

Annex 3REPORT OF THE SUB-COMMITTEE ON PROGRAMME BUDGET<sup>1</sup>1 Introduction

The Sub-Committee on Programme Budget held a preliminary meeting on 15 September 1981. Dr L. Poudayl of Nepal was elected Chairman. At this meeting, the detailed programme budget for 1982-1983 (documents SEA/RC34/3 and Corr.1 & 2 and Add.1) and three working papers (SEA/RC34/PB/WPs 1 to 3) were introduced and explained. The Sub-Committee's attention was also drawn to the terms of reference (document SEA/RC34/4 Rev.1), which formed the basis of its work.

The Sub-Committee met again on 17 September 1981 to carry out its work and to finalize its report. The meeting was attended by:

Dr U Kyaw Sein	..	Burma
Mr Kwon Sung Yon	..	DPR Korea
Dr I.D. Bajaj	..	India
Dr Bahrawi Wongsokusumo	..	Indonesia
Dr Sriati da Costa	..	Indonesia
Dr Soediono	..	Indonesia
Dr Abdul Sattar Yoosuf	..	Maldives
Professor G. Jamba	..	Mongolia
Dr R. Arslan	..	Mongolia
Dr L. Poudayl (Chairman)	..	Nepal
Mr D. Wijesinghe	..	Sri Lanka
Dr Prakorb Tuchinda	..	Thailand
Dr Samlee Plianbangchang	..	Thailand

2 Review of the Detailed Programme Budget for 1982-1983  
(SEA/RC34/3 and Corr.1 & 2 and Add.1)

The Sub-Committee was informed that, after the endorsement of the Programme Budget for 1982-1983 by the Regional Committee at its thirty-third session, detailed activities were developed by the governments in collaboration with the Organization.

Referring to the terms of reference, paragraphs 1.1 and 1.2, the Sub-Committee noted that the changes in the detailed programme budget as compared to the broad programme budget were within the approved programme budget and were in accordance with the Sixth General Programme of Work and the policies of the Organization. The Committee noted that the recommendations made by the Regional Committee at its thirty-third session, especially those contained in its resolutions SEA/RC33/R10 and SEA/RC33/R11, had been implemented. The Sub-Committee was satisfied with the detailed programme budget for 1982-1983 and had no further comments to make to the Regional Committee.

The Sub-Committee was informed that the 1982-1983 budget registered an increase of 17<sup>1</sup>/<sub>1</sub>% over the 1980-81 budget, which represented approximately a 4% real increase and 13<sup>1</sup>/<sub>2</sub>% increase in terms of cost.

<sup>1</sup>Originally issued as document SEA/RC34/21 on 17 September 1981.

### 3 Review of the Report and Recommendations of the "Small Committee" (SEA/RC34/PB/WP3)

The Sub-Committee reviewed the report of the Small Committee (see Appendix) established by the Regional Director in accordance with resolution SEA/RC33/R10, adopted at the thirty-third session of the Regional Committee in 1980. The Small Committee was given the following terms of reference:

- (i) to recommend revised guidelines and criteria for the establishment of inter-country projects;
- (ii) to analyse all programme proposals prior to the sessions of the Regional Committee and present its findings to the Regional Director, and
- (iii) to frame revised terms of reference for the Sub-Committee on Programme Budget.

#### 3.1 Guidelines and criteria for the establishment of inter-country projects

The Small Committee recognized the need for evolving fresh guidelines within the overall parameters of the General Programme of Work for the establishment of inter-country projects and emphasized the importance of collaboration among the Member States for solving common problems in health-related sectors. One of the major objectives for establishing inter-country projects was to strive towards the attainment of regional self-sufficiency and self-reliance among Member States.

The recommendations of the Small Committee were discussed by the Sub-Committee and the following course of action was decided:

- (1) To review ongoing and new inter-country projects to determine whether they fall within the following categories:
  - health manpower development
  - country health planning, programming, monitoring, review and evaluation
  - control measures regarding urgent problems of communicable and non-communicable diseases
  - effective preventive and promotive strategies for reducing disease incidence within the framework of primary health care
  - appropriate technology for improving the primary health care system
  - health services organizational and operational research

- effective surveillance mechanisms, and
  - institutional support, including manufacture and development of inputs in support of the primary health care package.
- (2) Projects which were found to be not relevant according to the above parameters would be phased out on a time-bound schedule.
- (3) The Sub-Committee discussed at length the need for the establishment of a committee involving representatives of Member States of the Region to review the functioning of ongoing inter-country projects and recommend fresh projects where necessary. It was considered that this committee would prove useful in evolving a long-term perspective plan of inter-country projects covering the needs for the next two decades and would also assist in analysing the percentages of funds to be earmarked for the categories of projects indicated above.
- (4) It was also recognized that the guidelines and criteria for the establishment of inter-country projects approved by the Regional Committee should be reviewed and readjusted every two or three years in order to take account of changing circumstances. In this respect, the role of this committee would be to ensure that the orientation of inter-country projects supported the efforts of achieving the goal of HFA/2000 after taking into consideration individual country needs and circumstances.

