



**World Health Organization  
Organisation mondiale de la Santé**

**EXECUTIVE BOARD**  
Ninety-fifth Session

Provisional agenda items 9  
and 11

**EB95/19**  
11 January 1995

## **Programme Development Committee of the Executive Board**

### **Report on the first meeting**

**9 to 11 January 1995**

The Executive Board, at its ninety-third session, decided, by resolution EB93.R13, to change the Executive Board Programme Committee into a programme development committee composed of six Executive Board members, one from each of the WHO regions, plus the Chairman or a Vice-Chairman of the Board. It also outlined the functions of this new committee.

At its first meeting (Geneva, 9 to 11 January 1995) the Programme Development Committee reviewed: (1) implementation of recommendations of the Executive Board Working Group on the WHO Response to Global Change, with emphasis on follow-up, the effects of reforms initiated, and participation in the process of programme development; and (2) the proposed programme budget for the financial period 1996-1997 and preparation of the 1998-1999 programme budget.

This document summarizes the Committee's discussions and its recommendations to the ninety-fifth session of the Executive Board.

#### **Agenda item 1: Opening of the meeting**

1. The Director-General thanked the Programme Development Committee of the Executive Board (PDC) for having accepted, for reasons of economy, to hold the discussions in English only. He stressed the importance of this first meeting in setting guidelines for future sessions, and of the work of the Committee in monitoring implementation of reforms; participating in the programme development process; and reviewing the new method of strategic budgeting.

2. A list of participants is given in Annex A.

**Agenda item 2: Election of a Chairman**

3. Dr P. Nymadawa was elected Chairman and Dr E. Nakamura, Vice-Chairman. Rather than nominating a Rapporteur, it was decided to entrust the Secretariat with the preparation of the report. The draft report would be reviewed and adopted on the last day of the meeting and presented to the Executive Board by the Chairman.

**Agenda item 3: Adoption of the agenda**

4. The proposed agenda<sup>1</sup> was adopted and the Secretariat was requested to prepare similar annotated agendas for future meetings.

5. A joint meeting of PDC and of the Administration, Budget and Finance Committee (ABFC) was organized in order to ensure complementarity of the work of the two committees (see Annex B).

**Agenda item 4: Implementation of recommendations of the Executive Board Working Group on the WHO Response to Global Change****Agenda item 4(a): Follow-up of the process and effects of reforms initiated**

6. A progress report on implementation of the recommendations of the Executive Board Working Group on the WHO Response to Global Change was presented to the Committee,<sup>2</sup> together with a summary of the work of the development teams established for that purpose. To date more than half the recommendations had been taken up, and the proposed solutions, once approved by the Board and the Assembly, were being integrated into the day-to-day management of the Organization. The summary was complemented by the reports of three development teams in which Executive Board members had participated.<sup>3</sup>

7. The reforms, which had already gone beyond the recommendations of the Executive Board Working Group, had been coupled with structural changes, identification of priority actions and assessment of their feasibility. The Committee endorsed the proposed schedule of reporting by the development teams. As could be expected at this early stage of reform, global change was often perceived as a concern solely of senior management. Care should be taken to ensure that the changes continued to permeate all levels of the Organization and become an integral part of WHO's management culture.

Recommendations to  
the Executive Board

- (1) **Commend progress made in the implementation of recommendations on global change and endorse proposed reporting schedule.**
- (2) **Request that steps should be taken to ensure that changes continue to permeate all levels of the Organization and remain an integral part of WHO's management culture once all the recommendations have been presented to the governing bodies.**

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<sup>1</sup> Document EBPDC1/1 Rev.1.

<sup>2</sup> Document EB95/12. WHO response to global change.

<sup>3</sup> Document EB95/15. Renewing the health-for-all strategy.

Document EB95/16. WHO communications and public relations policy.

Document EB95/17. Development of a WHO worldwide management information system.

