

WORLD HEALTH
ORGANIZATION

الهيئة الصحية العالمية
المكتب الإقليمي لشرق البحر الأبيض

ORGANISATION MONDIALE
DE LA SANTÉ

REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN

BUREAU RÉGIONAL DE LA
MÉDITERRANÉE ORIENTALE

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

EM/RC11/13

1 August 1961

Eleventh Session

ORIGINAL: ENGLISH

Agenda item 9

PRIORITIES IN PROGRAMME

1. INTRODUCTION

1.1 This document has been prepared for the information of the members of the Regional Committee pursuant to resolution WHA14.39 adopted by the Fourteenth World Health Assembly, which reads as follows:

"The Fourteenth World Health Assembly,

REQUESTS the Director-General, in consultation with the Executive Board and the Regional Committees, to reconsider the question of priorities in programme, and to report thereon to the Fifteenth World Health Assembly."

1.2 This question came up at the Committee on Programme and Budget at the request of the delegate from New Zealand, who proposed a draft resolution contained in document A14/P&B/22 Rev.1 (Annex I).

1.3 This proposal was discussed on two occasions and the relevant minutes are attached to the present document as Annex II. These discussions led to a recommendation by the Committee to the Assembly, which adopted resolution WHA14.39.

2. BACKGROUND OF THE QUESTION

2.1 Provision of the Constitution

The functions of the Organization, as defined in Article 2 of the Constitution, establish the framework within which the question of priorities in programme must be considered. In view of the circumstances in which the question was raised at the Fourteenth World Health Assembly, the following functions of the Organization as defined in Article 2 are particularly pertinent to the issue.

(a) to act as the directing and co-ordinating authority on international health work;

.....

(c) to assist governments, upon request, in strengthening health services;

(d) to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of the governments;

.....

Article 18 of the Constitution defines the responsibility of the World Health Assembly as:

.....

(f) to supervise the financial policies of the Organization and to review and approve the budget;

The responsibilities of the Executive Board and the Director-General, respectively, are as follows:

Article 28

The functions of the Board shall be:

.....

(g) to submit to the Health Assembly for consideration and approval a general programme of work covering a specific period;

Article 34

The Director-General shall prepare and submit annually to the Board the financial statements and budget estimates of the Organization.

Article 55

The Director-General shall prepare and submit to the Board the annual budget estimates of the Organization. The Board shall consider and submit to the Health Assembly such budget estimates, together with any recommendations the Board may deem advisable.

The Director-General has requested the Regional Committees, under the provisions of Article 50 (g) of the Constitution, to review the programme and budget proposals for their regions and to give him their comments and recommendations for use in preparing his annual proposed programme and budget estimates.

2.2 Earlier studies of the question of priorities

It will be recalled that the Executive Board at its nineteenth, twenty-first, twenty-third and twenty-fifth sessions, and the Tenth, Eleventh, Twelfth and Thirteenth World Health Assemblies, examined a proposal originally made by the Government of Canada¹ concerning the Assembly procedures for examining the proposed programme and budget which included the following proposal:

¹

Off. Rec. Wld Hlth Org. 76, resolution EB19.R54 and Annex 19

Off. Rec. Wld Hlth Org. 79, resolution WHA10.27

Off. Rec. Wld Hlth Org. 83, resolution EB21.R13 and Annex 6

Off. Rec. Wld Hlth Org. 87, resolution WHA11.20

Off. Rec. Wld Hlth Org. 91, resolution EB23.R18 and Annex 18

Off. Rec. Wld Hlth Org. 95, resolution WHA12.30

(Note: the above-listed resolutions appear on pages 150-151 of the Handbook of Resolutions and Decisions, Fifth Edition)

Off. Rec. Wld Hlth Org. 99, resolution EB25.R67 and Annex 21

Off. Rec. Wld Hlth Org. 102, resolution WHA13.35

"to request the Executive Board and the Director-General to study the problem of the allocation of priorities to projects included in the annual programme and budget estimates".

