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REGIONAL OFFICE FOR  
SOUTH-EAST ASIA

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for Programme Development and Management  
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**REPORT OF THE  
TWENTIETH MEETING OF THE CONSULTATIVE  
COMMITTEE FOR PROGRAMME DEVELOPMENT  
AND MANAGEMENT**

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## INTRODUCTION

PURSUANT to the decision of the thirty-fifth session of the Regional Committee that the Consultative Committee for Programme Development and Management (CCPDM) should meet every six months to undertake a review of the implementation of WHO's collaborative programmes in the Member States of the Region, the Regional Director convened the twentieth meeting of the CCPDM at Kurumba Village Resort, Kurumba, Maldives, on 19 and 20 September 1991, **with** the following terms of reference:

- (1) To review the implementation of WHO's collaborative programmes in the Member States during eighteen months of the biennium 1990-1991, i.e., 1 January 1990 to 30 June 1991;
- (2) To report on the preparation of annual detailed plans of action for implementation during 1992;
- (3) To provide guidelines for the preparation of the **1994-1995** programme budget; and
- (4) To make recommendations concerning the working group study on improvement of programme management.

**In** his introductory remarks, Dr **D.B.** Bisht, Director, Programme Management in the WHO South-East Asia Regional Office, briefly mentioned the background to the establishment of the CCPDM and said that the prime task of the CCPDM was to undertake a periodic review of the implementation of the **Organization's** collaborative programmes in the Member States of the Region. The Committee had also been assigned other important tasks relating to programme development and management during the past few years by the Regional Committee and by the **Regional** Director and its recommendations had been found useful both by the Member States and the Organization. The Member States had effectively utilized the mechanism of the CCPDM to participate in the development and management of the Organization's collaborative programmes, which had further strengthened the cooperative partnership existing between them and WHO in their joint endeavour for the attainment of the **social** objective of health for all by the year 2000. Referring to the agenda **items** included for the current session of the Committee, he expressed the hope that the suggestions and guidance provided by the Committee on these matters would facilitate the work of WHO.

Dr U Kan Tun of Myanmar was elected as Chairman and Dr Jigmi **Singay** of Bhutan as Rapporteur. The list of participants is given in the Annex.

The Committee then adopted the provisional agenda (document **No.SEA/PDM/Meet.20/1**). The introduction of each agenda item by the Director, Programme Management, was followed by discussions and observations, which led to the formulation of recommendations by the Committee.

**REVIEW OF THE IMPLEMENTATION OF WHO'S COLLABORATIVE  
PROGRAMMES IN THE MEMBER STATES DURING EIGHTEEN  
MONTHS OF THE BIENNIUM 1990-1991,  
i.e. 1 January 1990 to 30 June 1991**

THE working paper on the implementation of the Organization's **collaborative** programmes in the Member States during eighteen months of the biennium 1990-1991 (document No.SEA/PDM/Meet.20/3) reflected a **delivery** rate of 65% for the Region as a whole in **financial** terms under the Regular Budget, and a delivery rate of 76% if the earmarkings were included. The Committee was informed that, as of 16 September 1991, the **overall** programme delivery rate had already reached 75% in terms of **actual** obligations, and 87% if **earmarkings** were **included**.

The Committee noted with concern that WHO's **collaborative** programmes with Member States during the 1990-1991 biennium had not shown much improvement when compared to the previous biennium. It further observed that, as in the past, unsatisfactory implementation of fellowships, LCS and CSA components still continued to be major contributory factors to low programme implementation. The Committee, therefore, considered it imperative that the Member States and WHO **should** make concerted efforts to achieve full **implementation** of the 1990-1991 programme budget during the remaining period of the biennium.

