



WHO response to global change

Progress report by the Director-General

In May 1994 the Forty-seventh World Health Assembly reviewed a progress report¹ on the implementation of the 47 recommendations made in the report of the Executive Board's Working Group on the WHO Response to Global Change.² At its ninety-fifth session in January 1995, the Executive Board reviewed an earlier version of the present report,³ which summarizes the work of the development teams, outlines the progress made towards implementation of the recommendations, and reviews the functioning of the mechanisms designed to ensure a coordinated approach to implementation. The current text has been updated in the light of the Board's discussions and the decisions and resolutions adopted.⁴ In addition, the Board considered the reports of the Administration, Budget and Finance Committee and the Programme Development Committee of the Executive Board; its deliberations are also reflected in the text. In accordance with resolutions WHA47.6 and WHA47.7, the present document constitutes the report of the Executive Board on the effectiveness of these committees.

The Board also considered renewal of the health-for-all strategy,⁵ and adopted resolution EB95.R5. A separate report to the Health Assembly has been prepared on this subject.⁶

The Health Assembly, having reviewed this report, may wish to thank the Board for its work, take note of the progress made, endorse the decisions and resolutions taken on the subject, and request the Board to continue to monitor progress.

¹ See document WHA47/1994/REC/1, Annex 2, part 1.

² See document EB92/1993/REC/1, Annex 1.

³ See document EB95/1995/REC/1, Annex 4.

⁴ Decisions EB95(1), EB95(2), EB95(3) and EB95(10); resolution EB95.R5.

⁵ See document EB95/1995/REC/1, Annex 5.

⁶ Document A48/24.

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I. BACKGROUND

1. In May 1994 the Forty-seventh World Health Assembly reviewed a progress report on WHO's response to global change, which included a table showing the stage of implementation of the different recommendations.¹ At that time, 18 recommendations had already been implemented.² In January 1995, at its ninety-fifth session, the Executive Board reviewed an earlier version of the present progress report,³ which provided information on implementation of the 29 remaining recommendations. The Board also reviewed the reports of the Administration, Budget and Finance Committee and the Programme Development Committee of the Executive Board, and adopted a series of decisions (EB95(1), EB95(2), EB95(3) and EB95(10)) and resolution EB95.R5. The current report has therefore been updated to reflect the Board's work and to report on progress made between October 1994 and February 1995.

2. The Forty-seventh World Health Assembly recognized that, while implementing the recommendations related to global change, WHO was carrying out a general reorganization of its programmes in order to improve execution of the Ninth General Programme of Work; the programme structure and the managerial process as a whole, together with the necessary administrative support, has been adjusted. The requirements of resolution WHA46.35 on budgetary reform were also taken into account. Through such symbiotic implementation, the Director-General was carrying the spirit of global change even further than originally requested.

3. The report submitted to the Forty-seventh World Health Assembly also presented the various mechanisms, internal and external, used to implement the recommendations, such as establishment of the Global Policy Council and the Management Development Committee. It explained *inter alia* the creation of a series of temporary development teams to ensure that the policy concepts, elements and management tools which were developed to implement the various recommendations were applied at all levels and by all concerned. (Progress made in the work of the development teams is discussed in section II.) The development team on WHO's information and public relations policy has completed its work and will thus be disbanded, whereas the work of other development teams such as those on WHO's policy and mission and on the management information system has led to important developments requiring follow-up. Separate, more detailed reports by these development teams were therefore submitted to the Board.

4. The work of the development teams covers most of the recommendations remaining to be implemented. Several however, did not fall within their purview, namely, recommendations 13 on the nomination and terms of office of the Director-General and Regional Directors; 15 on surveys of Member States' opinions on the work of WHO at all levels; 16 on methods of work of regional committees; 35 on collaboration between Executive Board members and major extrabudgetary-funded programmes; 36 on programme support costs; and 38 on regional and country allocations. Progress on these recommendations is outlined in section III below.

5. Lastly, the Health Assembly had expressed concern about the need for a symbiotic implementation of all the recommendations for global change and the risk of uncoordinated action due to the different mechanisms involved. Section IV elaborates on the mechanisms for coordinating implementation of the recommendations and explains how they have operated during the past 12 months.

¹ See document WHA47/1994/REC/1, Annex 2, part 1, section III.B.

² See decisions EB93(6), EB93(8), EB93(9), EB93(10), EB93(12) and resolutions EB93.R1, EB93.R13.

³ See document EB95/1995/REC/1, Annex 4.

II. WORK OF THE DEVELOPMENT TEAMS

6. The development teams, which will cease to exist upon completion of their mandates, are multidisciplinary groups comprising WHO staff members working at all levels of the Organization. They were created to develop policy concepts and management tools to implement rapidly and effectively the recommendations of the Executive Board's Working Group on the WHO Response to Global Change, within the context of the WHO managerial process (see also section IV below). Early in 1994 each team adopted a schedule of work which was subsequently approved by the Global Policy Council (GPC) in April 1994. In addition to the development teams *per se*, there are core groups for each team in all regional offices and at headquarters. The core groups do background work for the teams and ensure that the knowledge and methods already available in each region and at headquarters are properly reflected in their deliberations and conclusions. A report on the work of the development teams from their inception to February 1995 is given below.

A. Development team on WHO policy and mission (covering recommendations 2, 3, 4, 15, 17 and 31)

7. The development team met in August 1994.¹ In preparation for the meeting, regional and headquarters core groups analysed specific matters relating to implementation of health-for-all strategies and measures to meet future health needs, such as equity, poverty, solidarity in health and related economic issues.

