



General programme development and management

Orientation document for programme review

This document has been prepared in accordance with the guidance on programme reviews by the subgroups of the Executive Board (provided in document EB94/INF.DOC./1) and the report on establishment of subgroups for programme reviews at the ninety-fifth session of the Board (document EB94/6).

It contains a brief review of the objectives, resource allocations, results and future orientation of the three components of this programme, i.e., Executive Management, Director-General's and Regional Directors' Development Programme, and Managerial Process for WHO's Programme Development.

INTRODUCTION

1. Three programmes are covered by this heading: Executive Management, Director-General's and Regional Directors' Development Programme, and Managerial Process for WHO's Programme Development. These programmes are very different in nature from technical programmes, but they are crucial to the effective operation of the Organization.
2. **Executive Management** comprises the offices of the Director-General, the Regional Directors and the Assistant Directors-General; internal committees established at the global and regional levels; and the offices of the Legal Counsel and Audit, and Administrative Management.
3. The **Director-General's and Regional Directors' Development Programme** provides support and seed money for innovative and high-priority technical cooperation activities that cannot be specifically determined during preparation of the proposed programme budget and that will be decided by the Director-General and the Regional Directors closer to, and as part of, programme implementation.
4. The **Managerial Process for WHO's Programme Development** covers the design and application of methodology, promotion of long-term planning, elaboration of general programmes of work, programme budgeting, monitoring of implementation, evaluation and information support. At the regional offices, the directors of programme management are responsible for these functions. In the Region of the Americas, the functions of the PAHO/WHO Representatives are also covered under this heading.

5. All of these functions are guided by, and based on, the policy mandate and guidance from the global and regional governing bodies, and more recently especially by the recommendations of the Executive Board Working Group on the WHO Response to Global Change,¹ and resolution WHA46.35 on budgetary reform.

EXECUTIVE MANAGEMENT

Objectives

6. Executive Management's functions are to manage the planning, programming, implementation, monitoring and evaluation of the Organization's activities in consonance with the policy directives of the governing bodies; to promote and defend the principles and functions set out in the Constitution, and the legal interests of WHO; to ensure that the Organization's activities are carried out in conformity with the policies and rules that form the basis for the implementation of programmes in accordance with the objective, role and function of WHO; and to review, by means of financial and management audits, the way in which activities are carried out at all organizational levels, thereby contributing to the effectiveness and financial efficiency necessary for the attainment of WHO's objectives, and ensuring the efficiency and effectiveness of technical cooperation. These functions are carried out through the collective and individual action of the Director-General, the Regional Directors and the Assistant Directors-General.

7. The six Regional Directors act as the technical and administrative heads of the regional offices, subject to the overall authority of the Director-General. Within the framework of the General Programme of Work and the policies established by the Health Assembly and the guidance given by the regional committees, and in accordance with the regional health-for-all strategies, they are responsible for the planning and management of WHO's regional programmes. They take decisions on regional policy matters to ensure the coordination of WHO's regional and country activities.

Programme budget/staffing

	1992-1993		1994-1995	
	Regular budget	Other sources	Regular budget	Other sources
Total budget in US\$, including:	15 840 800	4 131 100	20 314 200	5 108 100
Professional posts*	36	7	47	7
General Service posts	41	3	39	7

* Staffing figures derived from the Authorized Position Lists, 1992-1993 as at 31 December 1993 and 1994-1995 as at 1 November 1994; they exclude PAHO/AMRO and short-term staff and consultants.

Results and future orientation

8. During the 1992-1993 and 1994-1995 bienniums, Executive Management has endeavoured to maintain a momentum of innovation and creativity in the Organization's work and in its cooperative interaction with Member States, as well as proceeding with the reforms as outlined by the Executive Board in decision EB89(19). Notable achievements include: the Regional Plan for Investment in the Environment and Health in the Americas; major reorientation of the work of the Regional Office for Europe to meet the needs of the countries of central and eastern Europe and the former Soviet Union; the establishment of a global commission on women's health; the elaboration of a completely new-style programme budget; and reorganization of the functional units in the regional offices and at headquarters in order to address more

¹ Document EB92/1993/REC/1, Annex 1.

effectively the major challenges in the context of the Ninth General Programme of Work. Guidance has been issued to enable staff to meet the concerns of the External Auditor, and steps have been taken to strengthen the effectiveness of the internal audit mechanism.