8. The question of the nomination and terms of office of the Director-General and Regional Directors (recommendation 13) should be reconsidered in the context of global change to reach agreement on criteria concerning the qualifications required for candidates to the most senior positions in the Organization. If there was an objective selection process, the length of tenure might be less important. With regard to the use of search or *ad hoc* committees, consideration could be given to using different approaches for the selection of the Director-General and of the Regional Directors.

Recommendation to the Executive Board (3) Keep open recommendation 13 in the context of global change.

9. Although existing consultation mechanisms with Member States should continue, recommendation 15 proposed that surveys should be conducted of the opinion of Member States on the work of WHO. These surveys could take the form of occasional plebiscites, for example, requesting Member States to respond to several questions anonymously.

Recommendations to the Executive Board (4) Keep open implementation of recommendation 15.  
(5) Request that the opinion of Member States on specific aspects of WHO's work should be surveyed when needed.

10. The Committee supported the proposal to review the method of work of the regional committees (recommendation 16) in three to four years, and affirmed that it was important for Member States to include Executive Board members in their delegations to the regional committees.

Recommendations to the Executive Board (6) Reconsider the method of work of regional committees in three to four years.  
(7) Recommend that Member States should include Executive Board members in their delegations to regional committees.

11. The governance of extrabudgetary-funded programmes (recommendation 35) was an important but complex issue. Even though membership of the Board had been enlarged, it would not be possible for Board members to attend all management committees of extrabudgetary programmes. The Board should, therefore, concentrate on major programmes in order to ensure consistency of management and policy. Means should be sought to facilitate the participation of Board members, such as choosing the same timing and venue for these meetings, or assigning follow-up of specific programmes to different Board members. Other factors also had to be considered, such as growing pressure from other agencies to attend sessions of WHO's governing bodies.

Recommendations to the Executive Board (8) Request the Director-General to facilitate the participation of Executive Board members in the management committees of all major extrabudgetary-funded programmes by, for example, choosing the same timing and venue for these meetings.  
(9) Request all major extrabudgetary-funded programmes to invite Executive Board members to their management committees, whenever possible.

12. Programme support costs (recommendation 36) would be discussed by ABFC.

13. The question of regional allocations (recommendation 38) - a sensitive issue which sought to reconcile fiscal conservatism with imaginative programme development - had been taken up by some regional

committees. More important, however, was to determine where the future of the Organization lay. Should WHO concentrate on advocacy, technical guidance and normative issues? Should it focus on technical cooperation at country level? Or should it continue to cooperate with Member States in all areas?

Recommendations to  
the Executive Board

- (10) **Request the Director-General to continue to review this matter in consultation with the Regional Directors.**
- (11) **Request that regional committees reconsider the matter in 1995 on the basis of such consultation.**
- (12) **Request that a report on this question should be presented in 1996.**

14. The Committee endorsed the coordination mechanisms for implementation of the recommendations on global change.<sup>1</sup> As reform would carry on even after implementation of the recommendations, PDC would continue to play a part in the process.

Recommendation to  
the Executive Board

- (13) **Endorse established coordination mechanisms, which should be kept under review by PDC.**

15. Having studied socioeconomic and demographic development in the world and its impact on health, and uneven improvements in health, the Development Team on WHO's policy and mission realized that the health-for-all strategy - and not only its targets - needed to be updated.<sup>2</sup> A framework for a new policy, based on equity and solidarity, was therefore being submitted to the Board, together with a proposal for an extensive national and international consultation with all beneficiaries, actors such as technical experts, and donors. Technical cooperation also needed redefinition in view of new parameters. The outcome of the extensive consultations would help to redefine WHO's mission.

16. The Committee welcomed the proposal for updating the health-for-all strategy. Although the strategy had been revolutionary in its time, new realities had to be considered such as the globalization of markets, or the pauperization and marginalization of certain population groups. Some countries had recently issued white papers on the spread of poverty and the ensuing cost to the health sector. It was not always easy, however, to translate health policies into political action, and WHO's cooperation would be needed. The Committee supported the suggestion to convene a conference/summit; it also supported the possibility of drawing up a United Nations agenda for health, as health for all ultimately had to mean "health by all".

