



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

Medium-Term Programming Working Group

Third Meeting

WPRO, 26 February - 10 March 1978



PWG/3/4

INDEXED

REORIENTATION OF WHO'S GLOBAL ACTIVITIES TOWARDS INCREASED
TECHNICAL COOPERATION AND INCREASED SOCIAL RELEVANCE

1. WHY REORIENT?

Like almost every other field of human endeavour, international health work has been influenced in the past decade by "the wind of change". The need for change in the world has been dictated by a number of factors: the ever-widening gap between the haves and the have-nots calling for a new economic order; the increasing articulation of the real needs of countries by the Member Countries themselves; and the great gap between the health status of the populations of developed and developing countries. In addition, there has been a growing awareness in our Governing Bodies of the need to steer the Organization's programme activities into line with the needs, aspirations and socio-cultural realities of its Member States, particularly the developing countries. Increasingly, resolutions of the World Health Assembly and the Executive Board have been emphasizing the need for change and, recently, they have been clearly mandatory on this point.

In resolution WHA29.48, the Director-General was requested "to reorient the working of the Organization with a view to ensuring that allocations of the regular programme budget reach the level of at least 60% in real terms towards technical cooperation and the provision of services by 1980 . . .". Resolution WHA30.30 requests the Executive Board "to continue in its future reviews of programme budgets to pay special attention to the reorientation of programme budget policy necessary to give full effect to resolutions WHA28.75, WHA28.76 and WHA29.48;" and the Director-General "to continue to develop and orient all the activities of WHO towards increased social relevance and benefit to the populations served;"

It is clear from all this that the purpose par excellence of the reorientation exercise is for increased technical cooperation with Member Countries, particularly developing countries. Technical cooperation is a dynamic term and will, therefore, continue to evolve. However, the definitional criteria proposed by the Director-General and approved by the Executive Board at its 59th session cover activities that:

- (a) are directed towards defined national health goals;
- (b) contribute directly and significantly to the improvement of health status of the population (social relevance);
- (c) use methods that can be applied now and at a cost that can be afforded now; and
- (d) develop national self-reliance in health matters.

2. HOW TO REORIENT?

There is no rule of thumb method and here, as in most new undertakings, the best way is to learn by doing. However, the basic principles and processes that were worked out in tabular form by two major programme in headquarters are annexed to this paper.

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It is important to bear in mind the need to apply appropriate criteria for reorientation. The first criterion should be the spirit of resolution WHA29.48. It is necessary to keep in the forefront of our minds how best to meet peoples' needs, particularly in the developing countries. At the same time, it is important to ensure that all activities, whether of a coordinating or technical cooperation nature should be highly relevant to countries' needs. The Director-General's strategy for implementing resolution WHA29.48 was thoroughly discussed in the Programme Committee of the Executive Board, the Executive Board and finally the World Health Assembly, and met with general approval in all these bodies. This policy and strategy must now, therefore, be brought to bear on all WHO's programmes.

Another important criterion is that priority in programme reorientation should be given to the global priorities of WHO. Examples of such priorities are the development of Primary Health Care (PHC), TDR and EPI. This means that certain other programmes should support these global priorities, such as activities in the programme of health laboratory technology supporting PHC, and activities in the programme of immunology supporting TDR.

A third criterion is that programme orientation should comply with the Sixth General Programme of Work, as outlined in the offprint of Official Records No. 233, pages 63 - 109 (Annex 7).

3. PROGRAMME REORIENTATION AT HEADQUARTERS

The ultimate aim of the activity on which HPC has embarked is to cover all programmes in consultation with the Regions. Clearly, this is a long-term process which the Committee intends to tackle in phases:

(a) The first phase would be that of learning, both individually and collectively, how best to translate the programme budget policy and strategy into programme reorientation.

(b) The second phase would consist of the wider application to programmes of this policy and strategy, bearing in mind the lessons learned from the first phase and attempting to cover all major programmes.

(c) The third phase would consist of integrating the new programme budget policy and strategy into all efforts of programme development at all operational levels, including country health programming, medium-term programming and programme budgeting.

