RATIONALIZING WHO RESOURCES TO STRENGTHEN INTERCOUNTRY COLLABORATION
3. INTRODUCTION

Beginning with the 2000–2001 biennium, WHO initiated a series of programmatic and budgetary reforms. The principal objective of the reform process was to ensure more effective collaboration with the Member Countries in addressing priority health issues. In many countries, WHO collaboration was spread over a large number of diverse programmes and areas of work, which contributed to inefficiencies and limited the impact of WHO’s contribution. Recognizing this, the governing bodies mandated resource shifts towards priority areas in the Programme budget; application of results-based budgeting; and the realization of efficiency savings.

As part of the reform process, beginning with the 2002-2003 biennium, a shift in allocations to the Regional Office/ICP is proposed, in order to achieve greater efficiencies, and ensure a more comprehensive approach to country and regional health development. It should be noted that even with the increase in Regional Office/ICP allocations, the ratio between the RO/ICP and country allocations in the South-East Asia Region would continue to be amongst the lowest of the WHO regions.

The WHO regular budget could be classified under two broad headings - Regional Office Programme/Intercountry and Country Programme.

- Regional Office Programme/Intercountry –
  - Regional Office Programme included: Regional Committees; RD, DRD and Directors’ Offices; Administration and Finance units; and Regional Office operating costs (utilities, telecommunications etc.)
  - Intercountry Programmes included: Regional Advisers and their teams and support for technical cooperation activities benefiting more than one country.

- Country Programme - included staff and activities in the individual countries

It should be emphasized that the principal role and function of the Regional Advisers and their teams is to provide technical support to the Member Countries. This is provided through individual country activities funded through the “Country Programme” as well as those funded through the ICP mechanism.

At present 75% of the South-East Asia Region’s regular budget was allocated for country programmes. This percentage was the highest among WHO regions; and was reflected in the fact that seven of the twelve countries worldwide with the highest regular budget allocations were in the South-East Asia Region.
3. INTERCOUNTRY MECHANISM

The shift in allocations to the Regional Office/ICP in effect formalizes the actual ratio of regular budget funds for Regional Office/ICP that existed during the previous two biennia, while implicitly acknowledging positions taken by the Regional Committee.

<table>
<thead>
<tr>
<th>Biennium</th>
<th>Approved budget (in million US$)</th>
<th>Approved budget as % of Regular budget allocation</th>
<th>Actual/Anticipated expenditure (in million US$)</th>
<th>Actual/Anticipated expenditure as % of Regular budget allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996-1997</td>
<td>23.9</td>
<td>25</td>
<td>29.6</td>
<td>31</td>
</tr>
<tr>
<td>1998 - 1999</td>
<td>25.2</td>
<td>25</td>
<td>30.9</td>
<td>31</td>
</tr>
<tr>
<td>2000 - 2001</td>
<td>23.8</td>
<td>25</td>
<td>31.3*</td>
<td>33*</td>
</tr>
</tbody>
</table>

*Anticipated Expenditure

As early as 1994, the Regional Committee recognized the significance of ICP as a mechanism for implementing technical cooperation activities benefiting more than one country. The Regional Committee also saw ICP as a means of ensuring full utilization of regular budget resources. In establishing ICP-II, RC47 noted the need to provide additional support in a cohesive manner to address long-standing and newly emerging problems common to the Region. Moreover, RC47 recognized ICP as an effective means for fostering regional solidarity and cooperation in health development.

In the following year, RC48 noted that ICP assumed greater significance. ICP played a crucial role in addressing health problems of common focus in the South-East Asia Region through technical cooperation activities involving more than one country. As a consequence, RC48 recognized the need to provide additional allocations from the regular budget to ICP and requested the Regional Director to transfer the necessary resources though adjustments within the country allocations of the 1996 –1997 programme budget.

In the context that the RC50 endorsed the suggestions of the Second Health Secretaries Meeting, which called for Member Countries to increase the efficiency of programme implementation in order to achieve full utilization of regular budget resources and noted that a part of the country budget not absorbed in time should be pooled for implementation under the ICP mechanism (ICP III).

