
Programme budget 2006–2007: interim performance assessment

Report by the Secretariat

1. The implementation of the Programme budget 2006–2007 was monitored at the mid-term as part of the performance monitoring and assessment process. This review, which supplements continuing monitoring of workplans, examines progress throughout the Organization by 31 December 2006 towards achieving the Organization-wide expected results set out in the Programme budget 2006–2007. It also summarizes impediments to progress, risks that prevent achievement of the expected results and actions needed to improve progress by the end of the biennium. Information on financial implementation is also included.
2. WHO managers use the finding to take stock of progress towards the achievement of expected results by area of work; to identify problems and appropriate remedial action; to provide the basis for decisions about reprogramming and reallocation of resources for the rest of the biennium; and to prepare plans for the coming biennium.
3. Progress was measured in terms of office-specific expected results, some of which were specified in the programme budgets adopted by regional committees¹ and others in country, regional and headquarters workplans. Altogether across the Organization, 9260 such expected results were established for the biennium and a system was devised for rating progress towards their achievement in terms of delivery of products and services, consideration of impediments and risks, and findings, where available, of technical reviews and of programmatic thematic evaluations. WHO offices rated progress and the results were then aggregated by region and headquarters to give an Organization-wide picture. Progress towards attaining the Organization-wide expected results was categorized in three ways: “on course”, and unlikely to be affected by impediments or risks; “in jeopardy”, with action needed in order to make up for delays or to overcome impediments or risks; and “in serious jeopardy”, with impediments and risks likely to prevent achievement of the Organization-wide expected results.
4. The mid-term review is essentially a risk-assessment exercise, focusing on the identification of impediments and risks as well as actions required to improve progress. The findings thus may appear negative, but should not be construed as an assessment of individual, team or office performance.

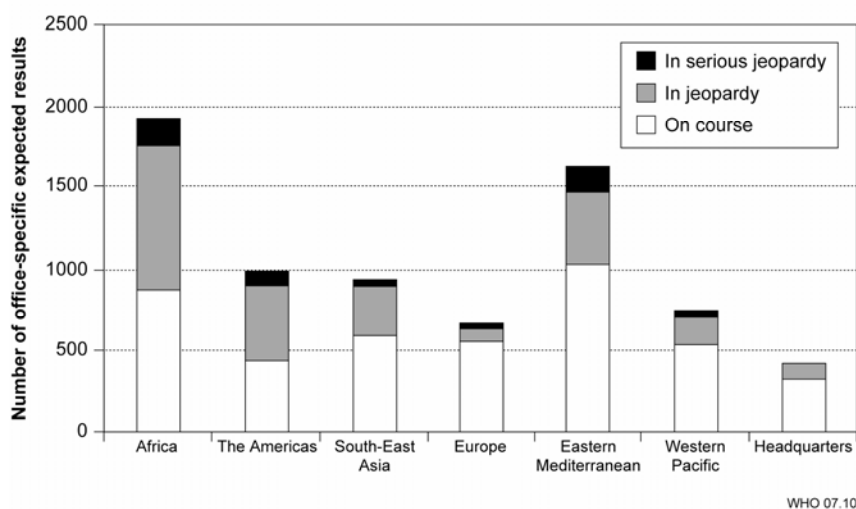
¹ Document WPR/RC56/5 for the Western Pacific Region, for example.

Further caveats are that the rating method assumes that office-specific expected results are given equal weighting and that the findings of the review reflect a fixed point in time within a dynamic context.

Summary of findings

5. Progress was evaluated for 7257 (78%) of the office-specific expected results. Of that number, 60% are rated to be on course, 34% are considered in jeopardy and 6% in serious jeopardy of not being achieved. The ratings showed important variances across regions (see Figure 1).

Figure 1. Ratings of office-specific expected results for all areas of work, by location



6. Aggregation of these ratings by the Organization-wide expected results to which they are programmatically linked provides the basis for rating the latter. Thus, of the total of 201 Organization-wide expected results, 67 (33%) are on course, while 132 (66%) are considered in jeopardy and 2 (1%) in serious jeopardy.

