Seventh Meeting of the Consultative Committee
for Programme Development and Management,
New Delhi, 17 & 18 April 1985
CONTENTS

INTRODUCTION

SECTION 1  Review of Implementation of WHO's Collaborative Programmes for the first twelve months of the biennium 1984-1985, i.e. 1 January to 31 December 1984

SECTION 2  In-depth Review of the Expanded Programme on Immunization

SECTION 3  Guidelines for the Preparation of a Regional Programme Budget Policy

ANNEX   List of Participants
INTRODUCTION

The Thirty-fifth session of the Regional Committee decided that the Small Committee, established under resolution SEA/RC34/R11, should undertake inter alia a review of the financial and technical implementation of WHO's collaborative activities in the Member States every six months in a biennium, i.e. at the end of 6, 12, 18 and 24 months. The Thirty-sixth session of the Regional Committee institutionalized this mechanism and renamed the Small Committee as the Consultative Committee for Programme Development and Management.

In accordance with the directive of the Regional Committee, the Regional Director convened the seventh meeting of the Consultative Committee for Programme Development and Management with the following terms of reference:

1. (a) Review of Implementation of WHO's Collaborative Programmes for the first twelve months of the biennium 1984-1985; i.e. 1 January to 31 December 1984

   (b) In-depth Review of the Expanded Programme on Immunization

2. Guidelines for the Preparation of a Regional Programme Budget Policy

The Committee met in the Regional Office at New Delhi on 17 and 18 April 1985. While inaugurating the meeting, Dr U Ko Ko, the Regional Director, briefly traced the origin of establishment of this committee and said that its involvement in the development and monitoring of the Organization's biennial programme budget for this region had greatly facilitated appropriate utilization of its resources to meet the felt needs of the Member States. Referring to an earlier directive of the Regional Committee concerning joint government/WHO evaluation of a priority programme in each Member State, he was happy to note that necessary steps had already been initiated for undertaking this exercise within the time-frame prescribed, and hoped that it would provide the Organization and the governments with useful feedback to improve the collaborative programmes. Another important subject to be considered at the current CCPDM meeting related to the guidelines for the preparation of a regional programme budget policy with a view to ensuring that optimal utilization of the Organization's resources was made at both the regional and country levels in order to give effect to its collective policies. The valuable comments and suggestions of the Committee on these guidelines would enable him to present the regional perspective before the governing bodies of WHO. The growing importance of this committee as a working arm of the Regional Committee in matters of programme development and management would bring Member States and the Organization even closer in achieving the goal of Health for All by the Year 2000.

Mr P.P. Chauhan of India was elected as Chairman and Dr J. Norbu of Bhutan as Rapporteur. A list of participants is attached (see Annex).
REVIEW OF IMPLEMENTATION OF WHO'S COLLABORATIVE PROGRAMMES FOR THE FIRST TWELVE MONTHS OF THE BIENNIAL 1984-1985, i.e., 1 JANUARY TO 31 DECEMBER 1984

The Committee noted that the working paper SEA/PDM/Meet.7/3 presented the status of delivery of WHO's collaborative programmes in the Member Countries of the Region during the first twelve months of the biennium 1984-1985, i.e., from 1 January to 31 December 1984 and that, in accordance with the desire expressed by the Committee at its sixth meeting held in September 1984, which was later endorsed by the Sub-Committee on Programme Budget and the Thirty-seventh Session of the Regional Committee, information in respect of activities undertaken in each Member State of the Region during 1984 under the intercountry programme had also been included in the working paper.

The Committee noted that while the delivery in respect of certain components such as long-term staff was good, it was not so in the case of certain other components, such as short-term consultants, fellowships, local cost subsidy, etc., where implementation needed to be speeded up. Similarly, the implementation rate in some countries was quite satisfactory, while in certain others it needed to be accelerated. The Committee felt, therefore, that instead of reviewing the implementation of the Organization's collaborative programmes by country and by component, it would be more beneficial if common problem areas impeding the implementation of the planned activities could be identified and discussed at this meeting with a view to arriving at a consensus for appropriate actions to accelerate the delivery and improve the quality of the programme. The following points emerged from the Committee's discussions on this agenda item:

(i) The working paper, as currently prepared, presented the financial and technical aspects of implementation of the Organization's collaborative programmes in the Member States, but did not include the evaluative aspects of the programmes. Such an evaluative review should be an essential component of the paper. It was felt that monitoring of WHO's collaborative activities was regularly undertaken at the country level and that an evaluative review should be done by the Regional Office on a regional basis based on the results of the monitoring exercises undertaken by the Member Countries. Regional Office staff should participate in such reviews, if necessary, at the request of the countries. At this stage the Committee was informed that if the Committee desired that the working paper should also include evaluative aspects of the programmes, it could be included provided the Member Countries furnished to the Regional Office such information generated at the country level.

