

Report of the Programme, Budget and Administration Committee of the Executive Board

1. The sixth meeting of the Programme, Budget and Administration Committee of the Executive Board was held in Geneva on 10 and 11 May 2007, chaired by Ms J. Halton (Australia). The list of participants is at Annex 1. This document contains a report on agenda items on which the Committee reports to the Executive Board.
2. The Committee noted with satisfaction the work of the Secretariat on improving administration, with a particular emphasis on enhanced efficiency, transparency and accountability. It particularly welcomed the open dialogue with staff from headquarters and the regional offices.

Agenda item 3 Strategic directions

Agenda item 3.1 Management reforms: progress report (Document EBPBAC6/3)

3. The Committee was briefed on management reforms, with an emphasis on the global management system and service delivery. The steps taken to date were discussed, together with the criteria necessary for implementing the global management system and establishing a global service centre. In the light of questions raised by Member States, the Committee was briefed on the following: the selection criteria for the location of the new centre and the shortlisting of four possible locations; the importance of training staff on the policies and procedures as well as the systems used; and the Secretariat's commitment to minimizing the impact of the project on staff. In addition, the payroll and procurement functions were used as examples to illustrate the application of the future business process model in different parts of the Organization.
4. It was noted that although the Regional Office for the Americas continued to participate in the project, a date for its implementation of the global management system had not yet been set. The critical need for the overall project was noted by the Committee, which also stressed the importance of ensuring full funding for implementation of the project as originally budgeted, and of keeping to the appropriate timelines.

Agenda item 3.2 WHO publication policy (Document EBPBAC6/4)

5. Introducing the report to the Committee, the Director-General commented that WHO's publication policy required a much wider ranging review than originally envisaged. She proposed setting up a review process that would prepare a more detailed report for the next meeting of the Committee.
6. The Committee noted that the report described existing processes. Members stressed the need for a robust publishing policy and emphasized the importance of firmly grounding WHO's

publications on evidence in order to maintain the Organization's reputation for excellence, and the need for accuracy, credibility, reliability and impartiality in all publications. WHO's publications should be in line not only with WHO's corporate policies but also with its international commitments. There was concern that the report did not address the issue of publications which contain criticism of individual Member States.

7. The Committee requested that the next report on WHO's publishing policy should include information about expenditure on publishing, and noted that the Organization should take full advantage of the Internet and other new technologies in order to make distribution of its publications more cost-effective. Members recognized that WHO would still need some physical distribution of its publications for target groups with poor Internet access, but considered overall that the Organization was distributing too much in print.

8. The Committee indicated that one of the Director-General's roles was as "editor-in-chief" of the Organization. As such, she needed a publication policy whose implementation ensured proper control and which included means to protect the Director-General and the Organization from the undue influence of interest groups.

9. The Committee agreed that work should continue on framing of a publication policy, and that it should be guided by the issues raised by Committee members, by the need for guidelines and other published material to be based on sound evidence, and by the need for rational distribution. The revised policy should be submitted to the Executive Board in 2008 after further discussion at the Committee.

Agenda item 4 Management, budget and financial matters to be considered by the Executive Board

Agenda item 4.1 Programme budget 2006–2007: interim performance assessment (Document EBPBAC6/5)

10. The Committee welcomed the interim performance assessment as a further step by WHO to improve transparency and accountability (see summary at Annex 2). Recognizing that the report was a summary, the members noted that it would not be possible to produce the detailed report in all official languages in time for consideration by the Committee.

11. The Committee noted that the report was intended to serve as a risk assessment and management tool. Its main purpose was to draw managers' attention to those areas where, at the midpoint in the biennium, constraints were jeopardizing implementation.

12. The Committee commented on certain areas of work where implementation appeared to be low, principally Reproductive health. It expressed concern at the large number of expected results, noting in particular that in the African Region several were shown to be at risk or in serious jeopardy of not being achieved. It recognized, however, that measures were being introduced to improve implementation and welcomed the focus on outputs. The Regional Director for Africa explained that difficulties regarding human resources were partly the reason for low achievement of expected results.

13. Having discussed various possible explanations, the Committee requested the Secretariat to identify and explore reasons for underimplementation and to report to the Committee at its seventh meeting.

