
Review of implementation of Regional Committee resolutions 2000–2011

Introduction: objective and rationale

1. As part of the audit resolution and monitoring process and in line with the WHO reform (EB132/5 Add.6 and A66/4), the World Health Organization has initiated a process of review of resolutions endorsed by the Regional Committee for the Eastern Mediterranean during the period 2000–2011. An inter-departmental technical review committee, under the leadership of the Director of Programme Management, reviewed a total of 134 resolutions issued by the Regional Committee between 2000 and 2011. The aim was to assess progress made towards implementing the actions recommended in the resolutions. Based on the assessment, the review committee made recommendations as to whether each resolution should remain active, be considered for retirement ('conditional sunset') or be fully retired ('complete sunset').

2. Such a review of the status of implementation of resolutions of the Regional Committee has not previously been undertaken. It was undertaken in the context of WHO reform and the Twelfth General Programme of Work 2014–2019 endorsed by the World Health Assembly in May 2013. The results of the review will inform recommendations for measures to help ensure that future resolutions are selective, relevant and responsive to regional public health challenges, in line with the regional strategic directions for 2012–2016 and WHO's work at large, and within the context of the major initiatives and resolutions of the United Nations and the work of relevant public health actors and stakeholders.

Methodology

3. Resolutions were classified into the categories of 'complete sunset,' 'conditional sunset' or 'active' according to a set of predefined criteria (see Table 1). The criteria focused on each resolution's public health significance, relevance to WHO regional strategic directions in the priority areas for 2012–2016, inclusion of funding mechanisms and periodic reporting requirements, and whether the requested actions had been fulfilled by June 2013.

4. A detailed worksheet was developed to standardize work within the review committee. It included a column outlining the rationale for and possible implications of the recommended actions. The WHO Constitution was used as the conceptual framework behind the review. The implications were identified based on relevance to Executive Board and World Health Assembly resolutions and decisions and the general programme of work at the time of endorsement of the resolution(s), and to the current strategic priorities, Twelfth General Programme of Work 2014–2019 and the WHO reform process.

Table 1. Criteria for classifying resolutions

Complete sunset	Conditional sunset	Active
1. Requested actions completed	1. Requested actions only completed for specific sub-sections of a resolution	1. Active with actions relevant to regional strategic priorities and defined funding mechanism
2. Reporting requirements met	2. Reporting requirements met for specific sub-sections of a resolution	2. Active with actions relevant to regional strategic priorities with undefined funding mechanism
3. Resolution superseded by later resolutions addressing the same issue	3. Revision/update recommended with defined funding mechanism	3. Periodic reporting required
4. Resolution with a generic set of actions, no specific deliverables	4. Critical cross-cutting issue relevant to regional strategic priorities	
5. Resolution not relevant to regional strategic priorities 2012–2016		
6. Resolution relevant to a specific event/incident		
7. Resolution relating to the annual report of the work of WHO in the Eastern Mediterranean Region and reports of statutory meetings		

Results

5. The results of the review are displayed in Table 2, according to strategic priority area. The five regional priority areas are: health system strengthening; promoting health through the life course; noncommunicable diseases; communicable diseases; and emergency preparedness and response. WHO management and reform is also included as a strategic area.

6. The area of management had the highest share of resolutions (31%) with issues pertaining to budgetary allocations, programme monitoring and evaluation, annual and other statutory reports. The area of health systems strengthening followed (24%) while the area of noncommunicable diseases had the lowest share (5%).

