WORLD HEALTH
ORGANIZATION

SOUTH-EAST ASIA

Nineteenth Meeting of the Consultative Committee
for Programme Development and Management,
New Delhi, 10 - 12 April 1991

SEA/PDM/Meet.19/9

12 April 1991

REPORT OF THE NINETEENTH MEETING OF THE CONSULTATIVE COMMITTEE FOR PROGRAMME DEVELOPMENT AND MANAGEMENT

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1. INTROOUCTION

In pursuance of the directive from the Regional Committee, the nineteenth meeting of the Consultative Committee for Programme Development and Management (CCPDM) was convened in the Regional Office from 10 to 12 April 1991, with the following as the terms of reference:

1. Review of the implementation of WHO's collaborative programmes in the Member States during the first twelve months of the biennium 1990-1991, i.e. 1 January to 31 December 1990

2. Present financial situation and its likely implications upon the 1990-1991 regional programme

3. Composite plan for preparation and documentation for the Governing Bodies and associated meetings

4. Regional Director's long and short annual report to the Regional Committee in alternate years

5. Technical discussions during the Regional Committee sessions

Inaugurating the meeting, Dr U Ko Ko, the Regional Director, referred to the valuable support provided by the CCPDM to the work of the Regional Committee. It had deliberated and advised on a number of topically important issues, besides undertaking periodic reviews of implementation of WHO's collaborative programmes. Referring to the second evaluation of HFA strategies, concluded recently by the countries, he said that the evaluation reports reflected continued progress and achievements made by Member countries in the health field, despite economic and social constraints. Recalling the Director-General's observation at the 87th session of the WHO Executive Board, that Health for All provided an important social goal, the Regional Director said that the HFA strategies should be responsive to the dynamic realities of political, economic, social and cultural environments, and should support realistic health priorities. It was, therefore, imperative to conceptualize and operationalize a new health "paradigm", well beyond the present biomedical model of health, to incorporate into a systems model the dynamics of political, economic, social and cultural realities. It was time now to reflect deeply and work collectively to establish a holistic and comprehensive health framework that views health as a state of dynamic equilibrium in the biological, psychological, social and economic milieux of the entire population.

Dr U Ko Ko then drew the attention of the distinguished representatives to two important items on the agenda of the current session of the CCPDM, namely, (a) the financial implications for the 1990-1991 regional programme; and (b) preparation and documentation for the meetings of the governing bodies and other related meetings. In addition, the reporting period for the long and short reports by the Regional Director, and the need for having technical discussions during the Regional Committee would also be considered at this meeting.

Referring to the implementation during 1990, he said that programme delivery was neither better nor worse when Compared to the corresponding period of the previous biennium. Problems continued to occur in the implementation of local cost subsidies and fellowships. He urged the Member

countries to renew their efforts to improve implementation in order to avoid any possible budgetary cuts for the Region. He reiterated that the key to successful and expeditious implementation depended upon two major factors: systematic forward planning based on realistic data, and analysis and timely action for implementation followed by effective monitoring.

In conclusion, the Regional Director expressed his deep appreciation to the representatives of the Member countries for sparing their valuable time to participate in the meeting. He hoped that the working relationship between the countries and WHO would continue to grow and that the role of the CCPDM would prove to be useful and constructive in this partnership.

Dr George Fernando (Sri Lanka) was elected Chairman and Dr B.D. Chataut (Nepal) as Rapporteur. A list of participants is attached (see Annex 1).

2. REVIEW OF THE IMPLEMENTATION OF WHO'S COLLABORATIVE PROGRAMMES IN THE MEMBER STATES DURING THE FIRST TWELVE MONTHS OF THE BIENNIUM 1990-1991, i.e. 1 JANUARY TO 31 DECEMBER 1990

The CCPDM was informed that the actual delivery of WHO's collaborative programmes, in financial terms, during the year 1990 was 46%, and. with earmarking was 56% for the Region as a whole. If the activities under processing were also taken into account the overall delivery for the Region came to 73%. The CCPDM noted that the overall programme delivery was more or less the same during 1990, as compared to the corresponding period of the 1988-1989 biennium. But the delivery rate in some countries in individual programmes needed acceleration. The delivery of fellowships, LCS and CSA/SSA components had been slower than others.