Phase 1 started in October 1977, and will continue until end January 1978. It is itself divided into three steps:

(a) As a first step each ADG would select a programme within his field of responsibility and, in order to identify guiding principles for its reorientation in accordance with the new programme budget policy and strategy, he would organize general discussions on the relevant parts of WHO Official Records No. 238. It is most important to stress that the initial step is one of self-education by reading, re-reading, discussion, critical analysis, etc, of the basic concepts of social relevance, self-reliance, technology that can be afforded now and that can be used now, and elaboration of ways and means of identifying national health goals. In accordance with the guiding principles identified, an analysis of the reorientation of the selected programme would be made. In order to have tangible material on the content of the programme selected, suitable documentation could include the Sixth General Programme of Work, a Programme Budget statement, an information system programme profile, etc. To ensure wide involvement in the process, all directors and unit chiefs and other staff members involved in programme matters would participate in the discussions, and not merely those directly involved in the programme selected. This should have the double effect of getting the message across to as many staff as is practically feasible, and of avoiding any possible feeling on the part of those staff members whose programmes have been selected that they are "victims".

(b) As a second step, each ADG, accompanied by selected staff who report to him, would then present to HPC the outcome of the discussions in terms of both the main lines proposed for bringing about the desired reorientation of the programme concerned and the process of applying the new programme budget policy and strategy, highlighting successful approaches as well as problems encountered. This would lead to an exchange of views in HPC on better ways of implementing the new programme budget policy and strategy.

(c) HPC would then, as a third step, draw general lessons for application in the second phase and would keep the Regional Directors fully informed on both the process and on the lines proposed for reorienting the programmes concerned. At this juncture, the HPC would also consult with the Director-General on the best way of giving his support to this process of reorientation.

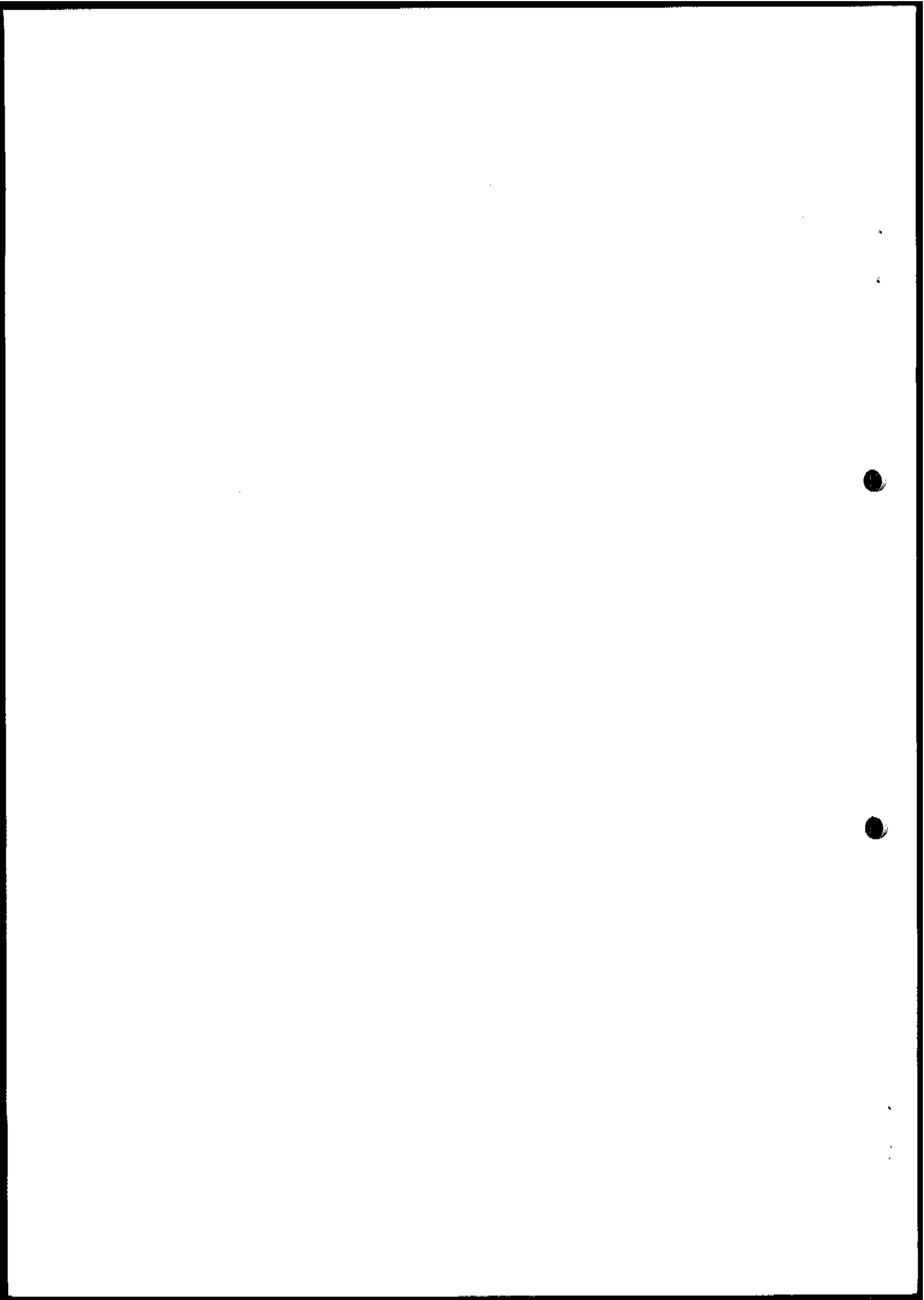
The programmes selected for phase 1 are Primary Health Care, Communicable Diseases, Health of Working Populations, Health Statistics and Programme Budgeting at country level.