Recommendations to  
the Executive Board

- (14) **Endorse the proposal for renewal of the health-for-all strategy based on an extensive national and international consultation and culminating in the convening of a conference/summit and/or the drafting of a United Nations agenda for health.**
- (15) **Redefine WHO's mission, based on the outcome of the national and international consultation, and including redefinition of the concept of technical cooperation.**

17. Recognizing the influence of the media on public opinion, the Development Team which had dealt with recommendation 45 had gone beyond the scope of the recommendation. It had proposed a WHO communications and public relations policy, and steps had already been taken within WHO to modernize

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<sup>1</sup> Document EB95/12, section IV.

<sup>2</sup> Document EB95/15. Renewing the health-for-all strategy.

public relations services.<sup>1</sup> A conference on health and the media was proposed for 1996. Nevertheless, WHO's funding in this field was very modest and there were virtually no extrabudgetary funds. Developments would therefore depend on mobilization of national media resources and active participation of ministries of health.

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| Recommendations to<br>the Executive Board | <p>(16) <b>Endorse the proposal for a WHO communications and public relations policy, depending on the budgetary implications.</b></p> <p>(17) <b>Encourage ministries of health to participate actively in the implementation of the new policy.</b></p> |
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18. Reviewing the interim report on the development of a WHO worldwide management information system the Committee noted with satisfaction the progress made during the first phase and preparations for the detailed development plan.<sup>2</sup> Implementation of such a comprehensive plan would stretch over a number of years because of the human and financial resources involved. As the Health Assembly would have to decide on financing of an upgrading of the local area network at headquarters, the final development plan should also be submitted to the Health Assembly in May 1995.

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| Recommendations to<br>the Executive Board | <p>(18) <b>Take note of the interim report.</b></p> <p>(19) <b>Request that the final development plan for a WHO management information system should be submitted to the Forty-eighth World Health Assembly.</b></p> |
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#### **Agenda item 4(b): Participation in the process of programme development**

19. Members debated this point extensively during earlier discussions, especially relating to regional committees. An essential mechanism to enhance the participation of Executive Board members in the process of programme development would be to assign individual Board members to specific programmes funded from both the regular budget and extrabudgetary resources. This involvement would enable Board members to become familiar with the programmes and to follow up their development. It was understood that Board members did not intend to act as "policemen" or to assume supervisory functions over programmes.

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| Recommendation to<br>the Executive Board | <p>(20) <b>Examine the feasibility of assigning the follow-up of one or more programmes to each Executive Board member, at no additional cost.</b></p> |
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#### **Agenda item 5: Programme budget matters**

##### **Agenda item 5(a): Review of proposed programme budget for the financial period 1996-1997**

20. The Committee noted that the proposed programme budget for 1996-1997 fully met the recommendations of the Executive Board Working Group on the WHO Response to Global Change and resolution WHA46.35, and followed the orientations of the Ninth General Programme of Work. Priorities had been determined through a "bottom up" approach involving Member States, regions and headquarters.

<sup>1</sup> Document EB95/16. WHO communications and public relations policy.

<sup>2</sup> Document EB95/17. Development of a WHO worldwide management information system.

It was a strategic budget which identified priorities and proposed shifts in resources, regrouped programmes under 19 headings, and was presented in a clearer, simpler and more user-friendly format. The document focused on expected outputs and evaluation mechanisms, with activities expressed in point form. Budget tables made analysis easier, and cost increases were to be included as late as possible. The Committee noted that detailed plans of action were to be produced closer to the time of implementation; the first would be prepared by December 1995, for the year 1996. These plans would form the basis for implementation and evaluation, and link planning, performance and use of resources, both human and financial.