9. In order to make the most of WHO's unique global structure, and to avoid the risk of "compartmentalization and fragmentation between headquarters, regions and countries, especially with regard to budgetary resource utilization, staff development, information systems, research and evaluation methods, and collaborative international health work" as outlined in the report of the Executive Board Working Group,¹ a number of mechanisms were set up in 1993 to involve the regional offices at all stages of the decision-making process. Dealing with policy matters and target-setting, the Global Policy Council brings together the Director-General, the Regional Directors, the Assistant Directors-General and the Director of IARC. The other mechanisms, relating to the managerial process for WHO's programme development, are described in paragraphs 17 and 18 below.

10. The implementation of the Ninth General Programme of Work, with its four main thrusts of (1) integrating health and human development in public policies, (2) ensuring equitable access to health services, (3) promoting and protecting health, and (4) preventing and controlling specific health problems, will continue to be the focus for Executive Management's efforts in the future.

11. While health for all still provides a valid and timeless aspirational goal, the operational targets and indicators needed to guide future international health work have to be kept up to date. A key task will therefore be the formulation, in consultation with Member States and other international partners for health, of an updated global health policy and strategy. It is proposed that the policy focus on four strategic priorities: reduction of poverty and its health consequences; securing the place of health within the overall development framework; ensuring the rational application of existing knowledge and technology; and mobilization of those involved in international health work. A special event will be organized in 1997 to launch the updated policy and strategy,² and WHO's mission, as derived from it.

DIRECTOR-GENERAL'S AND REGIONAL DIRECTORS' DEVELOPMENT PROGRAMME

Objectives

12. The function of the Programme is to provide a flexible method for financing the initiation or strengthening of priority activities, generally on a one-time-only basis, thereby often attracting complementary funding. Funds are also used to meet emergency situations created, for example, by natural disasters or epidemics.

Budget

	1992-1993		1994-1995	
	Regular budget	Other sources	Regular budget	Other sources
Total in US\$	12 099 000	2 789 200	11 886 000	3 101 600

¹ Document EB92/1993/REC/1, Annex 1, paragraph 3.5.

² A draft proposed framework for the new policy, as well as details of the consultation process, are contained in document EB95/15.

Results and future orientation

13. For the financial period 1992-1993, over 65% of obligations incurred under the Director-General's component of the Development Programme went to support the following global priorities: health economics, the International Conference on Nutrition, cholera control, the Children's Vaccine Initiative, enhanced coordination with the European Union, intensified cooperation with countries, the technical discussions on women, health and development, collaboration with the Commonwealth of Independent States, urban health development and malaria control. In addition, a total of US\$ 798 946, about 18% of the Director-General's Development Programme, was were reallocated to the six WHO regions for emergency response, as well as specific health cooperation initiatives with countries.

14. The financing provided by the Regional Directors' component of the Development Programme reflects the diversity of the priorities in the WHO regions. The innovations given priority for support during the 1992-1993 biennium included: in the African Region, relief for emergencies in countries; in the Region of the Americas, reconstruction and rehabilitation activities in the health sector in El Salvador, the development of the project on the health of indigenous peoples and control of the cholera epidemic; in the Eastern Mediterranean Region, health care for the elderly, the "tobacco or health" programme, the development of human resources for health, regional self-sufficiency in vaccine production, strengthening of the "basic minimum needs" approach, measures to ensure the availability of one trained birth attendant in each village, and an action-oriented school health curriculum; in the European Region, emergency assistance to former Yugoslavia and to new Member States in the former Soviet Union and eastern Europe; in the South-East Asia Region, measures to meet the needs of refugees in Bangladesh, and emergency requirements in Indonesia after earthquake and tidal waves.

