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EVALUATION REPORT OF THE JOINT GOVERNMENT/WHO PROGRAMME REVIEW MISSIONS IN 2001

CONTENTS

1. INTRODUCTION

The Joint Programme Review Mission (JPRM) is a joint Government/WHO planning process that is aimed at developing effective and efficient collaborative programmes that have clearly defined results and measurable targets to be achieved over a two-year period. The JPRM document (operational plan) that is the outcome of each mission outlines the contribution of the joint collaborative programme, through technical cooperation and policy support, aimed at stimulating health development in line with the national health policy and priorities and strengthening national strategies for achieving health for all.

The JPRM process includes:

a) a critical review and evaluation of the outcome of the previous biennium, the results of which are used in the planning exercise itself;

b) trend analysis and assessment of performance of the collaborative programme across biennia;

c) advance projections of issues, challenges and strategic directions which the government and WHO may be confronted within the following biennium.

The Executive Board of WHO, through a number of resolutions, endorsed a results-based management approach for planning and requested the Director-General to prepare "an integrated plan for monitoring, evaluating and reporting results to the Governing Bodies". Based on the same resolutions, WHO, in a series of inter-regional meetings, framed new guidelines for an improved management process for its programme planning, essentially building on existing instruments and guidelines. The new guidelines include a number of improvements in the content, as well as definition of the expected results, products and targets. Performance indicators to assess achievement of targets and expected results are used in the development of operational plans and overall management of technical cooperation. The JRPM process therefore includes planning, monitoring and evaluation, as well as programmatic and resource management.

2. PREPARATION FOR THE JPRM

The preparations for the 2002–2003 JPRM were linked to the new approach developed for programme monitoring and evaluation. Based on the lessons drawn from previous biennia and the recommendations of the ninth round of JPRM evaluation, improvements both in the process and the products were made in the 2000–2003 JPRM planning exercise. The results-based management approach introduced in the previous biennium was further elaborated and improved. Better definitions of expected results, which are then linked to allocation of financial resources, were applied with the aim of establishing cause and effect relationship among the different planning elements, i.e. expected results, products and services and activities.

The changes were aimed at improving the Organization's managerial framework from the 2000–2001 biennium to the 2002–2003 biennium and this was reflected in the process of development of the workplans and their quality. The implementation of results-based management has also improved dialogue, collaboration and communication between the three levels of the Organization.

The following guiding principles were taken into consideration when developing workplans for the JPRM 2002–2003.

- WHO–Member State collaboration should reflect WHO's contribution to the national development process through mutually agreed priorities, expected results and national targets for cooperation.

- Country and regional health priorities are the starting point with reference made to global priorities.

- Monitoring and evaluation of performance at the country and regional levels is based on evidence of the achievement of the expected results.

- The JPRM budget should be used primarily and increasingly for agreed priorities and expected results.

- The workplans incorporate both regular budget and a reasonable estimate of the extra-budgetary resources.

To further consolidate the process, an intensive inter-regional consultation and training programmes were organized. New training materials were produced according to the improved JPRM planning guidelines and new monitoring and evaluation guidance. These documents were distributed to all technical staff and training sessions were organized to ensure full and common understanding of the new method of planning, monitoring and evaluation of work of WHO.

At its Forty-seventh session, the Regional Committee endorsed the proposed global and regional programme budget 2002–2003 (resolution EM/RC47/R.3). The regional programme budget spelled out the strategic directions and programme challenges that Member States and WHO were expected to address in the preparation of the programme of collaboration for the next biennium during the JPRM.

The Regional Office has, for the past two biennia, adopted a product-based approach to programme planning. As a result, there has been a steady improvement of planning process, both in structure and content. However, there remains a great deal of work to be done in the improvement of health sector analysis, priority-setting, monitoring and evaluation of impact of health programmes on people's heath and, in particular, the contribution of the WHO collaborative programmes towards achievement of the health goals of Member States.

In December 2001, WHO undertook an Organization-wide end-of-biennium evaluation on the implementation of the programme budget 2000–2001. The Regional Office conducted a desk evaluation of programme implementation and the extent to which the targets and the expected results defined for each programme had been accomplished. More work is needed to analyse WHO's contribution to the achievement of national health goals and objectives.