Table 2. Results of review, by strategic area

Strategic priority area (2012–2016)	Complete sunset	Conditional sunset	Active	Total no. of resolutions
Health system strengthening	13 (41%)	4 (12%)	15 (47%)	32 (24%)
Promoting health through the life course	12 (57%)	4 (19%)	5 (24%)	21 (16%)
Noncommunicable diseases	3 (43%)	1 (14%)	3 (43%)	7 (5%)
Communicable diseases	8 (33%)	1 (4%)	15 (63%)	24 (18%)
Emergency preparedness and response	4 (50%)	1 (12%)	3 (38%)	8 (6%)
Management and reform	40 (95%)	0 (0%)	2 (5%)	42 (31%)
Total	80 (60%)	11 (8%)	43 (32%)	134 (100%)

Discussion

7. Out of the total 134 resolutions, one third met the criteria to remain ‘active’, with ‘periodic reporting required’ being the predominant rationale. Of these, almost half have a defined funding mechanism in place. Identification of a mechanism for monitoring fixed budgetary allocations of operational budgets to specific areas remains an issue. This applies to resolutions in the area of noncommunicable diseases (resolution number EM/RC58/R.1, 5%) and health system strengthening (resolution number EM/RC48/R.8, 2% in support of research). The majority of resolutions (60%) met the criteria for ‘complete sunset,’ indicating that recommended actions had been fulfilled and the resolution could be retired. Only 8% met the criteria for ‘conditional sunset,’ thereby warranting further discussion on how to deal with these resolutions and what will determine the way forward.

8. While resolutions followed a strategic focus at the time, some resolutions supported a strategic direction in a generic manner. There was limited consistency in the flow of some resolutions from one year to the next. Many resolutions called for an open-ended series of actions with no specific timelines. Although the draft resolutions for some years were accompanied by budgetary implication forms to inform ministers, it was difficult to measure and report on resolution deliverables with budgeted or unbudgeted actions.

9. The review process showed that resolutions were adopted based on managerial need or programmatic imperative. An organizational gap was revealed when some staff members in relevant technical areas reported limited knowledge on some resolutions and of their respective actions.

10. Though resolutions and related technical documents are accessible online, through the website and institutional repository, it was difficult to link resolutions with operational planning, monitoring progress and reporting on deliverables and outcomes. The roles of other sectors in implementing Regional Committee resolutions needs to be clarified.

11. The review committee observed some resistance within the Secretariat to categorizing some resolutions for ‘complete sunset’ in case this might jeopardize the existence of a programme.

Limitations

12. The criteria were not piloted before the review and they were revised as the review evolved. There may be additional elements of value that were not considered.

13. The methodology used can incur some degree of reporting bias. Discrepancies evolved around categorizing some resolutions as a result of difficulties in standardizing and harmonizing the language and work across the committee and the various departments involved. Access to a consolidated record of implementation of requested actions was also a challenge.

Conclusions

14. While the resolutions endorsed between 2000 and 2011 followed a strategic focus at the time, it was the view of the review committee that future resolutions need to be more selective, including improved and transparent alignment with regional priorities and accountability for results, which are important aspects of WHO governance reform. Involvement of legal and technical staff in the process of developing and implementing resolutions and in the evolution of reporting requirements needs to be ensured.

15. Further in-depth review of the resolutions and recommended set of actions should be considered. There is need for greater consolidation, improved harmonization (particularly with programme and operational budgets), standardization and clarity of mandate. The number of resolutions needs to be consistent with the strategic priority areas, and resolutions need defined funding mechanisms and a binding time-frame. Guidelines on the formulation of resolutions,

including language used and information relayed, are needed in order to close the gaps revealed during this review.

Implications for future practice

16. The process by which resolutions are developed requires review, with emphasis on the shared responsibility of both Member States and the WHO Secretariat. It is vital to ensure that resolutions clearly delineate the roles of WHO and Member States, continuing the practice of the more recent resolutions. The current review was a first step, but further work is needed to strengthen and sustain the process. This may include formulating a task force comprised of representatives of Member States, with the mandate to develop standard operating procedures to inform the resolution drafting process along with WHO secretariat support. The secretariat would provide legal and technical support as needed. Consideration should also be given to defining funding and compliance mechanisms to report on annual progress of active resolutions, within a specific time-frame, such that the outcomes could be shared annually with the Regional Committee.