



WORLD HEALTH
ORGANIZATION
Regional Office
for the Eastern Mediterranean

منظمة الصحة العالمية
المكتب الإقليمي
لشرق البحر المتوسط

ORGANISATION MONDIALE
DE LA SANTE
Bureau régional
de la Méditerranée orientale

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

Thirty-second Session

Agenda item 5

EM/RC32/3
August 1985

ORIGINAL: ENGLISH

GUIDELINES FOR PREPARING
A REGIONAL PROGRAMME BUDGET POLICY

CONTENTS

	<u>page</u>
1. INTRODUCTION	1
2. PRESENT PRACTICE WHEN PLANNING THE REGIONAL PROGRAMME BUDGET ...	1
3. CONSIDERATION OF THE ELEMENTS	4
4. OTHER MATTERS TO BE CONSIDERED	8
5. CONCLUDING REMARKS	9

**GUIDELINES FOR PREPARING
A REGIONAL PROGRAMME BUDGET POLICY**

1. INTRODUCTION

In 1984, the Director-General, in his "Introduction" to the Proposed Programme Budget for the Financial Period 1986-1987 (para.60), called upon regional committees to make clear statements of their regional programme budget policies in the light of the new arrangements for cooperation with Member States. The time scale suggested for formulating a new policy was two years. In his proposal, the Director-General enumerated certain elements that need to be considered in developing such a policy and, in this paper, these elements are being brought to the attention of the Thirty-second Session of the Regional Committee to assist it in developing a programme budget policy appropriate to the Eastern Mediterranean Region. To further facilitate this task, the paper starts by summarizing present programme budgeting practice and closes by mentioning certain other related factors. [Attention is also drawn to document A38/INF.DOC/1 (incorporating DGO/85.1) issued for the Thirty-eighth World Health Assembly.]

2. PRESENT PRACTICE WHEN PLANNING THE REGIONAL PROGRAMME BUDGET

2.1. Budget allocations

The allocation for the country, inter-country and Regional Office activities is received from the Director-General.

As an initial step in the preparation of the programme budget for the Region, country and inter-country planning figures are determined by the Regional Director. The country figures are conveyed to Member States, who are requested to prepare, in close collaboration with the respective WHO Representative and Programme Coordinators, where existent, their programme budget proposals (by broad programmes only) and country programme statements, reflecting priorities in each country's national health development plan and its strategy for health for all by the year 2000. Desk officers of the different countries at the Regional Office provide any additional support needed by Member States.

In the Regional Office, Regional Advisers and Programme Directors work together to prepare the inter-country proposals in consultation with Member States, taking into consideration the priority health problems common to many Member States that could be resolved through inter country activities.

Country and inter-country proposals and the Regional Office allocation are then examined by the Regional Programme Committee for the purpose of ensuring compliance with national strategies for HFA/2000, compliance with WHO policies and decisions agreed upon collectively by Member States during the meetings of its governing bodies, and to ensure that inter-country activities respond to national strategies and priorities.

DRAFT GUIDELINES FOR A REGIONAL PROGRAMME BUDGET POLICY

The Regional Office, country and inter-country proposals, compiled in one document (the Proposed Programme Budget), are then submitted through the Regional Consultative Committee to the Regional Committee. The Regional Committee considers and discusses the Proposed Programme Budget, and makes recommendations to the Executive Board.

2.2. Existing regional policies relating to programme budgeting

Existing policy guidelines relating to the programme budget were derived from resolutions and decisions made by the World Health Assembly, the Executive Board and the Regional Committee. These guidelines have served to direct the preparation and orientation of the Regional programme budget. Among the most important policy decisions are the following:

