



Fourteenth session of the Programme Committee  
of the Executive Board

3-6 July 1989

Agenda item 4

PREPARATION OF THE PROPOSED PROGRAMME BUDGET FOR  
THE FINANCIAL PERIOD 1992-93:  
PROPOSED ALLOCATION OF RESOURCES AND DRAFT PROCEDURAL GUIDANCE  
TO BE ISSUED BY THE DIRECTOR-GENERAL

Report by the Programme Committee of the Executive Board

1. As an introduction to its review of the Director-General's report on preparation of the proposed programme budget for the financial period 1992-1993, and in accordance with resolution EB83.R22, the Programme Committee heard oral statements by the Director-General and the Regional Directors on programme orientation, new developments and priority activities, globally and in the different regions.
2. Concern was expressed regarding the economic downturn and its adverse effect on health development, especially in the less developed countries. The Committee endorsed the proposal to undertake an overview of the situation and explore the various interventions which WHO would consider, including the possible convening of a multidisciplinary meeting bringing together officials and experts from other sectors to discuss these issues. WHO had a role to play in ensuring that economic adjustment policies did not further adversely affect the level of resources available to the health sector. Equally important for future health development would be WHO's support to national efforts to strengthen management capabilities, reduce waste and rationalize the financing of health care.
3. Related to the economic problem was the need to ensure the Organization's timely and effective response to emergencies and natural disasters. The Director-General intended to strengthen the Organization's capability for emergency relief operations, longer-term rehabilitation and reconstruction through development, as well as for humanitarian assistance, particularly for the peoples of Afghanistan, Namibia, Palestine and other countries where the need was greatest.
4. The Committee was also concerned at the deterioration of the environment and the resultant adverse impact on human health. It was clear that environmental issues were global in nature, affecting all regions and countries at every stage of development; solutions would require cooperation among different sectors and countries which shared these common concerns. The Director-General had proposed to convene a high-level technical expert commission on health and environment, which would contribute to the further development of WHO's strategy for environmental health, and provide an input to the United Nations Conference on Environment and Development in 1992.
5. The Committee recognized that within the overall policy and Strategy for Health for All, WHO's programmes had to continue to cover the basic problems of disease and ill-health still affecting most acutely the less-developed countries, and at the same time address new health challenges related to urbanization, aging populations, and social behaviour, as well as those ensuing from economic development itself.

6. With regard to future orientations, the Programme Committee strongly recommended that an appropriate balance be ensured between WHO's unique advocacy and coordinating role and its support to implementation of technical cooperation in order to maintain the Organization's worldwide authority on scientific and technical matters. The importance of monitoring and evaluation of WHO's technical cooperation to ensure adequate feedback on the use of resources was underlined and the Committee noted the intention to strengthen WHO's programme monitoring element. Such monitoring would also cover the use of extrabudgetary resources, which represented an increasingly substantial proportion of the Organization's overall budget.

7. Referring to World Health Assembly resolution WHA42.37, the Programme Committee recommended that support to technical cooperation among developing countries, particularly through the regional offices, be strengthened in the programme budget proposals for 1992-1993.

8. The Programme Committee reviewed the Director-General's report on the preparation of the proposed programme budget for the financial period 1992-1993, and noted that, in accordance with resolution EB79.R9 "Cooperation in programme budgeting", and reflecting current economic realities, the Director-General was proposing to submit to the Executive Board programme budget proposals that provided for zero budget growth in real terms.

9. In view of the relatively static levels of the proposed basic planning allocations, the role of the WHO representative at country level in ensuring that WHO resources were appropriately used to meet the evolving needs of Member States was considered crucial. The Programme Committee suggested that efforts be made to strengthen the WHO representative's capacity to meet this challenge and thereby to improve WHO programme budgeting at country level. In this regard the Programme Committee noted with satisfaction the importance accorded to joint government/WHO reviews in the draft procedural guidance for the preparation of the proposed programme budget for the financial period 1992-1993.

