Meeting of the Committee set up Under Resolution SEA/RC34/R11 to Review the Organization's Collaborative Programmes, Dacca, Bangladesh, 11-13 September 1982

REPORT OF THE COMMITTEE SET UP UNDER RESOLUTION SEA/RC34/R11 TO REVIEW THE ORGANIZATION'S COLLABORATIVE PROGRAMMES
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- List of Participants
- Perspective Plan for Inter-country Programmes
1. INTRODUCTION

In pursuance of the resolution passed by the Regional Committee at its thirty-fourth session (SEA/RC34/Rll), the Regional Director established a Committee consisting of a representative from each of the Member States to review the functioning of ongoing inter-country projects as well as recommend fresh project proposals and to evolve a long-term perspective plan for inter-country projects. This Committee met in the Regional Office from 8 to 10 February 1982 and discussed the above two items. The Committee recommended, inter alia, that it should, at its next session to be held before the Thirty-fifth session of the Regional Committee, evolve a perspective plan for the inter-country programme in the South-East Asia Region and modalities for the evaluation of country and inter-country programmes.

Accordingly, the Regional Director re-convened the Committee, which met at Dacca, Bangladesh, from 11 to 13 September 1982, with the following terms of reference:

(i) To evolve:
   
   (a) A perspective plan for the Inter-country Programme in the South-East Asia Region, and
   
   (b) Modalities for the evaluation of country and inter-country programmes, and

(ii) To "note" the inter-country programme proposals for 1984-85.

The Committee elected Dr W. Bahrawi of Indonesia as Chairman and Dr Samlee Pliangbangchang of Thailand as Rapporteur. A list of participants is attached (Annex).

2. PERSPECTIVE PLAN FOR INTER-COUNTRY PROGRAMME*

The Committee discussed in detail the basic principles on which a perspective plan for the inter-country programme should be developed, using working document SEA/ICP/Meet 2/4 as the basis for deliberations. It felt that the whole gamut of health development activities that would be needed to achieve the goal of HFA/2000 must necessarily be planned and implemented in a phased manner not only owing to paucity of resources, but because of dearth of manpower of proper quality in adequate quantity. Moreover, the time-span between now and the year 2000 is relatively short. Thus, there are three General Programmes of Work. It was, therefore, feasible to organize the needed developmental activities under the inter-country programme in an appropriately phased manner, depending on the priority grading, as all the needed activities could not be taken up simultaneously. It was gratifying, however, that the HFA goal had been universally accepted by all the Member States in the Region and national, regional and global strategies and corresponding plans of action to achieve this goal were now on a sound footing.

*Background documents: SEA/ICP/Meet 2/4 and SEA/ICP/Meet 2/6.
The Committee emphasized that the perspective plan for the inter-country programme should not only include activities which were of immediate priority, but also those activities which were to be directed to tackling the emerging problems, so that these could be controlled before they assumed alarming proportions of public health importance.

The Committee also agreed that while drawing up the perspective plan for the inter-country programme, the scope for technical cooperation among developing countries, mobilization of extra-budgetary resources and coordinated utilization of all available resources should be kept in mind.

The Committee, after a detailed review of document SEA/ICP/Meet 2/4 on "Guidelines for Perspective Plan for the Inter-country Programme in the South-East Asia Region", agreed that the following seven programme areas should be given priority in developing the perspective plan for the inter-country programme in the South-East Asia Region:

1. Information Systems Development
2. Development of Managerial Capability and Capacity
3. Manpower Development
4. Health, Services Research
5. Environmental Health
6. Disease Control and Prevention
7. Family Health including Family Planning, Nutrition and Health Education.

It was emphasized by the Committee that these priority areas should be given preferential attention in terms of both financial allocation as well as concentration of development efforts under the inter-country programme.

The Committee agreed that:

1. The development of Information systems should be given maximum attention in the perspective plan for the inter-country programme because reliable and appropriate information both for identifying the problems as well as for planning, implementing, monitoring and evaluating the intervention programmes. Situation analysis and trend assessment under infrastructure development, as-included in the programme classification of the Seventh General Programme of Work, would basically depend on the development of sound information systems, both in terms of health information as well as information for programme management. In view of this, the Committee recommended that WHO should intensify its collaborative efforts with Member States in this area.

The perspective plan should lay adequate emphasis on developing management capabilities and capacities both in the Member States 'as well as in the Organization.'
(iii) All health manpower development activities should be placed under one programme, viz., Health Manpower Development, in order to facilitate coordinated planning and utilization of health manpower in the delivery of health care services, in contrast to the present practice of dispersing these activities under many different programmes. Technical input, however, might be drawn from relevant programmes as might be necessary.

(iv) While drawing up the inter-country programme for the Region on the basis of the perspective plan for inter-country activities, it must be ensured that the essential purpose of these activities would be to supplement the national efforts for HFA/2000. To this end, the inter-country programme should, wherever possible, indicate how the proposed activities would be supportive of the national programmes.

Following detailed discussions on the basic principles, the Committee considered the proposed perspective plan for the inter-country programme as given in document SEA/ICP/Meet 2/6 (annexed), approved the perspective plan as contained in the aforesaid document and recommended that the inter-country programme should be immediately re-oriented on the basis of this perspective plan. It, however, emphasized that the inter-country programme planning process must be a dynamic one with periodic reviews made in the light of progress made in the realization of the set objectives as well as the changing needs and requirements of Member States in pursuing their efforts for achieving the HFA goal.