Agenda item 4.2 Director-General and Deputy Director-General of the World Health Organization: report in accordance with resolution EB120.R19 (Document EB121/4)

14. The Committee considered that the document responded to the Board's request for a report on geographical rotation of the post of Director-General and the appointment of a Deputy Director-General. Considering the nature of the issues, the Committee decided that it would be more appropriately discussed by the Board.

Agenda item 4.3 Methods of work of the Executive Board (Document EB121/5)

15. The Committee supported the establishment of criteria for items to be included on the provisional agenda of the Executive Board and the revised time line for drawing up the provisional agenda for the sessions. It also supported the proposal to clarify the exclusively presiding role of the Board Chairman, and the related changes in the Rules of Procedure of the Executive Board. With respect to the proposals concerning the quantity and quality of resolutions, the Committee considered that it was not desirable to create a "layer" to review resolutions introduced during sessions of the Board (i.e. review by the Chairman and Officers of the Board). It supported the concept of review, but felt that it was the responsibility of the Board. It therefore recommended to the Board a revision of paragraph 1(2) of the draft resolution contained in document EB121/5, as follows:

(2) to review resolutions introduced during sessions of the Board with a view to ensuring that they contain a realistic time-limit for validity, an appropriate provision for review, follow-up and reporting on implementation, that they are concise, focused and action oriented, and that policy, programmatic and financial implications are taken into account;

Agenda item 4.4 Multilingualism: plan of action (Document EB121/6)

16. The Committee acknowledged the efforts made by WHO in promoting multilingualism. It stressed the need for used multiple language at all WHO's international meetings, including translation of documents and interpretation into the six official languages of the United Nations system. Members noted that many of WHO's technical guidelines are not translated into all six official languages, despite the essential nature of these guidelines to the improvement of health worldwide.

17. The Committee noted that US\$ 20 million was required to finance the multilingualism plan of action. Although investing in multilingualism and maintaining a high standard of translation was worthwhile, it asked that the money should not be taken from funds that would otherwise have been allocated to technical programmes.

18. The Committee noted that, with the Organization's permission, WHO publications were frequently translated by external publishers into languages other than the six official languages. One member requested that information about WHO's ePORTUGUESe initiative on the WHO web site should be posted in Portuguese as well as in the official languages.

19. Technological developments should be harnessed to further work in this area, and the needs of countries where none of the official languages were used should be recognized.

ANNEX 1

LIST OF PARTICIPANTS

MEMBERS, ALTERNATES AND ADVISERS

Australia

Ms J. Halton (Chairman)

Ms C. Patterson (Alternate)

Mr S. Thom (Alternate)

Afghanistan

Dr A.S. Salehi

Dr A.J. Naeem (Alternate)

Bhutan

Dr J. Singay

Mr T. Dorji (Alternate)

Denmark

Ms M. Kristensen (Alternate to Mr J. Fisker)

Mrs M. Hessel (Alternate)

Ms H. Knudsen (Alternate)

Iraq

Dr R.R. Mansoor (Alternate to Dr A.H.I. Al-Shammari)

Dr M.J. Hawail (Alternate)

Jamaica

Dr S. Campbell Forrester (Alternate to Mr H. Dalley)

Mrs A. Dubidad-Dixon (Alternate)

Liberia

Dr W.T. Gwenigale

Portugal

Professor J. Pereira Miguel

Mr J.A. Sousa Fialho (Alternate)

Mrs M. Abrantes (Alternate)

Rwanda

Mr A. Kajangwe (Alternate to Dr J.D. Ntawukuliryayo)

Sri Lanka

Dr Y.D.N. Jayathilake (Alternate to Mr N.S. de Silva)

Mr S. Dissanayake (Alternate)

Tonga

Dr V. Tangi

United States of America

Ms A. Blackwood (Alternate to Dr J. Agwunobi)

OTHER EXECUTIVE BOARD MEMBERS, ALTERNATES AND ADVISERS

Dr Qi Qingdong (China)

Dr Y. Sugiura (Japan)

Mrs D.M. Valle (Mexico)

MEMBER STATES NOT REPRESENTED ON THE EXECUTIVE BOARD

Ms D. Rubin (Austria)

Mr D. MacPhee (Canada)

Mr P. Blais (Canada)

Mr D. Myard (France)

Mrs J. Tor-de Tarlé (France)