Eventually, after a detailed study, the Executive Board, at its twenty-fifth session,¹

"considered that under Articles 34 and 55 of the Constitution the Director-General has the responsibility to prepare the programme and annual budget estimates for submission to the Executive Board, which is responsible for considering and submitting them to the Health Assembly together with any recommendations the Board may deem advisable. The suggestion made at an earlier session of the Executive Board that the Director-General should indicate priorities of projects within his proposed programme and budget estimates would not be good budgetary practice in the circumstances resulting from the constitutional requirements. It concluded that at the present stage of the Organization's development it was not necessary to take any further steps to indicate priorities among the projects included in the Director-General's proposed programme and budget estimates".

The Thirteenth World Health Assembly in its resolution WHA13.35,² concurred with these conclusions.

3. METHOD OF DEVELOPING PROPOSALS FOR ANNUAL PROGRAMME AND BUDGETS

3.1 Each year, immediately after the session of the World Health Assembly and the Executive Board session that follows it, the Director-General issues instructions to the Regional Directors regarding the preparation of programme proposals for the second succeeding year. These instructions include directives on programme trends and other policy considerations based on decisions of the Board and the Health Assembly. They also indicate the tentative allocations of funds to each region, which the Director-General makes under the guiding principles for the allocation of resources as between regions as requested by the Executive Board in its resolution EB13.R23.³

3.2 On the basis of requests received from the governments, the Regional Director plans programmes in consultation with the governments and, where appropriate, in collaboration with any other interested bilateral or multi-lateral agencies. Due consideration is given to the suitability of proposed projects, in the light of the general programme of work for a specific period, of other decisions of the Assembly and Board, as well as of guidance received from the Regional Committee at previous sessions.

¹ Off.Rec.Wld Hlth Org. 99, Annex 21, pp. 178-184
Recommendations and conclusions, Part V, pp. 183-184

² Off.Rec.Wld Hlth Org. 102, pp. 11-12

³ Handbook of Resolutions and Decisions, 5th ed. 147

3.3 The draft programme and budget estimates for the region is distributed to the governments within the region for consideration at the Regional Committee. After the session of the Committee the programme proposals, together with the changes recommended by the Regional Committees, are submitted to the Director-General who then prepares his proposed programme and budget estimates for the year and submits them to the Executive Board, which, in turn, submits them to the Assembly together with its recommendations.

3.4 Fundamentally, therefore, the programme of assistance to governments, which forms the largest part of the programme of WHO, is determined in the light of requests made by governments and reflects priorities established at a national level.

The central activities of a world-wide nature are conditioned to a great extent by the needs of the field programmes assisted by the Organization. The priorities for this type of work, e.g. biological standardization, research, etc. are established in the course of the debates in the Assembly, following the views expressed by the Board and based on technical advice of expert bodies.

4. GUIDING PRINCIPLES WHICH GOVERN THE SELECTION OF PROJECTS INCLUDED IN THE ANNUAL PROGRAMME PROPOSALS

The Executive Board, at its second session (in November 1948) agreed¹ that:

" As a guiding principle in the approval of programmes for the rendering of advisory and demonstration services to governments, the Board agreed that the following should be taken into consideration:

- (a) Decisions, plans or programmes of the World Health Assembly or Executive Board;
- (b) Decisions, plans or programmes of the United Nations or specialized agencies; if they relate to the subject of a request;
- (c) The importance of the problem to the whole health programme of the requesting country (if no plan exists, assistance may be offered in developing a plan preliminary to further consideration);
- (d) The ability of the country itself to provide the services required as measured by the availability of trained personnel, of means of training personnel or of foreign currency;
- (e) The probability of achieving successful and useful results;
- (f) Recommendations of expert committees to which problems may be referred;

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(g) Reasonable assurance of satisfactory co-operation on the part of the government throughout the programme (normally, the government will be expected to contribute to the programme by meeting such costs within the country as can be met in domestic currency);

(h) Reasonable assurance from the government, where appropriate, that the programme will be continued, especially that the government has, or will establish, a health organization with personnel and financial support adequate to continue the programme;

(i) The desirability of making every effort to assure equitable distribution, if the requests should exceed the available budget (this may be accomplished by progressively stricter application of the guiding principles)."

