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UPDATE ON WHO REFORM:

REGIONAL CONSULTATION ON THE DRAFT TWELFTH WHO GENERAL PROGRAMME OF WORK (2014-2019) AND THE PROPOSED PROGRAMME BUDGET PROPOSAL (2014-2015)

Final report

Background

1. The World Health Organization embarked on a comprehensive reform process in January 2010 that is still ongoing. Over the course of 2011 and the beginning of 2012, several consultative processes took place that culminated in the presentation of several documents on WHO reform at the Sixty-fifth World Health Assembly in May 2012. The WHA approved decisions and resolutions related to WHO reform, which appear in document A65/55. One of the critical areas to be addressed in the short term is programmatic reform, given that a new General Programme of Work for the period 2014-2019 and the Programme Budget for the first biennium of that period (2014-2015) are being developed.¹
2. The Director-General of WHO, Dr. Margaret Chan, has instituted the process within the Secretariat for developing a more detailed draft General Programme of Work 2014-2019 and the proposed Programme Budget 2014-2015, in order to facilitate subsequent consultation with Member States as mandated by the roadmap and timelines approved by the Sixty-fifth World Health Assembly.
3. Regional Consultations with Member States are being conducted in all WHO regions to provide and exchange information, which can then be used for further

¹ For more information, see http://www.who.int/about/resources_planning/en/index.html.

developing the draft documents during the period extending from late August to the deadline of mid-October 2012.

4. The reports of the Regional Committees will provide input for further developing the drafts of the two documents to be reviewed by the WHO Programme, Budget and Administration Committee in December 2012 and, following further revision and development, they will be submitted for consideration by the WHO Executive Board in January 2013. Final versions of both documents will be presented to the World Health Assembly in May 2013 for its approval.

Introduction

5. The WHO Secretariat has emphasized that the WHO reform process is driven by the active participation of Member States. In this regard, in the Region of the Americas the opportunity has been taken at each meeting of the Governing Bodies of PAHO (Subcommittee on Program, Budget and Administration, Executive Committee, Directing Council and Pan American Sanitary Conference) to update the Member States and obtain their feedback on the process.

6. The Member States of this Region have taken great interest and actively participated in the various stages of the consultation at both the global and the regional levels. This consultation also provided the Member States the opportunity to continue participating in this essential WHO reform process.

7. This document, which will be sent to the WHO Secretariat by the President of the Conference, presents the different views and contributions of the Member States of the Region of the Americas to improve the formulation of the WHO Twelfth General Programme of Work and the Programme Budget 2014-2015.

8. Additionally, the contributions presented in writing by two NGOs (the World Council of Churches and People's Health Movement, and the International Federation of Medical Students' Associations) will be appended to the document that will be submitted to WHO.

Regional Consultation in the Americas

9. The consultative process in the Region of the Americas included several virtual sessions and an on-site meeting to review the draft WHO Twelfth General Programme of Work 2014-2019 and the provisional WHO Draft Proposed Programme Budget 2014-2015, and to share comments and suggestions for improving them.

10. The Bureau facilitated three virtual sessions for the Member States of the Region in order to explain the process and review the key points in the documents of the General

Programme of Work and the Programme Budget. The materials provided by the WHO Secretariat were used in these sessions. Delegates from 27 Member States and an overseas territory participated. Delegates included ministers and deputy ministers of health, health directors, directors of the offices of external relations of the ministries of health, planners and heads of health programs. The Member States provided input and made recommendations on ways in which the documents could be improved.

11. The Regional Consultation culminated in a meeting held during the 28th Pan American Sanitary Conference, 64th session of the WHO Regional Committee for the Americas. Chaired by the President of the Conference, the consultative meeting was held in two sessions. The first session took place in the morning of Tuesday 18 September and consisted of a plenary followed by discussion in three different working groups. The President of the PASC gave opening remarks at the plenary session and Dr. Mohammed Jama, Assistant Director-General, General Management, for WHO made a presentation on the objectives, key items to be addressed, and methodology to be followed. Then Dr. Margaret Chan, Director-General of WHO, spoke. She highlighted major aspects of WHO reform and their relation to the documents reviewed in the regional consultation. After that, the three working groups met to discuss the two draft documents. The Pan American Sanitary Bureau provided secretarial support. The second session was held in the morning of Thursday 20 September. At this meeting, the Member States reviewed and approved the report on the regional consultation that the President of the Conference will send to WHO.

Results of the Regional Consultation

12. Below are the most salient points from the Regional Consultation that took place in the Region of the Americas. The Member States made the following observations and recommendations following the questions provided to guide this work.

A. Draft Twelfth WHO General Programme of Work (2014-2019): Document CSP28/INF/1 (Eng.), Annex A

I. Do you agree with the revised set of priorities? If not, please provide suggestions for changes (elimination, addition, or improvement).

