WHO-EM/RC 33/7

# REGIONAL PROGRAMME BUDGET POLICY

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN
1986

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As adopted by the Thirty-third Session of the Regional Committee,
resolution EM/RC33/R.5

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## PREFACE

This Regional Programme Budget Policy was approved by the Regional Committee for the Eastern Mediterranean at its Thirty-third Session in October 1986 (resolution EM/RC33/R.5). The Committee, concerned for the health development of all peoples of the Region, established the policy to enable Member States to make the best possible use of WHO's resources in support of national health development.

The Policy is presented in a form suitable for easy reference and use as the basis for programming the collaborative activities between Member States of the Region and WHO. It presents the kind of information needed for programme budgeting in broad outline as well as in detail, for example when plans for specific activities are being formulated by the national and WHO teams in the course of Joint Government/WHO Programme Review Missions or during reprogramming sessions.

WHO's resources are finite, are the collective property of its Member States and are allocated according to countries' needs. They have to be programmed to have the maximum impact in support of priority national health programmes, in a way that is consistent with the goal of Health for All and using the concepts and approaches embodied in primary health care. This implies that there must be a means of assessing and comparing the impact of various activities, a prime reason for having a programme budget policy, since it makes it possible to audit collaborative activities in programme as well as financial terms. This will, in turn, result in improved effectiveness.

Dr Hussein A. Gezairy, M.D., F.R.C.S.

Regional Director for
the Eastern Mediterranean,
World Health Organization

## CONTENTS

### REGIONAL POLICIES GOVERNING PROGRAMME DEVELOPMENT, IMPLEMENTATION AND FINANCING

WHO-EM/RC33/7-E
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# REGIONAL PROGRAMME BUDGET POLICY

*As adopted by the Thirty-third Session of the Regional Committee, resolution EM/RC33/R.5*

## REGIONAL POLICIES GOVERNING PROGRAMME DEVELOPMENT IMPLEMENTATION AND FINANCING

The Regional Committee for the Eastern Mediterranean, concerned for the health development of all the peoples of the Region, hereby establishes a Regional Programme Budget Policy to enable Member States to make the best possible use of WHO's resources in support of national health development in their countries and, in particular to further their policies and strategies for Health for All by the Year 2000 through primary health care.

## 1. GUIDING PRINCIPLES

Common objective

1.1. The World Health Organization's Eastern Mediterranean Region unites the Member States of the Region for the purpose of cooperation among themselves and with others to promote and protect the health of their peoples, in pursuit of WHO's Constitutional objective, which is "the attainment by all peoples of the highest possible level of health".[1] The main social target of governments and WHO is the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.[2] This common objective and target, known as Health for All by the Year 2000 (HFA/2000) is based on principles of equity, human values and responsibility. HFA/2000 is to be achieved by means of interrelated strategies at national, regional[3] and global[4] levels.

Collective

1.2. All the resources of WHO, including knowledge, information, technology, manpower, and material and financial resources, at all organizational levels, are there to serve and to be used by the Member States of the Region for the health development of their peoples. The Organization's resources are the collective property of all Member States, and no part of those resources is the

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1. Constitution of WHO, Preamble and Article 1.
2. Resolution WHA30.43 (May 1977).
3. Document EM/RC29/7 and Addendum 1 (1979).
4. Global Strategy for Health for All by the Year 2000, Health for All Series No.3, WHO, Geneva (1981).

exclusive property of any individual country, save to serve the collective purpose of the Member States. In deciding on the allocation of WHO's resources for direct technical cooperation and support to countries, priority is to be given to helping where the need is greatest, with due attention to absorptive capacity and effective use of resources in pursuit of HFA/2000.

**Health for All policies**

1.3. WHO's resources may accordingly be used for direct support to countries only if these uses meet two conditions: (1) they are pursuant to nationally defined health policies, strategies and priorities; and (2) they are consistent with the international health policies, strategies and programmes that Member States have decided upon collectively in the Regional Committee, Executive Board or World Health Assembly, the governing bodies of WHO. The Regional Director, acting on behalf of the collectivity of Member States, will respond to individual country requests for support only if these are in conformity with the Organization's policies.[5]

**Targeting for HFA**

1.4. Highest priority in the use of WHO's resources is to be given to support the development of national policies, strategies, plans of action, programmes and activities that are specifically targeted towards the attainment of Health for All through primary health care, concentrating on the community and the various levels of referral and support, including district level, with a view to covering all the populations in all geographical areas of the country. WHO and Member States in the Region will place initial emphasis on the introduction and attainment of intermediary targets related to the four global indicators for the availability of primary health care to the whole population: (1) safe water in the home or within 15 minutes walking distance, and adequate sanitary facilities in the home or immediate vicinity; (2) immunization against the six target diseases of the expanded programme on immunization;[6] (3) local health care, including availability of at least 20 essential drugs, within one hour's walk or travel; and (4) trained personnel for attending pregnancy and childbirth, and caring for children up to at least one year of age.[7] Attention will be paid to other programme targets and activities as a function of their close relationship to the essentials of primary health care.

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5. Resolution WHA33.17 (May 1980).
6. The six target diseases of EPI are: diphtheria, tetanus, whooping-cough, measles, poliomyelitis and tuberculosis.
7. "Global indicators", Global Strategy for Health for All by the Year 2000, Health for All Series No.3, WHO, Geneva (1981) pp.74-76.

**Essential elements of primary health care**

1.5. Primary health care (PHC) addresses the main health problems in the community, and includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs. PHC is defined as health care which makes practical, scientifically sound and socially acceptable methods and technology universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford.[8] PHC is not a programme by itself; it is an approach that permeates the entire health system.

**Integrated approach**

1.6. WHO's resources are preferentially to be used to strengthen national capacities in all areas and to initiate, plan and develop programme activities as an integral part of health systems, services and programmes based on primary health care. Integration of health promotion and disease control functions into one health system based on primary health care is to be particularly encouraged. Preference is to be given to activities that involve joint programming, joint budgeting and joint implementation of activities common to or linking health programmes, especially at the health delivery level.