4. PROGRAMME REORIENTATION AND MEDIUM-TERM PROGRAMMING

It must be very strongly emphasized that in order to formulate realistic medium-term programmes it is absolutely essential to ensure that the programmes' orientation is correct and consistent with the Organization's policies and strategies. Policies and strategies are very closely interlinked and interdependent; therefore, there must be a constant and continuing dialogue between those responsible for the detailed elaboration of policies and scientists, etc, responsible for the translation of these policies into technical operational strategies. It is thus very clear that to undertake medium-term programming prior to programme reorientation is merely to indulge in an exercise in futility; and, worse still, there is a very serious danger of perpetuating wrong principles and concepts over the next two biennia. In spite of this, however, there has been a noticeable "hurry" in some programme areas to undertake medium-term programming - perhaps with a view to respecting certain deadlines. What should be flexible in this context are the deadlines and not the medium-term programmes: therefore, should there be even the slightest of doubts as to the correctness of the programme orientation, there should be no hesitation to postpone medium-term programming to a later date.

5. PROGRAMME REORIENTATION IN ITS GLOBAL CONTEXT

All the resolutions of the World Health Assembly that have been cited earlier in this paper have stated quite clearly that all the Organization's programme activities should be oriented towards technical cooperation with Member States. Therefore, the reorientation process cannot be limited to headquarters programme activities alone; similar processes should take place in the regions, i.e. regional offices and Member Countries. It is the fervent hope of all those currently engaged in the process that an "infectivity" process will be generated which will result in a serious reappraisal of the main thrusts of the Organization at all levels for the improvement of the health status of the populations served.



PROGRAMME REORIENTATION

1. HOW TO REORIENT A PROGRAMME TOWARDS TECHNICAL COOPERATION

- (a) Ideological basis for the reorientation: the starting point is the re-examination of the programme activities in terms of the mission of WHO. The questions to be asked are - "For whom are we doing it?" "Are we doing it for the benefit of the majority of the population to improve the health situation?"
- (b) Preliminary definition of the objectives of the programme activities to contribute to the improvement of health of the majority of the population (social relevance).

This first phase of the reorientation requires not only the leadership of the programme manager, but also the involvement of the staff at all levels in order to resolve contradictions by the method of discussion, persuasion, criticism and self-criticism. This phase involves just ideas, but unless they are accepted by the staff concerned, it is unlikely that the process of reorientation will succeed.

- (c) Gathering of facts and first-hand information in order to explore the real problems through analysis and study of objective data, and not through abstract definitions, to identify the key problems and to grasp them firmly.
- (d) Re-examination of objectives in the light of real situations and selection of alternative approaches for the solution of the key problems.
- (e) Formulation of concrete plans of action, including proposed programme activities and projects of TCDC involving nationals.