7. Common impediments to progress include: over-reliance on specified voluntary contributions resulting in underfunding of certain activities and areas of work, despite relatively high income overall; delays in the transfer of funds; delays in recruiting staff; and insufficient numbers of staff with requisite skills, especially at country level.

8. The main achievements, impediments and actions needed to improve progress are outlined below for the four groups of activities set out in the Programme budget 2006–2007,¹ namely: essential health interventions; health policies, systems and products; determinants of health; and effective support for Member States.

¹ Document WHO/PRP/05.3, p.11.

Essential health interventions

9. The main achievements for this group of activities¹ at the mid-term, as determined by the interim performance assessment, in relation to essential health interventions include the following:

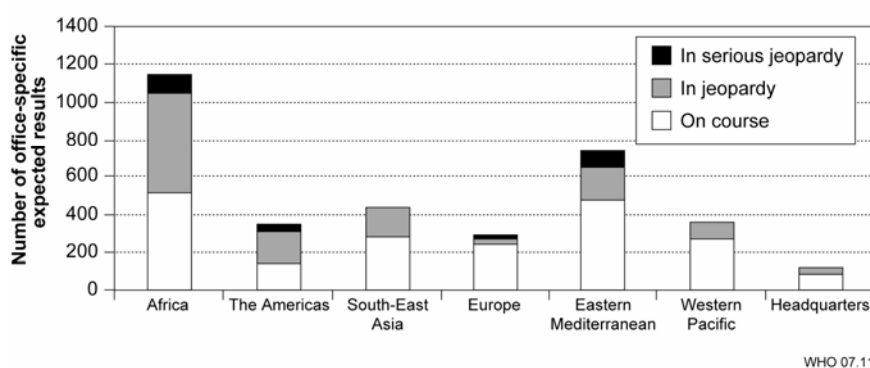
- identification and evaluation by WHO's global epidemic alert and response system of 252 events of potential international public health importance (246 were verified or determined to be non-events after investigation);
- progress in introducing and extending antiretroviral treatment, with the number of people receiving treatment surpassing one million in Africa;
- reduced tuberculosis incidence in four regions and stabilization of the incidence in the remaining two regions, with 26 million patients having received directly observed treatment, short course between 1995 and 2005;
- revitalization of the Global Malaria Programme and expanded use of artemisinin-based combination therapies;
- reduction in measles mortality beyond original targets, with deaths declining from 873 000 in 1999 to an estimated 345 000 in 2005;
- interruption of indigenous poliovirus transmission in Egypt and Niger and the increasing restriction of the geographical distribution of wild poliovirus in the four countries remaining endemic for poliomyelitis;
- elimination of leprosy in nine of 11 Member States in the South-east Asia Region, development of action plans for the elimination of visceral leishmaniasis in the three countries in that Region endemic for the disease and the elimination of yaws in India;
- formulation of child-survival strategies and frameworks in the African, European, Eastern Mediterranean and Western Pacific regions;
- creation of tools for Member States to use in developing integrated national programmes to prevent or control the increasing burden of chronic, noncommunicable diseases;
- adoption by 26 African countries of a road map for accelerating progress towards the attainment of the Millennium Development Goals related to maternal and newborn health;
- design of regional strategies on the harmful use of alcohol in the South-east Asia, European and Western Pacific regions;

¹ HIV/AIDS; Child and adolescent health; Communicable disease prevention and control; Surveillance, prevention and management of chronic, noncommunicable diseases; Making pregnancy safer; Malaria; Mental health and substance abuse; Reproductive health; Tuberculosis; Emergency preparedness and response; Epidemic alert and response; and Immunization and vaccine development.

- implementation of a joint UNFPA/WHO project to increase the capability of country offices to support the inclusion of sexual and reproductive health in national development and health-sector planning;
- definition and adoption across the Organization of standard operating procedures to guide work in emergency settings.

10. Despite these achievements, 52 (81%) of 64 Organization-wide expected results relating to essential health interventions are rated in jeopardy; 12 (19%) are on course. The high number in jeopardy reflects the large proportion of office-specific expected results similarly rated (1379 in jeopardy or serious jeopardy out of 3427), particularly in the African Region (see Figure 2).