**Focus on the community**

1.7. The attainment of Health for All through primary health care requires maximum individual and community self-reliance and participation by all in the various aspects of health development at community level. Accordingly, WHO's resources are to be used for activities that build up strong infrastructures based on primary health care, with emphasis on the community level and the first level of referral, and support to the periphery in all geographical districts throughout the entire country, in accordance with HFA targets (¶1.4 above).

**Intersectoral coordination**

1.8. In line with national priorities and collective WHO policy decisions, support from WHO's resources can be given to coordinated health promotion and health preserving activities in one or more health-related sectors, or areas of national and community development, in particular: agriculture, food, industry, education, housing, public works and communications. WHO may by agreement with Member States collaborate with health and

8. Declaration of Alma-Ata, Articles VI and VII, Primary Health Care, Health for All Series No.1, WHO, Geneva (1978) pp.3-5.

other sectoral agencies and institutions in countries[9] as may be necessary to fully exercise its Constitutional functions. (See also ¶1.11 below.)

**Catalytic action**

1.9. WHO's resources may be used to help initiate, accelerate, spearhead and coordinate health development activities that will have lasting or long-term effects and promote national self-reliance. For these purposes, WHO's resources are not to be used for isolated "WHO projects", but as catalytic inputs to national health programmes. However, WHO's resources are not normally to be used for continued financing of recurrent costs of ongoing national programmes; these should be covered by national, community or other budgetary or voluntary sources. WHO's resources may be used to help mobilize, rationalize and coordinate health inputs from all sources, national and international. (See also ¶2.8 below.)

**Optimal efficiency and effectiveness**

1.10. WHO's resources are finite and must be used selectively and productively in intimate partnership with those of the Member States, to obtain maximum leverage and maximum potential benefit for the health development of the people in each country. This can best be ensured by carrying out joint government/WHO programming and budgeting as part of the wider managerial process, covering the entire scope of national health development, and concentrating WHO's support action in the main areas for cooperation outlined in §2 below.

**Leadership and coordinating role of WHO**

1.11. Member States of the Region will make fullest use of their WHO "to act as the directing and coordinating authority on international health work",[10] and to carry out all the functions of the Organization as prescribed in the Constitution of WHO. This includes fulfillment of WHO's catalytic role of coordination and collaboration with the United Nations, other international organizations, multilateral and bilateral agencies, non-governmental organizations (NGOs), funding agencies and others concerned with health development.

## 2. MAIN AREAS FOR COOPERATION

2.1. The main priority areas for the use of WHO's resources in cooperation with and in support of national strategic action for Health for All (HFA) based on primary health care are set out below.

**Development of a national health policy and strategy for HFA**

2.2. The highest priority for use of WHO and its different resources by Member States of the Region is to encourage, facilitate and support the development of national health policies and strategies for HFA. If a Member State of the Region requires further policy or strategy definition in pursuit of HFA, then this is a

9. Constitution of WHO, Article 33.
10. Constitution of WHO, Article 2(a).

prime area for cooperation with WHO and a priority area for application of WHO's resources. WHO's resources may be used to help develop and articulate any of the main policy bases and main thrusts of the national strategy for HFA which must, however, be specified and implemented by the countries themselves (see Annex I). WHO will collaborate in national health policy and strategy review and formulation, on request of the Member State concerned, and WHO's resources may be used for this purpose.

**Promotion of the national health policy and strategy**

2.3. National health policies and strategies have to be made known to and endorsed by governments, health providers, interested groups and, above all, the public. WHO's resources may be used in connection with policy statements, strategy reports, health advocacy, promotional and learning materials, information, communication media, health-related legislation, socio-economic planning inputs, and motivational activities to win understanding and acceptance of national health policies and strategies.

**Development of the health system and related national health plans and programmes**

2.4. The national strategy for HFA requires the assessment, design and implementation of the national health system and its specific, related national health plans and programmes. To define and implement the component programmes, Member States of the Region will need to apply a systematic managerial process for national health development: to formulate national health policies, objectives and targets; to make preferential allocation of resources; to design national plans of action; prepare detailed programmes; to deliver them through the health infrastructure; to monitor, evaluate and subsequently modify them as necessary; and to ensure information support to the foregoing.[11] WHO's resources may be used in the development and application of this process. WHO's resources will be preferentially allocated to activities that form part of the national strategy for HFA and are pursuant to the national plan of action to implement the strategy. There is no further need for independently managed "WHO projects"; they will be replaced by WHO's cooperation in and support to national programmes for whose execution the national authorities will be responsible. In considering national programme priorities and WHO's involvement in the formulation and execution of specific national health system infrastructure and health science and technology programmes, Member States will find it practical to make use of WHO's General Programme of Work,[12] proceeding systematically through it and using it as a "checklist"

11. Managerial Process for National Health Development, Health for All Series No.5, WHO, Geneva (1981).
12. The current WHO general programme is the Seventh General Programme of Work covering the period 1984-1989, published in the Health for All Series [No. 8, WHO, Geneva (1982)].

TABLE I

CRITERIA FOR DECIDING ON WHO'S INVOLVEMENT IN NATIONAL HEALTH PROGRAMMES

The following set of criteria will be used to decide on WHO's involvement in national health programmes, it being understood that not all the criteria need apply simultaneously, but that a reasonable number of them should:

(1) The problem is clearly defined.

(2) The underlying problem is of major importance to the country in view of: its high social relevance in terms of its effect on people's health and particularly the health of underprivileged and high-risk groups; its incidence, prevalence, distribution and severity; or its adverse social and economic implications.

(3) The programme is an important part of the national strategy for Health for All, having being identified as such through a systematic application of the managerial process.

(4) There is a demonstrable potential for solution.

(5) WHO's involvement is clearly in line with the national and regional strategies, and has been indicated in subsequent joint programming processes.

(6) WHO is better equipped than other external partners to support the country with respect to the issue, in view of its constitutional mandate and the knowledge and experience it can bring to bear.

(7) WHO's involvement could have a significant impact on the promotion of health and improvement of the quality of life.