### 3.2 Analysis of regular and extra-budgetary programme proposals

The Sub-Committee noted that the Small Committee had gone into the modifications in the detailed programme budget for 1982-1983 as compared to the general programme proposals, and was unanimous in its view that the changes in the country programmes needed to reflect increased support to primary health care elements. At the same time, assistance to low-priority activities should be discontinued.

In order to evaluate better the relevance of budgetary proposals to efforts to achieve these objectives, the Sub-Committee emphasized the importance of the following analyses, which should be reflected in the formulation of proposed programme budgets in the future:

- (a) Country-wise utilization of regular and extra-budgetary resources in support of primary health care and related elements compared to the current and immediately preceding budgetary cycles, and
- (b) Identification of new elements as well as new components of ongoing activities, with suitable explanations in respect of proposals which are not in support of primary health care and related elements.

Deviations and rescheduling of resources should normally be permitted only in support of the primary health care package.

Budget reviews of current and immediately past budgetary cycles should be conducted on the basis of performance in both physical and financial terms beginning with the 1984-1985 biennium. A similar approach would be applicable to the inter-country programme which would also indicate the role of inter-country projects in efforts to achieve the goal of HFA/2000, including relevant linkages with health programmes at country level.

While discussing the resources available to this region, which contained approximately one-fourth of the world's population, the Sub-Committee agreed with the conclusion of the Small Committee concerning the need for further mobilization of resources in support of the objectives of HFA/2000 in this region. In this direction, the Director-General should be requested to review the existing criteria for resource allocation among regions so as to allocate a proportionately higher share of the regular budget to the South-East Asia Region. In addition, a suitable mechanism should be evolved for collaborating with Member States for the mobilization of extra-budgetary resources in support of HFA/2000.

Further, it was considered necessary to assess the relevance of the inter-regional projects, and in order to do so, to provide the Sub-Committee, in future, with adequate information regarding the basis of formulation and implementation of inter-regional projects.

### 3.3 Review of the existing terms of reference of the Sub-Committee on Programme Budget

The Sub-Committee discussed the revised terms proposed by the Small Committee and agreed to present these to the Regional Committee for formal approval. The proposed terms of reference would be effective from the thirty-fifth session of the Regional Committee, and are as follows:

- (1) To review implementation of programmes in the current cycle (by country and by project/programme) in terms of both financial implementation and achievement of the envisaged targets.
- (2) To review financial implementation in respect of programmes indicating whether the actual spending has been as planned and the extent of savings in each programme, if any, along with the broad reasons therefor.
- (3) While considering programme proposals for an ensuing cycle, to reflect such activities as are not in support of the primary health care package in terms of the proposed outlays thereon, comparing the same with the investments in such activities, if any, in the preceding and current cycles, also indicating the broad basis thereof.
- (4) To review the pattern of utilization of assistance in respect of each component, viz., long-term staff, short-term consultants, supplies and equipment, subsidies/grants, group educational activities, etc., during the preceding and current cycles.

Similarly, while considering the detailed programme proposals for an ensuing cycle, to compare the envisaged pattern of investments under the aforesaid components with the actual expenditure patterns during the preceding and current cycles, based on available information. (If there had been wide variations in the actual expenditure in respect of any component, the reasons therefor should be identified, so as to enable suitable modifications of the programme budgeting, if necessary, to make it more realistic.)

- (5) While reviewing programme proposals for an ensuing cycle, to examine whether the "programming approach"/"detailed programme budget" conforms to the parameters of the basic policy and global strategy of WHO and the current General Programme of Work/medium-term programmes approved by the Regional Committee/World Health Assembly, as well as the specific recommendations, if any, made by the Regional Committee at its preceding sessions.
- (6) To consider any other issue in regard to which the Programme Budget Sub-Committee may wish to make a reference or recommendation to the Regional Committee.
- (7) To apply the recommendations (1) to (6) above, with such modifications as necessary, to inter-country projects in the ensuing cycle.

