World Health Organization
Organisation mondiale de la Santé

EXECUTIVE BOARD
101st Session

Provisional agenda item 13.2

EB101/24
15 October 1997

Programme budgeting and priority-setting

Analytical framework for setting WHO priorities

Report by the Director-General

The Executive Board, in January 1997, in adopting resolution EB99.R13, requested the Director-General to: "**develop an analytical framework to expedite setting and revision of priorities based on WHO's mandate and on global health determinants and challenges**".

The purpose of the present document is to propose such an analytical framework to set WHO priorities within the context of WHO's managerial process. It draws from previous experience in this domain, work done by the development team on programme development and management, documents already reviewed by the governing bodies and contributions received from all levels of the Organization.

After reviewing the document, the Executive Board may wish to make proposals for finalizing the methods of work and for bringing the framework into operation.

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I. BACKGROUND

1. The purpose of setting priorities for WHO is twofold. The first is to orient the Organization's functions towards the more important health problems and needs, individual or collective, of its Member States, and to cooperate with countries in setting their own priorities. The second is to enable the Organization to focus its activities more clearly between and within programmes. The immediate influence of establishing more transparent priorities may be seen on the allocation of the regular budget, which must be directed towards realization and delivery of adequately funded priority products through coordinated use of resources at all levels of the Organization. Establishment of WHO priorities should also help donors to make decisions on the allocation of their financing to WHO. Thus, priority-setting should enhance efficient use of both regular and extrabudgetary resources in the Organization. However, recognition by WHO of the need to give priority to a specific health problem does not necessarily mean that substantial resources will be allocated to it. This is particularly true if a specific programme area is adequately financed by other partners, while respecting WHO's policy and orientations.

2. So far, priorities have been set for different subjects or categories, such as:

- **health problems** - determinants of health and diseases, risk factors, disabilities and consequences of disease; eradication, elimination of diseases;

- **existing health interventions** - technologies, methods, procedures and other products with proven cost-effectiveness in dealing with priority health problems;

- **research and development on needed health interventions** - development of new or improved technologies, methods, procedures and other products that are essential for addressing priority health problems and developing health systems, and that are within the capability of WHO to develop or sponsor;

- **geographical areas and population groups** - the special needs of certain geographical areas in some regions or countries, such as in Africa, that are priorities in themselves. Priority should also be given to particular groups within populations, such as the poor, ethnic minorities, underserved or other vulnerable groups.

3. The need to set priorities for the Organization has been reinforced recently by the fact that resources are becoming increasingly scarce while the requirements of the Organization's Member States are growing along with demands for technical cooperation. A large number of resolutions have addressed the issue, though not in a holistic way. The report of the Executive Board Working Group on the WHO Response to Global Change placed emphasis on priorities and recommended that they should be coordinated at all levels of the Organization.[1] The Executive Board reviewed a number of documents responding to these requests, such as "Programme budgeting in WHO and prioritization of activities",[2] and subsequently decided on a set of priorities for elaboration and implementation of the 1998-1999 programme budget.[3]

4. More recently, the Executive Board, by resolution EB99.R13 (1997), requested the Director-General: "**to develop an analytical framework to expedite setting and revision of priorities based on WHO's mandate and on global health determinants and challenges**". The following paragraphs propose such an analytical framework for setting of WHO priorities within the context of WHO's managerial process.

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[1] Document EB92/1993/REC/1, Annex 1.

[2] Document EB95/1995/REC/1, Annex 1.

[3] Document EB98/1996/REC/1, Annex 2.

II. CHARACTERISTICS OF AND PRINCIPLES FOR WHO PRIORITY-SETTING

Use of priorities in WHO

5. WHO uses its priorities:

- **to communicate to countries and other agencies where WHO's current and future interests and efforts in technical cooperation will be focused.** This implies that WHO will address those problems and priorities where it believes it is most effective in delivering solutions;

- **to guide WHO's organizational development and to focus WHO's programme development, research promotion and support.** This involves identifying the most important subjects and needs that WHO should address;

- **to enable WHO to focus on priority products within programmes, research promotion and country support.** This implies an ability by WHO programmes to mobilize internal and external scientific and financial resources to tackle priorities, including technical cooperation with countries most in need;

- **to guide the allocation of WHO's regular budget.** Such allocation may occur during periods of preparation of the programme budget, and in response to unforeseen budget constraints and resource requirements;

- **to orient the mobilization of extrabudgetary resources.** It has been strongly recommended that WHO's regular budget should be allocated according to its priorities and that extrabudgetary resources should be mobilized with the same priorities in view. It is necessary, therefore, to examine more closely the relationship between the allocation of regular budget and extrabudgetary resources to priorities.