(8) WHO's involvement will promote the establishment and self-sustaining growth of the programme throughout the country.

(9) The country will be able to maintain the programme in terms of financial resources and human resources that are either currently available or could become available.

(10) WHO's involvement will help developing countries to rationalize and mobilize their resources for health, as well as to mobilize external resources and use them rationally.

from which to select the main issues, targets and objectives, and programmes and activities on which efforts must be focused to implement the national strategy. The priority programmes that emerge from such a process will depend on the country's situation, but they will certainly cover the essential elements of primary health care (see ¶1.5 above). Emphasis must be placed on developing the infrastructure and health manpower required for delivery. Decisions concerning WHO's

involvement in the formulation and implementation of national health programmes will be taken through joint government/WHO application of this scanning process, taking into account the criteria to be used to decide on WHO's involvement in national health programmes (see Table I).

**Strengthening national capacities**

2.5. WHO's resources may be used by Member States of the Region to strengthen their capacities to prepare and implement national HFA strategies, plans of action and related programmes. This requires the development and involvement of national structures, institutions and individuals, including the Ministry of Health, as well as departments of education, agriculture, planning, development, finance, housing, public works and the like, interministerial mechanisms, schools and universities, research and training institutions, individual experts, communities and their leaders, as appropriate to the situation in each country. Cooperative activities might include manpower training, research and development, epidemiological studies, health situation and trend assessment, management studies, information analysis, financial cooperation, and development and application of the managerial process for national health development, including monitoring and evaluation of the national strategy for HFA.

**Transfer and absorption of validated information**

2.6. WHO will transfer to Member States of the Region the full range of validated information required by them on all aspects of health and health development, and will facilitate the absorption of such information by them. WHO's resources may be used to support countries in building up their information systems for optimal communication and the use of appropriate information within and between countries (see also ¶3.7 below). To further communication and transfer of knowledge, WHO's resources may be used for translation of documents and learning materials into Arabic and other local languages of countries of the Region, and for publication and dissemination (see also §3.10 below).

**Research and development for HFA**

2.7. When reviewing programme requirements and the state of existing health technology, those gaps in knowledge, appropriate technology, and capacity, as well as social, cultural or economic obstacles will be identified that can best be resolved through research and development. Some key research and development issues are indicated in Annex II. The overall regional policy and practice in research and development for HFA is guided by the Regional Advisory Committee on Health Research. WHO's resources may be used to support: formulation of national health research policies and strategies; stimulation of critical health-systems and biomedical research; strengthening of health-research mechanisms; training and developing research manpower; and prompt dissemination of useful research findings to those who need them in the

countries of the Region. WHO's resources may be used for applied and operational research, especially health systems research, to integrate technology in delivery systems, to assess and solve problems, to identify and reduce constraints, to strengthen facilitating factors, to promote efficiency, to reduce wastage and to increase the effectiveness of health delivery.

**Mobilization and rationalization of resources**

2.8. All available resources must be brought to bear on national health development in an optimal manner. WHO's resources may be used to help mobilize additional resources and rationalize their use in countries. This may include economic analysis, programme budgeting, financial planning, undertaking country resource utilization reviews as part of the managerial process for national health development, preparing proposals for attracting external funds, and supporting national systems for monitoring, auditing and evaluation in policy, programme and financial terms. WHO's financial resources may be used as "seed money" to stimulate action and thereby to attract other resources and catalyse further health development on a greater scale.

3. OPTIMAL USE OF WHO SERVICES AND RESOURCES

3.1. Within the policy framework outlined in §1 and §2 above, WHO's cooperation with countries may take many forms, subject to specific conditions outlined below.

**International services and direct financial cooperation**

3.2. From a financial accounting standpoint, WHO's involvement in national programmes may take the form of (a) provision of international services and related technical support to national programmes, or (b) direct financial cooperation in national programmes, or (c) a combination of the two. International services include the provision by WHO of the conventional kind of technical support services (e.g. internationally recruited staff, consultants, meetings, equipment and supplies, training including fellowships, attendance at international meetings) that can in the first instance be accounted for by the Organization. Direct financial cooperation means that WHO undertakes a shared participation in funding of a national health programme or activity. Although WHO's resources in the latter case are not tied to a particular "object of expenditure" in WHO terms, the use of the resources of the country, of WHO and of any other participant is subject to national and international standards of control and accountability in policy, programme performance and financial terms. Further conditions for WHO's direct financial participation are indicated in Annex III. The payment of local cost subsidies for items that would normally be borne by governments is limited, and such local cost subsidies are subject to the same standards of health programme accountability and evaluation as any other WHO technical cooperation activity.

TABLE II

CRITERIA FOR DECIDING ON INTERCOUNTRY ACTIVITIES

(1) Similar needs have been identified by a number of countries in the Region following a rational process of programming or on the basis of a common awareness of joint problems.

(2) The activity will be useful for eventual application by countries.

(3) The pursuit of the activity as a cooperative effort of a number of countries in the same Region is likely to contribute significantly to attaining the programme objective.

(4) For reasons of economy the intercountry framework is useful for pooling national resources, for example for the provision of highly specialized technical services to countries.

(5) Cooperating countries, whether developing countries cooperating among themselves (TCDC) or with developed countries, have requested WHO to facilitate such cooperation.

**Intercountry activities**

3.3. WHO's resources may be used for activities which meet the common needs of more than one country in the Region or in different regions. In addition, WHO's resources may be used as seed money to plan and initiate technical cooperation among developing countries (TCDC) and between them and developed countries. However, the financing of such cooperation remains mainly the responsibility of the governments concerned, thereby maintaining self-reliance. Issues which lend themselves to intercountry activity include: advocacy of HFA policies and strategies; HFA leadership development; training of health manpower; research and development of appropriate technology and its application; exchange of information and experience; joint activities along common national borders (e.g. control of malaria or onchocerciasis); and such specific issues as have been identified as priorities for intercountry action by the Regional Committee. Some criteria for deciding on intercountry activities are indicated in Table II.