The following points emerged from the discussions on the subject:

- (1) **Delays** in programme implementation in a few countries had occurred due to extraneous administrative factors.
- (2) The programmes funded by the WHO regular budget and other agencies such as UNDP and UNFPA have different budgetary **cycles** as well as different processing procedures. Earlier, WHO, as the executing agency, had more flexibility in the **formulation** and implementation of programme activities funded under extrabudgetary resources. However, over the years, some of the funding agencies had been assuming a technical role, and WHO had run into some **difficulties** due to changed **modalities** of programme development and operation. This **should** not, however, deter WHO from 'playing its **technical** role **effectively**, and the funding agencies should appreciate the mandatory **role** of WHO and facilitate programme implementation at country level.
- (3) As more funds are being mobilized by countries themselves from various funding agencies, it **would** be advisable for the countries to have regular review meetings to monitor the progress and for the **WRs** to be **involved** with the mechanism established for monitoring these programmes by the countries.
- (4) There is apparent discrepancy in the **information** on programme delivery as recorded at the country **level** and as shown on **PDM** cards by the Regional Office.
- (5) Some countries experienced difficulties in securing **timely** release of funds to undertake **activities under the** LCS component as they are channelled through the Ministry of Finance. This **also** contributed to **delays** in programme implementation.
- (6) Implementation of the fellowships programme had been discussed by the Committee on **several** occasions before. However it still needed **considerable** improvement in terms of funding. In this context, the Committee noted Thailand's approach to implementation of the fellowships programme through a process of underbudgeting and over-planning to safeguard against any unforeseen cost increase as well as to ensure smooth

Implementation of country programme activities, with a view to avoiding any last minute reprogramming of funds.

- (7) According to the new financial rules in regard to fellowships, which had come into effect in 1991, financial obligations for a fellowship starting in the current biennium could extend only up to the first year of the next biennium and not beyond. Thus, in the event of a fellowship extending beyond this period, the financial obligations would have to be met from the next biennial budget.
- (8) Concern was expressed that the application of this new rule might create problems in securing placements in institutions in the absence of a firm financial commitment for the entire duration of the fellowship. The concept of a rolling plan might be adopted for implementation of the fellowships programme.
- (9) It would be useful for the countries to have information on the available courses of study and appropriate institutions, both within and outside the region.

Taking into consideration the above observations, the Committee made the following recommendations:

- (1) For the 1996-1991 biennium, Member States should make concerted efforts to identify programme activities and accelerate programme implementation during the remaining three months of 1991, with a view to ensuring full delivery.
- (2) The Regional Office should further improve its mechanism for processing requests received from the countries in order to facilitate timely implementation of planned activities.
- (3) The Regional Office should improve informatics support to Member States in order to reduce the discrepancy between the financial information recorded at the country level and that recorded at the Regional Office on PDM cards.
- (4) Member States should develop alternative and/or parallel programme implementation plans from the commencement of the biennium, especially where a country has a large fellowships programme, so that in case of failure to secure placement for a fellowship the money could be automatically diverted to finance these parallel or alternative programme activities such as in-country fellowships, national group educational activities, etc.
- (5) Member States should give special attention to improving the delivery of programmes funded by extrabudgetary resources in the context of the increasing requirements for funds to implement national HFA strategies.
- (6) Member States should initiate timely action to identify and nominate suitable candidates for fellowships, especially long-term fellowships, in order to improve the delivery of the fellowships programme. In this connection, the recommendations made by the Tenth CCPDM in September 1986 should be borne in mind.
- (7) In cases of long-term fellowships extending over two or more biennial periods, Member States should ensure commitment of adequate funds to cover the entire duration of the fellowship in both the biennia before deciding on new fellowships.
- (8) The existing coordination mechanisms between the planning and the implementing units at the country level and between the countries and the Regional Office should be strengthened and further improved.
- (9) WHO should extend support to Member States in the drawing up of realistic country programme implementation plans.

## REPORT ON THE PREPARATION OF ANNUAL DETAILED PLANS OF ACTION FOR IMPLEMENTATION DURING 1992

**PURSUANT** to the decision of the Regional Committee on the preparation of **annual** detailed plans of action (POA) replacing the detailed programme budget, the CCPDM, at its eighteenth meeting **held** in September **1990**, approved the format and contents of the framework for use by the Member States in the preparation of POA. The Committee then reviewed the information provided in the working paper (document **No.SEA/PDM/Meet.20/4**) on the steps initiated by the Member States for the preparation of POA in the light of the guidance from the CCPDM and the Regional Committee.