The CCPDM recalled that the issue of low programme delivery had been discussed by it at its tenth meeting, when specific recommendations for actions at both country and Regional Office levels were made to expedite the implementation process. The CCPDM felt that these recommendations still held good. In view of its low programme delivery, the South-East Asia Region had already attracted a higher proportion of budgetary cut during the current biennium. The CCPDM also noted that delivery of programmes funded by the UNDP, the UNFPA and other funding agencies also needed to be improved further.

A point was raised that the information in the working document presented the rate of delivery against the programme budget allocation as per the detailed programme budget document, which was noted by the Regional Committee. Thus, it did not present the changes in allocation resulting from composite or other programme changes in various projects. It was explained that, according to a resolution of the Regional Committee, the actual delivery was to be reviewed against the provisions as originally planned. Commencing with the 1992-1993 biennium, budgetary allocation by component, as determined in the annual detailed plans of action, would be presented.

During the discussions, the following points were raised:

Unstable political conditions and internal strifes in some countries have retarded programme delivery, not only in the health sector but also in other sectors. This in turn had had a negative impact on the implementation of WHO's collaborative programmes.

There is variance in the financial delivery information between the country level and the Regional Office, etc. Efforts are needed to narrow this gap,

To narrow the gap between the information on programme delivery provided in the PDM cards vis-à-vis that maintained at the country level, the activities approved at the country level within the delegation of authority of the WHO Representative should be notified to the Regional Office immediately, by using the sticker number already provided.

No reprogramming of resources earmarked for the WHO Representative's office (project MPN 200) can be done, nor savings accruing from any long-term professional or GS post, due to delays in recruitment, etc.

At present, the mechanism for monitoring programme delivery maintained by the WHO Representative's office differs from country to country. It would be useful to look into the question of adopting a uniform mechanism for use by all countries.

Information on activities carried out under the intercountry programme, provided under Section V of the background document, is quite useful. Additional information on activities could also be provided, such as reports and other outcomes of intercountry programmes.

The fellowships and supplies and equipment components require a longer time for processing. Information relating progress of implementation of these components should be shared with the WHO Representative's office.

Early release of funds under the local cost subsidy component is quite crucial for the timely implementation of national group educational activities.

The level of imprest account maintained at the WHO Representative's office has been increased considerably to facilitate speedy release of funds for national GEAs.

Against 2,000 fellowships planned during the current biennium, applications have been received, as of 2 April 1991, only for 900, of which a little less than 50% of the fellowships have been awarded and the rest are in the pipeline. A decision could be taken to establish an early obligation for a fellowship without adequate confirmation of placement, but if the fellowship does not materialize within six months, the funds obligated could lapse.

After detailed discussions, the CCPOM recommended the following:

1. In view of the financial crisis currently facing the Organization, there is an urgent need on the part of the Member countries to initiate all necessary steps to implement the activities planned during the remaining months of 1991, with a view to averting any possible cuts in programme implementation;

2. As information is an essential element for programme management, the strengthening of monitoring mechanisms at both the country and regional levels should be given priority attention. At the country level, the joint Government/WHO coordinating mechanism should play a leading role in programme development and management, while at the regional level the CST mechanism should continue to support the joint Government/WHO coordinating mechanism and the WHO Representative;

3. A study should be undertaken by a small working group to look into the question of persistently low programme delivery in the South-East Asia region compared to that in other WHO Regions;

4. Information on specific activities carried out under the intercountry programme, such as reports, training modules, etc., should be provided to country delegates, if requested;

5. There should be a better flow of information from the country level to the Regional Office regarding commitments made at country level, i.e. in-country fellowships, LCS, CSA, etc.;

6. The frequency of the provision of the PDM cards, giving information on the status of programme implementation, should be monthly, especially during the second year of the biennium, and the information should be shared with Member countries; and

7. Ways and means of cutting down the processing time for obligation of funds under fellowships and procurement of supplies and equipment should be looked into.