- (1) Country programme budget proposals should be related (i) to national health policies, strategies and priorities, and (ii) to WHO approved policies, strategies and programmes that Member States have decided upon collectively in the meetings of the Organization's governing bodies. This is also a guideline for inter-country proposals;
- (2) There must be a clear understanding that the Organization's resources are the collective property of all Member States and that no part of them is the right of any individual country;
- (3) WHO support will be limited to short-term, activity-initiating or activity-accelerating support, and will not be used to cover recurrent expenditures;
- (4) Integration of programme activities into one health system based on primary health care will be encouraged and promoted, avoiding vertical programme activities where possible. Preference will be given to activities that involve joint programming, joint budgeting and joint implementation of activities common to or linking different health programmes at country level;
- (5) Support can be given to health promoting and health preserving activities that involve a sector other than the health sector or that cut across two or more sectors where this is in line with national priorities and the collective policy decisions of WHO's Member States;
- (6) Non-priority activities will be phased out;
- (7) National personnel undertaking field work, including supervisory tasks, as part of their national activities may receive a per diem through WHO support to help motivate them to carry out such tasks. Payment of regular cash incentives or salary subsidies is deprecated;
- (8) Activities that serve to strengthen national institutions, particularly those involved in training health personnel or in research, will be supported;
- (9) Linked to (8) is the practice of granting fellowships for nationals at institutes in their own country, or at least within the Region, wherever possible. Recognition of institutes as "Regional training centres" and "educational development centres" also serves to strengthen them, and they can also perform a valuable function as target institutes for fellowships.

2.3. Mechanisms for cooperation with Member States on programme budget matters

2.3.1. The WHO Representative and Programme Coordinator

The WHO Representative and Programme Coordinators (WRCs) fulfil a vital role in ensuring (i) close cooperation between the Organization and Member States, (ii) prompt response to requests for assistance, information and other support, and (iii) administrative support and monitoring of collaborative activities. They are the most important line of communication between Member States and the Organization, and are deeply involved in the programme budgeting process.

2.3.2. Joint Government/WHO Programme Review Missions

Joint Government/WHO Programme Review Missions comprise a national and a WHO team; when there is a WRC, he functions as WHO team leader. Missions discuss the status and implementation of programme budget activities of the current biennium, and identify weaknesses and strengths encountered during such implementation. Reprogramming is undertaken as necessary. They then consider the programme budget allocations agreed for the next biennium, ensuring that the activities are related to the achievement of targets and objectives of national HFA strategies and are in line with WHO strategies and policies. They also ensure that technical support is directed towards providing coherent support for national priority programmes and that it is not provided on an ad hoc basis (e.g. for the provision of supplies, fellowships and local costs unrelated to agreed activities). During this exercise the Missions determine precisely the financial resources required under the different budget lines for STC costs, fellowship costs, etc. The Missions also discuss the probable main directions and priority programme areas for inclusion in the proposed programme budget for the biennium to follow.

2.3.3. Regional Programme Committee

The Regional Programme Committee comprises directors and programme managers at the Regional Office. They consider all programme budget proposals and all reprogramming requests, whether emanating from WRCs', Joint Programme Review Missions, programme reviews or the Regional Office. Their recommendations are forwarded to the Regional Director for approval.

2.3.4. The Regional Consultative Committee and Regional Committee

The Regional Consultative Committee and the Regional Committee both consider the programme budget proposals transmitted to them by the Regional Director in depth, and they have been instrumental in generating both policy guidance and specific proposals of benefit to the Region (§2.1).

2.4. Other mechanisms or factors that affect the programme budget

2.4.1. Discussions held by the Regional Director

It has been the practice of the Regional Director to discuss with delegates or representatives of Member States to the World Health Assembly or to the Regional Committee, or during his visits to Member States - often accompanied by the Director-General, important matters relating to WHO

cooperative programme activities, including policy, implementation, utilization of resources, and the need for extra-budgetary resources and funds. The Regional Director is frequently able to resolve outstanding problems relating to programme implementation "on-the-spot"; at other times, the discussions generate specific action by the appropriate officials at the Regional Office.

