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REPORT ON THE JOINT
GOVERNMENT/WHO PROGRAMME REVIEW MISSIONS, 1991
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REPORT ON THE JOINT GOVERNMENT/WHO PROGRAMME
REVIEW MISSIONS, 1991 (FIFTH ROUND)

(Agenda item 9)

1. INTRODUCTION

The fifth round of Joint Government/WHO Programme Review Missions (JPRMs) which should have been completed around April 1991 has been delayed considerably, and was completed as late as July/August 1991, due to the events in the Gulf and the unsettled conditions in some countries which prevented travel, and occupied the attention of the governments with more pressing national issues.

The reviews were carried out as joint government/WHO exercises in accordance with the procedures mutually agreed upon and the technical guidelines prepared for the purpose.

2. OBJECTIVES

The objectives of a JPRM, in essence, are to:

- assess the progress achieved in implementing HFA/2000 strategies, and, particularly the implementation, effectiveness, efficiency and impact of WHO collaborative activities for the current biennium (1990-1991) as agreed to during the previous JPRM and, where necessary, reprogramme the remaining funds for priority or emergency areas, or from low implementation areas to priority ones that are short of resources, or for resolving of emerging problems;

- undertake detailed programme budgeting for WHO/government collaborative activities for the following biennium, 1992-1993, with preparation of detailed action plans; and


These programmes are prepared in line with the HFA/2000 strategies, and the Regional Programme Budget Policy, taking into consideration the emerging problems and constraints encountered in the implementation, and exploiting facilitating factors in order to enhance implementation.

The JPRM also explores how best national potential could be mobilized by WHO for regional activities and how best technical cooperation among countries could be fostered.

3. PREPARATIONS FOR THE JPRM

3.1 Guidelines

Guidelines for joint government/WHO programme review missions were reviewed in early 1990 and made more precise and succinct in the light of the feedback obtained from the previous JPRMs, as well as the requirements of WHO's regional collaborative responsibilities and the collaborative activities with the Member States. Accordingly, the objectives of the JPRMs for the fifth round were enlarged to include not only the review of WHO collaboration at the country level on the basis of the WHO regular country budget allocation, but also the review of the country's potential to collaborate with WHO in the Organization's regional and intercountry activities, as well as intercountry cooperation in the spirit of TCDC.
3.2 Visits

Preparations for the fifth round of JPRM visits began in September/October 1990. Plans were made to commence the missions in December 1990 and to end by March/April 1991; in fact, the first JPRM was carried out in December 1990.

As stated earlier the events in the Gulf and its aftermath and the unsettled conditions in some countries delayed any further progress.

3.3 Interim Actions

In view of the delays in the visits of JPRMs, the Regional Office prepared a detailed brief for each country on how best the remainder of the 1990-1991 allocation could be utilized, as well as proposals for 1992-1993. These were despatched to the WHO Representatives (WRs) and the governments in January/February 1991 in lieu of the postponed JPRMs. These statements proved of great use as a brief at that time and subsequently when the JPRMs took place. An updated version of these briefs were provided to the JPRM members, WRs and national focal points of the JPRMs later when the missions visited the countries.

4. JOINT PROGRAMME REVIEW MISSIONS

4.1 WHO Team

The WHO team comprised 1 or 2 senior staff drawn from the Regional Office, regional advisers and, at times, consultants who had wide experience of WHO procedures and a thorough knowledge of the country they visit, in addition to the WHO Representative of each country. In several instances, the WR of one country visited another as a member of the WHO team.

4.2 National Team

The national team was led by the focal persons identified by the Government with concerned national officials being coopted during the meetings at the country level. The Ministers of Health played a pivotal role in policy guidance. As in the fourth round of JPRMs, the representation in the national teams from sectors other than health was very limited; only six countries included persons from the health-related sectors. However, there was active participation of health training institutions and medical faculties in the JPRM process and very good participation of the divisions within the Ministries of Health.

5. REPORTS

The reports of the JPRMs followed the format presented in the JPRM guidelines, which are given below.