It has not been found necessary to change substantially the guiding principle quoted above, although certain refinements have been introduced in the light of experience. These refinements are reflected in the latest expression of the principles and criteria for the selection of government projects to be assisted by WHO which appears in the Third General Programme of Work Covering a Specific Period,¹ as follows:

"2. Principles and criteria

2.1 The principles and criteria, where the range of functions constitutionally prescribed for the Organization is so vast and comprehensive, have been established in accordance with the criteria for priorities established by the Economic and Social Council at its eleventh session and with due attention to the statement of priorities drawn up by the Council at its fourteenth session.

2.2 In projects of assistance to governments it should be recalled that such projects are government projects and that the role of WHO is that of assistance only until such time as the government is able to carry on without external aid. This implies that only such projects as are sufficiently well founded upon government support for the present and upon equally well founded planning for the future should be selected for assistance in implementation.

2.3 The Executive Board, when reviewing and recommending the second general programme of work, called the attention of the Health Assembly to "the disparity between the resources which have so far been available to the Organization and the increasingly expressed needs of governments for assistance in strengthening their health services" (resolution EB15.R78). The limitation of resources which still exists makes it necessary to discriminate between proposed activities, indicating those which should preferably be undertaken by the Organization. A choice may be made of: those activities which are technically and economically sound and that are best carried out with international aid; those that appear to warrant the most urgent action; and those which are as far as possible capable of yielding demonstrable results. Their capacity to benefit the largest number of countries and people should be taken into consideration, but also a selection should be made of activities, the implementation of which will provide the optimum utilization of funds available.

¹Off. Rec. Wld Hlth Org. 102, Annex 2

2.4 In planning country programmes, account should be taken of resources available within the country as well as of all relevant assistance already provided by WHO or to be given by other national or international organizations.

2.5 The programme of work is drawn up in the light of the following general principles.

2.5.1. All countries, including trust and non-self-governing territories, should participate and co-operate in the work of the Organization.

2.5.2. Services must continue to be available to all Members and Associate Members, without discrimination.¹ They should also be available to special groups under the provisions of Article 2(e) of the Constitution.

2.5.3. Assistance to governments to strengthen their health services should be given only on their specific request.

2.5.4. Services should foster national self-reliance and initiative in health activities, which should not normally be implemented directly by the Organization.

2.5.5. The work of the Organization should be so planned and implemented as to attain the utmost degree of integration and co-ordination with the related activities conducted by the United Nations, the specialized agencies, the International Atomic Energy Agency, and other agencies operating in appropriate international field.

2.6. In the rapid evolution of medicine new problems constantly arise and new techniques, methods and practices are developed. Questions which today do not appear to call for action on the international plane may suggest or even demand such action before the end of the specific period. Consequently, the general programme of work must be flexible and open to periodic review."

5. ACTION REQUESTED OF THE REGIONAL COMMITTEES

The question of priorities in the programme is before the Regional Committee for consideration and any recommendation it may wish to make to the Director-General, as requested by the Fourteenth World Health Assembly in its resolution WHA14.39. The Director-General will communicate to the Fifteenth World Health Assembly the views of the Regional Committees together with those of the Executive Board which will consider the question at its twenty-ninth session.

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In exceptional circumstances the Assembly may, in the case of Members, apply Article 7 of the Constitution.

ANNEX I

FOURTEENTH WORLD HEALTH ASSEMBLY

A14/P&B/22 Rev.1
20 February 1961

Agenda item 2.3

ORIGINAL: ENGLISH

CRITICAL APPRAISAL OF BUDGET PROPOSALS

Amended draft resolution submitted by the Delegation of New Zealand

The Fourteenth World Health Assembly,

Recognizing that the inclusion by stages of the malaria eradication programme in the regular budget will call for increased assessments on Member States to the possible embarrassment of some Members; and

Realizing that aid to under-developed countries and the success of the world-wide eradication programmes can only be achieved if excessive dispersal of effort in other fields is avoided,

REQUESTS the Director-General, in consultation with the Executive Board, to undertake a re-appraisal of other new developments with a view to concentrating upon a number of objectives compatible with funds likely to be available.