The Sub-Committee complimented the Small Committee on its accomplishments and recommended the establishment of a committee mentioned in Section 3.1, paragraph (3) above, in order to ensure further involvement of Member States in the work of the Regional Office. This Committee would replace the Small Committee and also take over its continuing functions, as mentioned in resolution SEA/RC33/R10.

#### 4 Consideration of the Proposals for the UNDP Programme (SEA/RC34/PB/WP1)

The Sub-Committee noted the UNDP inter-country programme proposals for 1982-1986 approved by the United Nations Development Programme. The original submission which was discussed by the Regional Committee at its thirty-third session amounted to \$17,525,000, whereas the funds earmarked by the United Nations Development Programme amounted to \$4,090,200. The Sub-Committee was concerned with the low allocation to health activities in the UNDP programmes and urged Member States to promote acceptance of proposals in the health sectors through their national coordinating bodies.

#### 5 Consideration of the Observations Made by the External Auditor of WHO (SEA/RC34/PB/WP2)

The Sub-Committee suggested that, as had been observed by the External Auditor of WHO, there was a need to ensure better coordination of efforts of the various United Nations agencies.

The inability of governments to provide counterpart staff was a serious matter. It was suggested that provision of incentives to national staff be considered for inclusion in the project documents of UNDP.

In conclusion, the Sub-Committee recommended to the Regional Committee the adoption of the following resolution:

Report of the Sub-Committee on Programme Budget

The Regional Committee,

Having considered the report of the Sub-Committee and the detailed programme budget for 1982-1983 (documents SEA/RC34/3 and SEA/RC34/3 Add.1), and

Appreciating the fact that the WHO programme continues to provide support to Member States to enable them to achieve health for all by the year 2000,

1. APPROVES the report of the Sub-Committee on Programme Budget;
2. NOTES the 1982-1983 detailed programme budget with elaboration on the project activities (documents SEA/RC34/3 and Add.1) and the proposals for the UNDP Regional Programme (SEA/RC34/PB/WP1);
3. NOTES the observations made by the External Auditor of WHO in his report to the World Health Assembly (A34/25 and A34/25 Add.1) for the first year of the financial period 1980-81;
4. NOTES the report and the recommendations of the "Small Committee" (SEA/RC34/PB/WP3) appointed by the Regional Director in response to Regional Committee resolution SEA/RC33/R10;
5. REQUESTS the Regional Director:
  - (a) to implement the 1982-1983 programme as contained in documents SEA/RC34/3 and Add.1 in accordance with the policies and guidelines laid down by the World Health Assembly and in cooperation with Member Governments;
  - (b) to ensure inclusion of the following items in the terms of reference of the Sub-Committee on Programme Budget for the biennium starting from the thirty-fifth session of the Regional Committee:
    - (i) to review the implementation of programmes in the current cycle (by country and by projects/programmes) in terms of both financial implementation as well as achievement of envisaged targets;
    - (ii) to review financial implementation in respect of the programmes, indicating whether the actual spending has been as planned and the extent of savings in each programme, if any, along with the broad reasons therefor;

- (iii) to consider programme proposals for an ensuing cycle reflecting such activities as are not in support of the primary health care package in terms of the proposed outlays, comparing the outlays with the investments in such activities, if any, in the preceding and current cycles, also indicating the broad basis therefor;
  - (iv) to review the pattern of utilization of assistance in respect of each component, viz., long-term staff, short-term consultants, supplies and equipment, subsidies/grants, group educational activities, etc., during the preceding and current cycles. Similarly, while considering the detailed programme proposals for an ensuing cycle, to compare the envisaged pattern of investments under the aforesaid components with the actual expenditure patterns during the preceding and current cycles, based on available information. (If there have been wide variations in the actual expenditures in respect of any component, the reasons should be identified, so as to enable suitable modification of the programme budgeting, if necessary, to make it more realistic.);
  - (v) while reviewing programme proposals for an ensuing cycle, to examine whether the "programming approach"/"detailed programme budget" conforms to the parameters of the basic policy and global strategy of WHO and the General Programmes of Work/medium-term programmes approved by the Regional Committee/World Health Assembly, as well as the specific recommendations, if any, made by the Regional Committee at its preceding sessions, and
  - (vi) to consider any other issue in regard to which the Programme Budget Sub-Committee may wish to make a reference or recommendation to the Regional Committee;
- (Note: The recommendations made in paras (i) to (vi) above, with such modifications as necessary, should also apply in regard to inter-country projects in the ensuing cycle.)
- (c) to consider the following programme categories in addition to guidelines and criteria provided by the Director-General in his programme budget guidelines, for establishing inter-country projects: health manpower development; country health planning, programming, monitoring, review and evaluation; control measures regarding urgent problems of communicable and non-communicable diseases; effective preventive and promotive strategies for reducing disease incidence within the framework of primary health care; appropriate technology for improving the primary health care system; health services organizational and operational research; effective surveillance mechanisms, and institutional support, including the manufacture and development of inputs in support of the primary health care package;