**Regional activities**

3.4. WHO's resources at the regional level are to be used to support Member States collectively through the work of the Regional Office and the Regional Committee and its sub-committees and by ensuring appropriate cooperation with individual Member States of the Region in line with the regional and global policies. The regional level will draw on the global level of WHO as necessary for political support, coordination of information and resource transfer, promotion of ideas and research, and specialized technical support, as well as for financial cooperation for carefully selected innovative activities

TABLE III

CRITERIA FOR DECIDING ON REGIONAL ACTIVITIES

(1) The activity directly supports the work of the Regional Committee or its sub-committees.

(2) The activity encompasses regional planning, management, monitoring and/or evaluation.

(3) The activity ensures regional coordination.

(4) The activity facilitates technical cooperation among developing countries (TCDC).

(5) The activity supports direct cooperation between WHO and a Member State at the national level.

(6) The activity supports approved intercountry activities.

(7) The activity is an essential regional component of an inter-regional or global activity.

(8) For reasons of economy, the regional framework is useful for pooling certain international resources, for example for the provision of highly skilled specialized services to countries.

in order to generate experience useful to countries in the Region. Support from regional-level resources to countries might include: advocating HFA policies and strategies to enlist top-level political support for these; supporting the implementation and monitoring of the strategies; promoting intersectoral and international action in the region; facilitating information exchange and technical cooperation among countries of the region; supporting country and intercountry research and development; supporting country and intercountry training; coordinating multidisciplinary technical support to countries; identifying needs for and possible sources of external resources for health strategies in developing countries, with greatest attention being paid to development of the health system infrastructure in accordance with the defined priorities articulated in the national policies and strategies for HFA; and setting up appropriate information systems to carry out the above. Some criteria for deciding on regional activities are indicated in Table III.

**Training of health manpower**

3.5. WHO's resources may be used for the training, reorientation and motivation of national health manpower. Forms of cooperation include: training leaders for HFA; training or retraining of trainers; training of all categories of health workers in different related sectors, professional and non-professional; on-the-job

training, supporting national seminars and workshops; curricula development; preparing health learning materials or adapting them to local needs; direct financial cooperation in training institutions; provision of information on training facilities. Preference will be given to training within the country whenever possible, and to strengthening national training institutions. WHO may provide grants to local or national training institutions to carry out specific activities, thus achieving the dual benefit of developing manpower and strengthening the institution concerned. Fellowships abroad are to be given last priority as a means of health manpower development except where: a fellowship is the most relevant and cost-effective training option; a fellowship is the most appropriate means of contributing to the attainment of the objectives of the national health manpower policy and plan; a fellowship is the most appropriate means of contributing to the attainment of the objective of a specific national health programme that forms an essential part of the health strategy; the institution abroad is capable of providing training that is highly relevant to the conditions of the fellow's country; and appropriate employment is assured to the fellow in the subject of study on return to the home country. Once a fellowship has been determined as the most appropriate means of training, for the purpose of selecting WHO fellowship candidates, Member States will use an appropriate selection mechanism, such as a properly constituted selection committee composed of representatives of the national health administration, the appropriate national body concerned with the education of health personnel, and the appropriate professional group (if applicable), and will consult WHO in the process of selection. The use of fellowships and other training activities will be monitored and evaluated periodically in terms of the impact of health manpower development on national health development.[13] A percentage of country fellowship allocations, for example 10%, should be used to recruit nationals to serve with WHO for the purpose of providing them with on-the-job training in international health work and in the planning and implementation of various technical programmes.

**Supplies and equipment**

3.6. WHO's resources may be used selectively for purchase of priority supplies and equipment for national health programmes in which WHO has become involved. In addition, WHO will purchase health-related supplies, equipment, books and other material on behalf of governments on a reimbursable purchase basis, in order to obtain the most appropriate material from the best suppliers at the most favourable prices and conditions. Also, within the

13. Resolution EB71.R6 (1983) concerning the policy on fellowships refers.

TABLE IV

CRITERIA FOR PURCHASE OF SUPPLIES AND EQUIPMENT

(1) The supplies or equipment are essential technical components for implementing a well-defined national programme in which WHO has become involved following joint government/WHO dialogue, applying the criteria for WHO's involvement in national programme activities, and the government concerned would itself have been committed to the purchase of those supplies and equipment for the same programme.

(2) The purchase by WHO is not a substitute in the long term for purchase by governments.

(3) The purchase, if and when required, has been included in the joint planning of WHO's involvement in the national programme, and has not been added as an afterthought or as a way of using up unused funds especially towards the end of the biennial financial period.

(4) The means of proper utilization and maintenance of the equipment for the programme is assured.

(5) Subsequent use of such supplies and equipment provided by WHO must be accounted for in terms of their essential and appropriate nature for the development of the programme concerned.

TABLE V

CRITERIA FOR INFORMATICS SUPPORT

(1) The need for informatics must meet the necessary priority ranking within the overall frame of WHO cooperation with the particular country.

(2) The informatics application (and related health programme activity) is relevant to improve national capability for managing the national health system, and informatics provide an economical solution to the problem.

(3) The data to be computerized are of such quality, timeliness and managerial relevance to justify the use of informatics.

(4) Equivalent or superior expertise in this field is not available locally in the country.

TABLE VI

CRITERIA FOR USE OF CONSULTANTS

(1) Consultants must have a proper understanding of WHO's overall policy framework and of the place the issues for consultation occupy within that framework.

(2) Consultants must have an understanding of and sensitivity to local problems and conditions in the country concerned.

(3) Consultants must be able to work effectively with national health workers and others in reviewing, adapting and applying as necessary the knowledge, information and technology appropriate for the task in hand, particularly technology that has been identified collectively in WHO as being potentially appropriate.

(4) Consultants must carry out their assigned duties with efficiency, competence and integrity, serving the interests of the Organization and the country.