(ii) While the working paper contained information on the implementation status for first twelve month period of the biennium which became out of date, in that by the time the Committee reviewed the paper, the delivery status would also be very much different. It would be advantageous if the statement could include the latest information regarding those activities which were in the pipeline. The Committee, at the same time, realized that a static snapshot presentation of the process of implementation which was progressing would never be able to capture the exact picture of the constantly changing status of programme delivery.
(iii) The review of the implementation of the Organization's activities by the Committee every six months had been quite useful and had contributed to improving individual country performance. The two-way exchange of information on programme monitoring through the PDM cards had helped to identify the bottlenecks and provided information necessary both at the Regional Office and at the country level to speed up the implementation of programmes or components lagging behind.

(iv) Some countries experienced difficulties in getting placement for their nationals in training institutions abroad on account of various factors, such as language proficiency, lack of educational qualifications prescribed by the receiving institutions, etc., and this had impeded the implementation of the fellowship programme. In this connection, the Committee felt that the mechanism of TCDC should be utilized, as much as possible for providing training facilities to the nationals of least developed countries with a view to building up the health manpower of these countries. The Committee also noted that some progress had already been made concerning TCDC under the forum of the meetings of Ministers of Health and that an updated directory of training institutions within the Region would be brought out this year for use by the Member countries. As regards the request for bringing out such a directory in respect of training institutions in other regions, the Committee felt that it was not a feasible proposal. However, information on specific training institutions in other regions and the facilities offered by them for a particular type of training would be provided to the extent possible by the Regional Office, on request.

CONCLUSIONS

It was the consensus of the meeting that the working paper on the review of implementation of WHO's collaborative programmes should not only include the achievements in terms of the financial and technical aspects of programme implementation, but also spell out problems, weaknesses and other issues related to programme delivery, as well as the activities in the pipeline, so that the working paper depicted a complete picture of the status of implementation of activities in a Member Country. This would enable the Committee to discuss issues of common interest, share experiences among countries and suggest guidelines for overcoming such common problems. The Committee decided that a summary of problems/issues should be included after the technical aspects of programme implementation under each country. In consultation with the respective governments, the WPCRs would provide a write-up correlating the technical aspects of programme implementation with financial aspects as well as a brief summary reflecting specific issues, problems and difficulties faced by the respective countries in implementing the planned activities under various projects, for inclusion in the future working paper on the review of implementation of WHO's collaborative programmes.

The Regional Office would collate these summaries and identify common issues for discussion at the CCPDM meetings.
3. In addition, as the budget, the summary statement listing, by country and by project, only obligation, delivery percentage and pipeline activities expressed in terms of US Dollar should be presented.

4. For the next meeting of the CCPDM in September 1985, the following schedule would be adhered to for purposes of preparation of the working paper on the status of implementation of WHO's collaborative activities in the Member States:

7 July
Regional Office to send the PDM Cards as of 30 June 1985 to the WPCRs

20 July
Regional Office to prepare the tables by country and by project on the 18-month delivery as well as the graphical presentation of delivery and send them to the WPCRs

20 July to 30 July
In-depth review at the country level on programme (financial and technical aspects) implementation, and on problems/issues confronting country programme delivery

10 August
Government/WPCRs to send to SEARO the report of the in-depth review highlighting problems/issues and pipeline activities for inclusion in the working paper.

6 September
Regional Office to summarize issues and despatch all documents concerning the CCPDM meeting to the participants.
The Committee noted that the working paper 
highlighted the importance of EPI as an essential component of primary health care and focused attention on the problems facing EPI, viz., investment of adequate human resources, national EPI programme reviews, immunization coverage and target disease surveillance. The following points emerged from the Committee's discussions on the important issues raised in the working paper:

1. **Accelerating the process of strengthening** and updating of teaching programmes in EPI

The consensus of the Committee was that emphasis should be initially placed on teaching programmes for workers involved in the immunization programme at the basic level, such as nurses, ANMs, etc., and later expanded to include all health care workers, including medical doctors.

