

WORLD HEALTH
ORGANIZATION

REGIONAL OFFICE FOR
SOUTH EAST ASIA

Ninth Meeting of the Consultative Committee
for Programme Development and Management,
New Delhi, 23 to 25 April 1986

SEA/PDM/Meet.9/9

25 April 1986

REPORT OF **THE** NINTH MEETING OF THE CONSULTATIVE COMMITTEE
FOR **PROGRAMME DEVELOPMENT** AND MANAGEMENT

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INTRODUCTION

In pursuance of the directive from the Regional Committee that the Consultative Committee for Programme Development and Management (CCPDM) meet every six months to carry out a review of the implementation of the Organization's collaborative programmes in the Member States, the Regional Director convened the ninth meeting of the CCPDM in the Regional Office with the following terms of reference:

1. Review of the Draft Regional Programme Budget Policy for the South-East Asia Region
2. Review of the Draft Eighth General Programme of Work (covering the period 1990-1995)
3. Review of the Implementation of WHO's Collaborative Programmes in the Member States during the biennium 1984-1985
4. Formulation of the Broad Intercountry Programme Budget proposals for the biennium 1988-1989,
5. Method of Presentation of the **CCPDM's** discussion of the Regional Director's Annual Report to the Regional Committee

The Committee met in the Regional Office of WHO at New Delhi from 23 to 25 April 1986. Inaugurating the meeting, Dr U Ko Ko, the Regional Director, appreciated the keen interest evinced by the Member States in the development and management of the Organization's collaborative programmes and felt that the **CCPDM's** deep involvement in undertaking specific tasks related to programme development and management had facilitated optimal utilization of WHO's resources in direct support of the health development efforts of the Member States according to their felt needs. Referring to the draft Regional Programme Budget Policy developed in pursuance of the directive from the Executive Board, he hoped that utmost care would be paid to finalizing such a **policy**, since the objectives and the criteria for WHO support enunciated in **this policy** would become the guiding principles for WHO collaboration with the Member Countries in the future. He also referred to the great emphasis laid in the policy on HFA leadership development and the building up of a critical mass of HFA leaders. Concerning the critical financial situation that the **entire UN** system including WHO was now facing, the Regional Director stated that this had resulted in a reduction of resources in the programme budget for the biennium 1986-1987 and that the situation might continue during the 1988-1989 biennium also. Referring to the directive of the Regional Committee that the CCPDM should continue to review the Regional Director's Annual Report in, its September session every year, he hoped that the CCPDM would consider the modality of presentation of its report to the Regional Committee and recommend a suitable procedure to ensure fruitful discussions on the Annual Report without duplication of efforts. In conclusion, he expressed the hope that the active participation of the Member States in the CCPDM meetings would go a **long way** in improving the programme development and management efforts of the Organization in support of the HFA strategies at all levels.

Brig. Mohd. Hedayetullah of Bangladesh was elected as Chairman and Dr Damrong Boonyoen of Thailand as Rapporteur. A list of participants is attached (see Annex).

SECTION 1

REVIEW OF THE DRAFT REGIONAL PROGRAMME BUDGET

POLICY FOR THE SOUTH-EAST ASIA REGION

REVIEW OF THE DRAFT REGIONAL PROGRAMME BUDGET POLICY
FOR THE SOUTH-EAST ASIA REGION

The Committee was informed of the various steps taken so far by the Regional Office to develop the draft Regional Programme Budget (RPB) Policy and the consultations held with the Member Countries. It noted that the working paper **SEA/PDM/Meet.9/4** contained the third revised draft of the **RPB** Policy, based on the comments and suggestions of the eighth meeting of the CCPDM and, the Sub-Committee on Programme Budget of the 38th session of the Regional Committee, held in September 1985.

The Committee then took up a review of the draft RPB Policy in the light of the comments/suggestions received from the governments and the Secretariat, as contained in document **SEA/PDM/Meet.9/4 Add.1**. After a detailed discussion, the Committee decided that the following amendments be incorporated in the draft **RPB** Policy:

- i) The first sentence of paragraph **4(4)** on page 3 should be reworded to read: "The Member States will use the funds 'allocated in the programme budget of the Region to ensure access to all the resources that WHO . . . *."
- ii) "Promoting multisectoral collaboration in support of Primary Health Care" should be included under paragraph 13 on page 13 as a separate item.
- iii) The first sentence of paragraph 17 on page 14 should be changed to read: "It would be necessary to avoid the establishment/continuation of a separate infrastructure for each programme."
- iv) Paragraph 36 on page **21 should** read as follows:

"36. From a financial accounting viewpoint, **WHO's** cooperation with national programmes will take two forms:

 - (1) Provision of international services and related technical support to national programmes.
 - (2) Direct financial cooperation in the national programmes.