(5) Consultants must have the ability to express their findings and recommendations in a clear, concise and practical manner.

limits of WHO's local currency requirements in the country, WHO can help Member States pay in US dollars or other currency abroad for teaching and laboratory equipment. WHO will support countries of the Region in strengthening their national procurement capability, including bulk purchasing and competitive bidding, to ensure quality and at the same time to save national resources. The transportation of drugs and supplies is primarily the responsibility of the government. WHO normally does not provide vehicles. When contemplating the use of WHO's resources for the purchase of supplies and equipment, the criteria presented in Table IV will be adhered to.

Informatics

3.7. As part of the strengthening of the managerial process for national health development (see ¶2.4 above) and the building of national health information systems (see ¶2.6 above), WHO will provide technical advice to countries on the best way of handling their information requirements, including the economic use of informatics (computers, communications networks, etc.), as appropriate to local and national conditions. This technical support goes beyond the mere supply of equipment. The criteria for requesting informatics support are given in Table V.

Consultants

3.8. WHO's international services include the provision of expert advice and on-the-job sharing of information, experience and know-how through the use in countries of WHO staff in a consultative capacity and of external consultants. All such consultants to countries will be

TABLE VII

CRITERIA FOR HOLDING MEETINGS AND CONFERENCES

(1) WHO's resources will be used for intercountry and regional meetings only if they meet the WHO criteria for intercountry and regional activities, and WHO's resources will be used for initiating and supporting national workshops, seminars and other meetings only if they meet the criteria for WHO's involvement in national programme activities.

(2) Intercountry and regional meetings should form an essential part of a carefully thought out WHO medium-term programme. National meetings should be part of a wider national programme or serve a specific HFA objective.

(3) To ensure optimal value, meetings must have clear purposes, must be properly structured, and must be based on working documents that will produce practical results.

(4) Detailed information about meetings and specific criteria for selection of participants for each regional or intercountry meeting will be sent to countries as early as possible, preferably at the beginning of each financial biennium.

(5) Only participants who can contribute to the proceedings and related programme development will be nominated or selected; they should include participants from sectors other than the health sector whenever relevant.

carefully selected and adequately briefed. Before considering the use of WHO staff or external consultants, optimal use will be made of national and local expertise in the execution of collaborative activities, in order to ensure the relevance of technical contributions to such activities and, at the same time, to build up national capacity through learning-by-doing. When appointed, the consultant will serve as the counterpart of the national colleague who has the prime responsibility for the activity and subsequent continuity. Consultants will be employed on the basis of the criteria shown in Table VI.

**Meetings and conferences**

3.9. WHO's resources may be used for the holding of international conferences and meetings, or for support to national workshops, seminars, and conferences and other meetings in countries of the Region. If meetings are well prepared and properly managed, they provide an efficient and effective means of bringing together expertise, exchanging information and experience, and reaching consensus recommendations for health development. Meetings are subject to the criteria shown in Table VII.

**Publications and documents**

3.10. WHO's resources may be used to produce a wide range of publications and documents necessary for the transfer

of policy, programme and administrative information and appropriate scientific and technological information. Such documentation may be used for facilitating the exchange of experience, provision of teaching/learning materials, dissemination of health statistics, and reporting progress in monitoring and evaluating HFA strategies at country, regional and global levels. WHO's resources are also used for the translation of priority publications and documents into the official languages of the Organization, for example Arabic, as well as other national languages of Member States in the Region according to specific criteria. WHO's resources may be used to help initiate and strengthen local translation, publishing and reproduction capabilities in countries, and facilitate sharing of capabilities between countries.

## 4. PROCESSES AND MECHANISMS

4.1. The regional programme budget policy for optimal use of WHO's resources requires processes and mechanisms for carrying it out, beginning at the country level in all Member States of the Region, and being supported by the regional and global levels of the Organization. Some of the main features of the managerial process for WHO general programme development are indicated below.

**Joint government/ WHO policy and programme review process**

4.2. As the constant partner of every Member State in the Region, WHO will cooperate through a variety of means in joint reviews of the main lines, essential needs and outcomes of national policies, strategies and plans of action for HFA/2000 based on PHC. Such reviews and their recommended outcomes will always be pursuant to the nationally defined priorities as well as to the internationally agreed health policies referred to in ¶1.3. Such reviews will complement and support the continuing national programme planning and coordinating processes and mechanisms in the country, with full respect for national sovereignty, self-reliance and self-determination. The managerial process for WHO general programme development complements and supports the managerial process for national health development. Specific aspects of and mechanisms for carrying out this process are mentioned below.

**Programming and programme budgeting processes**

4.3. The joint government/WHO policy and programme review process includes a systematic assessment of programme needs and the allocation of resources. The review process accords with the agreed approach to the development of programme budgeting and management of WHO's resources at country level.[14] Having considered the country's epidemiological, environmental and socio-economic conditions, government health officials and WHO staff review the essential needs for developing the national

14. Resolution WHA30.23 (May 1977).

strategy for HFA in line with WHO global and regional strategies for HFA. Attention is then paid to the overall design of the national health system, and the implications for related health programmes and integrated health delivery.

4.4. Individual national health programme needs (see ¶2.4) may be effectively determined by proceeding systematically through the WHO General Programme of Work, assessing the national situation in the light of the global and regional objectives and targets for each programme area - whether or not WHO's resources will be involved. If there are areas of fundamental weakness that can be overcome through the kinds of approaches, functions and criteria appropriate for WHO's involvement, these will be areas for priority use of WHO's resources - human, technical, material and financial. The joint programme budgeting process takes into account the experience of the past biennium, reviews and further elaborates the activities for the current operating period, and outlines the broad lines of programme action and resource allocation for the next financial period.

**Proposed Regional programme budget**

4.5. Proposals for use of WHO's resources at country level deriving from WHO's regular budget are worked out within the limits of regional allocations and tentative country planning figures, but taking into account extrabudgetary resources that can be firmly expected from other sources. When preparing a proposed WHO regional biennial programme budget for the next financial period for review by the Regional Committee, it is sufficient at that stage to provide information on the proposed investment of WHO's resources in the country in terms of the programmes of the WHO General Programme of Work, rather than in the form of detailed activities. Technical cooperation proposals are presented in the proposed WHO regional programme budget in the form of narrative country programme statements, supported by budgetary tables in which the country planning figures are broken down by programme so as to facilitate a programme-oriented review by the Regional Committee. Details of plans of operation or work and detailed budgetary estimates planned within defined national health programmes will be developed at a later stage, closer to and as part of national programme planning and implementation at country level.