Ms K. Hueper (Germany)

Mr C. Schreiner (Germany)

Mr J.-B. Alexandre (Haiti)

Mrs G. Bu Figueroa (Honduras)

Mr W.A.R. Wan A Yusri (Malaysia)

Mr S. Kaasjager (Netherlands)

Ms T. Kongsvik (Norway)

Dr A. Pavlov (Russian Federation)

Mr M. Kochetkov (Russian Federation)

Ms A. Molin-Hellgren (Sweden)

Mrs B. Schaer Bourbeau (Switzerland)

Ms C. Kitsell (United Kingdom of Great Britain and Northern Ireland)

Ms C. Presern (United Kingdom of Great Britain and Northern Ireland)

Programme budget 2006–2007: interim performance assessment

Report by the Secretariat

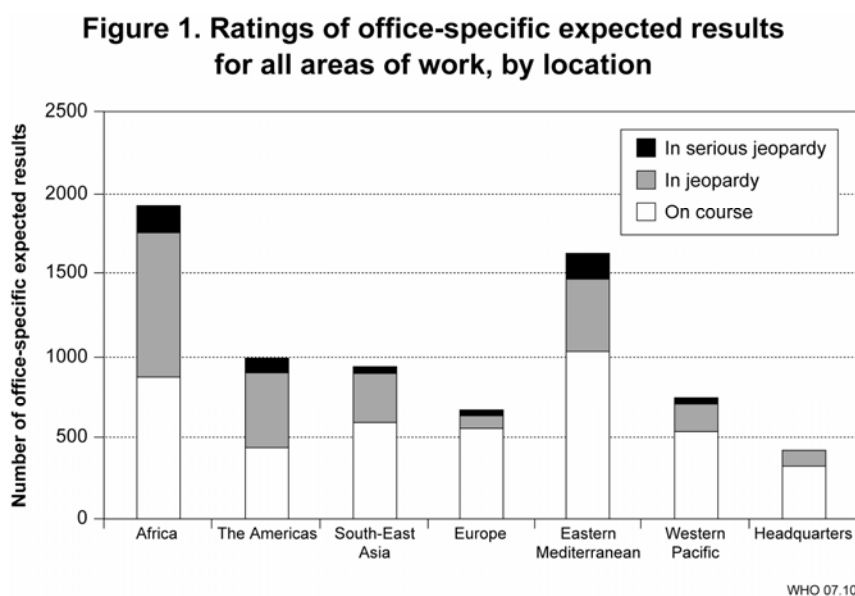
1. The implementation of the Programme budget 2006–2007 was monitored at the mid-term as part of the performance monitoring and assessment process. This review, which supplements continuing monitoring of workplans, examines progress throughout the Organization by 31 December 2006 towards achieving the Organization-wide expected results set out in the Programme budget 2006–2007. It also summarizes impediments to progress, risks that prevent achievement of the expected results and actions needed to improve progress by the end of the biennium. Information on financial implementation is also included.
2. WHO managers use the finding to take stock of progress towards the achievement of expected results by area of work; to identify problems and appropriate remedial action; to provide the basis for decisions about reprogramming and reallocation of resources for the rest of the biennium; and to prepare plans for the coming biennium.
3. Progress was measured in terms of office-specific expected results, some of which were specified in the programme budgets adopted by regional committees¹ and others in country, regional and headquarters workplans. Altogether across the Organization, 9260 such expected results were established for the biennium and a system was devised for rating progress towards their achievement in terms of delivery of products and services, consideration of impediments and risks, and findings, where available, of technical reviews and of programmatic thematic evaluations. WHO offices rated progress and the results were then aggregated by region and headquarters to give an Organization-wide picture. Progress towards attaining the Organization-wide expected results was categorized in three ways: “on course”, and unlikely to be affected by impediments or risks; “in jeopardy”, with action needed in order to make up for delays or to overcome impediments or risks; and “in serious jeopardy”, with impediments and risks likely to prevent achievement of the Organization-wide expected results.
4. The mid-term review is essentially a risk-assessment exercise, focusing on the identification of impediments and risks as well as actions required to improve progress. The findings thus may appear negative, but should not be construed as an assessment of individual, team or office performance.

¹ Document WPR/RC56/5 for the Western Pacific Region, for example.