This second phase consists of the integration of theory with practice, the testing of ideas against reality and the solution of the methods of work. During this phase the staff learns of the real problems and undertakes the planning process on the basis of direct experience.

2. HOW TO IMPLEMENT OR TRANSLATE INTO ACTION THE REORIENTED PROGRAMME

Implementation of the programme, including TCDC projects.

In this third phase action takes place in the countries where the staff concerned stimulate awareness of the key problems by nationals, work with them to solve their problems and, through TCDC projects, act as mediators of collaboration among countries in the particular field of the programme. Models for future projects can be developed.

3. HOW TO STIMULATE THE STAFF TO UNDERTAKE THE REORIENTATION.

- (a) Any system for planning can never be more than an instrument for releasing the human resources of the Organization towards a common objective: managers should realize that the human elements are key factors for programme orientation and implementation.
- (b) Reorientation requires a new style of work: a special team for each programme should mobilize all staff concerned, including general service staff, to start together reorientation and then to move to Regional Offices and selected countries to grasp problems and possible new solutions.



WHO - Programme - Red term prog.

*7/1 Decision from PWG/3/5
programming*



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TARGETS FOR WHO PROGRAMMES

This item should be the follow-up of last year's studies and discussions in Honduras and Washington. Consequently, the relevant parts of the reports PWG/2/12 and PWG/2/13 are attached as Annex 1 for your ease of reference.

Annex II is a tentative list of questions still remaining to be solved in the development of the methods for setting WHO targets. This list is not meant to be exhaustive and has been drawn up to facilitate the discussion.

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EXTRACT FROM DOCUMENT PWG/2/12: "WHO Medium-Term Programming Working Group report of meeting in Honduras, 11 - 15 July 1977".

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VI. Elaboration of WHO targets based on country needs

One of the means of measuring the achievement of a programme is the realization of targets. More and more countries are setting up their own targets in their development plans for the various sectors, and Honduras has been setting targets for the development of its health sector. One of the problems now to be faced during the development of medium-term programmes in WHO is the setting of targets.

The meeting addressed itself to two groups of questions:

Firstly: How accurately can WHO targets be quantified, and at what level?

Undoubtedly at the country level most targets can be quantified but when moved to the regional or global levels, what meaning could these quantified targets have? Should we be content with objectives and detailed objectives, i.e. without quantification or time scale?

An example of "global" quantified targets can be given by the Ten-Year Health Plan for the Americas, keeping in mind that although these targets are quantified they are just indications to be adapted to each country situation.

Secondly: Should we have purely WHO targets or WHO country-based targets?

Purely WHO targets would lead to minimizing the role and impact of the Organization in the improvement of the health situation in countries where WHO has programmes of cooperation.

The group first addressed itself to the problem of definition of targets.¹ It was agreed that 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 were achieved and if so, to what extent. Agreement was reached that WHO targets might be best expressed in terms of what Member States want to achieve by the end of a certain programmed period, in cooperation with WHO. It was understood that WHO's cooperation is always only one of many inputs which facilitate the achievement of the targets set by the countries.

ANNEX IV

A first approach to the setting of targets for Medium-Term Programming

Targets are to be defined at all levels where programming takes place. At country level, targets are always to be at their most concrete, quantified and backed by unequivocal national will, and the necessary resources for implementation. WHO regional targets are to be based on country targets with the understanding that they also express targets accepted by governing bodies of the Organization (WHA, EB, RCs). Policy documents like the General Programme of Work, the Ten-Year Health Plan in AMR are considered as expressions of collective will of the Member States which accepted them,

¹ See details in Annex IV

and their targets should also be considered as basis for definition of regional targets. It should be a requirement for the Organization to accept only targets that have been confirmed by a constituted WHO body at each echelon (WHA, EB, Reg. Committees, Sub-regional grouping of countries). Regional targets are assumed to be quantified as well. At the next level the global targets are developed on the basis of regional targets, these have to be considered as usually less reliably quantifiable or not quantifiable at all.

It was recognized that in addition to the above groups of targets (country, regional, global) there is another hierarchy among targets even within the same level, i.e. one target could serve as an input towards the achievement of another target.