15. In view of the long lead time involved in preparation of the programme budget, it is important that this facility continue to provide the flexibility to respond to new and emerging priorities.

MANAGERIAL PROCESS FOR WHO'S PROGRAMME DEVELOPMENT

Objectives

16. These include development and implementation of methodology (including training for staff in its use), long-term planning, the general programmes of work, programme budgeting, monitoring of implementation, evaluation, reporting and information support. The emphasis is on providing mechanisms which ensure a "bottom-up" approach to planning according to the priorities identified by countries. To assist in this process, strong links are maintained with Budget and Finance, Internal Audit and other administrative and managerial offices and units, as well as the technical programmes.

Programme budget/staffing

	1992-1993		1994-1995	
	Regular budget	Other sources	Regular budget	Other sources
Total budget in US\$, including:	21 438 900	2 737 500	29 045 100	3 928 000
Professional posts*	54	1	49	2
General Service posts*	86	2	81	1

* Staffing figures derived from the Authorized Position Lists, 1992-1993 as at 31 December 1993 and 1994-1995 as at 1 November 1994; they exclude PAHO/AMRO and short-term staff and consultants.

Results and future orientation

17. In 1993, the Executive Board formulated 47 recommendations concerning WHO's response to global change with the aim of improving the development and management of programmes and ensuring that they are relevant and effective and provide value for the money contributed by Member States. By May 1994, 18 recommendations had been implemented and work is well advanced on implementation of the remaining 29.¹ All recommendations will be implemented within two to three years, subject to the availability of funds. WHO has undergone a process of intense reform to enable it to assess and respond to the emerging needs of Member States within the framework of the Global Strategy for Health for All and the Ninth General Programme of Work, with its goals and targets.

18. In order to facilitate the work of the governing bodies in ensuring that WHO carries out its programme in the most transparent, cost-effective and productive manner, that it gives the best value for money and that it redirects resources to meet high-priority health needs, the Health Assembly, by resolution WHA46.35, requested the Director-General to provide for a clearer, simpler, more "user-friendly" programme budget document. The proposed programme budget for 1996-1997 therefore shows how strategic and financial priorities are determined within agreed global objectives; how realistic and measurable targets are established in accordance with each health priority; and how a process of regular evaluation assesses progress towards the agreed targets.²

19. For the purpose of following up managerial and technical applications of the decisions of the Global Policy Council, the Management Development Committee brings together the Directors of Programme Management from the six WHO regions, together with the Assistant Directors-General and Executive Directors from headquarters. This group holds two regular sessions a year. In addition, a headquarters Management Development Committee has been established to follow up more specifically the global components of programme development and management; and equivalent regional bodies also exist, such as: the Director's Advisory Committee in the Regional Office for the Americas; the Executive Management Committee at the Regional Office for Africa; the Management Development Committee at the Regional Office for the Eastern Mediterranean; the Executive Management Committee at the Regional Office for Europe; the Advisory Committee on Policies and Programmes in the Regional Office for South-East Asia; the Regional Programme Committee and the Regional Director's weekly meeting with senior management in the Regional Office for the Western Pacific.

20. Recognizing that further intensive work was required to harmonize and finalize reform in the Organization, six development teams were set up in 1993. Their membership ensures the full representation and participation of the regions. They cover the following six major areas: WHO policy and mission, programme management and development, WHO management information systems, communications and public relations policy, the role of the WHO country offices, and WHO's personnel policies.

21. In the African Region the system for programming, operations and coordination (AFROPOC) has been updated; in the Region of the Americas the Programming and Evaluation System (AMPES) to monitor and evaluate regional and country programmes has been further developed; enhancement of the Regional Information System (RIS) for programme development and monitoring for the Western Pacific Region continued; in the Eastern Mediterranean Region the development of modules for the Management Information System (MIS) continued, adapting them to the Regional Information System developed by the Regional Office for the Western Pacific; in the European Region, the Integrated Management Information System (IMIS), partly based on the version used in the Western Pacific Region, was updated and adapted;

¹ Details of the implementation of the recommendations are contained in document EB95/12.