2.4.2. In-depth country programme implementation reviews

In-depth country programme implementation reviews are usually held in the Regional Office with the appropriate WHO Representatives and Programme Coordinator in attendance. The purpose is to examine implementation of the programme activities in a Member State, identifying difficulties, obstacles and constraints, and working out the most suitable solutions. During these reviews, all outstanding actions relating to the different programme activities are discussed with the responsible Regional Advisers and Programme Directors in the Regional Office. Some reprogramming may also take place.

2.4.3. Other reviews

There are also reviews covering several related programme areas (e.g. immunization/maternal and child health/diarrhoeal diseases) that are undertaken at country level. The resulting recommendations may also initiate some reprogramming.

2.4.4. Inter-country and other technical meetings

The recommendations deriving from inter-country meetings (workshops, seminars, etc.) and the occasional inter-regional meeting, as well as from some national meetings in which WHO is involved, will suggest changes in programme orientation and actions that are later reflected in the programme budget.

2.4.5. Emergency situations

Inherently, emergency situations such as famine, floods, outbreaks of epidemics, etc. have to be handled on an ad hoc basis. However, many such emergencies have a longer term effect on public health (for example the problems engendered by movements of refugees), and efforts to assist Member States to come to grips with these will equally affect programme budgeting.

3. CONSIDERATION OF THE ELEMENTS

The elements referred to in §1 above are considered in turn below on the basis of existing policies and procedures and with an eye to a future regional programme budget policy.

3.1. Review of realistic plans and prospects for national health strategies in the region, including a listing of priorities for WHO involvement in preparing and implementing such strategies

All countries of the Region are classified as developing countries, with six of them falling under the heading of "least-developed". In most

of the countries the primary constraints to implementation are lack of trained national manpower and, in fourteen countries, shortage or lack of financial resources. Most of the Member States have evolved national strategies for HFA/2000.

EMRO will need to assist those Member States who have not yet done so to formulate strategies. It should also assist Member States in formulating realistic priority health targets to be reached at specified times, and to monitor and evaluate progress so that strategies can be modified as necessary to achieve those targets.

The emphasis must be on providing training and support for the managerial process for national health development in Member States in order to build up a cadre of nationals responsible for planning and implementing strategies.

The constraints mentioned above make it imperative to encourage intelligent community participation, with a voice in decision making. Part of managerial training must be devoted to developing an understanding at the upper levels of the health systems that informed communities are good judges of their real health needs, and that these are often intersectoral in nature. Indeed, the need to think "intersectorally" cannot be too strongly emphasized.

Finally, the need to institute national programmes for disease surveillance, other monitoring and evaluation as a means of obtaining the feedback needed by management to judge progress must be continually stressed.

3.2. The mechanisms in the countries of the region for ensuring optimal use of WHO's resources in support of the strategies

The WRCs and the Joint Programme Review Missions form the basis for EMRO's and a government's joint efforts to make best use of WHO's resources at country level. Decisions are based on the country's listing of health and health-related problems, and the priorities these have been accorded in the national strategy.

3.3. The measures for mobilizing and rationalizing the use of all potentially available resources - within countries, from external sources in the region and in other regions, and from worldwide resources

The basis for rationalizing the use of resources to promote and support health is the list of priority health and health-related problems referred to in §3.2. An analysis of all available resources, internal and external, will make it possible to allocate these in accordance with health priorities (and donor's requirements for external resources); this provides an estimate of additional external support required.

WHO, having been given the task of acting as coordinating authority on international health work, is ideally placed to assist Member States in seeking external funding, whether from international or voluntary sources. In furthering bilateral or multilateral assistance, including technical cooperation among developing countries, it plays a catalytic role, leaving detailed negotiation to the interested parties.

3.4. The guiding principles for WHO support to national institutions with a view to building up their self-reliance

National institutions that are playing a role in support of national strategies and programmes directed towards health for all through the primary health care approach, or that are prepared to reorient their operations in this direction, qualify for support. Such national institutions include those that teach and train health workers and managers of any category, those that undertake health related research, and also certain professional associations and national voluntary organizations that have a major input to health.