The definition of targets is an iterative process concerning both the above levels and the cost. In this process the definition of targets at country level was recognized as of paramount importance. The cases of Honduras and Nicaragua were used as examples to understand this process. The countries, in a logical process, have made a situation analysis, defined what they have, what they need, what resources they have, what yield they can expect from the different resources and then they have defined their targets taking also into account budgetary resources which might be available from external bi- and multilateral agencies. This needed careful coordination, and linking programmes to resources, both internally and externally. The countries also have taken into account the targets defined by the 6GPW, Ten-Year Health Plan, and other resolutions of WHO governing Bodies. This also clearly shows the iterative character of the process having different levels. Attention was also drawn to the political and economic aspects of definition of targets.

Regional targets in AMR, as well as in other regions have been based on country targets and on the above mentioned resolutions and documents of constitutional bodies. Regional targets, as far as they exist today, reflect country targets and are quantified.

Global medium-term programme targets exist so far only in one field, in Health Manpower Development, and they reflect country and regional targets, but are not quantified. They were defined in an iterative process, in permanent consultation with regions and countries and could never be considered as final.

Targets at all levels have to be considered as a statement of intent at a certain point of time, which should be kept under constant scrutiny to introduce the changes necessary to adapt them to the constantly changing situation. This process is based on feed-back from implementation, and reassessment of the situation, and is a cybernetic cycle which leads to a never-ending spiral and by no means to a circle.

In the revision process, as well as in the implementation, there should be the same inter-action among targets at different levels and in the process of definition.

The discussion clarified the usefulness of targets in many aspects. They are basic, of course, for the definition of activities which are to lead to the achievement of those targets. They serve as a basis for programme budgeting. They are useful in eliciting additional resources if needed. At regional and global levels, after having been duly accepted by the appropriate governing bodies, they stimulate implementation at country level (interaction of targets). Targets are powerful management instruments in the implementation process whereby the stage of development, success and failure could be assessed and influencing factors detected.

The Meeting agreed that there is a need to devote a full meeting to the problems of definition of targets which were left open here as such. "

EXTRACT FROM DOCUMENT PWG/2/13: "WHO Medium-Term Programming Working Group Report of Meeting in Washington D.C., 17 - 22 July 1977".

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2.1 The visit to Honduras highlighted the problems involved in target setting and showed that the medium-term planning methodology had to be improved and refined. This should be a continuous process which should be discussed and analysed again at the meeting of the Medium-Term Programming Working Group in 1978.

2.2 It was emphasized that the linkage between country, regional and global targets constituted another important aspect which should be further studied. However, the Honduras experience provided the group with useful background material on this issue, and the consensus was that country targets must provide the bases for regional and global targets. In future programme targets should be better separated and classified. Some members felt that there was an important difference between target-setting for managerial and administrative processes, such as extension of coverage, and target-setting for the eradication of specific diseases. "

TARGETS FOR WHO PROGRAMMES

After the discussions last year in Honduras the following points still remain to be clarified for elaboration of criteria for the setting up of WHO targets.

i) Scope and nature of the targets:

- qualified statements expressing political will and aspirations or quantified goals to be achieved?
- global targets, regional targets or sub-regional targets,
- different definition of targets according to their level.

ii) Qualifications of targets:

- 1) interrelation between health and resource oriented targets,
 - 2) rigidity and flexibility of targets,
 - 3) methodology of targets approval,
 - 4) place and machinery for approval,
 - 5) need for the measurement of targets established at local, country and global levels and a process of target evaluation,
 - 6) link between targets and information systems (available or developed).
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TRANSLATION OF MEDIUM-TERM PROGRAMMES INTO PROGRAMME BUDGETS

1. Programme budgeting has been defined as "programming by objectives and budgeting by programmes". Biennial programme budgets of WHO must be developed in a way which will best meet the objectives and priorities, and carry out the policies and strategies set for the Organization by Member States through their regional committees the Executive Board and the World Health Assembly. Thus WHO programme budgets cannot be developed in isolation from other programme developmental efforts in WHO; they should be developed from the WHO General Programmes of Work for Specific Periods, Medium-Term Programmes, and Country Health Programming or equivalent National Health Planning processes.

