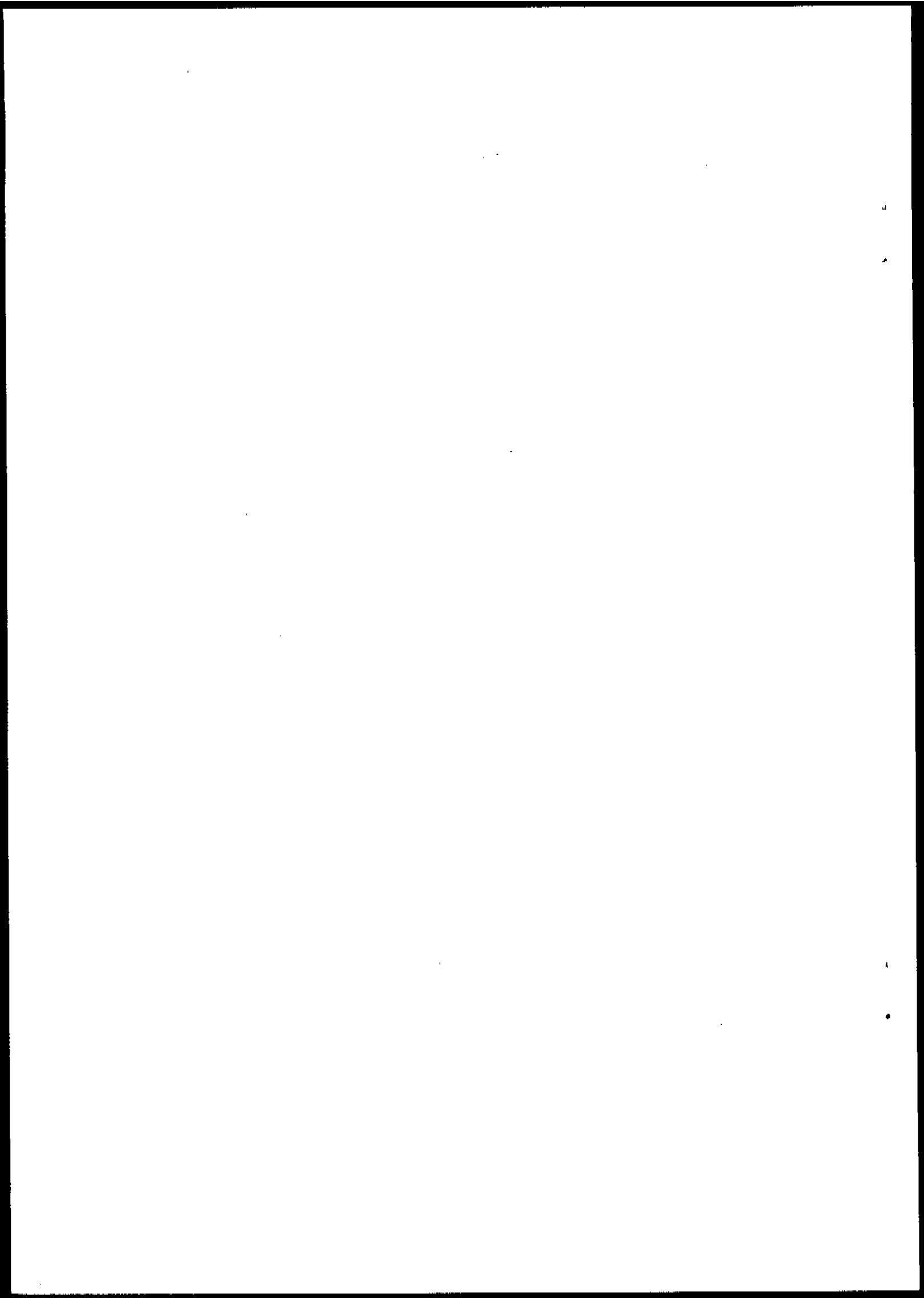
13. Other business

During a general discussion on the next meeting of the MTPWG, it was agreed that field visits should be included, since they had been found valuable. The following suggestions were made:

- (a) The meeting should be held in March 1979, if feasible in AFRO, subject to consultations with the RD and if field visits could be arranged; if not, in EURO.
- (b) The Working Group stressed that nationals from all regions should participate.
- (c) Although there was to be no change at the present time in the terms of reference originally proposed for this Working Group, this item should be included on the agenda of the next meeting.
- (d) The membership of the Working Group should not be enlarged, it being understood that when specific items were to be discussed, the interested officers would be invited to take part.

(e) Proposed agenda items for the next meeting:

- (1) Review of terms of reference of the MTPWG
- (2) Methodology for inter-sectoral linkages (including implementation) between major medium-term programmes
- (3) Progress report on the development and coordination of MTP
- (4) MTP and evaluation
- (5) Elaboration of guidelines for the translation of medium-term programmes into programme budgets
- (6) Preliminary discussions on the methods of preparing the Seventh General Programme of Work
- (7) Long-term planning for the Seventh General Programme of Work: progress report on the Executive Board study



WHO MEDIUM-TERM PROGRAMMING WORKING GROUP  
REPORT OF THE MEETING IN MANILA, PHILIPPINES

6 - 10 March 1978



LIST OF PARTICIPANTS

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- Dr E. S. W. Bidwell, Secretary, Headquarters Programme Committee  
Dr Ch'en Wen-chieh, Assistant Director-General, Chairman HPC  
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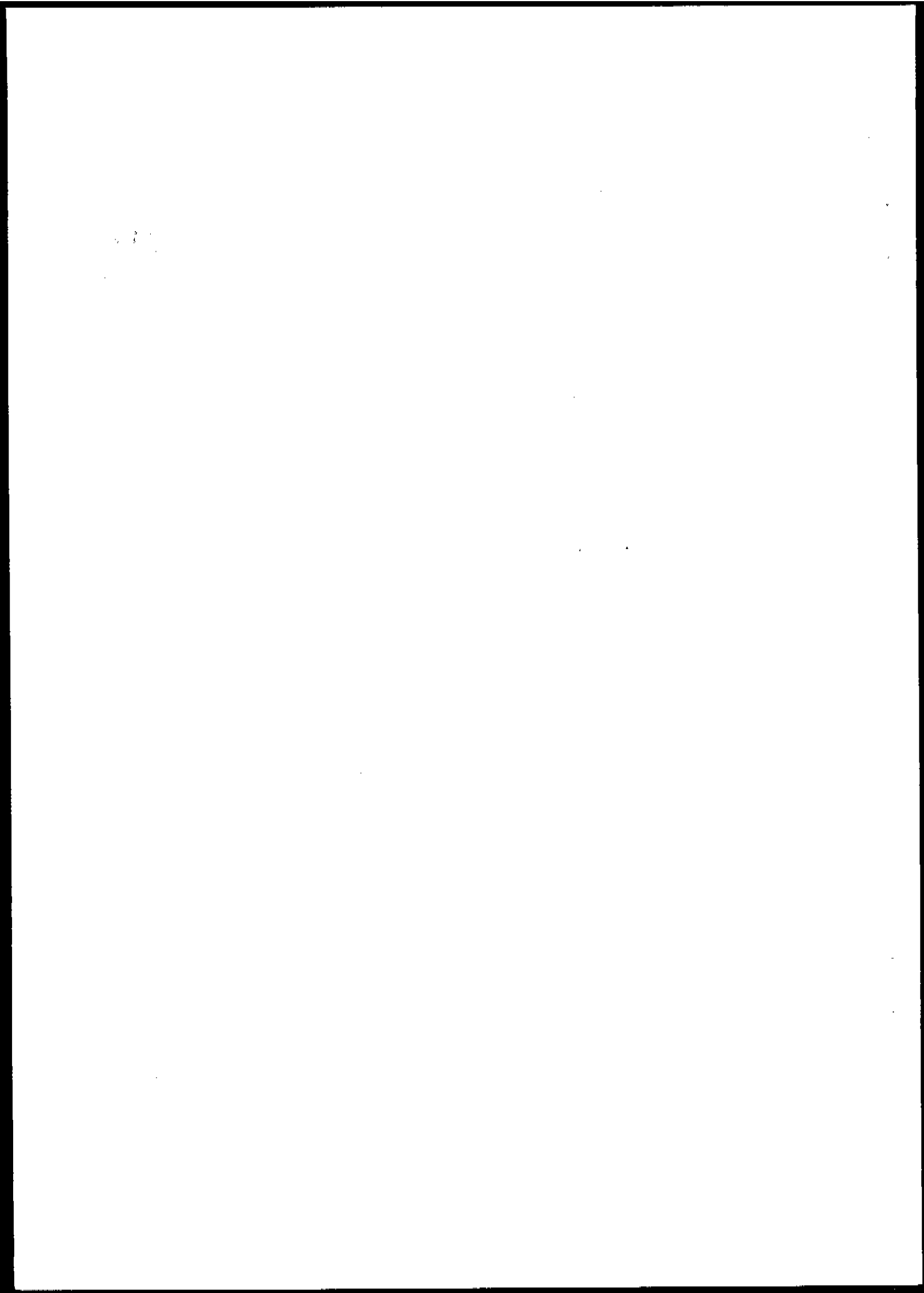
Other members of the WPRO staff participated in the discussions on items  
of interest to them.