An important part of WHO's support lies in provision of information; the information must be matched to the specific needs and accurately targeted.

Training institutions, especially those that train the trainers, are of vital importance in the Region. If oriented towards primary health care, they provide the basis for national activities in pursuit of HFA/2000, and hence form a prime target for WHO support. They can be helped by, for example, assisting with curriculum design, and by using WHO fellowships to send nationals of the country or from other countries of the Region to them for training. Proof of appropriate orientation of teaching practices, including emphasis on field training and inculcation of the need for community participation, should form a major guiding principle on which to base support.

The need for encouraging applied research on health, especially in the fields of management and planning of health services and of the interaction between health providers and the communities they serve, has become very evident. The Eastern Mediterranean Advisory Committee on Medical Research takes the responsibility of vetting research proposals.

3.5. The activities in which WHO's involvement in countries will have to be phased out

While activities that have outlived their usefulness were to be phased out (see §2.2.(6)), no guidance had been formally set down to determine on what basis WHO support to an activity was to be withdrawn.

The principles, that an activity being supported should be a national priority activity, that it should be socially and economically relevant, that it should comply with national and WHO strategies and policies for HFA/2000, and that there must be a reasonable expectation that a government could sustain it using national manpower and funding after external support is withdrawn, should be essential for obtaining and keeping WHO involvement.

(The Regional Office has been moving away from having WHO programmes or projects in Member States towards providing WHO support for national activities. To receive support for such, the government must have set down a comprehensive plan of action with a time-frame, should have appointed a national manager for the activity, and should have allocated national funds to cover the recurring costs. WHO can then enter into a "partnership", providing the "impetus funding" to help initiate or accelerate the activity.)

3.6. Inter-country cooperation for defining WHO's inter-country activities

The principal Regional mechanisms providing inter-country cooperation for defining inter-country activities are the Regional Consultative Committee, the Regional Committee itself, and the formulation of recommendations by inter-country meetings. In addition, the experience of the Regional Office staff in identifying needs common to several countries of the Region must be recognized. Cooperation with bodies such as the Secretariat General of Health for the Arab Countries of the Gulf Area has proved valuable.

The Regional Committee might wish to consider whether additional mechanisms are needed, or whether existing mechanisms are sufficient; it may care to recommend modification of procedures to improve effectiveness. It is submitted that present practice has been very flexible and has permitted the Regional Office to respond quickly to urgent needs that have arisen in parallel in a number of countries.

3.7. The method of reviewing countries' programme budget proposals at the regional level in order to ensure coherent support from all levels of the Organization

It is submitted that the mechanisms for reviewing countries' programme budget proposals at present in force (see §2), with their multiple checks for compliance with policy and procedures, and with Member States needs, priorities and wishes, are comprehensive and effective, yet flexible.

3.8. The implications for international staffing in country programmes and in WHO representative and programme coordinators' offices, as well as for the organization of the regional office and its staffing profile

The WRC has proved to be a key staff member in ensuring effective delivery of programmes (see §2.3.1). With the phasing out of "projects" in favour of support for national activities, it has been proposed that the WRC could sometimes be supported at country level by a technically competent national appointed by WHO to serve under him, if available. Whether national or international, such technical support staff should be sufficiently competent in several related fields of primary health care in order to provide a broader base for WHO support in the country.

The use of staff at the Regional Office in the same way, namely to cover a number of related areas within primary health care, the need to operate as teams to cover the broader areas of concern, leads to greater reliance on specific expertise in Headquarters or obtained through the use of short-term consultants. An assessment of optimal ways of operating and the effectiveness and efficiency of the different approaches has yet to be undertaken. This should await a period of steady operation, for many changes in the organizational structure of the Regional Office to reflect the new arrangements for cooperating with Member States are recent, and some are still in progress.

3.9. The budgetary and financial implications of the above

It has become clear that existing financial rules for allocating funds for programmes are not ideal when funding is considered for the broadly

based activities required in the primary health care approach. The Programme Development Working Group is studying this matter.