2. **National EPI Reviews**

The Committee felt that the EPI national programme reviews should be an integral part of the EPI and that the outcome of such reviews should be ploughed back to the plan of action for implementation. Member Countries should have an initial national programme review within two to five years of the start of an EPI programme depending on the progress made, and follow-up reviews should be conducted approximately every three to five years or once during each national development plan. There was a general consensus that such reviews should, at present, focus on EPI and, if appropriate, be combined with selected aspects of PHC. It was felt that international experts, especially the staff of WHO, UNICEF and other agencies who are working with national staff and assisting in the implementation of EPI, should be included in the review team.

3. **Intensified Strategies**

The consensus of the CCPDM was that the use of intensified strategies was a country-specific issue. However, if used in a country, the intensified strategies should be supplemental to a PHC-based approach. Depending upon the country situation, all antigens included in the routine national immunization schedule for infants should be included in programmes using intensified strategies, if feasible.

4. **Surveillance**

The Committee felt that surveillance for the EPI target diseases should be an integral part of the national disease surveillance system. In the beginning, EPI might serve as a focus for improving the overall national disease surveillance system. During the period of strengthening, of routine surveillance systems, sentinel surveillance might be especially useful in estimating disease trends in the community.
5. Other Issues

There was a need for continued research on the development of improved heat stable vaccines that would not be so dependent on the cold chain.

Local production of vaccines to achieve national self sufficiency in vaccine production should be encouraged where feasible. There was a general consensus on the need to strengthen the cold chain, including the development of equipment that operates on alternative power sources besides electricity.

A SEAR0 team should be made available to the governments in the Region whenever needed to assist national teams on EPI to carry out a situation analysis and provide recommendations concerning, the type of strategies for the EPI that would be most relevant and feasible. This team might be considered as a "fire fighting brigade" to be put at the disposal of governments in times when the epidemiological situation and/or managerial and technical problems make an immediate intervention necessary. This should include epidemiologic surveillance of the EPI target diseases and other communicable diseases.
GUIDELINES FOR THE PREPARATION OF A REGIONAL PROGRAMME BUDGET POLICY

The Committee noted that the documents SEA/PDM/Meet.7/4 and SEA/PDM/Meet.7/4 Add.1 contained guidelines for the preparation of a regional programme budget policy and its aim was to enable the Member States to make the best possible use of WHO's resources for health development in their respective countries, and in particular for their policy and strategy for Health for All by the year 2000. The Regional Director referred to the time-table for the development, review, adoption, implementation, monitoring and evaluation of the regional programme budget policy included at the end of the document SEA/PDM/Meet.7/4, pages 59 and 60. He also referred to the Introduction in the Programme Budget document for 1986-1987 by the Director-General in the World Health Assembly.

The Committee realized that some of the policies enunciated in the document were already being followed in many countries. The following points emerged out of the discussions:

(i) The new regional budget policy that would be formulated on the basis of the guidelines would have far-reaching implications and careful thought needed to be given to its formulation.

(ii) The new policy would have to take cognizance of the existing government mechanisms in the Member States since the success of the efforts to translate the policy, in formulating the programme budgets in the future, would, to a large extent, depend on, and be governed by, these mechanisms.

(iii) Care would have to be taken to ensure that the WHO budget was not made an integral part of the country's own national budget, since such an eventuality would deprive the element of flexibility that was available in bringing about the maximum utilization of WHO's resources.

(iv) The implications of the national planning/finance authorities taking WHO's resources into account while allocating resources for the health sector should also be kept in view.

(v) While WHO's collaborative programme were basically in support of national programmes, in many instances WHO's resources constituted the mainstay of the national programme activities, and as such it was imperative that the separate identity of the Organization's collaborative programme would need to be maintained. Any change in the ground-rules which would affect this situation would have to be handled with extreme caution.

(vi) The draft guidelines prepared by headquarters and circulated as document SEA/PDM/Meet.7/4 were too bulky and repetitive and at times were not very clear. The document should concentrate more on giving future guidelines and a clear indication about the future course of action, which would help the countries of the Region in understanding it and facilitate preparation of a regional programme budget policy.
RECOMMENDATIONS

1. A working group of the CCPDM consisting of 3-5 members should be set up to prepare a draft of the Regional Programme Budget Policy within the broad framework of the guidelines, which would be considered by the 8th meeting of the CCPDM before it was submitted to the 38th session of the Regional Committee in September 1985. This proposal was agreed to by the Regional Director. The working group would meet, if necessary, again after the Regional Committee session and refine the draft paper in the light of the comments made by the 8th meeting of the CCPDM and the 38th session of the Regional Committee for finalization in the 39th session in 1986.

