



Programme Development Committee of the Executive Board

Report of the fourth meeting

14 to 16 January 1998

At its fourth meeting (Geneva, 14 to 16 January 1998), the Programme Development Committee considered:

- health-for-all policy for the twenty-first century
- committees of the Executive Board: results of evaluation of the Programme Development Committee and the Administration, Budget and Finance Committee (ABFC)
- progress report on development of the evaluation system in WHO
- programme evaluation: draft guidelines for evaluation of the programme budget
- analytical framework for setting WHO priorities
- plans of action
- elements for preparation of the Tenth General Programme of Work
- matters related to the programme budget
- review of Health Assembly resolutions.

Some of these items were discussed in a joint meeting with ABFC. This document summarizes the Committee's discussions and its recommendations to the Executive Board at its 101st session.

Agenda item 1: Opening of the meeting

1. The Director-General welcomed the participants and expressed gratitude for their contribution to the work of WHO. Apart from positive developments such as progress in disease eradication, the past year had been notable for the closing of the Regional Office for Africa; no reopening was in view for at least two years. The underlying theme of the forthcoming session of the Executive Board was likely to be reform: review and revision of WHO's Constitution, WHO reform in relation to that of the United Nations, and broad issues relevant to reform with a view to the future.

Agenda item 2: Adoption of the agenda (Document EBPDC4/1)

2. The agenda as proposed was adopted.
3. A list of participants appears in Annex 1.

Agenda item 3: WHO reform**Agenda item 3.1: Health-for-all policy for the twenty-first century (Documents EB101/8 and EB101/9)**

4. In his introduction, the Deputy Director-General a.i. noted that the documents under consideration were not the product of headquarters alone, but the result of extensive consultation between WHO and its partners worldwide - governments and local communities of Member States, nongovernmental organizations and the private sector, academia and research institutions, the United Nations and its specialized agencies - and within WHO, at global, regional and country levels.

5. The present draft differed from earlier versions principally in that its viewpoint was now positive rather than negative. It laid more emphasis on determinants of health and disease; the responsibility of WHO and its partners; the right to health, and health as a human right; the significance of governance - not only for Member States but also for organizations; global and regional targets; ways in which Member States could implement policy; and ways values such as equity could be incorporated in action.

Health for all in the 21st century (Document EB101/8)

6. The Committee acknowledged that significant improvements had been made, after extensive consultation, to document EB101/8. It supported the document in general, subject to changes outlined below.

7. **Executive summary:** The text should include stronger reference to the need for adequate investment in resources for health, to building and maintaining human resources for health, and to promoting international solidarity in health matters.

8. A one-page document was provided for the Committee's information that had been distributed at a recent meeting of the heads of organizations of the United Nations system (Annex 2). In order to obviate extensive changes to the executive summary, the Committee requested preparation of a short (preferably no more than one recto-verso sheet), clear briefing paper for ministries of health of Member States. It should be based on the text of Annex 2 and a summary of the 11 targets (document EB101/8, paragraph 37) should make it clearer what the global policy was intended to mean to political decision-makers. It should also show more clearly the transition from the Global Strategy for Health for All by the Year 2000 to health for all in the twenty-first century.

9. **Section II:** The Committee reviewed the values, goals and targets of health for all as set out in Chapter 3. Some reservations were expressed as to whether certain global health-for-all targets could be achieved. It was considered, however, that ambitious targets should be set so as to provide an impetus for health for all in the twenty-first century. There was a need to ensure coherence between global and regional targets.

10. The Committee endorsed, in general, the role of WHO as set out in Chapter 5. It was suggested that box 8 on page 27 could include references to WHO's collaborative functions and role. Some of the terminology should be re-examined to encourage inclusiveness, and the language used in paragraph 51 concerning global governance should be reviewed.

11. **Section III:** With regard to securing adequate and sustainable financing (paragraphs 96-98) the Committee considered that it should be made clear that country fiscal policies should not contribute to the creation of inequities in access to health services.

12. It was observed that during discussions on United Nations reform it had been pointed out that investments should be made in education and health systems, not only to foster social justice, but because such investments optimized overall development financing.

13. The Committee considered that it would be necessary to give substance to the call for enhancing collaborative arrangements. It was important to indicate how partners would be brought together to obtain joint ownership for vision and action. Consideration should be given to adding a section on imaginative mechanisms needed to build and maintain new partnerships for health at various levels.

14. Concern was expressed about the need to address the problems associated with the outflow from some countries of highly trained professionals in search of more attractive professional and economic opportunities ("brain drain") and the desirability of promoting international action in this regard.

15. The Committee noted that more detailed strategies to implement health for all would be drawn up, which would be linked to and carried through the general programme of work and the programme budget, as referred to in resolution WHA50.28. It was suggested that the language of the document as a whole should be reviewed along the lines suggested for Chapter 5 in paragraph 10 above.