1. Implementation of the country's national health-for-all strategies.

This section dealt with:

- the progress achieved in the implementation of the strategy, using the four indicators viz. health coverage, clean water, EPI and trained birth attendants;
- the use of HFA Strategy document;
health financing and expenditure;
- the usefulness of HFA Strategy evaluation reports; and
- the details of medium-term national health plans, if any.

2. Main issues - problems and facilitating factors.


6. Other specific issues related to areas such as health information, intersectoral coordination, external coordination, national activities relevant to WHO resolutions, plans on advocacy of HFA/2000, proposals related to the JPRM process and areas and avenues of intercountry activities and coordination.

The completed reports were scrutinized in the Regional Office by the technical units and the administration from the budgetary point of view. Since some reports had to be translated into English from the original Arabic or French, prior to their circulation in the Regional Office for comments, there have been some delays at times. Meanwhile, however, the implementation of activities were begun based on the draft reports.

6. SOME TRENDS IN PROGRAMMING

An important trend was the integration of several related health programmes into PHC, and the consolidation of plans of action for communicable diseases and development of human resources for health, for better coordination and optimal use of resources.

There has also been an increasing emphasis on building or strengthening of health infrastructure through local training, with fellowships gaining high priority. New projects on emerging issues have been identified and computerization or automation of health information is being stepped up. Cost analyses for cost containment are being considered and there is also an increasing emphasis on health information support.

7. PROBLEMS ENCOUNTERED

One of the main problems encountered was the unsettled conditions in the Region, which has been referred to earlier, resulting not only in delays in the JPRMs taking place, but also repeated changes in the dates of the missions and also of the WHO team members in accordance with their pressing commitments. Some JPRMs took place during the Holy Month of Ramadan giving the teams limited time to work. The joint programme review of Qatar was held in the Regional Office and the programme reviews of Iraq, Kuwait and Somalia have not yet been carried out--at the time of writing the report.

8. PROPOSALS FOR FUTURE JPRMs

The general consensus was that the JPRMs were useful and the process was satisfactory. However, some specific suggestions were made by the
JPRMs in order to strengthen and improve the process. These are summarized in the following paragraphs.

1. WHO should contact national members of the JPRM through the WR's offices, where available, in order to provide them with all the necessary information to enable them to understand WHO's policies and strategies. A preliminary meeting of the WR and the team held a few weeks before the JPRM could help better understanding and cooperation in the JPRM process.

2. For countries where there are no WRs, it is proposed that one WHO member of the proposed JPRM team should visit the country concerned in advance to meet the national members of the JPRM and the project managers in order to help them make appropriate preparations for the work required.

3. WHO should provide (through WRs, where they are available) the national bodies concerned in health-related sectors with information regarding WHO policies and emphasize the importance of their participation in the collaborative programmes in the light of the country's health development plan and within the country's comprehensive development plan. This should promote further intersectoral collaboration.

4. National health programmes should be defined by the government and stated in an official document, which should be made available to JPRMs at the start of the activity.

5. The names of JPRM members, both government and WHO, should be proposed during the first year of the biennium, in order to enable them perform their roles more effectively, studying all the aspects of the collaborative programmes, particularly those related to strengthening of the health system and achieving the objective of HFA/2000.

6. The members of the JPRM national team should form a national committee and should meet twice (e.g. in May and November) each year of the biennium, to follow-up the implementation of the programmes. The same group should be informed periodically, throughout the budget period, of the funds made available by WHO, and should be involved in the follow-up of their release.

7. The national team which visits the Regional Office at the beginning of the biennial period should be composed of the members of the national committee. It is also advisable that the WR in the country concerned should participate in this meeting to achieve harmony amongst JPRM members and ensure convergence of opinion on the PHC plan. This would help reach the desired objectives of supporting joint programme activities for the development of health systems.

8. The WHO team in JPRMs to some of the countries should include one of the members of the national team in the JPRM from another country in order to build up expertise amongst senior health levels in the Region.

The Regional Office is currently conducting a comprehensive evaluation of the JPRMs to make these missions still more productive.