For those activities for which direct financial cooperation is not regarded as feasible, the currently applicable forms of local expenditure may be exercised."
- v) Paragraphs 37 and 38 on page 21 should be renumbered as 38 and 37 respectively.
- vi) The second sentence of paragraph 42 on page 22 should be revised to read "The following criteria will normally be adhered to:"
- vii) Paragraph 44 on page 23 should be reworded to read: "Where fellowships abroad are still indicated, care will be taken to ensure that they take place in a country which provides training that is relevant to the conditions of the fellow's country."

- viii) The eight parts in the annex should be renumbered separately as Annex 1 to Annex 8.
- ix) Reference to the Seventh General Programme of Work in the main body of the RPB Policy document be deleted, but those in the footnotes be maintained.

The Committee recommended that the draft RPB Policy, after incorporation of the above amendments, be sent to the governments for their use while preparing the detailed programme budget for 1988-1989, pending endorsement by the 39th session of the Regional Committee to be held in September 1986 and final approval by the World Health Assembly in May 1987.

The Committee had detailed discussions on the forms of WHO cooperation with national programmes; viz., provision of international services and related, technical support and direct financial cooperation. The Committee noted that there was a lack of clarity- both among the governments and the WPC&Rs as to what constituted direct. financial cooperation, especially. as it did not replace the currently existing forms of local expenditure, and felt that clear guidelines on the definition of direct financial cooperation should be given to the WPC&Rs and the countries.

Concerning the financial audit in policy and programme terms, which formed an integral part of the RPB Policy, the Committee, noted the comments made by some governments on the second draft protocol. The Committee agreed in principle to the financial audit in policy and programme terms in the countries of the Region as proposed, and noted that as it was not possible to audit all the programmes, only a few selected important collaborative programmes would be audited. The Committee also decided that a further study of the proposal could be made by the countries and comments sent to the Regional Office for forwarding to WHO headquarters.

SECTION 2

**REVIEW OF THE DRAFT EIGHTH
GENERAL PROGRAMME OF WORK
(COVERING THE PERIOD 1990- 1995)**

REVIEW OF THE DRAFT EIGHTH GENERAL PROGRAMME OF WORK
(COVERING THE PERIOD 1990-1995)

The Committee was informed that the working paper for the Eighth General Programme of Work (document **SEA/PDM/Meet.9/5**) had been prepared after taking into account the suggestions received from the Member States regarding the approaches and types of activities that should be carried out at the country level. The document dealt with the targets and approaches for WHO collaboration at the country and regional levels with an indication of the support that might be needed from the global levels for the various programme activities. The Committee reviewed this document and recommended that it be submitted to the 39th session of the Regional Committee **in September**

1986 for
session of the Executive Board in January-1986, an updated classified list of
programmes had been proposed.

The Committee was informed that as a result of discussions at the 77th
The Committee felt that the following additions/changes be sent to HQ
for consideration for possible incorporation in the 8th GPW :-

1. A new programme "Healthy living including sports" be added under 8.5.
2. The programme 13.14 "Blindness and Deafness" 'be changed to "Blindness, Deafness and Speech Problems".

SECTION 3

**REVIEW OF THE IMPLEMENTATION OF THE WHO'S
COLLABORATIVE PROGRAMMES IN THE MEMBER
STATES DURING THE BIENNIUM 1984-1985**

REVIEW OF THE IMPLEMENTATION OF THE WHO'S COLLABORATIVE PROGRAMMES
IN THE MEMBER STATES DURING THE BIENNIUM 1984-1985

The Committee noted that the working paper (SEA/PDM/Meet.9/6) showed the status of implementation of WHO's collaborative programmes in the Member Countries of the Region during the biennium 1984-1985 and that, in accordance with the Committee's recommendations made at its earlier meetings, information on the technical and financial aspects of programme implementation, activities undertaken in each Member State of the Region under the intercountry programme, an analysis of the financial aspects of programme implementation, and a brief summary of common problems/issues encountered by a number of Member Countries in the implementation of the WHO collaborative activities during the biennium 1984-1985 had been included in the working paper.

