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CURRENT PROGRESS OF PROGRAMMES
RECEIVING WHO ASSISTANCE IN THE WESTERN PACIFIC REGION

Report by the Regional Director

1. QUESTIONNAIRE SENT TO GOVERNMENTS

The Regional Committee at its twenty-second session adopted resolution WPR/RC22.R18, requesting the Regional Director to continue to collect information and data from countries or areas as a basis for the periodic evaluation of the progress of WHO-assisted programmes, and to report his observations and findings to the Committee every two or three years.

Reports had been presented to the twenty-first and twenty-second sessions evaluating the progress of WHO-assisted projects in the periods July 1969 to June 1970 and July 1970 to June 1971.¹

In pursuance of resolution WPR/RC22.R18 a questionnaire, which was a slightly modified version of that used in the first and second evaluations, was sent to governments to elicit their views on WHO-assisted health activities for the period July 1973 to June 1974. The replies received provide the basis for this report.

A few of the questions asked in the first and second evaluations were deleted as the information in question was already available at the Regional Office (e.g., whether the country had a national socio-economic development plan; whether the country had a national health plan and, if so, whether this plan formed part of the national socio-economic development plan; and whether the objectives of WHO-assisted projects in the country were clearly related to the specific problems to be solved). New questions added, on the other hand, sought information on aspects such as: (a) whether government

¹Documents WPR/RC21/10 (resolution WPR/RC21.R9) and WPR/RC22/12 (resolution WPR/RC22.R18).

contributions in personnel, physical plant, equipment and services, as well as WHO support in the project management, were regarded as timely, adequate and of good quality; (b) whether there was effective cooperation between the relevant government agency and the WHO staff; and (c) whether the training component of the project was proceeding according to plan. Some of the original questions were refined in order to obtain more precise replies than those given previously (e.g., (a) whether targets had been attained and, if not, what were the problems perceived; and (b) whether the assessments made of the efficacy of the methods used were satisfactory).

In the questionnaire, WHO-assisted country activities were referred to as projects rather than programmes, as the activities normally undertaken are concerned with achieving in particular areas specific objectives within a limited time span.

As regards content, the questionnaire considered in respect of each project: whether the objectives were apt and attainable within a limited span of time; the local applicability and effectiveness of the methods employed (transferable technology); the availability of resources; whether its planning and implementation were flexible; and its impact on the population.

WHO-assisted activities dealing with fellowships alone were not included in the questionnaire because they are subject to separate periodical evaluation. Projects consisting only of consultantships, which numbered about 30 between July 1973 and June 1974, were also excluded, as the relevant information could not have been obtained through the questionnaire.

The questionnaire was sent to fifteen countries or areas, with a total of 75 WHO-assisted long-term health projects.

2. SUMMARY OF REPORTS SUBMITTED BY GOVERNMENTS

Fourteen, or 93.3%, of the fifteen countries/areas who received the questionnaire replied; one however submitted an incomplete questionnaire in respect of one of its projects. The remaining country with 8 projects was unable to reply because of the state of emergency existing at the time the questionnaire was received. The replies furnished the information requested on 66 out of 75 projects, giving a project response rate of 88.0%.

For each item in the questionnaire one of two boxes could be ticked for a "yes" or "no" reply. Where further information was needed, a "branching" question was asked, with several boxes that could be ticked to indicate alternative replies. A "catch-all" alternative of "others" was included. Spaces were also provided for writing answers in cases where alternatives were not provided in the questionnaire.

The figures in Table 1 (Summary by country/area) and in Table 2 (Summary by subject) denote the number of projects for which affirmative

replies were received. As there were 66 projects for which replies were received, the difference between 66 and the total given in the tables represents in each case the number of projects on which negative replies were received.

For purposes of comparison, the totals and percentages of affirmative replies received from governments during the first and second evaluations are tabulated at the bottom of summary Tables 1 and 2, together with the totals and percentages for the third evaluation. The countries/areas participating in the three evaluations are listed in Annex 1 and the subjects concerned in Annex 2. In the latter, there are changes in the programme areas used for the third evaluation compared to those used for the first and second evaluations. These changes reflect the WHO classification of programmes as it was on 1 April 1974.

Of the 66 projects, 49 (74.2%) had objectives which could be translated into quantifiable targets to be achieved within their duration. Eight of the remaining 17 projects (47.0%), did not have quantifiable targets but appropriate criteria had been developed to assess progress in the accomplishment of their objectives. Objectives were reported as being accomplished for 41 projects (62.1%) in terms of attainment of quantified targets or compliance with criteria, and not accomplished for 25. Reasons given for failure included: lack of staff in 14 projects (21.2%); delays in project staff training in 8 (12.1%); delays by the government in delivering equipment in 8 (12.1%); delays in the delivery of other government commitments in 3 (4.5%); and other factors in 14 (21.2%). Progress being achieved was in general measured against baseline data and information already available in the case of 52 projects (78.8%).

Replies on 35 projects (53.0%) in which transferable technology was used before WHO assistance commenced indicated that WHO assistance was expected to contribute to the strengthening, improvement and/or dissemination of technology in the country. These expectations were confirmed in 33 out of the 35 projects (94.3%). There were 27 projects in which transferable technology had been introduced after WHO assistance commenced, and the consensus of the replies was that its use would be continued after conclusion of the assistance.

