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Operational planning[1] for 2014–2015: process, outcomes and lessons learnt

Overview

1. Following the approval of the Twelfth General Programme of Work 2014–2019 and Programme Budget 2014–2015 by the World Health Assembly in May 2013, a coordinated operational planning process was implemented to ensure that all three levels of the Organization are aligned to deliver on the commitments made to the Member States. The Regional Committee, at its Fifty-ninth Session in 2012, recognized the importance of limiting the distribution of resources to a few key priority areas and emphasized the need for a country-based budget planning process based on the needs of Member States (resolution EM/RC59/R.6).

2. Operational planning with Member States for collaborative work in 2014–2015, undertaken during the period from June to December 2013, was therefore conceived with the double objective of planning according to country needs and of focusing on a few key areas of work (that would account for no less than 80% of the total budget), in order to avoid the fragmentation of previous biennia and to achieve a real impact at country level. The operational planning exercise was oriented to reflect these changes, reversing the practice of previous biennia which engaged countries in a high number of programmes with relatively few resources to implement them efficiently. Thus, the Joint Government/WHO Programme Review and Planning Missions (JPRMs) were able to focus on fewer programmes that match the country public health priorities as set out in the national health plans.

Process

3. Preparatory work in the Regional Office and country offices started ahead of the joint missions. Five support teams were set up to guide the process at country level. The support teams coordinated the planning activities from the Regional Office, while the WHO Representative liaised with the Ministry of Health to lead the development of the operational plan in each country. Activities were conducted through video, teleconferences and electronic correspondence and concluded with a mission to countries to finalize the planning exercise.

4. Each country was asked to focus on 1–2 priorities (programme areas) from each of the five technical categories. Country context, national health plans, Country Cooperation Strategies and the United Nations Development Assistance Frameworks guided the process.

5. After the identification of the key priorities, workplans were developed according to the results chain framework and included outputs and deliverables, definition of top tasks and activities and allocation of budget. Country workplans were revised through a process of peer review among technical staff at country and regional level. This process was followed by the development of complementary regional plans.

6. As a result of this three-month period of preparatory work, the duration of missions to countries to complete the operational planning process was reduced to 1–2 days, rather than the week required in previous biennia.

[1] The traditional approach of the Joint Programme Review and Planning Missions was transformed into a larger process, starting at country level and with intensive coordination between the Regional Office and countries over several months, including high-level missions to countries.

Outcomes

7. The timely preparation, bottom-up approach and early involvement of ministries of health and other stakeholders resulted in improved joint planning, a focus on specific priorities and budgetary allocations in line with country priorities. Country-level priorities were aligned with national health plans, Country Cooperation Strategies and the United Nations Development Assistance Framework, which provided a medium-term strategic framework for cooperation. Improvement in priority-setting and planning skills was evident.

8. Use of a bottom-up approach showed a clear gap between the programme budget figures and the country allocations. At country level, a greater percentage of the budget has been allocated to categories 2, 3, 4, 5 and a lower percentage to category 1 (part of the category 1 needs were covered by multiyear donor funds such as those of the Global Fund to fight AIDS, Tuberculosis and Malaria). This can be considered a balanced approach towards the priorities identified in the twelfth general programme of work.

9. The ongoing emergency situations affecting several countries of the Region have been reflected in the planning exercise. Special focus was placed on staff and activities of the technical programmes providing support to those countries in complex emergencies.

10. The number of workplans, outcomes, outputs and top tasks was significantly reduced in 2014–2015. The total number of workplans was nearly cut in half, from 364 in 2012–2013 to 208 in 2014–2015. The numbers of outcomes, outputs and top tasks were reduced by one third, respectively from 420 to 291, 751 to 519 and 2386 to 1573. This significant reduction will allow for a better focus of resources on key areas and will facilitate implementation, follow-up and evaluation.

11. In some countries, the funds carried over from previous biennia and those funds expected during the biennium as a result of preexisting donor agreements will exceed the budget allocated to related programme areas and categories. This situation is partially the result of the bottom-up approach and prioritization exercise, whereby the country offices and ministries of health have selected different priorities, and partially due to the magnitude of these donations. New multiyear fund agreements should be endorsed by the Regional Director and the Director-General before being signed in order to select the “pass through” funds that are consistent with WHO’s mandate, role and functions.

Future developments

12. WHO has been an important player in shaping and responding to change in the area of public health, moving strategically to remain effective and efficient in a rapidly evolving environment. Capacity-building in strategic and operational planning is an ongoing process. The Regional Office will continue to strengthen the planning process through further improvement and utilization of Country Cooperation Strategies. The national health plan and Country Cooperation Strategy should remain the key strategic framework for WHO collaboration with countries. They should be the basis for biennial operational planning, ensuring that strategic priorities outlined in them are fully reflected in the biennial plan.

13. The 2014–2015 operational planning exercise has opened the way for an improved bottom-up planning process in 2016–2017, in line with the WHO reform. The sequential bottom-up planning process was institutionalized, specifying a limited set of priorities in each country, based on the national health plans and the Country Cooperation Strategies and clearly linking with regional priorities and programme areas and outcomes of the twelfth general programme of work, in advance of the development of the programme budget and thus orienting it.

14. The operational planning process in 2016–2017 will address the following specific challenges.

- Identifying key priorities related to country needs where WHO can make a real difference.
- Ensuring quality in the prioritization exercise.
- Linking human resources strictly to the priorities identified.
- Aligning the planning and resource allocation process with national health plan, priorities of the Country Cooperation Strategy and United Nations Development Assistance Framework.
- Ensuring active interaction between the three levels and strengthening and balancing the category networks with a stronger contribution from countries and regions.
- Continued active interaction between regional and country offices throughout the planning process.

15. Future planning exercises should include the following considerations.

- Resource allocation should be driven by a results-based approach and should focus on WHO programmes and presence.
- The programme budget should be developed in a flexible manner to accommodate funding opportunities during the biennium, therefore allowing a budget space increase whenever there is justification.
- The time allotted for country-based planning should be extended to a minimum of 12 weeks in order to allow a robust process to take place.
- There is ongoing need for improving monitoring and evaluation and overcoming the weaknesses of the current mechanisms (mid-term review and programme budget performance assessment).