Health-for-all policy for the twenty-first century (Document EB101/9)

16. The Committee reviewed the draft charter/declaration based on the health-for-all policy in the twenty-first century. This document was expected to provide a vehicle for expressing the collective will to accept and implement the health-for-all-policy for the twenty-first century and a means of making that policy widely known. The Committee considered it preferable that the document be called a draft declaration, because in some countries the term "charter" was associated with legally binding instruments.

17. While endorsing the idea of a draft declaration in principle, the Committee agreed that its text should be shortened and simplified. To that end, it was suggested that the Board should set up a group to take into account the Board's deliberations and to work with the Director-General and his staff to draft a document that would be acceptable to the Member States. The draft could be circulated after the 101st session of the Executive Board with a view to consultation at the Fifty-first World Health Assembly.

Agenda item 3.2: Committees of the Executive Board: results of evaluation of the Programme Development Committee and the Administration, Budget and Finance Committee (ABFC) (Document EBPDC4/2)

18. The Committee reviewed the results of the evaluation exercise carried out in 1997, as requested in resolution EB93.R13.

19. In view of the low (23%) response rate to the questionnaire on which the report was based, the evaluation exercise should be considered as work in progress. Members of the Committee pointed out that the low response rate probably reflected the fact that new members did not have experience on the committees or on the Board itself.

20. The Chairman noted that the Board carried a heavy load in reviewing matters for the Health Assembly, and that a “business” committee and a “finance” committee were necessary for any organization. It was important that the committees should function correctly, however. Effectiveness could be enhanced by better preparation, better support, and better interaction among members of the Committee and with the Director-General and his staff.

21. Members of the Committee and several of those who had responded to the evaluation questionnaire supported the idea of an outside assessment of the committees. However, efforts should first be made to streamline their work and improve links with the Board (for example, consultations between the Chairman of the Board and the Chairmen of the committees). The Committee decided it would consider the scope and timing of an outside assessment in the light of discussions with ABFC and the work of the Board at its forthcoming session, at a specific meeting at the end of the session.

Agenda item 4: Programme management matters

22. The Committee acknowledged the substantial progress made in the development of the common programme management tools, which were essential for the good governance of the Organization. It was noted that for their use to be truly valuable, such tools must function as intended without imposing an undue burden on staff. It was also noted that indirect costs would be reduced as the tools were introduced throughout the Organization.

Agenda item 4.1: Progress report on development of the evaluation system in WHO (Document EBPDC4/3)

23. The Committee also reviewed a document entitled Planning and managing WHO’s programmes: overview of the process. It welcomed the progress made in developing the evaluation system and recommended that it should be pursued in order to enhance the Organization’s effectiveness and further encourage establishment of an evaluation culture in WHO.

Agenda item 4.2: Programme evaluation: draft guidelines for evaluation of the programme budget (Documents EB101/6 and PPE/97.5)

24. The Committee welcomed the draft guidelines, but expressed concern that the results of the evaluation of the 1998-1999 programme budget would be made available to the Board only in January 2001, whereas the 2000-2001 programme budget would require the Board’s approval in January 1999. That meant that the lessons learnt

from evaluating a programme budget could not be immediately reflected in decisions for the next biennium.

25. Recognizing that the Board and the Health Assembly could make more informed decisions if they had access to an indication of provisional financial expenditures, even if imperfect, the Committee proposed to the Board the following approaches to evaluation of programme budget implementation:

- in the year when a programme budget was to be approved, an information document on implementation of the first year of the prevailing programme budget would be presented to the Board that would indicate expenditures and obligations as at 31 October of the first year of that programme budget. It was recognized that flexibility should be exercised, especially in the first years of this information document;
- the process of elaborating this information document would be reviewed once the activity management system was available at all levels of the Organization, which should permit rapid access to financial and programmatic information and possible trend analysis over a longer period;
- the year after the end of implementation of a programme budget, a thorough evaluation based on the audited accounts and the methodology proposed in document PPE/97.5 would be prepared and presented to the next January session of the Board.

Agenda item 4.3: Analytical framework for setting WHO priorities (Document EB101/24)

26. The Committee expressed satisfaction with the analytical framework for setting WHO priorities, which reflected experience gained by the Organization over many years. It endorsed the principles for priority-setting, as outlined in paragraph 6, but recommended that work should proceed in order to determine further criteria and test the methodology.

27. It was emphasized that budget allocations did not necessarily reflect programme priorities, because alternative financial and other resources were being taken into account. It was important to continue consultations with national health authorities, other health agencies and nongovernmental organizations and to ensure appropriate links between programmes. The Chairman noted that, as mentioned in paragraph 40, WHO's global priorities would be made known in 1998, in time for preparation of the Tenth General Programme of Work.