The questionnaire sought information as to whether contributions to the project by the government and WHO were "timely", "adequate" and "of good quality". It emerged from the individual replies that those completing the questionnaire had assumed incorrectly that only one choice was to be made among the three items. Thus, in considering the replies, this misunderstanding should be kept in mind.

Nevertheless, a positive impression can be gained from the replies. The following government contributions to project activities were classified as "timely": provision of government personnel (e.g., secretarial or clerical assistance) in 35 projects, of physical plant (e.g., office space, teaching facilities) in 33, and of equipment and services (e.g., typewriters,

audio-visual equipment) in 28. Provisions were rated: (a) "adequate", in respect of government personnel in 45 projects, physical plant in 47, and equipment and services in 37; and (b) "of good quality", in respect of personnel in 25 projects, physical plant in 26 and equipment and services in 24.

The WHO contribution was rated: (a) "timely", in respect of technical support from WHO staff in 42 projects, fellowships awarded in 39 and provision of supplies and equipment in 26; (b) "adequate", in respect of technical support in 46 projects, fellowships in 37 and supplies and equipment in 34; and (c) "of good quality", in respect of technical support in 46 projects, fellowships in 32 and supplies and equipment in 28.

Effective cooperation between the relevant government agency and the WHO staff was reported in 62 of the 66 projects (93.9%). In 60 (90.0%) of these projects, the training component was proceeding according to plan.

In 41 projects (62.1%), government commitments in the provision of local resources were being fully met and in 38 (57.6%), local resources were being fully and effectively utilized. The governments could not meet their commitments in 22 projects (33.3%); it was felt that the deficiency could be overcome by adding and making more efficient use of resources in 19 of these projects and by simply adding resources in three of them.

The non-resource constraints encountered in the operation of the 66 projects included the political and social climate (37.9%), existing legislation (27.3%), the physical environment (19.7%), institutional structure (33.3%), supplies and equipment (27.3%) and other factors such as communications (16.7%). It was noted that in 46.2% to 76.0% of projects non-resource constraints were being reduced or eliminated by the governments concerned.

The following non-resource constraints relating to WHO were mentioned: WHO policy in 9 projects, supplies system in 8, and other constraints in 4. Constraints arising from WHO policy appeared to relate more to procedures and practices, e.g., delays on the part of the Regional Office in dealing with reports of WHO technical staff, insufficient comprehension by WHO staff of local problems and difficulties, and duplication of WHO assistance (not specified) in some projects. Delays in the delivery of supplies and equipment provided by WHO in three projects and failure to provide them in one project were among the constraints attributed to WHO. For four projects the other non-resource constraints ascribed to WHO were not specified, although it was possible to infer in two cases that they were of an administrative nature, relating to personnel recruitment and continuity of consultant services.

Regular reviews of plans of action had been undertaken for the following reasons: to adapt the operations to budgetary and other resource constraints of the government and WHO in 52 projects (78.8%), to introduce innovations necessitated by progress in technology and management in 53 (80.3%) and to incorporate modifications in the objectives, methods and/or targets in 45 (68.2%).

The following criteria were suggested for use either singly or in combination to assess the efficacy of the methods used in the reviewed projects: (a) target accomplishment on the basis of performance standards; (b) cost-effectiveness of the results obtained; (c) quality of the results obtained; and (d) a combination of two or more of the above criteria. Satisfactory results were reported in respect of: 22 out of 30 projects assessed with a combination of two or more of the criteria, two out of six assessed with the criterion of target accomplishment, and one out of five assessed with the quality criterion.

The replies showed that long-term WHO-assisted projects were helping to satisfy the needs of the people through:

- (a) accomplishment of the specific project objectives (78.8%);
- (b) achievement of the broader objectives of the national health programmes to which the projects were linked (83.3%);
- (c) the positive relationship between the projects and national socio-economic development plans (60.6%).

3. COMPARISON OF FINDINGS IN THE THREE EVALUATIONS

Replies to identical questions in the three questionnaires will now be compared to determine the pattern of government responses in the evaluation of their long-term WHO-assisted projects.

The response rate by countries/areas is highest for the most recent evaluation (July 1973 - June 1974), i.e. 93.3% as against 91.7% for the second (July 1970 - June 1971) and 85.7% for the first (July 1969 - June 1970). The response rate by projects is: 88.0% for the third evaluation, 92.8% for the second and 78.0% for the first.

As indicated in summary Tables 1 and 2, the proportion of projects with quantified targets increased from 60.9% in the first evaluation to 74.2% in the third evaluation. However, the proportion of projects with baseline information and data against which to measure progress remained about the same (78%) in the three evaluations.

More and more transferable technology was being introduced at the commencement of WHO assistance (40.9% in the third evaluation as against approximately 28% in the first and second), and the replies indicate that WHO assistance was expected to ensure continuation of the technology after conclusion of the assistance.

The replies to all three questionnaires also showed that governments had been unable to meet their commitments in about one-third of all long-term country projects.