3. COUNTRY AND INTER-COUNTRY PROGRAMME EVALUATION*

While reviewing WHO's past efforts in promoting evaluation activities for its country and inter-country programmes, the Committee emphasized that evaluation was not a one-time, static process but was a continuing activity with the main purpose of taking corrective action to bring about desired orientation in order to achieve the objective. In fact, evaluation should be kept in mind at the very early stage of planning a programme so that the objective could be well-defined and precise enough to be amenable to measurement/assessment.

The Committee, while agreeing to the six levels at which evaluation could be undertaken, including relevance, adequacy, progress, effectiveness and impact, discussed in greater detail the two aspects, viz., assessment of progress and assessment of effectiveness. While the former was related to monitoring, the latter was concerned with technical soundness. These two types of assessment must necessarily depend on two very specific and different types of information, namely, programme management information and country-based health information respectively.

*Background document SEA/ICP/Meet 2/5.
The Committee felt that there was urgent need for extending WHO's assistance to Member States to strengthen national health information system in order to generate relevant public health as well as managerial information for programme development. Simultaneously, WHO should also strengthen its own management information system.

It was, however, emphasized that the generation of information alone would not produce the desired result unless the flow of information was maintained to permit continuous evaluation and necessary corrective action based on evaluative findings.

The Committee stressed that any evaluation of WHO's programme activities could be meaningfully done only if it was undertaken along with that of the relevant national programme. Hence, it was essential that all evaluative efforts to assess health programmes must be a combined and integrated effort of WHO and the national authority, starting from information generation to actual analysis for assessment of progress or effectiveness and impact. This would also facilitate simultaneous application of corrective measures by both the national authorities and the Organization as necessary. While ordinarily the evaluation of national programmes and WHO's collaborative activities would be undertaken conjointly by the government and the Organization in an integrated manner, governments might utilize, if required, WHO support in evaluating the national programmes. This would be essentially undertaken with a view to identifying, for the governments, the bottlenecks in programme implementation.

The Committee agreed that to facilitate these activities, aimed at information generation and flow as well as assessment based on these information, the WHO Programme Coordinator and Representative (WC&R) should be provided with an assistant, preferably a national.

The Committee felt that all relevant information generated at the country level, especially that concerning the implementation process, should be conveyed by the WC&R's office both to the government as well as to the Regional Office.

The Committee recommended that the Regional Director should devise an appropriate mechanism not only to ensure WHO's programme evaluation effectively but also to integrate the efforts of the Organization with those of Member States in undertaking evaluation of health programmes, in consultation and cooperation with the governments.

4. INTER-COUNTRY PROGRAMME PROPOSALS FOR 1984-1985

The Committee examined the inter-country programme proposals for 1984-1985 as contained in document SEA/ICP/Meet 2/INF.1. It felt that while spelling out the main strategies to deliver essential health care to the entire population, it should be indicated clearly that the strategies would be implemented conjointly by WHO and Member States and that the Organization would make all efforts to mobilize the needed resources from external sources.
It felt that the emphasis of the programme activities under programme area 3.10.3 should be on community-based mental health activities. The Committee felt that behavioural aspects of research should be considered for inclusion in the inter-country programme proposals to supplement the education programme. It noted that additional resources from UNDP being available for this purpose.

On page (viii), under "Main Thrust of Regional Programme", para 3 should be amended to read: "research and development in health and health-related systems to support most efficient and effective operation of health care systems development, vii.

The Committee reiterated its approval of the inter-country programme proposals for 1984-1985, as contained in document SEA/ICP/Meet 2/INF.1 subject to the understanding that there was scope for realigning the proposed activities to the needs of Member States when the detailed budget for the inter-country programme for the period 1984-1985 was finalized.

5. RECOMMENDATIONS

(A) Committee for Inter-country Programme
for the South-East Asia Region

(i) Seven programme areas, viz., information systems development, health services, disease control and prevention, family planning, nutrition, and health education, should receive preferential attention in the allocation of resources and developmental efforts under the inter-country programme. While, in general, the above priorities should be adhered to in developing the inter-country programme, the areas of information systems development and development of managerial capability and capacity should receive special attention.

(ii) The perspective plan should provide for tackling emerging problems so that these could be controlled before they become major public health problems.

(iii) Health manpower development activities should be undertaken under one programme, with technical inputs flowing from the other relevant programmes. Such modifications should be reviewed from time to time in the light of the progress made in the accomplishment of objectives mentioned in the plan for attaining the HFA goal and the changing needs and requirements of Member States. Such modifications
should be geared towards fostering technical cooperation and development countries, attracting extra-budgetary resources to priority programmes and bringing about coordinated utilization of all available resources.

(v) The inter-country programme of the Region should be reoriented as soon as practicable, in the light of the perspective plan contained in document SDE/ICP/Meet.2/6 which has been approved by the Committee.

(B) Country and Inter-country Programme Evaluation

(i) To carry out a meaningful evaluation, it is essential that evaluation should be done in an integrated manner, where both the WHO-assisted country and inter-country programmes and the national programmes are monitored and collectively evaluated together. The Organization should devise effective mechanisms to bring about this integrated evaluation.

(ii) Suitable mechanisms should be established for undertaking corrective measures both for the national programmes and those supported by the Organization.

(iii) The Organization should support efforts for health information systems development at national level and project management information systems at the regional level.

(iv) All information collected and processed at the country level for monitoring programmes development and implementation should be channelled to the governments and the national office.

(v) With a view to strengthening the WP/C/R and assisting him in the activities at the country level, it is necessary to appoint an appropriate national so that he would be able to assist in proper development and coordination of both the national programmes and WHO's collaborative activities.
LIST OF PARTICIPANTS

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