The move away from individual, narrow, long-term WHO programmes and projects in countries will give greater flexibility in reprogramming funds to meet Member States' priority health needs.

Some Member States have been requesting visible evidence that WHO funds were being used in conformity with collectively agreed WHO policies and decisions and, presumably in the future, with defined regional programme budget policies. The required "visibility" may go beyond merely receiving results of audits in either financial or programme-and-policy terms; it may be that modifications in the periodic reporting on country and inter-country activities and/or in the presentation of programme budgets may become necessary in the future.

3.10. A limited timeframe for introduction of the new programme budget policy

It is suggested that existing guidelines can be confirmed or modified, and additional ones approved by the Regional Committee for use as a basis for preparing the proposed programme budget for the 1988-1989 biennium (to be undertaken in the period November 1985 to March 1986). A document containing specific but draft guidelines, based on the discussion in this document, will be submitted to the Thirty-second Session of the Regional Committee through the October 1985 meeting of the Regional Consultative Committee.

The Secretariat can then report experience to the Regional Consultative Committee in March and October 1986, with the aim of laying a tested, practical set of guidelines before the Thirty-third Session of the Regional Committee for consideration and approval.

3.11. The methods of monitoring and control

In order to undertake monitoring and control that would serve as a 'yardstick', certain information must be presented on the national activities being supported in Member States. Thus, for each activity, a plan of action is required that shows the strategy to be applied, the national resources available, external inputs needed, targets to be reached, a time scale, and expected results in terms of the nation's health.

This same information would in any case be needed for audit in terms of programmes and policies (see §3.9).

Above all, the programme budget policy and associated guidelines will themselves need to be monitored and updated in response to changing needs.

4. OTHER MATTERS TO BE CONSIDERED

Some other matters should perhaps also be considered in the course of developing the new policy where they are of sufficient import to seriously

DRAFT GUIDELINES FOR A REGIONAL PROGRAMME BUDGET POLICY

affect the optimal use of WHO funds. Such questions and suggestions are listed below, in no order of priority.

- (a) How can prompt and efficient support to Member States be assured following approval of the programme budget?
- (b) What actions are most effective in WHO's promotion of the managerial process for national health development and, as part of this, of the understanding that intersectoral cooperation and community participation, also in decision making, are vital components in ensuring optimal use of national resources?
- (c) What actions improve collaboration between international organizations so that duplication of effort, and hence wastage of funds, is avoided?
- (d) Encourage research and development for HFA/2000. Among the topics of interest are: modelling of health systems and their interaction with the recipients of the services; monitoring of how resources are used in order to identify and counteract wastage; and identifying unused potential and possible savings.
- (e) In general, ensure that research relevant to national and Regional is carried out in the Region as part of furthering national self-reliance;
- (f) Define criteria for increasing the resources for information and education activities in keeping with the demand for increased "advocacy for health";
- (g) Determine criteria to be used for planning inter-country activities, including meeting, workshops, seminars, etc.
- (h) Determine criteria to be used to support activities that would make for national and/or Regional self-sufficiency in certain health fields (e.g. production of chemical reagents or of certain vaccines);
- (i) Determine criteria for the provision of supplies and equipment and for their use.

5. CONCLUDING REMARKS

The aim of a regional programme budget policy must be to support socially and economically relevant and viable activities in Member States. These activities must also conform to the principle of achieving health for all through primary health care, to the policies and decisions reached collectively by the Member States in WHO's governing organs and to properly determined national health or health-related priorities in countries' development plans.

Whatever regional programme budget policy is set, and whatever mechanisms are used to implement it, care must be taken to ensure that the Organization can respond flexibly, quickly and effectively to Member States' needs, and that the administrative effort involved does not exceed an essential minimum. Above all, a means should be sought to improve reporting while reducing its frequency, since the manifold reporting required in the Organization at present involves duplication of effort and loss of active operational time, which is, in itself, a waste of WHO's resources.