ANNEX II

FOURTEENTH WORLD HEALTH ASSEMBLY

A14/P&B/12 & 13
21 February 1961

ORIGINAL: ENGLISH

COMMITTEE ON PROGRAMME AND BUDGET
PROVISIONAL MINUTES OF THE TWELFTH AND THIRTEENTH MEETINGS

Vigyan Bhavan, New Delhi

Tuesday, 21 February 1961, at 9.45 a.m. & 2.30 p.m.

CHAIRMAN: Dr W.A. KARUNARATNE (Ceylon)

Later : Dr L. STOYANOV (Bulgaria)

Extracts

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3. Review and approval of the programme and budget estimates for 1962
.....

Critical Appraisal of Budget Proposals: Draft Resolution submitted by the
Delegation of New Zealand (Document A14/P&B/22 Rev.1)

The CHAIRMAN invited the Committee to consider the draft resolution submitted by the delegation of New Zealand (document A14/P&B/22 Rev.1).

Dr TURBOTT (New Zealand) said that his Government had made two annual contributions to the Special Malaria Fund in the amount of \$ 28 000 and had intended to continue making a similar contribution for a further three years. However, it had felt that the malaria eradication programme would have better prospects if financed through the regular budget, and had supported its inclusion by stages in that budget although that meant a substantial increase of its contribution in 1962 and further steep increases in the following years.

While the New Zealand delegation had voted for the budget level at the present Health Assembly, he wished it to go on record that it would like to see a more detailed and critical examination made of the annual budgets of the Organization. Although the Standing Committee on Administration and Finance

of the EB, and a working party, had examined the budget for 1962, and although his delegation had no fault to find with the conclusions reached by the working party, he felt that those conclusions did not quite reach the heart of the matter. He would like to see a careful scrutiny of the Organization's budgets made at an inter-governmental level. That could be done by a financial review body set up to help the Executive Board, something along the lines perhaps of the Financial Committee in FAO.

The question of supervision of the financial management and procedures of WHO might have to be thoroughly re-examined in the near future if Member States were to feel assured that the financial affairs were being conducted in such a way as to ensure that the assessed contributions of Members were being used to the best advantage. Such a development might be avoided if the Executive Board carried out a more critical appraisal of programmes, if the Health Assembly expected the Board to do so, and paid careful attention to any financial recommendations the Board made.

WHO had done, and continued to do, work of great value, and with additional funds could undoubtedly do much more in the interests of world health. The New Zealand Government had always strongly supported WHO and contributed to its operations, not only through the regular budget but through voluntary programmes, such as the Expanded Programme of Technical Assistance and the general programmes carried out with UNICEF. However, it had to give very careful consideration to the overall level of its overseas expenditure - as presumably other governments also. His Government felt that it was up to WHO to establish beyond challenge the need for the money it sought.

He recalled the words of the delegate of Pakistan in the plenary meeting during the general discussion on the Report of the Executive Board and the Report of the Director-General on the Work of WHO in 1960 (document A14/VR/6, pages 28-29). The latter had warned against scattering the Organization's limited resources in men and money and had drawn attention to the need for having a well-thought-out order of priority. The New Zealand delegation had been encouraged by those words to suggest that the Director-General should make a more critical appraisal of the future programmes, in consultation with the Executive Board. It further suggested that such an appraisal might avert the growth of a demand for a more thorough review at inter-governmental level.

With that in mind, his delegation had submitted the draft resolution now before the Committee.

Dr. BUSTAMANTE (Mexico) said that even before WHO's Constitution had been drawn up, it had been known that its work would be very varied; and for fifteen years it had been known that the available funds were insufficient to meet the demand. It was obvious that new needs would develop and that new proposals would be adopted by Health Assemblies. There was a need for care in planning programmes, but it should be remembered that neither the Director-General nor the Executive Board could increase programmes when they knew that funds could not be increased. The malaria eradication programme was essential to WHO's task of improving the standards of health throughout the world, but some of its other programmes were also important. While supporting the intent of the New Zealand draft resolution, he suggested that a second operative paragraph be added to it along the following lines:

2. REQUESTS the Director-General to submit to the Fifteenth World Health Assembly the results of the above-mentioned reappraisal concerning the objectives to be given priority in the light of available funds.