The three evaluations also showed that in roughly 40% of projects non-resource constraints were encountered due to the political and social climate in the country, while in 25-30% the constraints resulted from existing legislation, physical environment, institutional structure and the supplies system. However, in more than 50% of projects measures were being taken to reduce or eliminate the constraints.

For about 10% of projects reviewed in the three evaluations, non-resource constraints were attributed to WHO's policies (or more accurately its practices and procedures) and its supplies system.

In 80% of the projects in the three evaluations, plans of action were regularly reviewed to make them conform to budgetary and other resource constraints and to enable relevant technology and management innovations to be introduced. The plans of action of 70% of the projects were reviewed periodically to enable the objectives, methods and/or targets to be modified.

In each of the three evaluation exercises about 33.3% of the projects reviewed were assessed for efficacy by a combination of two or more of the following criteria: target accomplishment, cost-effectiveness of results and quality of results; and of the projects so assessed, two-thirds were rated satisfactory. Approximately 80% of all projects reviewed in each exercise were credited by governments with having directly or indirectly satisfied the needs of the population through: accomplishment of their specific objectives; their positive contribution to the national health programmes with which they were linked; or their contribution to the implementation of the national socio-economic plans.

4. CONCLUSIONS

Modification of the questionnaire after the first two evaluations made it possible to elicit more information in the third one.

There are nevertheless some limitations. First of all, although the third evaluation was based on information collected from nine-tenths of

the long-term country projects, one country, with eight projects, was unable to respond. Secondly, the analysis and evaluation are based entirely on government replies. It is hoped that fuller coverage can be achieved in the future through the continued cooperation of Member States. A third limitation lies in the imprecise formulation of some questions, which were not well understood by the respondents. Consequently, it is planned to ensure further refinement of future questionnaires.

Such evaluation by countries and the regular review of country programmes and projects in the Regional Office provide the basis for developing the future policy and programmes of WHO assistance to countries and areas in the Western Pacific Region.

ANNEX 1

LIST OF COUNTRIES OR AREAS PARTICIPATING IN THE THREE EVALUATIONS
ON THE CURRENT PROGRESS OF PROGRAMMES RECEIVING WHO ASSISTANCE

Countries/areas	First evaluation July 1969-June 1970	Second evaluation July 1970-June 1971	Third evaluation July 1973-June 1974
1. British Solomon Islands Protectorate*	✓		✓
2. Cambodia		✓	
3. Cook Islands			✓
4. Fiji			✓
5. Gilbert and Ellice Islands	✓	✓	✓
6. Laos	✓	✓	✓
7. Malaysia	✓	✓	✓
8. New Hebrides	✓	✓	✓
9. Papua New Guinea			✓
10. Philippines	✓	✓	✓
11. Republic of Korea	✓	✓	✓
12. South Viet-Nam	✓	✓	✓
13. Singapore	✓	✓	✓
14. Taiwan	✓	✓	
15. Tonga	✓		✓
16. Western Samoa	✓	✓	✓
Number of countries/areas which sent in completed replies to the questionnaire	12	11	14
Number of countries/areas which received copies of the questionnaire	14	12	15
Response rate (%)	85.7	91.7	93.3%

*From 15 June 1975: Solomon Islands.

LIST OF SUBJECTS

FIRST AND SECOND EVALUATIONS

Subject	Aspects included
Communicable diseases Tuberculosis; leprosy Malaria; filariasis Environmental health Public health services Maternal and child health; nutrition Health protection and promotion Education and training	Venereal diseases; epidemiological surveillance; international quarantine Public health administration; health laboratory services; nursing; health education; rehabilitation; epidemiology and statistics Occupational health; mental health

THIRD EVALUATION

Subject	Aspects included
Strengthening of health services Family health Health manpower development Communicable disease prevention and control Promotion of environmental health Health statistics	Strengthening of health services; health laboratory services Maternal and child health; human reproduction; nutrition; health education Epidemiological surveillance of communicable diseases; malaria and other parasitic diseases; bacterial diseases; mycobacterial diseases; venereal diseases and treponematoses; veterinary public health; vector biology and control Provision of basic sanitary measures; pre-investment planning for basic sanitary services; control of environmental pollution and hazards; health of working populations; biomedical and environmental health aspects of ionizing radiation; establishment and strengthening of environmental health services and institutions; food standards programme Development of health statistical services