3. PRESENT FINANCIAL SITUATION AN0 ITS LIKELY IMPLICATIONS UPON THE 1990-1991 REGIONAL PROGRAMME

The CCPOM noted that the WHO programme of collaboration, under its Regular Budget, had been developed at zero level growth during the past few biennia, with a view to reducing the burden of assessment on the Member countries, especially the developing countries. During the past two biennia, the Organization had to face financial constraints, as a result of which the Director-General had to enforce reductions in programme implementation both at the country and regional/intercountry levels. A reduction of $900,000 had already been made in the budget for the South-East Asia Region in the current biennium. The Executive Board, at its 87th session in January 1991, anticipated a shortfall of US$12 millions in the global budget for 1990-1991 due to adverse currency exchange rates and proposed that the 44th World Health Assembly approve the use of casual income of the Organization to meet this anticipated shortfall. If the Health Assembly did not agree with the proposal of the Executive Board, specific cuts would have to be effected in country and regional/intercountry budgets.

The CCPDM also noted that the adverse economic situation had affected the developing countries more than the developed countries. The impact was worse in this region, which comprised all developing countries. It had been the policy in this region to give as much as possible to the countries rather than keep the funds for the Regional Office and intercountry projects.

In the ensuing discussions, the following points were clarified:

The casual income is generated in the WHO system as a whole. The casual income emanated from the non-implementation of provisions, such as fellowships, against which funds were obligated. The interest earned on the funds with WHO also constituted casual income.

There was an element of optimism that a part of US $900,000 contributed by the South-East Asia Region towards the shortfall of $3.5 million might be returned since the exchange rate of the US Dollar against the Swiss Franc was moving favourably.

Concerning the $12 million shortfall, HQ personnel are contacting major contributors to impress upon them the need to support, at the forthcoming World Health Assembly, the Executive Board's recommendation of meeting the $12 million deficiency from the casual income.

The CCPDM made the following recommendations:

1. Both the Regional Office and the Member countries should take steps to improve programme implementation; and

2. Member countries should brief their delegates attending the World Health Assembly on the Executive Board resolution recommending the use of casual income to meet the anticipated shortfall.

4. COMPOSITE PLAN FOR PREPARATION AND DOCUMENTATION FOR THE GOVERNING BODIES AND ASSOCIATED MEETINGS

The CCPDM noted that the working paper (SEA/PDM/Meet.19/6) contained a composite plan for the convening of governing bodies and associated meetings and the key activities related to documentation for these meetings. This had become necessary with the adoption, by the Regional Committee at its earlier session, of alternating long and short reports by the Regional Director and the replacement of the detailed programme budget by annual detailed plans of action. The composite plan provided the sequential steps necessary for the preparation of various documents for the meetings of the Governing Bodies and associated meetings.

The CCPDM appreciated the efforts made by the Secretariat to develop such a composite plan, giving information on the major meetings of governing bodies etc. and the key activities that needed to be completed, within a specific time-frame, in respect of these meetings. The CCPDM felt that this plan would be of help at the country level in planning for the meetings of the governing bodies.

While noting the composite plan, as given in the working paper (document No. SEA/PDM/Meet.19/6), the CCPDM recommended that :

1. information on required country level activities should also be included in the plan in order to enable the Member countries to plan their inputs to the various activities required for preparation and documentation for the governing bodies and associated meetings; and

2. the Member countries and the Regional Office should take action according to the schedule of key activities given in Part II of the working paper with a view to ensuring that necessary documentation on relevant agenda items in the governing bodies and associated meetings are prepared within the specific time-frame indicated.

5. REGIONAL DIRECTOR'S LONG AND SHORT ANNUAL REPORT TO THE REGIONAL COMMITTEE IN ALTERNATE YEARS

The CCPDM noted that, consequent upon the decision by the Regional Committee in 1989 requesting the Regional Director to submit a single programme budget in alternate years, commencing with the 1992-1993 biennium, the Regional Committee in 1990 decided that the Regional Director should henceforth submit a long report in non-budget (odd-numbered), years and a short report in budget (even-numbered) years. The period to be covered by such long and short reports was left to be decided by the CCPDM at its current session.

While reviewing the information provided in the working paper (document No.SEA/PDM/Meet.19/7) relating to the practice followed by WHO Headquarters and other WHO regions, the CCPDM noted that the annual report of the Regional Director for South-East Asia covered a period of twelve months from 1 July to 30 June, in order to fall in line with the practice followed by some other WHO regions. The subject of the reporting period of the annual report was discussed by the CCPDM and the Regional Committee at some of its earlier sessions, and the Regional Committee had decided not to make any change in the reporting period.