National Participants

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Medium-Term Programming Working Group  
Meeting in Manila  
6 - 10 March 1978

Suggested Revised Schedule for the Development of WHO Medium-Term Programmes for the  
Main Areas of the Sixth General Programme of Work<sup>1</sup>

Joint Regional and Headquarters Programming Preparatory Meeting to initiate the MTP process for a specific programming area (Shiraz-type meetings)	Joint Regional and Headquarters Final Meetings for agreement and consolidation (if necessary)	Tentative Target Dates for consolidated version
CHS 3 - 8 April 1978 (AFRO)	Not later than early June 1979 (SEARO)	Second half of 1979
CDS Second or third week of October 1978 (EMRO)	October 1979 (WPRO)	April 1980
NCD CVD Cancer Oral Health <sup>3</sup>	October 1978 (EURO, tentatively) November 1978 (HQ) <sup>2</sup>	December 1978 June 1979
EHE	July 1978 (SEARO)	October 1978
RPD June 1978 (HC) <sup>4</sup>	To be decided later	To be decided later

Fourth Meeting of the Medium-Term Programming Working Group March 1979 (AFRO or if not feasible EURO)

<sup>1</sup>When feasible these meetings should be grouped with Regional Advisers' Meetings, or other type of meetings to save time and money.

<sup>2</sup>To follow immediately after CVD Meeting.

<sup>3</sup>Workshop with Regional Adviser on Oral Health: October 1978 on their way to World Dental Congress.

<sup>4</sup>Non-Shiraz type meeting to follow or precede the ACMR meeting.



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REVISION OF THE PROVISIONAL WORKING GUIDELINES  
 FOR WHO'S MEDIUM-TERM PROGRAMMING  
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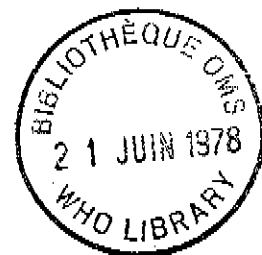


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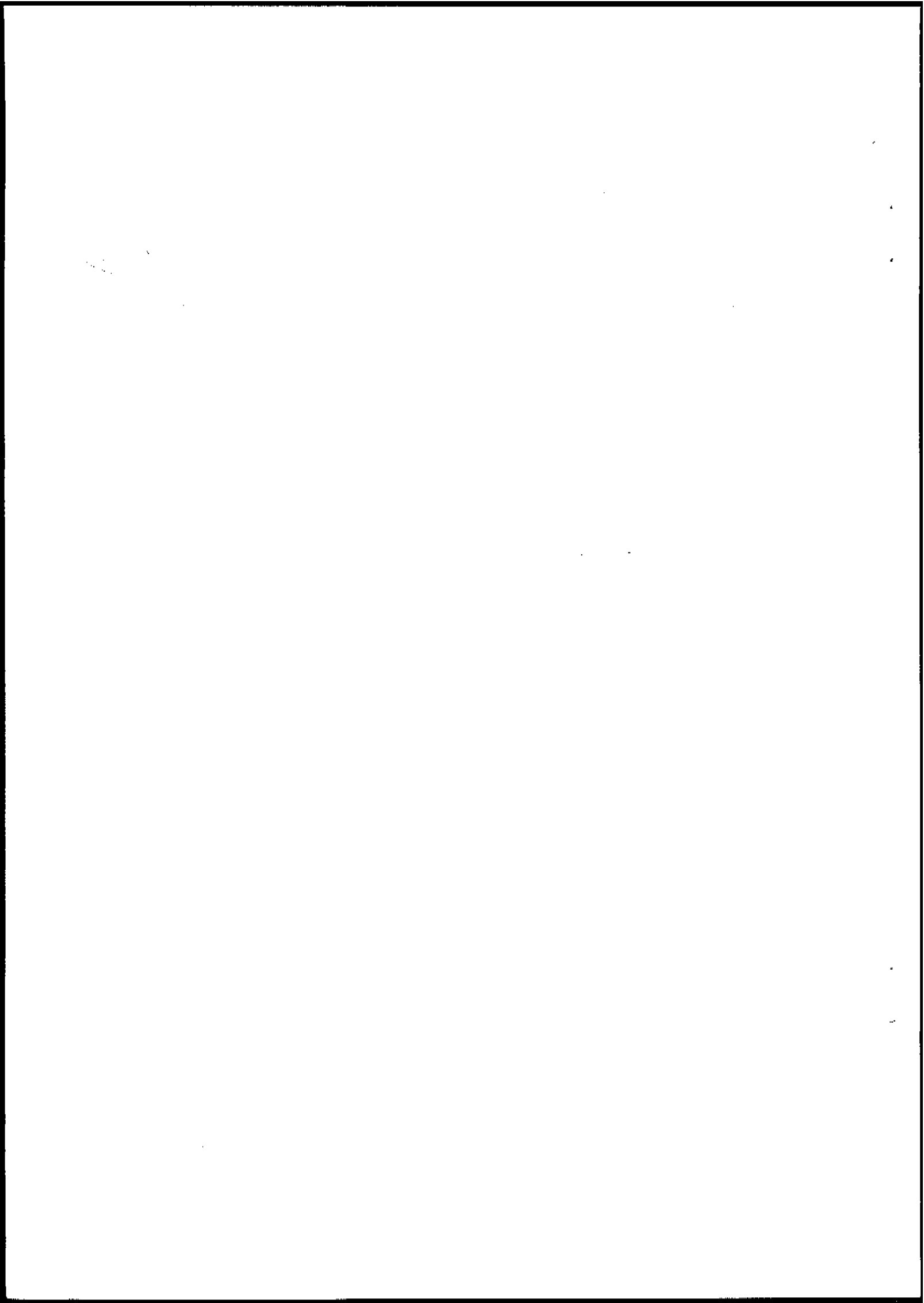
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PREAMBLE

The Executive Board's organizational study on the Interrelationships between the Central Services of WHO and programmes of direct assistance to Member States underlines 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".<sup>1</sup> Such an integrated approach calls for a longer time-span than the two-year period of a programme budget in order to facilitate an organization-wide study of the programme activities most appropriate at all levels. If, as is most convenient, this longer time-span coincides with the six year period of the General Programme of Work, it is, by definition,<sup>2</sup> medium-term.

It follows from this that the General Programme of Work is itself medium-term. There is thus a potential source of confusion in talking about medium-term programmes that are different from the General Programme of Work. This confusion arises because the term "General Programme of Work" is, in fact, a misnomer. It does not correspond to the definition<sup>2</sup> of "programme" (see p.3 ). The General Programme of Work contains the global orientations for the Organization's Programme and should, therefore, more correctly be called "General Plan of Work".<sup>2</sup> On the other hand, in the term "medium-term programme" as used in the present document, the word "programme" is to be construed in the sense of the definition given on p.3.

The medium-term programme is not meant to be a supranational, all-inclusive programme of action, nor is it meant to supplant national plans. It should in fact make use of them to design the Organization's response to countries' needs, which should stimulate, support and supplement national health programmes. Its purpose is to improve the delivery of the Organization's General Programme of Work through better formulation and monitoring. As recognized in resolution WHA29.20, the General Programme of Work provides an appropriate policy framework for the elaboration of medium-term programmes.

Ideally, the whole of the medium-term programme should be elaborated at one time, as was the Sixth General Programme of Work or as is possible for the complete health plan of a country. However, temporal and financial constraints have made it necessary so far to deal with certain programming areas first. Despite this need for phased programming, the process should lead to the development of a homogeneous medium-term programme, since the framework of the activities already exists as the Sixth General Programme of Work. In the future (probably in relation to the Seventh General Programme of Work) it is hoped that it will be possible to complete the elaboration of a medium-term programme in a single stage.

In order to formulate a medium-term programme it is necessary first to divide the activities of the Organization into programming areas<sup>3</sup> and then to determine the information required in addition to that collected already for the long-term programme and to analyse the situation in each of these areas. The next step is to define the problems in the light of the stated objectives of the Sixth General Programme of Work. By the use of suitable criteria, activities should then be selected and an attempt made to reach the optimum mix of activities. Once this has been done, it becomes possible to determine resource requirements and to elaborate a plan of action for the implementation of the activities. This methodology should be applied through a mechanism ensuring the participation of staff at all echelons.

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<sup>1</sup> Official Records N°223, 1975, Part I, Annex 7

<sup>2</sup> Sixth General Programme of Work covering a Specific Period (1978-1983), Appendix: Glossary of terms.

<sup>3</sup> These programming areas correspond, in the present case, to the major areas of concern of the Sixth General Programme of Work.

Since the programme areas are very diverse, flexible approaches need to be adopted and practical programmes should be devised to implement the detailed objectives of the Sixth General Programme of Work. Simplicity should be aimed at and sophisticated techniques, such as cost/benefit studies for programming and planning, should be regarded with caution. Cost/effectiveness studies, on the other hand, are potentially more useful if applied at various levels of the detailed studies. This type of managerial tool, however, could rarely be viewed as more than an adjunct and its use should be reserved for specific detailed subjects.

In order to formulate a medium-term programme it is necessary first to determine the information required and to analyse the situation in the programming area. Based on this information, the definition of problems in the light of the stated objectives of the Sixth General Programme of Work should follow. By the use of suitable criteria, activities should then be selected and an attempt should be made to reach the optimum mix of activities. Once these activities have been defined it becomes possible to determine resource requirements and to elaborate a plan of action for the implementation of activities. This methodology should be applied through a mechanism ensuring the participation of staff at all echelons. Accordingly, this document will be divided as follows:

The Introduction - is an attempt at defining and placing the medium-term programme in the context of its relationship with other functions for programme development and management in the Organization.

The Programming Process is broken down as follows:

STEP 1 - Collection and collation of information

STEP 2 - Situation analysis of programme areas

STEP 3 - Formulation of broad programmes

STEP 4 - Formulation of detailed programmes

The mechanisms to carry out medium-term programming with the above described methodology are suggested.