Further caveats are that the rating method assumes that office-specific expected results are given equal weighting and that the findings of the review reflect a fixed point in time within a dynamic context.

Summary of findings

5. Progress was evaluated for 7257 (78%) of the office-specific expected results. Of that number, 60% are rated to be on course, 34% are considered in jeopardy and 6% in serious jeopardy of not being achieved. The ratings showed important variances across regions (see Figure 1).



6. Aggregation of these ratings by the Organization-wide expected results to which they are programmatically linked provides the basis for rating the latter. Thus, of the total of 201 Organization-wide expected results, 67 (33%) are on course, while 132 (66%) are considered in jeopardy and 2 (1%) in serious jeopardy.

7. Common impediments to progress include: over-reliance on specified voluntary contributions resulting in underfunding of certain activities and areas of work, despite relatively high income overall; delays in the transfer of funds; delays in recruiting staff; and insufficient numbers of staff with requisite skills, especially at country level.

8. The main achievements, impediments and actions needed to improve progress are outlined below for the four groups of activities set out in the Programme budget 2006–2007,¹ namely: essential health interventions; health policies, systems and products; determinants of health; and effective support for Member States.

¹ Document WHO/PRP/05.3, p.11.

Essential health interventions

9. The main achievements for this group of activities¹ at the mid-term, as determined by the interim performance assessment, in relation to essential health interventions include the following:

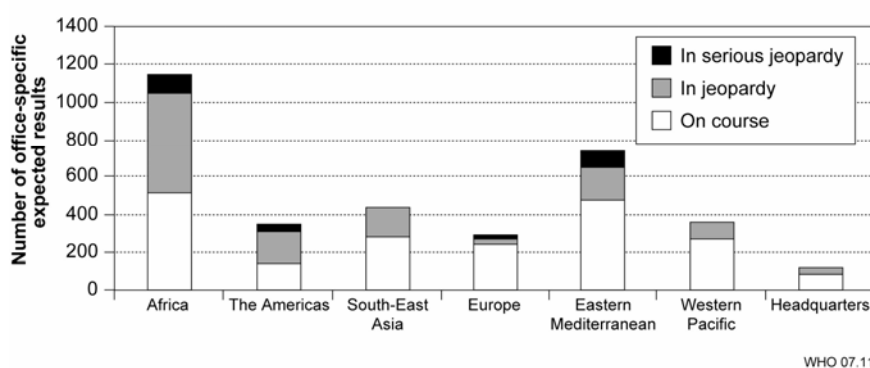
- identification and evaluation by WHO's global epidemic alert and response system of 252 events of potential international public health importance (246 were verified or determined to be non-events after investigation);
- progress in introducing and extending antiretroviral treatment, with the number of people receiving treatment surpassing one million in Africa;
- reduced tuberculosis incidence in four regions and stabilization of the incidence in the remaining two regions, with 26 million patients having received directly observed treatment, short course between 1995 and 2005;
- revitalization of the Global Malaria Programme and expanded use of artemisinin-based combination therapies;
- reduction in measles mortality beyond original targets, with deaths declining from 873 000 in 1999 to an estimated 345 000 in 2005;
- interruption of indigenous poliovirus transmission in Egypt and Niger and the increasing restriction of the geographical distribution of wild poliovirus in the four countries remaining endemic for poliomyelitis;
- elimination of leprosy in nine of 11 Member States in the South-east Asia Region, development of action plans for the elimination of visceral leishmaniasis in the three countries in that Region endemic for the disease and the elimination of yaws in India;
- formulation of child-survival strategies and frameworks in the African, European, Eastern Mediterranean and Western Pacific regions;
- creation of tools for Member States to use in developing integrated national programmes to prevent or control the increasing burden of chronic, noncommunicable diseases;
- adoption by 26 African countries of a road map for accelerating progress towards the attainment of the Millennium Development Goals related to maternal and newborn health;
- design of regional strategies on the harmful use of alcohol in the South-east Asia, European and Western Pacific regions;

¹ HIV/AIDS; Child and adolescent health; Communicable disease prevention and control; Surveillance, prevention and management of chronic, noncommunicable diseases; Making pregnancy safer; Malaria; Mental health and substance abuse; Reproductive health; Tuberculosis; Emergency preparedness and response; Epidemic alert and response; and Immunization and vaccine development.