During the ensuing discussions, the CCPDM noted that the two options given in the background document had both advantages and disadvantages. If the Status quo of maintaining the current reporting period was accepted, the information provided to the Regional Committee for review would be quite up to date since, as currently practised, the WHO Representative provided a report on programme implementation during the period January-March and' anticipated activities during April-June.

On the other hand, if the reporting period was changed to cover a calendar year, the cumulative six-monthly reports from the WHO Representatives would suffice for the preparation of the annual report. However, the major disadvantage in this option was that the information submitted to the Regional Committee would be nine months old. It would not be advisable to submit such a report to a regional governing body, since the information contained in it would have been overtaken by later developments, initiatives, etc.

The point was also made that, since the annual report did not provide detailed analytical information on programme implementation, it would not matter much if the reporting period covered a calendar year or' ran from mid-year to mid-year. The CCPDM was informed that one of the constitutional functions of the Regional Committee related to consideration of the work of the Organization during the preceding year. Hence, the information provided in the report should be as up to date as possible and the reporting period had no connection with the budgetary cycle of WHO's collaborative programmes in the Member countries.

A suggestion was made that the long report should cover a full biennium, while the short report should cover the period July to June. In this connection, the CCPDM noted that since the long report would be submitted to the Regional Committee in odd-numbered years, it would inevitably spread over two biennia. It might not be possible to cover a full biennium, unless the timing of the Regional Committee was changed.

Taking the various aspects into consideration, the CCPDM arrived at the recommendation that:

> the status quo should be maintained with regard to the period to be covered by the Regional Director's annual report, namely, from 1 July to 30 June, covering a 1%month period for the short report in budget (even-numbered) years and a 24-month period for the long report in non-budget (odd-numbered) years.

6. TECHNICAL DISCUSSIONS DURING THE REGIONAL COMMITTEE SESSIONS

The CCPDM noted that technical discussions on subjects' of importance and topical interest were held every year during the session of the Regional Committee for South-East Asia. Tracing the evolution of technical discussions during the Regional Committee session and the practice followed in WHO headquarters and other WHO regions, the forty-third session of the Regional Committee discussed this matter and suggested that the CCPDM, at its meeting in April 1991, should review the need for, and the periodicity of, technical discussions during the Regional Committee sessions.

The view was also expressed that the technical discussions should be held only during non-budget years, when there was no programme budget for review by the Sub-committee on Programme Budget. This would also help the Member countries to carry out proper follow-up of the outcome of the technical discussions and allow them sufficient time to make preparations for the next technical discussions.

Most other members expressed the view that the technical discussions should be held every year, as these afforded an opportunity for health administrators and experts from the countries of the Region to meet and collectively exchange views on important technical subjects. Moreover, through these technical discussions, WHO, being a specialized agency of the UN and playing an important role in directing and' coordinating international health matters, would be able to keep pace with the changing health problems resulting from advances in technology in medical, health and other related fields. In addition, Member countries benefited from the technical discussions in terms of acquisition of new knowledge.

In the discussions that ensued, there was a consensus that technical discussions should continue to be held during the Regional Committee session.

In the selection of subjects for technical discussions, the CCPDM considered it essential to ensure that current topics of relevance to countries of the South-East Asia Region be identified for discussion, such as equity and balance of health services, health planning and management, health economics, financing of health care services, etc. Moreover, topics so chosen should be in conformity with the goal of HFA/2000, so that the benefit derived from such discussions would be that of help to countries in the implementation of their activities towards achieving the goal of HFA. The CCPDM felt that, in order to improve the quality of the technical discussions and enhance their usefulness, there should be good information inputs from each country. Once the subject was selected, Member countries could develop a paper on the subject for their respective countries. These would be used by the Regional Office as inputs for preparing the working paper for the technical discussions. There was a need for WHO support for the preparation of country papers and action plans and follow-up of technical discussions, wherever necessary.

After discussion, the CCPDM recommended that:

> the technical discussions should be held every year during the Regional Committee sessions, as was the current practice; and the subjects for technical discussions should continue to be those of regional interest.

Annex 1

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