The Annexes provide information relevant to the programming process.

## 1. INTRODUCTION

### 1.1 Definition of a WHO medium-term programme

According to the glossary of terms appended to the Sixth General Programme of Work:

"A programme is an organized aggregate of services, activities and development projects directed towards the attainment of defined objectives. A programme should ideally include the precise objectives, targets, methods, manpower, physical facilities, time and their interrelationships required for the implementation of each service, activity and development project and for the aggregate of these services, activities and projects of which the programme is constituted, as well as output indicators for the evaluation of efficiency and effectiveness."

A medium-term programme of the Organization includes all the elements described above for all programme areas in the regions and at headquarters over a period coinciding with the time frame of a WHO general programme of work (at present six years). A medium-term programme may relate only to a specific programme area in the regions and at headquarters (medium-term programme of the Organization in a specific area) or only to programme areas in which a particular region is involved (regional medium-term programme).

The following, non-limiting characteristics may help to clarify the definition. The Medium-Term Programme:

- a) should accord with the major functions of the Organization as defined by the WHO Constitution;
- b) should meet defined criteria in regard to quality of planning and management;<sup>2</sup>
- c) should concentrate on those problems or fields of activities that have been related by the general programme of work to objectives on a regional or a global basis;
- d) should, wherever possible, have quantified characteristics and targets against which its implementation could be assessed.<sup>2</sup>

### 1.2 Implications of Medium-Term Programming

Medium-Term Programming is more than the process of elaborating a medium-term programme. It may mean the systematic development of new programmes but could also mean the application of new approaches or new ideas to ongoing programmes. In other words, the ultimate product of medium-term programming is not necessarily new programmes but a combination of ongoing programmes with new developments and new programmes. Thus, medium-term programming might well require certain forms of programme review and a systematic analysis of the activities of the Organization as well as the formulation of new programmes.

### 1.3 Relationship with the Organization's General Programmes of Work

Medium-term programmes should be based on the structure of the general programmes of work as approved by the World Health Assembly. The objectives and detailed objectives of the general programme of work will serve as a basis for formulating medium-term programmes, a process in which various groups, at all organizational levels, will plan activities in accordance with the guidelines given by the Sixth General Programme of Work, but in more detail and on a more technical basis.

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<sup>1</sup> For criteria see Part II, Section II.3 and Annex II

<sup>2</sup> For target setting see section I.8

#### I.4 Relationship between Medium-Term Programming and Country Health Programming

Country health programming is the systematic process of assessing a country's health problems in their socioeconomic context, of identifying areas susceptible to change, and of formulating priority programmes to induce such change. The prime purpose of country health programming is the development of national health programmes but it could also serve for WHO at the country level as the best source of information for the elaboration of the general programme of work and medium-term programmes of the Organization. However, a medium-term programme or a general programme of work can not consist merely of an integration of existing country programmes but must also take into account the policy directives given by the Executive Board, the World Health Assembly, and the regional committees.

Country health programming has not yet become sufficiently widespread to permit WHO to determine its programme over the medium-term only in response to well defined countries' needs. However, it should be possible to establish the required degree of consistency between country health programming and medium-term programming if the two processes are conducted simultaneously and in a coordinated manner.

#### I.5 Translation of medium-term programmes into programme budgets

As indicated in I.1, medium-term programming is an organization-wide look at the programme on a six-year basis and thus has general financial implications; programme budgeting covers a two-year period, giving specific financial allocations. It is suggested that at the stage of medium-term programming consideration should already be given to the availability of resources based on tentative budget forecasts, even if these are only approximate, and that thought should be given to ways of attracting financial assistance from external sources. Medium-term programming may also be a way to balance the resources between or within programmes and could even include suggestions for new allocations of resources. It should also take into account economic trends in the world and the optimal location of activities. The medium-term programme will ultimately provide the basis for the biennial programme budget, thereby allowing biennial proposals to be seen not as separate one-time activities, but in the perspective of the planned development of medium-term programmes. But WHO medium-term programmes would mean very little if they were not translated for practical application into a programme budget, the latter thus becoming the basic tool for their application.

The information contained in medium-term programmes should greatly facilitate the establishing of biennial programme budgets following consultation with the national authorities. During this process the specific activities that form part of the medium-term programmes will be determined for the two-year financial period, and a clear indication of the resources required for implementing those activities, including their cost, should replace the general estimate of resources made when the medium-term programme was elaborated.

In order to ensure the complementarity of medium-term programmes and of programme budgets the WHO programme classification structure has been modified to bring it into line with the Sixth General Programme of Work and regular revisions of the programme classification structure should ensure that the major programmes of the programme classification structure correspond to the objectives of the General Programmes of Work, suitably grouped or detailed for medium-term programming.

## 1.6 Use of the WHO Information System

Once fully operational, the WHO Information System will support the elaboration, monitoring, and evaluation of the medium-term programme of WHO. Its use for programming purposes will centre around two main areas:

### i) Providing information for programming

The Information System contains two possible sources of information that may be useful in programming:

Country profiles, comprising sets of information, such as general country information (demographic, socioeconomic situation ...); country health information; country collaboration in global health promotion; country health developments and achievements.

Programme profiles, giving the following type of information on each on-going WHO programme: objectives and targets; description of the programme; participating persons and institutes; essential documents; related programmes and evaluation.

These programme profiles will give programmers involved in the development of the medium-term programme of the Organization an idea of what has been done in specific programme areas, how and with what resources it has been done, and what has been the impact of these programmes. Conversely, medium-term programmes will contribute information to the programme profiles. The structure of the programme profiles may be reviewed, if needed, once medium-term programming exercises have begun.

### ii) Providing information for monitoring and evaluating the implementation of the programme

Under the same headings as for the programme profiles, the Information System will gather reports on activities within a programme on the progress made in their implementation, and on the assessment of the effects of these activities on attaining the objectives of the programme concerned.

These reports should permit readjustment of the objectives of the programme or the manner of its implementation. The reporting system will also be one of the instruments for evaluation through the information it will provide, and by using the output indicators built into the medium-term programme.<sup>1</sup>

## 1.7 Priorities and Medium-Term Programming

Assigning priority may mean either a selection of certain programmes, programme areas or activities for privileged implementation or a selection of programmes, programme areas or activities for privileged resource allocations. Sometimes a small WHO budget could lead to the investment of large national, multilateral, or bilateral resources for the development of a programme; since these resources are not unlimited attempts have to be made to attract them to priority programmes. Sometimes a programme can be a priority without having budgetary visibility and it is one of the functions of medium-term programming to give it visibility at the programme level.

There are three organizational levels for priority setting which should be taken into consideration, i.e., country, regional and headquarters. Priorities could rarely be set at global level in such a way as to respect the specific needs of regions and countries. In no case could the priorities of the Organization be simply the aggregation of priority demands from each of the Member States. Although countries are responsible for determining

<sup>1</sup> On evaluation see also II.5.3.

their priorities for programme activities at the country level, WHO should collaborate in the identification of these priorities. In this perspective, dialogues between national health authorities and regional offices, and between regions and headquarters, are very important, but it should be appreciated that an important role is played by WHO executive bodies in the setting of priorities and by the dialogue between these executive bodies and the secretariat at all levels.

A programme may have the same degree of priority at all levels of the Organization, e.g., primary health care. Priority is not an absolute state; it could vary from time to time according to the requirements of various phases of the programmes. Also, the priority at each level could change from time to time. The criteria listed in Annex II are used to propose priorities at each level.

Various aspects of priority setting should be taken into consideration, e.g., technical, economic, and political. In priority setting, account has to be taken of the policy basis of resolutions of the World Health Assembly, the Executive Board, and the regional committees, although it might prove to be financially impossible to implement the programme fully in conformity with these resolutions.

#### 1.8 Targets for WHO medium-term programmes

Targets are "measurable" and quantifiable strategic aims towards which all activities are geared. The measure of success or failure is whether or not those targets are achieved and if so to what extent. Targets can be "coverage" or "service" related, "problem-reduction" or "health-impact" oriented. Resource-oriented targets expressing input should not replace output oriented targets.

Targets should be defined at all levels where programming takes place. At country level, targets should always be at their most concrete, quantified and backed by unequivocal national will and the necessary resources for implementation. WHO global and regional targets should be based on country targets with the understanding that they also express targets expected by the governing bodies of the Organization (World Health Assembly, Executive Board, regional committees). Policy documents, such as the Sixth General Programme of Work and the Ten Year Health Plan of the Americas, are considered as expressions of the collective will of the Member States which accepted them and their targets should also be considered as bases for defining regional and global targets.

In addition to country-based targets, however, there is sometimes need for other indicators whereby WHO inputs and activities, geared towards the achievement of clearly defined country-based targets, can be planned, monitored and evaluated. In order to avoid any confusion, the latter could be called WHO output indicators to distinguish them from country based targets.

Targets at all levels should be quantifiable and measurable, though they could express a minimum or maximum level or even an admissible range. Global targets reflecting country and regional targets may be less easily quantifiable. The measurability will also depend on whether the programme is dealing with targets of indicative or of normative character.

To ensure maximum flexibility, targets at all levels should be constantly reviewed so that they can be adapted to changing situations, based on feedback from implementation, and reassessment of the situation. In the revision process, there should be the same interaction among targets at different levels as there is during the process of definition. In certain well defined cases, however rigidity might also be needed and in certain circumstances, some targets may even be considered as mandatory.