To improve the content and the quality of the collaborative programme, the Regional Office embarked on the preparation of medium-term strategic plans of cooperation between Member States and WHO under the Country Cooperation Strategy (CCS), with the aim of strengthening the technical capacity of both Member States and WHO in health sector analysis and strategic planning, and focusing on results-based management and the logical framework approach to programme planning. Four countries were selected as the first group to introduce this approach. Two countries have developed their Country Cooperation Strategy document. Five more countries are planning to undertake the same exercise during 2002.

Greater emphasis has been placed on monitoring and evaluation of programme achievements according to predefined performance indicators for WHO input to the overall country objectives, targets and expected results. In this regard WHO is developing a framework for an integrated plan for monitoring and evaluation of WHO's contribution to the national health goals with particular emphasis on health system development.

The JPRM planning tool and regional activity management system (RAMS) are the management tools for planning, monitoring and reporting of the workplans. WHO has adopted the JPRM model globally for the development of country workplans, the model has been modified to accommodate the new business rules of the Organization in line with the programme budget 2002–2003 and according to a core data set across the Organization. The model, now renamed the Workplan Editor was modified and improved by experts in the Regional Office. The improved planning tool was used for the development of the JPRM 2002–2003.

3. CONTENT AND FORMAT OF WORKPLANS

The content and format of 2002–2003 JPRM documents is unchanged; there is a narrative and a tabular section for each programme of collaboration. The workplans reflect a "cause–effect" relation among the elements, which is the essence of results-based management. The underlying principle remains the same as that used by the Regional Office during the last two biennia.

In the narrative section, under the heading Issues and Challenges each programme of cooperation establishes the basis and provides the rationale/justification for the national expected results to be achieved at the end of the biennium.

The tabular section of the Workplan Editor lays down, in a hierarchical order, the expected results, products, activities and activity components. The activity codes, time lines,

budget allocation and financial flows are plotted alongside each of the hierarchical components of the country plan described, as in the schema below.

	Activity codes	Time line	Budget allocations	Budget flows	Budget balance	Notes
W- Country Work Plan						
T- 01 Target (Expected Result)						
P- 01 Product						
A- 01 Activity						
AC- 01 Activity component						
AC- 02 Activity component						
T- 02 Target (Expected Result)						
P- 01 Product						
A- 01 Activity						
AC- 01 Activity Component						
AC- 02 Activity component						

4. PERFORMANCE MONITORING AND EVALUATION

The global and regional programme budget and the JPRM country workplans for the 2002–2003 biennium have an in-built monitoring and evaluation mechanism. The most important feature is the assessment of achievement of the national expected results and the regional contribution to the global expected results. Performance indicators for national targets have been defined for a good number of the collaborative programmes, although some of the programmes have yet to develop the performance indicators. Performance monitoring serves as an early-warning system, alerting management to difficulties or impediments to delivery of the products and achievement of expected results. These indicators will be used for monitoring and reporting at Organization level (i.e. country, region and headquarters).

5. JPRM AND THE WORKPLAN PROCESS

Preparatory work at country and Regional Office level started well ahead of the joint Ministry of Health and WHO planning exercise. WHO Representatives and their teams prepared drafts of collaborative programmes with national programme managers, at country level. Expected results, targets and products were identified for each of the collaborative programmes.

The national team members (and WHO Representative where assigned) met with those responsible for national programmes to brief them on the JPRM planning process. During these meetings, it was emphasized that specific programme activities had to be realistic, oriented towards achieving a national target and the tangible results or deliverables had to be formulated in such a way that it is clear that they can be delivered within the two year period. The WHO Representative and/or the national focal point prepared a country note on ongoing coordination with other United Nations agencies and bilateral donors. In most countries representatives of other United Nations agencies were invited to the JPRM sessions to take part in the development of some of the plans as appropriate. Consultations were also held with senior staff of health-related ministries to promote joint programming and increase synergy of intervention.