The Committee noted, with satisfaction, that the implementation of the Organization's programme for the Region as a whole as well as for individual Member Countries (except DPR Korea and Mongolia) was over 100%. It reviewed the programme implementation in detail, considered the problems encountered for the smooth delivery of WHO's collaborative programmes at the country level during 1984-1985, and also some of the possible measures which could be taken for its further improvement during 1986-1987. The following points emerged from the discussions that ensued:

- (1) The rate of implementation during the biennium had not been steady and that it was particularly low in the first six and 12 months of the biennium, i.e., 11 and 31 per cent respectively, if the long-term staff obligations, which were made for the whole biennium at the beginning of the biennium itself, were not taken into consideration. It was pointed out that advance planning, i.e., immediately after the Regional Committee had noted the detailed programme budget for the forthcoming biennium, could alleviate this problem. However, since the financial/fiscal year(s) of WHO and the Member Countries did not coincide, it was felt that implementation during the earlier parts of the biennium was likely to be low. Time was required to pick up the rate of delivery so as to coordinate WHO resources with the national inputs.
- (2) The quality of monitoring the programme delivery had improved in some countries of the Region, as monitoring at the Regional level had stimulated similar monitoring at the country level also.
- (3) There was a significant increase in unliquidated obligations. For the SEAR Region, it was almost double the global average at the end of the biennium 1984-1985. Efforts were necessary to liquidate these funds before the end of 1986 to avoid these being charged to the 1986-1987 biennium.
- (4) Supplies and equipment ordered towards the end of the biennium were likely to cost more than what they would cost if ordered earlier, on account of usual cost escalation. Hence requests against this component should be made well in time to make the best use of WHO's resources at the country level.

- (5) Massive reprogramming took place very often, particularly during **the last** 'quarter of the biennium. The consensus in the Committee was that reprogramming was unavoidable as detailed programme budgeting was done much in advance, i.e., nearly 15 months before the commencement of the, biennium, and that the whole exercise did not coincide with the national fiscal. plans; Moreover, special situations often **arose** necessitating. **reprogramming.** Another aspect related 'to substantial **differences** in **costings** at the- time of budgeting, **estimates** drawn at the 'time of implementing **activities** and the-actual expenditures incurred..
- (6) It **was** suggested 'that the whole **fellowship** component might be lumped **together** as a 'separate programme and funds be made available to the countries. **It was felt** that' this would enable the Member States' to plan the total fellowship programme in the countries in line. with the national policies and strategies. **However,** it was clarified that the WHO fellowship programme was necessarily in support **of** the **national health** manpower development policies and strategies, and the programme would support institutional **development** 'and the **strengthening** of academic courses; besides providing- for study/observation tours, visiting scientists grants; **and** the training of manpower. This should be intimately integrated with relevant **programme/project** activities. Hence **fellowships** cannot be conceived as 'a separate independent programme **by** lumping the fellowships component of different programmes.
- (7) Some of **the members** felt that broad programming alone should be **undertaken and** detailed programming should be discarded in order **to** avoid massive reprogramming, which involved extensive administrative work and often; produced an extra burden on the staff at 'the country level. Another view was that a detailed programming exercise was essential for monitoring purpose, both at the country and' intercountry levels, and **that** the targetting of **programmes** along with detailed programming and timely formulation of detailed plans of action **was** important for the smooth **implementation** of programmes, 'their monitoring and evaluation, and for meeting the requirements of audit in policy and programme terms. However, such an exercise should be undertaken nearer the time of implementation. Since this was a policy matter, it was essential for the CCPDM 'to submit a concrete proposal to the Regional Director. The Committee, therefore, recominended that a small **Working** Group of the CCPDM be set up to study various aspects. of detailed programme budgeting, taking into account the guiding principles **enunciated** in the Regional Programme Budget Policy and the draft protocol on financial auditing. The proposed working group might also 'study the common problems/difficulties encountered by the countries and the Organization in the development and implementation of **WHO** collaborative programmes and suggest measures to overcome these. Its report should be submitted to the forthcoming meeting of the CCPDM for further consideration.