Agenda item 4.4: Plans of action (Document EBPDC4/4)

28. The Committee noted that plans of action had now been prepared for the third year; although the process was not yet routine, programme managers were adjusting to it. There had been constraints in using plans of action for implementation, and a standard plan of action report was to be used once the activity management system was in general use.

29. The system, which provided a managerial tool for planning and for technical and financial implementation and monitoring, had been used to prepare the 1998 plans of action in headquarters and in the Eastern Mediterranean and South-East Asia regions; it would be in use in the Organization as a whole by January 1999. Training in use of the system was under way in headquarters and had taken place in a number of regions. In addition, training in the managerial process had been provided to staff in headquarters and was planned for a number of regions in order to improve quality and consistency in programme planning.

30. The Committee concluded that good progress had been made on plans of action, and requested that the foundations for plans based on best practice should be finalized. It should be ensured that plans could be updated to reflect change, that programme staff were aware of the value of the process, and that the planning process was not made too complex.

Agenda item 4.5: Elements for preparation of the Tenth General Programme of Work (Document EBPDC4/5)

31. The Committee welcomed the proposed outline of the Tenth General Programme of Work, while noting that its structure and content were not yet established in detail. It especially welcomed the reference to mobilization of resources, and urged that it should cover not only financial resources but also the mobilization of partners in implementing the health-for-all policy.

32. The Tenth General Programme of Work was seen as a useful tool to translate the health-for-all policy for the twenty-first century into strategy, provided it interfaced with WHO's priorities, policy and mission, as requested by resolution WHA50.28. A thematic approach should be adopted, and issues such as common methods and timing of delivery should be considered as the Programme was developed. It was noted that progress towards meeting the targets of the health-for-all policy was to be evaluated and targets routinely updated before the preparation of successive general programmes of work.

33. Proposed themes emanating from the health-for-all policy would be presented to the Board for approval at its 102nd session. It was also noted that in preparation of the Tenth General Programme of Work, a clear distinction was needed between the responsibilities of the Director-General and his staff, described in the general programme of work, and those of Member States, described in the health-for-all policy.

Agenda item 5: Matters related to the programme budget

34. The Assistant Director-General for Administration reported that ABFC had concluded that plans of action should be carefully monitored over the coming year in order to identify areas where particular efficiencies were being achieved. The Director-General would report to the Board in January 1999 and probably also in January 2000. This item was also to be discussed during the joint meeting with ABFC (the report of which is attached as Annex 3).

Agenda item 6: Review of Health Assembly resolutions (Document EBPDC4/6)

35. The Committee noted the large number (115) of resolutions adopted since the Thirty-third World Health Assembly (1980) that required either periodic or unspecified reporting. It concluded that there was a degree of duplication and, in certain cases, a question of the usefulness of continued reporting.

36. The Committee recommended that more attention should be given in future with respect to reporting requirements in resolutions. Future resolutions adopted by the Board should pay closer attention to the format and timing of requested reports, in line with resolutions of the Health Assembly and methods of work, as reflected in resolution WHA47.14. The Committee requested the Director-General to study the matter further and to report to its fifth meeting (January 1999), providing an analysis of action taken and recommendations on relevance of continued reporting on existing resolutions. Members of the Committee would be available to assist in that matter.

CLOSING REMARKS

37. The Chairman acknowledged various important steps - budgetary reform, the development of the evaluation system and the successful implementation of the first phase of the Organization's worldwide management information system - that had been taken in relation to the reform process. After reviewing those elements, the Committee felt that the overall progress made in the management process had to be acknowledged. It was noted that the reorientation of the health-for-all policy to fit the world situation in the twenty-first century was closely linked to the reforms proposed for WHO's Constitution, and in particular to the functions of the Organization.

38. It was suggested that the review of the reform process be pursued in the following four areas:

- streamlining WHO's policy and functions in order to allow the Organization to excel;
- pursuing reforms in programme management and budgetary processes with a view to increasing accountability while ensuring ease of use;
- continuing to build up an effective evaluation system;
- rationalizing the work of all three levels of the Organization so as to avoid duplication of efforts and to enhance the specificity of each level, backed by a strengthened information system.

ANNEX 1

LIST OF PARTICIPANTS

Mr J. Hurley (Chairman)

Mr J. Cregan (Alternate)
Dr J. Kiely (Alternate)
Mr N. Burgess (Adviser)
Ms M. Aylward (Adviser)
Ms S. Kelly (Adviser)

Dr M. Fikri

Dr J. Larivière

Ms J. Perlin (Alternate)

Dr J. K. M. Mulwa

Dr E. Nakamura

Mr S. Tsuda (Adviser)
Mr T. Ikenaga (Adviser)

Mr N. Siripala de Silva

Dr R. Perera (Alternate)
Ms A. Mendis (Adviser)

Dr A. J. M. Suleiman

Dr A. J. Mohammad (Adviser)

ANNEX 2

HEALTH FOR ALL IN THE 21st CENTURY

WHO is now finalizing consultations on **Health for All (HFA) in the 21st Century** which aims to realize the vision of Health for All, launched at the Alma-Ata conference in 1978. It suggests global priorities and targets for the first two decades of the 21st century which will create the conditions for people universally to reach and maintain the **highest attainable level of health** throughout their lives.