8. The team concluded that if WHO was to maintain its relevance, it was vital that the updated global health-for-all strategy should meet the changing needs of countries and that WHO should provide strong leadership to the whole range of organizations active in the health field. Therefore, the strategy should be updated through a new policy on equity, solidarity and health approved by all concerned: Member States, WHO as a whole and all organizations involved in health work. Such a policy could be followed later to update progressively national health-for-all strategies and, subsequently, to restate WHO's mission. The development team approved an outline for the new policy and a plan for its formulation including consultation with Member States and other partners in health development; the process of updating the health-for-all policy is described in the report on renewing the health-for-all strategy.² The Board in resolution EB95.R5 endorsed the steps taken by the Director-General to implement the recommendations on updating the health-for-all policy; objectives and targets and adjusting the strategy in response to global change, and recommended a resolution for adoption by the Health Assembly. It is therefore not expected that this development team will need to meet again before the end of 1995 or the beginning of 1996, at which time it would review progress made in preparation of the policy.

B. Development team on WHO programme development and management (covering recommendations 10, 11, 15, 18, 19, 20, 22, 23, 32, 33, 34, 41, 42, 43 and 44)

9. Two informal meetings of only some members of the development team on WHO programme development and management were held in connection with the Executive Board session in January 1994 and the Health Assembly in May 1994, in preparation for the formal meeting which was held from 22 to 25 August 1994.³ This development team, in close collaboration with that dealing with the WHO management information system, is concerned with all recommendations affecting the WHO managerial process, i.e., those on programme formulation, including general programmes of work and programme budgeting; implementation and monitoring, including budget control; programme evaluation and staff performance; and the reporting and information system.

¹ Professor J.M. Caldeira da Silva, Executive Board member, attended the meeting.

² Document A48/24.

³ Dr F. Chávez Peón, alternate to Professor J. Kumate, Executive Board member, attended the meeting.

10. At its first formal meeting the team determined that its ultimate purpose was to produce general guidance for programme development, management and evaluation, which could be adapted according to requirements by all country and regional offices as well as at headquarters; specific guidelines should be drawn up whenever needed within the framework of the global guidance for the WHO managerial process - e.g., every other year, for the elaboration of the programme budget.

11. The team first considered the various functions of WHO at different levels (directing and coordinating functions in international health and technical cooperation). It then addressed the task of setting and evaluating targets for the implementation of the Organization's General Programmes of Work and the management of programmes; the mobilization of resources for activities given priority; the use of WHO collaborating centres; and the role of WHO within the United Nations system. Lastly, it considered the need for guidance on such matters as staff training and implementation of the proposed changes in programme development and management.

12. It is foreseen, as mentioned in the report to the Forty-seventh World Health Assembly, that the report on the work of this team will be presented to the ninety-sixth session of the Executive Board in May 1995.

C. Development team on the WHO management information system¹ (covering recommendations 1, 19, 20, 29, 45 and 46)

13. A plan for the development of a global management information system (MIS) was presented to the Executive Board in May 1994. It included an estimation of the scope of the system, a review of progress, a detailed schedule for the next year as well as an estimate of financial requirements for the system. A progress report was presented to the Board at its ninety-fifth session in January 1995 (document EB95/17). The Board took note of the interim report and decided² that an information session should be organized at the Forty-eighth World Health Assembly. The Board also indicated that the financing of MIS should be part of the long-term strategy of the Organization and that at least half of the financing should be from the regular budget.

14. The first formal meeting of the development team took place in Geneva from 25 to 27 May 1994. A draft strategy for the development of a worldwide WHO management information system was reviewed and a revised version produced. A second formal meeting was held in November 1994 and reviewed progress achieved in the development plan elements. A third formal meeting of the development team was held in March 1995 to review the revised version in the light of the Board's comments; the final version will be circulated to members of GPC before submission to the Board in May 1995.

D. Development team on WHO's information and public relations policy³ (covering recommendation 45)

15. This development team held its first and only formal meeting from 27 to 29 June 1994 to prepare proposals for a dynamic and effective public information and public relations policy and strategy. It reviewed all aspects of WHO's communication system including the provision of information, the Organization's public image and public relations. An analysis of public information and public relations activities provided by regions and programmes was considered at the meeting. The team also considered the findings of a study by a consultant, which contained wide-ranging recommendations for improving all aspects of WHO's communications and public relations. The report of the meeting was reviewed by GPC and formed the basis

¹ Dr K.A. Al-Jaber, Executive Board member, participated in the work of the team.

² See decision EB95(3) - Development of a WHO worldwide management information system.

³ Dr K. Kamanga, alternate to Dr K. Kalumba, Executive Board member, attended the meeting.

for the "WHO communications and public relations policy", which was endorsed by the Executive Board in decision EB95(10), and is already being implemented by the Organization.

E. Development team on the role of WHO country offices¹ (covering recommendations 23, 25, 26, 27, 28, 29, 30 and 32)

16. Taking advantage of the presence in Geneva of the Chairman of the development team, an informal meeting took place on 16 May 1994 with six regional core groups represented. It reviewed the work done so far by the core groups and the draft outlines of papers produced on (1) criteria for establishing WHO country offices, (2) redefinition of functions of WHO country offices, and (3) guidelines to strengthen WHO country offices. At the second informal meeting of the development team in August, the distribution of work among the regions was confirmed and preparations for the formal meeting were reviewed.