6. IMPLEMENTATION OF JPRM AND RESULTS

The following are highlights from the JPRM exercise:

- The JPRM started on August 2001 and was completed on January 2002.
- A total number of 18 missions were undertaken to countries with both Directors and Regional Advisers participating from the Regional Office.
- WHO headquarters staff took part in the JPRM in five countries.
- Six countries (Afghanistan, Bahrain, Kuwait, Palestine, Somalia and Qatar) developed their JPRM documents at the Regional Office.
- All plans of action were published on the Regional Office intranet for at least one month to allow technical staff to review and comment before finalization.
- JPRM plans were ready for advance implementation as of 1 January 2002.
- The total number of plans of action for 2002–2003 is 552 compared to 561 in 2000–2001.
- Efforts were made to focus on major strategic issues and challenges facing national health system development.
- After all JPRMs had been completed, each workplan was linked to the global expected results for better monitoring and reporting.

7. ANALYSIS OF CONTENTS OF JPRM

Table 1 shows the distribution of plans of action developed by countries in the Region for each area of work.

Table 1. Distribution of workplans according to programme

EMRO list of programmes	Title	No. of workplans
1.1	Health policy and strategic planning	19
1.2	Health management support	8
1.3	Health system research	11
1.4	Emergency preparedness and humanitarian action	19
2.1	Human resources policy planning and management	18
2.2	Medical and allied sciences	11
2.3	Nursing and paramedical resources	17
3.1	Evidence and information for policy	17
3.2	Health and biomedical information support	13
4.1	Health care delivery	22
4.2	Secondary and tertiary care	6
4.3	Sustainable development approaches	18
5.1	National drug policies based on essential drugs	21
5.2	Traditional medicine	5
5.3	Health laboratory support and health technologies	19
5.4	Blood safety	8
6.1	Promotion of healthy lifestyles	22
6.2	Safety promotion	12
6.3	Mental health	19
6.4	Substance abuse (including tobacco)	14
6.5	Nutrition and food safety	19
6.6	Noncommunicable diseases	19
7.1	Reproductive health and family planning:	13
7.2	Child and adolescent health (including IMCI)	20
7.3	Women's health	4
7.4	Health of the elderly	10
8.1	Environmental health policy	8
8.2	Water supply and sanitation	12
8.3	Chemical safety	6
8.4	Environmental health risk assessment	9
9.1	Polio eradication	10
9.2	Measles elimination	6
9.3	Neonatal tetanus elimination	3
9.4	Other vaccinations	13
10.1	Tuberculosis	28
10.2	Malaria	15
10.3	AIDS and STD	27
10.4	Leprosy elimination	5
10.5	Dracunculiasis elimination	1
10.6	Tropical diseases	11
10.7	Zoonotic diseases	8
10.8	Vector control	4
11.1	Disease surveillance and control	21

Figure 1 shows a comparison of the number of workplans and targets/expected results over the past three biennia. Countries have largely focused on the key strategic areas which required significant WHO input during the biennium, as a result of which there has been a sharp and significant decrease in the number of workplans from 1998–1999 to 2002–2003, a sign of improved priority-setting and more focused technical cooperation.