² See also document EB95/14 on Programme budgeting in WHO and prioritization of activities.

and in the South-East Asia Region major improvements were introduced in the computerized management information system. These developments will not only enhance programme development and management in the regions, but also form elements of the proposed new WHO worldwide programme management information system.

22. Reporting, and evaluation and circulation of information will continue to be strengthened in years to come as the impact of WHO's work is demonstrated through the evaluation of the programme budget associated with financial reporting. The programme reviews by subgroups of the Executive Board are another example of the enhanced emphasis on evaluation in WHO. The influence and effectiveness of extrabudgetary funds are reviewed annually by major contributors, and external evaluation mechanisms exist for a number of specific programmes. Finally, however, it is WHO's regional and global governing bodies that evaluate the overall performance of the Organization.

23. Reliable information is an essential component of the managerial process, and the worldwide programme management information system is being developed to provide easy access to all WHO databases and other information at all levels of the Organization in order to facilitate policy decisions, strategic planning and programme management. A development plan, including substantive and technological components, together with proposals for implementation, will be submitted to the Executive Board at its ninety-sixth session in May 1995,¹ with the aim of establishing the new system midway through the Ninth General Programme of Work.

¹ Interim report in document EB95/17.

ANNEX

REFERENCE DOCUMENTS

Ninth General Programme of Work (HFA series number 11).

Proposed programme budget (1992-1993, 1994-1995 and 1996-1997).

Regional proposed programme budgets (1992-1993, 1994-1995 and 1996-1997).

Director-General's and Regional Directors' reports (1992, 1993, 1994).

Report of the Executive Board Working Group on the WHO Response to Global Change (document EB92/4).

WHO response to global change (resolution WHA46.16), Budgetary reform (resolution WHA46.35) and Programme budgeting (resolution WHA30.23).

WHO response to global change: progress report by the Director-General (document EB95/12).

Programme budgeting in WHO and prioritization of activities (document EB95/14).

Renewing the health-for-all strategy (document EB95/15).

Working Group of the Executive Board on the WHO Response to Global Change (decision EB89(19)).

Regional programme budget policies (documents WHA38/1985/REC/1, Annex 3; AFR/RC36/4; CE95/24, ADD.1; EM/RC33/7; EUR/RC35/11; SEA/RC39/14; WPR/RC37/7).

Procedural guidance for the preparation of the proposed programme budget for the financial period 1996-1997 (documents CDG/93.1 and Corr.1).

Global Policy Council, Management Development Committee, Management Development Committee (headquarters) and corresponding regional bodies (Executive notes).

Global Strategy for Health for All by the Year 2000 (HFA series number 3).

The evaluation of health programmes (HFA series number 6).

Implementation of the Global Strategy for Health for All by the Year 2000, Second evaluation. Eighth report on the world health situation, Geneva, WHO, 1993.

Criteria for priority-setting (document DGO/PCO/91.1, Annex II).

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CORRIGENDUM

EXECUTIVE MANAGEMENT Table on "Programme budget/staffing"

Under "1994-1995 Regular budget": **delete 20 314 200, insert 18 549 200**

Under "1994-1995 Other sources": **delete 5 108 100, insert 4 793 000**

DIRECTOR-GENERAL'S AND REGIONAL DIRECTORS' DEVELOPMENT PROGRAMME Table on "Budget"

Under "1994-1995 Regular budget": **delete 11 886 000, insert 11 494 000**

MANAGERIAL PROCESS FOR WHO'S PROGRAMME DEVELOPMENT Table on "Programme budget/staffing"

Under "1994-1995 Regular budget": **delete 29 045 100, insert 27 761 300**

Under "1994-1995 Other sources": **delete 3 928 000, insert 3 906 900.**

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