17. The final report will comprise a definition of country offices, their expected functions and composition or profile, and regional and headquarters support in terms of policy and programme guidelines, coordination, delegation of authority, technical and other information exchange and personnel. The formal meeting was held in Manila on 14 and 15 November 1994, in conjunction with a meeting of WHO Representatives of the Western Pacific Region and led to the preparation of a report, which will be presented to the Executive Board in May 1995.

F. Development team on WHO's personnel policy² (covering recommendations 21, 39 and 40)

18. After a preparatory meeting in January 1994, the development team on WHO's personnel policy decided to share work among different core groups composed of staff members from headquarters and the regions; for example, the study on staff rotation is being undertaken by the core group of the Regional Office for the Eastern Mediterranean. The development team identified nine major elements contributing to the development of a personnel policy including staff situation and profile, recruitment, grading, rotation, career development and personnel management. Working groups established by the Administration earlier will also contribute to the studies; for example, the working group on performance appraisal submitted its final report in June 1994, while that of the working group on career development was being prepared in winter 1995. With regard to national professional officers, the Board endorsed in resolution EB95.R20 the creation of this new category of staff for a trial period of three years. The scope of work of the development team has consequently been somewhat enlarged; this will ensure that the implementation of recommendations 21, 39 and 40 is fully in line with the overall management of WHO staff. The first formal meeting was held in October 1994 and the final report will be presented to the Board in January 1996.

III. IMPLEMENTATION OF RECOMMENDATIONS 13, 15, 16, 35, 36 AND 38

19. While the implementation of some of these recommendations is within the mandate of the development teams (namely 15 and 35), the Director-General considers it useful to report on them individually.

¹ It was planned that Professor Li Shichuo, Executive Board member, should attend the meeting.

² Dr P. Nymadawa and Mrs P. Herzog, Executive Board members, were invited to, but could not attend, the first formal meeting.

A. Recommendation 13 - Nomination and terms of office of the Director-General and Regional Directors

Form a special ad-hoc subcommittee of the Executive Board to consider options for nomination and terms of office of the Director-General and Regional Directors, including the use of search committees and report thereon to the Executive Board in January 1994.

20. During the review of this recommendation, the Executive Board, at its ninety-third session in January 1994, decided to defer discussion of the subject to January 1995, recognizing that some regional committees had completed their consideration of the matter while others had not. The Board's decision was taken on the understanding that its deliberations would be communicated promptly and in full to the regions and that, by January 1995, it would be provided with full information on the regional committees' views and recommendations. Annex 1 provides an analysis of the views and recommendations of regional committees at their 1993 and 1994 sessions. At its ninety-fifth session, the Executive Board decided by decision EB95(1) to establish an ad hoc group consisting of six members of the Board to consider options for nomination and terms of office of the Director-General.¹ The group will report to the Executive Board at its ninety-seventh session in January 1996. The group may also consider the types and form of information presented to the Board at the time of appointment of Regional Directors and report back to the Board.

B. Recommendation 15 - Surveys of the opinions of Member States on the work of WHO

Conduct from time to time surveys of Member States' opinions and perceptions of the relevance, functioning, efficiency and effectiveness of the work of WHO at all organizational levels.

21. This recommendation was discussed at length by GPC in August 1994; it was felt that the mechanisms for such consultations already existed in all regions (see Annex 2) and that independent surveys would tend to weaken these mechanisms and discourage the fulfilment of their purpose which is a thorough continuous dialogue with Member States on the work of WHO. The logistics of an independent survey (to make sure it reaches all those collaborating with WHO) and the fact that it could be superficial were also subjects of concern.

22. The coordination mechanisms described in section IV below are also contributing to ensure that opinions and programme needs of Member States are made known to the Organization, and thus are fulfilling to a certain extent the intent of recommendation 15; but, above all, members of GPC felt that the extensive consultation of all WHO Member States on the updating of the health-for-all strategy (see resolution EB95.R5) would be an ideal opportunity not only to ask their opinion on the main orientation of the new policy, but also to review the effectiveness of WHO support in previous years for the implementation of health-for-all activities in countries and determine the need for a reorientation of the Organization's mission.

23. The Executive Board therefore decided in decision EB95(2) that the opinion of Member States on the work of WHO should be surveyed through the continuous consultation mechanisms set up in all regions and through the mechanisms established for coordination and consultation with the governing bodies: namely, the Programme Development Committee and Administration, Budget and Finance Committee of the Executive Board; that other means be found to survey from time to time the opinion of Member States on specific aspects of WHO's work; and that the Board be kept informed of the opinion of Member States.

¹ The members of the group are: Dr V. Devo, Dr J. Antelo Pérez, Dr A.R.S. Al-Muhailan, Dr K. Leppo, Dr V. Sangsingkeo, Dr Ngo Van Hop.

C. Recommendation 16 - Method of work of the regional committees

Requests the regional committees to study their own method of work with a view to harmonizing their actions with the work of the regional office, other regions, the Executive Board and the World Health Assembly and report thereon to the Executive Board in January 1995.

24. While most regional committees had already reviewed the recommendations of the Board's Working Group on the WHO Response to Global Change in the autumn of 1993 and made comments on their implementation, no specific report had been made on recommendation 16. Consequently, a number of regional committees rediscussed the issue in 1994, and their comments are presented in Annex 3. It should be underlined that the implementation of the recommendations on global change, their inclusion in the routine work of the Organization, and the elaboration of various mechanisms for coordination between regions and headquarters (such as GPC and MDC), are strengthening the coordination of the work of regional committees, regional offices, headquarters, the Executive Board and the Health Assembly. The Board also decided in decision EB95(2) to review the subject in three to four years, and recommended that Member States should include Executive Board members in their delegations to regional committees.

