



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

INDEXED

PC/EB59/INF.DOC. No.2

22 October 1976

EXECUTIVE BOARD

Programme Committee
of the Executive Board
(Geneva, 1-6 November 1976)



IMPLEMENTATION OF RESOLUTION WHA29.48 IN THE REGIONS

The Director-General wishes to draw the attention of the Programme Committee to the fact that, in addition to the actions being planned or taken in the regions in implementation of resolution WHA29.48 as outlined in document PC/EB59/WP/2, some Regional Committees considered this matter at their recent sessions and two of them adopted resolutions relating thereto.

The Director-General believes that the resolutions adopted by Regional Committees and the extracts from the relevant reports will be of interest to the Programme Committee, particularly as they relate to the definition or meaning of the term "technical cooperation" as used in resolution WHA29.48 and the types of activities and expenditures that should be included under that heading for purposes of implementing this resolution. They are therefore attached as Annexes I, II and III.

ANNEX I

TWENTY-SIXTH SESSION OF THE REGIONAL COMMITTEE FOR AFRICA
(Kampala, 8-15 September 1976)

1. Extracts from the report of the Programme
Budget Sub-Committee to the Regional Committee
(document AFR/RC26/PB/2)

3.2 Implementation of resolution WHA29.48

The Sub-Committee drew the Regional Committee's attention to the position given in the Programme-Budget to activities previously known under the heading "Regional Office". That applied to WHO Representatives now shown at the level of programmes by country and of regional officers included in intercountry programmes.

That form of presentation raised the problem of defining the tasks of technical cooperation as opposed to administrative tasks, in view of the implementation of resolution WHA29.48.

The Sub-Committee acknowledged the need of the administrative tasks for planning and implementing technical cooperative programmes. But it stressed that resources allocated to those administrative tasks should not exceed 40%.

The Regional Office considered regional officers as human resources performing technical cooperative tasks: they participated in the work of the Regional Office as much as in the field when on mission or temporarily assigned to activities of direct collaboration with the countries. The same applied to the Representatives of WHO.

The Sub-Committee suggested that this problem of distinguishing between administrative services and technical cooperative services be studied by the Regional Committee.

4.2 Recommendations

The Programme-Budget Sub-Committee recommended that the twenty-sixth session of the Regional Committee should:

. . .

(vii) review, in the light of resolution WHA29.48, the position which WHO Representatives and regional officers should occupy in the presentation of the Programme-Budget.

2. Extracts from the draft report of the Twenty-sixth Session of the Regional Committee for
Africa
(document AFR/RC26/14)

WHA29.48: Programme budget policy

The resolution was deemed especially important and had been the subject of lengthy discussions at the Twenty-ninth World Health Assembly, and the ways and means of implementing it had been discussed in detail by the Programme-Budget Sub-Committee at the previous Regional Committee meeting.

Several delegates voiced satisfaction at the arrangements which the Regional Director had already taken, particularly with regard to the application of sub-paragraphs 1(a) and 1(b) of operative paragraph 1, concerning the cutting down of all avoidable expenditure on establishment and administration and the streamlining of professional and administrative cadres. They hoped that those measures would be taken further in the future, and lead within a reasonable period of time to full implementation of the resolution at all levels of the Organization. The Thirtieth World Health Assembly would be called upon to give its opinion on progress made towards that end.

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The new ways of WHO collaboration which the Regional Committee had already approved in its twenty-fifth session¹ would encourage changes in the distribution of resources designed to improve technical cooperation.

Several delegates voiced reservations concerning the decision to cease the distribution of minutes, as an experimental measure. The Regional Director, stressing that the measure would permit of considerable savings, assured the Committee that the final report to be submitted to it would be more detailed than in preceding years and would be as faithful a reflection of the discussions as possible. If the Committee so decided, that question would be reconsidered for future sessions of the Regional Committee. In addition, those statements or portions of statements which the Committee felt were especially significant could be published, if it so requested, in full, as annexes to the final report.

. . .

5. PROPOSED PROGRAMME-BUDGET FOR 1978 AND 1979

The Chairman of the Programme-Budget Sub-Committee presented its report (Annex 7).

The Chairman of the Regional Committee proposed that the report be examined section by section, making reference to document AFR/RC26/2, to the corrigendum and addendum thereto, where necessary. However, it was agreed, at the suggestion of one representative, that paragraph 3.2 of the Sub-Committee's report should be examined first of all, since discussions on that item on the agenda would serve as the basis for further discussions designed to reach agreement on administrative costs and those relating to technical cooperation.

Some representatives were concerned that despite the Sub-Committee's report, the effect of changes made were not apparent. One member of the Committee believed that WHO should be able to cut spending by turning the Regional Office into a centre for studies on planning, education, medical research, etc. whereas support for the projects in the countries should be provided through consultants' missions or grants-in-aid.