Figure 2. Ratings of office-specific expected results for essential health interventions, by location



11. Impediments to progress include difficulties in establishing surveillance systems in countries with high burdens of disease that are affected by complex emergencies; the slow pace of decentralization of certain research activities to regional level; and, for some areas of work, insufficient national commitment and political support. Inadequate mechanisms for the supply of essential commodities are reported, especially in the African Region, and high turnover of counterpart technical staff causes difficulties in some countries.

12. Efforts to improve progress in 2007 will include more focused action for achieving the Millennium Development Goals and for strengthening coordination mechanisms between headquarters and regions, particularly the African Region. As regards interventions against malaria, the distribution of long-lasting insecticidal bednets will be further incorporated into routine health services through mass immunization campaigns and broader access to artemisinin-combination therapies. Enhanced advocacy and targeted resource mobilization for underfunded areas of work will be pursued, as will accelerated staff recruitment.

Health policies, systems and products

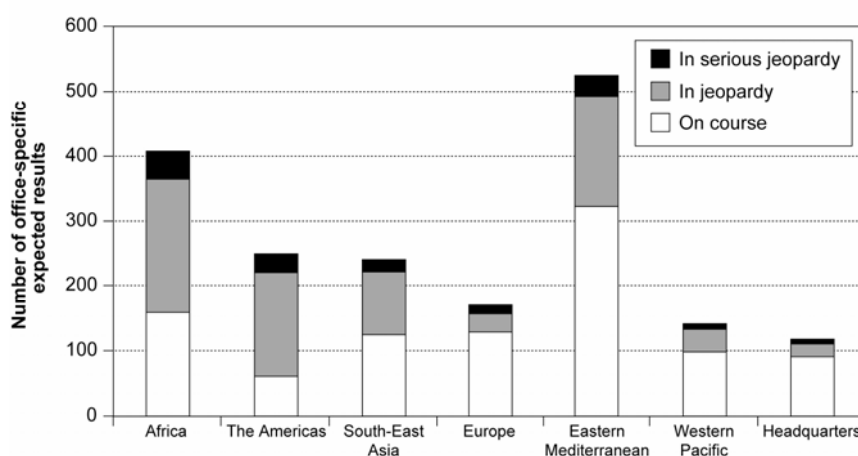
13. The main achievements at the mid-term in this group of activities¹ include:

¹ Health financing and social protection; Health information, evidence and research policy; Essential health technologies; Health systems policies and service delivery; Human resources for health; Policy making for health in development; and Essential medicines.

- expansion of the WHO Prequalification Programme for essential medicines and use of the WHO/Health Action International methodology for medicines-pricing surveys by more than 50 countries;
- establishment of health systems observatories and successful advocacy of patient safety and health equity;
- launching of the Global Health Workforce Alliance and completion of a consensus framework for action to strengthen the health workforce;
- publication of *World health statistics 2006* and expansion of the Health Metrics Network to 65 countries;
- progress in strengthening country capacity to raise more domestic funds for health to ensure that domestic funds are used effectively, efficiently and equitably, and to make sure that the methods used to generate domestic funding neither reduce access to needed services nor result in financial hardship or impoverishment of households;
- promotion of and support for World Blood Donor Day in more than 110 countries;
- provision of support to some 20 countries to formulate or amend health legislation.

14. In spite of these results, 36 (90%) of 40 Organization-wide expected results relating to health policies, systems and products are in jeopardy; four (10%) are on course. The high number in jeopardy is because nearly half of the 1832 office-specific expected results are rated in jeopardy or in serious jeopardy (see Figure 3).

Figure 3. Ratings of office-specific expected results for health policies, systems and products, by location



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15. The main constraints to progress include insufficient expertise and capacity at regional and country levels, inconsistent use of existing tools by countries, weak research capacity for health workforce issues, and the unwillingness of donors to invest in horizontal programmes for medicines at country level. In addition, the original formulation of some expected results was over-ambitious.