21. The Committee agreed that the new type of programme budget was a revolution in thinking and approach. It was a tool for implementing policy that set out expectations and trends, and would assist the governing bodies in following a policy approach to priorities and allocations, leaving management matters with the Secretariat. It would also enable the Board to track achievements and the outcomes of funding, to identify and eliminate obstacles to good performance, and to question strategic approaches.

22. Criteria had been used to identify priorities, which was a complex task.<sup>1</sup> Country and regional priorities might differ from global priorities, and some would be short term. Some priorities might not be allocated significant resources by WHO for various reasons, and certain lower priorities might require substantial funding. A clear definition and a common understanding of technical cooperation was needed because of its key role in support to countries. Criteria were also needed to determine at what stage WHO ceased to provide technical support. The key factor in determining priorities was the needs of Member States.

Recommendations to  
the Executive Board

- (21) **Refine the current mechanisms to involve the Executive Board and the Health Assembly in determining priorities and activities to be discontinued, and confirm that new mechanisms are not required.**
- (22) **Request the Director-General to propose ways in which the Board could enhance its role in determining priorities, as well as activities to be discontinued.**
- (23) **Welcome the opportunity to strengthen the Board's involvement with regional committees in the preparation of regional programme budgets, through the provision of guidelines and advice.**
- (24) **Request that quantitative targets and indicators of performance should be defined, and that consistent methods of evaluation, adapted to specific programmes, should be systematically applied.**

23. The Committee commended the Director-General's introduction to the proposed programme budget for 1996-1997, which placed the budget in the context of overall reform. It should, however, include examples of specific activities related to the four principal thrusts of the Ninth General Programme of Work.

Recommendation to  
the Executive Board

- (25) **Suggest to the Director-General that the introduction to the programme budget should include specific priority areas in line with the principal thrusts of the Ninth General Programme of Work.**

<sup>1</sup> Document EB95/14. Programme budgeting in WHO and prioritization of activities.

24. The Committee made detailed comments on headings 1 to 5 of the proposed programme budget, which will be used to update the document after the Health Assembly.
25. The Committee noted the large increase under **Governing bodies**. This reflected a one-off transfer of resources comprising costs directly related to the Executive Board and Health Assembly.
26. **Appropriation section 2** was considered important because of continuing inequities, despite efforts in health development. Decentralization should be emphasized at country level, and duplication of functions related to health policy and management should be avoided. A minor editorial change proposed on page 43 was noted by the Secretariat.
27. There should be greater emphasis in **appropriation section 3** on encouraging countries to manufacture essential drugs and equipment for infection control. Guidance on good manufacturing practice in the production of pharmaceutical products was produced by WHO, and elements of transfer of technology could be incorporated in the Action Programme on Essential Drugs. Human resources were crucial to health systems and it was important that Member States make the best use of them. The fellowship component of 3.2, Human resources for health, ought to be further evaluated. Quality of care was declining in some countries, and new thinking included a package both to treat people and to stimulate economic growth. The Committee noted that action on blood safety was carried out in collaboration between two technical units; work on urban health systems was a similar case.
28. **Appropriation section 4** emphasized health protection and promotion aimed at young people and school-age children. It should, however, also accentuate community-based mental health care and other health services. Family and population issues were also important, as was family planning. It was suggested family planning services should also be aimed at men. Targets were required for this section to enable Member States to track progress made. The small reduction in funding for water supply and sanitation was noted. The Committee also noted that WHO was the Secretariat of the expanded International Programme on Chemical Safety (WHO, ILO, UNEP, FAO, UNIDO, OECD) and host of the Secretariat of the Intergovernmental Forum on Chemical Safety. WHO was also closely involved in the implementation of the Basel Convention on Transboundary Movement of Hazardous Waste. The work of the first phase of the International Programme on the Health Effects of the Chernobyl Accident had been completed and an international conference (Geneva, November 1995) to disseminate results would provide an opportunity to involve the world community and to inform them of the health consequences of the accident.
29. **Appropriation section 5** contained the more traditional elements of WHO's mandate. The increase in allocation at global level was accounted for by an increase in staff to monitor eradication of dracunculiasis. The need to emphasize the importance of and support to malaria and other endemic diseases was stressed. Every effort would be made to avoid duplication in the research proposed by the Global Programme on AIDS. Cancer was increasing, as were other noncommunicable diseases. Reductions in the allocation for control of noncommunicable diseases were due to financial constraints. Greater *rapprochement* with the European Union and other major regional and international organizations was desirable.
30. ABFC would consider **appropriation section 6**.
31. PDC and ABFC held a joint meeting to discuss their mandates and the conclusions of their discussions. A report of the meeting is contained in Annex B.