Some guiding principles for the WHO priority-setting process

6. From the experience of previous endeavours to establish priorities for the Organization, a number of principles can be identified:

- priorities for WHO as an organization should stem primarily from the short- and long-term needs of Member States; the process must enable the explicit communication and expression of national health development priorities at all levels of the Organization;[1]

- priorities should stem from the health-for-all policy agreed upon by the Health Assembly, hence, from a global vision which includes an analysis of likely health conditions and risks in the future;

- priorities should include ethical considerations and equity issues, including poverty and gender orientations;

- the process must confirm and reflect existing health knowledge and technology while identifying new subjects requiring research and development;

- the choice of priorities should benefit from worldwide scientific expertise and take into account cost-effectiveness and cost-efficiency;

[1] This is the case at present with implementation of the regional programme budget policies (resolution WHA38.11), and the principle of the "bottom-up" approach.

- the process must allow for regional and country variations within global themes, in particular by including specific regional and country concerns;
- the process should focus on identifying priority products, even if they are to be delivered by different WHO programmes or levels, or other organizations and agencies;
- the process should lead to gradual consolidation of the Organization's work into fewer programmes.

III. ANALYTICAL FRAMEWORK: METHODS AND CRITERIA FOR PRIORITY-SETTING

7. The purpose of elaborating an "analytical framework" for identification of priorities for WHO's work is to develop a tool which is reproducible and which can be used to build consensus around recognized methods.

8. Although the priorities of WHO should emanate from a continuing process, rooted in those of the Member States, different factors will influence priority-setting at each level of the Organization. This means that the "framework" will deal with different types of information at each level.

9. WHO priority-setting starts with an examination of the role of the Organization at country level. Country priorities should then have a major influence on the setting of WHO's regional and global priorities. However, regional priorities cannot just be the sum of country priorities; neither should WHO global priorities contain all those expressed by countries and regions. Choices will have to be made at all three levels. In terms of WHO's international role, global priorities should have a major influence throughout the Organization. In addition, WHO country, regional and global priorities should be consistent with each other and mutually reinforcing in their effects.

10. As proposed, the "analytical framework" comprises three separate but interlinked sets of needs analysis (at each of the organizational levels), followed by an iterative process to narrow down the number of priorities through application of criteria and specific consultations.

Setting WHO priorities at country level

11. Figure 1 summarizes the process to be followed.

12. **Step 1.** Identify and rank important issues related to **health status, health determinants and health systems**, taking into account information on the current situation and probable future trends. In many cases, the Member States select their national priorities; one of the major roles of WHO is to support countries in this endeavour whenever required. Consideration must be given to equity and to national and regional capabilities for response.

13. An illustrative list of analytical tools for the identification of priorities in each of these three areas is given below.