- (a) The Member States were generally in agreement with the priorities, but noted that some WHO priorities were not very well reflected (e.g. implementation of WHO reform) and others were not well defined. Member States requested better specification of what WHO would stop doing in the context of prioritization.
- (b) The Member States recognized the importance of social determinants of health as a priority and emphasized that they should be treated as cross-cutting issues. The

- same priority should be given to other cross-cutting issues, such as gender, human rights, and nutrition.
- (c) The Member States again expressed their agreement with what the Director-General said, in that it is their responsibility to first set priorities in order to better guide the allocation of donor resources. The importance of the contributions from donors and partners in the countries was recognized; however, the multiplicity of funding mechanisms with different agendas and financial cycles presents challenges for alignment of resources with national priorities.
 - (d) The basic principles of Alma-Ata should be reflected in the setting of priorities. It was noted that primary health care should be included in health systems. The importance of universal health coverage to achieving equity was emphasized.
 - (e) The Member States expressed concern that price was considered the main determinant of access to medicines without explicit mention of other factors, and they recommended that other factors be specified in the General Programme of Work. This was supported by the Director-General, who also recognized the need to address drug regulation.
 - (f) It was noted that there is a need to continue the work being done related to the Framework Convention on Tobacco Control and the International Health Regulations. This should be clearly reflected in the new General Programme of Work.
 - (g) The Member States expressed a need for clarification on how country-specific priorities will be addressed, especially when not reflected in the General Programme of Work. They also asked whether there would be flexibility in the operational planning process (biennial work plans) to consider the priorities of the countries. There is a concern that if these are not prioritized, then resources will not be allocated to them.
 - (h) When defining the themes of the priorities, it was recommended that general statements that facilitate programmatic structure be used.
 - (i) It was suggested that the mental health priority be moved from category 2 (noncommunicable diseases) to category 3 (promoting health throughout the life-course) since this priority requires a more encompassing and integrated approach to prevention, rather than solely a disease focus. It was clarified that mental health disorders and related risk behaviors are both included in mental health.
 - (j) In category 3, the Member States consider that the cross-cutting nature of some items, such as the social determinants of health and multisectoral interventions, should be better reflected. They think it important to emphasize education of mothers in the context of maternal and neonatal health. With regard to health and the environment, they believe it necessary to place greater emphasis on waste management, safe use of agricultural chemicals, access to safe drinking water, and

sewerage systems, key factors to achieving certain results, by defining a more active strategy.

- (k) In category 4 (health systems), Member States recommended that leadership in the area of health be highlighted and that more emphasis be placed on innovation and intellectual property as well as on the financing of health systems and their sustainability. Further, they recommended that the strengthening and retention of human resources in the health sector and information systems be added as a priority.
- (l) In category 5, it was recommended that the approach to complying with International Health Regulations be better reflected.
- (m) Reinforcing what was discussed in the virtual sessions, Member States reiterated the need to include chronic kidney diseases and oral health.

II. The draft strategic overview reflects the expected changes for improving health globally and in countries. Are you in agreement with the proposed impact- and outcome-level results presented in this overview?

- (a) With regard to the results chain, the Member States noted that universal health coverage fits better as an outcome, and thus, for greater clarity and coherence, it should be placed under morbidity and mortality. They also recommended including well-being at the top of the pyramid.
- (b) The Member States supported the call to increase universal health coverage and they observed that the relationship between outputs and outcomes should be strengthened since outputs alone will not improve the people's situation.
- (c) The components of the results chain should be better defined. It was observed that the term *efecto* which is being used as a Spanish translation of the word "outcome," causes confusion. They suggested use of a term that does not conflict with the terminology used in the results chain (e.g. *resultado previsto* or simply *resultado*).

III. Is the set of impact- and outcome-level indicators feasible and relevant to monitor the expected changes?

- (a) The Member States recognized the work of the WHO Secretariat in defining the proposed indicators. However, they noted that the indicators are usually defined as guidelines and they require further development and standardization in the language.
- (b) The Member States recommended that a practical approach be adopted in defining the indicators, that the indicators should be precise and easy to measure.

- They underscored the need to minimize the number of indicators as well as to promote use of tracer indicators.
- (c) In order to improve the definition of the set of indicators, it was suggested that the same indicators be used in both the General Programme of Work and in the Program Budget.
 - (d) All existing background information should be leveraged so as not to duplicate work and to facilitate standardization of the definition of indicators and expected results.
 - (e) The Member States requested support in building capacities at the country level in order to establish monitoring mechanisms and they suggested that this topic be included under health systems. They recognized that not all countries have a good national information system to measure indicators.

B. WHO's Draft Proposed Programme Budget (2014-2015): Document CSP28/INF/1 (Eng.), Annex B

I. Are the outputs clearly stated as deliverables and show the WHO Secretariat's value-added for the attainment of outcomes and impact-level results?

- (a) The Member States noted that WHO could add value by supporting the alignment of donor commitments with the priority areas of the General Programme of Work.
- (b) The Member States requested that the links between outputs and outcomes be clarified.
- (c) The Member States noted a need for greater clarity with regard to the quality and quantity of outputs to be delivered by the Secretariat.
- (d) The Member States suggested that the number of outputs be limited, requested information on their number and wording, and recommended that they be standardized.

II. Please comment on the proposed approach for developing the budget and resource allocation mechanism for the different levels of the Organization, and provide recommendations for sustainable and flexible financing of the Organization (including mobilization of voluntary contributions).