Dr TURBOTT (New Zealand) said that the amendment was acceptable to his delegation.

Dr EVANG (Norway) observed that the draft resolution raised a number of fundamental questions concerning WHO's work, which there was no time to discuss at the present Health Assembly. His delegation would not, therefore, be in a position to vote on it.

The New Zealand delegation had indicated ways in which the scrutiny by the Executive Board of the programme and budget proposals could be made, and had spoken of an inter-governmental body. Two attempts had already been made to change the Executive Board into an inter-governmental body and on both occasions the Health Assembly had refused to agree to such a change. It was a pity a further attempt was being made by indirect means. The Committee on Programme and Budget was not the right body to discuss fundamental questions of that nature.

He asked if the New Zealand delegate could give any examples of the "excessive dispersal of effort" referred to in the second paragraph of the draft resolution. The policy of WHO had been to concentrate its efforts on a few topics such as malaria eradication, communicable disease control,

maternal and child health, and fellowships. Health education and the strengthening of national health services had been added later. If that was excessive dispersal of effort, the Organization would have to review its whole programme.

The total budget of WHO amounted to some \$ 25 000 000 and it could hardly be said that national contributions were excessive. Governments spent more than that total amount on one disease in their national health budgets. WHO had won the confidence of its Member States, all of whom had received some service from it. If their support for its programmes was to be maintained, WHO must continue to provide those services. It would be wrong to curtail WHO's activities, especially by putting a ceiling on the budget level at a time when its membership was increasing and when its new Members were the under-developed countries which so badly needed its assistance.

He had no objection to discussing the functions of WHO in plenary, although he felt that such discussion was unnecessary. Those who thought otherwise could suggest that the matter be discussed at the next and following World Health Assemblies.

Dr KIVITS (Belgium) fully supported the draft resolution as amended by the delegate of Mexico. His delegation had abstained from voting on the budget level for 1962 because, although it had favoured including the malaria eradication programme in the regular budget, it had felt that compensating reductions should be made elsewhere. There was a tendency to disperse efforts, and if funds were to be used to the best possible advantage, that tendency should be checked. He felt it would be wise to request the Director-General to make a list of priorities from which a choice could be made in the light of available funds.

Dr HOURIHANE (Ireland) recalled that during a joint meeting of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters, he had spoken about the necessity of concentrating efforts. It had been one thing continuing certain activities under the regular budget when the malaria eradication programme was being financed by voluntary contributions, but it was a totally different matter when that programme was not being so financed. The Health Assembly had been right in deciding to incorporate the costs of the malaria eradication programme into the regular budget by phases rather than abandon it because of lack of voluntary funds. Having done that, however, it would seem prudent to try and spend less

on other activities during the years in which the malaria eradication programme would still be a charge on the Organization's budget. When expenses for that programme ended, the activities which had been curtailed could be restored and expanded.

It was unrealistic to say that it should not be difficult for 104 Member States to contribute \$ 25 000 000; the fact was that it was difficult. Although he welcomed all the new Member States to the Organization, he observed that some of them might be a financial liability.

Dr AFRIDI (Pakistan) whole heartedly supported the draft resolution. The remarks he had made in plenary meeting, to which the delegate of New Zealand had referred, concerned the danger not only of a dispersal of effort by WHO, but of a resultant dispersal of efforts in the under-developed countries. It was a question of national prestige to undertake all the programmes suggested by WHO. The under-developed countries might not have the right approach to the matter, but it was difficult to dissuade them from undertaking any programme suggested. With the limited resources in men and money - and he would like to stress the first of these - WHO could not attain all its objectives. An order of priority should be established.

Dr ROBERTSON (Ghana) shared the concern of the New Zealand delegate, but he could not vote for the draft resolution for the same reason as the delegate of Norway. WHO's programmes were most successful but each programme was a single part of an integrated whole.

Dr FISEK (Turkey) said he would vote against the adoption of the draft resolution. He agreed with the delegate of Norway that to adopt it would be harmful to the development of WHO. WHO hoped that a better world could be created through better health, and its Member States should support its efforts to reach that goal. His delegation favoured increasing the budget when necessary, especially to assist the under-developed countries and the newly independent countries.