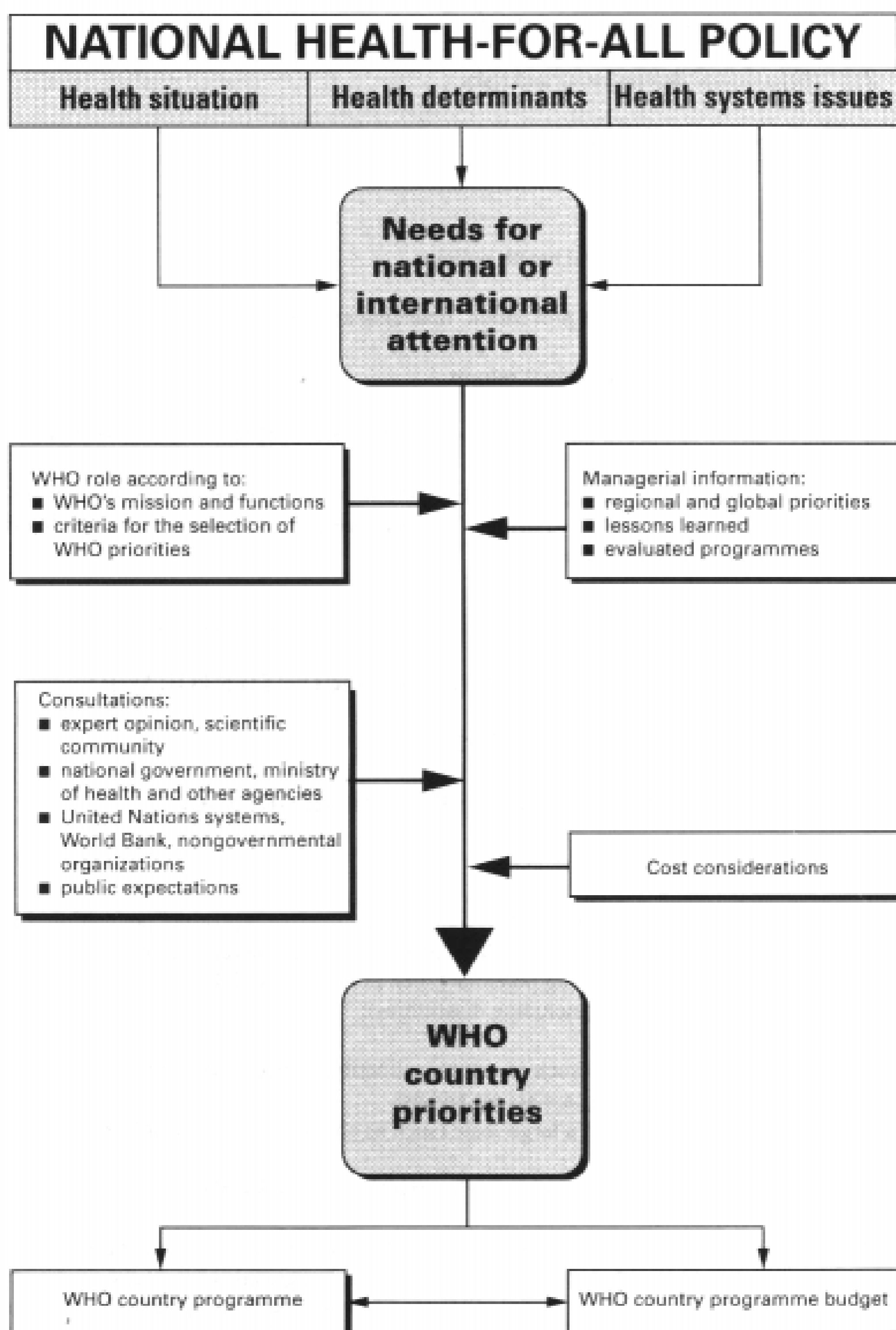
Health situation and trends

(1) national disease burden and trends, including mortality, morbidity and disability

(2) degree of public concern and potential for epidemic spread of diseases

(3) existence of preventive and curative interventions of known effectiveness.

FIGURE 1



Health determinants and trends

(1) socioeconomic context and status

(2) behavioural determinants and risks

(3) environmental exposure.

Health systems issues and trends

(1) development of national health policies

(2) health care and disease prevention, financing and use of resources

(3) organizational and structural reform.

14. The outcome of Step 1 is a list of country needs calling for national or international attention.

15. **Step 2.** Analyse these needs in the light of **WHO's mission and functions, and apply a set of various criteria**. Some of these criteria are illustrated below. The first screening is performed by applying the "criteria for the selection of priorities for WHO" (see box).

CRITERIA FOR THE SELECTION OF PRIORITIES FOR WHO

1. THE PROBLEM IS CLEARLY IDENTIFIED

2. THE PROBLEM IS OF MAJOR PUBLIC HEALTH IMPORTANCE

Solving the problem is of priority because:

2.1 it is leading to high mortality and morbidity and affects large sections of the population, in particular the most vulnerable groups, and it is impeding long-term human development through:
- impairment of growth and learning potential (such as nutritional deficiencies)
- impairment of work potential (including disabilities);

2.2 it is related to basic human rights such as equity, solidarity, respect and dignity by:
- creating serious imbalances in care access and use
- potentially damaging health on a large scale (such as chemical and nuclear hazards).