3. EFFECTIVE USE OF RESOURCES

In the forthcoming biennium 2002 – 2003, WHO’s main strategy would be to ensure that the Member Countries were better able to draw on the respective and complementary strengths of the countries, and the Regional Office to address priority programmes.
a. Past Experience

Past experience with the ICP mechanism demonstrated how funds, when pooled and implemented by the Regional Office, could be used effectively for priority activities benefiting more than one country, and in doing so, increase regional absorption rates. The move to shift substantial funds from the South-East Asia Region to other regions, at the 51st World Health Assembly, was largely a result of the difficulties encountered in effectively absorbing what are perceived outside the region to be excessively high country allocations. It was only due to the strong case put forth by the Region and the solidarity expressed by its Member Countries that the Assembly rejected this move. Instead of losing nearly 50% of the budget as proposed earlier, the Region only had to absorb a reduction of 2% - 3% per year over three biennia. Nonetheless, with WHO continuing to face severe financial constraints, the combination of low absorption rates and high country allocations might be seen by those less sympathetic to the South-East Asia Region as a compelling justification for future attempts to shift monies to other regions.

b. Ensuring Effective Use of Regional Office/ICP Allocation

Results-based management in which budget allocations and activities were formulated around a set of priorities, objectives and expected results, was initiated in the current biennium. Its further application in 2002 – 2003 would make it possible for WHO and the countries to jointly utilize the increased Regional Office/ICP allocation in a more focused and effective manner. This would improve the technical inputs to the country programmes and further strengthen intercountry cooperation within the overall WHO mandate.

In achieving these goals, well-defined priorities would be established, assuring a better match between country need, globally agreed strategies and areas of work in which WHO had a clear advantage compared to other development partners. Explicit criteria, which reflected both specific objectives and expected results, and the underlying rationale of the ICP mechanism, would be established for selecting activities for intercountry support. Such criteria might include:

- priorities requiring combined action;
- activities that enhanced regional capacities through intercountry cooperation;
- pooling of resources that could benefit several countries;
- activities that promoted networking between national and regional centres of excellence/WHO collaborating centres
- the catalytic/multiple effects of activities at regional level;
- activities that were part of an interregional or global programme; and
- specific issues identified by governing bodies etc.

ICP efforts for the current biennium were focused on priorities identified by the countries. For the coming biennium, country involvement in formulating the operational plans for ICP would be further strengthened, ensuring more active and meaningful country input at an earlier stage. The “WHO Country Cooperative
Strategy (CCS)," a collaborative effort of countries, WHO country offices and the Regional Office that provided a strategic focus for all WHO support to the countries, would play a significant role into this process. A regular and more systematic monitoring of ICP would be undertaken to ensure its effectiveness and provide the necessary information to allow for “mid-term corrections” as may be required during the biennium. Finally, the actual performance of the ICP in achieving expected results would be evaluated from a technical and managerial perspective with the lessons learnt providing input into ICP formulation for the following biennia.

As noted, the Regional Advisers and their teams provided technical support to countries through both country and intercountry activities. Both channels for regional support to the countries would be strengthened. In doing so, an appropriate balance would be restored between the Regional Advisers’ support to country programmes and their involvement in intercountry activities. Some WHO Regional Office staff might be shifted to the country(ies) to provide technical support where it would be most useful and to help manage the ICP programmes more effectively. Means of using WHO country office staff to benefit more than one country also would be explored. These and other mechanisms would be examined to ensure greater and more meaningful staff presence at all levels – country, “sub-regional” and regional - in support of countries.

Recognizing that the countries of the Region possessed technical expertise, greater and more focused use would be made of WHO collaborating centres and national experts in support of ICP programmes. Towards that end, various measures would be considered to ensure that WHO is able to identify and then compete with other development partners in recruiting highly qualified consultants.

4. CONCLUSION

More effective use of Regional Office/ICP allocations could be seen as:

- Maximizing the effect of WHO collaboration at the country level through enhanced technical support from the Regional Office for country programmes and intercountry activities;
- Facilitating better planning, programming, budgeting, monitoring and evaluation for more effective implementation;
- Ensuring greater transparency and more accountability; and

Reducing the risk of having further resources shifted away from the South-East Asia Region