Table 1. WHO-ASSISTED PROJECTS IN COUNTRIES OR AREAS FURNISHING AFFIRMATIVE REPLIES

Query Country	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Objectives of the projects		Targets and criteria ^{a/}						Baseline information and data available to measure progress of project
			Translated into quantifiable targets	No quantifiable targets but with criteria for determining accomplishments	Have been attained	Have not been attained due to:					
						lack of staff	delay in training	delay in delivery of equipment	delay in govt. contribution	Other reasons	
BRITISH SOLOMON ISLANDS PROTECTORATE*	2	2	1		1						1
CAMBODIA	8	0									
COOK ISLANDS	1	1	1		1						1
FIJI	1	1	1		1						1
GILBERT AND ELLICE ISLANDS	1	1	1		1						1
LAOS	10	10	3	3	9	1					7
MALAYSIA	11	11	9		4	3	2	2	1	6	7
NEW HEBRIDES	3	3	2	1		2		1	1	2	2
PAPUA NEW GUINEA	4	4	3		2	1	1				3
PHILIPPINES	5	5	5		4			1		1	4
REPUBLIC OF KOREA	7	7	5	2	6					1	7
SINGAPORE	2	2	2		1					1	1
SOUTH VIET-NAM	14	13	12		8	4	4	1			11
TONGA	2	2	2		1	1		1		1	2
WESTERN SAMOA	4	4	2	2	2	2	1	2	1	2	4
Third evaluation											
No.	75	66	49	8	41	14	8	8	3	14	52
%		100.0	74.2	12.1	62.1	21.2	12.1	12.1	4.5	21.2	78.8
Second evaluation											
No.	69	64	43	7							50
%		100.0	67.2	10.9							78.1
First evaluation											
No.	118	92	56	36							72
%		100.0	60.9	39.1							78.3

* From 15 June 1975: Solomon Islands.

a/ This question was not asked in the first and second evaluations.

Table 1. (continued)

Query Country	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Transferable technology introduced		It was expected that WHO assistance would promote use of technology in the country through projects under (A)	This expectation was confirmed during operation of projects under (A)	It was expected that WHO assistance would ensure continuous use of technology after end of projects under (B)
			Before inception of project (A)	After inception of project (B)			
BRITISH SOLOMON ISLANDS PROTECTORATE*	2	2	2		2	2	
CAMBODIA	8	0					
COOK ISLANDS	1	1		1			1
FIJI	1	1		1			1
GILBERT AND ELLICE ISLANDS	1	1	1		1	1	
LAOS	10	10	2	8	2	1	8
MALAYSIA	11	11	9	1	9	9	1
NEW HEBRIDES	3	3	1	2	1	1	2
PAPUA NEW GUINEA	4	4		4			4
PHILIPPINES	5	5	3	2	3	3	2
REPUBLIC OF KOREA	7	7	5	2	5	4	2
SINGAPORE	2	2	2		2	2	
SOUTH VIET-NAM	14	13	6	4	6	6	4
TONGA	2	2	2		2	2	
WESTERN SAMOA	4	4	2	2	2	2	2
Third evaluation No.	75	66	35**	27**	35 (35/35)	33 (33/35)	27 (27/27)
%		100.0	53.0	40.9	100.0	94.3	100.0
Second evaluation No.	69	64	46	18	46	41	16
%		100.0	71.9	28.1	100.0	89.1	88.9
First evaluation No.	118	92	65	27	65	60	26
%		100.0	70.6	29.4	100.0	92.3	96.3

* From 15 June 1975: Solomon Islands.

** For four projects the question was not answered.

Table 1. (continued)

Query Country	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Government counterpart contributions considered timely, adequate, and of good quality ^{a/}									WHO support to the project management considered timely, adequate, and of good quality ^{a/}								
			Personnel			Physical plant			Equipment and services			Technical support from WHO staff			Fellowships			Supplies and equipment		
			Timely	Adequate	Of good quality	Timely	Adequate	Of good quality	Timely	Adequate	Of good quality	Timely	Adequate	Of good quality	Timely	Adequate	Of good quality	Timely	Adequate	Of good quality
BRITISH SOLOMON ISLANDS PROTECTORATE *	2	2	2	2	2	2	2	2	2	2	2	1	1	1	2	2	2	1	2	1
CAMBODIA	8	0																		
COOK ISLANDS	1	1	1	1		1	1			1		1		1				1		1
FIJI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
GILBERT AND ELLICE ISLANDS	1	1		1			1			1			1			1			1	
LAOS	10	10	6	4	3	6	5	3	4	4	3	10	8	9	8	8	7	7	7	7
MALAYSIA	11	11	2	7	4	3	7	3	1	7	3	7	10	6	7	8	5	2	5	3
NEW HEBRIDES	3	3		2			3	1		1	3	1		3	1	2	2		2	1
PAPUA NEW GUINEA	4	4	1	4	1	1	4	1	1	4	1	2	1	3	2	1	1	2	1	1
PHILIPPINES	5	5	4	4	3	4	4	2	4	3	2	4	3	3	4	3	2	3	2	3
REPUBLIC OF KOREA	7	7	5	6	4	2	5	5	3	3	3	4	6	5	3	2	5	3	3	4
SINGAPORE	2	2	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1
SOUTH VIET-NAM	14	13	8	6	2	7	6	3	7	4	1	5	7	7	6	2	2	2	5	1
TONGA	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
WESTERN SAMOA	4	4	2	3	2	3	4	2	2	2	2	3	4	4	2	3	2	1	2	2
Third evaluation No. %	75	66	35	45	25	33	47	26	28	37	24	42	46	46	39	37	32	26	34	28
		100.0	53.0	68.2	37.9	50.0	71.2	39.4	42.4	56.1	36.4	63.6	69.7	69.7	59.1	56.1	48.5	39.4	51.5	42.4
Second evaluation No. %	69	64																		
First evaluation No. %	118	92																		

* From 15 June 1975: Solomon Islands.

^{a/} This question was not asked in the first and second evaluations.