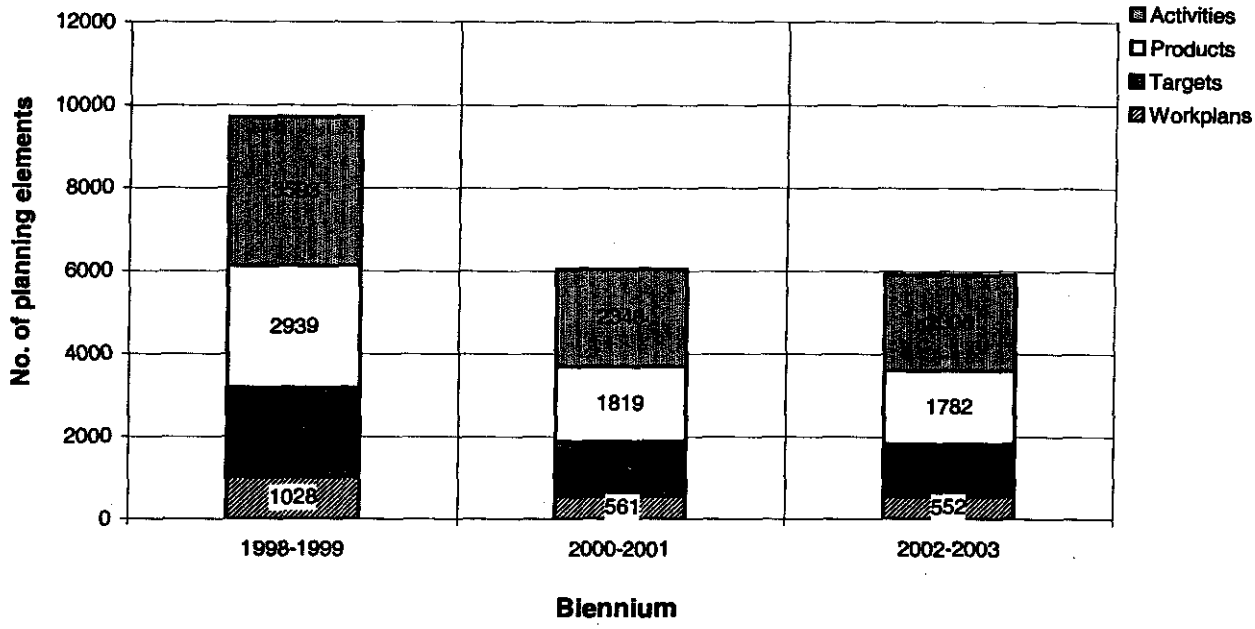

Figure 1. Comparison of planning elements over three biennia

Figure 2 shows the distribution of workplans for each of the regional priorities, defined in resolution EM/RC48/R.5. It reflects the growing concern and commitment of countries to address and invest in the key priority public health programmes responsible for tackling the high burden of communicable and noncommunicable diseases, in human resources development and in environmental health.

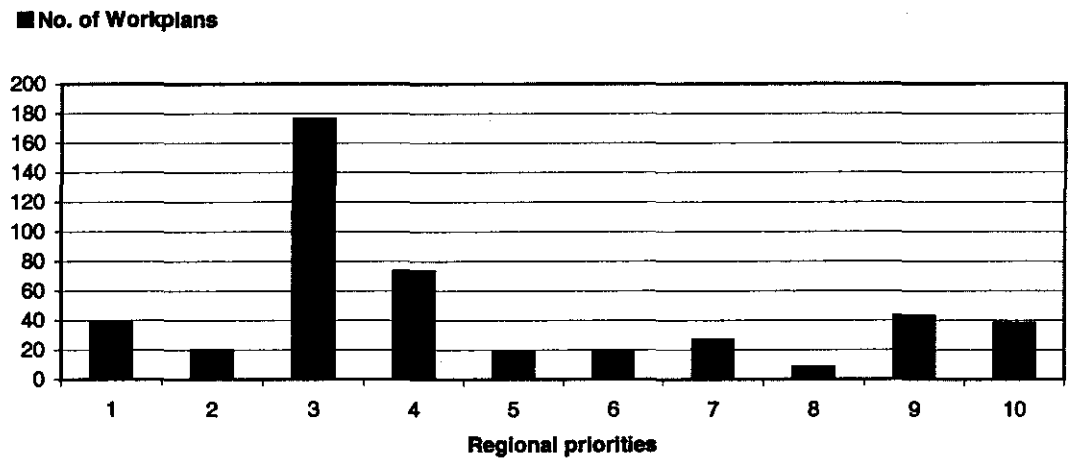

Figure 2. Distribution of workplans by regional priority

Key to regional priorities

1. Development of human resources for health, including capacity-building in formulating evidence-based health policies, strengthening of health information and dissemination, strategic planning, monitoring and evaluation
2. Poverty reduction and better health through the basic development needs approach, healthy villages, healthy cities, self-reliance at family level and home health care
3. Control of communicable diseases of regional importance, with focus on blood safety as well as eradication, elimination and control of diseases, particularly poliomyelitis, measles, neonatal tetanus, tuberculosis, malaria, other tropical diseases, HIV/AID
4. Creating healthy communities and promoting healthy lifestyles, including the Tobacco-Free Initiative, promotion of health of the elderly and nutrition
5. Noncommunicable disease prevention and control (cancer, cardiovascular diseases, diabetes, mental health and substance abuse)
6. Maternal and child health
7. Access to, and rational use of, affordable essential medicines and vaccines
8. Development of health systems and services
9. Promotion of technology transfer, health information support and capacity-building in health research
10. Environmental health, with particular emphasis on environmental assessment and environmental epidemiology, and water safety, security and sanitation

Figure 3 shows the percentages of both the regular budget and the extrabudgetary funds which have been planned for programmes under the regional priorities.

