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Operational planning and implementation of the programme budget 2014–2015 and development of the programme budget 2016–2017

Global context

1. The approval of the twelfth general programme of work and the programme budget 2014–2015 constituted an important step in the continuing process of implementing programmatic and managerial reforms at WHO. The twelfth general programme of work, which covers 2014–2019 describes six leadership priorities and establishes how WHO's work will be organized, namely in five technical and one managerial category of work. For each category of work the associated expected outcomes for the 6-year period are laid out. It also outlines a new financing model and signals the direction in which financial resources will shift between categories over the 6-year period.

2. The programme budget 2014–2015 is built around the new categories of work and further elaborates these by defining the outputs to be achieved. The outputs define the unified work and, for the first time, the roles and functions of the three levels of the organization are clearly delineated with specific deliverables articulated. Despite making some progress the programme budget 2014–2015 is considered a transitional budget. Further improvements are needed and in particular the following areas must be addressed in the development of the programme budget 2016–2017: a) strategic budget allocation based on clear criteria; b) bottom-up planning based on country priorities; c) a standardized approach to costing of outputs; d) a clearer results chain; e) better planning and financing of administrative and management costs; and f) more robust monitoring and evaluation mechanisms.

3. Based on World Health Assembly decision WHA66(9) with regard to a new strategic resource allocation methodology, a global working group co-chaired by the WHO Regional Director for the Eastern Mediterranean and the Assistant Director-General for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases, has been established to address the shortcomings and take forward the development of the programme budget 2016–2017. This document seeks to provide an update on interim measures taken to improve areas of weakness during the operational planning 2014–2015 in the Eastern Mediterranean Region, describe the lessons learnt thus far and put forward some ideas for how the implementation, and in particular the monitoring and evaluation mechanisms, might be strengthened in the Region over the next two years.

Operational planning 2014–2015

4. Since the approval by the World Health Assembly of the programme budget 2014–2015 in May 2013, a coordinated operational planning process has been initiated to ensure that all three levels of the Organization are aligned to produce the deliverables of the programme budget 2014–2015. All regions have engaged in a series of country consultations in order to identify a limited set of priority areas for WHO technical cooperation at country level. Based on Regional Committee resolution EM/RC59/R.6 of 2012 on this issue, the Region was in a strong position to implement a more focused "country-based (bottom-up) budget planning process based on the needs of Member States".

5. The methodology chosen at the outset was to arrange a dialogue between senior management of the Regional Office and the highest health authorities in Member States. This dialogue was aimed at determining a very limited number of priority areas under each of the five technical categories of

work. Country demographic realities, national health development policies and plans, country cooperation strategies (CCS), the regional strategic directions (*1*) and the twelfth general programme of work guided the process. Although not an easy task, and more complex in federated countries, the result has been promising with a range of 8–11 priorities identified by any one country. This compares favourably with earlier planning cycles which were rather fragmented and did not specifically focus on key priorities. It was furthermore agreed that at the initial stage there should be a large degree of budgetary freedom and that countries should not be hampered by predetermined allocations to individual categories of work. An overall tentative budgetary allocation was defined to provide a guiding principle and reality check. However, it was also agreed that the priorities should account for a minimum of 80% of the total country budget.

6. After the identification of the key priorities, the outputs, deliverables and activities were identified, applying the results chain in a rigorous manner. This task was assisted by five teams which were organized to support the WHO country offices and which took responsibility for 4–5 countries each. Only after this stage were regional plans developed. This stepwise approach was preferred in order to ensure that the Regional Office plans truly complemented the country plans which had been generated in a bottom-up manner. Human resource plans were subsequently developed for both country office and the Regional Office.

7. As the plans from the Region have been consolidated, they have been shared with the global category networks in order to ensure coherence in programmatic delivery across the whole Organization. Following an Organization-wide review, all the draft work plans will be summarized and this information will be available for the financing dialogue meeting due to be held in Geneva in November 2013. At this meeting the income at hand, income projections and total resource requirements for implementing the programme budget 2014–2015 will be presented.