Table 1. (continued)

Country	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Government commitments to provide local resources:		Local resources fully and effectively utilized in projects under (C)	Deficiency in government commitments in projects under (D) can be met by:			There is effective cooperation between the government agency and the WHO staff ^{a/}	Training component of the project is proceeding according to plan ^{a/}
			met (C)	not met (D)		efficient use of resources provided	adding more resources	both of these means		
BRITISH SOLOMON ISLANDS PROTECTORATE*	2	2	1	1	1			1	2	2
CAMBODIA	8	0								
COOK ISLANDS	1	1	1		1				1	1
FIJI	1	1	1		1				1	1
GILBERT AND ELLICE ISLANDS	1	1	1		1				1	1
LAOS	10	10	2	7	2		1	6	10	10
MALAYSIA	11	11	8	3	8		1	2	11	8
NEW HEBRIDES	3	3	1	2	1			2	2	3
PAPUA NEW GUINEA	4	4	4		4				3	4
PHILIPPINES	5	5	3	2	3			2	5	5
REPUBLIC OF KOREA	7	7	7		7				7	7
SINGAPORE	2	2	2		2				2	2
SOUTH VIET-NAM	14	13	7	4	4		1	3	11	10
TONGA	2	2	2		2				2	2
WESTERN SAMOA	4	4	1	3	1			3	4	4
Third evaluation										
No.	75	66	41**	22**	38		3	19	62	60
%		100.0	62.1	33.3	57.6		(3/22) 13.6	(19/22) 86.4	93.9	90.9
Second evaluation										
No.	69	64	44	20	37	1	6	9		
%		100.0	68.8	31.2	57.8	5.0	30.0	45.0		
First evaluation										
No.	118	92	53	39	47	4	10	23		
%		100.0	57.6	42.4	51.1	10.3	25.6	59.0		

* From 15 June 1975: Solomon Islands.

** For three projects the question was not answered.

^{a/} This question was not asked in the first and second evaluations.

Table 1. (continued)

Country	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Non-resource constraints encountered in country						Non-resource constraints in country that can be minimized or eliminated					
			Political and social climate	Existing legislation	Physical environment	Institutional structure	Supplies system	Others	Political and social climate	Existing legislation	Physical environment	Institutional structure	Supplies system	Others
BRITISH SOLOMON ISLANDS PROTECTORATE*	2	2			1	1						1		
CAMBODIA	8	0												
COOK ISLANDS	1	1	1	1	1	1	1		1	1	1	1	1	
FIJI	1	1												
GILBERT AND ELLICE ISLANDS	1	1												
LAOS	10	10	6	2	1	2	3		6	2		1	2	
MALAYSIA	11	11	4	3	5	4	4	4	4	2	3	3	3	3
NEW HEBRIDES	3	3	1	1	1	2	2							
PAPUA NEW GUINEA	4	4	1			1		1				1		1
PHILIPPINES	5	5	1	1	1	2	1	2	1	1	1	2	1	2
REPUBLIC OF KOREA	7	7		1		2		1		1				
SINGAPORE	2	2												
SOUTH VIET-NAM	14	13	8	7	1	4	4	2	4	5		2	2	1
TONGA	2	2												
WESTERN SAMOA	4	4	3	2	2	3	3	1	3		1	3	1	
Third evaluation No.	75	66	25	18	13	22	18	11	19	12	6	14	10	7
%		100.0	37.9	27.3	19.7	33.3	27.3	16.7	(19/25) 76.0	(12/18) 66.7	(6/13) 46.2	(14/22) 63.6	(10/18) 55.6	(7/11) 63.6
Second evaluation No.	69	64	28	21	19	20	23	17	7	12	10	13	11	10
%		100.0	43.8	32.8	29.7	31.2	35.9	26.6	25.0	57.1	52.6	65.0	47.8	58.8
First evaluation No.	118	92	37	23	28	28	25	19	28	19	23	24	21	12
%		100.0	40.2	25.0	30.4	30.4	27.2	20.7	75.7	82.6	82.1	85.7	84.0	63.2

* From 15 June 1975: Solomon Islands

Table 1. (continued)

Query Country	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Non-resource constraints on the part of WHO			Non-resource constraints on the part of WHO that can be minimized or eliminated			Project plan of action reviewed regularly to:		
			WHO policies	Supplies system	Others	WHO policies	Supplies system	Others	allow for budgetary and other resource constraints	introduce relevant technology and management innovations	incorporate modifications in objectives, methods, targets
BRITISH SOLOMON ISLANDS PROTECTORATE*	2	2							2	2	2
CAMBODIA	8	0									
COOK ISLANDS	1	1							1	1	
FIJI	1	1								1	1
GILBERT AND ELLICE ISLANDS	1	1							1	1	1
LAOS	10	10			2			1	10	8	7
MALAYSIA	11	11	1	2	1				11	10	10
NEW HEBRIDES	3	3		2					2	1	
PAPUA NEW GUINEA	4	4	2			2			3	3	3
PHILIPPINES	5	5		1			1		4	5	4
REPUBLIC OF KOREA	7	7	1						4	7	7
SINGAPORE	2	2								1	
SOUTH VIET-NAM	14	13	3	1		3			9	8	7
TONGA	2	2							2	2	2
WESTERN SAMOA	4	4	2	2	1	2	1	1	3	3	1
Third evaluation No.	75	66	9	8	4	7	2	2	52	53	45
%		100.0	13.6	12.1	6.1	(7/9) 77.8	(2/6) 25.0	(2/4) 50.0	73.8	80.3	68.2
Second evaluation No.	69	64	6	13	10	5	9	7	51	52	47
%		100.0	9.4	20.3	15.6	83.3	69.2	70.0	79.7	81.3	73.4
First evaluation No.	118	92	10	9	10	9	7	7	72	75	65
%		100.0	10.9	9.8	10.9	90.0	77.8	70.0	78.3	81.5	70.7

* From 15 June 1975: Solomon Islands.