**Agenda item 5(b): Preparation of the procedural guidance for the 1998-1999 programme budget**

32. From their discussion of the proposed programme budget Committee members concluded that it was essential to include several key elements during preparation of procedural guidance for the 1998-1999 programme budget, namely, improvement in priority setting, more programme-specific targets, and sharper output formulation. Partnership and coordination with other organizations needed to be established and strengthened.

33. With regard to the classified list of programmes, Committee members endorsed the concept of the 19 "carrier programmes" with specificities for headquarters and regions, including specialized programmes in regions. It would reflect better the range of health challenges around the world and avoid possible duplication. Further, it would require the Secretariat to improve teamwork in programme implementation, for example with regard to essential biologicals and medical devices or, particularly important, integrating health in development.

34. There was also a need to express country programmes in terms of outcome and to ensure that programme development was preceded by needs analysis in order to avoid a "shopping list" approach. This would also improve identification of priorities. Methodologies were needed at all levels to ensure that programmes achieved what they had been designed to do. This may call for a different format in the presentation of outputs in the programme budget, summarizing expected results at country, regional and headquarters levels. It will also allow a better definition of technical cooperation and of the role of WHO at all levels, as called for earlier. This specific point could be an important part of the revision of the regional programme budget policies.

Recommendations to  
the Executive Board

- (26) Request improvement in priority setting, more programme-specific targets, and sharper output formulation.
- (27) Endorse the concept of 19 "carrier programmes".
- (28) Request that country programmes should be expressed in terms of outcome.
- (29) Request that expected results should be presented at country, regional and headquarters levels.

**Agenda item 6: Other business**

35. In discussing the methods used during the programme reviews at the ninety-third session of the Executive Board, the Committee pointed out that programmes may have been evaluated positively because, *inter alia*, comparison was not possible and quantitative indicators were sometimes lacking. There was particular need for more and better quantitative information from the Secretariat relating programmes to prevalence of the health problem, economic factors and impacts, and associating outcomes with objectives.

36. The qualitative aspects of evaluation should however not be lost. Methods for such evaluations already existed and should form the starting point for the development of further approaches. More work was needed in order to report fully on programme output and to improve the managerial usefulness of the programme reviews. A distinction had to be made between rating of programmes based on worldwide or specific prevalence, approaches used by WHO, and quality of management. These three elements should be reflected in the reports of the three Executive Board programme review subgroups. Indicators were also needed to point out the best way for WHO to deal with the different concepts, programmes and diseases.

37. Such quantitative and objective indicators and methods should be designed in a collegial fashion and in a spirit of joint venture between the Board and the Secretariat. All Committee members agreed that this was a very important matter and welcomed the opening of this discussion.

Recommendations to  
the Executive Board

**(30) Suggest that quantitative evaluation methods and ratings should be used during programme reviews at the ninety-fifth session of the Executive Board, to the extent possible.**

**(31) Request the Secretariat to develop further and improve those methods.**

**Agenda item 7: Approval of the report and closure of the meeting**

38. The Committee reviewed the report in detail and introduced a number of changes.

39. In closing the meeting the Chairman thanked the participants for their active participation in the debate and the Secretariat for the quality of the material prepared. The positive experience gained during this first meeting would pave the way for future work. Although it was too early for an objective evaluation of the operation and outcome of this new Committee, he was convinced that the functioning of the Executive Board would be greatly enhanced by the work of PDC and of ABFC.