D. Recommendation 35 - Presence of Executive Board members on management committees of extrabudgetary-funded programmes

The Executive Board should consider assigning an Executive Board member to sit on the management committee of each major extrabudgetary funded programme (generally consisting only of donors), to facilitate coordination and compatibility of policies, decisions and priorities with those of the World Health Assembly/Executive Board.

25. The Board's Working Group on the WHO Response to Global Change made this recommendation, feeling that special programmes financed from extrabudgetary resources often caused a situation in which policy and budgetary decisions of the Executive Board, the Health Assembly and regional committees conflicted with those of their generally donor-dominated management structures.

26. An analysis of the membership of the management committees of the major extrabudgetary-funded programmes that held meetings in 1994 shows that one or more Board members, or their alternates, have generally been present at such meetings. Staff of missions in Geneva, who may be advisers to the Board members, also sometimes participate in management committees, but they do not have any mandate to speak for, or report back to, the Board.

27. Such representation is not the consequence of any formal requirement, but is the result of the normal processes for identifying interested countries and competent individuals as members of management committees. Albeit informal, it is nevertheless an avenue for coordination. The Board also decided in decision EB95(2) to examine the feasibility of assigning the follow-up of one or more programmes (whether funded from regular budget or extrabudgetary resources) to each Executive Board member, at no additional cost to WHO.

E. Recommendation 36 - Programme support costs

Seek approval from the World Health Assembly to have the authority to assess appropriate overhead rates, up to 35%, for extrabudgetary programmes.

28. The Board's Working Group on the WHO Response to Global Change felt that the Director-General should proceed in this way in the light of the widening gap between the 13% overhead support cost set in 1981 by the Health Assembly and the actual cost to the regular budget of supporting extrabudgetary activities. A study on the feasibility of this proposal was conducted in the second half of 1994 and the results were

presented in document EB95/18. The report recommended no change at present. The Board requested the Director-General to keep the matter under review.

F. Recommendation 38 - Regional allocations

Noting that the regional and country allocations are based mainly on allocations for previous years, the Executive Board requests the Director-General to establish budgeting systems/mechanisms to derive the greatest benefit from the process of budgeting by objectives/targets and to facilitate the achievement of priorities and to provide for periodic adjustments of these priorities in accordance with changing health needs.

29. Regional programme budget policies¹ underline that the function of allocating resources should be based on the most appropriate decisions, and regional offices have a set of criteria for the attribution of resources.² The predominant criterion for all of them is that all allocation decisions must be based on the fundamental policy of promoting the further development of national strategies for health for all and self-sustaining growth for national health programmes. Similarly, at the regional level, the distribution of resources between regional and intercountry programmes and countries would give priority to country allocations.

30. Other criteria are the country's commitment and manifest efforts to build up a national health system in accordance with collectively decided policies and strategies, and the provision of adequate information for accountability to WHO. However, while shifts of resources have occurred during the past few years, there is generally difficulty in changing the allocation of WHO funds between different countries and regions that has evolved over the years.

31. The initial regular budget allocations to regions are decided by the Director-General; allocations to countries by region are decided by the Regional Director within the target figures set by the Director-General. The regional proportions have altered very little over the last decade, but within regions there are significant changes in shares for countries. Owing to rapid geopolitical changes, and with new Member States in some regions, regional allocations are the subject of increasing debate. The Regional Committee for Europe requested the Director-General to ask the Executive Board to review and analyse the methods of allocation and the actual distribution of resources from the regular budget.³ At the same time the Regional Committee for the Eastern Mediterranean recommended "that the regional members of the Executive Board as well as representatives to the World Health Assembly continue to undertake initiatives in those forums to increase substantially the regional share of the total regular budget resources".⁴

32. At the level of governing bodies and Member States, the pattern of distribution has generally found acceptance, but interest has recently been shown by some Executive Board members in increasing a particular regional share, partly as a result of new countries' joining WHO. In an era of zero real growth (when there is quite often a decrease in the budget in real terms), this could only be done by reducing another region's share or a headquarters allocation.

¹ Document EB95/1995/REC/1, Annex 1.

² For example, in the African Region, such criteria have been applied since 1979. In 1992, the Regional Director established an expert group to revise them, and they will be examined at the Regional Committee session in 1995.

³ The forty-fourth session of the Regional Committee for Europe in September 1994 adopted resolution EUR/RC44/R9 requesting the Director-General to report on options and make recommendations to the Health Assembly in 1995.

⁴ Resolution EM/RC41/R.4.

33. The effect of determining regular budget allocations according to geographical considerations on programme priorities is not easy to assess, particularly as extrabudgetary resources are sometimes directed to geographical areas regarded by donors as deserving priority while part of a headquarters allocation may also be directed to activities at country level. The Programme Development Committee of the Executive Board noted that the question of regional allocations was a sensitive issue on which it was sought to reconcile fiscal conservatism with imaginative programme development. More important, however, was to determine where the future of the Organization lay. Based on these discussions, the Executive Board requested the Director-General to continue to review this matter in consultation with the Regional Directors; requested that regional committees reconsider the matter in 1995 on the basis of such consultation, and requested that an information document on this question be presented at its ninety-sixth session in May 1995.

