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Regional Office
for the Eastern Mediterranean
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الْكَتَابُ الإِسْطِي
لِلشَّرْقِ الْبَحْرِ الْمُتَوَسِّطِ

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

Thirty-fourth Session

Agenda item 8

EM/RC34/6
June 1987

ORIGINAL: ENGLISH

REPORT ON JOINT GOVERNMENT/WHO PROGRAMME REVIEW MISSIONS

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1. INTRODUCTION

1.1. The third round of the Joint Government/WHO Programme Review Missions (JPRMs) was completed by April 1987. This was the first series of JPRM to be conducted on the basis of the Regional Programme Budget Policy governing the development, implementation and financing of WHO's collaborative activities with countries which was adopted by the Regional Committee last year.

1.2. For this third round, improved guidelines were used, in which more emphasis was given to discussion between the JPRM team members and the national managers in the review of progress in implementation of programmes, their problems and future plans.

1.3. Reprogramming for 1987 and programming for 1988/89 were based on the outcome of such assessment and directed towards ensuring effective implementation of programmes. Priority was given in programme budgeting to meeting the needs for implementation of the strategy for Health for All by the Year 2000 (HFA/2000). The guidelines encouraged innovative approaches to targeting for HFA/2000, such as concentrating on localized geographical areas, or on selected priority programmes that can have a quick appreciable impact on morbidity and mortality and which can act as vehicles and/or spearheads for other programmes.

1.4. The guidelines stressed the importance of strengthening of intersectoral and interagency collaboration through the establishment of joint social development programmes, of which primary health care is an important component; budgeting aimed at ensuring successful implementation and creating the catalytic effect which attracts and ensures effective use of national and international resources, effective follow-up of recommendations and speedy implementation through development of detailed workplans for the agreed activities.

2. DEVELOPMENTS AND NEW APPROACHES

This JPRM round has led to certain developments and new approaches. Some of these are:

2.1. The JPRM in one country was preceded by a Programme Budget Policy implementation audit and in another by an in-depth primary health care review. The results of these audits/reviews served as an important input and the JPRMs' guidance in reorientation of programmes, placing greater emphasis on health development based on an integrated primary health care approach at community level, with coordinated referral supervision and support from district and regional levels. This experience proved to be extremely useful and it is intended to continue to link audits/reviews and JPRMs.

2.2. Many countries have selected defined geographical/administrative areas (governorates, regions or districts) for the development of district health systems based on comprehensive primary health care delivery.

2.3. In line with Regional Committee Resolution EM/RC33/R.5, which endorsed the recommendations of the Regional Consultative Committee, there was an appreciation of the need to develop health leadership and to train national officials in international health; accordingly allocations were earmarked for this purpose by all JPRMs.

2.4. General fellowship allocations were reduced and funds for fellowships and training were linked to programme areas, with the aim of increasing the relevance of training, strengthening the implementation process and promoting strengthening of national institutions.

2.5. More integration of activities has taken place in some countries through support to integrated primary health care incorporating as many of its basic elements as possible.

2.6. More emphasis was given to Health Services Research (HSR) which is operationally oriented.

2.7. Countries realize the need for comprehensive health manpower development plans and agreement has been reached to develop these jointly, where they do not exist.

2.8. Joint programmes with other United Nations and bilateral agencies aiming at comprehensive social development to meet basic needs have been envisaged in at least two countries.

2.9. There is evidence of more understanding of WHO's role and function by national authorities than there has been hitherto.

3. PROBLEMS ENCOUNTERED BY JPRMS

A number of problems were encountered during this round of JPRMs but they were not of a magnitude to affect the outcome. Some of these problems were:

3.1. The JPRMs were performed under the shadow of WHO budgetary problems which led to the development of contingency financial plans.

3.2. Although programme implementation was assessed, this was not documented in sufficient detail and most reports lacked information about progress of implementation and problems of individual programmes.

3.3. There have been delays in nominating national team members and confirming dates of the Reviews. Although these were due to unavoidable circumstances, it is hoped that the JPRMs in future will be completed during the first 2-3 months of the year.

3.4. The guidelines were not followed in some instances - as a result the reports lacked information related to follow-up of recommended visits of nationals, some meetings, reports, plans and resolutions.

3.5. In some cases preparatory work was not completed and in some cases the Regional Programme Budget Policy booklet was either not received or not consulted by the national team. Some of the time of JPRMs was therefore taken up by matters that should have been completed earlier.

3.6. Participation of other sectors and their involvement in the JPRM exercise was limited.