## II. PROGRAMMING PROCESS

Medium-term programmes should be elaborated according to clearly defined policy orientations. These orientations should particularly take into account the policies and strategies reflected in the general programmes of work and, during the coming period, in the new programme budget strategies for the development of technical cooperation and/or the relevant resolutions of regional committees, the Executive Board and the World Health Assembly. These documents should help programme managers to determine priorities among programmes and/or within programmes.

Once the proper policy basis and orientation have been globally determined the programming process should be broken down as follows:

- STEP 1 - Collection and collation of information
- STEP 2 - Situation analysis of programme areas
- STEP 3 - Formulation of broad programmes
- STEP 4 - Formulation of detailed programmes.

As little time as possible should be spent on gathering new information as it will be found that most of the information needed is already available. This information should then be analysed and organized. Information that is lacking will eventually be revealed during the phase of analysis.

The situation analysis should produce selective, organized information to give programmers a global view of the programming area and helping them to answer the following questions:

What has been done, at what level (country, regional, global); what is being done, at what level; what remains to be done, at what level (in which order)? What should be the role of the Organization in this field (stimulating, supplementing, participating, coordinating, transferring information)? What methods, resources, and facilities will be required and where?

For the purpose of the elaboration of the medium-term programme of WHO, the scope of the activities of the Organization should be divided into programming areas corresponding to the major areas of concern of the Sixth General Programme of Work.

Once these areas have been selected, the next two steps in programming are, first, broad programming (step 3) and then eventually detailed programming (step 4).

The purpose of broad programming is to divide the broad programming areas defined previously into programmes of manageable size, to select the activities to be carried out within each of these programmes, and to arrive at a distribution of responsibility for the implementation of each of these activities at the various organizational levels.

The purpose of detailed programming is to work out a detailed plan of action for the implementation of programmes in the sub-divisions of programming areas at all organizational levels.

Coordination between the programming areas corresponding to the major areas of concern of the general programmes of work should be one of the most important points in the programming process and proper mechanisms should be developed<sup>1</sup> to avoid the isolated development of programmes and to facilitate the development of a homogeneous, global medium-term programme for the Organization.

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<sup>1</sup> See Part III.

Programming should ideally address itself first to large programming areas and only later should these be sub-divided into more detailed programming areas. This is why the following six main programming areas have been selected corresponding to the major areas of concern of the Sixth General Programme of Work:

- a) Development of Comprehensive Health Services;
- b) Disease Prevention and Control (Communicable Diseases and Non-Communicable Diseases);
- c) Promotion of Environmental Health;
- d) Health Manpower Development;
- e) Promotion and Development of Biomedical and Health Services Research;
- f) Programme Development and Support.

In the first instance, each programme area should be dealt with as a whole. However, it may be necessary at a later stage to sub-divide these programming areas into more detailed areas on an agreed organizational basis.

#### II.1 STEP 1 - Collection and collation of information

It is necessary first to emphasize again the need for crucial information, carefully selected, enabling a planner to know in as precise and quantified a way as possible what countries need, what they have, and in which way WHO collaboration with them could improve the situation in the area concerned.

The documentation gathered during the elaboration of the Sixth General Programme of Work, country health programming, the development of country and programme profiles and other specific programming activities, have already provided most of the information necessary for the development of the medium-term programme of the Organization. Only on very rare occasions, when the information coming from these sources does not prove sufficient, should the programmer call upon other sources: but again, a careful selection should be made between the various sources of information in order to concentrate on the type of information required at the various levels.

At the country level the information should be precise enough to be used later on to set up country targets for WHO. Depending on the programme areas concerned, different categories of information might be required, such as:

- general data: historical, political, social, economic, demographic, scientific, epidemiological, technological;
- more specific data on the health status of the population, the health coverage, the infrastructure of the health services and their costs, including precise information on the background needed for the development of the programme and the costs involved and information on past or on-going programmes in the area concerned.

At the regional level the information selection should concentrate on:

- a) the extent of the main health problems in each country;
- b) the totality of problems in all countries of the region; with an amendment in terms of intercountry comparison;
- c) the methods and the resources available, or potentially available for solution of these problems, either within the country or from other sources; and an amendment of potential applicability of solution from one country in another;

- d) the types of programme and activity used by the Organization in collaboration with countries in the past to deal with specific health problems (country or intercountry programmes) and the outcome of these programmes;
- e) other socioeconomic data enabling the programmer to set the health problems within the total context of the development of the countries or region.

The sources of information at regional level will again be country health programming and country profiles, together with programme profiles giving indications on methods and their success or failure, technical reports, and regional committees' decisions for policy basis.

At the global level information should be on the extent of each specific health problem on a world-wide basis as aggregated from regional data. Critical information on past or on-going programmes at all levels will be needed for each specific programming area.

Additional data will be needed on the policy basis and the technical basis for the elaboration of medium-term programmes in specific programming areas.

Sources of information on the policy basis will be resolutions coming from the World Health Assembly, Executive Board and regional committees. Technical and substantive data will be drawn from technical reports, scientific reports, recommendations of expert committees, scientific groups, study groups or any essential document identified in the Information System.

Selectivity is the main characteristic of the phase of collection of information, which should be made at the lowest cost. Taking this into account, the most suitable sources of information should be ascertained, choosing those that already exist in the countries, in the regional office, and at HQ. It should be clearly understood that if a large quantity of information is sometimes necessary for planning, the quality of this information and the way to assemble it have to be given careful consideration. As in any programme, cost and time implications have to be taken into account during the phase of gathering of information and these considerations should influence the final decision concerning the scope and degree of accuracy that are essential. In this context, it is to be noted that "guesstimates" (or rough estimates) are often to be preferred to long and costly surveys with problematic outcome.

Finally, it should be underlined that critical information should refer not only to the past and present, but also to the future. This implies that at each level of collation of information, predictions concerning critical information at some future time or the projection of existing critical information is of fundamental interest for programming.

## II.2 STEP 2 - Situation analysis of programme area

As mentioned previously, the information gathered in step 1 will be analysed and organized and, if necessary, further information needed will be identified.

The Sixth General Programme of Work provides a global and summary analysis of the past, present, and future situation in each main programming area. In particular, these analyses have served as bases for the definition of the objectives of the Organization during the specific period involved.

The purpose of these two initial steps for elaboration of the medium-term programme is not only to make a static analysis reflecting the past and present situation at the various levels - country, regional and headquarters - but also to give enough information on the future possibilities in the programming area during the period proposed for a medium-term programme (six years) and even a longer perspective (twenty years), as was done in the case of the Sixth General Programme of Work, to see if future developments are likely to have some bearing on the elaboration and implementation of the programme.

Programming should never be based solely on one hypothesis but should take into account many possible hypotheses and adequate responses for each of them. Thus, the analysis of the response of the Organization during the six years of a medium-term programme should include an identification of the constraints for WHO and of the possible side-effects of its activities; for example, in countries with low budgets it is necessary to consider the effect on the utilization of scarce budgetary resources so as to avoid over-consumption of these resources in one specific area.

### II.3 STEP 3 - Formulation of broad programmes

Broad programmes will first be elaborated for the six main programming areas listed above. One of the effects of starting with the main programming areas, as a whole, should be to define priority programmes or activities, within these main programming areas. Subsequent detailed programming would thus take account of predefined priorities. If more detailed programming areas were considered from the start this might have the effect of giving equal importance to each of these programming areas or even of over-emphasizing certain less important areas to the detriment of others.

Later on, if needed, these broad programming areas may be broken down into detailed programming areas. In some cases, broad programming will give sufficient guidance to the staff involved and the programming process being a costly endeavour, not all broad programmes need later be elaborated into detailed programmes.

At the beginning of this step, programmers have before them the information gathered and analysed during Steps 1 and 2 and the objectives of the General Programmes of Work. They should consider the best way of attaining the objectives, of realizing the targets and of developing activities. This will give rise to broad programmes comprising a selection of the best mix of activities at each level emanating from the various global activities proposed in the Sixth General Programme of Work and this selection of activities will include an indication of where, when and how they should be implemented.

The outcome of Step 3 (broad programming) will be, for each of the sub-divisions decided upon:

- the setting up of quantified targets, whenever possible
- a list of the activities necessary to implement the programme
- a broad indication of resources needed and of their costing
- the definition of a general time sequence.

The Sixth General Programme of Work has already proposed a certain number of activities and approaches to answer the needs of the countries. In this very general framework the planner should use the information available from Steps 1 and 2 and rely on his experience, judgement and imagination to propose more detailed activities and their output indicators composing the programme. To facilitate this a general list of approaches is given in Annex I.

It is assumed that the objectives, approaches and types of activity appearing in the Sixth General Programme of Work have already been screened by the use of criteria. However, these criteria should be used again to arrive at the optimal mix of activities (criteria for programme analysis are attached as Annex II) required for the attainment of the objectives and for the achievement of the maximum impact with available or potentially available resources.<sup>1</sup> This optimal mix of activities should be stated in both qualitative and quantitative terms and should take account of country, regional and global requirements.

<sup>1</sup> On resource requirements see section II.5.1.

During the process of elaboration of broad programmes special attention should be paid to:

- (1) The relevance of the programme to the needs of the countries, taking into account their overall social and economic development.
- (2) The relevance and the effectiveness of the Organization's involvement, and at what level. The following questions should be answered: Is the involvement of the Organization requested by regional committees or governments, etc? To what extent is the country involved? Is the country ready to absorb the programme? What should the country do to get the maximum benefit from the programme developed by WHO?
- (3) The effectiveness of programme activities for the attainment of the targets. Has this type of activity previously been used successfully? Is this type of activity an optimum one for furthering attainment of targets, etc? Are the approaches and strategies relevant to solving countries' problems?
- (4) The existence of alternative programmes for furthering attainment of the same targets in and outside the Organization. Is there any possibility of alternative programmes being conducted by other organizations to further attainment of the same targets, etc?
- (5) The optimal location of the activities. What is the best location of the activities for the maximum impact?
- (6) The most logical time sequence for the implementation of the programmes. Should actions be undertaken without awaiting the results of research in the same field?
- (7) The resources that can in reality be allocated to each activity at the country level, or at the organizational level, and the possibilities of attracting extrabudgetary resources.