SECTION 4

**FORMULATION OF THE BROAD
INTERCOUNTRY PROGRAMME BUDGET
PROPOSALS FOR THE BIENNIUM 1988-1989**

FORMULATION OF THE BROAD INTERCOUNTRY PROGRAMME
BUDGET PROPOSALS FOR THE BIENNIUM 1988-1989

The Committee noted that the working paper **SEA/PDM/Meet.9/7** contained the broad intercountry programme proposals for the biennium 1988-1989, which had been developed in consultation with the Member Countries on the basis of the guidelines for WHO's involvement in intercountry programme as well as the long-term perspective plan approved by the Regional Committee. It also noted that the main thrust of the intercountry programme was in line with the Regional Programme Budget Policy and would focus upon programmes considered essential for implementing the **HFA/2000** strategies.

The Committee noted that not only the resources for the intercountry programme were coming down because of the general trend towards reduced budget growth in WHO as a whole and the fluid economic situation confronting the entire UN System at the present moment, but also this trend might continue during the 1988-1989 biennium and beyond. While noting that the intercountry programme was complementary and supplementary to the country collaborative activities undertaken with WHO support, the intercountry programme for 1988-1989 had been **formulated** in such a way as to stimulate catalytic action or provide support to attract funds from donor agencies.

The Committee was informed that the allocation of 5% of the total regional budget to the programme on Research Promotion and Development (RPD) was made in pursuance of the decision taken by the Regional Committee at its twenty-ninth session. The RPD programme was being developed in this region under the guidance of the Advisory Committee on Medical Research for **South-East Asia (SEA-ACMR)**, which was composed of representatives from among the public health administrators, researchers and scientists of the Member States. This advisory body had identified priority research areas in support of **HFA/2000** as well as developed a framework for undertaking health services and behavioural sciences research. The present trend of introducing research and development concept into all collaborative programmes, as conceived by the World Health Assembly, the Executive Board and the Regional Committee, demanded that sufficient resources be reserved for RPD activities. The Committee was assured that this programme area was under special scrutiny by the SEA-ACMR and that the activities **under** this programme were thoroughly screened by the Secretariat through special mechanisms, such as **the** Research Review Committee, the Research Development Committee, and Peer Review-. This programme substantially contributed towards the development of almost all other programmes. Besides, activities under this programme also led to the strengthening of the research capability of the Member Countries. Thus, this programme had not only served to stimulate the research capabilities of the Member States, but also contributed towards health development activities. In the circumstances, an allocation of 5% for such an important programme was considered justified, and the Committee agreed to maintain the allocation for the **RPD** programme at the present level.

After a detailed discussion, the Committee agreed to the broad intercountry programme proposals for 1988-1989 as contained in document **SEA/PDM/Meet.9/7** and recommended that it be presented to the Regional Committee for approval at its thirty-ninth session in September 1986.

SECTION 5

**METHOD OF PRESENTATION OF CCPDM'S
DISCUSSION OF REGIONAL DIRECTOR'S ANNUAL
REPORT TO THE REGIONAL COMMITTEE**

METHOD OF PRESENTATION OF CCPDM'S DISCUSSION OF REGIONAL
DIRECTOR'S ANNUAL R&PORT TO THE REGIONAL COMMITTEE

On the basis of the discussions of the thirty-eighth session of the Regional Committee that the CCPDM's recommendations on the Regional Director's Annual Report should be presented to the Regional Committee by the Chairman or a representative of the CCPDM, the Committee discussed the various modalities given in the working paper SEA/PDM/Meet. 9/8 as to how the entire process of the discussion on the Regional Director's Annual Report should be made during the Regional Committee, incorporating the presentation of the CCPDM report. After a detailed discussion, the Committee recommended the following procedure:

- i) Introduction of the Annual Report by the Regional Director.
- ii) Oral presentation (general comments) by country representatives.
- iii> The Annual Report of the Regional Director is taken up for discussion by major programme or by group of major programmes or portion of a major programme, depending on the size of the corresponding portion of the RD's Annual Report, for convenience of discussion.
- iv) Presentation of the Report of CCPDM by its Chairman or a designated member on the programme, group of programmes or portion thereof under discussion (**vide** (iii)>).
- v) Discussion on the portion of the RD's Annual Report then follows taking into account the relevant issues and problems as well as proposed solutions, if any, made under (i), (ii) and (iii).
- vi) Steps (iii), (iv) and (v) are then repeated until the entire Annual Report is discussed.

ANNEX

ANNEXLIST OF PARTICIPANTSBANGLADESH

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