- implementation of a joint UNFPA/WHO project to increase the capability of country offices to support the inclusion of sexual and reproductive health in national development and health-sector planning;
- definition and adoption across the Organization of standard operating procedures to guide work in emergency settings.

10. Despite these achievements, 52 (81%) of 64 Organization-wide expected results relating to essential health interventions are rated in jeopardy; 12 (19%) are on course. The high number in jeopardy reflects the large proportion of office-specific expected results similarly rated (1379 in jeopardy or serious jeopardy out of 3427), particularly in the African Region (see Figure 2).

Figure 2. Ratings of office-specific expected results for essential health interventions, by location



11. Impediments to progress include difficulties in establishing surveillance systems in countries with high burdens of disease that are affected by complex emergencies; the slow pace of decentralization of certain research activities to regional level; and, for some areas of work, insufficient national commitment and political support. Inadequate mechanisms for the supply of essential commodities are reported, especially in the African Region, and high turnover of counterpart technical staff causes difficulties in some countries.

12. Efforts to improve progress in 2007 will include more focused action for achieving the Millennium Development Goals and for strengthening coordination mechanisms between headquarters and regions, particularly the African Region. As regards interventions against malaria, the distribution of long-lasting insecticidal bednets will be further incorporated into routine health services through mass immunization campaigns and broader access to artemisinin-combination therapies. Enhanced advocacy and targeted resource mobilization for underfunded areas of work will be pursued, as will accelerated staff recruitment.

Health policies, systems and products

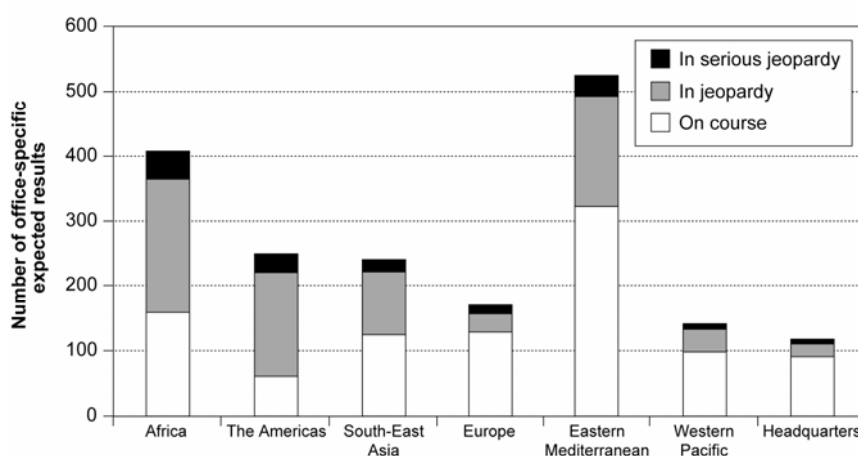
13. The main achievements at the mid-term in this group of activities¹ include:

¹ Health financing and social protection; Health information, evidence and research policy; Essential health technologies; Health systems policies and service delivery; Human resources for health; Policy making for health in development; and Essential medicines.

- expansion of the WHO Prequalification Programme for essential medicines and use of the WHO/Health Action International methodology for medicines-pricing surveys by more than 50 countries;
- establishment of health systems observatories and successful advocacy of patient safety and health equity;
- launching of the Global Health Workforce Alliance and completion of a consensus framework for action to strengthen the health workforce;
- publication of *World health statistics 2006* and expansion of the Health Metrics Network to 65 countries;
- progress in strengthening country capacity to raise more domestic funds for health to ensure that domestic funds are used effectively, efficiently and equitably, and to make sure that the methods used to generate domestic funding neither reduce access to needed services nor result in financial hardship or impoverishment of households;
- promotion of and support for World Blood Donor Day in more than 110 countries;
- provision of support to some 20 countries to formulate or amend health legislation.

14. In spite of these results, 36 (90%) of 40 Organization-wide expected results relating to health policies, systems and products are in jeopardy; four (10%) are on course. The high number in jeopardy is because nearly half of the 1832 office-specific expected results are rated in jeopardy or in serious jeopardy (see Figure 3).