Lessons learnt from the prioritization exercise at country level

8. The regional prioritization process was aimed at combining flexibility with realism, in the hope of ensuring that the collaborative country/WHO programmes in 2014–2015 would have a greater public health impact and make better use of the comparative advantage of the Organization at country level.

9. A number of lessons have been learnt and, as a result, issues to be addressed for programme budget 2016–2017 include the following.

- a comprehensive Organization-wide approach to country prioritization, which has led to variation between regions; in some instances scarce resources are spread too thinly and allocated without strategic focus;
- use of the strategic directions of the twelfth general programme of work and the emphasis of each of the five technical categories;
- upgrading of the corporate planning tools to include a harmonized approach to country priority setting;
- coordinated planning involving all the three levels of the Organization, each level adhering to its defined roles and functions, in order to achieve maximum impact at country level;
- active interaction between the three levels of the Organization with strengthened global category networks in order to better play their role in ensuring coordinated planning devoid of duplication;
- capacity-building in planning at all three levels of the Organization, including dedicated training for key staff involved in the planning exercise;
- good quality country cooperation strategies and national health development policies and plans in order to be useful tools for prioritization;

- a single budget allocation to countries for the prioritization exercise without this being further subdivided by categories at this stage of planning; this will set a realistic but broad boundary for the collaborative country work;
- detailed budgeting based on standard costing after prioritization and definition of deliverables, and matching of the requirements against the total available budget;
- integration of administrative and management costs, rather than "additional to" the cost of technical delivery.

Implementing the programme budget 2014–2015 commitments

10. Overall, the implementation of commitments in regard to the programme budget 2014–2015 will depend on effective functioning of the global category networks and serious implementation of the agreed roles and functions of the three levels of the Organization. More specifically for the Eastern Mediterranean Region, the regional vision statement (*1*) suggested a number of avenues to improve technical support to Member States. It was also made clear that such improvements would require both managerial changes within WHO and renewed and strengthened commitment from Member States.

11. Improvements that are expected to be implemented in the coming biennium include the following.

- The quality of consultants and technical resources will be improved by establishment of regional rosters of experts of known capabilities and reputation.
- A more rigorous follow-up evaluation on consultant assignments will be introduced. The success of such evaluation will also depend on robust feed-back from Member States.
- The Regional Office will reinforce its technical capacity in high priority areas. This will need to be done incrementally given the financial constraints, the aim being to have a Regional Office that is aligned with the regional vision and country priorities.
- Special efforts will be made to achieve a higher level of joint work with collaborating centres and other centres of excellence, both within and outside the Region.
- Accountability and transparency will be improved. Compliance with standard operating procedures for implementing WHO's work in countries will be reinforced.
- The evidence base of recommended strategies and interventions will be upgraded.
- The cycle and mechanisms of monitoring and evaluation of progress of the agreed commitments will be made more rigorous.
- Increased effort will be put into providing valid input to statutory global monitoring and evaluation processes such as the medium-term evaluation and end of biennium programme budget performance assessment.
- The concept of a dedicated regional accountability framework will be tested. It is initially perceived as consisting of a limited number of key performance outcomes at regional level that will be monitored, debated and regularly reported on. The key performance outcomes are intended to test accountability with respect to technical excellence, delivery, efficiency and reporting, according to a set of specified criteria.
- Improved and standardized feedback at regular intervals on overall performance will be made available to Member States, both for individual countries as well as for the totality of the work of the Region.
- In line with the approved evaluation policy of WHO, more formal training and a variety of evaluation mechanisms will be made use of.

Way forward

12. The members of the Regional Committee are invited to share their experience of the operational planning process and suggest ways to improve delivery and reporting throughout the 2014–2015 biennium. Based on the collective feedback from all regions and the continuing work of the working

group, a more detailed description of the process for developing the programme budget 2016–2017 will be presented to the Executive Board at its 134th session in January 2014.

References

1. *Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO*. Cairo, WHO Regional Office for the Eastern Mediterranean, 2012 (document no. WHO-EM/RDO/002).