Table 1. (continued)

Country	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Efficacy of methods assessed on the basis of:				Results considered satisfactory through assessment on the basis of:			
			target accomplishment (E)	cost-effectiveness of results (F)	quality of results (G)	2 or all of these criteria (H)	target accomplishment (projects under E)	cost-effectiveness of results (projects under F)	quality of results (projects under G)	2 or all of these criteria (projects under H)
BRITISH SOLOMON ISLANDS PROTECTORATE*	2	2			1	1				1
CAMBODIA	8	0								
COOK ISLANDS	1	1				1				1
FIJI	1	1			1				1	
GILBERT AND ELLICE ISLANDS	1	1				1				1
LAOS	10	10	2			1	1			1
MALAYSIA	11	11				5				3
NEW HEBRIDES	3	3				1				1
PAPUA NEW GUINEA	4	4				3				3
PHILIPPINES	5	5				4				3
REPUBLIC OF KOREA	7	7	1			6				4
SINGAPORE	2	2				1				1
SOUTH VIET-NAM	14	13	2		3	4				2
TONGA	2	2				1				1
WESTERN SAMOA	4	4	1			1	1			
Third evaluation No. %	75	66 100.0	6 9.1		5 7.6	30 45.5	2 (2/6) 33.3		1 (1/5) 20.0	22 (22/30) 73.3
Second evaluation No. %	69	64 100.0	23 35.9	12 18.8	24 37.5	17 26.6	20 87.0	8 66.7	20 83.3	15 88.2
First evaluation No. %	118	92 100.0	9 9.8	1 1.1	10 10.9	31 33.7	5 55.6	1 100.0	5 50.0	23 74.2

* From 15 June 1975: Solomon Islands.

Table 1. (continued)

Query Country	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Project considered to be satisfying the population's needs through:		
			accomplishment of its specific objectives	its contribution in meeting the broader objectives of the programme to which it is linked	its contribution to the national socio-economic development plan
BRITISH SOLOMON ISLANDS PROTECTORATE*	2	2	2	2	1
CAMBODIA	8	0			
COOK ISLANDS	1	1	1	1	1
FIJI	1	1		1	
GILBERT AND ELLICE ISLANDS	1	1	1	1	1
LAOS	10	10	9	8	2
MALAYSIA	11	11	9	11	10
NEW HEBRIDES	3	3	2	3	1
PAPUA NEW GUINEA	4	4	4	4	4
PHILIPPINES	5	5	5	5	4
REPUBLIC OF KOREA	7	7	5	5	3
SINGAPORE	2	2	1	1	1
SOUTH VIET-NAM	14	13	7	8	7
TONGA	2	2	2	2	1
WESTERN SAMOA	4	4	4	3	4
Third evaluation					
No.	75	66	52	55	40
%		100.0	78.8	83.3	60.6
Second evaluation					
No.	69	64	55	51	41
%		100.0	85.9	79.7	64.1
First evaluation					
No.	118	92	77	69	65
%		100.0	83.7	75.0	70.7

* From 15 June 1975: Solomon Islands.

TABLE 2. WHO-ASSISTED PROJECTS ACCORDING TO SUBJECT ON WHICH AFFIRMATIVE REPLIES WERE FURNISHED

Query Subject	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Objectives of the project		Targets and criteria ^{a/} Have not been attained due to:						Baseline information and data available to measure progress of project
			Translated into quantifiable targets	No quantifiable targets but with criteria for determining accomplishments	Have been attained	lack of staff	delay in training	delay in delivery of equipment	delay in govt. contribution	Other reasons	
STRENGTHENING OF HEALTH SERVICES	19	16	7	5	12					1	11
FAMILY HEALTH	9	8	5	1	4	4	2	2	1	4	6
HEALTH MANPOWER DEVELOPMENT	15	13	11	1	11	2				2	9
COMMUNICABLE DISEASE PREVENTION AND CONTROL	20	17	15	1	8	5	2	4	1	6	16
PROMOTION OF ENVIRONMENTAL HEALTH	10	10	9		4	3	4	2	1	1	8
HEALTH STATISTICS	2	2	2		2						2
Third evaluation											
No.	75	66	49	8	41	14	8	8	3	14	52
%		100.0	74.2	12.1	62.1	21.2	12.1	12.1	4.5	21.2	78.8
Second evaluation											
No.	69	64	43	7							50
%		100.0	67.2	10.9							78.1
First evaluation											
No.	118	92	56	36							72
%		100.0	60.9	39.1							78.3

^{a/} This question was not asked in the first and second evaluations.