The Committee noted that these POA would form the basis of an agreement between the Member States and WHO for implementation of the **1992-1993** programme budget, and expressed the hope that these POA would become an important **tool** for programme managers, both at the country and regional levels, to monitor timely implementation of collaborative **activities**.

During the **discussions**, the delegates informed the Committee about the methods and approaches adopted by their respective countries in the **preparation** of annual POA as well as their salient features. In this connection, the framework for POA approved by the CCPDM at its eighteenth meeting had been found quite useful by the Member States. While **appreciating the** efforts made by the countries in the preparation of POA for implementation of **collaborative activities** during the **1992-1993** biennium, the Committee recommended that:

- (1) **All** efforts should be made by the Member States to **complete** the POA in accordance with the framework approved by the CCPDM and submit them to the Regional Office by the end of **October 1991**;
- (2) The Regional Office, on receipt of the POA, should take the necessary action to conclude an agreement with the Member States with a view to **facilitating** implementation of the 1992-1993 **programme** budget;
- (3) Member States should provide the Regional **Office** sometime next year with feedback from their experiences in the use of the framework for the **preparation** of POA for the **1992-1993** biennium: and
- (4) If any support was required by Member States from the CST **mechanism** for completion of POA, this should be conveyed to the Regional Office at an early date,

## GUIDELINES FOR THE PREPARATION OF THE 1994-1995 PROGRAMME BUDGET

THE Managerial Process for WHO's Programme Development required the preparation of WHO's **biennial** programme budget **within** the framework **of its General** Programme of Work and the submission of a **consolidated** global budget to the World Health Assembly for approval. The Committee noted that the Director-General had already issued programme guidance for the preparation of the **1994-1995** programme budget proposals. The Regional Director had forwarded the Director-General's programme guidance to the WHO Representatives for use in the formulation of preliminary programme proposals.

While reviewing the Director-General's programme guidance (document **No.DGO/PCO/91 .1**), which had been brought to the attention of the CCPDM for information, the Committee noted that the formulation of programme budget proposals for the 1994-1995 biennium **would entail** adoption of certain new approaches, namely:

- (1) Application of criteria for determining priorities in the formulation of programme budget proposals for 1994-1998, as recommended by the WHO Executive Board vide its resolution **EB87.R25**;
- (2) Use of the "rolling concept" in the preparation of programme statements with a view to covering, in addition to **description of** the evolution of national **health** situations, a **period** of four biennia. The programme statements **would provide** a summary **of experiences** gained during the implementation of the **1990-1991** and the 1992-1993 programme budgets, **along** with proposals for WHO collaboration during 1994-1998 and anticipated developments in 1998-1997; and
- (3) Special emphasis **laid** on five programme areas, which **should** receive budgetary increase, in real terms, by at least 5% altogether, using the approved **allocation** for the 1992-1993 programme budget as a base.

During the discussions, the Committee **welcomed**, in general, the Director-General's guidelines on priority-setting and thrust in the five priority programmes for the formulation of the **1994-1995** programme budget, which were by and large in line with the national priorities. The **following** points emerged from the discussions:

- (1) The five priority areas identified in the Director-General's guidance letter should be seen in the light of country-specific situations since a **global indication** in terms of thrust areas might not be suitable at the regional or country levels.
- (2) Support to the five priority areas should not be viewed in isolation but seen in the overall context of the **national health** development **plan. As WHO's collaboration** with Member States aimed at enhancing the efforts of the national governments, support to these five priority programmes **should** be taken into **consideration** in the national perspective so that they could supplement the national **activities**.
- (3) It was advisable to develop a country plan for programmes supported by WHO and **extrabudgetary** resources which could also take into **consideration** the five priority programmes.
- (4) The 5% real increase envisaged is for all the five programmes taken together, and not necessarily for each **individual** programme.
- (5) Many countries in the Region had made tremendous progress in their health development activities. At the moment, many important programmes had been initiated and

- consolidation** and **extension** of these programme **activities were taking** place in order to achieve the **HFA** goals. Ways and means should be found to enhance allocations under the Regular Budget to **countries** which have a **relatively small allocation** but have demonstrated a higher **absorption** capacity.
- (6) As the **WHO** funds are **utilized** for **catalytic** purposes, there **should** be some flexibility in the use of these funds for developing health services models **which** can later be replicated by the countries.
  - (7) Concern was expressed that any **increase in real terms** to the **five** priority areas would **result in reductions in other** programme areas which may have a higher **priority** in the **country-specific** situation.
  - (8) Regarding **criteria** for **determining** priorities, the country **priorities would** have preference over other criteria.