16. Actions to bolster progress will include strengthening partnerships and the knowledge base about interventions that are effective in building an effective health workforce in countries; adjusting workplans to ensure alignment with available resources; improving coordination mechanisms; and ensuring that health systems work is underpinned by primary health care values and approaches. Better advocacy and targeted resource mobilization for underfunded areas will also be pursued, as will measures to accelerate staff recruitment.

Determinants of health

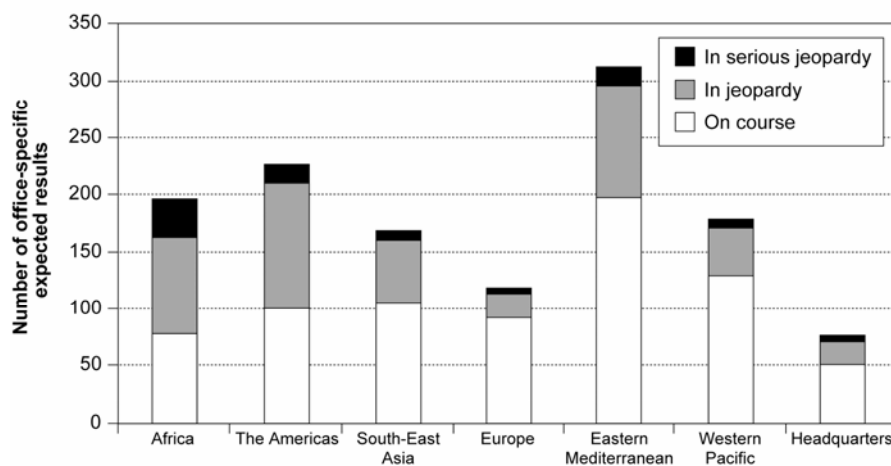
17. The main achievements at the mid-term in areas of work covered by this group of activities¹ include:

- improved collaboration and information sharing among national food safety agencies through the strengthening of the International Food Safety Authorities Network;
- completion of a draft strategy for integrating gender analysis and actions into the work of WHO and an accompanying plan of action;
- drafting of the global plan of action on workers' health and a regional framework for action on occupational health 2006–2010;
- completion of mapping of the capacity for health promotion by 130 countries and the engagement of 14 countries in developing plans based on the Bangkok Charter for Health Promotion in a Globalized World;
- introduction of the new WHO child growth standards and implementation of sustained activities to disseminate the standards;
- by the end of 2006, there were 144 States Parties to the WHO Framework Convention on Tobacco Control, and important advances in tobacco control were recorded;
- various research advances including better evidence of the benefits of using insecticide-treated window curtains for preventing dengue, and determination of the inappropriateness of certain diagnostic tests for human African trypanosomiasis;
- initiation of capacity-building work based on the training curriculum on violence and injury prevention in more than 60 countries.

18. In spite of these achievements, 28 (63%) of 44 Organization-wide expected results are in jeopardy; 16 (37%) are on course. Some 40% of the 1267 office-specific expected results in this group of activities are in jeopardy or in serious jeopardy, with the largest proportion in the African Region, the Americas Region and the Eastern Mediterranean Region (see Figure 4).

¹ Food safety; Gender, women and health; Health and environment; Health promotion; Nutrition; Tobacco; Violence, injuries and disabilities; and Communicable disease research.

Figure 4. Ratings of office-specific expected results for determinants of health, by location



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19. Efforts to improve progress in 2007 will include both the reprogramming of activities affected by underfunding and the strengthening of inter-regional ties in order to achieve economies of scale with regard to certain products and activities. Other steps include enhanced interaction and joint planning between headquarters and regions, advocacy and targeted resource mobilization for underfunded areas, and measures to accelerate staff recruitment.