3. THERE IS A STRONG RATIONALE FOR WHO'S INVOLVEMENT

3.1 WHO's involvement is specifically mentioned in the Constitution, general programme of work, resolutions of the World Health Assembly, Executive Board, regional committees, the United Nations General Assembly, or as required by the outcome of United Nations-sponsored conferences or by agreements with other agencies. WHO's involvement has been clearly indicated in national, regional and global strategies for health for all or has other consensus reference.

3.2	The problem has a demonstrable potential for solutions and WHO is in a unique position to promote technology development and research for solving the problem, including standard-setting and other normative functions. The problem requires international collaboration for its solution and WHO is best suited as coordinator. WHO's collaborative and information delivery network will ensure the best dissemination of relevant information.
3.3	International stimulation or pioneering is necessary and WHO's involvement could have a significant impact on promotion of world health; WHO's involvement will promote self-sustaining health development at national level; WHO's involvement has potential for generating intersectoral action for health development.

16. Another set of criteria is needed to determine the level of WHO's action. At country level, the following could be applied:

CRITERIA FOR IDENTIFICATION OF WHO'S PRIORITY FOR TECHNICAL COOPERATION WITH COUNTRIES

1. The programme/product is aimed at solving a priority health problem specific to the country concerned and cannot be realized by the country with its own resources.

2. The country request followed a rational review of country/WHO policy or programme/product.

17. Criteria should also be defined for determining which resources should be used to finance WHO priorities and when WHO or national resources should be used. In addition, before determining the expected outcomes related to these priorities, another set of criteria may have to be applied for some specific programme areas.

18. Lastly, criteria will be defined to help determine if a programme area or product is no longer a WHO priority, and whether activities should be reduced or terminated.

19. **Step 3.** Review **managerial information**. Regional and global priorities should be analysed, as they may influence the setting of country priorities; they will also indicate the type of support that can be expected from other levels. Furthermore, it will be essential to have precise information on lessons learned from implementation of WHO programmes in the country concerned (or in similar circumstances), and from their evaluation.

20. **Step 4.** Conduct **a series of consultations, formal or informal**. This is a crucial step, which will clarify:

- the position of the ministry of health and other entities in the government regarding either possibilities of action or the expectations of national authorities

- technical issues, with experts and the scientific community

- the mandate and activities of other United Nations bodies

- the role of the various nongovernmental organizations and bilateral donors, and their potential

- the expectations of the public.

21. Other consultations may be desirable according to local circumstances to ensure coordination and optimal use of WHO's resources in the country and to avoid overlap with other agencies and partners.

22. **Step 5.** Take account of **costs**, as they may influence WHO's capacity for intervention. The cost-effectiveness of interventions should be ascertained during the various steps, whenever necessary. Although affordability should not be one of the main criteria for selecting priorities, the range of resources available to the Organization should be borne in mind.

Setting WHO priorities at regional level

23. Priority-setting at regional level should be considered as a follow-up to the process at country level, and the steps will be similar (see Figure 2).

24. **Step 1.** Determine regional health priorities, taking into account the **health situation at regional level, requests for support from country programmes**, and **policy issues** emanating from a consensus of countries in the region on issues of **common interest**.

25. **Step 2.** Analyse regional priorities by applying various **criteria**. Some, such as those for selecting programme priorities, will remain the same. However, there should also be new criteria for selecting the level of the priorities (see some examples below).

CRITERIA FOR IDENTIFICATION OF WHO PRIORITIES AT REGIONAL AND INTERCOUNTRY LEVEL

1. The pursuit of the programme/product as a collaborative effort of a number of countries in the same region is likely to contribute significantly to fulfilling priority objectives and to pooling selected resources, e.g. for the provision of highly skilled advisory services to countries.