Figure 3. Ratings of office-specific expected results for health policies, systems and products, by location



WHO 07.12

15. The main constraints to progress include insufficient expertise and capacity at regional and country levels, inconsistent use of existing tools by countries, weak research capacity for health workforce issues, and the unwillingness of donors to invest in horizontal programmes for medicines at country level. In addition, the original formulation of some expected results was over-ambitious.

16. Actions to bolster progress will include strengthening partnerships and the knowledge base about interventions that are effective in building an effective health workforce in countries; adjusting workplans to ensure alignment with available resources; improving coordination mechanisms; and ensuring that health systems work is underpinned by primary health care values and approaches. Better advocacy and targeted resource mobilization for underfunded areas will also be pursued, as will measures to accelerate staff recruitment.

Determinants of health

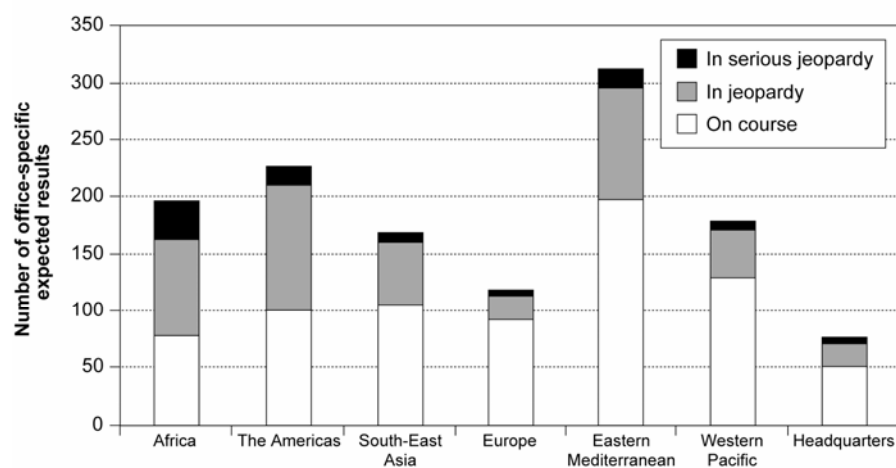
17. The main achievements at the mid-term in areas of work covered by this group of activities¹ include:

- improved collaboration and information sharing among national food safety agencies through the strengthening of the International Food Safety Authorities Network;
- completion of a draft strategy for integrating gender analysis and actions into the work of WHO and an accompanying plan of action;
- drafting of the global plan of action on workers' health and a regional framework for action on occupational health 2006–2010;
- completion of mapping of the capacity for health promotion by 130 countries and the engagement of 14 countries in developing plans based on the Bangkok Charter for Health Promotion in a Globalized World;
- introduction of the new WHO child growth standards and implementation of sustained activities to disseminate the standards;
- by the end of 2006, there were 144 States Parties to the WHO Framework Convention on Tobacco Control, and important advances in tobacco control were recorded;
- various research advances including better evidence of the benefits of using insecticide-treated window curtains for preventing dengue, and determination of the inappropriateness of certain diagnostic tests for human African trypanosomiasis;
- initiation of capacity-building work based on the training curriculum on violence and injury prevention in more than 60 countries.

18. In spite of these achievements, 28 (63%) of 44 Organization-wide expected results are in jeopardy; 16 (37%) are on course. Some 40% of the 1267 office-specific expected results in this group of activities are in jeopardy or in serious jeopardy, with the largest proportion in the African Region, the Americas Region and the Eastern Mediterranean Region (see Figure 4).

¹ Food safety; Gender, women and health; Health and environment; Health promotion; Nutrition; Tobacco; Violence, injuries and disabilities; and Communicable disease research.

Figure 4. Ratings of office-specific expected results for determinants of health, by location



WHO 07.13

19. Efforts to improve progress in 2007 will include both the reprogramming of activities affected by underfunding and the strengthening of inter-regional ties in order to achieve economies of scale with regard to certain products and activities. Other steps include enhanced interaction and joint planning between headquarters and regions, advocacy and targeted resource mobilization for underfunded areas, and measures to accelerate staff recruitment.