Effective support for Member States

20. The main achievements at the mid-term in the areas of work covered by this group of activities¹ include:

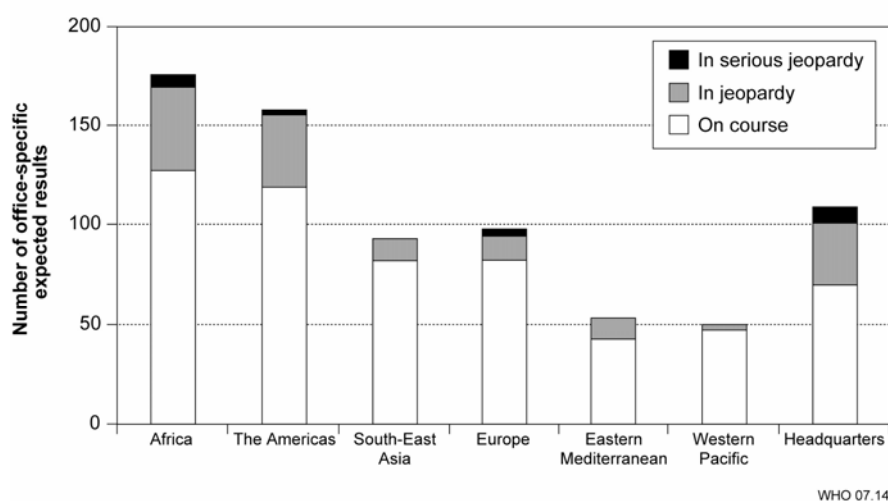
- renewal of WHO's results-based management framework, including approval of the Eleventh General Programme of Work, 2006–2015 and the near-completion of the draft Medium-term strategic plan 2008–2013;
- formulation or revision of 12 country cooperation strategies and start of the second generation of such strategies in most regions;
- establishment of a communication network in order to promote collaboration and improve consistency of communication throughout the Organization;
- improved navigation to governing body documentation in all six official languages on the WHO website;
- securing a strong resource base for the biennium with nearly US\$ 3200 million recorded as income by the end of 2006;

¹ WHO's core presence in countries; Direction; External relations; Governing bodies; Planning, resource coordination and oversight; Knowledge management and information technology; Budget and financial management; Human resources management in WHO; and Infrastructure and logistics.

- conclusion of the first systematic review of staff development across the Organization by the global learning committee and the preparation of an Organization-wide strategic plan for 2006–2007;
- development of new financial procedures and systems as part of the global management system project;
- formation of partnerships with public health associations and institutions, with WHO facilitating knowledge sharing and providing support to the design of curricula on knowledge management in public health institutes;
- completion of infrastructure projects at various WHO offices including inauguration of the new building at headquarters.

21. Two-thirds (35 of 53) of the Organization-wide expected results relating to effective support for Member States are rated on course, with 16 (30%) in jeopardy and 2 (4%) in serious jeopardy. Most of the 731 office-specific expected results in this group of activities are also on course (see Figure 5).

Figure 5. Ratings of office-specific expected results for effective support for Member States, by location