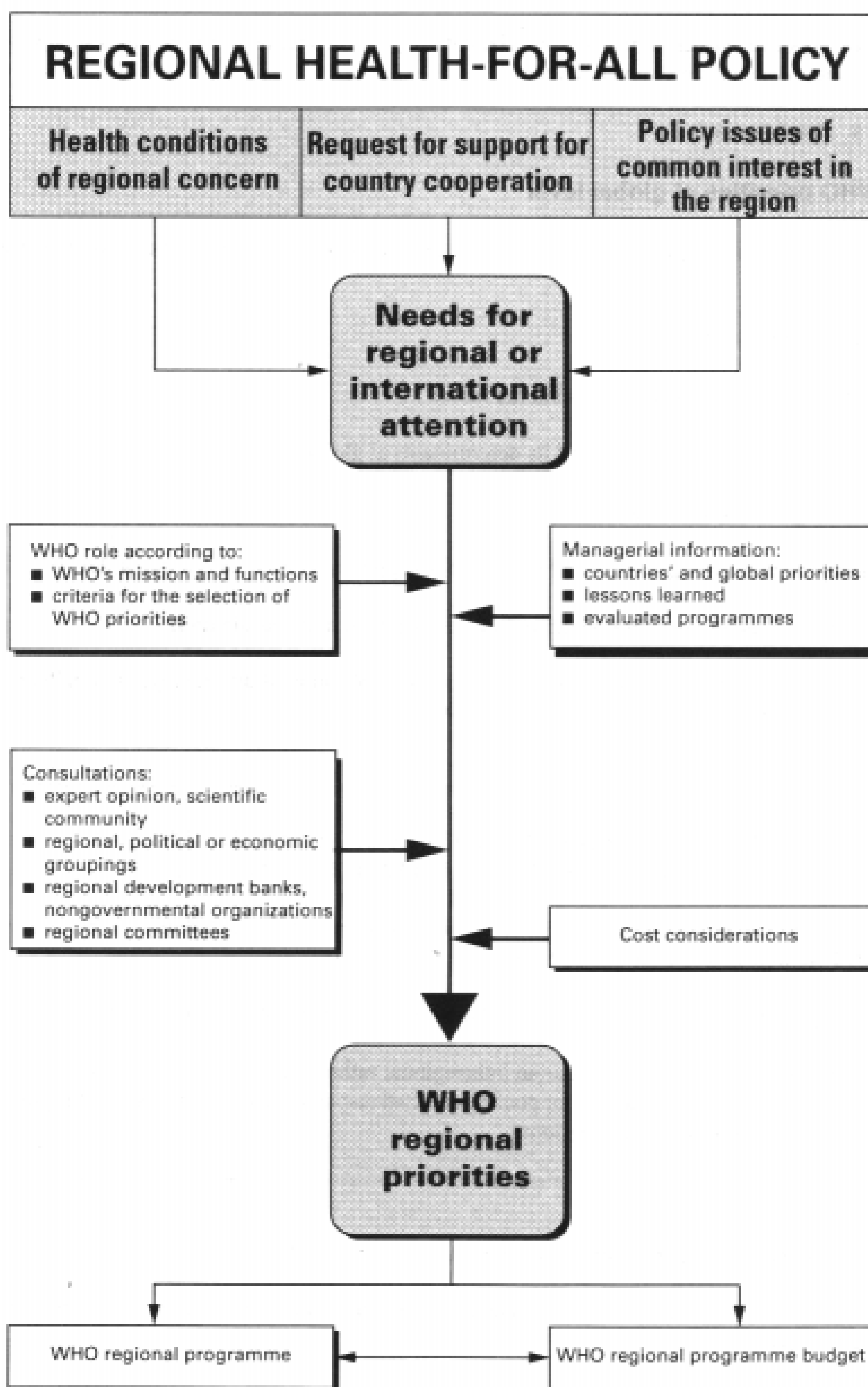
2. Similar needs have been identified in a number of countries in the same region after a rational programming process, or economical use of resources favour an intercountry rather than a country activity.

3. A request has been made by regional committees or for regional collaboration with other United Nations bodies.

4. The programme/product is required for regional health coordination.

5. The programme/product encompasses regional planning, management and evaluation and/or involves guidance, monitoring and control of intercountry or country activities.

FIGURE 2



26. **Step 3.** Review **managerial information**, focusing on the regional level. This information will include the necessary support to be given to implementation of country and global priorities.

27. **Step 4.** Organize **consultations**, in particular with regional economic and/or political groupings to ensure a proper distribution of activities and resources.

28. **Step 5.** Consider **costs**.