2. It was also agreed that the draft guidelines, as provided by WHO headquarters, would be considered by the national authorities (the WHO/government coordinating committees or analogous bodies, wherever they existed) and their considered views would be made available to the Regional Director so that these could be submitted to the working group of the CCPDM to facilitate preparation of the Regional Programme Budget Policy.

3. Since the Regional Programme Budget Policy would be considered by the Regional Committee at its 38th session, the necessary documentation as per the Rules of Procedure would have to be sent six weeks before its session, i.e., by 31 July 1985. The documents produced by the working group of the CCPDM would constitute the working papers for this agenda item. In order to help meet this target, it would be necessary for the working group to meet on 15 July 1985 and, in consequence, the Regional Office would need to get the comments of the WHO/government coordinating committees or analogous bodies on the proposed guidelines for the preparation of the Regional Programme Budget Policy by 1 July 1985.
ANNEX

LIST OF PARTICIPANTS

Bangladesh

Brigadier Mohd. Hedayetullah  
Director-General of Health Services,  
Ministry of Health and Population Control  
Dhaka

Bhutan

Dr. Ch. Norbu  
Coordinating Officer  
Directorate of Health Services  
Royal Government of Bhutan  
Thimphu

Burma

Dr U Tun Lin  
Assistant Director (Training)  
Department of Health  
Ministry of Health  
Rangoon

India

Mr P.P. Chauhan  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India  
New Delhi

Dr T. Verghese  
Assistant Director-General (IH)  
Directorate-General of Health Services  
Government of India  
New Delhi

Indonesia

Mr Azis La Sida  
Chief, Division of General Planning  
Bureau of Planning  
Ministry of Health  
Jakarta
Maldives

Miss Husna Razee
Assistant Secretary
Ministry of Health
Republic of Maldives
Male

Mongolia

Mrs B. Siima
Programme Officer, External Relations Department
Ministry of Public Health
Mongolian People's Republic
Ulan Bator

Nepal

Dr K.M.A. Dixit
Chief, International Health and Training Division
Ministry of Health
His Majesty's Government of Nepal
Kathmandu

Dr Y.M.S. Pradhan
Deputy Director-General
Department of Health
Ministry of Health
His Majesty's Government of Nepal
Kathmandu

Sri Lanka

Dr S.D.M. Fernando
Director-General of Health Services
Ministry of Health, Sri Lanka
Colombo

Thailand

Dr Uthai Sudsukh
Deputy Permanent Secretary
Ministry of Public Health
Bangkok

Dr Somsak Chunharas
National Public Health Administrator
WPCR's Office
Bangkok (Thailand)
WHO SECRETARIAT

Dr U Ko Ko, Regional Director
Dr M.A. Rahman, Director, Programme Management
Mr R. Helmholtz, Director, Support Programme
Dr M. Sathianathan, Head, Planning, Coordination and Information
Dr Z. Sestak, WHO Programme Coordinator and Representative, Bangladesh
Dr M. Saifullah, WHO Public Health Administrator, Bhutan
Dr J. Galea, WHO Programme Coordinator and Representative, Burma
Dr M.A.M. El-Zawahry, WHO Programme Coordinator and Representative, Indonesia
Dr R.R. Arora, WHO Programme Coordinator and Representative, Maldives
Dr K. Wagner, WHO Programme Coordinator and Representative, Mongolia
Dr P. Micovic, WHO Programme Coordinator and Representative, Nepal
Dr K.H. Notaney, WHO Programme Coordinator and Representative, Sri Lanka
Dr R. Chical, WHO Programme Coordinator and Representative, Thailand
Dr S.A. Sapiroe, Programme Management Officer
Dr Aung Myat, Programme Development Officer
Dr S.A. Orzeszyna, Operations Research Officer
Dr R.G. Aslanian, Medical Officer, EPI
Dr R.J. Kim-Farley, Medical Officer, EPI
Mr A.H. Schnur, Technical Officer, EPI
Dr Samlee Plianbangchang, WHO Consultant
Mr J. Mittar, Budget and Finance Officer
Mr S. Subramanyan, Technical Officer (Programming and Information)

RESOURCE PERSONS

Dr B.A. Jayaweera, Head, Research and Family Health
Dr U Mya Tu, Head, Health System Infrastructure
Dr Wong Muchtar Rafei, Head, Health Protection and Promotion
Mr S.J. Arceivala, Head, Promotion of Environmental Health
Dr C. Kampanart-Sanyakorn, Head, Prevention and Control of Diseases