Table 2. (continued)

Query Subject	No. of WHO- assisted projects with long-term assistance	No. of WHO- assisted projects on which replies were received	Transferable technology introduced		It was expected that WHO assistance would promote use of technology in the country through projects under (A)	This expectation was confirmed during operation of projects under (A)	It was expected that WHO assistance would ensure continuous use of technology after end of projects under (B)
			Before inception of project (A)	After inception of project (B)			
STRENGTHENING OF HEALTH SERVICES	19	16	8	7	8	6	7
FAMILY HEALTH	9	8	4	4	4	4	4
HEALTH MANPOWER DEVELOPMENT	15	13	6	6	6	6	6
COMMUNICABLE DISEASE PREVENTION AND CONTROL	20	17	11	6	11	11	6
PROMOTION OF ENVIRONMENTAL HEALTH	10	10	5	3	5	5	3
HEALTH STATISTICS	2	2	1	1	1	1	1
Third evaluation No. %	75	66 100.0	35* 53.0	27* 40.9	35 (35/35) 100.0	33 (33/35) 94.3	27 (27/27) 100.0
Second evaluation No. %	69	64 100.0	46 71.9	18 28.1	46 100.0	41 89.1	16 88.9
First evaluation No. %	118	92 100.0	65 70.6	27 29.4	65 100.0	60 92.3	26 96.3

* For four projects the question was not answered.

Table 2. (continued)

Query Subject	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Government counterpart contributions considered timely, adequate, and of good quality ^{a/}									WHO support to the project management considered timely, adequate, and of good quality ^{a/}								
			Personnel			Physical plant			Equipment and services			Technical support from WHO staff			Fellowships			Supplies and equipment		
			Timely	Adequate	Of good quality	Timely	Adequate	Of good quality	Timely	Adequate	Of good quality	Timely	Adequate	Of good quality	Timely	Adequate	Of good quality	Timely	Adequate	Of good quality
STRENGTHENING OF HEALTH SERVICES	19	16	9	11	9	8	11	4	7	8	5	11	9	14	10	8	8	6	8	7
FAMILY HEALTH	9	8	4	5	3	5	4	3	5	5	3	6	7	7	4	5	5	4	6	5
HEALTH MANPOWER DEVELOPMENT	15	13	5	9	5	6	11	9	5	9	8	9	10	10	10	9	7	7	7	6
COMMUNICABLE DISEASE PREVENTION AND CONTROL	20	17	12	12	6	10	12	7	8	7	6	11	13	10	11	10	10	6	8	7
PROMOTION OF ENVIRONMENTAL HEALTH	10	10	4	7	2	4	8	3	3	7	2	4	6	5	4	5	2	3	4	3
HEALTH STATISTICS	2	2	1	1			1			1		1	1						1	
First evaluation No. %	75	66 100.0	35 53.0	45 68.2	25 37.9	33 50.0	47 71.2	26 39.4	28 42.4	37 56.1	24 36.4	42 63.6	46 69.7	46 69.7	39 59.1	37 56.1	32 48.5	26 39.4	34 51.5	28 42.4
Second evaluation No. %	69	64																		
First evaluation No. %	118	92																		

^{a/} This question was not asked in the first and second evaluations.

Table 2. (continued)

Query Subject	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Government commitments to provide local resources:		Local resources fully and effectively utilized in projects under (C)	Deficiency in government commitments in projects under (D) can be met by:			There is effective cooperation between the government agency and the WHO staff ^{a/}	Training component of the project is proceeding according to plan ^{a/}
			met (C)	not met (D)		efficient use of resources provided	adding more resources	both of these means		
STRENGTHENING OF HEALTH SERVICES	19	16	10	5	10		1	4	14	14
FAMILY HEALTH	9	8	4	4	3			4	7	6
HEALTH MANPOWER DEVELOPMENT	15	13	8	5	8		1	4	12	13
COMMUNICABLE DISEASE PREVENTION AND CONTROL	20	17	12	5	10		1	4	17	16
PROMOTION OF ENVIRONMENTAL HEALTH	10	10	6	3	6			3	10	9
HEALTH STATISTICS	2	2	1		1				2	2
Third evaluation No.	75	66	41*	22*	38		3	19	62	60
%		100.0	62.1	33.3	57.6		(3/22) 13.6	(19/22) 86.4	93.9	90.9
Second evaluation No.	69	64	44	20	37	1	6	9		
%		100.0	68.8	31.2	57.8	5.0	30.0	45.0		
First evaluation No.	118	92	53	39	47	4	10	23		
%		100.0	57.6	42.4	51.1	10.3	25.6	59.0		

* For three projects the question was not answered.

^{a/}This question was not asked in the first and second evaluations.