- (d) to establish a committee, replacing the Small Committee set up in accordance with resolution SEA/RC33/R10, to review the functioning of ongoing inter-country projects as well as recommended fresh project proposals, in accordance with para 5(c) above, to evolve a long-term perspective plan of inter-country projects; to review and redefine guidelines and criteria for inter-country projects every two or three years, and to assess the relevance of inter-regional projects in terms of regional needs and priorities as well as inter-regional interests;
- (e) to request the Director-General to review existing criteria for resource allocation among regions, with a view to giving a higher priority to the South-East Asia Region, comprising about one-fourth of the world's population, and
- (f) to evolve a suitable mechanism for the mobilization of extra-budgetary resources in support of HFA/2000.

AppendixMEETING OF THE SMALL COMMITTEE TO REVIEW THE  
ORGANIZATION'S TECHNICAL COLLABORATIVE PROGRAMME

BALI, INDONESIA, 11-14 SEPTEMBER 1981

Report to the Regional Director<sup>1</sup>1 Introduction

1.1 The Regional Committee, at its thirty-third session, after considering the Report of the Sub-Committee on Programme Budget, requested the Regional Director, through its resolution SEA/RC33/R10, to establish a "Small Committee", to:

- review the existing terms of reference of the Sub-Committee on Programme Budget and frame revised terms which are harmonious and relevant to present and future budgetary concerns;
- review existing guidelines and criteria for the establishment of inter-country projects, and recommend a revised framework;
- analyse all regular and extra-budgetary programme proposals, including the detailed proposals for 1982-1983, prior to each session of the Regional Committee, and present its findings to the Regional Director.

1.2 The Small Committee, consisting of a representative from each of the Member States in the Region, was established, and met in Denpasar, Bali, from 11 to 14 September 1981. A list of the participants is given on page 47.

1.3 The Committee elected Mr D. Wijesinghe as Chairman and Mr N.N. Vohra as Rapporteur.

2 Discussions and Recommendations

Discussions on the terms of reference given in para 1.1 above are set out in the ensuing paragraphs in the order in which these were considered by the Small Committee:

2.1 Review of the existing guidelines and criteria for the establishment of inter-country projects and recommendations in regard to revised framework

2.1.1 Tracing the evolution of inter-country projects, the criteria for their selection and their funding from various sources, the utilization of inter-country projects (ICPs) over the past decade was

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<sup>1</sup>Originally issued as document SEA/RC34/PB/WP3 on 14 September 1981.

reviewed. It was agreed that there was a need for evolving suitable fresh guidelines within the overall parameters of the General Programmes of Work for establishing these projects in order to ensure that they were directly related to the priority objectives of the Organization within the Region, in the context of the goal of HFA by the year 2000, and that the mechanisms for the involvement of the Member States in the formulation of inter-country projects should be strengthened.

2.1.2 Taking into account the actual experience of the Organization's assistance to the countries during the past three decades and more, and also fully keeping in mind the present varying state of technological advancement of the countries in the Region, it was agreed that there was a strong basis for continuing the inter-country programmes. It was also felt that, in view of the present challenges, in addition to country programmes, organized efforts should be made to foster collaborative inter-country activities by pooling resources to solve common problems of the Member States in the health and related sectors, on a time-bound basis.