Setting WHO priorities at global level

29. Setting of priorities at global level will follow the regional and country pattern, as shown in Figure 3 below.

30. **Step 1.** Assess globally:

- priority health problems, now and in the future
- the specificity of the situation and its determinants at global level
- technologies, norms and standards required
- country and regional priorities and the need for support at country and regional levels
- most important, the need for health policy development and coordination.

31. **Step 2.** Analyse the Organization's functions and the application of different types of **criteria** (examples of criteria for priorities at global level are given below).

CRITERIA FOR IDENTIFICATION OF WHO PRIORITIES AT HEADQUARTERS AND INTERREGIONAL LEVEL

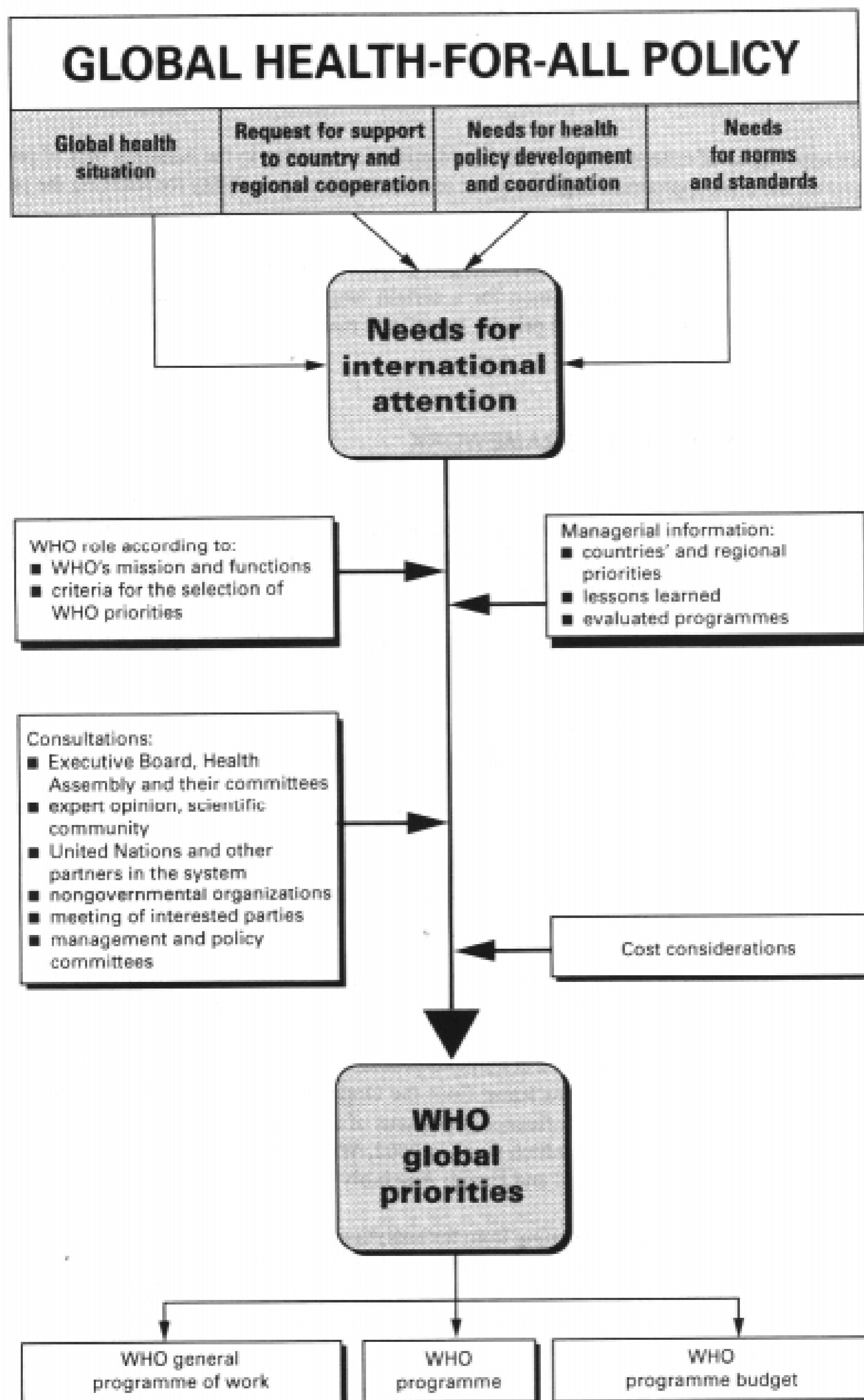
1. The programme/product is required for global health coordination, including collaboration with other United Nations and international bodies.
2. The programme/product encompasses global planning, management and evaluation.
3. Economical use of resources favour an interregional rather than a regional activity, in particular, the interregional framework is useful for pooling selected resources, e.g. for provision of highly skilled or scarce advisory services to the regions.