Table 2. (continued)

Subject	Query	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Non-resource constraints encountered in country					Non-resource constraints in country that can be minimized or eliminated						
				Political and social climate	Existing legislation	Physical environment	Institutional structure	Supplies system	Others	Political and social climate	Existing legislation	Physical environment	Institutional structure	Supplies system	Others
STRENGTHENING OF HEALTH SERVICES		19	16	5	4	3	7	5		4	2		3	2	
FAMILY HEALTH		9	8	4	2	1	2	1	3	4		1	2	1	2
HEALTH MANPOWER DEVELOPMENT		15	13	3	2	1	4	3	3	1	1		2	2	2
COMMUNICABLE DISEASE PREVENTION AND CONTROL		20	17	7	4	6	2	6	3	7	4	3	1	3	1
PROMOTION OF ENVIRONMENTAL HEALTH		10	10	4	5	2	7	3	2	2	5	2	6	2	2
HEALTH STATISTICS		2	2	2	1					1					
Third evaluation															
No.		75	66	25	18	13	22	18	11	19	12	6	14	10	7
%			100.0	37.9	27.3	19.7	33.3	27.3	16.7	(19/25) 76.0	(12/18) 66.7	(6/13) 46.2	(14/22) 63.6	(10/18) 55.6	(7/11) 63.6
Second evaluation															
No.		69	64	28	21	19	20	23	17	7	12	10	13	11	10
%			100.0	43.8	32.8	29.7	31.2	35.9	26.6	25.0	57.1	52.6	65.0	47.8	58.8
First evaluation															
No.		118	92	37	23	28	28	25	19	28	19	23	24	21	12
%			100.0	40.2	25.0	30.4	30.4	27.2	20.7	75.7	82.6	92.1	85.7	84.0	63.2

Table 2. (continued)

Query Subject	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Non-resource constraints on the part of WHO			Non-resource constraints on the part of WHO that can be minimized or eliminated			Project plan of action reviewed regularly to:		
			WHO policies	Supplies system	Others	WHO policies	Supplies system	Others	allow for budgetary and other resource constraints	introduce relevant technology and management innovations	incorporate modifications in objectives, methods, targets
STRENGTHENING OF HEALTH SERVICES	19	16	1	1	1	1		1	14	12	11
FAMILY HEALTH	9	8	2	1	3	1		1	7	8	4
HEALTH MANPOWER DEVELOPMENT	15	13	3	1		2	1		8	11	10
COMMUNICABLE DISEASE PREVENTION AND CONTROL	20	17	1	3		1	1		15	16	16
PROMOTION OF ENVIRONMENTAL HEALTH	10	10	2	2		2			7	6	3
HEALTH STATISTICS	2	2							1		1
Third evaluation No. %	75 100.0	66 100.0	9 13.6	8 12.1	4 6.1	7 (7/9) 77.8	2 (2/3) 25.0	2 (2/4) 50.0	52 78.8	53 80.3	45 68.2
Second evaluation No. %	69 100.0	64 100.0	6 9.4	13 20.3	10 15.6	5 83.3	9 69.2	7 70.0	51 79.7	52 81.3	47 73.4
First evaluation No. %	118 100.0	92 100.0	10 10.9	9 9.8	10 10.9	9 90.0	7 77.8	7 70.0	72 78.3	75 81.5	65 70.7

Table 2. (continued)

Query Subject	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Efficacy of methods assessed on the basis of:				Results considered satisfactory through assessment on the basis of:			
			target accomplishment (E)	cost-effectiveness of results (F)	quality of results (G)	2 or all of these criteria (H)	target accomplishment (projects under E)	cost-effectiveness of results (projects under F)	quality of results (projects under G)	2 or all of these criteria (projects under H)
STRENGTHENING OF HEALTH SERVICES	19	16	4		1	4				3
FAMILY HEALTH	9	8				1				1
HEALTH MANPOWER DEVELOPMENT	15	13			1	6			1	5
COMMUNICABLE DISEASE PREVENTION AND CONTROL	20	17	1		1	15	1			9
PROMOTION OF ENVIRONMENTAL HEALTH	10	10			1	4				4
HEALTH STATISTICS	2	2	1		1		1			
Third evaluation No. %	75 %	66 100.0	6 9.1		5 7.6	30 45.5	2 (2/6) 33.3		1 (1/5) 20.0	22 (22/30) 73.3
Second evaluation No. %	69 %	64 100.0	23 35.9	12 18.8	24 37.5	17 26.6	20 87.0	8 66.7	20 83.3	15 88.2
First evaluation No. %	118 %	92 100.0	9 9.8	1 1.1	10 10.9	31 33.7	5 55.6	1 100.0	5 50.0	23 74.2

Table 2. (continued)

Query Subject	No. of WHO-assisted projects with long-term assistance	No. of WHO-assisted projects on which replies were received	Project considered to be satisfying the population's needs through:		
			accomplishment of its specific objectives	its contribution in meeting the broader objectives of the programme to which it is linked	its contribution to the national socio-economic development plan
STRENGTHENING OF HEALTH SERVICES	19	16	11	10	5
FAMILY HEALTH	9	8	7	8	6
HEALTH MANPOWER DEVELOPMENT	15	13	11	13	8
COMMUNICABLE DISEASE PREVENTION AND CONTROL	20	17	16	16	14
PROMOTION OF ENVIRONMENTAL HEALTH	10	10	7	7	7
HEALTH STATISTICS	2	2		1	
Third evaluation No. %	75	66 100.0	52 78.8	55 83.3	40 60.6
Second evaluation No. %	69	64 100.0	55 85.9	51 79.7	41 64.1
First evaluation No. %	118	92 100.0	77 83.7	69 75.0	65 70.7