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Report of

**The outcome of the Joint Government/WHO Programme
Review and Planning Missions in 2007, including the
utilization of Country Cooperation Strategies**

Contents

1.	Introduction.....	1
2.	Implementation of the JPRM process for 2008–2009.....	1
3.	Results of the process and lessons learnt.....	2
4.	Conclusions	2

1. Introduction

In the Eastern Mediterranean Region, the Joint Government/WHO Programme Review and Planning Mission (JPRM) is a consultative process. It has been in place since 1984, and aims at ensuring that the collaborative programmes have clearly defined results and measurable targets to be achieved over a two-year period. The JPRM document is the outcome of each mission and aims at stimulating health development in line with the national health policy and agreed strategic directions for technical cooperation identified in the Country Cooperation Strategy for each country.

The JPRM process includes a critical review and assessment of the outcome of the previous biennium, the results of which are used in the planning exercise itself. It advances projections of issues, challenges and strategic directions which may be confronted within the following biennium.

Although a mid-term strategic planning process has been introduced recently in WHO, the biennial programme budget remains the key tool for operational planning. However, new elements of reform have also been implemented to harmonize planning and make the biennial programme budget more supportive to WHO's strategic approach and transparent collaboration at country level.

The proposed regional programme budget 2008–2009 was prepared differently from previous ones. For the first time a Medium-term strategic plan was developed for the Organization to cover three biennia. In 2007, the Health Assembly in resolution WHA60.11 endorsed the Medium-term strategic plan 2008–2013 (MTSP), requested its use to guide preparation of the next three biennial programme budgets and operational plans through each biennium and decided to review the MTSP every two years in conjunction with the proposed programme budget. This would include revising the indicators and their respective targets, as deemed necessary. A shift from areas of work to strategic objectives reconfigured the way that programme areas work together. The concurrent development of the new Global Management System has also had a profound impact on organizational structure, working methods, processes and procedures.

2. Implementation of the JPRM process for 2008–2009

The 13th round of the Joint Government/WHO Programme Planning and Review Missions for the biennium 2008–2009 were implemented between June and November 2007. The role of Country Cooperation Strategies in this process is important. Country Cooperation Strategies are used in all countries of the Region, including those countries in crisis, as a key instrument to align WHO technical collaboration with national priorities and to harmonize the programmes within an agreed upon strategic framework. Country Cooperation Strategies were the main tools used to implement the country focus policy of the Organization and to increase focus and efficiency in utilization of resources. All the operational workplans for 2008–2009 were endorsed by the respective Ministers of Health and the Regional Director and before the end of 2007.

Preparatory work at country and Regional Office level started well ahead of the joint missions. WHO Representatives and their teams, in collaboration with national programme managers, developed draft plans at the country level. JPRM teams were assigned to each country and reviewed the draft plans in view of national, regional and global priorities. Consultations were held with other health-related ministries and United Nations agencies, and they were invited to take part in JPRM sessions to increase synergy of interventions.

In total, 18 missions were conducted to countries, and 4 missions took place in the Regional Office. Plans of action were published on the Regional Office intranet for 5 weeks to allow technical staff to review and comment before finalization.

Teams participating in the missions utilized an updated version of the regional drafting tool, Workplan Editor (WPE v4), during the operational planning process. The tool was updated prior to the start of missions and all relevant staff in country offices and the Regional Office were trained on new features and business rules during February and March 2007.

To further consolidate the process, intensive training workshops on results-based management were carried out for national programme managers and country office staff in several countries. This training was instrumental in enhancing common understanding of the planning, monitoring and evaluation of the work of WHO.

3. Results of the process and lessons learnt

Timely preparation and early involvement of the partners resulted in improved joint planning, sharing of experience between JPRM teams, and good participation of national teams and other governmental partners in this process. Country Cooperation Strategies assisted in the alignment of national priorities and provided a medium term strategic framework for cooperation. A steady improvement in priority-setting and planning skills were evident; however, formulation and definition of expected results and performance indicators needs further improvement. The dialogue between country teams and JPRM team members resulted in common understanding of country-specific expected results and their link to the regional expected results.

However, in development of operational plans a number of issues and challenges were faced.

- Difficult political environments persist and are associated with lack of human and financial resources and weak managerial capacities, particularly in countries in complex emergencies.
- Evidence for effectiveness of interventions for health protection and promotion, including environmental health risks and health outcomes, needs to be further developed. Building national capacities for noncommunicable diseases prevention and care requires strong political commitment and intersectoral collaboration.
- Maternal and child mortality and morbidity in certain countries of the Region is unacceptably high, mainly due to extreme shortages in human and financial resources, poor utilization of existing services as and the implications of sanctions, war and conflict. In these countries, WHO technical cooperation needs better prioritization and integration with other areas such as health systems development.
- In many countries, responsibility for environmental health functions, nutritional policies and risk factors contributing to burden of noncommunicable diseases do not fall under the Ministry of Health, and action taken by other responsible sectors is inadequate. Collaboration between ministries of health and other partner ministries needs to be strengthened. Close collaboration and active involvement of ministries of finance and planning is crucial for the sustainability and expansion of health programmes. WHO technical cooperation must be further expanded to reinforce collaboration between ministries of health and partner ministries.
- Strengthening WHO presence at the country level remains a main priority. WHO needs to strengthen its collaboration with other United Nations agencies, nongovernmental organizations and potential partners in the health sector and assume a more proactive role in supporting Ministry of Health leadership of the health sector. Resource mobilization and coordination at the country level should also receive further attention.
- Lack of flexibility in allocation of voluntary contributions impedes the Organization's ability to shift resources to under-funded areas of collaboration with countries and is among the main challenges to achievement of expected results in these areas. Although great efforts are being made to shift the resources to priority areas, a few important areas such as women's health, health systems and research policy and promotion remain underfunded.

4. Conclusions

The environment in which public health operates both globally and locally is becoming increasingly complex, with important new players changing the way countries address health challenges. With this complexity, the need for more harmonization and better coordination at global, regional and country levels is increasing. Investments in health have risen substantially over the past five to ten years, contributing to a change in WHO's relations with major partners. With expected increases in the amount of funds from voluntary contributions, partners expect transparency, accountability and measurable results. WHO has been a key player in shaping and responding to change in the area of

public health, moving strategically to remain effective and efficient in a rapidly evolving environment. Capacity building in strategic and operational planning is an ongoing process. The Regional Office will continue to strengthen the JPRM process through further improvement and utilization of Country Cooperation Strategies and the findings of their evaluation. The JPRM exercise is a robust consultative process with clear value for reinforcing the current reforms in WHO towards enhancing transparency, efficiency and integrated programme management. The consultative processes will be further developed to increase the quality of analysis of country-specific development challenges and health needs in view of strengths and weaknesses. Managerial applications as well as human resource capacities will be enhanced through results-based management training and improvement of tools, including implementation of the Global Management System.