Effective support for Member States

20. The main achievements at the mid-term in the areas of work covered by this group of activities¹ include:

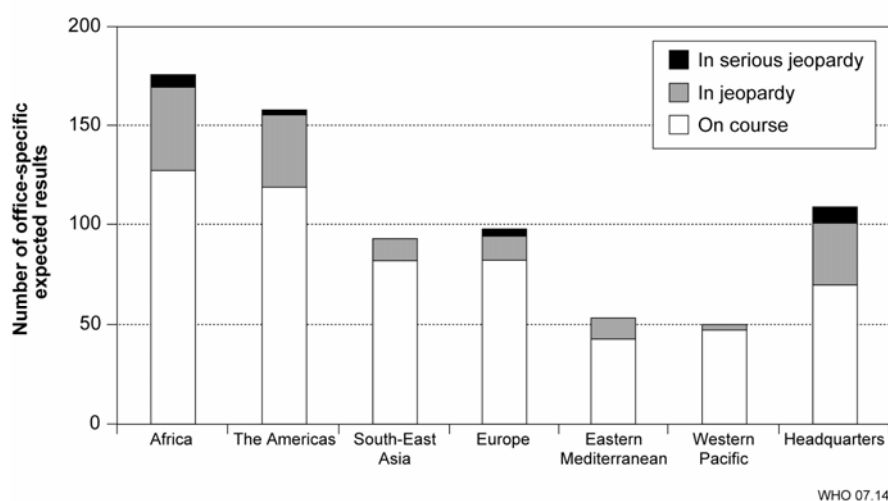
- renewal of WHO's results-based management framework, including approval of the Eleventh General Programme of Work, 2006–2015 and the near-completion of the draft Medium-term strategic plan 2008–2013;
- formulation or revision of 12 country cooperation strategies and start of the second generation of such strategies in most regions;
- establishment of a communication network in order to promote collaboration and improve consistency of communication throughout the Organization;
- improved navigation to governing body documentation in all six official languages on the WHO website;
- securing a strong resource base for the biennium with nearly US\$ 3200 million recorded as income by the end of 2006;

¹ WHO's core presence in countries; Direction; External relations; Governing bodies; Planning, resource coordination and oversight; Knowledge management and information technology; Budget and financial management; Human resources management in WHO; and Infrastructure and logistics.

- conclusion of the first systematic review of staff development across the Organization by the global learning committee and the preparation of an Organization-wide strategic plan for 2006–2007;
- development of new financial procedures and systems as part of the global management system project;
- formation of partnerships with public health associations and institutions, with WHO facilitating knowledge sharing and providing support to the design of curricula on knowledge management in public health institutes;
- completion of infrastructure projects at various WHO offices including inauguration of the new building at headquarters.

21. Two-thirds (35 of 53) of the Organization-wide expected results relating to effective support for Member States are rated on course, with 16 (30%) in jeopardy and 2 (4%) in serious jeopardy. Most of the 731 office-specific expected results in this group of activities are also on course (see Figure 5).

Figure 5. Ratings of office-specific expected results for effective support for Member States, by location