While noting the time table for the **formulation** of the **1994-1995** programme budget, the CCPDM recommended that:

- (1) Member States should undertake, **through** the **Joint Government/WHO coordination mechanism**, a **review** of implementation of national **HFA** strategies as **well** as of **WHO collaboration** during **the 1990-1991** and the **1992-1993 biennia** with a **view** to identifying **priority** programmes for **WHO** support during the **1994-1995 biennium**;
- (2) The criteria for determining priorities as recommended by the **WHO** Executive Board (Annex If of document **DGO/PCO/91.1** referred) should be used by Member States in a **flexible** manner for selecting **priority** programmes for **WHO** collaboration, **in** accordance with the **conditions** and **requirements specific** to the **country**;
- (3) Special emphasis should be given to the following five programme areas, through a budgetary increase, **in** real terms, by at least 5% altogether, if possible:
  - 3.2 *Managerial process for national **health** development (excluding provisions for WHO Representative's office);*
  - 4.0 **Organization** of Health Systems based on **Primary Health** Care (for intensified health development in countries **most in** need);
  - 8.1 **Nutrition**;
  - 11.0 **Promotion** of Environmental Health;
  - 13.0 *Disease prevention and control (for **integrated disease** control);*

and
- (4) Member States **should** formulate programme & **budget** proposals for 1994-1995 and programme statements in accordance with the **guidelines** and time-table provided in the **Director-General's** programme guidance **memorandum** (document No. **DGO/PCO/91.1**).

## WORKING GROUP STUDY ON IMPROVEMENT OF PROGRAMME MANAGEMENT

**THE** Committee, during its review of programme implementation at its nineteenth meeting in April **1991**, recommended that 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 as compared to that in other WHO regions. In pursuance of this recommendation, the Regional **Office** had developed a paper outlining the modalities for undertaking the proposed study.

The main objectives of the proposed study were, inter alia, to review in-depth the content and process of implementation of WHO's collaborative programmes at country and regional levels with a view to identifying the issues and problems which led to delayed or nondelivery of programme **activities** at those levels. The study was envisaged to be undertaken in two phases, involving country and regional levels, including visits to the Regional **Offices** for the Eastern Mediterranean and Western **Pacific**. Detailed protocols would be developed for each phase of the study, which was expected to be completed over a period of two years.

The representatives from countries **welcomed in** general the proposed study on improvement of programme implementation, but felt that the duration of the study should be reduced and the results of the study should be available to the CCPDM sometime in **1992**. Since the proposed study was expected to identify the factors responsible for slow **programme** implementation, it should focus mainly on the process and contents of implementation, such as the planning process, managerial mechanism, implementation process, etc. It would also be advisable to undertake the study in a single phase rather than dividing it into two phases as proposed in the working paper (document No. **SEA/PDM/Meet.20/6**).

After further discussions, the Committee made the following recommendations:

- (1) A study should be undertaken to identify the factors responsible for slow programme delivery, but the duration of the study should be short, particularly in the light of the fact that each country knew exactly where delays occurred;
- (2) Every country should undertake its own study and submit a status report for consideration by the CCPDM at its meeting in April 1992. The study reports from Member States will be compiled into a regional report by the Regional Office;
- (3) A common format should be evolved by the Regional Office for undertaking the studies in individual Member States, providing for a certain degree of flexibility and balancing of both the content and implementation processes for use at the local level; and
- (4) **If required** by Member States, support should be provided by the Regional **Office** for undertaking this study at the country level.

## Annex

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