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**ANNEX A**  
**LIST OF PARTICIPANTS**

**Members, alternates and advisers**

Dr P. Nymadawa (Member, Chairman)  
Mr S. Yumjav (Adviser)

Professor M.E. Chatty (Member)<sup>1</sup>

Mrs P. Herzog (Member, ex officio)

Dr J. Larivière (Member)  
Ms J. Perlin (Alternate)

Dr L.I. Malychev (Alternate to Professor E.A. Nechaev)

Professor I.A. Mtulia (Member)

Dr E. Nakamura (Member)  
Dr J. Suzuki (Alternate)  
Dr S. Matsuda (Adviser)

**Other Executive Board member and advisers attending**

Dr J. Kumate (Member of the Executive Board)

Dr K. Bart )  
Mrs R. Belmont ) Advisers to Dr Jo Ivey Boufford  
Mr K.W. Bernard )  
Mr N.A. Boyer )

Miss S.C. Boardman ) Advisers to Dr K.C. Calman  
Mr T.M.J. Simmons )

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<sup>1</sup> Unable to attend.

## ANNEX B

**JOINT MEETING OF THE PROGRAMME DEVELOPMENT COMMITTEE  
AND THE ADMINISTRATION, BUDGET AND FINANCE COMMITTEE**

10 January 1995

**I. INTRODUCTION OF DR P. NYMADAWA, CHAIRMAN, PROGRAMME DEVELOPMENT COMMITTEE**

First, I should like to thank the Chairman and Members of the Administration, Budget and Finance Committee for agreeing to this joint meeting with the Programme Development Committee. The members of PDC felt that it would be useful to have a joint meeting in order to inform our colleagues in ABFC of their views on the proposed programme budget for 1996-1997, which we have examined from a programme point of view. PDC looks forward to hearing the views of ABFC. We are sharing views at this stage in order to present a harmonious report to the Board.

PDC examined the programme budget together with other policy documents which it felt was important for understanding of the new budget presentation. These documents, on renewing the health-for-all strategy and on programme budgeting in WHO and prioritization of activities, helped to place the budget in context.

PDC came to a number of general conclusions about the programme budget presentation. First, it expressed appreciation to the Secretariat for the quality of the presentation and the work done. Secondly, it agreed that the new presentation responds to the resolutions on budget reform, the guidance in the Ninth General Programme of Work, and the recommendations of the Executive Board Working Group on the WHO Response to Global Change. Thirdly, the new budget is strategic in nature. It links proposed resources to achievements, and includes evaluation mechanisms to monitor progress in achieving agreed targets.

PDC recognized that the new budget format will require the governing bodies to develop new expertise in using the budget as a tool. The new format will not allow technicians to fall back on details, but will require them to keep their eyes on the forest rather than the trees and to let the managers manage. The governing bodies will therefore pursue their constitutional function and oversee the implications of policies.

In reviewing the proposed programme budget, the governing bodies will need to adhere to broad programme orientations, paying attention to **what** is to be done, not **how** it is to be done. The new budget presentation is different from the "blue book". It is intended to be user friendly, but it is not necessarily easier to use.

Lastly, PDC considered that this new presentation places the programme budget in a historical and political continuum. It takes fully into account extrabudgetary resources, as well as changes taking place in the United Nations system, and WHO's "comparative advantage".

PDC is generally positive about the new presentation. However, it would have liked priorities for the 1996-1997 biennium to have been set out more clearly. Although it recognizes that identification is difficult because agreed global priorities may be inconsistent with regional priorities and unrelated to country ones, it would like four or five priorities to be determined.

The question of priorities is important for both PDC and ABFC, and it might be useful for members to exchange views on respective roles in advising on priorities and priority setting.

After a general discussion on the proposed programme budget, PDC considered each appropriation section and made the following overall comments.