The DIRECTOR-GENERAL said that he was rather worried at the turn the discussion had taken. He would find it very difficult to consider a stabilization of the budget or a system of priorities that would mean checking the normal development of WHO's programme. It would be impossible to entertain the idea of stopping some activities because the malaria eradication programme had been included in the regular budget. If previous decisions of

WHO concerning programmes of assistance to Member States, especially in the field of education, were to be maintained, the inclusion of the malaria eradication programme in the regular budget could not be permitted to stop the normal evolution of WHO's programme.

Dr TURBOTT (New Zealand) said he did think that there was a dispersal of effort. For example, in the Western Pacific Region several countries were carrying out programmes in mental health and physiotherapy when they had no adequate water supplies and sanitation: there was little point in helping people with modern programmes if they were to die later of cholera, dysentery and similar diseases. If the project in sports medicine that was to be considered by the Committee was adopted, it would provide a further example of dispersal of effort.

The whole purpose of the draft resolution was to ask the Executive Board to play a bigger role in the Organization; to ask it to give leadership and make suggestions to the World Health Assembly. There was no sinister intention, no idea of stabilizing the budget level. His delegation believed that WHO's programmes should be planned in the framework of a steadily increasing budget.

Dr BUSTAMANTE (Mexico) insisted that no health administration could plan beyond the resources available to it. It was up to WHO to set an example in that respect.

The malaria eradication programme would contribute to the development of the countries where malaria was prevalent and when they were more advanced, they could spend more money on other things. They could not, however, do everything at once; they had to advance step by step.

Dr EVANG (Norway) said that he was fully aware that the position taken up by the New Zealand delegation was not new. Certain countries had made a sacrifice in agreeing to incorporate the malaria eradication programme in the regular budget and, having made that sacrifice, they felt justified in requesting that more modern programmes should not be curtailed in those countries where malaria did not exist. Activities in other fields should not be cut down: medicine was marching forward, and it was impossible to separate one activity from another. WHO had been fortunate in being able to evolve a balanced programme which had kept pace with developments.

In the interests of conciliation, he suggested replacing the wording of the New Zealand draft resolution by the following wording:

The Fourteenth World Health Assembly,

REQUESTS the Director-General and the Executive Board to reconsider the question of priorities in the programme and to report thereon to the Fifteenth World Health Assembly.

Dr TUBOTT (New Zealand) said that he could not agree that only the principle of priorities should be discussed.

He subsequently stated that it had been brought to his attention that he had omitted any mention of the Regional Committees in the amended draft resolution submitted by his delegation for the Committee's consideration (A14/P&B/22 Rev.1). There had been no intention of doing so and he proposed that the words "regional committees and the" should be inserted in the operative paragraph, after the words "in consultation with the".

In the discussion at the morning meeting, no valid reason had been brought forward against the reappraisal requested in the draft resolution. Taking the Organization's three main spheres of work, it was very hard to see how the education and training programme or the work of strengthening public health services could be curtailed; yet there could be no harm in undertaking a reappraisal of those activities. The major area in which reappraisal might show the need for concentrating on certain activities and reserving others for future attention was the field programme. That was where the Director-General could give guidance to the Health Assembly.

Dr EVANG(Norway) said that he, too, would like the reference to consultation with the Regional Committees to be inserted in the amendment he had proposed at the morning meeting to the New Zealand draft resolution.

He would again stress that his delegation was not opposed to reconsideration of priorities as such; what it objected to was the linking of that action with the inclusion of the malaria eradication programme in the regular budget.

The CHAIRMAN stated that the Norwegian amendment was tantamount to a new proposal. He would accordingly put it to the vote first; if it was adopted, the New Zealand draft resolution would fall.

Decision: The Norwegian proposal was adopted by 37 votes to 11, with eight abstentions.

The CHAIRMAN said that consideration of the item was thus concluded, with the exception of the Appropriate Resolution, the text of which was awaited from the Committee on Administration, Finance and Legal Matters.