It should be noted that the outcome of the development of certain parts of the programme could oblige the programmer to go back on previous decisions. In the case of broad programming, this might be due to the introduction of resource constraints during the broad allocation of resources, to difficulties in establishing a general time sequence, or to other constraining factors.

#### II.4 STEP 4 - Formulation of detailed programmes

As mentioned previously, detailed programming will deal with the sub-divisions of the main programming areas but it may not necessarily be carried out for each of these sub-divisions. The need for detailed programmes may arise for various reasons: complexity of a programming area; difficulty foreseen in the implementation of the programme and need for more precise details on how to implement the programme; diversity of the various components of a general programme area, or initiation of a new programme.

When undertaking detailed programming, the programmer will already be in possession of the list of activities selected during the broad programming step. The process would thus consist mainly of:

- more detailed description of methods and approaches
- detailed description of activities
- description of physical facilities and manpower required to carry out the programme
- more precise allocation of resources than in the case of broad programming
- a description of interrelationships with other programmes or activities required for each step of the activity
- output indicators for each activity
- a detailed plan of action that correlates and coordinates all the above elements.

The outcome of detailed programming will be a detailed plan of action for the implementation of programmes in detailed programme areas.

In detailing programming it may also be necessary, at some stage, for the programmer to go back on previous decisions, but only in exceptional cases should he have to go back on decisions about the choice of activities made during the broad programming step.

A summary description is given in Annex III.

During this step, another attempt should be made at setting up or further refining country targets whenever possible.

#### II.5 Human, material and financial resources

As mentioned in section I.7, medium-term programming, through the selection of priorities, will often mean the reallocation of resources. However, as mentioned in Section I.4, medium-term programmes will not always give the full budgetary implications of actions envisaged. One of the functions of medium-term programming is to establish the order of magnitude of the requirements for personnel and other resources and to prepare a detailed plan of action accompanied by a realistic timetable in relation to the resources and constraints. More precise resource requirements will only be given at the stage of the elaboration of the programme budget.

The results of the analysis of resource requirements might very well lead to a review of the mix of activities formerly considered optimal, and even to a modification of the programme targets, the attainment of which within the given resource and time limitations might now appear unrealistic. It might then be necessary to embark again on a more realistic repetition of the systematic analytical process described in Steps 3 and 4. However, it is suggested that analysis of the available resources should be done at the end of the analytical process. Programme managers should be encouraged at this stage to make proposals for resources increases and show how this would influence the development of the programme. In this way, it should be possible to assess what is financially feasible without prejudice to the prior assessment of what is desirable. External resources might be sought at this stage to complement budgetary resources in the case of important programmes. In this perspective, medium-term programming will also be a means of identifying activities or programmes most likely to be financed by extrabudgetary sources. It will help to deal with:

- i) the mobilization of resources for programmes without direct budgetary implication for the Organization;
- ii) orientation of bilateral or multilateral inputs;
- iii) rationalization of bilateral, multilateral and international programmes

The resource implications for countries should certainly not be forgotten. A plan of action may appear "rational" in terms of WHO's investments and yet at the same time have staggering manpower and financial consequences at country level. The possibility of attracting external sources of funds at national level should more often be given careful consideration.

#### II.6 Evaluation

Plans for medium-term programmes must take into account not only successes and failures of the past in the world health situation and WHO's responses, but also alternative possibilities in the future. In the definition of objectives and formulation of a programme

due regard should therefore be paid to the measurability of results from both the quantitative and qualitative point of view. Hence the need for setting targets at all echelons and of building in the programme output indicators, which will enable the staff planning and implementing programmes to measure results at various stages of the implementation of the programme. Ideally, these indicators should form a basis for signalling during the implementation of the programme any departure from the normal development of this programme.

The permanent dialogue with national health authorities, combining assessment of the health situation and of the effectiveness of the collaboration would serve as feed-back. Country targets and output indicators should facilitate evaluation at the country level.

In introducing and carrying out evaluation, use should be made of the WHO Provisional Guidelines for Health Programme Evaluation that are available in document HPC/DPE/77.2.

The various steps indicated in these guidelines for the evaluation process should be applied to the appropriate steps in the medium-term programming process. For example, in relation to the situation analysis in medium-term programming, Steps 2 and 3 of the evaluation process, namely: "Ensuring the information support" and "Analysis of the adequacy of available information", would specifically apply. During the early stages of formulating a medium-term programme Step 4 of the evaluation process, namely: "The review of the adequacy of problem definition" would apply, accompanied by Step 5 of the process, namely: "The verification of programme relevance". Towards the end of medium-term programme formulation a review should be made of the "Adequacy of the programme formulation", as indicated in Step 6 of the evaluation process. During the implementation of a medium-term programme, Step 7 of the evaluation process, namely: "The review of progress, efficiency, effectiveness and impact" should be carried out at the intervals mentioned in the evaluation guidelines.

#### II.7 Presentation of a programme

At this stage (April 1978) one global medium-term programme has been developed (HMD) and examples of its presentation (global or regional contributions) are available in each regional office and at headquarters. Two detailed medium-term programmes have also been completed, i.e. mental health and oral health and their formats can also be used as examples. It is understood, however, that for the moment no formal format of presentation for WHO medium-term programmes is suggested. At a later stage, after experimenting with various forms of presentation, a decision will be taken as to the best format from the point of view of policy, management and monitoring.

It is accepted that the regional contribution to the various broad programmes would differ in presentation, (as their main purpose will be the monitoring of the implementation of regional programmes at country, intercountry and regional levels), as the structure of regional offices and the number of countries involved will vary from one region to another.

#### III. MECHANISMS

To apply the methods described above with the maximum chance of success, and to ensure that proper coordination exists between the various medium-term programmes at the time of their elaboration as well as of their implementation, the following bodies were tentatively set up:

- (a) The Medium-Term Programming Working Group
- (b) Regional Programme Committee
- (c) The Headquarters Programme Development Team for Medium-Term Programming
- (d) Programming Working Groups

### III.1 Elaboration of methods and global coordination

The Medium-Term Programming Working Group comprising the directors of health services of the regions and members of the Programme Development Team for medium-term programming at headquarters will serve as the interface between the technical and policy levels.

This group will continue as a permanent mechanism ensuring not only the elaboration of the methodology of the medium-term programme but also the launching and coordination of the process and of the implementation of the programmes and their revision, if necessary.

Its terms of reference could be summarized as follows:

1. To establish methodology and mechanisms based on simple procedures and experiences, and to review and evaluate them.
2. To present a plan of action for the development of medium-term programmes to be reviewed by the regional directors, the HPC and ultimately the Director-General.
3. To ensure properly organized coordination between the various programming areas at the time of the development of the programmes and at the time of their implementation.
4. To be responsible for promoting and monitoring the application of the methodology.

### III.2 Preparation of regional contributions

The mechanism for the elaboration of this regional contribution will be established by the Regional Programme Committees whose chairmen are members of the WHO Programming Working Group. It will be left to them to decide in each region whether the committee will participate directly in the preparation of the regional contribution, will provide programming guidelines for preparing the contribution or will set up appropriate working groups for the preparation of the contribution. Regional Programme Committees may decide to appoint to these working groups WHO regional staff representing the programming area concerned, staff representing the various disciplines related to the subject of the programming areas, WHO representatives, regional advisers and competent nationals.

It is clear that in order to formulate realistic WHO medium-term programmes maximum use should be made of programme information at country level and, ideally, on the outcome of country health programming where it has taken place. In other cases, it is necessary to open dialogue with countries on the type of collaboration they intend to request from the Organization on a medium-term basis.

These country consultations should not only be undertaken prior to the elaboration of a medium-term programme, but also during the elaboration of the medium-term programme, and certainly at regular intervals afterwards or when events occurring after the development of the medium-term programme indicate the need for a revision of the programme.

Hopefully, the increasing participation of nationals at all programming meetings and programming efforts will give to WHO medium-term programming a larger sense of the needs at country level.

It is obvious that according to the structure of each region, to the number of countries comprising the region and to other factors, the type of country consultation will vary from one regional office to the other, and also probably from one type of programme to the other.

Once country profiles have been elaborated by national staff in consultation with the WR and other WHO field staff, they can be considered as one form of country consultation. Consultation through the WR, country visits, regional or sub-regional meetings, sampling of opinion or circulation of draft regional contributions can be considered as other forms of country consultation.

These country consultations are a costly and exceptional process and in time, they should lead to a permanent mechanism established at country level concerned with all elements of programme development - CHP, MTP, programme budgeting, programme evaluation and information. The same mechanism should be directly involved in programme implementation. The mechanism would, in addition, ensure coordination between different sectors involved in health care provision, for example, social security services, education, justice, industry.

The Medium-Term Programming Working Group considers it desirable that headquarters should be involved at the formulation stage of the regional contribution to the WHO medium-term programme.

The Regional Programme Committees will also coordinate, monitor and evaluate the development and implementation of the medium-term programme of the regions.