2.1.3 After detailed discussion, the following recommendations were made:

- (1) All inter-country projects which are found to be outmoded in their objectives should be phased out within a time-bound programme. Such projects as satisfy the criteria of relevance and priority should be reorganized to secure results within well-conceived time frames so that the achievements gained could serve as direct inputs into the strengthening and enlargement of efforts in support of HFA/2000.
- (2) One of the major objectives for establishing inter-country projects should be the attainment of regional self-sufficiency and/or self-reliance in respect of basic health needs which are common to the majority of Member States through joint inter-country efforts.
- (3) Within the objective of resolving common problems on a time-bound basis, the new inter-country project proposals should be identified, and both the ongoing and new inter-country proposals should be scrutinized applying the following criteria:
  - (a) projects in support of health manpower development, with special reference to identified training requirements for the delivery of the primary health care packages (medical professionals, para-professionals and technicians, auxiliaries and volunteers);
  - (b) projects which support, strengthen and enlarge country health planning and programming, monitoring, reviewing and evaluation efforts;
  - (c) projects which seek to resolve urgent problems of communicable and non-communicable diseases and commonly prevalent, widespread health problems;

- (d) projects which seek to evolve effective preventive and promotive strategies, to bring down the incidence of disease and improve the health status of all people through public health measures, education, improved awareness, etc.;
  - (e) projects which seek to translate existing knowhow and expertise into readily applicable and cost-effective, appropriate technology/procedures which can constitute direct and immediate inputs for improving the primary health care delivery system;
  - (f) projects for research in the health services organization to bring about suitable structural changes and improve operational efficiencies;
  - (g) projects relating to the establishment of effective surveillance mechanisms, identification, analysis and timely dissemination of information regarding emerging health problems (a certain number of such projects could also deal specifically with the related research aspects), and
  - (h) projects which seek to provide institutional support, and strengthen and enlarge the capacities to promote national and regional self-sufficiency, self-reliance, skills and competence, in regard to the manufacture and development of essential inputs in support of the primary health care package.
- (4) In order to scrutinize regularly ongoing inter-country projects, to take decisions regarding the phasing out of projects which are no longer relevant to the common, collective needs and priorities of the countries in the Region, to review the functioning of ongoing projects as well as to recommend fresh project proposals, the Regional Director should establish a committee involving the representatives of the Member States. The proposed committee may meet periodically as required and undertake such site visits as may be necessary to enable it to assess and evaluate inter-country projects. To undertake the review, monitoring and evaluation of inter-country projects, the Regional Office should establish suitable mechanisms in supporting the said committee.
- (5) The said committee may evolve a long-term, perspective plan of inter-country projects, covering the next two decades. Outlays required to be mobilized for the implementation of identified projects should be related to the perspectives, needs and priorities. For the purpose of effective financial management it would be beneficial, after further analyses, to earmark, in percentage terms, available resources for the implementation of inter-country projects, as priorities, under the broad categories listed under para (3) above.

- (6) It was noted that planning and programming for health and related sectors constitute a dynamic situation, involving constant assessments and reappraisals, to introduce timely remedial measures on account of synergistic effects and influences. In this context, it was agreed that guidelines and criteria for the establishment of inter-country projects, finally approved by the Regional Committee, would require review and redefinition every two to three years for introducing such modifications and shifts as may be necessary. Recommendations in this regard may also emanate from the committee proposed in para (4) above.

## 2.2 Analysis of the regular and extra-budgetary programme proposals

It was observed that insofar as the detailed programme proposals for 1982-1983 are concerned, the broad approach in regard thereto was endorsed by the Regional Committee at its thirty-third session. As such, at this juncture, there is no scope for introducing any modifications. However, in view of the fact that the programme budget for 1982-1983 constitutes one of the significant steps towards the achievement of the goal of HFA/2000, the deviations in the Detailed Programme Budget from the Proposed Programme Budget for 1982-1983 (SEA/RC33/3) were discussed. It was felt that the various country-wise deviations, taken together, should represent a sharper realization of the necessity to support primary health care elements, eliminating assistance to the non-priority activities. With a view to ensuring that the utilization of available technical and financial resources by Member States in the ensuing biennial budgetary cycles becomes more visibly and directly related to the strengthening and enlargement of support to the primary health care package, it was agreed that the following aspects should be given due and timely attention at the stage of preparatory activities in the formulation of the proposed programme budgets:

- 2.2.1 Programme budget proposals for an ensuing cycle must bring out, by country, how the regular budget and extra-budgetary resources are proposed to be utilized in support of primary health care and related elements. This analysis would require to be compared between the corresponding overview during the current and the immediately preceding budgetary cycles.
- 2.2.2 The presentation of proposals for an ensuing budgetary cycle should adequately identify the new elements as well as the new components of ongoing activities, suitable explanations being given in respect of proposals which are not in support of primary health care and related elements.
- 2.2.3 Normally deviations and reschedulings of resources should be discouraged except in support of the primary health care package, as per the needs and priorities identified by each country.
- 2.2.4 As the basic and foremost objective of all preparatory activities in the future connected with the formulation of budgetary proposals

would require to be directly related to the needs and priorities emanating from the regional strategies for achieving the goal of HFA/2000, it appears essential that, depending upon the existing organizational capacity of Member States, time-bound steps may be organized to introduce the review of the budget on the basis of performance, preferably effective from the 1984-85 budgetary cycle. The adoption of such a procedure, besides enabling the countries to clearly identify and assess the benefits accruing from the assistance of the Organization, would provide the latter with a very effective mechanism to evaluate, in quantifiable terms, whether the country-wise efforts are moving towards the achievement of the targeted HFA goals in specified areas of activity.

- 2.2.5 An identical approach, as in paras 2.2.1 to 2.2.4 above, would require to be followed in regard to the formulation and presentation of proposals for inter-country programmes.
- 2.2.6 The presentations and analyses of inter-country projects should specifically indicate the role and share of inter-country projects in the overall effort of achieving the goal of HFA/2000, inter alia, indicating the relevant linkages between the health programmes at country level and the inter-country projects.
- 2.2.7 In the process of the overall review of regular budget and extra-budgetary resources, it was observed that there was a need for further mobilization of resources in support of HFA objectives in this region, and it was recommended that:
- (1) Considering the fact that the South-East Asia Region contains about one-fourth of the global population, the Director-General of WHO may be requested to review the existing allocation criteria, so as to obtain a proportionately higher share of regular budget resources for the Region.
  - (2) In so far as the extra-budgetary resources are concerned, the Regional Office should establish a suitable mechanism to collaborate with the Member States in mobilizing external resources as well as in formulating appropriate projects based on priority needs which have a high potential of acceptance by the existing and potential funding agencies.
- 2.2.8 In the future, the Regional Office may obtain and provide adequate information regarding the basis of formulation and implementation of inter-regional projects so that an assessment can be made as to the relevance of such projects to regional needs and priorities as well as inter-regional interests.

### 2.3 Review of the existing terms of reference of the Sub-Committee on Programme Budget

It was observed that the terms of reference of the Sub-Committee on Programme Budget have been relevant and satisfactory to the requirements of the situation in past years. However, consequent to the commencement of the biennial system of programme budgeting and the

specific need to ensure a conscious shift in the utilization of resources in support of primary health care in order to achieve the goal of HFA/2000, changes are required in the terms of reference.

In this context, the following revised terms of reference are recommended:

### 2.3.1 Country budget

- (1) Review of the implementation of programme in the current cycle (by country and by project/programme) should be in terms of both financial implementation as well as achievement of envisaged targets;
- (2) Review of financial implementation in respect of the programmes should indicate whether the actual spending has been as planned and the extent of the programme-wise savings, if any, along with the broad reasons thereof;
- (3) While considering programme proposals for an ensuing cycle, such activities as are not in support of the primary health care package should be reflected in terms of the proposed outlays thereon, comparing the same with the investments in such activities, if any, in the preceding and current cycles, also indicating the broad basis thereof;
- (4) The programme review should indicate the pattern of component-wise utilization of assistance for long-term staff, short-term consultants, supplies and equipment, subsidies/grants, group educational activities, etc., during the preceding and current cycles. Similarly, while considering the detailed programme proposals for an ensuing cycle, the envisaged pattern of investments under the aforesaid components should be compared with the actual expenditure patterns during the preceding and current cycles, based on available information. If there have been wide variations in the actual expenditures in respect of any component, the reasons thereof should be identified, so as to enable suitable modification of the programme budgeting procedure, if necessary, to make it more realistic;
- (5) While reviewing programme proposals for an ensuing cycle, to examine whether the "programming approach"/"detailed programme budget" conforms to the parameters of the basic policy and global strategy of WHO and the General Programmes of Work/Medium-Term Programmes approved by the Regional Committee/World Health Assembly, as well as the specific recommendations, if any, made by the Regional Committee at its preceding sessions, and
- (6) Any other issue in regard to which the Programme Budget Sub-Committee may wish to make a reference or recommendation to the Regional Committee.

### 2.3.2 Inter-country programmes

Recommendations made in Section 2.3.1, paras (1) to (6) above, with such modifications as necessary, should also apply in regard to inter-country projects in the ensuing cycle.