IV. COORDINATION IN THE IMPLEMENTATION OF GLOBAL CHANGE RECOMMENDATIONS¹

34. In May 1993, the Working Group on the WHO Response to Global Change presented its set of 47 recommendations on opportunities for improving the effectiveness of the Organization.² As seen in sections I to III, the implementation of these recommendations was entrusted to various bodies to allow faster progress and to ensure that all those concerned with future implementation are involved in the process. It is noteworthy that a number of recommendations come within the purview of more than one development team and that a number of WHO programme areas may be involved in the implementation of a single recommendation. Furthermore, resolution WHA46.35 called for budgetary reforms in various ways that are complementary to the reforms undertaken for global change. Thus, there is a need to ensure close coordination between all those involved in the response to global change in order to keep the original intentions of the Executive Board in general perspective and to enable the Organization to "redouble its efforts and concentrate its resources on achieving HFA 2000 goals or revise those goals to achievable levels in the light of the changing conditions".³ The following mechanisms have been set up to ensure not only proper links for the implementation of the various recommendations but also coordinated action between all levels of the Organization and with the governing bodies.

Coordination between levels of the Organization

35. As part of the efforts to improve WHO management and programme delivery, the Director-General, in August 1993, established the Management Development Committee (MDC) and the Global Policy Council (GPC) to link programme management at headquarters and in the regions. These mechanisms have been effective in ensuring coordination of reform at different levels. In individual regions and at headquarters, programme committees ensure links between programmes and coordination of the implementation of the various recommendations. The system of core groups preparing the work of the development teams has been fully operational since the beginning of the process and is effective in involving all concerned.

Coordination with and by governing bodies

36. The Executive Board, in creating the Programme Development Committee (PDC) and Administration, Budget and Finance Committee (ABFC) (resolution EB93.R13), has entrusted them to follow the process and effects of reform initiated to implement the global change recommendations; to assist in the process of programme development in WHO; to ensure that the Ninth General Programme of Work is implemented;

¹ These mechanisms are presented in document WHA47/1993/REC/1, Annex 2, part 1, Appendices 1 and 2.

² See document EB92/1993/REC/1, Annex 1.

³ See report of the Working Group (document EB92/1993/REC/1, Annex 1, paragraph 3.6).

to review programme aspects of the programme budget; and to assist the Board in carrying out its responsibilities relating to administrative, budgetary and financial matters of the Organization. The Forty-seventh World Health Assembly, through resolutions WHA47.6 and WHA47.7, confirmed this role and requested the Board to report to the Forty-eighth World Health Assembly on progress. The Executive Board, when it had considered the first reports of its PDC and ABFC (see EB95/1995/REC/1, Annexes 2 and 3), recommended in decision EB95(2) that, in order to ensure continuity, members of the two committees be replaced in a phased manner; that a mechanism for evaluating the work of the two committees be set up and that an information document on further enhancing coordination between the two committees, and thus, their effectiveness, be prepared for its ninety-sixth session in May 1995. The Board's subgroups for programme reviews (see decision EB93(8)) are also instrumental in applying the concepts of reform, targets, plans, achievements and selected results. Finally, subcommittees of regional committees, in particular for programme development and management, have been used for discussing and planning the implementation of the recommendations on global change.

Consultations with Member States

37. Mechanisms set up with Member States for policy and programme reviews and consultations such as the consultation on the future equity, solidarity and health policy (see also resolution EB95.R5) will ensure the continuing exchange of opinion with them on WHO policy, programme orientation and management and on the implementation of global change recommendations as an integral part of it.

V. MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

38. The Executive Board, when it considered this item at its ninety-fifth session, commended the progress made in the implementation of the recommendations on global change, endorsed the proposed schedule of reporting by development teams to future Board sessions and adopted decisions EB95(1), EB95(2), EB95(3), EB95(10) and resolution EB95.R5. The Health Assembly, having taken note of the progress report by the Board, may wish to thank the Executive Board for its work; to note the progress made in the implementation of the recommendations by the Executive Board's Working Group on the WHO Response to Global Change; to endorse the decisions and resolutions made on the subject; and to request the Executive Board to continue to monitor progress.

ANNEX 1

SUMMARY OF DISCUSSIONS IN REGIONAL COMMITTEES IN 1993 AND 1994 ON RECOMMENDATION 13: NOMINATION AND TERMS OF OFFICE OF THE DIRECTOR-GENERAL AND REGIONAL DIRECTORS

AFRICAN REGION

The Regional Committee at its forty-fourth session recommended that:

- (1) an appropriate profile should be established for the Regional Director and the Director-General;
- (2) an "agenda" should be set for the Regional Director and the Director-General, with targets to facilitate monitoring of performance by the Member States;
- (3) the mandate or term of office of the Regional Director and the Director-General should be five years, with possible renewal for another term of five years. If Member States so desire, the incumbent might be requested to serve another term of five years, thus bringing the maximum number of years one incumbent can be Regional Director or Director-General to fifteen;
- (4) the Regional Committee should continue to have the prerogative to select the Regional Director, in accordance with the Constitution;
- (5) the position of Director-General should be filled from the pool of Regional Directors, without prejudice to any other candidate aspiring to that position.

REGION OF THE AMERICAS

The matter was discussed at the twenty-first meeting of the Subcommittee on Planning and Programming; its conclusions are summarized as follows.

It was found that recommendation 13 was relevant for PAHO and that the repercussions for PAHO would be in the medium term. The Subcommittee stated:

With regard to the nomination of the Regional Director, PAHO has constitutionally devised a process for the election of the Regional Director that coincides with the term of office of the Director of the Pan American Sanitary Bureau, which cannot be changed.

The recommendation to establish search committees to identify possible candidates for the post of Director-General and Regional Director is interesting, but in the case of the latter the committees would have to be established at the regional level, not within the WHO Executive Board. PAHO would not be opposed to this suggestion provided that the countries' freedom to elect the Regional Director was preserved.