### III.3 Preparation of the headquarters contribution

The Headquarters Programme Development Team for Medium-Term Programming whose members are also members of the Medium-Term Programming Working Group, will coordinate, monitor and evaluate the development of the medium-term programming process and give support to various headquarters working groups involved in developing working groups in specific programmes. These headquarters working groups, like those at regional offices, might have to be multidisciplinary in structure and to include outside experts and to profit from the participation of nationals.

### III.4 Consolidation of the contributions

For each main programming area, an Organization-wide Programming Working Group consisting of participants from all the regions and from headquarters appropriate for the programme area concerned will be established. The function of these programming working groups for the main programming areas will be to develop the medium-term programme for the programme area concerned on the basis of the regional and headquarters contributions.

It is suggested that consolidation of the contributions should be initiated and possibly completed during a meeting bringing together members of the programming working groups. During this type of meeting contributions from the regional offices and headquarters will be analysed and put together in such a way as to form a homogeneous programme.

Considering the cost involved, meetings of this type should be held at long intervals and if there are no major changes in the programming area during the period of the General Programme of Work, these meetings could be held every six years. However, there may be a need for mid-term reviews of a medium-term programme for a specific programming area and adjustment to incorporate changes happening in the programming area. Such a meeting could be called when necessary. Members of the programming working groups could also assist in the preparation of the Seventh General Programme of Work.

To facilitate coordination a wide circulation of relevant information on programming activities in the regions and at headquarters will take place. This is as important as formal meetings.

For each programme area for which a medium-term programme is being prepared there will be one focal point in each region and one at headquarters. These focal points will be responsible for the circulation of the information required for the programme area concerned.

Coordination of the development of methodology will be ensured by the responsible officer for Medium-Term Programming and Long-Term Planning at Headquarters.

III.5 Review and control mechanisms

The detailed setting-up of such mechanisms will be suggested at a later stage by the Medium-Term Programming Working Group but it is planned that review and control will be effected by the same mechanisms as described above, i.e.,

- a) The Medium-Term Programming Working Group
- b) Regional Programme Committees
- c) The Headquarters Programme Development Team for Medium-Term Programming
- d) Programming Working Groups.

INDICATIVE LIST OF APPROACHES FOR ATTAINING PROGRAMME OBJECTIVES

1. Introduction

The following is a list of various approaches which could be used for attaining the objectives of the General Programmes of Work. This list is indicative only and is restricted to general approaches from which specific technical approaches may be derived. To facilitate the use of the list, an attempt has been made to classify the various approaches wherever possible under a number of categories. As so often occurs with respect to such attempts, this has resulted in certain arbitrary or artificial classifications, and in a degree of mismatching of the titles of some categories with certain of their contents. There is also an apparent overlapping of certain approaches and objectives, such as training as an approach to attaining the objectives of a specific programme, and as one of the objectives of health manpower development; research as a possible approach in relation to substantive programmes and the development and coordination of biomedical research as an objective; the promotion of community participation as an approach, and health education and information of the public as an objective. A degree of such apparent overlapping appears inevitable, a matrix concept being scarcely avoidable in the context of the complex programme interrelationships foreseen for the Sixth General Programme of Work. An additional factor that should be noted is that the approaches are not mutually exclusive. Also, if an approach is understood as constituting an intermediate objective, some intermediate objectives may assume such proportions that they have to be considered as programme objectives in themselves, e.g. country health programming, or the focusing of bilateral and multilateral aid on priority health problems.

2. List of approaches

1. Development of concepts.
2. Promotion of international understanding of various concepts and alternatives in the field of health to provide policy makers with a wider choice for decisions.
3. Participation in the formulation of international policies.
4. Collaboration in the formulation of national policies.
5. International coordination of activities.
6. Collaboration in the formulation of legislation for possible application at national, regional and global levels.
7. Promotion of community participation.
8. Provision of direct service to countries:
  - 8.1 Collaborative reviews with countries.
  - 8.2 Stimulation and support of national capacities for programme planning, implementation and evaluation.
  - 8.3 Collaboration in the conduct of sectoral and intersectoral studies.
  - 8.4 Technical support.
  - 8.5 Scientific support.
  - 8.6 Methodological support.
  - 8.7 Managerial support.
  - 8.8 Active partnership in innovative programme activities.
  - 8.9 Collaboration in the formulation, management and evaluation of health development projects.

- 8.10 Operational assistance.
- 8.11 Collaboration in the establishment of training and service institutions.
- 8.12 Provision of grants.
- 9. Collaboration with other organizations and institutions:
  - 9.1 United Nations organizations and programmes.
  - 9.2 International non-governmental organizations.
  - 9.3 Bilateral aid agencies.
  - 9.4 National and international scientific institutions and organizations.
- 10. Exchange of information:
  - 10.1 Collation, analysis and dissemination of technical information.
  - 10.2 Publication of technical information.
  - 10.3 Conferences and Symposia.
  - 10.4 Publication of popularized health information.
- 11. Study:
  - 11.1 Situation analysis.
  - 11.2 Projection and forecasting.
  - 11.3 Multidisciplinary review.
  - 11.4 Pre-investment analysis.
  - 11.5 Epidemiological surveys.
  - 11.6 Statistical surveys.
- 12. Consultation:
  - 12.1 Meetings of experts.
  - 12.2 Meetings of scientific groups.
  - 12.3 Use of Delphi method.
  - 12.4 Engagement of consultants.
- 13. Research:
  - 13.1 Conduct of research.
  - 13.2 Promotion and coordination of research and development.
  - 13.3 Review, summarization and synthesis of scientific and technical information and of scientific progress.
  - 13.4 Application of science and technology.
  - 13.5 Creation of WHO collaborating centres.
- 14. Development of standards:
  - 14.1 Formulation of international technical standards and methods.
  - 14.2 Preparation of reference materials.
  - 14.3 Establishment of international classifications.
  - 14.4 Standardization of terminology.
  - 14.5 Formulation of technical principles, guidelines and criteria.

15. Development, adaptation, application and transfer of methods and techniques for:
  - 15.1 Research
  - 15.2 Management
  - 15.3 Systems analysis, operations research, modelling, economic analysis.
16. Creation of regional institutions and programmes for training, research and development, if possible in the form of a network to increase the regional potential for training personnel.
17. Training of national health personnel:
  - 17.1 Fellowships
  - 17.2 Courses
  - 17.3 Seminars
  - 17.4 Workshops
  - 17.5 Publication of training manuals
  - 17.6 Preparation and application of training programme packages
  - 17.7 Collaboration with medical schools, schools of nursing or other training institutions.

## 1. CRITERIA FOR PROGRAMME ANALYSIS

### Introduction

1.1 The criteria that follow are based on certain assumptions:

- that "programme area" is a well-defined part of a major programme
- that "activity" encompasses such events as information collation and dissemination, consultations, meetings, training, research, grants, etc.
- that objectives and approaches have been clearly stated for programme areas.

1.2 Criteria could be proposed that are highly sophisticated, relying on such methods as decision-making models, cost/benefit studies, cost/effectiveness studies and linear programming. These methods are difficult enough to apply to circumscribed questions at national level. They are infinitely more difficult to apply at global level, at which the questions become more varied, more general and less quantifiable.

1.3 The proposed criteria have been elaborated, taking into account the role of the Organization as determined by its Constitution and relevant decisions of its Regional Committees, the Executive Board and the World Health Assembly. It is understood, however, that the policies and strategies determined by the governing bodies of the Organization will evolve as time passes and this may lead to a revision of these criteria from time to time to ensure the continuing relevance of the Organization's programmes. The proposed criteria should be used to answer basic questions on selection of programmes and are therefore divided into the following:

- Criteria for the selection of programme areas for WHO involvement
- Criteria for the assessment of the required nature and extent of WHO involvement
- Criteria for the selection of programme activities within programme areas
- Criteria for the identification of the appropriate echelon or echelons for a programme activity
- Resource criteria. It is suggested that these be applied at the end of the analytical process. In this way, it should be possible to assess finally that which is feasible without prejudice to the prior assessment of that which is theoretically desirable.
- Additional criteria have been added for some specific programme activities.

1.4 Careful thought has been given to the possibility of attaching a numerical value to each of the analytical criteria proposed. This possibility has been abandoned as being more of academic interest than of practical value. Resort has therefore had to be made to assessment in non-quantified terms, in spite of all the imperfections of the implied subjectivity. A simple yes or no response would appear to be too inflexible. Thus judgement should be applied and the purpose of these criteria is to be more thought-provoking than enabling planners to attach a numerical assessment to programme selection. Naturally, this will prevent any simple summing-up of criteria to give definitive answers on the value of programmes.

1.5 It is suggested that the assessment be based on the same set of criteria at all levels of decision-making, starting from the technical and moving towards the executive and general levels. This should ensure wide staff participation in one of the most fundamental decision functions that the Organization's Secretariat has to perform, namely programme selection, since the criteria used would be known to all and would constitute the common frame of reference at all levels. It is suggested that this process could facilitate frank exchanges of views between these levels, related as these exchanges would be to the same criteria. These criteria would no doubt be viewed with different perspectives throughout the decision-making process.

1.6 No attempt has been made at comprehensiveness, on the assumption that this would be self-defeating. On the contrary, an attempt has been made to restrict the number of criteria to those considered most likely to raise the questions that would best lead to an assessment of the pros and cons of the proposals. In trying to arrive at a list of criteria that would

be reasonable in length, a serious dilemma had to be faced. If too short, the list might lack essential analytical factors. If too long, it might become too unwieldy, especially for the purposes of making comparisons between programme areas and of constituting the basis for exchanges of views between the different decision-forming levels.

