
Programme budget 2010–2011: performance assessment

First report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-fifth World Health Assembly

1. The sixteenth meeting of the Programme, Budget and Administration Committee was held in Geneva from 16 to 18 May 2012 under the chairmanship of Dr M.A.O. Saíde (Mozambique). The list of participants is annexed.
2. The Committee adopted its agenda.¹
3. The Committee expressed its appreciation for the valuable and timely information presented in the report.² It noted that the discussions on the performance assessment were strongly related to the on-going reform consultations.
4. The Committee acknowledged the results achieved by the Organization in major priority areas, in particular those linked to the health-related Millennium Development Goals; to noncommunicable diseases and to immunization. Committee members raised concerns related to several specific performance indicators, in cases where for example indicators were difficult to understand, where related indicators were not linked, or where results were achieved despite an underfunding of the strategic objective. The Committee also raised concerns regarding the method of performance assessment. Recognizing the complexities of performance assessment, especially in the selection of indicators and the attribution of the Secretariat's work, the Committee highlighted the fact that results-based management should be transparent, precise and based on realistic targets. The Committee noted that the performance assessment was a self-administered exercise; they appreciated the peer review process and recognized that the Secretariat had applied a stringent methodology, even to the point where it might have been too self-critical.
5. The Committee noted that out of 85 Organization-wide expected results, 46 were fully achieved. However, of the 39 Organization-wide expected results assessed as "partly achieved", it was noted that 14 results were rated as such despite the fact that all the indicator targets had been met or surpassed. It was explained that this was due to the result being assessed as "partly achieved" in two or more regions. The Committee also noted that some results have been rated as "fully achieved" even though

¹ Document EBPBAC16/1.

² Document A65/28.

the financing was not fully available. The Committee requested a better explanation of such cases and a clear linkage between results and resources. In addition, some indicators measured the progress of Member States to which the Secretariat contributed, thus the result could still be achieved even though WHO was not fully resourced.

6. The Committee acknowledged that such issues were being addressed in the Organizational reform process including the definition of a clearer results chain and the selection of performance indicators that measured the Secretariat's accountability more clearly and that can be linked to the resourcing of the Organization. This will require the inclusion of performance indicators measuring the outputs of the Secretariat and their attribution to global health outcomes.

7. The Committee noted that the performance assessment for 2008–2009 had included a separate section on challenges and lessons learnt, and recommended that this practice be continued in future performance assessments given the need to improve the analysis of results and to use lessons learnt in the development of future programme budgets.

8. The Committee noted that although the Programme budget 2010–2011 seemed to have been well financed overall at 93% of the approved budget, there was a discrepancy between the approved Programme budget and the allocation of resources to priority areas. As a result, some strategic objectives were overfunded while others were underfunded. In addition, there was a great variation of financing between major offices. Clarifications were requested on these issues.

9. The Secretariat responded that there were three major reasons for the discrepancies. Firstly, a substantial proportion of the funds received by the Organization were highly specified for particular health topics, projects or partnerships, or were for unforeseen events such as emergencies and disease outbreaks. Those resources could not be re-distributed to priority areas within the Programme budget. Secondly, the Programme budget in 2010–2011 was still ambitious and aspirational and therefore could not be realistically met by available income. That issue was addressed during the development of the Programme budget 2012–2013 and will continue to be integrated in the reform discussions. Thirdly, it is important to note that the Director-General's flexibility to shift funding between strategic objectives and regions is limited to assessed contributions and does not apply to all sources of funding. Related to this, concerns were raised regarding the underutilization of funds in some specific cases.

10. A concern was raised about continued variations in the levels of funding among Regional Offices, for example the Region of the Americas received only 62% of its approved budget. For the Eastern Mediterranean Region issues of allocation and utilization were explained partly by the challenges relating to the 2011 "Arab Spring" in several countries.

11. The Committee requested the Secretariat to continue the efforts that started during the development of the Programme budget 2012–2013, in order to improve the budgeting process and to ensure that it is based on a realistic assessment of income and expenditure.

12. A Committee member proposed that:

"(1) The Director-General makes use of her responsibility and authority to reallocate funds between appropriation sections up to 10% as stipulated in resolution WHA64.3. This should be done automatically whenever a strategic objective is reaching a 100% funding level and whenever necessary in order to guarantee at least a 60% threshold funding level for each strategic objective. Any such reallocation decision needs to be communicated to the Programme, Budget and Administration Committee for acknowledgement.

(2) In cases where a strategic objective is overfunded by more than 10% this should be communicated to the Programme, Budget and Administration Committee, and solutions of a possible budget adjustment or reallocation of funds to another strategic objective should be submitted for discussion and approval.”

13. The Secretariat responded that this would require a change to the Programme budget appropriation resolution to cover not just the assessed contributions but all sources of funds.

RECOMMENDATION TO THE HEALTH ASSEMBLY

14. The Committee recommended, on behalf of the Executive Board, that the Health Assembly note the performance assessment of the Programme budget 2010–2011.

ANNEX

LIST OF PARTICIPANTS

MEMBERS, ALTERNATES AND ADVISERS

Mozambique

Dr M.A.O. Saíde (Chairman)

Mr D. Juvenal (alternate)

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