10. While noting the continuity in the policy framework and programming principles reflected in the draft procedural guidance, the Committee welcomed certain new features that had been introduced, such as the strengthening of links between WHO's programme of technical cooperation and the findings of the monitoring of progress in implementing health-for-all strategies reflected in the guidance. To this end, the Programme Committee noted the importance of an adequate flow of up-to-date information regarding the health situation in countries.

11. Regarding the three fundamental weaknesses identified in the second monitoring as hampering progress in countries (paragraph 11 of the draft procedural guidance), the Programme Committee recommended that mention be made in the procedural guidance of other obstacles of particular importance to developing countries such as high population growth. Similarly, there was a need to take account of the deleterious, and possibly far-reaching, consequences of poverty on the health status of populations, which the availability of resources to the health sector alone could not necessarily overcome. Finally, the need for quality assurance in health care should receive appropriate emphasis.

12. In reviewing Annex 3 "Budgetary guidance and regional planning allocations for 1992-1993 - Draft memorandum from the Director-General to Regional Directors" and Annex 5 "Summary table of proposed basic planning allocations for 1992-1993", the Programme Committee recognized the complexities inherent in arriving at the allocations of WHO's resources between regions as described in Annex 6. The Programme Committee considered that in the light of present financial constraints there was little scope for change; therefore, based on empirical experience, the current approach remained valid.

13. With regard to estimated cost increases, the Programme Committee supported the approach proposed by the Director-General of allocating individual cost ceilings for each region in the light of certain economic conditions, particularly inflation, prevailing in the host countries of the regional offices.

14. The report on the Programme Committee's review of document EB85/PC/WP/2 Add.1 "Criteria for determining priorities for WHO's programme: Proposal for a study" is contained in document EB85/PC/Conf.Paper No. 1 Add.1.



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3. Related to the economic problem was the need to ensure the Organization's timely and effective response to emergencies and natural disasters. The Director-General intended to strengthen the Organization's technical cooperation capability for emergency relief operations, longer-term rehabilitation and reconstruction through development, as well as for humanitarian assistance, particularly for the peoples of Afghanistan, Namibia, Palestine and other countries where the need was greatest.
4. The Committee was also concerned at the deterioration of the environment and the resultant adverse impact on human health. It was clear that environmental issues were global in nature, affecting all regions and countries at every stage of development; solutions would require cooperation among different sectors and countries which shared these common concerns. The Director-General had proposed to convene a high-level technical expert commission on health and environment, which would contribute to the further development of WHO's strategy for environmental health, and provide an input to the United Nations Conference on Environment and Development in 1992.
5. The Committee recognized that within the overall policy and Strategy for Health for All, WHO's programmes had to continue to cover the basic problems of disease and ill-health still affecting most acutely the less-developed countries, and at the same time address new health challenges related to urbanization, aging populations, and social behaviour, including traffic accidents, as well as those that could ensue from economic development itself.
6. With regard to future orientations, the Programme Committee strongly recommended that an appropriate balance be ensured between WHO's unique advocacy and coordinating role and its support to implementation of technical cooperation in order to maintain the Organization's worldwide authority on scientific and technical matters. The importance

of monitoring and evaluation of WHO's technical cooperation to ensure adequate feedback on the use of resources was underlined and the Committee noted the intention to strengthen WHO's programme monitoring element. Such monitoring would also cover the use of extrabudgetary resources, which represented an increasingly substantial proportion of the Organization's overall budget.

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5 July 1989

Fourteenth Session of the  
Programme Committee of the Executive Board  
3-6 July 1989  
Agenda item 4

REPORT OF THE PROGRAMME COMMITTEE WORKING GROUP  
FOR THE STUDY ON CRITERIA FOR DETERMINING PRIORITIES

1 The Programme Committee recalled the previous extensive discussions in the Executive Board<sup>1</sup> on the subject of criteria for identifying priorities for WHO's programme. Nevertheless, it was convinced that studies on the actual criteria used, as requested by resolution EB83.R22, would be of great value to the Organization. It specified that the outcome of such studies must be practical, leading to improvements and greater clarity at all levels in the preparation of future programme budgets and the Ninth General Programme of Work.