SOUTH-EAST ASIA REGION

A discussion of WHO's response to global change took place during the forty-sixth session of the Regional Committee (September 1993). The matter was also discussed at the twenty-fourth meeting of the

CCPDM (September 1993). An ad hoc subcommittee of the Regional Committee was established to carry out further analysis of the implications for the Region and the countries of implementing the recommendations of the Executive Board Working Group. The Regional Committee at its forty-seventh session (1994) requested the Regional Director to transmit the report of the subcommittee to the Director-General for presentation to the Board.

Conclusions of the ad hoc subcommittee of the Regional Committee on global change

- regarding recommendation 13, considering the appropriateness and effectiveness of democratic selection of the Regional Director for nomination, the status quo under the present system should be maintained;
- the tenure of office for the Regional Director should be a term of five years, with a maximum of two terms;
- establishment of a search committee is not desirable; there is no guarantee that its members would be more neutral than the Regional Committee representatives (if this option is adopted, the selection by the search committee should be subjected to the scrutiny of the Regional Committee); besides, the search committee would inevitably involve a long-drawn-out process that could lead to unnecessary bickering, and its membership would cause a problem.

EUROPEAN REGION

At its forty-fourth session in September 1994, the Regional Committee did not comment specifically on recommendation 13. However, document EUR/RC44/7 highlighted the recommendation, and referred to the fact that the issues of nomination, qualifications and use of search committees had been already discussed extensively in Regional Committee meetings from 1988 to 1993.

At its forty-third session in 1993, the Regional Committee had reviewed the whole issue of nomination, qualifications and the use of search committees in some detail. Document EUR/RC43/6 stated, *inter alia*, that "Ensuring strong candidates and an objective selection process at the end of each term is perhaps a more fundamental way of approaching the problem than a mechanistic concentration on the duration and number of terms of office". Resolution EUR/RC43/R4 confirms that document EUR/RC43/6 constituted the views of the Regional Committee.

The Rules of Procedure of the Regional Committee and the Standing Committee of the Regional Committee provide for the Regional Committee "to appoint a Regional Search Group to make a preliminary evaluation of candidates for nomination" (Rule 47), and the forty-third session of the Regional Committee (September 1993) appointed such a Search Group. This Regional Search Group reported to the forty-fourth session of the Regional Committee (September 1994) and the Regional Committee subsequently nominated the incumbent Regional Director for a third five-year term, in accordance with resolution EUR/RC44/R4.

EASTERN MEDITERRANEAN REGION

(Extract from report of the forty-first session of the Regional Committee (1994))

The Chairman summed up by stating that the Director-General and the Regional Director both felt they could now communicate to the Executive Board the views of the Regional Committee, namely that the present modus of nomination be continued in the Eastern Mediterranean Region, with a majority of representatives opting for an unrestricted number of terms of service.

WESTERN PACIFIC REGION

At the forty-fifth session of the Regional Committee for the Western Pacific (1994), Member States adopted resolution WPR/RC45.R10, which requested the Sub-Committee of the Regional Committee on Programmes and Technical Cooperation, "in consonance with the recommendations that the current procedures for selecting the Director-General and regional directors are presently appropriate to carry out the Organization's mission; and that in view of rapidly changing health needs throughout the world, the dialogue among Member States regarding this issue should continue:

- (1) *to monitor and assess the regional implications and progress of the ongoing reform process within WHO;*
- (2) *to study, in particular, the alternative procedures for selecting the Director-General and Regional Directors, including the use of a search committee; and*
- (3) *to report its findings to the Regional Committee at its forty-sixth session".*

ANNEX 2

**MEASURES TAKEN TO ENSURE THE IMPLEMENTATION OF
RECOMMENDATION 15: SURVEYS OF THE OPINIONS OF MEMBER
STATES ON THE WORK OF WHO**

1. This annex briefly summarizes the wide variety of mechanisms employed by the six regional offices and headquarters, as well as the special programmes and the International Agency for Research on Cancer (IARC), to ensure that the opinions of Member States are sought and incorporated in the planning, programming and implementation of WHO's activities. In addition to these formal mechanisms, WHO's executive management and country representatives continually solicit opinions and perceptions concerning the relevance and functioning of WHO, which its experts also have numerous opportunities to receive and transmit.
2. Members of the Board may also wish to refer to document EB95/14, which describes the process of programme budgeting and prioritization of WHO activities by Member States.

I. REGIONAL MECHANISMS

3. In each region, mechanisms operate regularly to facilitate thorough and continuous dialogue with Member States about the work of WHO. The opinions of Member States are sought on policy issues (through the regional committees, consultations between the Director-General, Regional Directors and senior political figures concerned with health, meetings of ministers of health, etc.), programming, budgeting and evaluation (e.g., through joint programme planning and review missions), and on technical matters (through national institutes, collaborating centres and consultative committees). The following sections describe mechanisms specific to each region.

Regional Office for Africa

4. The views of Member States in the African Region are brought into the planning, implementation and evaluation of WHO collaborative programmes through well-established organs and mechanisms, such as (1) the **Regional Committee**, which takes decisions on matters of policy; (2) **joint WHO/country commissions** composed of the WHO Representative and officials of the ministry of health, to prepare cooperative programmes and oversee their implementation; (3) the **Regional Programme Committee** composed of WHO Representatives, regional advisers, budget and finance staff, as well as directors-general of health or secretaries of state when necessary, consolidating cooperative programmes and ensuring their complementarity with the overall regional programme; and (4) the **African Consultative Committee for Health Development**, composed of national experts, which examines particular aspects of WHO cooperation with countries and makes appropriate recommendations to the Regional Director. Furthermore, the programme operations coordination (AFROPOC) system guarantees the taking-into-account of countries' opinions during all phases of the planning and programming process, including budgeting and evaluating the programme outputs.