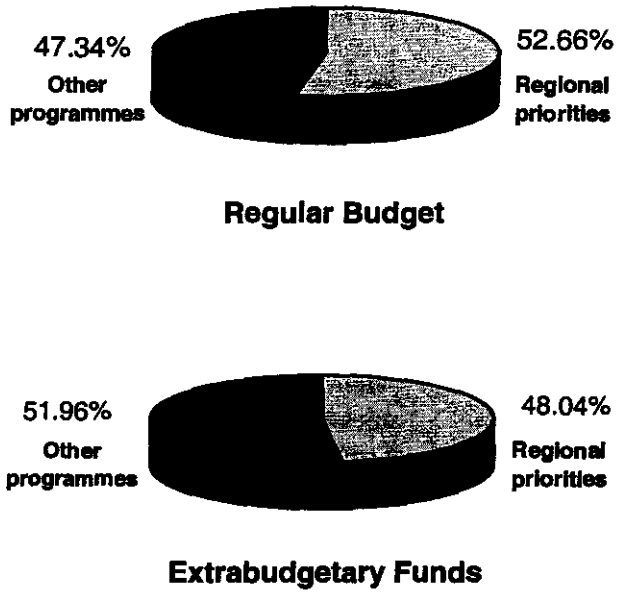

Figure 3. Percentage allocation of regular and extrabudgetary funds to regional priorities

8. NEW ELEMENTS IN THE 2002–2003 JPRM

In the process of remodelling of the WHO headquarters Activity Management System (AMS) to make it compliant with the Organization-wide requirements and more relevant to the needs of programme managers, EMRO was recognized as one of the regional offices which had experience in the implementation of country tools that are based on the AMS. In this regard, EMRO, on behalf of the whole Organization was assigned to develop a user-friendly Workplan Entry Tool, based on the JPRM Workplan Editor, that would be compliant with the operational planning guidelines for 2002–2003 and could be used by headquarters, regional offices and country offices to prepare workplans before their submission for approval. Development of the tool was completed by EMRO in September 2001 and was handed over to headquarters for distribution and use in headquarters and all regional offices.

The new Workplan Editor allows creation of plans of action based on the concept of "results-based management". The Workplan Editor is intended to assist programme managers to define the key elements of the workplans in terms of expected results, products and activities, as well as financial and human resources required for their implementation. Each organizational entity of the Regional Office prepared its workplans accordingly, as did the

JPRMs for each country. A core set of data is mandatory across the Organization for planning, monitoring and reporting on expected results. The minimum requirements for monitoring and reporting of the workplan included in the JPRM are: area of work, implementation period, organizational level and unit, reference to global expected result, description of the contribution to the global expected result, responsible staff member, approved budget, product/service, due date, link to priorities, deadlines, activities, implementation schedule and planned cost.

The tool provides a standardized interface, which has built in reference tables for areas of work, global expected results and programme budget allocations at global, regional, and country levels. These tables have allowed planning officers and nationals to map their activities at the country level with activities planned at regional and global levels.

Linking workplans to global expected results will allow better evaluation and understanding of how each plan of action contributes to the achievement of a specific expected result. Monitoring and reporting against the programme budget allow for presentation of information according to a minimum core data set common across the Organization. The tool uses standardized and comparable formats in tracking progress, but without great depth of analysis as to issues such as relevance, adequacy and impact. The core data set was provided to headquarters in time for its integration in a global database, with a view to it being accessible by all units in WHO (country offices, regional offices and headquarters).

The dialogue between focal points at headquarters and Regional Office staff, resulted in common understanding of the 35 areas of work and their link to the regional list of programmes and country needs. Furthermore, headquarters staff participated in the JPRMs in several countries, which required them to be physically part of the team and dialogue with the national authorities.

9. CONCLUSIONS

- Timely preparation and early involvement of the partners agencies resulted in improved joint planning, sharing of information between the JPRM team and partner agencies and good participation of the other government ministries in the planning process.

- A steady improvement in priority-setting and planning skills were evident, however the formulation and definition of the expected results, targets and performance indicators needs further improvement.

- There was significant increase in both the number of plans of action and allocation of resources to communicable and noncommunicable diseases, showing an increasing trend in countries' concerns about the double burden of disease.