1.7 Thought has been given to the question of recording the assessment of the degree to which proposals meet criteria and of the transmission of these records from level to level. It is feared that, if records were made for each proposed activity at each level and transmitted from level to level, an enormous amount of paper work would be generated and the process of comparing assessments would become unmanageable. One possible solution would be to use the set of criteria as a checklist and to record for each activity at each level only those criteria that had a decisive influence on shaping the final assessment. This procedure might facilitate the discussions between the various levels that are inherent in the proposed analytical process.

## 2. CRITERIA FOR SELECTION OF PROGRAMME AREAS FOR WHO INVOLVEMENT

2.1 The problem with which the programme area is concerned is clearly identified.

2.2 The problem is of major public health importance.

2.2.1 Distribution - worldwide

- regional
- national
- other (specify).

2.2.2 Severity

- leads to high mortality rate
- leads to high morbidity rate:
  - in terms of incidence
  - in terms of prevalence
- leads to high disability rate
- leads to serious reduction in level of health
- leads to impairment of work potential
- leads to impairment of learning potential
- leads to discrimination between sexes on matters related to health
- leads to impairment of human growth and development
- endangers foetal life
- leads to widespread congenital defects
- other (specify).

2.2.3 Frequency

- permanent
- arises often
- arises occasionally.

2.2.4 Related implications

- has adverse political implications
- has adverse social implications
- has adverse economic implications
- other (specify).

### 2.3 There is a strong rationale for WHO's involvement

2.3.1 The programme area is specifically mentioned in the Constitution, General Programme of Work, resolutions of the World Health Assembly and the Executive Board or Director-General's Programme Guidance Letter.

2.3.2 It corresponds to the Organization's strategies and policies for technical cooperation and the programme:

- is directed towards defined national health goals;
- contributes directly and significantly to the improvement of the health status of the population;
- uses methods that can be applied now and at a cost that can be afforded now;
- will develop national self-reliance in matters of health.

2.3.3 Regional committees and governments have requested WHO's involvement.

2.3.4 WHO's involvement could have a significant impact in the promotion of world health.

2.3.5 The problem requires international collaboration for its solution and WHO is best suited for the role of coordinator.

2.3.6 Insufficient interest in a major health problem is being shown at national level and international stimulation or pioneering is therefore necessary.

2.3.7 The problem has a demonstrable potential for solution.

2.3.8 WHO has responsibilities as a specialized agency of the United Nations system.

2.3.9 WHO could use its international prestige and existing goodwill to influence the programme.

2.3.10 The programme area has well defined objectives, the attainment of which will have a significant impact on the attainment of the objectives of the broader programme concerned.

2.3.11 The approaches envisaged for attaining the objectives of the programme area are appropriate and adequate.

2.3.12 WHO's non-involvement will lead to an aggravated situation as, for the moment, no other national or international organization will deal with the problem effectively.

2.3.13 Other (specify)

### 2.4 Criteria for ending WHO's involvement

2.4.1 The problem has ceased to be of major public health importance.

2.4.2 A review of WHO's involvement in the programme area reveals diminishing returns for efforts expended.

2.4.3 The country concerned can now fully cope with the problem with its own resources.

2.4.4 Other (specify).

### 3. CRITERIA FOR ASSESSMENT OF REQUIRED NATURE AND EXTENT OF WHO INVOLVEMENT

The solution of the problem requires WHO collaboration as follows:

3.1 The acceptance by WHO of responsibility for planning and implementation.

- 3.2 Planning by WHO; implementation by national health authorities or institutions or other international organizations.
- 3.3 International coordination by WHO.
- 3.4 International guidance by WHO on request.
- 3.5 National guidance by WHO on request.
- 3.6 Significant contributions by WHO to national health authorities or institutions or other international organizations.
- 3.7 Marginal contribution by WHO to national health authorities or institutions or other international organizations.
- 3.8 Other (specify).

#### 4. CRITERIA FOR SELECTION OF PROGRAMME ACTIVITIES WITHIN PROGRAMME AREAS

##### 4.1 There is a strong rationale for undertaking or continuing the programme activity:

- 4.1.1 The activity is specifically mentioned in the Constitution, General Programme of Work, resolutions of the WHA and EB or Director-General's Programme Guidance Letter.
- 4.1.2 Regional committees and governments have requested the activity.
- 4.1.3 The activity is likely to make a significant contribution to the attainment of the programme objectives of the programme area concerned.
- 4.1.4 Alternative approaches have been considered and it has not been possible to arrive at a more economical approach that would attain the same objectives.
- 4.1.5 A review of the activity as previously or currently conducted in the programme area shows that it is of benefit to world health.
- 4.1.6 The activity does not duplicate national or other international activities.
- 4.1.7 The activity does not duplicate an identical WHO activity previously accomplished at the same or other echelon.
- 4.1.8 Expert Committee recommendation.
- 4.1.9 Study Group recommendation.
- 4.1.10 United Nations system obligation.
- 4.1.11 The activity forms an integral part of an approved medium-term programme.
- 4.1.12 The activity is technically feasible and acceptable nationally and internationally.
- 4.1.13 There is a probability of achieving successful, useful and permanent results.
- 4.1.14 Adequate provisions have been made for the planning, management and evaluation of the activity.
  - 4.1.14.1 The objectives of the activity have been clearly stated in measurable terms.
  - 4.1.14.2 The objectives of the activity have been clearly stated in qualitative terms.

- 4.1.14.3 For the attainment of these objectives a detailed plan of action with time schedule has been established.
- 4.1.14.4 Indicators have been determined for subsequent evaluation of efficient and effective implementation.
- 4.1.14.5 Indicators have been determined for subsequent evaluation of the effectiveness of the activity in contributing significantly to the attainment of the objectives of the programme area concerned.
- 4.1.15 Other (specify).

4.2 Criteria for ending an activity

- 4.2.1 The activity has ceased to be important for attaining the objectives of the programme area or the objectives have been achieved.
- 4.2.2 Changes in the objectives of the programme area, or in the methods for attaining those objectives, have rendered the activity obsolete.
- 4.2.3 The activity continues to be important, but can be sustained without continued WHO involvement.
- 4.2.4 Other (specify).

5. CRITERIA FOR IDENTIFICATION OF APPROPRIATE LEVEL OR LEVELS FOR PROGRAMME ACTIVITY

5.1 Country

- 5.1.1 The activity is aimed at solving an important health problem in the country concerned.
- 5.1.2 Country request following a rational process of country health programming.
- 5.1.3 Country request not emanating from a rational process of country health programming.
- 5.1.4 Other (specify).

5.2 Regional

- 5.2.1 Request by the Regional Committee.
- 5.2.2 The activity is required for regional health coordination.
- 5.2.3 The activity is required for regional collaboration with other UN agencies.
- 5.2.4 The activity encompasses regional planning, management and evaluation.
- 5.2.5 The activity involves guidance, monitoring and control of inter-country or country activities.
- 5.2.6 The activity is intended to stimulate further national activity in the programme area concerned.
- 5.2.7 The activity is an essential regional component of an inter-regional or global activity.
- 5.2.8 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.

5.2.9 Similar needs have been identified in a number of countries in the same region following a rational process of programming.

5.2.10 Consideration of economy in the use of resources favour an inter-country rather than a country activity.

5.2.11 The inter-country framework is useful for pooling selected resources, e.g. for the provision of highly skilled advisory services to countries.

5.2.12 Other (specify).

### 5.3 Global and Inter-regional

5.3.1 The activity is required for global health coordination.

5.3.2 The activity is required for central collaboration with other UN agencies.

5.3.3 The activity encompasses global planning, management and evaluation.

5.3.4 The activity involves technical support to regions and/or between regions.

5.3.5 The activity is intended to stimulate further regional activity in the programme area concerned.

5.3.6 The pursuit of the activity as a collaborative effort of a number of regions is likely to contribute significantly to attaining the programme objective.

5.3.7 Similar requirements have been identified in a number of regions following a rational process of programming.

5.3.8 Considerations of economy in the use of resources favour an inter-regional rather than a regional activity.

5.3.9 The inter-regional framework is useful for pooling selected resources, e.g. for the provision of very highly skilled or very scarce advisory services to regions.

5.3.10 Other (specify).

### 6. RESOURCE CRITERIA

6.1 The programme activity is appropriate for funding from the regular budget.

6.2 Member States have the financial capacity to absorb WHO assistance in the programme area and to maintain programme activity as necessary after expiry of WHO collaboration.

6.3 The programme activity is likely to attract external funds.

6.4 Suitable WHO and advisory personnel are potentially available for collaboration in programme activity.

6.5 Suitable national personnel are potentially available for maintenance of programme activity.

6.6 WHO has the capacity for training national and international personnel for programme activity.

6.7 Other (specify).

7. ADDITIONAL CRITERIA FOR SOME SPECIFIC PROGRAMME ACTIVITIES<sup>1</sup>

7.1 Research

- 7.1.1 Advisory committees on medical research recommendations.
- 7.1.2 Scientific groups' recommendations.
- 7.1.3 The activity could lead to significant advances in biomedical and health services' knowledge which could be applied effectively.
- 7.1.4 The activity meets an unfilled need for the development of knowledge in the programme areas concerned.
- 7.1.5 WHO is best suited for the coordination of the research activity concerned.
- 7.1.6 The activity meets an unfilled need for operational research aimed at the application of scientific knowledge.
- 7.1.7 The activity conforms to the criteria in the HPC Report on WHO Collaborating Institutions.
- 7.1.8 The activity conforms to the criteria in the HPC Report on Field Research Teams.

