

WORLD HEALTH ORGANIZATION  
Regional Office for the Eastern Mediterranean  
ORGANISATION MONDIALE DE LA SANTE  
Bureau régional de la Méditerranée orientale



مَنْظَرُ الصِّحَّةِ الْعَالَمِيَّةِ  
المكتب الإقليمي لشرق المتوسط

**REGIONAL COMMITTEE FOR THE  
EASTERN MEDITERRANEAN**

EM/RC43/6  
April 1996

**Forty-third Session**

Original: Arabic

**Agenda item 9**

**EVALUATION REPORT OF THE JOINT GOVERNMENT/  
WHO PROGRAMME REVIEW MISSIONS IN 1995**

**CONTENTS**

|   | <b>page</b> |
|---|-------------|
| 1. Introduction                             | 1           |
| 2. New orientation for JPRMs                | 2           |
| 3. Preparations for the Missions            | 2           |
| 4. Implementation of JPRMs                  | 4           |
| 5. Review at Regional Office                | 6           |
| 6. Evaluation of the Seventh Round of JPRMs | 7           |
| 7. Conclusions and Recommendations          | 9           |

## 1. INTRODUCTION

The innovative mechanism of joint government/WHO programme review missions (JPRMs) was introduced in the Eastern Mediterranean Region in 1984. The overall objectives of JPRMs were to examine the current situation in Member States of the Region as regards progress towards reaching the goal of HFA/2000; review collaboration between Member States and WHO during the current biennium; indicate the main thrusts and priority areas for the following biennium; examine the situation in relation to external collaboration and coordination in health development; and improve exchange of information between Member States and WHO.

The Regional Committee and the Regional Consultative Committee have been kept informed regularly on matters concerning JPRMs.

A new step was taken in the continuous development of the joint programme review process, it was agreed to separate the two main functions of the JPRMs, namely reprogramming of the funds of the current biennium and drawing up a plan for the following biennium. In the 1995 round of JPRMs, the reprogramming of unutilized funds for the biennium 1994-1995 was carried out early in 1995 and the 1996-1997 programme formulation took place during the last quarter of 1995, as near as possible to the beginning of the 1996-1997 biennium.

The reprogramming of unutilized allocations for 1994-1995 was carried out in all countries during June 1995, at the country level, by governments in close collaboration with WHO Representatives or desk officers where they existed or by the government authorities alone where neither the WR nor a desk officer existed. This change in the methodology of reprogramming did not have any adverse effects on the implementation of activities or use of unutilized funds for the biennium. It had also allowed adequate time for implementation of the reprogrammed activities before the biennium ended. This was clearly reflected in the evaluation of both technical and financial implementation of the activities at the end of the 1994-1995 biennium. An analysis had shown that, at the end of the biennium, 100% of the allocations approved were utilized. In fact, some countries exceeded their approved allocations at the end of the biennium and showed more than 100% financial implementation due to supplementation of country allocations by intercountry funds or from the Regional Director's Development Fund. Technically, most of the activities and their components envisaged in different programmes in different countries were implemented as scheduled.

Some changes had been introduced in the preparations for these missions, their implementation and reporting procedures and these are reflected in the following pages. The reviews for the biennium 1996-1997 by the missions gained special importance in view of the prevailing financial situation of the Organization, with a decrease in the budget. It is for this reason that special care had to be taken to make optimal and best use of the available resources in priority programmes identified by Member States at the national level or collectively during the World Health Assembly and the Regional Committee Sessions.

## **2. NEW ORIENTATION FOR JPRMs**

Some changes were introduced in the conduct of JPRMs for the 1996-1997 biennium, with the purpose of making the programming exercise focus sharply on the country priorities and goals with measurable targets and clearly-defined products. For this purpose, it was decided that programming would be based on the following principles.

1. All technical programmes should be linked to one or more of the ten global goals of the Ninth General Programme of Work and oriented to the targets set for each of the ten goals. These ten goals and targets have been set as an expression of the commitment of the international health community in support of countries to achieve a better health status and greater equity in health as part of their health-for-all strategies.
2. Programme activities and their components should be directed towards producing defined products emanating from the specific targets.
3. Activities and their components should be very clearly defined and described in the plans of action, with an indication of the time frame for their implementation. The agency, person or persons responsible for carrying out the activity, the duration for completion of the activity and the financial resources needed for the activity should also be defined.

It was expected that this new philosophy would enable both Member States and WHO to monitor more closely and precisely the progress achieved in both technical and financial implementation of each activity. It would also enable better evaluation of the results achieved and their impact on improvement of the health status and quality of life of the population concerned. This evaluation would be linked and matched to the original goals, targets and products envisaged in the plan of action for each programme.

## **3. PREPARATIONS FOR THE MISSIONS**

Preparations for the JPRMs started early during 1995 and took place both in the Regional Office and in the countries.