**Detailed programming and control of operations**

4.6. Joint decisions and agreement reached between the government and WHO for specific uses of WHO's resources should be reflected in an appropriate form of written report, exchange of correspondence, agreement document or plan of operation. Normally WHO allotments for expenditure will not be issued without an updated plan of operation or approved exchange of official cables or letters between the government and WHO. For the sound management of programme activities of a size or

importance to warrant it, plans of action should be jointly agreed upon, showing who will do what, when, for what purpose and with what measurable outcome. Operations will be monitored and controlled, and use will be made of financial audit in policy and programme terms. Programmes are to be evaluated by all concerned, in terms of the programmes' relevance, adequacy, progress, efficiency, effectiveness and impact (see §6).

4.7. Member States will provide the Regional Committee, through the Regional Office, with a succinct account of the use of WHO's resources in the country. The Regional Director presents his biennial report on the work of the Eastern Mediterranean Region to the Regional Committee. Consolidated financial reports and reports on the work of WHO are also prepared at global level by the Director-General and submitted to the WHO Executive Board and World Health Assembly.

**WHO Representative**

4.8. In countries where WHO and the government concerned have agreed to the establishment of a WHO Representative's Office, the WHO Representative (WR) plays a key role at the country/WHO interface and serves as the focal point and first line of communication for the joint government/WHO reviews mentioned above and for the implementation of WHO cooperative programmes in the country. The main functions in which the WR is involved are: support to national policy formulation; assistance with national health planning; planning and management of WHO cooperative activities in the country; support for mobilization and rationalization of the use of available resources; supervision of the team of WHO staff working in the country; coordination with partners in health development in all sectors; and representation of the totality of the Organization and those of its resources which are placed at the service of the country. By agreement with the government of the Member State, the WR may, for the purpose of discharging his duties, have direct access to various government offices and departments, especially the Ministry of Health.[15] The WR is responsible for WHO's activities in the country, being answerable to the government through the Ministry of Health, and being accountable to WHO as a whole. The WR acts as team leader of Joint Government/WHO Programme Review Missions described below.

**Joint Government/ WHO Programme Review Mission**

4.9. A key mechanism for obtaining coordinated programming and programme budgeting at the country level in the Eastern Mediterranean Region is the use of the Joint Government/WHO Programme Review Missions (JPRMs). The JPRM also offers an opportunity for dialogue, exchange of experience and learning by doing. The JPRM is

15. Constitution of WHO, Article 33.

composed of a national team and a WHO team that normally visits the country every two years. JPRMs carry out intensive programme evaluation, operational review, reprogramming and forward planning. A Mission will discuss the status of current programme implementation; identify problems, weaknesses, or wastage; define potential solutions, facilitating factors and opportunities for improvement; and undertake reprogramming as necessary. The Mission then considers the detailed programme budget allocations for the country as agreed for the next biennium, ensuring compliance with the policyguidelines and criteria indicated herein, and applying the programme budgeting process described above. Finally, the Mission discusses the probable main directions and priority programme areas for inclusion in the proposed programme budget for the biennium to follow. Feed-back from the missions in all countries redefines the nature of support requirements from WHO at regional and global levels, and thus contributes to the reshaping of the WHO General Programmes of Work, the medium-term programmes, and regional and intercountry activities for future financial periods.

**Briefing visits and reprogramming exercises**

4.10. Between the JPRMs, senior health officials from the Member States are invited to visit the Regional Office for briefing and discussions of international health policies and strategies, the respective roles and functions of WHO and governments, and health leadership and managerial issues. In addition, national health team officials visit the Regional Office for intensive joint reprogramming exercises during the financial period. These reprogramming exercises review, update and redirect programme activities, including redeployment of resources as may be required.

**Country programme implementation reviews**

4.11. In addition to the joint reviews described above, WHO Representatives participate in in-depth country programme implementation reviews held in the Regional Office. The purpose is to examine implementation of the programme activities in a Member State, identifying difficulties, obstacles and constraints, and working out the most suitable solutions. During these reviews, all outstanding actions relating to the different programme activities are discussed with the responsible Regional Advisers and Programme Directors in the Regional Office. Some reprogramming may also take place.

**Recommendations deriving from meetings or special reviews, and emergency situations**

4.12. Other special reviews covering several related programme areas (e.g. immunization/maternal and child health/diarrhoeal diseases) are undertaken at country level. The resulting recommendations may lead to some reprogramming. In addition, the recommendations deriving from intercountry meetings, workshops and seminars, and the occasional inter-regional meeting, as well as from some national meetings in which WHO is involved, will suggest changes in programme orientation and actions that

are later reflected in the programme budget. While emergency situations such as famine, floods, outbreaks of epidemics, have to be handled on an ad-hoc basis, many such emergencies have a longer term effect on public health (for example the problems engendered by movements of refugees), and efforts to assist Member States to come to grips with these will equally affect programme budgeting.

**High-level policy and strategy discussions**

4.13. A significant complement to the above-mentioned processes and mechanisms is the continuing practice of the Regional Director to discuss with delegates or representatives of Member States to the World Health Assembly or to the Regional Committee, or with senior officials during his visits to Member States, often accompanied by the Director-General, important matters relating to WHO cooperative programme activities, including policy, implementation, utilization of resources, and the need for extra-budgetary resources and funds. The Regional Director is frequently able to resolve outstanding problems relating to programme implementation "on-the-spot"; at other times, the discussions generate specific action by the appropriate officials at the Regional Office, WR's Office or, globally, at Headquarters.