The Regional Director explained that presentation of the budget followed a procedure involving the entire Organization. In conformity with resolution WHA29.48, he had taken preliminary steps to strengthen technical cooperation and services by transferring certain posts at the Regional Office to the countries. At the same time certain other posts had been eliminated and the savings resulting from those measures had been used to meet the needs of the newly-independent countries and also to award fellowships.

He emphasized that responsibility for implementing the resolution in question was not his alone; it was more the concern of the Regional Committee as a whole.

The Regional Director went on to propose that a working group should be set up to examine the various functions of the Regional Office with a view to reporting on appropriate measures to the Regional Committee.

One representative felt that a broad debate on the concept of administrative services and technical cooperation would make it possible to lay down a clear definition of the mandate of the working group.

One speaker said that he could not lend his support to measures which consisted merely in transferring staff from the Regional Office to the offices of the WHO Representative, because action of that kind was not true to the spirit of resolution WHA29.48.

¹ Resolution AFR/RC25/R8.

Annex I

Certain members of the Committee thought that expenditure on secretaries, drivers and general services could not be regarded as a form of technical cooperation, whereas others felt that every item of expenditure was a part of the inevitable costs of logistic support and could be regarded as a form of technical cooperation. In the opinion of some participants, over-hasty conclusions with respect to the definition of the administrative and technical services' role should be avoided. In reality they were complementary and therefore inter-dependent. Dissociating those two services could impair the Secretariat's efficiency.

The Regional Director repeated that he himself had taken the initiative for those immediate preliminary measures, which appeared in the corrigendum, despite the fact that resolution WHA29.48 had laid down the year 1980 as the deadline. So far as the African Region was concerned, furthermore, and even if all expenditure at the Regional Office, including the cost of Regional Officers and WHO Representatives, were to be considered as administrative, that expenditure represented a total of 38.90% of the Regular Budget in 1978.

Following a proposal by a representative to terminate the discussion in application of Rule 33 of the Rules of Procedure, the motion was put to the vote and adopted, and the Chairman pronounced closure.

The Committee appointed a working group to study the structures and functioning of the Regional Office and to report thereon to the Regional Committee. The working group would comprise representatives of the following countries: People's Republic of the Congo, Nigeria, Senegal, Sierra Leone, United Republic of Tanzania and Zaire. Resolution AFR/RC26/R8 was accordingly adopted.

3. Resolution AFR/RC26/R8

IMPLEMENTATION OF RESOLUTION WHA29.48 IN THE AFRICAN REGION

The Regional Committee,

Mindful of the importance of resolution WHA29.48 - Programme-Budget Policy;

Taking into consideration the massive participation of the African countries in the Group of 77 and the moral obligations deriving therefrom,

1. DECIDES to set up a working group to collaborate with the Regional Director in the implementation of resolution WHA29.48;
2. APPOINTS the representatives of the following countries as members of that working group: Congo, Nigeria, Senegal, Sierra Leone, Tanzania, Zaire;
3. ESTABLISHES the following objectives for the working group:
 - (i) to examine the structures of WHO in the African Region;
 - (ii) to analyse Regional Office activities;
 - (iii) to review the role of WHO Representatives and personnel at the level of the States of the Region;
 - (iv) to make proposals on the reorientation of regional activities and the corresponding reorganization of the Regional Office structure;
 - (v) to make a study concerning distinction between Administrative Services and Technical Cooperation Services;

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4. REQUESTS the working group to report thereon to the twenty-seventh session of the Regional Committee;
5. REQUESTS the Regional Director to take appropriate measures to implement this resolution, in particular the requisite administrative, financial and budgetary arrangements.

ANNEX II

TWENTY-NINTH SESSION OF THE REGIONAL COMMITTEE FOR SOUTH-EAST ASIA
(Srinagar, 14-20 September 1976)

1. Extract from the report of the Regional Committee
(document SEA/RC29/21)

In considering organizational and administrative matters, the Committee raised the subject of the implementation of the World Health Assembly resolution WHA29.48 on programme budget policy. It was pointed out that in this region considerably more than 60% of the budget in the form of direct technical assistance was being provided to Member Governments. Nevertheless, steps had already been taken to increase further direct technical assistance through a reduction in the staffing and expenses of the Regional Office. To this effect a special Committee had been established by the Regional Director to advise him on the streamlining of the structure of the Regional Office to effect economies in expenditure and at the same time increase efficiency. The Regional Committee questioned the inclusion of the WHO Representative's offices and the posts of the Regional Advisers under the country programme, and was advised that this was done in accordance with the programme budget guidelines established by the Director-General and followed by all other WHO regions as well. The Regional Director pointed out that, nonetheless, even if these posts and the inter-country projects were excluded, direct technical assistance still exceeded 60%.