### **3.1 Preparations in the Regional Office**

#### **1) Review of the guidelines**

A review of the guidelines for JPRMs was carried out in the Regional Office and the views of the WHO Representatives were taken into consideration when introducing the new philosophy described above.

#### **2) Briefing of WHO Representatives**

During the Regional Director's meeting with the WHO Representatives in 1995, the WRs were briefed fully about the new philosophy and methodology of the JPRMs. They were

requested to convey the views of the Regional Office to the national staff concerned on return to their duty stations.

3) Briefing of Regional Office staff

The Regional Office staff were briefed on the guidelines for JPRMs and the format for preparing the plans of action for the programmes.

4) Training of secretaries

The format of the plans of action involved the use of a computerized package for each country. Secretaries were briefed on the contents of the package and trained in its utilization for listing possible targets and products prepared by regional advisers for each programme. These packages were later used in the preparation of the final reports of JPRMs at the country level, and the finalization of the reports in the Regional Office.

5) Preparation of general and specific briefings on programmes by regional advisers

Each regional adviser prepared a general briefing, as well as country-specific briefing about the programme(s) under his/her responsibility. This briefing included a detailed situation analysis, as available, the status of the national programme, problems facing it as well as facilitating factors. It also included a set of suggested targets and related products that could serve as a menu to be selected from during the JPRMs. From information available to the regional advisers, specific targets and products were also prepared for different programmes in different countries. This briefing proved to be very useful during the JPRMs at the country level.

6) Chapter I and II of the Guidelines

Chapter I (National Health and Health Development Situation), and Chapter II (Issues and Country Initiatives), are mainly concerned with the analysis of the health situation in the countries and the major issues, including the national health priorities and directions, and aspects of intersectoral coordination and collaboration. To assist the review missions, a consultant was assigned to prepare drafts of these two chapters for each country based on the information available in country profiles, evaluations of HFA strategies, country programme statements in the Proposed Programme Budget for 1996-1997, as well as various technical reports available in the Regional Office. These drafts were examined during the JPRMs, and updated and amended, as necessary.

7) Computer packages

From the general and specific briefings prepared as well as a draft of Chapters I and II, a computer package was prepared, with a computer diskette carrying the information relevant to each country. These packages were used during the JPRMs as a source of information and in the preparation of the JPRM draft report.

## 8) Composition of teams and contact with countries

A WHO staff member or a short-term consultant with a thorough knowledge of the Region was assigned to each country to give support to the WRs, desk officers and members of the JPRMs. National authorities were requested to nominate the national members of the joint missions. Copies of the guidelines, and general and specific briefings were sent to all countries in advance.

### 3.2 **Preparations at the country level**

At the country level, preparations for the JPRMs were taking place at the same time as at the Regional Office, prior to the actual visit of JPRMs. These preparations were spelled out in a communication to WHO Representatives and ministries of health. They included:

- 1) Briefing of senior staff of the ministry of health about the new philosophy and procedures of JPRMs. National members of the joint teams received more detailed briefing from the WHO Representative about the computer packages and how to make use of them during the visit of the mission.
- 2) Meetings were held with national managers to review the different programmes, with the focus on an analysis of the situation, objectives, targets and activities implemented during the current biennium. The national managers were advised to outline priorities for WHO's collaboration during 1996-1997 in preparation for discussions during the JPRM.
- 3) The invitation to governments to nominate national members for the JPRM emphasized the necessity of including representatives from relevant sectors other than the ministry of health, particularly the planning, education and environmental sanitation sectors.

## 4. **IMPLEMENTATION OF JPRMs**

### 4.1 **Timing**

In accordance with the resolution EM/RC31A/R.5 of the Thirty-first Session of the Regional Committee in 1984, which stipulates that JPRMs be held every two years during the last quarter of the second year of each biennium, the missions were carried out in all countries of the Region during the period mid-October to mid-December 1995.

### 4.2 **Activities at the country level**

On arrival of the WHO member(s) of the JPRM, a meeting was held with the minister of health and/or senior officials of the ministry. During this meeting, the minister of health and his senior staff were briefed about the JPRM and the joint team received the minister's views on the priorities for the country, the main issues to be considered during the JPRM, and directives on the distribution of allocations among priority national programmes, as compared to the statements received from national authorities, almost two years before, at the time of preparation of Programme Budget for 1996-1997. The procedures for conducting the JPRM were also discussed.

#### **4.3 Meeting of the joint team**

Following the meeting with the minister of health and, in some countries, even prior to this meeting, the joint team met and decided on its method of work, time schedule, distribution of responsibilities and all other technical and administrative matters relating to the JPRM.