2. A Working Group was established by the Programme Committee of the Executive Board to consider the relevant details of the proposed study. This working group, comprised of Professor J.M. Borgoño, Dr I. Margan, and Mr R. Srinivasan, supported by members of the WHO Secretariat, met to consider the advisability of and approaches for undertaking the proposed study.

Objectives

3. The objectives of the study would be to: (1) analyse existing criteria and methods actually used for setting programme priorities at all levels of WHO and in other selected organizations to identify those that can be improved or applied more widely in WHO, (2) propose criteria and a range of methods for their use by decision makers and (3) improve the preparation, presentation, and implementation of WHO's general programme of work and programme budgets on the basis of such criteria and priorities.

Approaches

4. The study would identify a set of approaches to strengthen priority setting to be tested and applied throughout the WHO programme planning and implementation process.

5. The combination of five approaches to priority selection, as specified in document EB85/PC/WP/2 Add.1, was supported as a basis for developing these guidelines. Caution was expressed regarding the pitfalls of cost/benefit analysis, especially problems of quantification of outcomes of health intervention strategies. While accentuating the need for flexibility in response to political pressures, the Committee highlighted the need for WHO to resist undue influencing of priorities by external factors. The need was emphasized for a multidisciplinary approach, which would include those of economics and other social sciences.

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<sup>1</sup> Document EB83/1989/REC/1, Annex 11, Appendix and document EB85/PC/WP/2 Add.1.

6. The Committee considered that studies on criteria for setting priorities must squarely take into account the interactions, and sometimes opposing orientations of health needs, economic constraints and political realities. In coming to terms with these often opposing forces, long and medium-term perspectives must be considered in addition to short-term considerations. Any methodology that emerged would be very useful to health decision makers in countries and to WHO staff.

#### Focus

7. The study would focus on all levels of the WHO programme - country, regional/intercountry, and global/interregional.

#### Study components

8. Literature search - This would include the collection and analysis of information on the criteria used in developing the WHO programme budget for the financial periods 1988-1989 and 1990-1991 and on those criteria to be applied for developing the programme budget for the financial period 1992-1993. It would also include analysis of other relevant studies, e.g. the impact of economic and structural adjustment programmes on health care in developing countries. An important component would be to analyse the criteria applied in regional approaches such as the "consultation letter" in the European Region, programme evaluation system in the Region of the Americas, and the identification of health for all priority areas in other regions.

9. Policy guidance - This would include analysis of policy guidance given by governing bodies through their resolutions and decisions and their effect on the mobilization of resources for WHO programmes. Criteria and methods used in some major problem areas to resolve priority conflicts would be identified. The technical, financial, and administrative implications of implementing resolutions and policies would be analysed.

10. Other organizations - Information on the criteria and methods used by selected other international organizations, and national aid and donor agencies for priority setting would be gathered for use in developing an improved WHO methodology.

#### Study sequence

11. Information gathering - Information would be gathered by reviewing available literature, by correspondence and by interviews using structured discussions with decision makers. As appropriate the Working Group would participate with the Secretariat in information gathering activities including participation in visits to selected countries and regional offices.

12. Guidelines development - All information available would be used to synthesize strengthened criteria for priority setting in WHO. Proposals would be developed and reviewed by the Working Group for use at all levels of WHO.

13. Test - Promising new criteria for priority setting would be tested at appropriate points in the WHO management process, especially in the programme budgeting and monitoring phases.

14. Presentation - Future preparation of WHO documentation, e.g. the programme budget document and reports to governing bodies, would reflect the methods contained in the new guidelines.

Study plan

15. The study would be carried out over a two year period beginning immediately. A preliminary schedule for the study is attached.