**Section 1: Governing bodies.** The Committee noted with concern the large transfer of funds from support services to Governing bodies.

**Section 2: Health policy and management.** The Committee welcomed the focus on policy development which reflects efforts to reform health systems in many countries. It noted, however, that framing of public policies must be accompanied by reforms that tackle inequities in society. It also noted that this section contains funding for certain time-limited activities such as the Global Commission on Women's Health and the WHO Task Force on Health and Development.

**Section 3: Health services development.** The Committee noted the important activities related to infrastructure development. Results will depend on the capability of Member States to use wisely WHO expertise and resources.

**Section 4: Promotion and protection of health.** The Committee agreed with the presentation and contents and emphasized community-based mental health services.

**Section 5: Integrated control of disease.** The Committee endorsed the contents and emphasized that WHO should maintain its "comparative advantage" in elimination and eradication of diseases. It also endorsed WHO's integrated approach to control.

PDC did not discuss section 6 as it felt that it would best be examined by ABFC.

The Committee emphasized the need for quantifying targets to be used in programme monitoring.

## II. INTRODUCTION OF DR LI SHICHUO, CHAIRMAN, ADMINISTRATION, BUDGET AND FINANCE COMMITTEE

ABFC started work immediately on the proposed programme budget for 1996-1997. The first topic reviewed was the respective roles of ABFC and PDC.

On the whole, the Committee felt that it was its role to review the traditional administrative and financial elements (cost increases, contributions, casual income, etc). It could also look at the more macroeconomic aspects such as the broad allocation of money to headings, and if necessary to regions and countries; but leave to PDC such matters as programme structure, targets and outcomes, evaluation and activities to be undertaken.

The Committee looked at the format of the new budget, and generally regarded it positively. The debate would nevertheless highlight areas for improvement, and certain suggestions were made in this respect.

It also discussed the degree of detail needed in the budget. A view was expressed that more detail was needed, perhaps separately, particularly in priority areas. On the other hand the Committee was informed of the logic of having a strategic budget and the good results experienced in the European Region. Detailed plans of action to implement the budget would be elaborated in the autumn, which would be a vital part of the new process.

The Committee was currently examining the proposed programme budget section by section.

### III. DISCUSSION

The committees noted that there was a remarkable degree of consensus in their conclusions. The aim of their work was to achieve better delivery of support to countries and a lean and effective WHO, at a time when financial resources were diminishing. ABFC endorsed the Director-General's priorities. It intended to make a number of proposals: for resource shifts, for identifying new methods of work and of resource mobilization, including creation of new partnerships with others, such as nongovernmental organizations and WHO collaborating centres, and for helping to eliminate duplication within the United Nations system. The two committees were complementary, and allowed useful debate. Both would be evaluated to see if they fulfilled a worthwhile function. It was agreed that the committees would exchange draft reports for comment before they were submitted to the Executive Board.

PDC had focused on programme matters and the rationale for allocation of budget funds. It advocated that the best organization to do the job should be trusted with delivery; it was important to recognize the advantages of others. Governments should ensure the required internal coordination so that positions on health development were consistent throughout the United Nations system. PDC welcomed WHO's more integrated approach to programme delivery.

ABFC had discussed the possibility of preparing a flow chart that would set out the process of policy determination from the World health report to preparation of the programme budget. Costs were attached to global reforms, and priority setting could help in shifting resources to meet some of them.

### IV. THE DIRECTOR-GENERAL'S CONCLUSION

The Director-General concluded that WHO was at a turning point. Health was a continuous and inseparable component of development. At a time of declining official development assistance, and inconsistency of some countries in directing resources for international cooperation on health, it was important to review and renew the health-for-all strategy. WHO had the resources to do this, with its accumulated experience in health, and its intimate relationship with and presence in countries. Compared to other agencies, WHO had the advantage in health policy. The Organization was undergoing internal restructuring and was encouraged by the positive response from ABFC and PDC, particularly concerning the new type of programme budget.

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