**Regional Office support, country focal points and Regional Programme Committee**

4.14. The entire Regional Office is geared to provide the necessary technical, administrative and coordinating support to the programme development processes and mechanisms described above. The multidisciplinary approach is applied to the planning, implementation and evaluation of WHO's technical support to countries. The JPRM described in ¶4.9 is a typical interdisciplinary country-support review mechanism. Briefing visits and reprogramming exercises, as described in ¶4.10, as well as the country programme implementation reviews described in ¶4.11, are carried out with the involvement of all inter-related programmes in the Regional Office. Ad-hoc interdisciplinary support teams may be used for the kind of special programme reviews or to provide assistance in the emergency situations mentioned in ¶4.12. For countries where there is no established WR's Office, a focal point responsibility is assigned at Regional Office level to ensure prompt, coordinated support to the country by all WHO programmes at regional and global levels, as well as from external partners collaborating with WHO in support of the country. All these developments have implications for the WHO regional staffing policy (see §5 below). The EMRO Regional Programme Committee, comprising directors and programme managers at the Regional Office, reviews all programme budget proposals and all reprogramming requests, whether emanating from the WRs, JPRMs, programme reviews or the Regional Office, and provides the first monitoring of compliance with the regional programme budget policy. Their recommendations are forwarded to the Regional

Director for approval. These then become the basis for the Regional Director's proposed programme budget that is submitted to the Regional Committee.

**Regional Committee and Regional Consultative Committee**

4.15. The programme budget proposals are transmitted by the Regional Director through the Regional Consultative Committee to the Regional Committee for collective review by the Member States of the Region. These Committees provide important overall policy guidance as well as specific proposals, resolutions and decisions of benefit to the Region. In reviewing the proposed programme budget, the Regional Committee considers the relevant proposals for each Member State in the Region with a view to ensuring that they reflect the regional programme budget policy, which in turn is a reflection of the Organization's collective policy.[16] The Regional Committee plays a critical role in the monitoring and evaluation of implementation of the regional programme budget policy (see §6 below).

## 5. STAFFING POLICY

5.1. The regional programme budget policy has important implications for WHO's human resources in the countries and at Regional Office level, as well as for the use of outside expertise and manpower in support of the Member States in the Region.

**Service to the Organization and to Member States**

5.2. All staff members of WHO in the Region are at the service of the WHO health cooperative, that is, the collectivity of the Member States. By accepting appointment, they pledge themselves to discharge their functions and regulate their conduct with the interests of the Organization only in view. All WHO staff members in the Region are subject to the authority of the Regional Director. They do not receive instructions from any authority external to the Organization. In principle, the whole time of staff members is at the disposal of the Organization, and thus of the collectivity of the Member States. The privileges and immunities of WHO staff accrue to them not in their personal capacities but by virtue of their service with the Organization and to the Member States.

**Appointment of WHO staff in the Region**

5.3. The Director-General and Regional Director alone have the right to appoint WHO regional staff.[17] The paramount consideration in the appointment, transfer or promotion of staff is to secure the highest standards of efficiency, competence and integrity, while maintaining the internationally representative character of the Secretariat. Vacancies are normally filled where possible by promotion of persons already in service, but this must

16. Resolution WHA33.17 (May 1980) ¶3(8).
17. Constitution of WHO, Article 35.

be balanced against the need for inflow of fresh talent. Due consideration is to be given to the geographical balance of the staff with equal opportunity for all, irrespective of race, creed or sex. For selection of general service staff subject to local recruitment in the Region, preference is given to nationals of the country where the WHO office is located if suitably qualified persons are available.

**Use of national talent and expertise**

5.4. In accordance with the overall regional programme budget policy, increasing attention is being paid to the engagement of national health personnel, national experts, and national institutions in WHO's work in the country concerned through suitable contractual arrangements. The conditions for such service and remuneration are worked out between WHO and the country. As a normal rule, the payment of salary subsidies to national staff already employed by their own governments is discouraged in the Region. Rosters are kept of experts from both international and national sources who can be brought in to provide expert advice and perform specific work in support of Member States of the Region. Nationals working with WHO in one country may, in turn, be qualified for work in support of another country in the Region, where this is acceptable to both countries concerned.

**Competence, qualities and duties of WHO staff**

5.5. The policy of wide-scope joint collaboration between WHO and the Member States, as well as the practice of identifying and using specific technical expertise on a short-term basis, have implications for the types, numbers and deployment of WHO staff, and their related competence, qualities and duties at country and regional levels. WHO staff must have a full and proper understanding of WHO's policies and practices relevant to their work. WHO staff have to be able to function as a team, in close cooperation with health leaders, other officials, technical experts, health managers and health providers in the countries of the Region. Local language requirements are often important. WHO staff, although specifically trained in one or more disciplines, must become versatile, multivalent "health generalists". WHO staff must increasingly be able to advise on health policy development, health advocacy, programming and management, evaluation, dialogue and transmission of information, and have experience covering a wide range of technical programme areas. Regional Office staff must not attempt to deliver "vertical programmes", but must develop integrated approaches. They must allot their time in accordance with the countries' needs as defined through the country support mechanisms and processes outlined in §4 above.

**Accountability of WHO staff**

5.6. All WHO staff are accountable for their work to the Regional Director, and through him to the Member States.

## 6. MONITORING AND EVALUATION

**Monitoring and evaluation process**

6.1. This regional programme budget policy will be judged in the light of its implementation in all countries of the Region and at the intercountry and regional levels. The main vehicle for making this judgement will be the review of the programme budget proposals and the resulting actual use of WHO's resources for cooperation in support of the Member States. Programme evaluation will be carried out in countries and at all organizational levels in accordance with the guiding principles for health programme evaluation.[18] In addition, the Region will carry out financial audits in policy and programme terms in order to identify how expenditures were decided upon, what has actually been achieved, and how they relate to the national, regional and global strategies for HFA.

**Key role of the Regional Committee**

6.2. The Regional Committee will monitor and evaluate the implementation of the policy at the same time as it considers the regional programme budget proposals. It will review the way Member States in the Region have used WHO's resources during the preceding financial period, in the light of the account presented to it by each Member State, and will determine whether such uses represent optimal support to national health development in the individual countries of the Region, in particular to further their policies and strategies for Health for All by the Year 2000.