ANNEX III

TWENTY-SEVENTH SESSION OF THE REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
(Manila, 6-11 September 1976)

1. Extract from the report of the Sub-Committee on Programme and Budget
(document WPR/RC27/15)
2. Definition of the term "Technical Cooperation"

On the initiative of the Representative of Australia, the Sub-Committee commenced its deliberations by considering the implications of the intention of the World Health Organization to change the term "technical assistance", used hitherto, to "technical cooperation".¹ Resolution WHA29.48, adopted by the Twenty-ninth World Health Assembly, requested the Director-General to "reorient the working of the Organization with a view to ensuring that allocations of the Regular Budget reach the level of at least 60% in real terms towards technical cooperation and provision of services by 1980". It had thus become imperative clearly to define the term "technical cooperation" if misunderstandings and controversy were not to arise.

In an endeavour to arrive at a suitable definition of the term, the Sub-Committee considered that the activities of WHO could be divided into three categories:

- (i) those in which it cooperated directly with Member States, such as in the provision of supplies and equipment; in educational activities; the provision of advisory services; WHO Representatives and Regional Advisers;
- (ii) those in which it cooperated indirectly with Member States which still should be termed technical cooperation, such as collection and dissemination of information and of epidemiological data, including that published in the Weekly Epidemiological Record; development of skills, techniques and strategies for the use of Member States; Expert Advisory Panels and Expert Committees; general planning activities; attendance of Representatives of Member States at the World Health Assembly, the Executive Board and the Regional Committee;
- (iii) those which could not be termed technical cooperation such as the maintenance of Headquarters and the Regional Office buildings and administration and finance services.

Thus the Sub-Committee recommended that the definition of the term technical cooperation might be "Any activity of WHO, particularly if jointly developed by WHO and a Member State or Member States, which increases the capability of the Member State(s) to carry out its own programmes within the health field. Such an activity should be mutually conceived and/or mutually agreed to by WHO and Member States".

It decided to submit a draft resolution to the Regional Committee.

2. Resolution WPR/RC27.R18

TECHNICAL COOPERATION

The Regional Committee,

Having considered the nature of technical cooperation in connexion with the review of the Proposed Programme Budget Estimates for 1978/1979;

Being convinced that a common definition, and acceptance of, the term "technical cooperation" should be used throughout the Organization,

¹ See WHO Official Records, No. 231, 1976, Part II, p. 128, paragraph 15.

Annex III

COMMENDS to the Executive Board the definition and explanation of technical cooperation as set forth in the statement attached as Annex 1.

ANNEX 1
to WPR/RC27/R18

TECHNICAL COOPERATION

Technical cooperation may be described as:

Any activity of WHO, particularly if jointly developed by WHO and a Member State(s), which increases the capability of the Member State(s) to carry out its own programmes within the health field. Such an activity should be mutually conceived and/or mutually agreed to by WHO and Member States. Any activity which achieves this result could be said to be of direct benefit to that Member State.

1. Activities conferring direct benefit include:

- (1) the provision of supplies or equipment;
- (2) the increase in local skills in a Member State by means of training programmes,
 - (a) conducted in the country itself,
 - (b) conducted abroad - these could be WHO fellowships for study abroad, or participation in interregional and regional seminars and workshops;
- (3) advisory services to specific programmes of Governments of Member States by means of WHO short-term consultants and regional and Headquarters permanent staff, acting in an advisory capacity;
- (4) the WHO country representatives.

2. Activities conferring an indirect benefit should also be included as technical cooperation. Activities conferring an indirect benefit include:

- (1) the information-gathering services of WHO and its activities as an information clearing house;
- (2) epidemiological advice and information, including the Weekly Epidemiological Record;
- (3) the evolution of skills and techniques and strategies which, developed within WHO, are available for use if required by various Member States;
- (4) Expert Committees and Expert Advisory Panels;
- (5) general planning activities of WHO;
- (6) attendance of delegates at World Health Assemblies, Executive Boards and Regional Committee meetings;
- (7) general coordination by WHO of health activities and WHO's activities in bilateral and multilateral aid programmes;
- (8) development and support of research programmes.

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3. Expenses NOT usually included under the heading of "Technical Cooperation" are those of a purely administrative nature; such as:

- (1) maintenance of Headquarters and Regional Offices;
- (2) salaries of maintenance staff;
- (3) salaries of finance and administrative staff at Headquarters and in Regional Offices.