2. Within WHO, programme budgeting is the development of, and the specific allocation of resources to, programmes in each two-year financial period within the six-year Medium-Term Programme. Programme budgeting should therefore be seen as a direct extension of the Medium-Term Programming process, leading to application of the Medium-Term Programme in the operating period. The relationship between Medium-Term Programmes and Programme Budgets is highlighted in the "Revision of the Provisional Working Guidelines for WHO's Medium-Term Programming" (PWG/3/12).

3. The steps involved in formulation of a Medium-Term Programme are described in the "Provisional Guidelines". The Medium-Term Programming process begins with situation analysis, and proceeds to broad programming and finally more detailed programming. As indicated in the "Provisional Guidelines", in principle it should be possible to translate Medium-Term Programmes into programme budgets, drawing directly on the basic information developed in any Medium-Term Programme, including:

- a. alternative courses of action to achieve defined objectives;
- b. quantified targets, whenever possible, to measure objective achievement;
- c. activities necessary to implement the programme, with output indicators;
- d. resource implications and allocations of resources for programme activities;
- e. a plan of action including a general time sequence.

4. At country level, Medium-Term Programming is a continuous collaborative effort between national authorities and WHO, to develop programmes which respond to nationally defined needs and priorities, and which can be elaborated and implemented in close harmony with national health programming processes. Thus if full scale country health programming or equivalent national planning effort has taken place, providing a medium-term perspective of health development for the country, in principle it should be possible for national authorities and WHO staff jointly to develop proposed country programme budgets for inclusion in national programme budgets and in the WHO regional programme budgets. Much developmental work must be done to make programme budgeting at country level an integral part of country health programming, and the results of this experience should be reflected in the new "Working Guidelines for Country Health Programming".

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5. One of the new features of programme budgeting at country level ¹ is that detailed project planning is not required at the stage of preparation of WHO programme budget. The purpose of this change is to permit more programme-oriented approaches to planning, and to allow detailed projects to be developed at a later stage as part of the national planning processes. Having started with health objectives, and having defined priority programmes for inclusion in the programme budget, programme budgeting continues into the operating period with detailed project formulation, delegation of specific authority to spend, re-programming of human and financial resources; and control of expenditures within authorized budget levels. Thus the programme-oriented approach to programme budgeting does not dispense with the eventual need for detailed budgeting and control. Such budgetary detail continues to be required for preparation of proposals for activities at WHO regional offices and at headquarters. ²

6. Programme budgeting has been described by the Director-General as "the art of the possible". This view recognizes the limiting effect of the overall level of the WHO regular budget, and at the same time opens up the possibility of mobilizing far greater extra-budgetary resources for the health work of WHO and Member States. In presenting his proposals to the Executive Board and World Health Assembly, the Director-General cannot propose alternative programme budgets; he can only present one programme budget for approval. This implies that choices have already been made in programme priorities and approaches before the proposed programme budget is presented. A fundamental link between Medium-Term Programming and Programme Budgeting is that Medium-Term Programming should provide the means of analysis and making choices between major programme priorities and approaches, with broad financial implications, within which the Director-General's proposed programme budget for the biennium can be formulated. Medium-Term Programming also provides the means of identifying programmes and activities which will attract extra-budgetary resources well beyond the limitations of the WHO regular budget.

7. In conclusion, programme budgeting in WHO can be effective only in proportion to the effectiveness of Medium-Term Programming. It would be most useful to have an exchange of views and experience on how Medium-Term Programming and Programme Budgeting can be mutually reinforced so that medium-term programmes are translated into action, and programme budgets relate back to the major programme objectives and priorities of the Organization and its Member States. Based on experience, and learning by doing, it should be possible to develop guidelines for translating Medium-Term Programmes into programme budgets in WHO. At country level, the counterpart of this undertaking would be to develop methods for bringing Country Health Programmes to bear on the development of Medium-Term Programmes and to develop guidelines for translating Country Health Programmes into national health budgets and WHO programme budgets.

¹ "Guidelines for Programme Budgeting at Country level" (Reference PB/77/1)

² "Guidelines for Programme Budgeting at Headquarters" (Reference PB/77/2)