### 2.3.3 Application of proposed terms of reference

The Committee, however, recommends that the proposed terms of reference as detailed above should be applied with effect from the thirty-fifth session of the Regional Committee, as these cannot be implemented in the forthcoming thirty-fourth session.

## LIST OF PARTICIPANTS AND OBSERVERS

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Annex 4RECOMMENDATIONS ARISING OUT OF THE TECHNICAL DISCUSSIONS  
ON THE ROLE OF MINISTRIES OF HEALTH AS DIRECTING AND  
COORDINATING AUTHORITIES ON NATIONAL HEALTH WORK<sup>1</sup>1 Introduction

The technical discussions were held under the chairmanship Mr N.N. Vohra (India), with Dr M. Fernando (Sri Lanka) acting as Rapporteur.

Referring to documents SEA/RC34/5 - 5 Add.1, SEA/RC34/16 and SEA/RC34/TD/IP1 to 8, the Chairman focused attention on the principal issues involved in the discussion of "The Role of Ministries of Health as the Directing and Coordinating Authorities on National Health Work". It was observed that consequent to the commitment to the attainment of the goal of HFA/2000, the national ministries of health were becoming increasingly aware of their directing and coordinating roles, especially the planning and implementation of the primary health care package, and supporting services had highlighted, in sharp focus, the need for a well-coordinated and harmonized approach. It was noted that in view of the enormous challenges, the health ministries could no longer afford merely to be equipped for crisis management, undertaking fire-fighting tasks on a day-to-day basis. As the situations in each country had been very adequately reported in the documents referred to, the Chairman asked the participants to consider, and offer their comments and suggestions in regard to the main problems and the significant issues relating to the subject.

2 Discussions

It was observed that the role of the central health ministries in directing and coordinating national health efforts could be viewed as encompassing two main areas of responsibility: (1) problems relating to the effective functioning of the ministries in respect of their existing jurisdiction, i.e., the extent to which they are already in a position to draw up plans, formulate and implement programmes, undertake the review, monitoring and evaluation, etc., of the specific areas of functioning which have been allocated to them under the rules of business of the national governments, and (2) areas of functioning which involve inter-ministerial and inter-sectoral coordination involving the functioning of other departments and organizations outside their own control and jurisdiction.

It was observed that, as the first step, urgent action was required to make the functioning of ministries more effective technically and administratively, within the realm of their present jurisdiction. It was agreed that, while variations in the policy and planning approaches would continue to exist, depending upon the political philosophies, administrative cultures, etc., of Member States, it would be necessary to ensure that the central health ministries received the requisite support to be able to build up essential planning and administrative

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mechanisms to make the best possible use of available resources and achieve the requisite cost-effectiveness and efficiencies in the implementation of schemes and programmes in the health and related sectors. It was noted that while every Member State might already have established suitable planning and administrative mechanisms, there could still be gaps at various levels which would need to be filled and the entire planning and implementation set-up made more effective and beneficial.

### 3 Recommendations

In the context of the extensive discussions, the following recommendations are offered to enable the central health ministries to become more effective:

#### 3.1 Sectoral planning

- (1) The existing planning mechanisms for the health and related sectors require to be suitably strengthened. The planning organizations should have the support of professional economists, demographers, social scientists, medical scientists and administrators, researchers, planners and health administrators. The planning divisions of the health ministries should accordingly be reorganized with a view to improving visibly their technical capabilities in the most recent planning techniques and hence increasing their credibility with the other departments and organizations with which they are required to deal in evolving and finalizing national health plans. Inter alia, the planning organization within the health ministries must be effectively equipped to undertake health manpower planning, health manpower development, and identification of training requirements (by categories of workers), to assess the projected costs involved in the securing of identified objectives, to identify the role of the private medical practitioners, mobilize resources, identify management problems, etc.
- (2) The planning mechanisms at central level must have effective and meaningful linkages with the planning mechanisms at the successive levels, viz. state/province/district, etc., so that the perspective plans are drawn up in adequate consultation with the state/provincial/district authorities, which are ultimately responsible for implementing the schemes and programmes. As in the case of (1) above, the planning organizations at state/provincial/district level also require to be suitably strengthened so as to be able not only to evolve and submit meaningful proposals to the central planning organization but also, at their own levels, to be able to undertake a coordinated approach to policy planning.
- (3) The existing national health information systems, from district to central level, must be strengthened, so as to obtain reliable feedback and information regarding the difficulties encountered during implementation with a view to introducing suitable corrective and remedial measures in the very process of planning. It was observed that the mechanisms available for review,

monitoring and evaluation were not effective enough at all levels of the structural organization to enable an appraisal of on-going plans in regard to the relevance, acceptability and efficacy of schemes and programmes which were launched in various areas of activity. It will therefore be necessary to fill this gap and establish reliable systems, through which the planning organizations at the successive levels of the structure can receive timely feedback, not only to assess the effective benefit of on-going schemes but also to be able to evolve sound, cost-effective approaches for the next succeeding planning cycles.