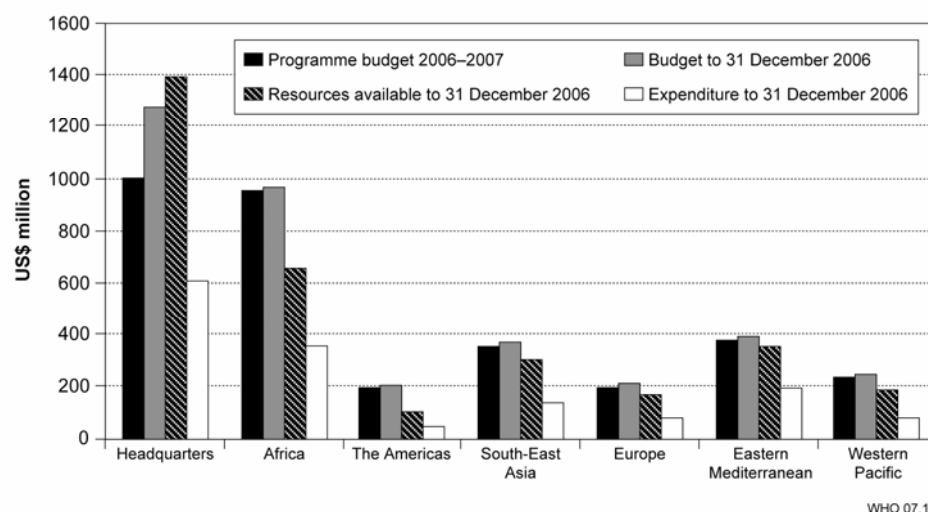


22. Efforts to improve provision of support to Member States in 2007 will concentrate on developing guidelines for effective and efficient WHO collaboration with United Nations country teams, and on updating guidelines for cooperation with organizations in the private sector and civil society. Another area of focus will be strengthening resource mobilization at regional and country levels through development of tools and staff training, broadening the base of unspecified or broadly earmarked contributions in order to ensure that all areas of work and country plans are adequately funded, and expanding the resource base through collaboration with new partners. Further analysis in order to obtain a better understanding of funding shortfalls and implementation rates is also required. Efforts will be made to reduce the number, and improve the quality and relevance, of resolutions adopted by the governing bodies.

Financial implementation

23. Detailed reporting on expenditures by area of work in 2006 is available in the unaudited interim financial report on the accounts of WHO for 2006.¹ The budget to 31 December 2006 has increased in relation to the Programme budget 2006–2007 (see Figure 6); the 10.7% increase owes mainly to increased budget allocations for the Stop TB Partnership’s Global Drug Facility, activities related to avian influenza, and unexpected and expanded functions including additional work on vaccines and immunization, prequalification of medicines, and patient safety. Recorded resources available to 31 December 2006 amounted to US\$ 3174 million and expenditure to US\$ 1510 million (47.5% of the amount available).

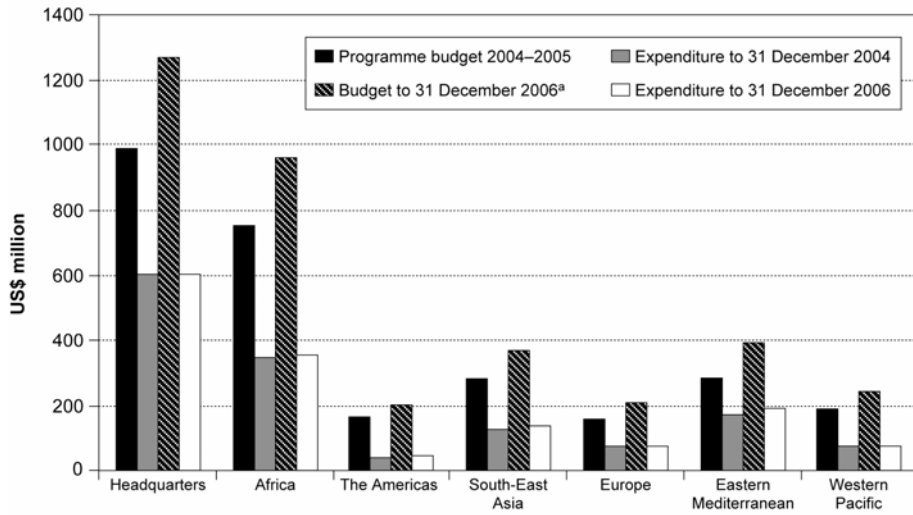
Figure 6. Programme budget 2006–2007 and budget, resources available and expenditure to 31 December 2006, by location



24. Financial implementation at the mid-term (see Figure 7) lags behind schedule in comparison with that in the biennium 2004–2005 (41.1% at end 2006 compared with 55.1% at end 2004) owing to several factors. Overall, the Programme budget 2006–2007 marks a significant increase in WHO’s activities worldwide but, whereas resources have been forthcoming, expanding the capacity to implement has not kept pace. Capacity is expected to expand, however, in 2007. Although resources are better aligned with needs and priorities, as expressed in the Programme budget, some areas continue to suffer a lack of alignment, accounting for over-resourcing of some activities and under-resourcing of others. Timing of receipt of income is a further factor, especially as substantial funding was received for some areas of work late in 2006. Finally, application of the delivery principle under new accounting rules for 2006–2007 has made it more difficult to compare implementation in 2004–2005 with that in 2006–2007, because ongoing work spanning more than one biennium is now accounted for differently.

¹ Documents A60/30 and A60/30 Add.1.

Figure 7. Comparison of implementation of Programme budget by location at 31 December 2004 and 31 December 2006



* Documents A60/30 and A60/31.

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