Over the past two decades primary health care (PHC), as the cornerstone of Health for All, has provided impetus to the attainment of HFA's goals. Despite gains, **progress has been hampered** for political, social and economic reasons. Further obstacles have been demographic and epidemiological changes and natural and human-made disasters. Increasing poverty worldwide has also affected health.

Although the 21st century faces new threats to health, new opportunities and approaches to overcome such threats are becoming available. Emerging **technologies** could transform health systems and improve health. **Globalization** of trade, travel, technology and communication could yield substantial benefits. Stronger **partnerships** for health between private and public sectors and civil society could lead to stronger joint action in support of HFA. Global environmental factors are acknowledged as requiring urgent attention.

The fulfilment of HFA's vision depends on bolstering commitment to key **values**: the enjoyment of the highest attainable standard of health as a fundamental human right; ethics in health policy, research and service provision, equity-oriented policies and strategies; and gender-sensitive health policies and strategies.

Goals and targets help define the vision of HFA. Goals of HFA are to achieve an increase in life expectancy and in the quality of life for all; improve equity in health between and within countries; and to ensure access for all to sustainable health systems and services. The global targets, which build on earlier HFA targets and reflect those agreed at recent world conferences, are intended to help set priorities for action and resource allocation.

Actions by all Member States to realize the goals of Health for All need to be guided by two policy objectives: **making health central to human development** and **developing sustainable health systems to meet people's needs**. In implementing the former objective, it is acknowledged that good health is both a resource for, and an aim of development. Further, the health of people, particularly the most vulnerable, is an indicator of the soundness of development policies. Actions that address the determinants of health aim to combat poverty, promote health widely, align sectoral policies for health and ensure that health is included in sustainable development planning.

Sustainable health systems must be developed that guarantee equity of access to essential health functions. These include, quality care across the life span; preventing and controlling disease; legislation supporting health systems; health information systems and active surveillance; innovation and use of science and technology; human resources for health; and adequate health financing.

This will require strengthening policy capacity; developing systems of good governance; setting priorities; strengthening and broadening partnerships for health; and implementing effective evaluation and monitoring.

Committed action at all levels - international, regional, national and local - will be crucial to transforming the Health for All vision into a practical and sustainable public health reality.

The World Health Organization, in cooperation with governments, will provide leadership for the attainment of Health for All. WHO will promote international collective action for health. To do this it will

develop global, ethical and scientific norms and standards; use international instruments to advance global health; provide technical cooperation to all countries; strengthen decision-making through appropriate health information systems; establish active surveillance systems; enhance global research capacity; support the eradication, elimination and control of selected diseases of global importance; and support public health emergency prevention and rehabilitation.

ANNEX 3

**JOINT MEETING OF THE PROGRAMME DEVELOPMENT COMMITTEE
AND THE ADMINISTRATION, BUDGET AND FINANCE COMMITTEE****16 January 1998**

1. ABFC and PDC met jointly under the chairmanship of the Chairman, PDC.
2. The meeting considered the items reported on below.

**MATTERS RELATED TO THE PROGRAMME BUDGET: EFFICIENCY PLAN FOR THE
FINANCIAL PERIOD 1998-1999**

3. The joint meeting noted the debate of ABFC, contained in its report.¹ During the debate on the question of efficiencies in New York the comment was made that the views of the United Nations Advisory Committee on Administrative and Budgetary Questions were not necessarily shared by all Member States. The need for further reporting on the efficiency plan to the Executive Board was emphasized, as was the need to ensure that efficiency savings were made across the range of programmes and were transferred to priority areas.

**COMMITTEES OF THE EXECUTIVE BOARD: RESULTS OF EVALUATION OF THE
PROGRAMME DEVELOPMENT COMMITTEE AND THE ADMINISTRATION, BUDGET AND
FINANCE COMMITTEE**

4. The joint meeting noted the conclusions of PDC, contained in its report. It also noted that appropriate briefing of Committee members and good liaison with the Board was essential for optimal effectiveness. To this end, participation of the Chairman of the Executive Board in meetings of the committees would be desirable. One reason for the poor response rate to the evaluation questionnaire could be that self-evaluation was difficult. It was further pointed out that the recommendations of the committees provided valuable guidance to the Board, whether or not the Board concurred with the committees. It was noted that the evaluation of the committees would be completed with the assistance of outside expertise.

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¹ Document EB101/4.