32. **Step 3.** Review **managerial information** emanating from all levels.

33. **Step 4.** Conduct **consultations** and, in particular, examine the role of the Executive Board and Health Assembly (see Figure 3).

34. **Step 5.** Consider **costs**.

FIGURE 3



Interaction between the three levels

35. Although the process takes place in three different contexts and sometimes at different times, the setting of WHO's priorities should be seen as a continuum, with priorities at each level complementing each other. Such an approach will underline the fact that priorities at the regional and global levels are not respectively the sum of priorities at the country and regional levels.

36. Proper application of criteria at all levels should minimize overlap in the resulting lists of priorities and help to determine the most appropriate organizational level at which responsibility for realizing the products will lie.

37. In order to facilitate interaction between levels and to ensure consistency in the implementation of priority programmes, priorities should be maintained for a certain length of time (see also paragraph 40 below). Frequent changes may lead to "unfinished priority areas" and make it difficult to monitor any serious impact on the original situation.

IV. USE OF THE ANALYTICAL FRAMEWORK

38. Priorities at the three levels of the Organization should be established through a set of closely-related but independent exercises. Relevant information could be held in related databases, compiled and maintained in the activity management system. As an integral part of WHO's managerial process, priorities should be set in harmony with the other elements of the process:

- during preparation of WHO's long-term policies and plans, priorities and goals are set to give a general orientation to the programmes;

- during elaboration of the general programme of work (every six years) priority programmes and targets are established for the work of the Organization as a whole;

- during drafting of the proposed programme budgets (every two years) regular budget funds are allocated to priority programmes and products;

- during meetings with donors and interested parties (usually on a yearly basis), extrabudgetary resources are allotted to certain programmes.

39. In addition, resolutions of the Health Assembly, the Executive Board and the regional committees might give higher or lesser priority to selected activities and propose reallocation of resources.

40. WHO priority-setting should thus be a continuous process that is integrated into planning and evaluation. It will need to take account of the lessons learnt from the Organization's evaluation process; evaluation of previous priorities should have a major influence at the start of future planning processes. For preparation of the Tenth General Programme of Work which starts in 2002, WHO's global priorities should be available by late 1998, i.e. before the Executive Board and Health Assembly in 1999.

41. The resulting sets of priorities emanating from the analytical framework, particularly those for the regional and global levels, would need to be discussed and endorsed by the regional committees, the Executive Board and/or their various specialized subgroups and submitted to the Health Assembly. More generally, although the present mechanisms for identifying priorities may differ between the regions and at headquarters, they comprise at least the following:

- internal regional or headquarters management, programming and budgeting committees

- committees or working groups established with Member States to select country priorities during the joint policy and programme reviews for elaboration of the programme budget at country level

- meetings of ministers of health in some regions

- subcommittees of the regional committee or subcommittees of the Executive Board such as the Programme Development Committee and the Administration, Budget and Finance Committee

- the regional committees

- the Executive Board and Health Assembly.

42. After approval, global, regional and country priorities should be used at country level as a basis for discussions during the joint government/WHO policy and programme reviews. Priorities would be used to reorient resources towards priority products within programmes and the support needed in countries and by intercountry activities. Regional priorities will emphasize technical cooperation. The global level should emphasize the Organization's role in norms and standards, health information and research, and design of health interventions and global priority programmes.

V. ACTION BY THE EXECUTIVE BOARD

43. After reviewing the methods proposed in the present document the Executive Board may wish to make proposals, in the light of its discussion, for finalization of the framework document. The methods contained in the analytical framework would then be field-tested in two countries per region, one regional office and two programmes at headquarters in 1998. The results of these field tests would be submitted to the Board for review in 1999 before systematic application in the preparation of the 2002-2003 programme budget, which will be the first one of the Tenth General Programme of Work.

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