#### **4.4 Meetings with senior officials of the ministry of health**

In some countries, a meeting of the joint team with senior ministry of health staff, particularly national programme managers, was organized. At such meetings, where general discussions took place about the JPRM, the major national priorities, WHO's collaboration in general, and problems and difficulties encountered in the implementation of WHO-supported programmes.

In other countries, these meetings were held with groups of national programme managers under one or more directorates or with individual national programme managers during the time of the review of individual programmes.

#### **4.5 Review of individual programmes**

A time schedule for review of different programmes was drawn in every country and programmes were reviewed accordingly. During these reviews, the main issues discussed were:

- Situation analysis of the programme
- Achievements during 1994-1995
- Main problems and difficulties in programme implementation of planned collaborative activities
- The priority accorded to the programmes by the government
- Selection of relevant targets and products that should be aimed at during 1996-1997 from among the list of targets and products provided
- For each product, the set of activities and activity components, schedule of implementation, responsibility for their implementation and the resources needed were discussed and decided upon.

#### **4.6 Meeting with other sectors**

In most countries, representatives of health-related sectors, particularly those concerned with planning, health personnel education, environmental health, food and nutrition, pharmaceutical industries, etc., were invited to attend the discussions of relevant programmes if they were not already designated as members of the national team of the JPRM. This exercise proved to be a very important and useful component of the planning exercise.

#### **4.7 Meetings with UN agencies and others**

The joint team met with other UN agencies and those associated with health. Of special mention are the meetings held with representatives of UNDP, UNICEF, UNFPA, FAO, the World Bank and regional agencies. During these meetings, the inputs of these agencies to the health sector were discussed, in order to avoid duplication and achieving comprehensiveness in programme formulation and implementation.

#### **4.8 Field visits**

Field visits were made in some countries, to programme headquarters, where necessary.

#### **4.9 Preparation of the draft report**

The joint team reviewed and amended, as necessary, Chapters I and II of the draft report on the country situation and the main issues based on the discussions. It also completed Chapter III for all the priority programmes selected for inclusion in the 1996-1997 collaborative programme. Each programme report included a situation analysis followed by a plan of action in a special format as shown in the Annex. Chapter IV, which indicates the responsibilities of both the government and WHO, was discussed and agreed upon as well.

Upon completion of the exercise, the whole computer package was transferred into a draft report, which was printed in sufficient copies for review by the members of the joint team and the officials of the ministry of health.

#### **4.10 Discussion of the draft report with the minister of health**

At the end of the discussions, the joint team held a final meeting with the minister of health and/or senior officials of the ministry, during which the draft report was reviewed and discussed. In many countries, the minister commented on the report and, in some instances, directed the team to make important amendments. When such changes were made, the draft report was agreed upon by the national authorities for discussion at the Regional Office and approval by the Regional Director.

### **5. REVIEW AT REGIONAL OFFICE**

#### **5.1 JPRMs Review Committee**

At the Regional Office, the report of each review mission was examined by a review committee specially constituted for the purpose, to ensure that the draft report had followed the guidelines. The targets, products and activities were checked to ascertain that they were relevant to the programme and would culminate in the required results.



## **5.2 Review by programme directors and regional advisers**

The draft report was then reviewed by programme directors and regional advisers to examine the targets, products and activities of each programme and ensure that they were relevant to the programme. The situation analysis for each programme was checked and amended where necessary.

## **5.3 Review through the Regional Information System**

The draft report was next reviewed through the Regional Information System to ensure that the computer package had been used properly, and that coding and numbering of all the targets, products, activities and activity components had been done properly; if not, they were corrected.

## **5.4 Check by the Budget Unit**

The report was then passed to the Budget Unit for checking the budget tables and ensuring that the total programmed budget and the costing of all the activity components were correct. In addition, the Budget Unit ensured that activity components did not exceed the permissible percentage of the budget for each component as defined in the Regional Programme Budget Policy.

## **5.5 Finalization of the report**

Following all these reviews, the draft report was submitted in a final form to the Regional Director for his approval.

## **5.6 Despatch of the report to countries**

The final report, signed by the Regional Director, was then transmitted to the minister of health of each country for approval and signature.

# **6. EVALUATION OF THE SEVENTH ROUND OF JPRMs**

This evaluation is the result of verbal and written comments made by national staff, WHO team members and staff at the Regional Office and country levels.

## **6.1 The concept**

There was general agreement that the concept of having the JPRMs target- oriented, product-directed, and activity-centred was a good one and that it would focus more sharply on priority programmes and well-defined activities. There were, however, some doubts at both country and regional office levels as to the precise definitions of the terms "target", "product" and "activity". Different people had interpreted these terms differently. Agreement was reached eventually by the joint team members in all countries on the definitions and selection of suitable targets, products and activities for each programme.