Regional Office for the Americas

5. In the Region of the Americas, the consultations and interaction which take place to enable Member States to express their opinions include: (1) **meetings of the governing bodies and their subcommittees**, such as the Pan American Sanitary Conference, which meets every four years, the Directing Council which meets every year, the Executive Committee which meets twice a year, the Subcommittee on Planning and

Programming of the Executive Committee which meets twice a year, and the Special Subcommittee on Women in Health and Development of the Executive Committee which meets once a year; (2) **evaluation of PAHO technical cooperation** through joint evaluation meetings of the country technical cooperation programmes held every two years to determine their effectiveness during the last two bienniums; (3) the **American Region Programming and Evaluation System (AMPES)**, which prepares both the annual and biennial programme budgets in close consultation with national health authorities; (4) **Technical programme advisory groups**, which provide guidance and advice to specified technical programmes; (5) the **management councils of centres, institutes and associations** for which PAHO, through regional and subregional agreement, is responsible; and (6) the four **subregional health initiatives** which are closely coordinated with the relevant national health authorities and experts.

Regional Office for South-East Asia

6. Member States express their opinions through: (1) the **Regional Committee**, which oversees the relevance of the regional programme within the context of the General Programme of Work; (2) the **annual meeting of health ministers** during which ministers discuss overall health matters and express their opinions to WHO on its technical collaboration in the Region; (3) the biannual **Consultative Committee on Programme Development and Management (CCPDM)**, which reviews the implementation of the Organization's collaborative programmes with Member States; (4) **joint WHO/government coordination meetings** (every three to six months), usually headed by the senior civil servant concerned with health, with the participation of officials from other ministries; (5) **meetings for joint and specific programme planning and review**, which facilitate programme preparation, resource identification, performance review/evaluation, monitoring and discussion on issues of mutual concern; (6) the biannual or annual **health sector programme review** with the government, representatives of other organizations of the United Nations system and development partners; (7) **country-level reporting**, which is part of the WHO information system and includes information on organizational requirements, reports for governing bodies and budget and financial management information; (8) the annual **Regional Director's meeting with WHO Representatives** to review progress in implementation at country level, formulate programme budget proposals, note governing bodies' policy decisions and discuss technical issues receiving priority; (9) the regional **Advisory Committee on Health Research** which is a committee of experts to advise the Regional Director on important biomedical and health issues common to countries of the Region; (10) meetings of **medical research councils** or analogous bodies, which ensure effective coordination of national, regional and global research programmes; (11) the annual meeting of the **Advisory Committee on Policy and Programme (ACP)** to discuss with government representatives and WHO Representatives the programme budget formulation for the following biennium, as well as the budgetary implications of the collaborative programmes; and finally, (12) **intercountry or regional consultative meetings**, which provide opportunities for delegates to exchange views on technical issues and WHO effectiveness and usefulness in their countries.

Regional Office for Europe

7. The following mechanisms have been designed to enable Member States to provide their opinions on WHO's work: (1) the **Regional Committee**, which meets once a year; and (2) the **Standing Committee of the Regional Committee (SCRC)**, which meets three to four times a year (both the Regional Committee and its SCRC are closely involved in the biennial strategic planning and evaluation process, in preparing the regional contribution to the General Programmes of Work, and in the periodic updating of the regional health-for-all policy; SCRC also reviews and evaluates selected programmes); (3) **written consultations with Member States** on the proposed programme budget, on updating of the regional health-for-all policy, and on the triennial monitoring and evaluation of progress toward health for all; as well as (4) **negotiations with Member States** on strategic and operational country plans. The Regional Office negotiates two-year "contracts" on priorities with countries in the form of a **medium-term programme** of work. Evaluation is conducted through a **joint review process** with the country concerned. The opinions of Member States are also continually solicited through meetings of expert groups and other less formal processes.

Regional Office for the Eastern Mediterranean

8. The opinions of Member States are integrated into the work of the Regional Office (1) during sessions of the **Regional Committee**, when priority programmes are identified for in-depth review; (2) during meetings of the **Regional Consultative Committee**; and (3) through the **joint programme review missions**, which take place every two years to review the WHO collaborative programmes with countries, perform programme budgeting and strengthen the national strategy for achieving health for all. This process ensures that the opinions of Member States are predominant in the planning and implementation of activities. In addition, a number of expert committees also contribute to the development of various programmes in the Region.

Regional Office for the Western Pacific

9. Emphasis is placed on improving the effectiveness of the **Regional Committee**, where the opinions of Member States can be exchanged on the relevance and efficiency of the work of WHO in order to engage in it more fully and meaningfully at the regional level. Each year, the **Sub-Committee of the Regional Committee on Programmes and Technical Cooperation** visits selected countries to assess the relevance and functioning of WHO in programme areas; the information gained about the "opinions and perceptions" of Member States through this process forms an integral part of the subsequent session of the Regional Committee. The Regional Office carries out the **updating and assessment of health-for-all strategies** in close collaboration with Member States through the appropriate WHO Representative's office. The results are reviewed in detail prior to submission. Finally, a number of other mechanisms, including the **technical discussions at sessions of the Regional Committee, regional working groups or advisory committees** on various subjects, such as "tobacco or health" or traditional medicine, also provide opportunities for WHO to seek the opinions of Member States.