**Global monitoring and evaluation**

6.3. Based on the foregoing, the WHO Executive Board and the World Health Assembly will monitor and evaluate implementation of all regional programme budget policies in general, global terms. The Director-General and the Regional Director will support the Regional Committee, the Executive Board and the World Health Assembly as required.

**Attainment of Health for All in the Region**

6.4. The successful implementation of this Regional Programme Budget Policy will have a significant bearing on the attainment by the Member States of the Region of Health for All by the Year 2000.

18. Health Programme Evaluation - Guiding Principles, Health for All Series No.6, WHO, Geneva (1981).

## ANNEX I

## POLICY BASES AND MAIN THRUSTS OF A NATIONAL STRATEGY FOR HEALTH FOR ALL

WHO's regional programme budget is to be used extensively and intensively to support national strategies for Health for All. To identify the main activities at country level and the corresponding resources required of WHO, it is useful to summarize the main policy bases and main thrusts of a national strategy for Health for All and a corresponding health system, to be conceived and implemented by the countries themselves.

**Policy bases** The main policy bases for a national strategy for Health for All are:

- the recognition of Health for All by the Year 2000 as a priority social goal;
- the recognition that primary health care is the key to attaining this goal;
- equitable distribution of resources for health leading to universal accessibility to primary health care and its supporting services;
- recognition that the government has a responsibility for the health of its people;
- recognition that people have the right and duty to participate in the planning and implementation of health care;
- community involvement in health development;
- the use of health technology that is appropriate for the country concerned;
- involvement in health development of all sectors concerned, not only the health sector;
- the mutually supportive influence of socio-economic and health development, leading to genuine human development;
- national, community and individual self-reliance in health matters.

**National Health System** Countries must review their national (i.e. nation-wide) health systems and reshape them as necessary in order to:

- encompass the entire population, in all communities and geographical areas;
- include appropriate components from the health and related sectors;
- address the essential elements of primary health care at the first point of contact between individuals and the health system;
- ensure the support of the other levels of the system to primary health care;
- exercise central coordination over all parts of the system.

**Development steps** To develop such a national health system. Countries must take steps to:

- identify and set in motion the activities required in the health and related sectors and make sure they are well coordinated;
- devise ways of involving people and communities in primary health care and plan accordingly;
- set up a referral system to support primary health care;
- organize a country-wide logistic system;
- plan, train and develop health manpower in response to people's needs as the backbone of the health infrastructure;
- establish suitable health care facilities;
- select health technology that is technically, socially and economically appropriate for the country, and ensure that it is properly used;
- foster control of the system in ways that are commensurate with the country's political, social and administrative practices.

**Supporting steps** To promote and ensure the development of such a health system, countries must take further steps to:

- ensure political commitment to the strategy of the government as a whole;
- assure economic support to the strategy;
- make efforts to win over the health and related professions;
- disseminate information to different groups of people in order to mobilize political, financial, managerial, technical and popular support;
- establish and apply a managerial process for national health development, making use of health systems research;
- focus biomedical, behavioural and health systems research on solving problems related to the strategy.

**Resources** To carry out the strategy, all available human, material and financial resources must be generated and/or mobilized, and utilized in a coordinated, rational manner.

## ANNEX II

## KEY ISSUES AND QUESTIONS FOR RESEARCH AND DEVELOPMENT FOR HEALTH FOR ALL

WHO's resources may be used to help develop a research and development strategy to support the national health development strategy in response to nationally defined needs. In systematically reviewing national health development needs and specific issues, a number of key questions will arise, leading to particular research and development requirements. Questions such as the following have to be asked:

(1) Has the problem for research been clearly defined? If not, studies have to be undertaken in order to define it.

(2) Does the knowledge for solving the problem exist? If not, biomedical, social, behavioural or other appropriate research have to be pursued in order to generate that knowledge.

(3) Does the technology for solving the problem exist? If not, developmental activities have to be undertaken to devise the technology.

(4) Is the technology appropriate for the country concerned or for specific areas, communities and social groups in the country? To determine that, the technology has to be assessed in terms of its scientific soundness, its social and cultural acceptability, and its economic feasibility.

(5) Is the technology potentially appropriate but not effective, or not being adequately or properly used? In response to that, operational research to adapt the technology or to modify the health system infrastructure may be required.

(6) Are there social and behavioural alternatives or modifications to the technical measures that would solve the problem or contribute to its solution? To respond to this question might require social and behavioural research.

(7) Are there social, cultural or economic obstacles to applying the technology? When such obstacles are suspected, socio-anthropological or economics research might be indicated.

(8) Are there adequate numbers of health workers for the work to be performed, and are they socially motivated to accept their responsibilities and technically capable of fulfilling them? Health manpower research and development will be required to respond to these questions and to suggest any necessary improvements in the situation.

(9) Is the health system infrastructure sufficiently developed and adequately organized to deliver programmes using appropriate technology and induce the social and behavioural measures required? Health systems research can help to answer that.

(10) What are the most suitable ways of financing the health system? To answer that rationally will require economics and social research in addition to political insight.

## ANNEX III

## CONDITIONS GOVERNING WHO'S DIRECT FINANCIAL COOPERATION (PARTICIPATION) IN NATIONAL HEALTH PROGRAMMES

Direct financial cooperation means that WHO undertakes a shared participation in the funding of a national health programme or activity, as jointly agreed between the government and WHO. Whatever the form of agreement, it should include the following information:

(1) the nature of the agreed national programme activity in which WHO will participate financially;

(2) an estimate of the total cost of the activity and the amount of WHO's direct financial participation;

(3) the time frame, including the period of WHO's commitment;

(4) where amount exceeds US$50 000, a plan of payment, or advances to be made to an agency or department bank account that requires at least two signatories for operation;

(5) the schedule or conditions, in terms of progress and financial reports, or notice thereof, under which subsequent instalment payments will be released;

(6) the understanding that WHO internal and external auditors are authorized to review relevant documentation and accounting entries in the government books of account;

(7) for activities in excess of US$50 000 per year, a report giving both performance and financial data, certified by both the technically and financially responsible government officials.