7.2 Technological Development

- 7.2.1 The activity meets an unfilled need for appropriate technological development in the programme area concerned.
- 7.2.2 The activity involves the adaptation of known technologies to various socio-economic situations.
- 7.2.3 The activity meets an unfilled need for the standardization of methods, techniques or nomenclatures.

7.3 Surveys

Crucial information is lacking, especially for programme planning, management and evaluation, in an important programme area, and there is no other way of getting this information.

7.4 Consultations

- 7.4.1 Permanent staff have insufficient time and/or knowledge.
- 7.4.2 External consultation is likely to stimulate wide interest in the problem.
- 7.4.3 Independent review is desirable.

7.5 Expert Committees

- 7.5.1 A new subject of public health importance is being broached.

<sup>1</sup> Note: These are specific criteria for use in addition to the general criteria listed in section 4.

7.5.2 A major breakthrough has taken place in the programme area.

7.5.3 A summing-up is required of a long period of study.

7.6 Study groups

Conforms to the conditions included in Resolution EB17.R13

7.7 Scientific groups

Scientific consultation is required for the development of research in the programme area.

7.8 Steering committees

Conduct and orientation of a programme will be better effected through a steering committee.

7.9 Other meetings

Consultation and review is required concerning a specific subject with a view to producing a report containing recommendations, methods and strategies relevant to the programme area.

7.10 Education and training activities

7.10.1 The activity meets an unfilled need for increasing the quantity or improving the quality of health manpower in the programme area.

7.10.2 Courses and seminars - WHO is uniquely able to conduct the course or seminar in the programme area, no national authority or institution or other international organization being capable and willing.

7.10.3 Fellowships - the fellowship forms part of a recognized national programme for health manpower development.

7.11 Preparation of material for publication by WHO

The material to be published:

- does not duplicate any other material published nationally or internationally;
- consists of original, valuable information generated by WHO or in collaboration with WHO;
- meets an unfilled need for the dissemination of information:
  - scientific
  - technical
  - health education
  - public information.

PROGRAMME SUMMARY OUTLINE

I. Background information

1. Objectives and activities of the programme areas (as identified for the Sixth General Programme of Work and in view of past experience).
2. World situation in the programme area.
3. Type of programme. (Direct action programme or supportive programme. Programme of coordination and information transfer or a programme of technical cooperation).
4. Country, global, regional and headquarters targets for the programme - to be reached by 1983; or by precise dates to be specified.
5. Countries' targets.
6. Expected secondary effects or side effects of the programmes on either health or other matters.

II. Technical description of the detailed programme

1. Technical feasibility and strategy for attaining targets (studies to be done to define methods or need for research, etc).
2. Input from other programmes or from outside WHO, or output towards other programmes. Time relationship to these programmes.
3. Methodology (choice of approaches, need for development of new methodologies).
4. Plan of action (global plan and logical sequence, without taking into consideration where and by whom). (Flow charts of activities.)
5. General consideration indicating where and by whom activities of the programme areas could preferably be located and implemented. (Use of criteria for programme selection.)
6. Order of magnitude of resource requirements.
7. Output indicators.

II. Timing and location of activities (refer to items 11.4 and 11.5 of the description)

(The information given on page I should be used with additional information on time and place constraints to complete a summary table of this type).

REGIONS	1978	1979	1980	1981	1982	1983
AFRO						
AMRO						
EMRO						
EURO						
SEARO						
WPRO						
HQ						

III. Coordination and cooperation in the implementation of programmes

A. Relations with other programmes or programme areas, objectives or activities (inter-sectoral, interagency and interdisciplinary collaboration)

Country	Coordination between national sectors and echelons; WHO representative maintains programme contacts among WHO staff; Coordination with other programmes or other UN agencies.
Regional Offices	Regional Programme Committee with collaboration of planning and technical units.
Headquarters	Programme development team for medium-term programming and technical divisions.
Global	Medium-Term Programming Working Group and technical divisions.

B. Coordination between countries, regions and headquarters on objectives or activities

Country - regional office - headquarters	Consultation with national authorities; cooperation in country and intercountry activities; Participation of nationals.
Regional office - headquarters - regional office	Growing participation of relevant HQ staff in regional planning, implementation and evaluation as required; and growing participation of regional office staff in HQ planning, implementation and evaluation as required.

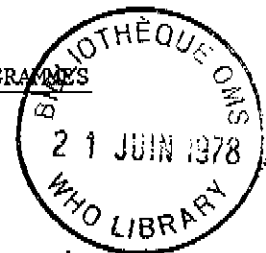
C. Programme coordination (external relationship including attraction of external resources) with:

Other UN multilateral and bilateral agencies

Non-governmental organizations

Other organizations

CONSULTATIONS WITH COUNTRIES FOR THE ELABORATION OF WHO MEDIUM-TERM PROGRAMMES



1. Introduction

1.1 It is clear that in order to formulate realistic WHO medium-term programmes maximum use should be made of programme information at country level and, ideally, of the outcome of country health programming where it has taken place. In other cases, it is necessary to open dialogue with countries on the type of collaboration they intend to request from the Organization on a medium-term basis.

1.2 These country consultations should not only be undertaken prior to the elaboration of a medium-term programme but also during the elaboration of the medium-term programme and certainly at regular intervals afterwards or when events occurring after the development of the medium-term programme introduce the need for a revision of the programme. Hopefully, the increasing participation of nationals to all programming meetings and programming efforts will give to WHO medium-term programming a broader sense of the needs at country level.

1.3 In time, this should lead to a permanent mechanism established at country level concerned with all elements of programme development - CHP, MTP, programme budgeting, programme evaluation and information. The same mechanism should be directly involved in programme implementation. The mechanism would, in addition, ensure coordination between different sectors involved in health care provision, for example, social security services, education, justice, industry.

2. Consultation with countries during the programming process

2.1 It is obvious that, according to the structure of each region, to the number of countries comprising the region and to other factors, the type of country consultation will vary from one regional office to the other and also probably from one type of programme to the other. As a preliminary suggestion an attempt has been made to list a few of the types of country consultation used on various occasions.

2.2 Country profiles

Once country profiles have been elaborated in collaboration with countries i.e. prepared by the nationals after consultation with the WR and other WHO field staff in the country, they could be one of the bases for medium-term programming. Such a profile when regularly up-dated should provide relevant information for WHO's collaborative efforts in the country.

2.3 Consultation through the WR and other field staff

The WR and/or field staff having been previously briefed and/or trained at the regional office and/or at headquarters, will meet with the government and with the persons concerned with the specific programme area to discuss the intentions of the country within the next six years regarding its collaboration with WHO for this specific programme.

2.4 Country visits

In regions where it is feasible, the regional adviser for a specific programme area and/or other staff familiar with the programme can visit each country of a region for extensive discussions with the government and the persons concerned with the programme area. This procedure, however, may be costly and should be used mainly when these visits also contribute to an ongoing process in the country.

## 2.5 Regional or sub-regional meetings or institutions

The regional office may call a meeting of the persons responsible in each country for the programme area to discuss the elaboration of the WHO programme in this area. Such a meeting will comprise national staff, WHO staff at all levels and, if necessary, experts. Use should also be made of the experience of regional or sub-regional institutions.

## 2.6 Sampling of opinions, expert advisory panels and role of the NGOs

2.6.1 The regional office may select a few typical countries on a sub-regional basis and the regional adviser may visit them. The result of these visits could be taken as a sample of the opinion of similar countries for the elaboration of the regional contribution to WHO medium-term programming. Members of expert advisory panels may also be considered as having a representative opinion and be used for this sampling. For certain programmes, consultation with NGOs may prove a valid form of country consultation.

2.6.2 These processes will tend to disappear as more regular programme contacts are made with countries and regular channels or methods of negotiation with countries are developed. Ideally, programme contacts on any of the programming areas of the Sixth General Programme of Work should be made with countries at regular intervals either for the elaboration of medium-term programmes (or the Seventh General Programme of Work) or for the updating of these programmes. The contacts can be specific programme meetings (which already exist in certain regions) or could be part of a session of regional committees, etc.

2.6.3 The five types of country consultation mentioned above in different mixes should all give an indication of what governments might want in each country or a region. However, there may still be some inherent difficulties for a regional office in view of the number of countries comprising the region and/or staff problems. A posteriori consultations can be useful in certain situations.

## 3. Country consultations a posteriori (after the elaboration of a medium-term programme)

In some regions, some general regional programming may already have been done, as is the case with the region of the Americas with the Ten Year Health Plan. In all regions the Sixth General Programme of Work can be taken as a global basis for the elaboration of medium-term programmes. Once these programmes have been developed according to the guidelines for WHO medium-term programming they can be circulated to all persons concerned in each country of a region for further discussion as a catalogue of the collaborative programmes the Organization has to offer. As mentioned by the regional committee of the Western Pacific they should be used as a basis upon which to build collaborative projects.

## 4. Interlocutors of the Organization in country consultations

Emphasis should be put on the fact that in the development of most medium-term programmes, one sole interlocutor, often located at a central level, is not sufficient to give the proper technical and policy perspectives to the WHO programme. Part of a country consultation should be the identification of a proper level of interlocutors in the country and the mix of interlocutors so as to have at the same time a political opinion and a technical opinion in order to place the subject in its national perspective. Emphasis should be laid also on multisectoral consultation, not only concerned with the Ministry of Health.

## 5. Conclusion

Regular channels of communication or negotiation with countries on the elaboration and revision of medium-term programmes have to be found or developed. Until then, country consultation will remain a very expensive part of the medium-term programming process. It should be emphasized, however, that in the long run country consultation will serve not only the purpose of medium-term programming but also the development of other managerial processes and the monitoring of on-going programmes.