16. A detailed plan of action and resource requirements would be developed immediately. The remainder of 1989 would be devoted to the collection and analysis of information on criteria and methods used for priority setting by the various WHO offices and other agencies. In 1990 the study would concentrate on further information gathering, guideline development, and the incorporation of selected elements in programme budget preparation. These two phases of the study would be undertaken jointly by the Working Group and the Secretariat through scheduled meetings, field visits and the exchange of material. In 1991 the study would concentrate on refinement of guidelines, evaluation, and further testing with the intention of incorporating the results into the WHO programme management processes and procedures. This would include the specific use of the guidelines in the preparation of the general programmes of work, programme budgets, and programme implementation.

17. Proposed review meetings would include (1) a progress review meeting in conjunction with the January 1990 meeting of the Executive Board, (2) a major review meeting of members of the Working Group and the Secretariat with regional office participation in October 1990 and (3) a progress report to the Executive Board meeting in January 1991.







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2. A working group was established by the Programme Committee of the Executive Board to consider the relevant details of the proposed study. This working group, comprised of Professor J. M. Borgoño, Dr I. Margan, and Mr R. Srinivasan, supported by members of the WHO Secretariat, met to consider the advisability of and approaches for undertaking the proposed study.

Objectives

3. The objectives of the study would be to: (1) analyse existing criteria and methods actually used for setting programme priorities at all levels of WHO and in other selected organizations to identify those that can be improved or applied more widely in WHO; (2) propose criteria and a range of methods for their use by decision-makers; and (3) improve the preparation, presentation, and implementation of WHO's general programme of work and programme budgets on the basis of such criteria and priorities.

Approaches

4. The study would identify a set of approaches to strengthen priority-setting to be tested and applied throughout the WHO programme planning and implementation process.

5. The combination of five approaches to priority selection, as specified in document EB85/PC/WP/2 Add.1, was supported as a basis for developing these guidelines. Caution was expressed regarding the pitfalls of cost-benefit analysis, especially problems of quantification of outcomes of health intervention strategies. While accentuating the need for flexibility for WHO to be able to respond appropriately to external factors, the Committee also noted the importance of resisting the undue influencing of WHO priorities by political pressures. The need was emphasized for a multidisciplinary approach, which would include economics and other social sciences.

6. The Committee considered that studies on criteria for setting priorities must squarely take into account the interactions, and sometimes opposing orientations, of health needs, economic constraints and political realities. In coming to terms with these often-opposing forces, long- and medium-term perspectives must be considered in addition to short-term considerations. Some of the methodologies that emerged might be useful to health decision-makers in countries, and to WHO staff.

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Focus

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Study components

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9. Policy guidance - This would include analysis of policy guidance given by the governing bodies through their resolutions and decisions and their effect on the mobilization of resources for WHO programmes. Criteria or methods used in resolving "competition" for resources by a number of programmes would be identified, if appropriate. The technical, financial, and administrative implications of implementing resolutions and policies would be analysed.

10. Other organizations - Information on the criteria and methods for priority-setting used by selected other international organizations, and national aid and donor agencies would be gathered for use in developing an improved WHO methodology.

Study sequence

11. Information-gathering - Information would be gathered by reviewing available literature, by correspondence and by interviews using structured discussions with decision-makers. As appropriate, the Working Group would participate with the Secretariat in information-gathering activities, including participation in visits to selected countries and regional offices.

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Group and the Secretariat through scheduled meetings, field visits and the exchange of material. In 1991 the study would concentrate on refinement of guidelines, evaluation, and further testing, with the intention of incorporating the results into the WHO programme management processes and procedures. This would include the specific use of the guidelines in the preparation of the general programmes of work and programme budgets, and in programme implementation.

17. Proposed review meetings would include (1) a progress review meeting in conjunction with the January 1990 session of the Executive Board; (2) a major review meeting of members of the Working Group and the Secretariat, with regional office participation, in October 1990; and (3) a progress report to the Executive Board session in January 1991.