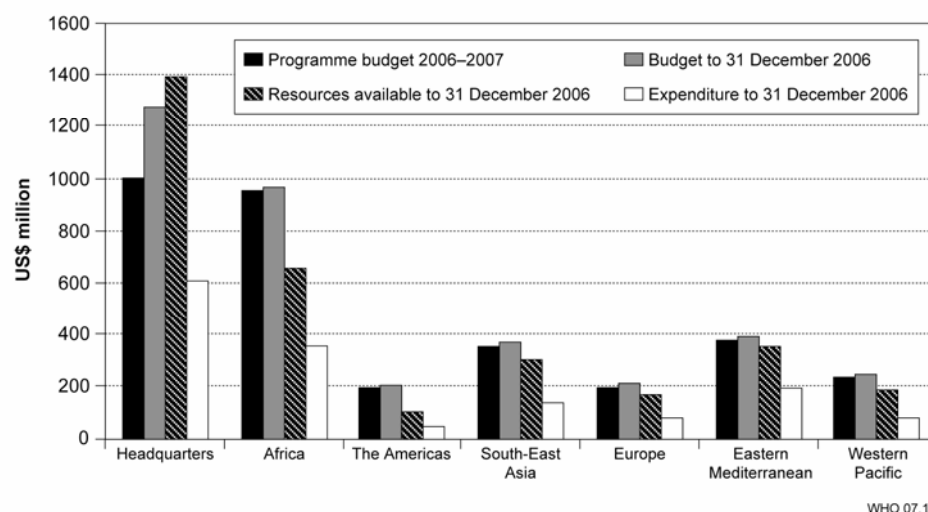


22. Efforts to improve provision of support to Member States in 2007 will concentrate on developing guidelines for effective and efficient WHO collaboration with United Nations country teams, and on updating guidelines for cooperation with organizations in the private sector and civil society. Another area of focus will be strengthening resource mobilization at regional and country levels through development of tools and staff training, broadening the base of unspecified or broadly earmarked contributions in order to ensure that all areas of work and country plans are adequately funded, and expanding the resource base through collaboration with new partners. Further analysis in order to obtain a better understanding of funding shortfalls and implementation rates is also required. Efforts will be made to reduce the number, and improve the quality and relevance, of resolutions adopted by the governing bodies.

Financial implementation

23. Detailed reporting on expenditures by area of work in 2006 is available in the unaudited interim financial report on the accounts of WHO for 2006.¹ The budget to 31 December 2006 has increased in relation to the Programme budget 2006–2007 (see Figure 6); the 10.7% increase owes mainly to increased budget allocations for the Stop TB Partnership’s Global Drug Facility, activities related to avian influenza, and unexpected and expanded functions including additional work on vaccines and immunization, prequalification of medicines, and patient safety. Recorded resources available to 31 December 2006 amounted to US\$ 3174 million and expenditure to US\$ 1510 million (47.5% of the amount available).

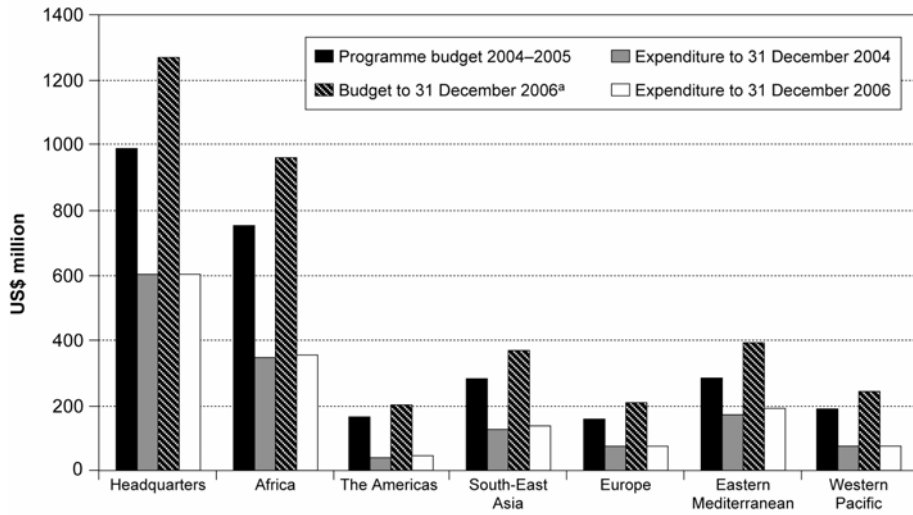
Figure 6. Programme budget 2006–2007 and budget, resources available and expenditure to 31 December 2006, by location



24. Financial implementation at the mid-term (see Figure 7) lags behind schedule in comparison with that in the biennium 2004–2005 (41.1% at end 2006 compared with 55.1% at end 2004) owing to several factors. Overall, the Programme budget 2006–2007 marks a significant increase in WHO’s activities worldwide but, whereas resources have been forthcoming, expanding the capacity to implement has not kept pace. Capacity is expected to expand, however, in 2007. Although resources are better aligned with needs and priorities, as expressed in the Programme budget, some areas continue to suffer a lack of alignment, accounting for over-resourcing of some activities and under-resourcing of others. Timing of receipt of income is a further factor, especially as substantial funding was received for some areas of work late in 2006. Finally, application of the delivery principle under new accounting rules for 2006–2007 has made it more difficult to compare implementation in 2004–2005 with that in 2006–2007, because ongoing work spanning more than one biennium is now accounted for differently.

¹ Documents A60/30 and A60/30 Add.1.

Figure 7. Comparison of implementation of Programme budget by location at 31 December 2004 and 31 December 2006



* Documents A60/30 and A60/31.

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