## 6.2 The process

- 1) Duration. Since the reprogramming of the remaining funds for the 1994-1995 biennium had taken place earlier, it was decided that each review mission would take approximately one working week. There was a general feeling that the duration was not adequate, considering the time used for briefing at country level as well as visits to programme sites, and other agencies and bodies. In some instances, it became necessary to extend the duration of missions by a few more days.
- 2) Timing of the JPRMs. It took approximately two months (from mid-October to mid-December 1995) for all the JPRMs to complete their work. This involved a large number of regional advisers and Regional Office staff being out of office at the same time. The workload for the Regional Office, particularly for staff in the Budget Unit, is always heavy during the last few months of a biennium and it was very difficult to find the time for the extra work required to process the results of the JPRMs. Also, the finalization of some of the JPRMs extended to the first two months of 1996, which meant some interruptions in the implementation of collaborative programmes during the first quarter of 1996.
- 3) Attendance. Attendance at the sessions of the JPRMs by the joint team members varied from one country to another. In some countries all the national members attended all the sessions regularly, while in others the attendance of national members had been irregular and, in some instances, inadequate. National programme managers were involved in almost all countries when their programmes were under consideration by the mission.
- 4) Briefing of National staff. There were complaints that national staff did not receive adequate and proper briefing about the new format and philosophy of the JPRMs prior to the reviews. Even during the reviews, some national members were still not sure about the concept of targets, products and activities. However, as time went on and more programmes were reviewed, this misapprehension eased gradually and a mutual understanding was reached.

## 6.3 Computerization problems

In many instances, difficulties were encountered in using the computer package at the country level. In some countries, the package had to be changed or revised to suit the situation. Many revisions to the packages had to be made as well on return to the Regional Office.

## 6.4 Budgetary reduction

After the completion of the JPRMs, a 10% reduction was applied to 1996-1997 allocations for all countries. Since this reduction could be a temporary one and the funds might be restored at a later date, the Regional Office proposed to countries that the budgetary cuts would not be applied to the activities planned for 1996, but rather to those planned for 1997. If the financial situation improved, then the reductions would not be implemented, with the situation being reviewed at the time of reprogramming at the beginning of 1997.

## 6.5 Positive aspects of the JPRMs

In spite of the above problems encountered, there were many positive factors arising from the new approach to conducting JPRMs. To mention some:

- 1) The new orientation and philosophy resulted in a better review of all national programmes, whether they were supported financially by WHO or not.
- 2) Linkage of programme activities to producing specified products, which results in the achievement of specific and desired targets, led to better prioritization of programmes at the national level.
- 3) The new format for plans of action entailed that funds have to be correctly and specifically earmarked to defined activity components.
- 4) The new format for plans of action would greatly improve the information system support that could be provided at both country and regional levels. Information about any programme or the total country programme could now be obtained directly from the computer, whenever needed.

## 7. CONCLUSIONS AND RECOMMENDATIONS

### 7.1 Conclusions

The evaluation of the seventh round of JPRMs in 1995 indicated that there was scope for improvement in the administrative aspects of conducting these missions as follows:

- 1) Composition of the WHO team and duration of the mission to be somewhat extended for countries with large programmes of collaboration.
- 2) Joint Programme Review Missions to start a few months earlier, i.e. around August or September of the second year of the biennium.
- 3) Briefings and views of Regional Office staff on proposals for programmes of collaboration on different programmes to be sent to governments as early as possible before the commencement of the JPRMs.
- 4) Computer packages to be prepared in Arabic and French as well as in English for those countries where Arabic and French are the languages commonly used.

Appropriate action will be taken by the Eastern Mediterranean Regional Office with respect to all of the above.

**7.2 Recommendations**

- 1) WHO Representatives should brief national staff about WHO policies, programme-specific targets and products reasonably early prior to the commencement of JPRMs.
- 2) The minister of health and/or the senior staff in each country should conduct a briefing session for national members of the JPRM, senior officials and national programme managers, on the deliberations at the Regional Committee and the World Health Assembly, particularly on WHO policies and programme budget matters.
- 3) Countries should prepare and update their country profiles, in collaboration with WRs or desk officers before the commencement of JPRMs so that the profiles can be used for the preparation of situation analysis of different programme areas.
- 4) The JPRM team should be given an opportunity to meet with all national managers of collaborative programmes and not only with heads of divisions or sections.
- 5) Members involved in previous JPRMs should be nominated, as far as possible, as national team members to future JPRMs, in order to ensure continuity.
- 6) National members of the JPRM should be assigned on full-time basis during the visits of the JPRMs.

The Regional Consultative Committee recommended, in addition, that:

- 7) The mission should be encouraged to contact other ministries and agencies involved in health or health-related issues in the country.
- 8) The JPRM report should be made available and accessible to teaching and research institutions in the country as it could serve as a valuable database.