II. HEADQUARTERS MECHANISMS, INCLUDING THE SPECIAL PROGRAMMES AND THE INTERNATIONAL AGENCY FOR RESEARCH ON CANCER (IARC)

10. The primary mechanisms for Member States to provide feedback on the work of WHO at the global level are the **Health Assembly and the Executive Board**, which provide an opportunity for both formal and informal exchanges on matters relating to programme, policy and budget. The **WHO programme budgeting process** is designed to ensure that a "bottom-up" approach is followed whereby priorities for programme activity are selected in full consultation with countries. The wide range of **technical and scientific meetings and consultations** at headquarters provides yet another channel by which the views and opinions of Member States reach the Organization. Finally, the many **permanent missions** in Geneva provide Member States with a formal, diplomatic mechanism for comment on the work of WHO.

11. The opinions of Member States are also fully reflected in the structure, operations and evaluation of the **special programmes**, such as the Global Programme on AIDS and the Special Programme for Research and Training in Tropical Diseases, and in a variety of special management mechanisms and committees which guide the orientation of these programmes.

12. There are six major channels whereby Participating States of IARC communicate their opinions on its performance: (1) the **Governing Council**, which adopts the budget, controls expenditure and decides on the permanent and special activities of the Agency; (2) the **Scientific Council**, which periodically evaluates the activities of the Agency and recommends programmes of activity; (3) the **publications and scientific journals**, which make the work of IARC known to its Participating States, and prompt feedback to the Agency from them; (4) **formal scientific collaboration** with national scientific institutions, which provides evidence of the value of the Agency's work; and (5) **informal scientific contacts**, providing yet another means whereby opinions on the relevance, functioning and efficiency of the work of IARC are conveyed.

ANNEX 3

**RESULTS OF THE STUDY BY REGIONAL COMMITTEES IN RESPONSE TO
RECOMMENDATION 16: METHOD OF WORK OF THE
REGIONAL COMMITTEES**

The regional committees were requested to study their methods of work with a view to harmonizing their actions with the work of regional offices, other regions, the Executive Board and the Health Assembly.

REGIONAL COMMITTEE FOR AFRICA (forty-fourth session, 1994)

The following procedures have been adopted to improve the quality of work of the Regional Committee:

- the preparation of concise documentation which clearly indicates the action to be taken;
- the submission of documents, including the regional programme budget, to the Programme Subcommittee, which examines them for technical and managerial implications and submits them, with recommendations, to the Regional Committee;
- discussion by the Regional Committee of its agenda on the basis of the preliminary analysis by the Programme Subcommittee;
- consideration by the Regional Committee of certain "political" or strategic subjects, as well as the Regional Director's report.

REGIONAL COMMITTEE FOR THE AMERICAS (forty-sixth session, 1994)

The Subcommittee on Planning and Programming reviewed the report and recommendations of the Executive Board Working Group on the WHO Response to Global Change in detail in December 1993. With regard to recommendation 16, it expressed the opinion that WHO headquarters and the other regional offices could benefit from PAHO's experience with the American Region's Planning and Evaluation System (AMPES) and with the preparation of documents and the management of meetings (in terms of duration, especially). This conclusion was presented to and endorsed by the Executive Committee of PAHO in June 1994 and reported to the Regional Committee at its forty-sixth session in September 1994.

REGIONAL COMMITTEE FOR SOUTH-EAST ASIA (forty-seventh session, 1994)

Member States agreed to the various measures to link further the work of the Regional Committee with that of the Executive Board and the Health Assembly. The Committee agreed, *inter alia*, to revise the method of preparation of its report, to establish a drafting committee on resolutions, to take steps to coordinate its work with that of the Executive Board and the Health Assembly, to improve follow-up at the country level to the decisions and resolutions of the Regional Committee, and to take steps to enhance the capacity of country delegations.

REGIONAL COMMITTEE FOR EUROPE (forty-fourth session, 1994)

It was agreed that reform was not a once-and-for-all matter but a prolonged, if not permanent, process. It was also one that would have to be evaluated in due course. Although there was still much to be done, the European Region had already made much progress in reform with the setting-up of the Standing Committee of the Regional Committee (SCRC), the change in its budgeting process, the revision of the working procedures of the Regional Committee and so on. It was also felt that the implementation of reform should not be left primarily to the regions, but should also be paralleled by WHO headquarters.

REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN (forty-first session, 1994)

The Regional Committee considered "that the present method of work of the Regional Committee realizes best the harmonizing of its actions with the work of the Regional Office, other regions, the Executive Board and the World Health Assembly" (resolution EM/RC41/R.5).

REGIONAL COMMITTEE FOR THE WESTERN PACIFIC (forty-fifth session, 1994)

Member States, having considered the report of the Sub-Committee of the Regional Committee on Programmes and Technical Cooperation on the WHO response to global change, adopted resolution WPR/RC45.R10, which recognized the ongoing need for reform of the organization and operations of WHO, and committed the Regional Committee to continuing a review of its method of work in the light of changing circumstances and health needs in the Region. Furthermore, Member States were urged to include members of the Executive Board, in their respective Regional Committee delegations, and to ensure that all participants or representatives in all forums dealing with WHO's response to global change were well-briefed and ready to present the views or position of the Region. Finally, the Regional Director was requested to ensure that available regional or subregional forums were fully utilized to develop consensus for change and to enhance coordination of programme efforts.

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