- (4) To ensure the effective implementation of the various schemes and programmes to improve the health status of all people, it has become unavoidably essential progressively to secure the fullest involvement and participation of the individuals, families, communities, voluntary organizations and private bodies in the overall national health efforts. To be able to achieve this objective, it will be necessary to examine the present administrative and financial organizations and decide upon appropriate decentralization of authority, at all levels of the structural organization, with the broad objective of equipping health managers with the necessary authority harmonious with their responsibilities. Unless this is done, bureaucratic delays will continue to dampen and restrict local initiatives, thus also militating against the meaningful involvement of the communities and the voluntary organizations.

### 3.2 Inter-sectoral plans

On the assumption that the recommendations made in Section 3.1 above will become effective in the foreseeable future, it will be necessary for the central ministries progressively to equip themselves in effecting meaningful, inter-ministerial coordination to achieve joint formulation of plans and programmes in each of the health-related sectors. In this context, it was observed that the central health ministries would not be able to negotiate effectively or secure an entry point in the planning mechanisms of other concerned ministries unless the health ministries were, in the first instance, able to build up reliable planning mechanisms which can clearly identify and project needs and demands relating to the functioning of the other sectors, e.g., higher education, adult and non-formal education, water supply, drugs and pharmaceuticals, rural housing, social welfare, integrated rural development, etc. To secure the above-mentioned objective, the following recommendations are made:

- (1) With the ultimate objective of moving towards health and human development as it is an integral part of planned economic development, it will be necessary for the central ministries, in meaningful collaboration with the planning organizations at the state/provincial/district levels, to draw up reliable projections of support and assistance required in each of the various health-related sectors. By way of illustration, if the specified objective is to reduce mortality and morbidity on account of water-borne diseases, then it will be essential for the central health ministries to be able to outline clearly the extent and

nature of the effort required to be mobilized by the department/ministry concerned for the supply of potable water and sanitation, also clearly identifying the priorities of action required in this connexion. The building up of such projections and consequent negotiations, on an effective basis, with the central planning commissions/organizations as well as each of the various concerned ministries will be possible only if the central health ministries equip themselves with the necessary expertise to be able to put together all relevant information, collect such data as are required, etc., and build up a reliable picture of needs and priorities. For this purpose, the central health ministries may require to establish sub-groups for each of the health-related sectors in regard to which the requisite support in the overall national plan is necessary.

- (2) Even after the central health ministries have been able to establish the mechanisms suggested in (1) above and to draw up reliable projections of needs and priorities in each of the various health-related sectors, it will be essential to establish effective institutional mechanisms to ensure that the overall demands of the central health ministries are given due and serious consideration at the time of finalizing national development plans. For this purpose, depending upon the organizational arrangements in a country, it will be necessary to establish standing inter-ministerial coordination committees with the central health ministry acting as the focal point, or to persuade the national planning commissions/organizations to establish standing inter-sectoral working groups in support of health and all related sectors.

### 3.3 Existing mechanisms

It will be observed that in each of the countries of the Region, there already exist certain mechanisms, of an ad hoc or standing nature, e.g., national health councils, national health development committees, etc. Some of the mechanisms are of relatively recent origin, developed to promote intersectoral cooperation and to monitor and evaluate programmes. It is obviously too early in the way to draw conclusions on their effectiveness. However, it needs to be ensured that there are suitable mechanisms established to see to it that the policy and directives for coordination are actually implemented by the various operational levels concerned.

### 3.4 Implementation

With a view to implementing the recommendations set out in Sections 3.1 to 3.3 above, it was felt that there should be collaborative efforts in respect of technical and managerial aspects between Member countries. WHO should provide collaborative support to these national efforts. It was felt that, in view of the scarce national resources, the optimum use of the Organization's technical and other resources would appear to lie in the formulation and implementation of relevant inter-country programmes, bilateral or under the TCDC efforts, so that, within the foreseeable future, the countries in the Region will effectively assist one another in achieving a larger measure of national and regional self-reliance.