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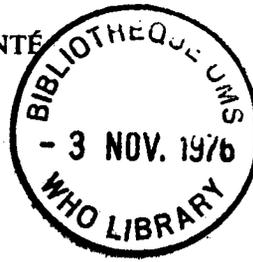
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PC/EB59/INF.DOC. No.2 Add.1

29 October 1976

EXECUTIVE BOARD

Programme Committee
of the Executive Board
(Geneva, 1-6 November 1976)



IMPLEMENTATION OF RESOLUTION WHA29.48 IN THE REGIONS

The Director-General believes that relevant extracts on the PAHO Technical Cooperation Programme taken from the provisional draft Proposed Programme and Budget Estimates for the Region of the Americas, 1978, will be of interest to the Programme Committee. These extracts are attached as Annex IV.

ANNEX IV

EXTRACTS FROM PROVISIONAL DRAFT PROPOSED PROGRAMME BUDGET ESTIMATES,
REGION OF THE AMERICAS, 1978
(document PAHO No. 141)

THE PAHO TECHNICAL COOPERATION PROGRAMME

1. PURPOSES

1.1 The "new and wider concepts of the responsibilities of Governments in matters of health make it essential to broaden the scope of international health work in the Western Hemisphere and to develop and strengthen the Pan American Sanitary Bureau in order that it may be able to carry out fully the obligations imposed by this progress".

1.2 The purposes of the Pan American Health Organization (PAHO) are defined in its Constitution (Article 1) "to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people".

2. FROM PURPOSE TO PROGRAMME

The following factors have been considered in defining the PAHO technical cooperation programme:

2.1 that technical cooperation to Member Governments is provided upon request and with the consent of the Governments concerned;

2.2 that country programmes and its priorities are determined by each Government, with or without the assistance of the Organization, in keeping with their national socioeconomic development policies, plans, goals and objectives;

2.3 that Member Governments translate the promotional, directing and coordinating functions of the Organization into policies and programmes for implementation, through resolutions adopted by the Governing Bodies;

2.4 that the purposes, policies and programmes of the Organization are to be compatible with the policies and purposes of the World Health Organization, in order to carry out a single unified programme of technical cooperation for the countries of the Americas;

2.5 that the Pan American Sanitary Conference and the Directing Council serve as the Regional Committee for the Americas of the World Health Organization, and similarly the Pan American Sanitary Bureau serves as the WHO Regional Office for the Americas;

2.6 that there must exist a continuing dynamic interaction between the Organization and the Governments in programme development and implementation since the type of assistance the countries desire and need may vary in accordance with their stage of development.

. . .

5. THE PAHO TECHNICAL COOPERATION PROGRAMME

5.1 These health related problems and interrelationships have been taken into account in developing the PAHO Technical Cooperation Programme. Specifically, it is designed to provide the Member Governments with the assistance they request in the following priority areas:

- (a) prevention or control of disease and disability through services to individuals;

Annex IV

- (b) promotion of health and well-being of families;
- (c) control of environmental factors affecting health;
- (d) promotion and organization of the necessary infrastructure for delivering health services, including intersectoral coordination; and
- (e) development of human resources and promotion of research as well as the complementary technological, material and financial resources.

5.2 In addition to this primary function of technical cooperation to governments, the Pan American Sanitary Bureau assumes an important role as a repository and disseminator of health related scientific information and public health knowledge. Recommended health criteria and standards are developed by panels of experts, expert committees and advisory committees and are made available to Member Governments. In addition, the Organization is in a position to more efficiently and economically issue reports on specific case studies and information on adverse health effects as well as to publish books and journals on public health matters in the official languages of the Member countries.

6. TECHNICAL COOPERATION ACTIVITIES

The technical cooperation activities undertaken by PAHO are grouped as follows:

6.1 Development and transfer of technology

Research, studies, participation in pilot projects; establishment of international norms and standards; production, classification, dissemination and transference of knowledge and experiences; systematic interchange of information on the innovation and progress in the development of health services.

6.2 Promotional activities

Recognition and definition of health problems and new solutions and strategies for the mobilization of resources to solve problems that are usually complex.

6.3 Advisory services

Solution of problems in the health field through the provision of specialized technical knowledge that complements and catalyzes the national efforts and operative capacity through short- and long-term consultants.

6.4 Education and training of human resources

Development of human resources in accordance with programme priorities and requirements of the countries, including fellowships, courses, seminars and direct assistance to educational institutions.

6.5 Supporting services

Provision of limited human and material resources, for specific periods through special contributions to countries to reach their own objectives.

6.6 Coordination

Cooperation with the countries in the establishment of mechanisms and activities within the health sector, to develop cooperative actions with other sectors, as required by the health programmes. Cooperation in obtaining and using national and international resources.