- (a) The Member States expressed their appreciation to the Secretariat for not including the budgetary component at this stage in the definition of the program budget, and backed the five proposed pillars of work (categories). However, they noted the need for a clear definition process that WHO will use to set and manage priorities (e.g. ranking of priorities), including an explanation of what WHO should do and what could be optional. In addition, the Member States expressed a

need to know the criteria for prioritization within each priority in order to guide the allocation of resources.

- (b) The Member States observed that more criteria are needed to classify the strategic priorities in order to guide the allocation of resources.
- (c) The Member States emphasized the need to intensify efforts to protect and increase financing for multilateral organizations, especially PAHO and WHO.
- (d) There was concern over a decrease in the budget for the Region of the Americas. More clarity was requested on the criteria used for budget allocation to the regions and that the allocations agreed upon be maintained as approved in the budget. It was recommended that the validation mechanism for resource allocation (2006) be revised within the framework of WHO reform.
- (e) The Member States requested that a virtual session be convened when a more complete version of the program budget document is available, so that they can gain a fuller appreciation of these documents and share their feedback and viewpoints. This session should take place before the special session of the Committee on Program, Budget, and Administration to be held in December.

C. General comments and recommendations for improving the documents, next steps, and timetable

- (a) Member States generally endorsed the participatory approach used to prepare the General Programme of Work. They strongly emphasized the need to manage country expectations and noted that it is easier to mobilize funding when there are good indicators. They also requested to continue to be included in the dialogue until the General Programme of Work is finalized and approved.
- (b) The Member States supported the streamlining of the General Programme of Work between PAHO and WHO and noted that the document does a good job of reflecting the changing environment and situation.
- (c) The Member States recognized the efforts made by the WHO Secretariat, which are reflected in the content of the General Programme of Work. However, they observed that the document focuses mostly on disease management rather than on prevention and health promotion. In addition, some observed that the categorization of communicable and non-communicable diseases is obsolete and should be reviewed.
- (d) The Member States noted that the Programme Budget provides a greater level of detail than can be included in the General Programme of Work. They also indicated that the Programme Budget ensures the operationalization of the General Programme of Work.

- (e) Member States requested more clarity on the role of WHO in relation to partnerships hosted by the Secretariat of the Organization..
- (f) Member States requested that virtual sessions be scheduled after the conclusion of all regional consultations.
- (g) Member States suggested that a glossary be included in order to facilitate consultation and review of the documents.

D. Observations and clarifications by Dr. Margaret Chan, Director-General of WHO

Dr. Chan participated in one of the working groups, in which the following comments and clarifications were made in response to the questions raised by the Member States:

- (a) In response to the call to increase universal health coverage, the Director-General supported this recommendation and noted that allocations and commitments at the country level are essential to achieving this priority.
- (b) The Director-General noted that financing of the program budget is a challenge as funding is received at various periods in the biennium (pre-financing, multi-year funding, and in advance for a subsequent biennium). She also indicated that there is a recommendation that the financial year commence in July 2013 after the World Health Assembly (held annually in May), to shorten the time that elapses between approval of the programme budget and initiation of its implementation. Nonetheless, the Director General has requested that the Governing Bodies' calendar be maintained.
- (c) The Director-General noted a study carried out in the European Region that showed that the region was required to deliver more than 1,000 commitments in ten years. She urged the countries to limit their commitments to those areas that could be realistically achieved.
- (d) The Director-General clarified that budget allocation will be based on the global situation, not just historical experience or a predetermined formula, since that would not be strategic. Dr. Chan stressed that funding should follow function and not vice versa. She also endorsed the need for flexibility in this area and noted that there must be accountability and transparency to build trust among Member States.
- (e) In response to the Member States' question regarding partnerships, the Director-General noted that each partnership is managed by an independent governing body over which neither WHO nor the Member States have any authority or influence. This issue will be further analyzed in order to determine the role of WHO in supporting the partnerships it hosts and continued guidance and involvement from Member States will be needed.

- (f) With regard to the process for completing the documents, the Director-General noted that there will be two additional opportunities for feedback (prior to the Executive Board Meeting in January and then May 2013).

E. Observations and clarifications by Dr. Mohammed Jama, Assistant Director-General, General Management (WHO)

In responding to comments and questions raised during the plenary session, in which the report of the Regional Consultation was presented, Dr. Jama made the following observations:

- (a) He acknowledged the important contributions from Member States, which will help improve and further refine the documents. Dr. Jama noted that the comments on the number of priorities were similar those made in other regions. He reassured Member States that the WHO Secretariat will continue to refine the documents in light of the observations made during the regional consultations. Further, he noted that WHO will need to focus on key deliverables for which the Organization will add value to achieve health outcomes.
- (b) He clarified that social determinants of health will be reflected in specific outputs under each category.
- (c) The programme budget will be developed based on the costing of outputs and the allocation of resources will be determined based on what is done at different levels of the Organization.
- (d) Regarding the funding of the programme budget, the Assistant Director-General emphasized that funding from donors should support the collective priorities as outlined in the General Program of Work agreed upon by the Member States.

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